SEARCH AND RESCUE MISSION REPORT

County Identification Number: ______________________

County Name: ______________________ Location in County: ______________________

Incident Contact: Name: ______________________ Contact Phone: (307) ______________________

Date and Time Mission Began: ______________________

Mission Type: Search ________ Rescue ________

Assist another Jurisdiction: ________ Other Jurisdiction's Primary Mission #: ______________________

Mission Subject(s) Residence: WY Resident # ________ Nonresident # ________ Unknown # ________

Mission Category: (Check category that applies)

ATV ________ Backpacker ________ Downed Aircraft/ELT ________ Other Water ________

Bicyclist ________ Fisherman ________ PLB ________ Psychological/Emotional ________

Boater/Rafter ________ Hiker ________ Snow Machiner ________

Camper ________ Horseback/Wagon ________ Snow Skier ________

Cave/Climber ________ Missing Person ________ Swimmer ________

Criminal/Law Enforce ________ Motorist ________ Other ________

Disaster/Evacuation ________ Nature Enthusiast ________

Date and Time Mission Ended: ______________________

Number of Subjects: ________

Mission Resolution: (Provide number of subjects found safe, injured, deceased, etc.)

CAP ________ ELT/False Alarm ________ Med Evac/Injured ________ Unresolved ________

Found Deceased ________ PLB ________

Found Safe ________ Self Rescue ________

Comments:

Name and Contact Phone Number and Fax Number of Person Completing/Submitting Report:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Fax Number</th>
</tr>
</thead>
</table>

FAX COMPLETED REPORT TO WYOMING OFFICE OF HOMELAND SECURITY AT (307) 635-6017 WITHIN 7 DAYS OF START OF MISSION.

1/2007