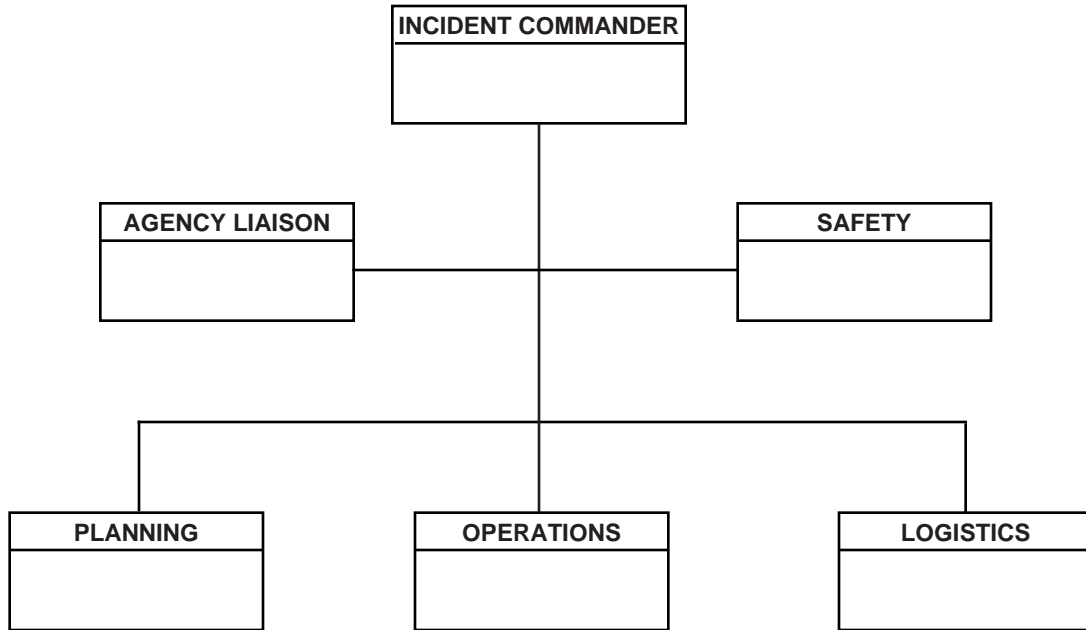


INCIDENT BRIEFING	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
	4. MAP SKETCH		
ICS 201 3/98	PAGE 1	5.PREPARED BY (NAME AND POSITION)	

6. SUMMARY OF CURRENT ACTIONS

7. CURRENT ORGANIZATION



8. RESOURCES SUMMARY

[illegible]

INCIDENT OBJECTIVES	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
	4. OPERATIONAL PERIOD (DATE/TIME)		
5. GENERAL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)			
6. WEATHER FORECAST FOR OPERATIONAL PERIOD			
7. GENERAL SAFETY MESSAGE			
8. ATTACHMENTS (IF ATTACHED)			
<div><div><input type="checkbox"/> ORGANIZATION LIST (ICS 203)</div><div><input type="checkbox"/> ASSIGNMENT LIST (ICS 204)</div><div><input type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)</div></div> <div><div><input type="checkbox"/> MEDICAL PLAN (ICS 206)</div><div><input type="checkbox"/> INCIDENT MAP</div><div><input type="checkbox"/> TRAFFIC PLAN</div></div> <div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div>			

ASSIGNMENT LIST						1. BRANCH		2. DIVISION/GROUP			
3. INCIDENT NAME						4. OPERATIONAL PERIOD (DATE/TIME)					
5. OPERATIONS PERSONNEL											
OPERATIONS CHIEF _____					DIVISION/GROUP/ SUPERVISOR _____						
BRANCH DIRECTOR _____					AIR TACTICAL GROUP SUPERVISOR _____						
6. RESOURCES ASSIGNED THIS PERIOD											
RESOURCE DESIGNATOR		LEADER		NUMBER PERSONS	TRANS. NEEDED	DROP OFF PT./TIME		PICK UP PT./TIME			
7. TACTICAL OBJECTIVES											
8. SPECIAL INSTRUCTIONS											
9. DIVISION/GROUP COMMUNICATIONS SUMMARY											
FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.	SYSTEM	CHAN.		
COMMAND	LOCAL				SUPPORT	LOCAL					
	REPEAT					REPEAT					
DIV/GROUP TACTICAL					GROUND- TO-AIR						
ICS 204 3/98		PREPARED BY (RESOURCES UNIT LDR.)			APPROVED BY (PLANS SECT.CHIEF)			DATE	TIME		

