



Missing Persons Report / Retrieval Required

v03.17

Person

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Action required: \_\_\_\_\_

Last seen: \_\_\_\_\_  
(Date, time, location)

Map name / No.: \_\_\_\_\_

Grid reference (if known)

Datum & zone: \_\_\_\_\_

Description

Age: \_\_\_\_\_ years Sex: M / F Height: \_\_\_\_\_ cm Weight \_\_\_\_\_ kg

Build: \_\_\_\_\_ Eye colour: \_\_\_\_\_ Hair colour: \_\_\_\_\_

Other identifying features: \_\_\_\_\_

Shirt colour: \_\_\_\_\_ Pants colour: \_\_\_\_\_

Hat / cap colour: \_\_\_\_\_ Day pack / vest colour: \_\_\_\_\_

Boots - make \_\_\_\_\_ Firearm: Yes / No PLB: Yes / No

Water (Litres): \_\_\_\_\_ Food - Yes / No (quantity): \_\_\_\_\_

UHF Radio (channel): \_\_\_\_\_ Mobile phone No.: \_\_\_\_\_

Health issues:  
(if known)

Medications required: \_\_\_\_\_  
(if known)

Contacts

Next of kin: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Next of kin contacted: Yes / No Date & time: \_\_\_\_\_

Authorities contacted (Who?): \_\_\_\_\_

Phone No: \_\_\_\_\_ Date & time: \_\_\_\_\_

C&WM contacted: President / Secretary / Assistant Secretary Date & time: \_\_\_\_\_  
(circle who)

Action initiated by

Name: \_\_\_\_\_ \*AC / TL / TM / OTHER

Date & time: \_\_\_\_\_

Signature: \_\_\_\_\_ C&WM Membership No.: \_\_\_\_\_

\* AC: Activity Coordinator, TL: Team Leader, TM: Team Member