



Aviation / Pilot UFO Report

MUFON Form 13 (Page 1 of 2)

Case Number: _____

Investigator: _____

Witness: Complete And Include Written Personal Account On MUFON Form 1

Identification Of Witness(es)

Primary Witness ... : _____ Age: _____ Pilot () Co-Pilot () Other: _____
 Witness #2 : _____ Age: _____ Pilot () Co-Pilot () Other: _____
 Witness #3 : _____ Age: _____ Pilot () Co-Pilot () Other: _____
 Witness #4 : _____ Age: _____ Pilot () Co-Pilot () Other: _____

Flight Data

Date / Time Date: _____ Time: _____ Local () Zone: _____ GMT ()
 Altitude Beginning ... : _____ Ending : _____ Feet () (or) Meters ()
 Weather Data _____
 Flight Type VFR () MVFR () IFR () Limitations _____
 Flight Origin _____ Initials: _____
 Destination _____ Initials: _____
 Flight Type Commercial () Private () Military () Other: _____
 Flight Bearing Beginning ... : _____ Ending : _____ Detail: _____
 A/C Attitude Beginning ... : _____ Ending : _____ Detail: _____
 Other Aircraft _____

Maneuvering Describe Any Evasive Maneuvers Required : _____

Temporal Data I.A.S.: _____ MPH () Knots () T.A.S.: _____ MPH () Knots () _____

Aircraft Type

Make / Model _____ Age: _____ Flight Hours: _____
 Tail Number : _____ Country of Registration: _____
 A/C Owned By : _____

Engine Type Internal Combustion - Prop () Jet () Rocket () Other () : _____
 Commercial Airline: _____ Flight Number: _____
 UFO Observed Through Window () A/C Radar () Ground Radar () Other: _____
 Other Data _____

Pilot Data (If Witness Was The Pilot)

Pilot Data Rating: _____ Hours: _____ In This Type: _____
 Qualified In _____
 Other Training _____

Report Filed ? No () Yes () To Whom: _____
 Date Filed: _____
 Have You Been Told Not To Discuss This Event? No () Yes () By Whom: _____

Please Describe Sighting Location

Actual Location ... : _____

 Spatial (GPS) : _____ D _____ M _____ S N () S () _____ D _____ M _____ S W () E ()



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MUFON Form 13 (Page 2 of 2)

UFO Data	
Description	How Many? _____ All Alike? _____ Shape: _____ Color(s) . . . : _____ Light(s) . . . : _____ Markings . . : _____ Protrusion(s) . : _____ Size . . : _____ Feet () Meters () Occupants? _____ Describe: _____ _____ Photos ? _____ Available? _____ Drawings? _____ Available? _____
UFO Flight	Min Speed: _____ Max Speed: _____ MPH () Knots () Lowest Alt: _____ Highest Alt: _____ Feet () Meters () Min Range: _____ Max Range: _____ Feet () Meters () Approach? _____ Details: _____ Pace? _____ Details: _____ Contrail? _____ Details: _____ Acceleration / Deceleration Data : _____ Appearance / Disappearance Data : _____
UFO General	Passive () Friendly () Hostile () Other () : _____ Missing Time? _____ Details: _____ Any EM Effects? _____ Details: _____ Health Effects? _____ Details: _____ Emotional Effects? _____ Details: _____
Please Describe Any Disruption To Aircraft Flight Systems:	
_____ _____ _____ _____	
Was The Disruption: Permanent () Or Temporary ()	
Please Describe Any Disruption To Aircraft Communications Or Electronics:	
_____ _____ _____ _____	
Was The Disruption: Permanent () Or Temporary ()	
Witness: Please Attach A Detailed Report Of Your UFO Sighting Experience Along With Any Photographs Or Drawings	
You May () May Not () Use My Name In Conjunction With This Report	
Witness Signature: _____	Date: _____

Thank You For Your Assistance