INCIDENT RADIO COMMUNICATIONS PLAN			1. INCIDENT NAME	2. DATE/TIME PREPARED	3. OPERATIONAL PERIOD
4. BASIC RADIO CHANNEL UTILIZATION					
SYSTEM/CACHE	CHANNEL	FUNCTION	FREQUENCY	ASSIGNMENT	REMARKS
ICS 205 3/98		5. PREPARED BY (COMMUNICATIONS UNIT)			

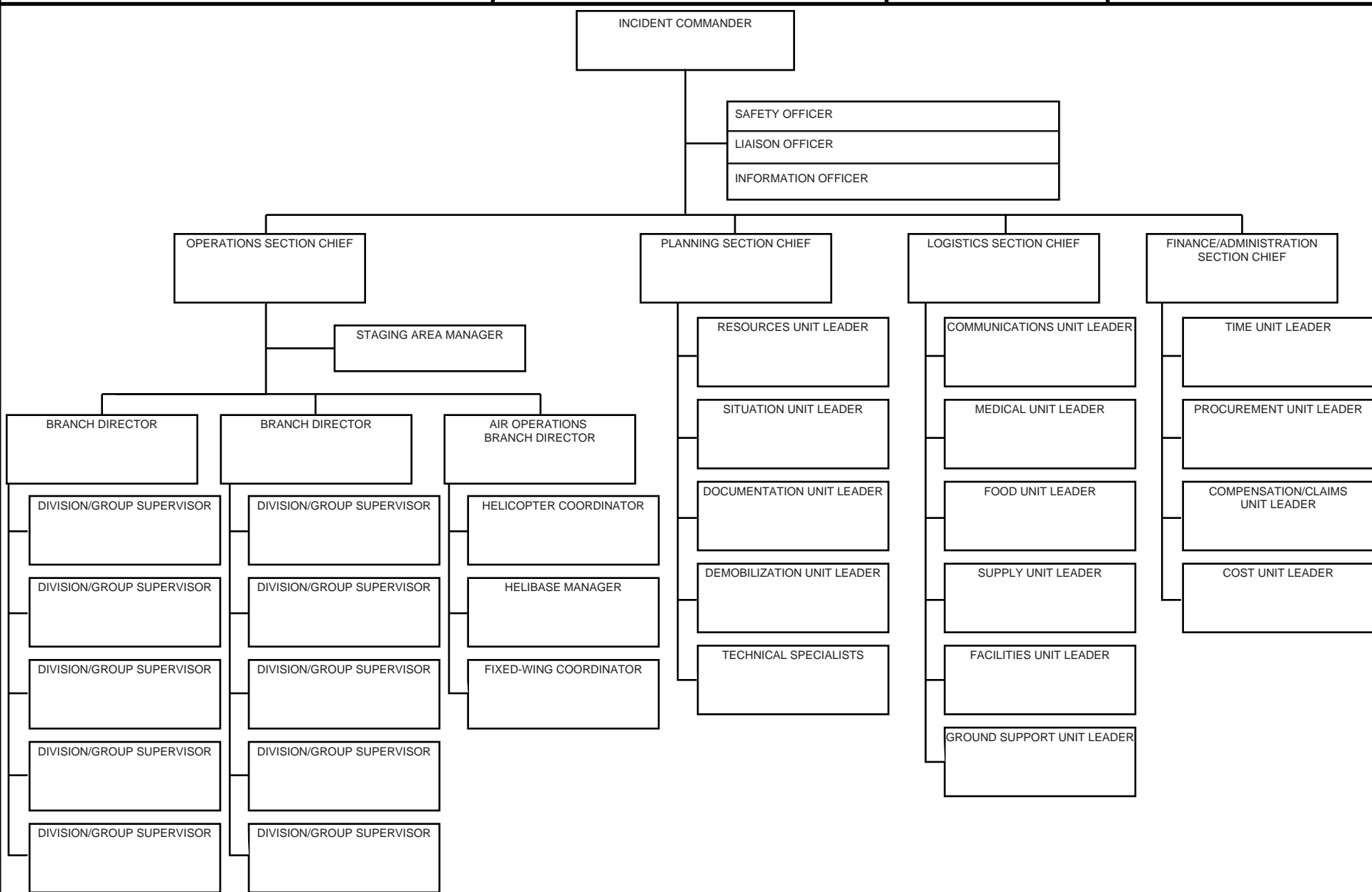
MEDICAL PLAN	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD			
5. INCIDENT MEDICAL RESOURCES (RESCUE, MEDICAL TRANSPORT, AID STATIONS)							
NAME / TYPE		LOCATION		PARAMEDICS			
				YES	NO		
6. EMERGENCY MEDICAL SERVICES CONTACT INFORMATION							
TELEPHONE	CONTACT:	PHONE:	ALT. PHONE:				
RADIO	CONTACT:	NET:	CHAN.:	FREQ.:			
OTHER							
7. NEARBY FIRE, EMS, AND AMBULANCE SERVICES							
NAME		ADDRESS		PHONE	PARAMEDICS		
					YES NO		
8. AEROMEDICAL EVACUATION							
NAME:		CONTACT:		LZ FREQ.:			
LANDING ZONES							
DESIGNATOR		LOCATION		LAT / LON COORDS			
9. HOSPITALS							
NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD	TRAUMA CTR.	
		AIR	GRND		YES NO	YES NO	
10. MEDICAL EMERGENCY PROCEDURES							
.....							
.....							
.....							
.....							
.....							
.....							
.....							
ICS 206		11. PREPARED BY (MEDICAL UNIT LEADER)		12. REVIEWED BY (SAFETY OFFICER)			
BASARC 3/98							

