



# Crop Circle Cases

## MUFON Form 12

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

Investigator: \_\_\_\_\_

**Witness: Include Written Personal Account On Form 1**

Describe in detail all events potentially related to the formation of the Crop Circle in this event investigation.

Location of Crop Circle

Crop Circle Location . . . : \_\_\_\_\_

Attach Map  
If Available

GPS Co-Ordinates . . . . . : \_\_\_\_\_ N / S \_\_\_\_\_ E / W

Prior / During Observations

Formation . . . . : Did You Observe The Formation Of The Circle . ? No ( ) Yes ( ) ( Describe event on a separate sheet )

Lights / Objects: Lights: ( ) Orbs: ( ) Searchlight Beam: ( ) Other: \_\_\_\_\_

Object(s): ( ) Describe . . : \_\_\_\_\_

Note Times: \_\_\_\_\_

Sounds Heard . . : Buzzing Sounds: ( ) High Pitch . . . . : ( ) Trilling Sound : ( ) Warbling . . . . : ( )

Electrical / Crackling . . . : ( ) Like Distant Thunder . . : ( ) Other : \_\_\_\_\_

Note Times: \_\_\_\_\_

Sensations . . . . : Describe Any Feelings/Sensations When Inside Circle: \_\_\_\_\_

Crop Circle Formation Area

Basic Design . . . : Describe: \_\_\_\_\_

Rotation . . . . . : Clockwise Swirl . . ? \_\_\_\_\_ Counter-Clockwise Swirl . . ? \_\_\_\_\_ Both . ? \_\_\_\_\_

Describe "Both" . . : \_\_\_\_\_

Compass . . . . . : Circle Oriented To North . . ? \_\_\_\_\_ Other Direction . . ? \_\_\_\_\_

Describe Compass Anomalies Within / Near The Formation . . : \_\_\_\_\_

Center Swirls . . : Number of Center Swirls . . : \_\_\_\_\_ Really In Center . . ? \_\_\_\_\_

Interlaced Swirls . ? \_\_\_\_\_ Lower Layers . ? \_\_\_\_\_ Swirl Pattern Direction: \_\_\_\_\_

Describe Any "Complicated Lays" . . : \_\_\_\_\_

Crop Data . . . . . : Type Of Crop . . : \_\_\_\_\_ Height . . : \_\_\_\_\_

Standing Crop In Formation (#) . . : \_\_\_\_\_ Single Standing Crop . . : \_\_\_\_\_

Anomalies . . . . . : Dust . ? \_\_\_\_\_ Bent Nodes . ? \_\_\_\_\_ Burnt Nodes ? \_\_\_\_\_ Expulsion Cavities? \_\_\_\_\_

Presence Of Iron Detected ? \_\_\_\_\_ Details: \_\_\_\_\_

Residual Radiation . . . . . ? \_\_\_\_\_ If Yes, Base Count : \_\_\_\_\_ Sample Count . . : \_\_\_\_\_

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

Samples Acquired

Be Sure To Mark On A Map Where Each Formation Sample And Control Sample Were Taken.  
Take As Many Formation Samples And Control Samples As Necessary. Circle Number Of Each Type Of Sample Taken.

Formation Samples: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Control Samples . . : 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Land Owner's Authorization And Release

I am the owner of the land where this investigation is being conducted, and I authorize MUFON Investigators to have full access to the property for the purpose of conducting said investigation.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address . . . . . : \_\_\_\_\_ Date: \_\_\_\_\_

You May ( ), May Not ( ) Use My Name