



# Entity Cases

## MUFON Form 7 ( Page 1 of 3 )

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

Report On Entity # \_\_\_\_\_ Of \_\_\_\_\_

**Personal Account (Include On Form 1 Or Separate Sheet(s))**

In your own words, describe the Entities and their behavior / relationship / interaction with the UFO and you.

**General Data**

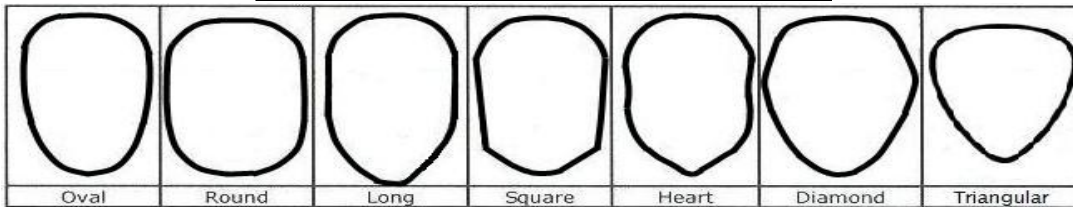
**ENTITY TYPE** .....: Human Like ( ) Ape Like ( ) Reptile Like ( ) Insect Like ( ) Robotic ( )  
 Apparition ( ) Unknown ( ) Other: \_\_\_\_\_

**ENTITIES AND DISTANCE** .....: Number Of Entities: \_\_\_\_\_ Distance From Witness: \_\_\_\_\_ (min.) \_\_\_\_\_ (max.)

**ENTITY SIZE AND BUILD** .....: Body Height . . . : \_\_\_\_\_ Feet ( ) Meters ( )  
 Build: Small ( ) Medium ( ) Large ( ) Thin / Frail ( ) Muscular ( )

**Description Of This Entity**

**Head / Face Shapes**



**HEAD NECK Data** .....: Number of Head(s): \_\_\_\_\_ Shape of Head(s) - (see above) : \_\_\_\_\_  
 Neck: None ( ) Short ( ) Medium ( ) Long ( ) Very Long ( )  
 Thin ( ) Thick ( ) More: \_\_\_\_\_

**EYES Data** .....: Shape: Round ( ) Oval ( ) Almond ( ) Other: \_\_\_\_\_  
 Size..: Small ( ) Medium ( ) Large ( ) Other: \_\_\_\_\_  
 Color: Blue ( ) Green ( ) Red ( ) Hazel ( ) Brown ( ) Black ( )  
 Number of Eyes: 1 ( ) 2 ( ) 3 ( ) 4 ( ) 5 ( ) More ( ) Detail: \_\_\_\_\_  
 Did Eyes Glow? No ( ) Yes ( ) Describe: \_\_\_\_\_  
 Notes: \_\_\_\_\_

**MOUTH Data** .....: Shape of Mouth: Straight ( ) Curved Up ( ) Curved Down ( ) A Point / Hole ( )  
 Unknown Shape ( ) Notes/Other: \_\_\_\_\_  
 Number of Mouths: 1 ( ) 2 ( ) 3 ( ) 4 ( ) 5 ( ) More ( ) Detail: \_\_\_\_\_

**NOSE Data** .....: Nose Appearance: None ( ) Normal ( ) Thin ( ) Broad ( ) Hole ( )  
 Unknown ( ) Other ( ) : \_\_\_\_\_  
 Number of Noses: 1 ( ) 2 ( ) 3 ( ) 4 ( ) 5 ( ) More ( ) Detail: \_\_\_\_\_

**EARS Data** .....: Ears Appearance: None ( ) Small ( ) Medium ( ) Large ( ) Hole(s) ( )  
 Unknown ( ) Other ( ) : \_\_\_\_\_  
 Number of Ears: 1 ( ) 2 ( ) 3 ( ) 4 ( ) 5 ( ) More ( ) Detail: \_\_\_\_\_

**SKIN Data (Color)** .....: White ( ) Cream ( ) Yellow ( ) Flesh ( ) Greenish ( ) Green ( ) Blue ( ) Gray ( )  
 Reddish ( ) Red ( ) Brown ( ) Black ( ) Other: \_\_\_\_\_

**SKIN Data (Texture / Feel)** .....: Smooth ( ) Rough ( ) Scales ( ) Soft ( ) Firm ( ) Warm ( ) Cold ( ) Damp ( )  
 Dry ( ) Other: \_\_\_\_\_  
 ( mark all that apply )

**Hair Data (Color)** .....: None ( ) White ( ) Blond ( ) Gray ( ) Red ( ) Green ( ) Blue ( ) Brown ( )  
 Black ( ) Other: \_\_\_\_\_