INCIDENT ORGANIZATION CHART

1. INCIDENT NAME

2. DATE/TIME PREPARED

3. OPERATIONAL PERIOD



INCIDENT STATUS SUMMARY						1. INCIDENT NAME				2. DATE PREPARED		3. TIME PREPARED	
4. COUNTY						5. INCIDENT NUMBER				6. START OF INCIDENT (DATE/TIME)			
7. LOCATION						8. INCIDENT COMMANDER				9. ESTIMATED CONCLUSION (DATE/TIME)			
10. SHORT DESCRIPTION OF INCIDENT													
11. SUMMARY OF ACTIONS													
12. RESOURCE SUMMARY													
AGENCY / TYPE OF RESOURCE													TOTALS
TOTAL PERSONNEL													
13. REMARKS													
ICS 209 BASARC 3/98						14.PREPARED BY (RESOURCES UNIT)							

SEARCH AND RESCUE SASKATCHEWAN ACTIVITY SIGN-IN SHEET



Task or Mission #:		Task Name:			Operational Period:		Date:		
Team/Unit Name:				Check-In Location:					
#	Print Name	SARSAV ID Number and Phone Number (or full address AND phone #, if no SARSAV ID #)	Time In (24hr)	Time Out (24hr)	Must Be Out By	Initials In	Initials Out	Hours	Km
1			:	:	:				
2			:	:	:				
3			:	:	:				
4			:	:	:				
5			:	:	:				
6			:	:	:				
7			:	:	:				
8			:	:	:				
9			:	:	:				
10			:	:	:				
11			:	:	:				
12			:	:	:				
13			:	:	:				
14			:	:	:				
15			:	:	:				
ICS 211 Page ____ of ____		Prepared/Supervised by (logistic):				Page Totals			
SARSAV Please send this document either electronically or in paper version to the records keeper for filing.									

