

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/Training/Equipment: _____

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

REIMBURSABLE EXPENSES (ATTACH ALL RECEIPTS/DOCUMENTATION)

A) <u>Search/Rescue Activity</u>	<u>Amount</u>
<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) <u>Training</u>	<u>Amount</u>
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: \$ _____	

C) <u>Equipment</u>	<u>Amount</u>
<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: SAR ADMIN SUPPORT
1110 STATE OFFICE BUILDING
BOX 141710
SALT LAKE CITY, UT 84114

FOR DIVISION USE ONLY

REQUEST RECEIVED: _____ DATE _____ BY: _____

SUBJECT INFORMATION

REPORTING PERSON _____

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

DESCRIPTION OF INCIDENT AND RESPONSE

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/scree 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
- _____

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 _____ RECOVERED _____

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.
- _____

LAND OWNERSHIP

- USFS
- SITLA
- Desert Reserve
- National Park
- State Park
- BLM
- Private
- Lat/Long if available
- _____

CLUES FOUND BY

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

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.)

RESOURCES USED

MISSION WAS

CLOSED ON Month ___ Day ___ Year ___ Time _____AM/ PM

Does the victim participate in the USARA Card program? Yes No

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



UTAH
SEARCH AND RESCUE
ADVISORY BOARD