



Northwest Arctic Borough

SEARCH & RESCUE

Ambler Buckland Candle Deering Kiana Kivalina
Kobuk Kotzebue Noatak Noorvik Selawik Shungnak

MISSION:

*Coordinate search and rescue teams in order to provide
air, ground, and water search capabilities in Northwest Alaska*

MEMORANDUM

TO: Search & Rescue Presidents:

Morgan Johnson, Ambler
Tim Gavin, Buckland
Ron Moto, Deering
Larry Westlake, Kiana
Jerry Norton, Kivalina
Allen Ward, Kobuk
Walter Gregg, Jr., Kotzebue
Carol Wesley, Noatak
Verne Cleveland, Noorvik
Frank Berry, Jr., Selawik
Glenn Douglas, Shungnak

CC: City Mayors & Administrators and IRA Presidents & Administrators

FROM: Hiram Walker, Search & Rescue Coordinator

DATE: Wednesday, January 27, 2010

**RE: INCIDENT COMMAND SYSTEM FORMS FOR SEARCH & RESCUE
MISSIONS**

As a follow-up to the Annual Search & Rescue meeting that was held in Kotzebue, Alaska on December 3, 2009, the Northwest Arctic Borough (NAB) wanted to ensure that the procedure for S&R missions was communicated in writing. It is as follows:

1. When your community receives notice of a need for an S&R mission, get as much information about the lost person(s) (for example: name, how they were traveling (sno-go, boat, etc.), and what equipment they might have (VHF, GPS, sleeping bag, etc.), weather conditions at time they went missing, where they were traveling from/to, etc.).
2. Activate your local S&R crew, and use the State of Alaska Department of Public Safety Incident Command System Forms (for reporting and to get reimbursed for any expenses related to the S&R mission).
3. Call the Alaska State Troopers (in Kotzebue at 442-3222 or via toll free at 800-772-1213) and request that a case number be assigned to the S&R mission.
4. IF the Alaska State Troopers do not authorize a case number, contact the NAB S&R Coordinator, Hiram Walker in Kotzebue at 1-800-478-1110, ext. 122 or via his cell phone at 907-995-2900.

P.O. Box 1110; Kotzebue, Alaska 99752 • (907) 442-2500 • Fax (907) 442-2930 • www.nwabor.org

Memo to S&R Presidents
January 27, 2009

Please remember that in order to receive reimbursement for any S&R mission related expenses (gas, oil, food, etc.), your Incident Commander for the S&R mission/the person in charge **MUST** have Incident Command System (ICS) Training and the State of Alaska Department of Public Safety Incident Command System Forms have to be completed and submitted to the Alaska State Troopers and NAB to ensure proper reporting and reimbursement. 5 packets of the forms are attached for your use. The forms can also be downloaded via the NAB website:

<http://www.nwabor.org/searchnrescue.html>

<http://www.nwabor.org/otherforms.html>

If you need any help in completing the forms, NAB staff can help. Failure to have an Incident Commander and the forms completely filled out and submitted will result in a non-payment/no reimbursement for your expenses.

If you have any questions, please contact me at hwalker@nwabor.org or by calling the NAB Office at 1-800-478-1110, ext. 122 or my cell phone at 907-995-2900. Thank you for your cooperation.



STATE OF ALASKA DEPT. OF PUBLIC SAFETY SEARCH AND RESCUE STATISTICAL DATA

Case No. _____	
Date Investigated _____	
Detach _____	UnitID _____

12-202SAR (REV. 12/00)