[illegible]

[illegible]

9. PREPARED BY (RESOURCE UNIT)

[illegible]

[illegible]

[illegible]

GENERAL BRIEFING GENERIC INCIDENT	1. INCIDENT NAME	2. OPERATIONAL PERIOD	3. INCIDENT NUMBER

GENERAL BRIEFING GENERIC INCIDENT	1. INCIDENT NAME	2. OPERATIONAL PERIOD	3. INCIDENT NUMBER

GENERAL BRIEFING GENERIC INCIDENT	1. INCIDENT NAME	2. OPERATIONAL PERIOD	3. INCIDENT NUMBER

GENERAL BRIEFING GENERIC INCIDENT	1. INCIDENT NAME	2. OPERATIONAL PERIOD	3. INCIDENT NUMBER

GENERAL BRIEFING GENERIC INCIDENT	1. INCIDENT NAME	2. OPERATIONAL PERIOD	3. INCIDENT NUMBER

4. INCIDENT SUMMARY

5. COMMUNICATIONS PLAN

FUNCTION	FREQUENCY	CHANNEL DESCRIPTION	CHANNEL
COMMAND (TEAM -- BASE)			
TACTICAL (TEAM -- TEAM)			

6. ACTION PLAN SUMMARY

SAR 100 BASARC 1/96	7. PREPARED BY	8. DATE PREPARED	9. TIME PREPARED
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SAR 100 BASARC 1/96	7. PREPARED BY	8. DATE PREPARED	9. TIME PREPARED
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SAR 100 BASARC 1/96	7. PREPARED BY	8. DATE PREPARED	9. TIME PREPARED
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SAR 100 BASARC 1/96	7. PREPARED BY	8. DATE PREPARED	9. TIME PREPARED
-------------------------------	----------------	------------------	------------------

GENERAL BRIEFING MISSING PERSON		1. INCIDENT NAME	2. OPERATIONAL PERIOD	3. INCIDENT NUMBER
4. INCIDENT SUMMARY				
5. COMMUNICATIONS PLAN				
FUNCTION		FREQUENCY	CHANNEL DESCRIPTION	CHANNEL
COMMAND (TEAM -- BASE)				
TACTICAL (TEAM -- TEAM)				
SUBJECT INFORMATION				
6. NAME			7. SEX	8. AGE
9. NAME TO CALL		10. EXPECTED RESPONSE		
11. SUBJECT'S PLANS OR INTENT				
12. PHYSICAL DESCRIPTION		15. PHOTO		
HEIGHT WEIGHT BUILD				
RACE COMPLEXION				
EYES HAIR				
13. CLOTHING DESCRIPTION				
14. FOOTWARE/TRACK DESCRIPTION				
SIZE				
SAR 100A BASARC 1/96		16. PREPARED BY		17. DATE PREPARED
				18. TIME PREPARED

TEAM ASSIGNMENT		1. INCIDENT NAME		2. OPERATIONAL PERIOD		3. ASSIGNMENT NUMBER	
4. RESOURCE TYPE							
5. PERSONNEL ASSIGNED * L -- TEAM LEADER M -- MEDICAL							
*	NAME	AGENCY	*	NAME	AGENCY		
1			6				
2			7				
3			8				
4			9				
5			<input type="checkbox"/> ADDITIONAL NAMES ATTACHED				
6. ASSIGNMENT							
.....							
.....							
.....							
.....							
.....							
<input type="checkbox"/> MAP(S) ATTACHED							
7. PREVIOUS AND PRESENT SEARCH EFFORTS IN AREA							
.....							
.....							
.....							
.....							
<input type="checkbox"/> (DEBRIEFING INFO ATTACHED)							
8. TIME ALLOCATED		9. SIZE OF ASSIGNMENT		10. EXPECTED P.O.D.		RESPONSIVE SUBJECT	
				<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div style="text-align: center;">M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div style="text-align: center;">L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> </div>			
11. DROP OFF AND PICKUP INSTRUCTIONS							
.....							
.....							
12. COMMUNICATIONS		RADIO CALL					
FUNCTION		FREQUENCY	CHANNEL DESCRIPTION			CHANNEL	
COMMAND (TEAM -- BASE)							
TACTICAL (TEAM -- TEAM)							
13. PREPARED BY				14. DATE PREPARED		15. TIME PREPARED	
16. EQUIPMENT ISSUED							
.....							
17. BRIEFER		18. TIME BRIEFED		19. TIME OUT		20. TIME RETURNED	
SAR 104 BASARC 2/96		COPIES <input type="checkbox"/> PLANS <input type="checkbox"/> COMMUNICATIONS <input type="checkbox"/> OPERATIONS <input type="checkbox"/> TEAM		NOTES			

