



Commonwealth of Virginia - Department of Emergency Management - Search and Rescue Program

Clue Form

REPORT / RECORD

^{1.} Date:	^{2.} Mission #	^{3.} Incident Location / Name	^{4.} Incident Type	^{5.} Status:
				<input type="checkbox"/> URGENT Follow Up Needed <input type="checkbox"/> Collected <input type="checkbox"/> Completed _____
^{6.} Task # and Team	^{7.} Team Leader	^{8.} Team Type	^{9.} Segment Planning #	

^{10.} Clue Description	<input type="checkbox"/> Physical Clue	<input type="checkbox"/> K9 Activity	<input type="checkbox"/> Event	<input type="checkbox"/> Information	^{11.} Date / Time Located
					^{12.} Coordinates
					^{13.} Clue # Assigned (from Clue Log)
^{16.} Completed By:					

REACT

NOTIFY OPERATIONS SECTION CHIEF IMMEDIATELY FOR FURTHER ACTION.

^{14.} Instructions Given to Team:	^{15.} Actions:
	<input type="checkbox"/> Flag & Leave in Place <input type="checkbox"/> Secure and await specialty resource <input type="checkbox"/> Text / Email Picture to Base <input type="checkbox"/> Flag location and Collect <input type="checkbox"/> Disregard and Continue on task <input type="checkbox"/> Notify LE / Investigator
^{16.} Instructions Given By:	^{17.} At direction of:

Clue Report - Follow-up Activity Log	
^{22.} Time	^{23.} Event Log - Include Task numbers of follow-up tasks or other actions taken related to clue and who did them.

Continued on back of form.

ROUTING

Route to all for review then place in Clue Folder and record on Clue Log and Clue Map:			
^{18.} Position	^{19.} Initials	^{20.} Date / Time	^{21.} Notes
<input type="checkbox"/> Operations Section Chief			
<input type="checkbox"/> Planning Section Chief			
<input type="checkbox"/> Search Mission Coordinator			
<input type="checkbox"/> AHJ Representative			
<input type="checkbox"/> Investigator			
<input type="checkbox"/> Other:			