Reporting Officer _____	PermID _____	Investigating Agency _____
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<u>No. of Searchers</u>	<u>No. of Searchers in A/C</u>	<u>No. of Person Hours</u>	<u>No. of Paid Hours</u>
DPS _____	DPS _____	DPS _____	AST _____ OT _____
Military _____	Military _____	Military _____	FWP _____ OT _____
Volunteer _____	Volunteer _____	Volunteer _____	VPSO _____ OT _____
Other _____	Other _____	Other _____	Other _____ OT _____
<u>No. of Fixed Wing Hours</u>	<u>No. of Fixed Wing Sorties</u>	<u>No. of Helicopter Hours</u>	<u>No. of Helicopter Sorties</u>
DPS _____	DPS _____	DPS _____	DPS _____
Military _____	Military _____	Military _____	Military _____
Charter _____	Charter _____	Charter _____	Charter _____
Other _____	Other _____	Other _____	Other _____
<u>No. of Vessel Hours</u>	<u>No. of Vessel Sorties</u>	<u>No. of Vehicle Hours</u>	<u>No. of Snowmachine Hours</u>
DPS _____	DPS _____	DPS _____	DPS _____
Military _____	Military _____	Military _____	Military _____
Charter _____	Charter _____	Volunteer _____	Volunteer _____
Other _____	Other _____	Other _____	Other _____
<u>Results of Search Effort</u>	Persons Saved _____	Persons Dead _____	Persons Not Found _____
<u>Special Equipment Used</u>		<u>Equipment Purchased</u>	
<u>Equipment Damaged</u>		<u>Equipment Replaced</u>	

REVIEWED AND APPROVED BY	PERM ID	DATE
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STATE OF ALASKA DEPT. OF PUBLIC SAFETY

Case No.
Date Investigated
Detach
UnitID

12-297H (REV. 11/00)

Reporting Officer	PermID	Investigating Agency	Detach	UnitID
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Lost Person Questionnaire: (complete one for each individual in party that is missing)

Name: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Phone, H: _____ Phone, W: _____
 Phone, C: _____
 DOB: _____
 Ht: _____ Wt: _____ Hair: _____ Eye: _____ Sex: _____

Next of Kin: _____

Overall Health

Mental Health

<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent
<input type="checkbox"/> Good	<input type="checkbox"/> Good
<input type="checkbox"/> Fair	<input type="checkbox"/> Depressed
<input type="checkbox"/> Poor	<input type="checkbox"/> Suicidal
<input type="checkbox"/> Unknown	<input type="checkbox"/> Retarded

Medical Problems: _____

Hair / Style

Beard
 Mustache
 Bald
 Short
 Medium
 Shoulder
 Long

Clothing

Hat _____
 Jacket _____
 Sweater _____
 Shirt _____
 Pants _____
 Boots _____
 Shoes _____
 Gloves _____
 Rainwear _____
 Other _____
 Overall Color _____

Build

Short Thin
 Average Medium
 Tall Heavy

Field Conditions at Time of Loss

Actual Temperature: _____
 Wind Speed: _____
 Chill Factor: _____
 Fair
 Rain
 Snow
 Freezing Rain

Ground Conditions

Dry Frozen
 Wet Snow, Accumulation _____"

Habits and Personality

Smoke Yes No Type: _____
 Drink Yes No Type: _____
 Recreational Drugs Yes No Type: _____
 Legal Trouble Yes No Type: _____
 Gives Up Easily Yes No
 Religious Yes No

Outgoing Yes No
 Quiet Yes No
 Friendly Yes No
 Loner Yes No
 Leader Yes No
 Follower Yes No

Training / Experience

Familiar with Area Yes No
 Had Formal Training Yes No
 Medical Training Yes No
 Hunts Regularly Yes No
 Been Lost Before Yes No
 Overnight Experience Yes No
 Military Experience Yes No
 Scouting Experience Yes No
 Climbing Experience Yes No
 Goes Out Alone Yes No

Travel Aids

On Foot Yes No
 Snowmachine Yes No
 Boat Yes No
 Boat w/ Motor Yes No
 Airplane Yes No
 Dog Team Yes No
 Ski's Yes No
 Automobile Yes No
 Uses Trails Yes No
 Uses Camps Yes No

Equipment

Sleeping Bag Yes No
 Shelter Yes No
 Water Yes No
 Food Yes No
 For _____ days
 Other Clothing Yes No
 Fire Starter Yes No
 Compass Yes No
 GPS Yes No
 VHF Yes No
 Channel _____