<h1>TEAM DEBRIEFING</h1>		1. INCIDENT NAME	2. OPERATIONAL PERIOD	3. ASSIGNMENT NUMBER
4. RESOURCE TYPE				
5. ASSIGNMENT SUMMARY				
6. DESCRIBE SEARCH EFFORTS IN ASSIGNMENT				
7. DESCRIBE PORTIONS YOU WERE UNABLE TO SEARCH				
8. DESCRIBE ANY CLUES, TRACKS, OR SIGN LOCATED, OR ANY PERTINENT TRAIL INTERVIEWS				
9. DESCRIBE ANY HAZARDS OR PROBLEMS ENCOUNTERED				
10. SUGGESTIONS FOR FURTHER SEARCH EFFORTS IN OR NEAR YOUR ASSIGNMENT				
11. TIME ENTERED	12. TIME EXITED	13. TIME SPENT	14. P.O.D. SUMMARY	
			<div style="display: flex; justify-content: space-around; font-size: small;"> HML </div> <div style="display: flex; justify-content: space-between;"> ____% <div style="display: flex; align-items: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> RESPONSIVE SUBJECT </div> <div style="display: flex; justify-content: space-between;"> ____% <div style="display: flex; align-items: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> UNRESPONSIVE SUBJECT </div> <div style="display: flex; justify-content: space-between;"> ____% <div style="display: flex; align-items: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> CLUES </div> <div style="display: flex; justify-content: space-around; font-size: x-small;"> 90%50%10% </div>	
15. DEBRIEFER		16. DATE & TIME		
SAR 110 BASARC 2/96	ATTACHMENTS <input type="checkbox"/> DEBRIEFING MAP(S) <input type="checkbox"/> ORIGINAL BRIEFING DOCUMENT <input type="checkbox"/> SUPPLEMENTAL DEBRIEFING FORMS <input type="checkbox"/> OTHER _____		SUMMARY <div style="display: flex; justify-content: space-between;"> NOTHING SIGNIFICANT LOCATED <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> USEFUL INFORMATION, NEEDS REVIEW <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> POTENTIAL CLUES, NEEDS URGENT REVIEW <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> ASSIGNMENT COMPLETED <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> ASSIGNMENT NOT COMPLETED <input type="checkbox"/> </div>	

TEAM DEBRIEFING DOG SUPPLEMENT		1. INCIDENT NAME		2. OPERATIONAL PERIOD		3. ASSIGNMENT NUMBER	
4. SCENT CONDITIONS							
TIME OF OBSERVATION							
WIND FROM							
WIND SPEED		< 4 MPH 4 - 7 > 7 MPH					
6 FT SHADOW		< 3 FT. 3 - 8 > 8 FT					
CLOUD COVER		< 30% 30-70 > 70%					
MOISTURE		WET NORMAL DRY					
TEMP		COOL MOD HOT					
OTHER FACTORS							
SUMMARY OF CONDITIONS		GOOD FAIR POOR					
AREA SEARCH DOGS							
5. SEARCH TECHNIQUE <input type="checkbox"/> ROUTES OF TRAVEL <input type="checkbox"/> GRID PATTERN <input type="checkbox"/> OTHER, DESCRIBE		6. SWEEP SPACING		7. POD			
8. AREAS WHERE DOG SHOWED INTEREST							
9. SHOULD PORTIONS OF THE AREA BE RESEARCHED DURING BETTER SCENT CONDITIONS							
SCENT SPECIFIC DOGS							
11. SUPPORTING EVIDENCE FOUND (TRACKS, SIGN, CLUES)							
12. WHY AND WHERE THE SCENT TRAIL ENDED							
13. DESCRIBE THE SCENT ARTICLE, ITS QUALITY AND USABILITY							
14. DESCRIBE THE CURRENT LOCATION AND USABILITY OF THE SCENT ARTICLE							
SAR 111 BASARC 2/96							