**Hair Data (Length)** .....: None ( ) Short ( ) Medium ( ) Long ( ) Unknown ( )  
 Other: \_\_\_\_\_

**Perceived Gender** .....: Male ( ) Female ( ) Unknown ( ) Note: \_\_\_\_\_



## Entity Cases

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

Report On Entity # \_\_\_\_\_ Of \_\_\_\_\_

	<b>Description Of This Entity ( continued )</b>
<u>BODY AREA (Specify).....:</u>	Torso? ( ) Arms? ( ) Hands? ( ) Fingers? ( ) Claws? ( ) Legs? ( ) Feet? ( ) Number of Fingers / Claws . . . . : _____ No. of Arms: _____ No. of Legs: _____
	<b>Body Covering / Apparel</b>
<u>BODY COVER (Similar To).....:</u>	Overall ( ) Wetsuit ( ) Skin ( ) Hair ( ) Gloves ( ) Shoes ( ) Boots ( ) Robe/Cape ( ) Belt ( ) Uniform ( ) Back/Chest Apparatus ( ) Mask ( ) Other. : _____
<u>APPAREL FIT.....:</u>	None ( ) Tight Fitting ( ) Loose Fitting ( ) Unknown ( )
<u>HEAD COVER (Similar To).....:</u>	Hat ( ) Hood ( ) Helmet ( ) Hair ( ) Other: _____
<u>INSIGNIA/BADGE.....:</u>	Describe Any Insignia Or Badge On Apparel Or Head Covering . . : _____ _____
<u>APPAREL COLOR.....:</u>	White ( ) Yellow ( ) Orange ( ) Red ( ) Green ( ) Blue ( ) Violet ( ) Brown ( ) Black ( ) Gray ( ) Silver ( ) Gold ( ) Turquoise/Aqua ( ) Clear [Transparent] ( ) Multi Color ( ) Describe : _____ Other. : _____
<u>APPAREL TEXTURE.....:</u>	Silky ( ) Smooth ( ) Woven ( ) Rough ( ) Metallic ( ) Sticky ( ) Other. : _____
<u>APPAREL APPEARANCE.....:</u>	New ( ) Old ( ) Soiled ( ) Damaged ( ) Other: _____
<u>ODOR / FRAGRANCE.....:</u>	Describe Any Odor Or Smell Associated With This Entity : _____ _____ None ( )
<u>DEVICE / INSTRUMENT.....:</u>	Describe Any Device/Instrument Held by This Entity . . . : _____ _____ None ( )
	<b>Behavior Of This Entity</b>
<u>APPARENT ACTIVITY.....:</u>	Sample Gathering: ( ) Repairs: ( ) Other: _____
<u>APPARENT INTERACTION.....:</u>	Did The Entity: See You ( ) Touch You ( ) If So, Describe It's Action(s): _____
<u>UNUSUAL FEATURES.....:</u>	Walked? ( ) Ran? ( ) Floated? ( ) Flew? ( ) Gave Off Vapor? ( ) Vanished? ( ) Use Tools? ( ) Use Weapons? ( ) Other: _____
<u>COMMUNICATIONS (Type).....:</u>	Between Entities? ( ) With You? ( ) Audible? ( ) Spoken? ( ) Written? ( ) Telepathic? ( ) Incomprehensible? ( ) Lips Moved? ( ) Mechanical? ( ) Dreams? ( ) Visions? ( ) Gestures? ( ) Language: _____
Record And / Or Describe Any Communications By Or With This Entity On A Separate, Signed And Dated Sheet Of Paper. Include Any Information You Received From This Entity, And What Information You Gave To This Entity (And Why).	
	<b>Association Of Entity With UFO</b>
<u>EXPLICIT (Inside UFO Only).....:</u>	Entity At Window? ( ) At Port? ( ) At Door? ( ) Other: _____
<u>DIRECT (Inside / Outside UFO...:</u>	Entity Exiting UFO? ( ) Entity Entering UFO? ( ) Other: _____
<u>DISTANCE (Entity To UFO).....:</u>	Minimum Distance: _____ Maximum Distance: _____
<u>UFO FLY BY.....:</u>	Before? ( ), During? ( ), or After? ( ) Entity Was Observed On The Ground, Or No UFO Seen In Connection With Entity ( ) Other: _____



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Case Number:

Report On Entity # \_\_\_\_\_ Of \_\_\_\_\_

Drawing Of Entity

In The Area Below, Draw A Picture Of The Observed Entity. Include As Much Detail As Possible. Show Relative Proportions Of Head, Neck, Arms, Legs And Body. Label The Drawing Clearly.

Did This Entity Seem To Be In Charge? Yes ( ) No ( ) Unknown ( )

Drawing Of Insignias / Badges

In The Area Below, Draw A Picture Or Sketch Of Any Observed Insignias Or Badges On Entity Apparel. Include As Much Detail As Possible. Label The Drawing(s) Clearly And Identify Any Insignia Or Badge Colors.

- WAS ENTITY PHOTOGRAPHED? Yes ( ) No ( ) (If "Yes", Investigator Use MUFON Form 8, Acquire Photographs)
WAS WITNESS INJURED . . . . .? Yes ( ) No ( ) (If "Yes", Investigator Use MUFON Form 5, Obtain Medical Records)
WERE ANIMALS INJURED . . . . .? Yes ( ) No ( ) (If "Yes", Investigator Use MUFON Form 4, Obtain Medical Records)

Statement Of Authorization and Signature Of Witness

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

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