Trip Plan

NONE On File / Attached



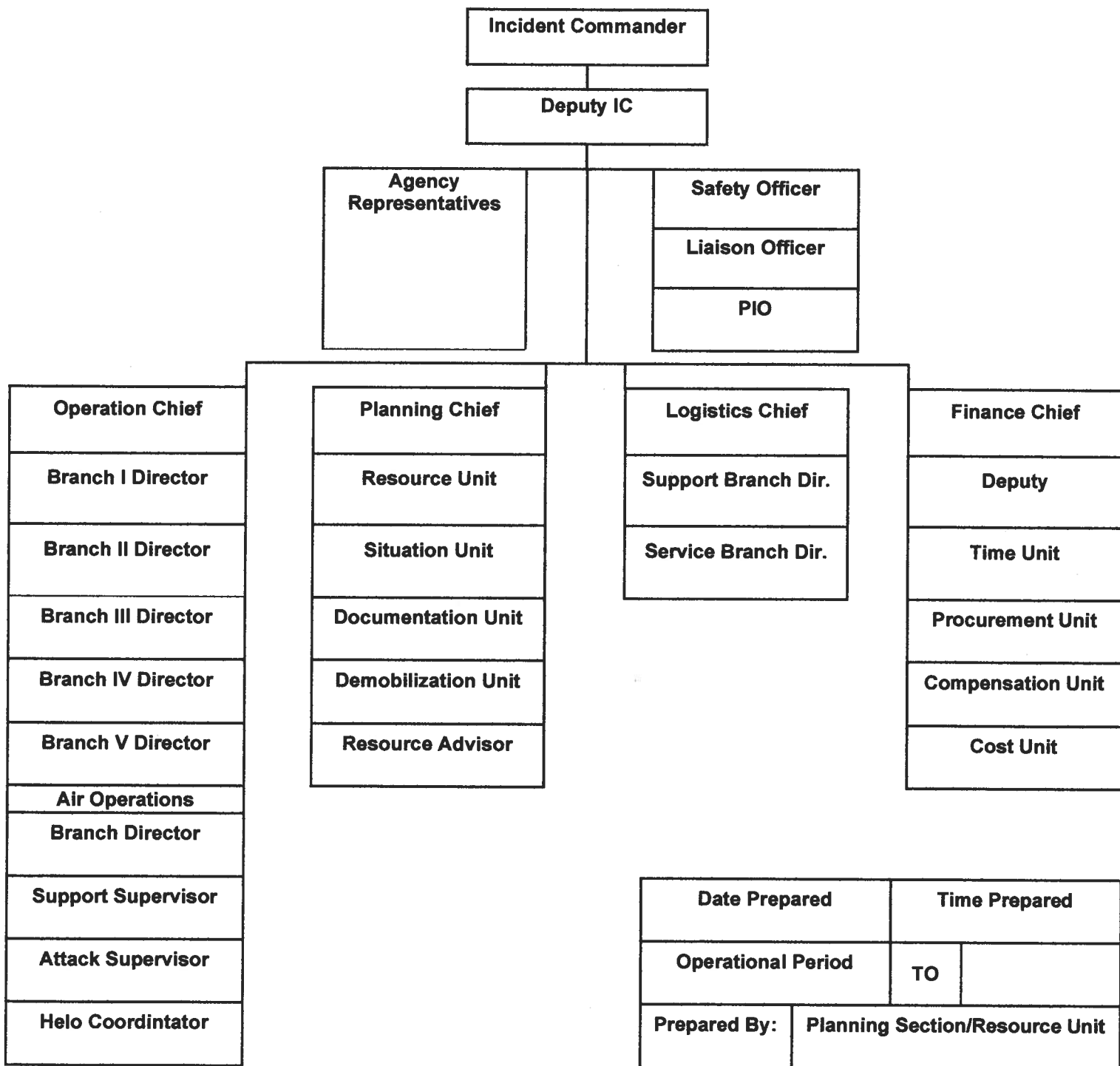
STATE OF ALASKA DEPT. OF PUBLIC SAFETY

Case No.	
Date Investigated	
Detach	UnitID

12-2971 (REV. 11/00)

Reporting Officer	PermID	Investigating Agency
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Incident Command Organizations Chart



REVIEWED AND APPROVED BY	PERM ID	DATE
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STATE OF ALASKA DEPT. OF PUBLIC SAFETY

Case No.
Date Investigated
Detach
UnitID

12-297C (REV. 7/00)

Reporting Officer	PermID	Investigating Agency
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The following volunteers were requested to assist the Alaska State Troopers in a Search and Rescue operation on the above date. This list is the only official roster of those assisting in an official capacity. Those assisting on this search and not appearing on this roster are unauthorized.

