



# Abduction Cases

## MUFON Form 7A (Page 1 of 3)

Case Number: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: Include Written Personal Account On Form 1

Describe the exact chronological order of Abduction events as they occurred.

Capture

Contact Environment :: Home : ( ) Vehicle ... : ( ) Other : \_\_\_\_\_

Contact Location ..... : Urban : ( ) Rural ..... : ( ) Specific: \_\_\_\_\_

Recollections ..... : Restlessness, Premonition ? \_\_\_\_\_ UFO Appearance? \_\_\_\_\_ Beings Appearance? \_\_\_\_\_  
 Stillness/Lack of Traffic ... ? \_\_\_\_\_ Paralysis/Lethargy? \_\_\_\_\_ Floating/Levitate? \_\_\_\_\_  
 Entering The Object ..... ? \_\_\_\_\_ Missing Time ? \_\_\_\_\_ (How Long? \_\_\_\_\_)  
 Other Recollections ... : \_\_\_\_\_ Duration: \_\_\_\_\_ mins.

Personal Experiences :: Spiritual Experience ..... ? \_\_\_\_\_ Details : \_\_\_\_\_  
 Sexual Experience ..... ? \_\_\_\_\_ Details : \_\_\_\_\_  
 Recall Without Hypnosis .. ? \_\_\_\_\_ Immediately . ? \_\_\_\_\_ After Period Of : \_\_\_\_\_  
 Returned To Original Place ? \_\_\_\_\_ If Not, Where : \_\_\_\_\_

Description of Beings

Being Type(s) ..... : (check all that apply) : Grey ( ) Nordic ( ) Insectoid ( ) Hybrid ( ) Monster ( ) Reptile ( )  
 Other ( ) : \_\_\_\_\_

Being Features ..... : Head: Large ( ) Small ( ) Other Data: \_\_\_\_\_  
 Eyes: Large ( ) Slanted ( ) Egyptian ( ) Wrap Around ( ) Color: \_\_\_\_\_  
 Nose: Hole ( ) Vestige ( ) Other Data: \_\_\_\_\_  
 Mouth: Slit ( ) Small ( ) Lipless ( ) Other Data: \_\_\_\_\_  
 Skin: Gray ( ) Pallid ( ) White ( ) Ashen ( ) Rough ( ) \_\_\_\_\_  
 Scales ( ) Hairy ( ) Other Data: \_\_\_\_\_  
 Ears: Small ( ) Holes ( ) None ( ) Other Data: \_\_\_\_\_  
 Body: Thin ( ) Frail ( ) Thick ( ) Squat ( ) Muscular ( ) \_\_\_\_\_  
 Size: 3-4 ft. ( ) 4-5 ft. ( ) 5-6 ft. ( ) 6 + ft. ( ) Precisely: \_\_\_\_\_

Clothing/Body Cover ... : Describe Clothing / Differences: \_\_\_\_\_  
 Leader Wear Same Clothes ? \_\_\_\_\_ If Not, Describe: \_\_\_\_\_

Behavior of Beings

How Many Observed . ? \_\_\_\_\_ All Same Species ? \_\_\_\_\_ Leader Same Species ? \_\_\_\_\_  
 If Not, Please Describe : \_\_\_\_\_

Communications How . : \_\_\_\_\_

Were You Controlled . ? \_\_\_\_\_ By: Fear ( ) Touch ( ) Eyes ( ) Other: \_\_\_\_\_

Being Behavior ..... : Warm ( ) Cold ( ) Polite ( ) Reassuring ( ) Manipulative ( ) As Insincere ( )  
 Other ( ) Describe: \_\_\_\_\_

Behavior w/Each Other : Co-operative? \_\_\_\_\_ If "NO", Describe: \_\_\_\_\_

Behavior Comments ... : \_\_\_\_\_

Description of Craft (or Vehicle)

Craft Exterior Design ... : Disk ( ) Cigar ( ) Domed ( ) Other: \_\_\_\_\_ Size: \_\_\_\_\_

Craft Interior Design ... : Interior Construction .. : Smooth ( ) Rounded ( ) Domed ( ) Other: \_\_\_\_\_

Interior Lighting ..... : Glow ( ) Indirect ( ) Color: \_\_\_\_\_

Interior Atmosphere ... : Warm ( ) Cool ( ) Dry ( ) Damp ( ) Wet/Humid/Misty ( )

Craft Interior Odor ... ? \_\_\_\_\_ Smelled Similar To: \_\_\_\_\_

Interior Equipment ... : Chairs ( ) Star Charts ( ) Computer ( ) Steering Device ( ) Flight Controls ( )

Other: \_\_\_\_\_



## Abduction Cases

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#### Procedures Performed

Laid On Exam Table ...? \_\_\_\_\_ Describe Table: \_\_\_\_\_

Were You Restrained .? \_\_\_\_\_ Describe How : \_\_\_\_\_

Manual Exam .....? \_\_\_\_\_ Describe Equipment / Procedure : \_\_\_\_\_

Automated Exam .....? \_\_\_\_\_ Describe Equipment / Procedure : \_\_\_\_\_

Samples / Implants ...? Blood Sample(s) Taken? \_\_\_\_\_ Genetic Material Removed? \_\_\_\_\_ What: \_\_\_\_\_

