



Electrical / Magnetic Cases

MUFON Form 3 (Page 1 of 2)

Case Number: _____

Witness: _____

Witness: Include Written Personal Account On Form 1

Describe the exact chronological order of Electrical/Magnetic events as they occurred.

Item(s) Affected (Check All That Apply)

- | | | | | |
|-----------------|-------------------|----------------------|--------------------------|------------------------------|
| Lights: () | House Lights: () | Yard Lights: () | Street Lights: () | Vehicle Interior Lights: () |
| Clock: () | Watch: () | Flash Light: () | Vehicle Dash Lights: () | Vehicle Head Lights: () |
| Television: () | VCR: () | DVR: () | Receiver: () | Radio: () |
| Telephone: () | Cell Phone: () | Pager: () | Blackberry: () | iPod: () |
| Computer: () | Film Camera: () | Digital Camera: () | Analog Video Camera: () | Digital Video Camera: () |
| Wire: () | Fuse: () | Circuit Breaker: () | Signal: () | Household Appliances: () |
| Truck: () | Automobile: () | Motocycle: () | ATV: () | Battery Funct. / Charge: () |
| Boat/Ship: () | Seadoo/PWC: () | Airplane: () | Helicopter: () | Navigation System: () |
| GPS: () | Compass: () | Hearing Aid: () | Other: _____ | |

Equipment Description For Electrical Devices (lights, TV, radio, phone, camera, circuit, etc) (Check All That Apply)

- Manufacturer :** _____ **Model:** _____ **Year:** _____ **Owner:** _____
- Fixed** () **Portable** () **Mobile** () **Receiver/Scanner** () **Transmitter** () **Age:** _____
- Power Source :** **AC** () **DC** () **Generator** () **Battery** () **Solar** () **Other:** _____
- Voltage . . . :** **9 Volt** () **12 Volt** () **120 Volt** () **240 Volt** () **Other:** _____
- Operating Mode . . . :** **AM** () **FM** () **HF** () **VHF** () **UHF** () **Analog** () **Digital** () **N/A** ()
- Station/Frequency:** _____
- Antenna Type :** **Internal** () **External** () **Cable** () **Wireless** () **Satellite Dish** () **Repeater** ()
- N/A** () **Describe Antenna Location :** _____

Type Of Effect (Check All That Apply - Select "N/A" If The Category Was Not Present)

- Type Of Effect :** (**Signal**) **N/A** () **No Effect** () **Static** () **Hum** () **Steady** () **Reduced** () **Increased** ()
- Oscillation** () **Station Changed** () **Interrupted** () **Frequency/Pitch:** _____
- Familiar Tone** () - (Sounded Like): _____
-
- Type Of Effect :** (**Lights**) **N/A** () **No Effect** () **Steady On** () **Dimmed** () **Brightened** () **Extinguished** ()
- Pulsated** () **Burned Out** () **Unknown** () **Other:** _____
-
- Type Of Effect :** (**Engine**) **N/A** () **No Effect** () **Sputtered** () **Stalled** () **Raced** () **Unknown** ()
- Other:** _____
-
- Type Of Effect :** (**Vehicle**) **N/A** () **No Effect** () **Accelerated** () **Decelerated** () **Lifted** () **Unknown** ()
- Other:** _____
-
- Type Of Effect :** (**Instruments**) **N/A** () **No Effect** () **Failed** () **Surged** () **Heated** () **Hum** () **Unknown** ()
- Other:** _____
-
- Type Of Effect :** (**Watch/Clock**) **N/A** () **No Effect** () **Stopped** () **Sped Up** () **Slowed Down** () **Heated** ()
- Shut Off** () **Turned On** () **Unknown** () **Other:** _____
-
- Type Of Effect :** (**Camera**) **N/A** () **No Effect** () **Shut Off** () **Turned On** () **Fail To Operate** () **Unknown** ()
- Other:** _____
-
- Type Of Effect :** (**Surroundings**) **No Effect** () **Sound Absent** () **Temperature Change** () **Lights Dimmed** ()
- Lights Brightened** () **Static Electricity** () **Invisible Barrier** () **Unknown** ()
- Other:** _____
-
- Type Of Effect :** (**Other**) _____
-
- Extent Of Effect . . . :** **Total** () **Partial** () **Intermittant** () (Intermittant Period: _____) **Other:** _____
- Operation of Equip. :** **Before UFO Event** (describe) _____ **During Event:** _____ **After Event:** _____



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MUFON Form 3 (Page 2 of 2)

