



Landing Traces / Artifacts

MUFON Form 6 (Page 1 of 2)

Case Number: _____

Witness: _____

Witness: Include Written Personal Account On Form 1

Explain How You Discovered The Traces And/Or Artifacts And Why You Believe They Were Caused By UFO Activity.
Do Not Voluntarily Surrender Artifact(s) To The Police Or Military. Give The Artifact(s) To The MUFON Investigator Only.

Initial Sighting Data

Sighting Date : _____ Time: _____ Location: _____

Date/Time Traces / Artifacts Found : _____

Describe The Discovered Artifact(s) : _____

Association Of Traces / Artifacts With UFO

Explicit . . . : Saw UFO - Descend () Land On Ground () Take Off () To/From Exact Location Of Evidence.

Direct : Saw UFO - Descend () Hover () Ascend () Over The General Location Evidence Was Found.

Implied . . . : Saw UFO Overfly - Exact Location () General Location () Where The Evidence Was Found.

Other : Did Not See A UFO In Connection With The Trace Or Artifact Evidence Found ()

Description Of Ground Traces

Description	Primary Effects				Secondary Effects			
	Ring	Circle	Nest	Irregular	Imprints	Soil	Tree	Plant
Diameter	_____	_____	_____	_____	_____	_____	_____	_____
Width	_____	_____	_____	_____	_____	_____	_____	_____
Length	_____	_____	_____	_____	_____	_____	_____	_____
Depth	_____	_____	_____	_____	_____	_____	_____	_____
Shape	_____	_____	_____	_____	_____	_____	_____	_____
Discolored	()	()	()	()	()	()	()	()
Depressed	()	()	()	()	()	()	()	()
Crushed	()	()	()	()	()	()	()	()
Baked	()	()	()	()	()	()	()	()
Burned	()	()	()	()	()	()	()	()
Scorched	()	()	()	()	()	()	()	()
Scarred	()	()	()	()	()	()	()	()
Broken	()	()	()	()	()	()	()	()
Pulled Up	()	()	()	()	()	()	()	()
Footprints	()	()	()	()	()	()	()	()
Crater	()	()	()	()	()	()	()	()
Artifact <u>In</u>	()	()	()	()	()	()	()	()
Artifact <u>Near</u>	()	()	()	()	()	()	()	()
Other								
_____	()	()	()	()	()	()	()	()
_____	()	()	()	()	()	()	()	()
_____	()	()	()	()	()	()	()	()

Investigator Instructions

After Photographing And Fully Documenting The Trace Evidence, Secure Samples For Testing.

Take (And Mark) Samples From Within The Trace Area (Trace Samples) And From Outside The Trace Area (Control Samples).

On A Map, Indicate The Location Where Each Of The Marked Samples Was Retrieved. Take As Many Samples As Necessary.



Landing Traces / Artifacts

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Case Number: _____

Description Of Artifact

Material . . . : Liquid : () Fibrous : () Rock : () Metal : () Slag : () Gas : () Ice : ()
Other : _____

Size : Length: _____ Height: _____ Width: _____ Diameter: _____ Volume: _____
Other : Color(s): _____ Shape: _____ Weight: _____ Texture: _____

Markings . . : Describe Any Markings Or Graphics : _____

More Data : _____

Artifact Is Similar To, Or Compares To . . . : _____

Radiation

High Level Of Radiation Detected . ? Within Trace Area ? Yes () No () Reading . . : _____
On Artifact ? Yes () No () Reading . . : _____
Compared To Reading . : _____ Away From Trace Area Or Artifact.

Geiger Counter Type, Make, Model : _____
Last Calibrated: _____ By : _____

Investigator

Immediately Contact MUFON For Instructions On How To Deal With Radioactive Evidence.

Samples' Distribution / Other Information

Other Related Details, Data, Comments

Completely Photograph All Trace Evidence And Artifacts. Place A Ruler In The Photographs To Show Scale.
Attach All Photographs, Drawings, Sketches, Maps And Charts (as applicable) To The Report.

Investigator

Contact MUFON For Information On How And Where To Ship Samples For Evaluation And / Or Testing.

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

Witness Signature: _____ Date: _____