Describe Implant(s) Inserted / Removed: \_\_\_\_\_

Other Humans Present ? \_\_\_\_\_ Details: \_\_\_\_\_

#### Aftermath

Physiological Data . . . . : Eyes: Watering ( ) Burning ( ) Irritated ( ) Other: \_\_\_\_\_

Body: Dizziness ( ) Headache ( ) Dehydrated ( ) Thirst ( ) Loss of Balance ( )

Wounds .: Cuts ( ) Scars ( ) Nose Bleed ( ) Punctures ( ) Scoop Marks ( )

Describe Any Humming / Buzzing / Clicks In Ears .: \_\_\_\_\_

Psychological Data . . . . : Sleep Disturbance : \_\_\_\_\_

(describe any) Nightmares . . . . : \_\_\_\_\_

Develop E.S.P. . . . : \_\_\_\_\_

Interests Changed .: \_\_\_\_\_

Anxiety Developed: \_\_\_\_\_

Depression . . . . : \_\_\_\_\_

New Phobias . . . . : \_\_\_\_\_

New UFO Sightings? \_\_\_\_\_ Details: \_\_\_\_\_

Feel Sad To Leave ? \_\_\_\_\_ Describe: \_\_\_\_\_

Abnormal Cravings : \_\_\_\_\_

Other Aftermath . . . . : Receive Farewell Message ? \_\_\_\_\_ Describe: \_\_\_\_\_

Describe Contact From : Men In Black .: \_\_\_\_\_

Military . . . . : \_\_\_\_\_

Strangers . . . . : \_\_\_\_\_

Others . . . . : \_\_\_\_\_

#### Additional Related Information

Received Task/Mission? \_\_\_\_\_ Describe: \_\_\_\_\_

Received Warning(s) ..? \_\_\_\_\_ Describe: \_\_\_\_\_

Visted Another World ? \_\_\_\_\_ Location: \_\_\_\_\_

Describe: \_\_\_\_\_

Observe Balls of Light .? \_\_\_\_\_ Describe: \_\_\_\_\_

Smell Sulfur Odor . . . .? \_\_\_\_\_ When/Where: \_\_\_\_\_

Metalic Taste After ...? \_\_\_\_\_ Details: \_\_\_\_\_

Ammonia Taste After .? \_\_\_\_\_ Details: \_\_\_\_\_

Night Blindness After .? \_\_\_\_\_ Details: \_\_\_\_\_ Continues ? \_\_\_\_\_

Out/Body Experience .? \_\_\_\_\_ Describe: \_\_\_\_\_

Past Life Memories . . .? \_\_\_\_\_ Describe: \_\_\_\_\_

Menstrual Changes . . .? \_\_\_\_\_ Details: \_\_\_\_\_ Continues ? \_\_\_\_\_

Missing Pregnancies . .? \_\_\_\_\_ Details: \_\_\_\_\_

Changes In Health . . . .? \_\_\_\_\_ Describe: \_\_\_\_\_



## Abduction Cases

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**Additional Related Information** (continued from previous page)

Describe Any Fear Of Open Stretches Of Highway: \_\_\_\_\_

Describe Any Fear Of Woods Or Wooded Area(s) : \_\_\_\_\_

Have Feelings Of Any Special Mission In Life . . . ? \_\_\_\_\_ If So, Describe: \_\_\_\_\_

Experience Abnormal Fingernail Growth After . ? \_\_\_\_\_ If So, Describe: \_\_\_\_\_

Interpersonal Relationship Problems After . . . . ? \_\_\_\_\_ If So, Describe: \_\_\_\_\_

Change In Sexual Interest After Abduction . . . . ? \_\_\_\_\_ If So, Describe: \_\_\_\_\_

Bad Reactions To Anesthesia After Abduction . . ? \_\_\_\_\_ If So, Describe: \_\_\_\_\_

Do You Long To Be Reunited With Abductors . . . ? \_\_\_\_\_ Explain: \_\_\_\_\_

What Best Describes Your Level Of Education . . . : \_\_\_\_\_  
 Degree(s) In . . . : \_\_\_\_\_

Did You Seek Treatment Following Abduction . ? \_\_\_\_\_ Treated By . . . : \_\_\_\_\_

Are Medical Records Available To MUFON For Study ? \_\_\_\_\_

**Briefly Describe Any Previous Abduction Experiences**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For MUFON Investigator Use**

Black Light Scan Completed . . . ? \_\_\_\_\_ Results . . . : \_\_\_\_\_

Additional Notes . . . : \_\_\_\_\_

**Obtain Medical / Therapeutic Treatment Records If Available**

You May (    ), May Not (    ) Use My Name In Conjunction With This Report.

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_