Personal Roster:

Name: _____ SSN: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Next of Kin: _____
Personal equipment used: _____

Name: _____ SSN: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Next of Kin: _____
Personal equipment used: _____

Name: _____ SSN: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Next of Kin: _____
Personal equipment used: _____

Name: _____ SSN: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Next of Kin: _____
Personal equipment used: _____

Name: _____ SSN: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Next of Kin: _____
Personal equipment used: _____

Name: _____ SSN: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Next of Kin: _____
Personal equipment used: _____

Name: _____ SSN: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Next of Kin: _____
Personal equipment used: _____

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STATE OF ALASKA DEPT. OF PUBLIC SAFETY

Case No.
Date Investigated
Detach
UnitID

12-297F (REV. 11/00)

Reporting Officer	PermID	Investigating Agency
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TEAM PREPARATION CHECKLIST:

Team Leader: _____

Team Leader: _____

Team Leader: _____

Team Leader: _____

Team Leader: _____

Clothing / Cold Weather Protection

- Loose layered clothing
- Wet weather gear
- Rain gear
- Gloves
 - Heavy duty gloves
 - Regular
- Change of clothes
- Face shield

Transportation:

Snow Machine

- Make / Model _____
- Liquid
- Fan cooled
- Extra drive belt
- Extra spark plugs
- Head / Rear lights
- Sled
- Extra fuel / oil

Boat

- Make / Model _____
- Outboard size
- Extra spark plugs
- Extra fuel
- Line
- Kicker
- Signaling device
- PFD(s) for all

Equipment:

- Waterproof tarp
- Food
- Stove
- Sleeping bag
- Shovel
- Axe
- Flashlight
- Fire starter
- First aid kit
- VHF Radio
- Compass
- GPS
- Strobe light
- Signal dev.
- Rope
- Hooks
- Batteries
- Other

Safety Briefing and notes:

Team Member briefed by: _____

Team Member: _____

Signature _____

Signature _____

Printed Name _____

Printed Name _____

Date _____

Date _____

REVIEWED AND APPROVED BY	PERM ID	DATE
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STATE OF ALASKA DEPT. OF PUBLIC SAFETY

Case No.
Date Investigated
Detach
UnitID

12-297G (REV. 1/00)

Reporting Officer	PermID	Investigating Agency
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Search Area Map:

	Name	Coordinates	Orientation:
Point Last Seen (PLS)			
Last Known Position (LKP)			
Closest Village to Search area			
Clue			
Clue			Date Prepared:

REVIEWED AND APPROVED BY	PERM ID	DATE
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STATE OF ALASKA DEPT. OF PUBLIC SAFETY

Case No.
Date Investigated
Detach
UnitID

12-297 (REV. 1/00)

Reporting Officer	PermID	Investigating Agency	Detach	UnitID
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TO: Division of Administrative Services
Finance Section / Accounts Payable

SAR Application for Payment

The following business(s), person(s), listed below are to paid the shown amount verified by the bill, invoice, or statement to this document.

Name:	_____	Amount:	_____
Address:	_____	Invoice:	_____
	_____	EIN/SSN:	_____
Item / Service:	_____	Phone:	_____
Name:	_____	Amount:	_____
Address:	_____	Invoice:	_____
	_____	EIN/SSN:	_____
Item / Service:	_____	Phone:	_____
Name:	_____	Amount:	_____
Address:	_____	Invoice:	_____
	_____	EIN/SSN:	_____
Item / Service:	_____	Phone:	_____
Name:	_____	Amount:	_____
Address:	_____	Invoice:	_____
	_____	EIN/SSN:	_____
Item / Service:	_____	Phone:	_____
Name:	_____	Amount:	_____
Address:	_____	Invoice:	_____
	_____	EIN/SSN:	_____
Item / Service:	_____	Phone:	_____
Name:	_____	Amount:	_____
Address:	_____	Invoice:	_____
	_____	EIN/SSN:	_____
Item / Service:	_____	Phone:	_____

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STATE OF ALASKA DEPT. OF PUBLIC SAFETY

Case No.	
Date Investigated	
Detach	UnitID

12-297A (REV. 1/00)

Reporting Officer	PermID	Investigating Agency
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ATTACH SAR RECEIPTS
HERE

REVIEWED AND APPROVED BY	PERM ID	DATE
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