[illegible]

TEAM DEBRIEFING

EQUESTRIAN SUPPLEMENT

1. INCIDENT NAME

2. OPERATIONAL PERIOD

3.ASSIGNMENT
NUMBER

4. DESCRIBE AREAS YOU WERE UNABLE TO SEARCH DUE TO TERRAIN CONDITIONS OR HAZARDS

5. COULD THESE AREAS BE BETTER SEARCHED WITH A DIFFERENT TYPE OF RESOURCE?

6. SUGGESTIONS FOR FURTHER EQUESTRIAN SEARCH EFFORTS IN OR NEAR YOUR ASSIGNMENT

TEAM DEBRIEFING TRACKING TEAM SUPPLEMENT	1. INCIDENT NAME	2. OPERATIONAL PERIOD	3. ASSIGNMENT NUMBER
	4. DISCUSS LIKELIHOOD OF FINDING TRACKS OR SIGN ON THE TRAILS		
	5. DISCUSS LIKELIHOOD OF FINDING TRACKS OR SIGN OFF TRAIL		
	6. DESCRIBE THE LOCATION AND NATURE OF EXISTING TRACK TRAPS		
7. DID YOU ERASE ANY EXISTING TRACK TRAPS			
8. DID YOU CREATE ANY NEW TRACK TRAPS			
9. DESCRIBE THE ROUTE TAKEN BY ANY TRACKS YOU FOLLOWED			
10. WHY DID YOU DISCONTINUE FOLLOWING THESE TRACKS			
<input type="checkbox"/> INDIVIDUAL TRACK SKETCHES ATTACHED			
<input type="checkbox"/> TRACK TRAP SUMMARY SKETCHES ATTACHED			
SAR 115 BASARC 3/98			

TEAM DEBRIEFING HASTY SEARCH SUPPLEMENT	1. INCIDENT NAME	2. OPERATIONAL PERIOD	3. ASSIGNMENT NUMBER
	4. VISIBILITY DURING SEARCH (DAY, DUSK, NIGHT, OTHER)		
5. DESCRIBE YOUR EFFORTS TO ATTRACT A RESPONSIVE SUBJECT			
6. DESCRIBE ABILITY TO HEAR A RESPONSE (BACKGROUND NOISE)			
7. DESCRIBE THE TRAIL CONDITIONS			
8. DESCRIBE OFF-TRAIL CONDITIONS			
9. DOES THE MAP ACCURATELY REFLECT THE TRAILS			
10. DID YOU LOCATE FEATURES THAT WOULD LIKELY CONTAIN THE SUBJECT			
11. HOW ARE THE TRACKING CONDITIONS			
12. DESCRIBE ANY HAZARDS OR ATTRACTIONS YOU FOUND			
SAR 116 BASARC 3/98			