Case Number: _____

Witness: _____

Vehicle Description And Noted Effects	
Vehicle Type	Automobile (<input type="checkbox"/>) Truck (<input type="checkbox"/>) Motorcycle (<input type="checkbox"/>) Motorhome (<input type="checkbox"/>) ATV (<input type="checkbox"/>) PWC (<input type="checkbox"/>) Boat/Ship (<input type="checkbox"/>) Airplane (<input type="checkbox"/>) Helicopter (<input type="checkbox"/>) Other _____
Vehicle Descript. . .	Manufacturer: _____ Model: _____ Yr: _____ Owner: _____
Engine Type	Gasoline (<input type="checkbox"/>) Diesel (<input type="checkbox"/>) Propane (<input type="checkbox"/>) Hybrid (<input type="checkbox"/>) Propeller (<input type="checkbox"/>) Jet (<input type="checkbox"/>) Other : _____
Engine Data	Number of Cylinders . . : _____ Other Configuration . . : _____ Water Cooled (<input type="checkbox"/>) Air Cooled (<input type="checkbox"/>)
Ignition Type	Standard (old). : (<input type="checkbox"/>) Electronic : (<input type="checkbox"/>) Volts: 6 V. (<input type="checkbox"/>) 12 V. (<input type="checkbox"/>) 24 V. (<input type="checkbox"/>) Other: _____
Ignition Switch.	During Event: On . . . : (<input type="checkbox"/>) Off . . . : (<input type="checkbox"/>) Could Re-Start : (<input type="checkbox"/>) Could Not Re-Start : (<input type="checkbox"/>) After Event: On . . . : (<input type="checkbox"/>) Off . . . : (<input type="checkbox"/>) Could Re-Start : (<input type="checkbox"/>) Could Not Re-Start : (<input type="checkbox"/>)
Exterior Lights	During Event: On . . . : (<input type="checkbox"/>) Off . . . : (<input type="checkbox"/>) Dimmed: (<input type="checkbox"/>) Brightened: (<input type="checkbox"/>) Pulsated: (<input type="checkbox"/>) N/A (<input type="checkbox"/>) After Event: On . . . : (<input type="checkbox"/>) Off . . . : (<input type="checkbox"/>) Dimmed: (<input type="checkbox"/>) Brightened: (<input type="checkbox"/>) Pulsated: (<input type="checkbox"/>) N/A (<input type="checkbox"/>) Other Effect Noted : _____
Interior Lights	During Event: On . . . : (<input type="checkbox"/>) Off . . . : (<input type="checkbox"/>) Dimmed: (<input type="checkbox"/>) Brightened: (<input type="checkbox"/>) Pulsated: (<input type="checkbox"/>) N/A (<input type="checkbox"/>) After Event: On . . . : (<input type="checkbox"/>) Off . . . : (<input type="checkbox"/>) Dimmed: (<input type="checkbox"/>) Brightened: (<input type="checkbox"/>) Pulsated: (<input type="checkbox"/>) N/A (<input type="checkbox"/>) Other Effect Noted : _____
Dash Lighting	During Event: On . . . : (<input type="checkbox"/>) Off . . . : (<input type="checkbox"/>) Dimmed: (<input type="checkbox"/>) Brightened: (<input type="checkbox"/>) Pulsated: (<input type="checkbox"/>) N/A (<input type="checkbox"/>) After Event: On . . . : (<input type="checkbox"/>) Off . . . : (<input type="checkbox"/>) Dimmed: (<input type="checkbox"/>) Brightened: (<input type="checkbox"/>) Pulsated: (<input type="checkbox"/>) N/A (<input type="checkbox"/>) Other Effect Noted : _____
Eng. Performance . .	Before Event: Good . : (<input type="checkbox"/>) Other (<input type="checkbox"/>) : _____ During Event: Good . : (<input type="checkbox"/>) Other (<input type="checkbox"/>) : _____ After Event: Good . : (<input type="checkbox"/>) Other (<input type="checkbox"/>) : _____
Battery Condition	Before Event: Good . : (<input type="checkbox"/>) Fair: (<input type="checkbox"/>) Poor: (<input type="checkbox"/>) Other: _____ After Event: Good . : (<input type="checkbox"/>) Fair: (<input type="checkbox"/>) Poor: (<input type="checkbox"/>) Other: _____

Describe Any Other Electrical / Magnetic Effects Observed, Or Reported By Others In The Area, Relating To This Sighting
Electric Shock (<input type="checkbox"/>) Static Electricity (<input type="checkbox"/>) Metal Magnetized (<input type="checkbox"/>) Time Piece Stopped (<input type="checkbox"/>) Air Glowed (<input type="checkbox"/>)
Comments: _____

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

Witness Signature: _____ **Date:** _____