

# UTAH SEARCH AND RESCUE FINANCIAL ASSISTANCE APPLICATION

COUNTY \_\_\_\_\_ CASE # \_\_\_\_\_  Search/Rescue  Training  Equipment

SEARCH INITIATED DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM / PM  
(Assigned by County/Sheriff)

Brief Description of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>For Advisory Board Use Only</u>	
<b>Approved:</b> <input type="checkbox"/> Search <input type="checkbox"/> Training <input type="checkbox"/> Equipment	<b>Denied:</b> <input type="checkbox"/> Non reimbursable <input type="checkbox"/> Past deadline <input type="checkbox"/> Non-compliant
_____	_____

**REIMBURSABLE EXPENSES (ATTACH ALL RECEIPTS/DOCUMENTATION)**

<b>A) <u>Search/Rescue Activity</u></b>	<b><u>Amount</u></b>
<input type="checkbox"/> Food	\$ _____
<input type="checkbox"/> Fuel	\$ _____
<input type="checkbox"/> Rental of Equipment	\$ _____
<input type="checkbox"/> Replace/Repair of Equipment	
Damaged on Search	\$ _____
<input type="checkbox"/> Other: (please explain)	\$ _____
_____	
_____	
Search Total: \$ _____	

<b>B) <u>Training</u></b>	<b><u>Amount</u></b>
Name/Type of Course	
_____	
<input type="checkbox"/> Food	\$ _____
<input type="checkbox"/> Fuel	\$ _____
<input type="checkbox"/> Course Fees	\$ _____
<input type="checkbox"/> Supplies	\$ _____
<input type="checkbox"/> Other: (please explain)	\$ _____
_____	
_____	
Training Total: \$ _____	

<b>C) <u>Equipment</u></b>	<b><u>Amount</u></b>
<small>*Required explanation of what was purchased and what it will be used for</small>	
_____	
<input type="checkbox"/> Upgrade of existing Equipment	\$ _____
<input type="checkbox"/> Purchase new Equipment	\$ _____
<input type="checkbox"/> Other: (please explain)	\$ _____
_____	
_____	
Equipment Total: \$ _____	

I certify that the above report and listing of expenses is true and correct. I have attached all applicable receipts and understand that I am responsible for disbursement of monies to all agencies or groups that assisted in this search incident. I do further certify that no part of the foregoing claim has been paid by the State of Utah or any other source. Supportive documents may be available upon request.

REQUEST PREPARED BY: \_\_\_\_\_  
NAME RANK DATE

REQUEST APPROVED: \_\_\_\_\_  
SHERIFF DATE

MAKE CHECK PAYABLE TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MAIL TO: DIVISION OF EMERGENCY MANAGEMENT**  
**ATTN: ADMINISTRATION SECTION**  
**1110 STATE OFFICE BUILDING**  
**BOX 141710**  
**SALT LAKE CITY, UT 84114**

**FOR DIVISION USE ONLY**

REQUEST RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_  
DATE

**SUBJECT INFORMATION**

REPORTING PERSON \_\_\_\_\_

VICTIM(S)	Does Victim Reside In Your County?
1. _____	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____ <input type="checkbox"/> Yes <input type="checkbox"/> "No
3. _____	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No

(Mark all that apply).

ACTIVITY

- Climber
- Hiker
- Hunter
- Skier
- Snowmobile
- Mtn. Biker
- Aircraft
- Boat
- \_\_\_\_\_

SITUATION

- Unknown
- Lost
- Stranded
- Injury
- Illness
- Runaway
- Overdue
- False alarm
- \_\_\_\_\_

(If lost) LAST KNOWN POSITION

- Unknown
- Last seen point
- Abandoned car
- Known route
- Known Destination
- Confirmed clue
- \_\_\_\_\_

BRIEF DESCRIPTION OF INCIDENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESPONSE:** (Mark all that apply).

TYPE OF RESPONSE

- Standby only
- Callout only
- Land search
- Water search
- Air search
- Rescue
- Body recovery
- \_\_\_\_\_

RESCUE/RECOVERY TECHNIQUES USED

- Assist/own power
- Carry-out by foot
- Rock/acree evac.
- Evac. by animal
- Watercraft evac.
- Evac. by vehicle
- Aircraft evac.
- \_\_\_\_\_

(If lost) SEARCH TECHNIQUES USED

- Confinement
- Attraction
- Hasty search
- Visual tracking
- Search dogs
- Line search
- Air search
- \_\_\_\_\_

BRIEF DESCRIPTION OF RESPONSE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESULTS:** (Mark all that apply).

SUBJECT WAS

FOUND/RESCUED Month \_\_\_ Day \_\_\_ Year \_\_\_ Time \_\_\_\_\_AM/ PM

- By SAR effort
- By him/herself
- Not found/rescued
- By bystanders
- Never needed help

AS A RESULT OF SAR EFFORT, TOTAL NUMBER OF PERSONS FOUND \_\_\_\_\_ RESCUED \_\_\_\_\_ LIVES REALLY SAVED \_\_\_\_\_

REASON MISSION TERMINATED

- Successful
- Lack manpower
- Lack equipment
- Lack support
- Lack clues
- Hazardous terrain
- Severe weather
- Authority decision
- Family decision
- \_\_\_\_\_

FOUND IN

- Primary search area
- Secondary search area
- Area previously searched
- Out of search area
- Home, bar motel, etc.
- \_\_\_\_\_

CLUES FOUND BY

- Interrogation
- Confinement
- Attraction
- Hasty search
- Visual tracking
- Search dogs
- Line search
- Helicopter
- Subject's signal
- \_\_\_\_\_

BRIEF DESCRIPTION OF FIND/RESCUE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESOURCES USED**

MISSION WAS

CLOSED ON Month \_\_\_ Day \_\_\_ Year \_\_\_ Time \_\_\_\_\_AM/ PM

NOTE: Manhours and Equipment used should include time for MOBILIZATION, ENROUTE, MISSION & RETURN HOME

EQUIPMENT

		# Persons
_____ Helicopters	_____ Flt. Hrs.	_____
_____ Fixed Wing	_____ Flt. Hrs.	_____
_____ Ambulance*	_____ Mi.	_____
_____ 2WD	_____ Mi.	_____
_____ 4WD	_____ Mi.	_____
_____ Boat	_____ Hrs.	_____
_____ Horses	_____ Hrs.	_____
_____ Dogs	_____ Hrs.	_____
_____ Snowmobiles	_____ Hrs.	_____
_____ A.T.V.s	_____ Hrs.	_____
_____ _____	_____ _____	_____ _____

(\*If victim was billed, leave blank.)

TOTAL PERSONNEL/MAN-HOURS

# of hours by paid personnel \_\_\_\_\_

# of hours by volunteer non-paid SAR organizations \_\_\_\_\_

# of hours by volunteer non-paid/non-SAR \_\_\_\_\_

Total # all man-hours \_\_\_\_\_

COMMENTS / PROBLEMS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_