TEAM DEBRIEFING

SUPPLEMENT

1. INCIDENT NAME

2. OPERATIONAL PERIOD

3.ASSIGNMENT
NUMBER

SAR 119
BASARC 2/96

INDIVIDUAL AVAILABILITY ASSESSMENT		1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED																														
4. NAME		5. TEAM AFFILIATION																																
REST & REHABILITATION																																		
HOW MANY HOURS SINCE YOU LAST SLEPT?																																		
HOW MANY HOURS OF SLEEP HAVE YOU HAD IN THE LAST 24 HOURS?																																		
WHEN WAS YOUR LAST MEAL?																																		
DESCRIBE ANY ILLNESS OR INJURY RELATED TO THIS INCIDENT																																		
<div></div> <div></div> <div></div> <div></div>																																		
6. AVAILABILITY																																		
<input type="checkbox"/> AVAILABLE FOR REASSIGNMENT IN CURRENT OPERATIONAL PERIOD		ESTIMATED TIME WHEN YOU WILL BE AVAILABLE																																
<input type="checkbox"/> AVAILABLE FOR REASSIGNMENT IN FUTURE OPERATIONAL PERIOD		ESTIMATED DATE/TIME WHEN YOU WILL BE AVAILABLE																																
<input type="checkbox"/> NOT AVAILABLE FOR REASSIGNMENT DEPARTING FROM INCIDENT																																		
DEPARTING INCIDENT																																		
ESTIMATED TIME OF DEPARTURE		ESTIMATED TIME OF ARRIVAL AT DESTINATION																																
<table border="0"> <tr> <td>YES</td> <td>NO</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>WILL YOU BE DRIVING?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>WILL THERE BE OTHER PEOPLE IN THE VEHICLE WITH YOU?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>IS ANOTHER PERSON AVAILABLE TO SHARE DRIVING?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>HAVE YOU HAD LESS THAN FIVE HOURS OF SLEEP IN THE LAST 24 HOURS?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>ARE YOU CURRENTLY FEELING AWAKE AND ALERT?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>WILL YOU BE IN A CONVOY WITH OTHER VEHICLES?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>DO YOU HAVE RADIO COMMUNICATIONS WITH THE CONVOY?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>HAVE YOU TAKEN ANY MEDICATIONS, DRUGS OR ALCOHOL THAT MAY IMPAIR YOUR ABILITY TO DRIVE?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>DO YOU PROMISE TO PULL OVER AND TAKE A NAP IF YOU BECOME SLEEPY?</td> </tr> </table>					YES	NO		<input type="checkbox"/>	<input type="checkbox"/>	WILL YOU BE DRIVING?	<input type="checkbox"/>	<input type="checkbox"/>	WILL THERE BE OTHER PEOPLE IN THE VEHICLE WITH YOU?	<input type="checkbox"/>	<input type="checkbox"/>	IS ANOTHER PERSON AVAILABLE TO SHARE DRIVING?	<input type="checkbox"/>	<input type="checkbox"/>	HAVE YOU HAD LESS THAN FIVE HOURS OF SLEEP IN THE LAST 24 HOURS?	<input type="checkbox"/>	<input type="checkbox"/>	ARE YOU CURRENTLY FEELING AWAKE AND ALERT?	<input type="checkbox"/>	<input type="checkbox"/>	WILL YOU BE IN A CONVOY WITH OTHER VEHICLES?	<input type="checkbox"/>	<input type="checkbox"/>	DO YOU HAVE RADIO COMMUNICATIONS WITH THE CONVOY?	<input type="checkbox"/>	<input type="checkbox"/>	HAVE YOU TAKEN ANY MEDICATIONS, DRUGS OR ALCOHOL THAT MAY IMPAIR YOUR ABILITY TO DRIVE?	<input type="checkbox"/>	<input type="checkbox"/>	DO YOU PROMISE TO PULL OVER AND TAKE A NAP IF YOU BECOME SLEEPY?
YES	NO																																	
<input type="checkbox"/>	<input type="checkbox"/>	WILL YOU BE DRIVING?																																
<input type="checkbox"/>	<input type="checkbox"/>	WILL THERE BE OTHER PEOPLE IN THE VEHICLE WITH YOU?																																
<input type="checkbox"/>	<input type="checkbox"/>	IS ANOTHER PERSON AVAILABLE TO SHARE DRIVING?																																
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<input type="checkbox"/>	<input type="checkbox"/>	DO YOU PROMISE TO PULL OVER AND TAKE A NAP IF YOU BECOME SLEEPY?																																
SAR 131 BASARC 3/98		14. SIGNATURE OF INDIVIDUAL		14. APPROVED BY SAFETY																														

