Idaho State Search & Rescue Fund

Search for Reimbursement Application

Search # (county assignment)	gned number)		
Date of Search: from:	until:		
County Sheriff's office responsible for	or search coordi	nation:	_
Total Number of Official Search Per	sonnel:	Total Man Hours:	
Private Vehicle hours		@\$15.00 per hour <i>of actual use</i>	
Private Snow Vehicle hours		@\$25.00 per hour of actual use	
Private ATV hours		@\$25.00 per hour <i>of actual use</i>	
Boat hours		@\$25.00 per hour of actual use	
Dog hours		@\$25.00 per hour	
Horse hours		@\$20.00 per hour	
Divers & Equipment hours		@\$40.00 per hour	
Meals		@\$10.00 per meal	
*Aircraft hours		Actual Cost	
*Rental Equipment (Itemize)		Actual Cost	
*Misc. Equipment (Itemize)		Actual Cost	
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*Misc. Equipment (Itemize)		Actual Cost	
Total Cost of Search			
Less \$4000.00 Maximum			(\$4,000.00)
Remainder for Catastrophic Fund Reimbursement			
*Must keep receipts for these item	s. <u>Submit copie</u>	es of receipts with reimbursement	request.
If this is a multi jurisdictional search	, enter the name	es of the other counties here.	
All associated costs of this search are	e included in the	e above form.	
I, certify the above charges are true an all monies have been or will be prop	, Sheriff of d correct to the erly disbursed u	best of my knowledge and belief. I pon receipt, for the above charges.	, Idaho, hereby also certify that
Sheriff:	Date:	County:	
Preparers Name:		Telephone:	

Name of SAR Unit:

Type of Search: below)	(Circle all tha	t apply in table	Search number:		
Search/Rescue f	or Snowmobile	? • Yes • No	Location:		
Subject #1 Name	e:		Time Notified:		
SSN:			Time Found:	Date Found:	
Address:			Time Returned:	Date Returned:	
Phone number:		DOB:	Location Found:		
Height: Eyes:	Weight:	Hair:	Total Miles of Search:		
Shoes: Hat:	Pants:	Coat:	Total Man hours:		

Circle all of the categories that apply. (i.e. Hunter, ATV, Lost, Uninjured) This info is used to determine funding for the program.

	A		В		С		D
1	Caver	1	4x4 Truck	1	Alzheimer	1	Deceased
2	Climber	2	Aircraft Motorized	2	Broken Down	2	Injured
3	Driver	3	Aircraft Non-Motorized	3	Geriatric	3	Uninjured
4	Hiker	4	ATV (3 or 4 wheeler)	4	Lost	4	Unknown
5	Hunter	5	Bicycle	5	Medical	5	
6	Juvenile	6	Boat, Not Powered	6	Motor Vehicle Crash	6	
7	Passenger	7	Boat, Power	7	Runaway	7	
8	Ranch Hand	8	Car	8	Stock	8	
9	Scuba Diver	9	Dune Buggy	9	Suicide	9	
10	Skier Alpine	10	Float Tube	10		10	
11	Skier Cross Country	11	Horse	11		11	
12	Swimmer	12	Motorcycle	12		12	
13	Walk away	13	Recreational Vehicle	13		13	
14	Wood cuter	14	Snow Cat	14		14	
15	Fisherman	15	Snow Machine	15		15	
16		16	Walking	16		16	
17	Other	17	Other	17	Other	17	

Remarks: (Describe, in detail, what happened and explain any unusual costs.)						
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In the section below, list the names of the members, the number of hours for each day of the search, then the total hours of the search. List vehicles mileage, number of hours the vehicle was actually driven, list type of specialty equipment, boat, ATV, snowmobile, dog, horse, etc., and the number of hours the equipment was actually used. Carry the total hours of usage for the vehicles and for each type of equipment forward to page 1. If unsure of the hours of use, you can claim mileage at \$0.545 per mile.

Name of Searchers	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours	Miles	Vehicle Hours	Type of Equip	Equip Hours

Location:							
Subject #2 N	Name:		Time Notified:				
SSN:			Time Found: Date Found:				
Address:			Time Returned:	Date Returned:			
Phone numb	er:	DOB:	Location Found:				
Height: Eyes:	Weight:	Hair:	Total Miles of Search				
Shoes: Hat:	Pants:	Coat:	Total Man hours				
-							
Location:	*		m: N .: 0 1				
Subject #3 N	Name:		Time Notified:				
SSN:			Time Found:	Date Found:			
Address:			Time Returned:	Date Returned:			
Phone numb	er:	DOB:	Location Found:				
Height: Eyes:	Weight:	Hair:	Total Miles of Search				
Shoes: Hat:	Pants:	Coat:	Total Man hours				
Location:							
Subject #4 N	Vame:		Time Notified:				
SSN:			Time Found:	Date Found:			
Address:			Time Returned:	Date Returned:			
Phone numb	er:	DOB:	Location Found:				
Height: Eyes:	Weight:	Hair:	Total Miles of Search				
Shoes: Hat:	Pants:	Coat:	Total Man hours				

Location:				
Subject #5 N	Name:		Time Notified:	
SSN:			Time Found:	Date Found:
Address:			Time Returned:	Date Returned:
Phone numb	er:	DOB:	Location Found:	
Height: Eyes:	Weight:	Hair:	Total Miles of Search	
Shoes: Hat:	Pants:	Coat:	Total Man hours	

Location:				
Subject #6 N	Name:		Time Notified:	
SSN:			Time Found:	Date Found:
Address:			Time Returned:	Date Returned:
Phone numb	er:	DOB:	Location Found:	
Height: Eyes:	Weight:	Hair:	Total Miles of Search	
Shoes: Hat:	Pants:	Coat:	Total Man hours	

Actual Search Cost Work Sheet

Please indicate additionally to the reimbursement allowed, the true costs of the search. Hours of County Employees, use of vehicles belonging to counties, and the value of the time. *Our goal is to compare the actual search cost for the county to the reimbursement amount allowed.*

Describe item. Name of person, Type of vehicle, Etc.	Value per hour	Hours used	Total value
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Totals			

Send completed form to Sheriff Dave Hansen, P.O. Box 130, Arco, ID 83213 or email scanned copy to dhansen@buttecountyid.us. For further information call Sheriff Hansen at 208-527-8553.