



STATE OF ALASKA DEPT. OF PUBLIC SAFETY

12-297A (REV. 1/00)

Reporting Officer		PermID	Investigating Agency	Case No.	Date Investigated
			Alaska State Troopers		
			Detach	UnitID	
			C	KOTE	

ATTACH SAR RECEIPTS
HERE

REVIEWED AND APPROVED BY	PERM ID	DATE



STATE OF ALASKA DEPT. OF PUBLIC SAFETY

Case No.
Date Investigated
Detach C
UnitID KOTE

12-297F (REV. 11/00)

Reporting Officer	PermID	Investigating Agency Alaska State Troopers
-------------------	--------	---

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
--------------------------	---------	------



STATE OF ALASKA DEPT. OF PUBLIC SAFETY

Case No.
Date Investigated
Detach C
UnitID KOTE

Reporting Officer	PermID	Investigating Agency Alaska State Troopers
-------------------	--------	---

12-297H (REV. 11/00)

Lost Person Questionnaire: (complete one for each individual in party that is missing)

Name: _____
 Home Address: _____
 City: _____
 Phone, H: _____
 Phone, W: _____
 Phone, C: _____
 State: _____ Zip: _____
 DOB: _____
 Ht: _____ Wt: _____
 Medical Problems: _____

Next of Kin: _____

- Overall Health**
- Excellent
 - Good
 - Fair
 - Poor
 - Unknown

- Mental Health**
- Excellent
 - Good
 - Depressed
 - Suicidal
 - Retarded

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
- Wet
- Frozen
- 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

REVIEWED AND APPROVED BY	PERM ID	DATE
--------------------------	---------	------



STATE OF ALASKA DEPT. OF PUBLIC SAFETY

12-297C (REV. 7/00)

Reporting Officer _____

PermID _____

Investigating Agency

Alaska State Troopers

Case No. _____

Date Investigated _____

Detach

C

UnitID

KOTE

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

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

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

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

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

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

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

REVIEWED AND APPROVED BY	PERM ID	DATE

VOLUNTEER SERVICE AGREEMENT

This Agreement is entered into between the State of Alaska, Department of _____ (State) whose address is _____ and _____ (Volunteer) whose address is _____

WHEREAS, the Volunteer desires to participate as an unpaid worker in the following program _____ (Program) at _____ (Division, facility or location); performing the following activities _____ alongside, but not displacing State employees and,

WHEREAS, the State desires to allow the Volunteer to participate in said Program,

NOW, THEREFORE, the parties agree as follows:

The Volunteer agrees to participate without compensation for his/her services in the Program under the direct supervision of State employee _____ (Supervisor).

In consideration of the benefits received by the State from the Volunteer's participation in the Program, the State agrees to extend to the Volunteer all medical benefits and compensation afforded to its employees under the Alaska Workers' Compensation Act (AWCA) in the event the Volunteer suffers injury, illness or death arising out of the performance of his/her services while acting within the course and scope of his/her volunteer duties. It is agreed that weekly compensation for disability or death will be based on the minimum rate of compensation under AS 23.30.175. It is agreed that compensation or medical benefits will not be provided when the volunteer may be eligible for workers' compensation coverage from any other employer or from any other medical or disability policy. Disputes regarding payment of compensation and medical benefits under this agreement are agreed to be decided by the Alaska Workers' Compensation Board without stipulating to the Board's jurisdiction.

The State agrees to defend, indemnify, and hold harmless the Volunteer in the same manner and to the same extent the State protects its employees from any claim, demand, suit for property damages or personal injury including death allegedly caused by the Volunteer's activities if the Volunteer: a) at the time of the occurrence was acting in good faith within the course and scope of his/her volunteer duties in accordance with the directions of the Supervisor; b) the Volunteer provides immediate notice to the State of any claim; and c) the Volunteer cooperates in the defense and does not stipulate to any judgment or settlement without the State's approval.

The Volunteer understands the State does not insure loss or physical damage to its employee's personal vehicle, equipment, or other personal property used while performing state work; nor will the State provide property insurance coverage for loss or physical damage to any Volunteer's personal vehicle, equipment, or other personal property used while performing his/her volunteer duties.

In consideration of the benefits received from participation in the Program and the protection offered by this Agreement, the Volunteer: 1) accepts the remedy provided by the Alaska Workers' Compensation Act as his/her sole legal remedy from the State if the Volunteer suffers work-related injury, illness or disease while acting within the course and scope of his/her volunteer duties; 2) transfers his/her right to recover from others who may be responsible for the injury, illness, or disease to the State and/or its assigns; and 3) agrees to cooperate and to do everything necessary to enable the State and/or its assigns to enforce the right to recover from others.

The Agreement is effective on the day when signed by the person designated below as the Program Director and filed with the Division of Risk Management.

The Volunteer acknowledges he/she has read this Agreement, understands it and agrees to be bound by its terms.

SIGNED: _____ DATE: _____

Volunteer: _____
Telephone Number: _____

Program Supervisor: _____
Title: _____ Telephone Number: _____

Program Director: _____
Title: _____ Telephone Number: _____

Will Volunteer be Traveling? YES ___ NO ___ If YES, indicate mode with "S" for State-owned or "P" for Personally-owned:
Vehicle ___ Plane ___ Boat ___ ATV ___