URBAN INTERVIEW LOG				1. INCIDENT NAME				2. DATE/TIME				3. TEAM IDENTIFIER			
STREET ADDRESS	RESIDENT CONTACTED		RESIDENT'S NAME	OTHER'S AT HOME		PHONE #	HOW LONG HOME	RESIDENT TO CHECK HOME AND YARD		SAR CHECKED YARD		PLACES TO HIDE IN AREA	COMMENTS	SUGGEST FOLLOW UP VISIT	
	Y	N		Y	N			Y	N	Y	N			Y	N
	Y	N		Y	N			Y	N	Y	N			Y	N
	Y	N		Y	N			Y	N	Y	N			Y	N
	Y	N		Y	N			Y	N	Y	N			Y	N
	Y	N		Y	N			Y	N	Y	N			Y	N
	Y	N		Y	N			Y	N	Y	N			Y	N
	Y	N		Y	N			Y	N	Y	N			Y	N
	Y	N		Y	N			Y	N	Y	N			Y	N
	Y	N		Y	N			Y	N	Y	N			Y	N
	Y	N		Y	N			Y	N	Y	N			Y	N
	Y	N		Y	N			Y	N	Y	N			Y	N
	Y	N		Y	N			Y	N	Y	N			Y	N
	Y	N		Y	N			Y	N	Y	N			Y	N
	Y	N		Y	N			Y	N	Y	N			Y	N
	Y	N		Y	N			Y	N	Y	N			Y	N
	Y	N		Y	N			Y	N	Y	N			Y	N
	Y	N		Y	N			Y	N	Y	N			Y	N
SAR 132 BASARC 3/98				5. PREPARED BY											

[illegible]

CLUE REPORT		1. INCIDENT NAME	2. DATE	3. INCIDENT NUMBER
4 CLUE NUMBER	5. DATE/TIME LOCATED	6. TEAM THAT LOCATED CLUE		
7. NAME OF INDIVIDUAL THAT LOCATED CLUE				
8. DESCRIPTION OF CLUE				
9. LOCATION FOUND				
10. TO INVESTIGATIONS				
<input type="checkbox"/> URGENT REPLY NEEDED , TEAM STANDING BY TIME _____ <input type="checkbox"/> INFORMATION ONLY				
11. INSTRUCTIONS TO TEAM				
<input type="checkbox"/> COLLECT <input type="checkbox"/> MARK AND LEAVE <input type="checkbox"/> DISREGARD <input type="checkbox"/> OTHER _____				
CLUE & SEGMENT PROBABILITIES TO BE COMPLETED BY PLANS				
12. CLUE PROBABILITY		13. SEGMENT PROBABILITY		
<input type="checkbox"/> VERY LIKELY A GOOD CLUE <input type="checkbox"/> PROBABLY A GOOD CLUE <input type="checkbox"/> MAY BE A GOOD CLUE <input type="checkbox"/> PROBABLY NOT A GOOD CLUE <input type="checkbox"/> VERY LIKELY NOT A GOOD CLUE <input type="checkbox"/> DON'T KNOW		LIST SEGMENTS		
		VIRTUALLY 100% CERTAIN CLUE MEANS SUBJECT IS IN THESE SEGMENTS		
		VERY STRONG CHANCE THAT CLUE MEANS SUBJECT IS IN THESE SEGMENTS		
		STRONG CHANCE THAT CLUE MEANS SUBJECT IS IN THESE SEGMENTS		
		BETTER THAN EVEN CHANCE THAT CLUE MEANS SUBJECT IS IN THESE SEGMENTS		
		NO INFORMATION FROM THE CLUE TO SUGGEST SUBJECT IS OR IS NOT IN THESE SEGMENTS		
		BETTER THAN EVEN CHANCE THAT CLUE MEANS SUBJECT IS NOT IN THESE SEGMENTS		
		STRONG CHANCE THAT CLUE MEANS SUBJECT IS NOT IN THESE SEGMENTS		
COPIES <input type="checkbox"/> PLANS <input type="checkbox"/> ATTACH TO CLUE <input type="checkbox"/> INVESTIGATIONS <input type="checkbox"/> OTHER <input type="checkbox"/> DEBRIEFING _____		VERY STRONG CHANCE THAT CLUE MEANS SUBJECT IS NOT IN THESE SEGMENTS		
		VIRTUALLY 100% CERTAIN CLUE MEANS SUBJECT IS NOT IN THESE SEGMENTS		
SAR 135 BASARC 3/98		14. PREPARED BY		15. CLUE & SEGMENT PROBABILITIES PREPARED BY

SEARCH PLANNING WORKSHEET

1. INCIDENT NAME

2. DATE/TIME

3. ASSIGNMENT IDENTIFIER

