

DETAILS OF TRIP				IMMEDIATE INTENSIONS OF REMAINING PARTY (ie camping, going on to hut)						
Purpose of trip: tramping / hunting / climbing / running / MTB / other										
Start:	Location	Date	Time							
End:	Location	Date	Time							
Proposed route:										
Transport used:				Vehicle registration #:						
KNOWN CONDITION OF TRACKS & BRIDGES etc				COMMUNICATIONS with remaining party						
				Mountain Radio:						
				Other radio (type):		Frequency				
				Cellphone(s):						
WEATHER (circle those applicable)				PARTY MEMBERS						
CONDITIONS	fine	rain threatening	rain	sleet	hail	snow	<i>Names</i>	<i>Addresses</i>	<i>Age</i>	<i>Years Experience</i>
CLOUD	none	fluffy	overcast (high / low)		heavy	fog				
TEMPERATURE	warm	mild	cold	freezing						
WIND	none	breeze	steady	strong	storm					
VISIBILITY	whiteout	10 metres	100 metres	1000 metres						
OTHER										
ACTION ALREADY TAKEN (incl. times & dose of any medication given)										
ASSISTANCE REQUIRED										
Search party	Rescue	Doctor	Medical supplies	Food						
Other										
Signed							Party Leader			

SAR EMERGENCY FORM		MISSING PERSON INFORMATION			
To be taken or telephoned to the nearest Police Station or DoC Office		<i>Experience</i> easy walks serious tramping climbing skiing other			
NATURE OF EMERGENCY (circle that applicable)		(years)			
ACCIDENT	ILLNESS	PERSON MISSING		Bushcraft skills	Mountaineering skills Survival skills
DATE	TIME	Knowledge of the area good reasonable none			
		Clothing (if present, describe type and colour)			
Details of injured or missing person		Parka	Over trousers	Hat/gloves	
Name	Age	years	Upper body	Lower body	Footwear
Address		Equipment (describe)			
		Overnight gear	Tent/fly	Cooking gear	
		Map	Compass	GPS	Cellphone (No.)
Next of kin		Other gear			
		Food			
Location of ill or injured person		Health Overall health:			
Description of location		Known medical / psychological problems:			
		Medication:		Amounts:	
Grid reference		Consequences of loss:			
Location of party (if different from above)		Doctor or knowledgeable person:		Phone #:	
		Glasses?		Eyesight without:	
Grid reference		Personality			
		Fitness Walks fast Moderate speed Walks slowly (circle one)			
NATURE OF ILLNESS OR INJURY (circle those applicable)		for: All day long Part of day Short periods (circle one)			
Hypothermia	Bleeding	Fracture	Dislocation	Heart attack	Other
Further details:		History Has the person been missing before? YES/NO			
		Give circumstances and outcome:			
Date & time of incident:					