

SEARCH AND RESCUE MISSION REPORT

County Identification Number: _____

County Name: _____ Location in County: _____

Incident Contact: Name: _____ Contact Phone: (307) _____

Date and Time Mission Began: _____

Mission Type: Search _____ Rescue _____
 Assist another Jurisdiction: _____ Other Jurisdiction's Primary Mission # _____

Mission Subject(s) Residence: WY Resident # _____ Nonresident # _____ Unknown # _____

Mission Category: (Check category that applies)

_____ ATV _____ Backpacker _____ Bicyclist _____ Boater/Rafter _____ Camper _____ Cave/Climber _____ Criminal/Law Enforce _____ Disaster/Evacuation	_____ Downed Aircraft/ELT _____ Fisherman _____ Hiker _____ Horseback/Wagon _____ Hunter _____ Missing Person _____ Motorist _____ Nature Enthusiast	_____ Other Water _____ PLB _____ Psychological/Emotional _____ Snow Machiner _____ Snow Skier _____ Swimmer _____ Other
--	---	--

Date and Time Mission Ended: _____

Number of Subjects: _____

Mission Resolution: (Provide number of subjects found safe, injured, deceased, etc.)

_____ CAP	_____ Med Evac/Injured	_____ Unresolved
_____ ELT/False Alarm	_____ PLB	
_____ Found Deceased	_____ Self Rescue	
_____ Found Safe		

Comments:

Name and Contact Phone Number and Fax Number of Person Completing/Submitting Report:

Name	Phone Number	Fax Number
------	--------------	------------

**FAX COMPLETED REPORT TO WYOMING OFFICE OF HOMELAND SECURITY AT
 (307) 635-6017 WITHIN 7 DAYS OF START OF MISSION.**