DIAGRAM SHEET 4.7-1a
RESCUE REPORT FORM 3-50.1/1

RESCUE REPORT (SAR FORM 3-50.1/1)					2 of 2
11.	Personnel Recovered Data (Place total number in appropriate boxes)				
	Number of personnel recovered		Number of DCID personnel		
	Number of personnel not recovered		Number of non-DCID personnel		
	Number of personnel recovered by other means		Number of personnel requiring medical attention		
12.	Medical Difficulties (Place number of afflicted personnel in appropriate boxes)				
	Respiratory Problems		Bleeding		Anaphylaxis
	Hypothermia		Burns		Shock
	Broken Bones		Bends		Blunt Trauma
	Dismemberment		Air Embolus		Neurological
	Spinal Injury		Internal Bleeding		Dead on Arrival
	No Pulse		Animal Bite		Other (Explain)
12a.	Distress Vessel/Aircraft:				
13.	Distress Narrative				
14.	Search Narrative				
15.	Recovery Narrative				
16.	Problems Encountered				
17.	Recommendations				
18.	Submitting Official:		Date:		POC:
19.	Complete if Rescue Swimmer Deployed:				
a.	Parachute Entanglement		b.	Swimmer Deployment — Provide Number for Each Type	
		Ballooned Canopy			Jump 10/10
		Suspension (Shroud) Line			Jump 15 feet
		Other (Explain under 16 and 17)			Hoist
					Small Boat
					Other (Explain)
Explain Other:					
c.	Rescue Swimmer Problems/Recommendations				