Chelan County Mountain Rescue

Information needed for Mountain Rescue Missions:

Chelan County Sheriff Office Contact Information from Dispatch:

Date / Time: _____ SAR Number: _____
Incident Commander (IC) : _____ IC Phone Number: _____
Incident Location: _____
Situation: _____
_____
Staging Area: _____ Meeting Time: _____
Instructions from IC: _____

Specifics of the Incident:

Date / Time of Incident: _____
Reporting Persons Name: _____ Cell Phone: _____
Will they be able to take rescue personnel to the site? Yes / No
Injured Name: _____ Cell Phone: _____
Description: _____
Destination: _____ Route: **On / Off** _____ Rating: ____
Current Location: _____
cliff, hillside, water, snow, lost, unknown
Equipment and Condition: _____
Difficulties Expected: _____
Medical Condition : _____
Physician, Paramedic, EMT, 1st Aid required? Med pack?
Other Persons in Party: _____

Specifics of Mission:

Technical Rescue: **Expected / Needed**: _____
raise, lower, ropes, litter, spider, wheeled litter, traverse, guiding line
Overnight: **Expected / Possible**: _____
Weather: _____
heat, cold ,rain, snow, ice, wind, rising water, 2 day forecast
Helicopter: **Available / Authorized / Pilot**: _____
Mountain Rescue crew needed: _____
Medical: _____ Climbers: _____ Riggers: _____ Others: _____
Staging Area: _____ Meeting Time: _____
Prep Equipment at cache: _____ Meeting Time: _____
Other Information: _____

Assignment	MR #	Name	Assignment	MR #	Name
CCMR Leader	_____	_____	**Lead Climber**	_____	_____
Lead Medical	_____	_____	**Lead Rigger**	_____	_____
Lead Support	_____	_____	**Cache Prep**	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____