



FOR MUFON USE

TEMPERATURE: _____

WIND DIRECTION: _____

WIND SPEED: _____

VISIBILITY: _____

CEILING: _____

EDUCATION: _____ MAJOR: _____

DEGREE: _____

SPECIAL TRAINING: _____

VISION: _____ COLORBLIND? () EYEGLASSES? ()

HEARING: GOOD? () FAIR? () POOR? () USE AID? ()

HEALTH: DURING SIGHTING? _____ AFTER? _____

WITNESS' NAME: _____ AGE: _____

STREET: _____

TOWN/CITY: _____ PHONE: _____

PROVINCE: _____ COUNTRY: _____

OCCUPATION: _____

EMPLOYED BY: _____

ENVIRONMENTAL SITUATION (Check/Fill In As Applicable)

VIEWED FROM: OUTDOORS() INDOORS() CAR() AIRCRAFT() BOAT() OTHER _____

VIEWED THROUGH: (GLASSES() WINDOW() SCREEN() BINOCULARS() TELESCOPE() STILL CAMERA()
(MOVIE CAMERA() THEODOLITE() RADAR() OTHER _____

AREA/LOCATION: CITY() SUBURBAN() RURAL() INDUSTRIAL() COMMERCIAL() RESIDENTIAL()

AREA/TERRAIN: FIELDS() WOODS() HILLS() MOUNTAINS() RIVER() POND() LAKE()

AREA/TECHNICAL: AIRPORT() POWERLINES() POWER STATION() RAILROAD TRACKS() OTHER _____

SKY CONDITION: CLEAR() PARTLY CLOUDY() OVERCAST() FOGGY() HEAVY() MEDIUM() LIGHT()

PRECIPITATION: NONE() RAIN() FOG() SLEET() SNOW() HEAVY() MEDIUM() LIGHT()

UFO DIRECTION: FIRST SEEN IN _____ LAST SEEN IN _____ IT MOVED FROM _____ TO _____

UFO ELEVATION: (FIRST SEEN - 1/4() 1/2() 3/4() OF THE WAY UP HORIZON; OVERHEAD() OTHER _____
(LAST SEEN - 1/4() 1/2() 3/4() OF THE WAY UP HORIZON; OVERHEAD() OTHER _____

UFO DISTANCE: WHEN CLOSEST TO ME _____ UFO ALTITUDE: WHEN CLOSEST TO THE GROUND _____

UFO PASSED: (IN-FRONT-OF _____ WHICH WAS _____ IN DISTANCE FROM THE WITNESS
(BEHIND _____ WHICH WAS _____ IN DISTANCE FROM THE WITNESS

ALSO IN AREA: AIRPLANE() HELICOPTER() BALLOON() SEARCHLIGHT() OTHER _____

BEFORE WITNESS SIGHTED UFO() DURING UFO SIGHTING() AFTER UFO SIGHTING()

OBJECT DESCRIPTION (Check/Fill In As Applicable)

OBSERVED: (AN OBJECT () NUMBER OF _____ SHAPE OF _____ COLOR(s) _____
(A LIGHT () NUMBER OF _____ SHAPE OF _____ COLOR(s) _____

DESCRIBE: SOUND _____ SMELL _____ SPEED _____

REAL SIZE: (LARGER () SMALLER () SAME SIZE () AS THE OBJECT LISTED BELOW
(BASKETBALL () COMPACT CAR () STANDARD CAR () HOUSE () OTHER _____

APPARENT SIZE: (HOW MANY TIMES LARGER () OR SMALLER () IF PUT IN THE SKY BESIDE OBJECT BELOW?
(_____ TIMES THE SIZE OF A STAR _____ TIMES THE SIZE OF A FULL MOON

BRIGHT AS: A STAR () THE MOON () OR A _____ LIGHT IF PLACED AT SAME DISTANCE AWAY

DID THE OBJECT(S) OR LIGHT(S): (Please elaborate on items checked below by using a separate sheet)

CHANGE DIRECTION? () HOVER? () AFFECT RADIO/TV? () FLUTTER? ()

TURN ABRUPTLY? () DESCEND? () AFFECT ELECTRICITY? () SPIN? ()

FALL LIKE A LEAF? () ASCEND? () AFFECT MAGNETISM? () BLINK? ()

ABSORB OBJECT(S)? () OVER POWERLINES? () AFFECT TIMEPIECE? () PULSATE? ()

EJECT OBJECT(S)? () OVER A BUILDING? () AFFECT ENGINE? () APPEAR SOLID? ()

CHANGE SHAPE? () LAND ON GROUND? () AFFECT VEHICLE? () HAVE FUZZY EDGES? ()

CAST SHADOW? () LAND IN WATER? () AFFECT ANIMAL? () HAVE OUTLINE? ()

CAST LIGHT? () CARRY OCCUPANTS? () AFFECT HUMAN? () WOBBLE? ()

REFLECT LIGHT? () COMMUNICATE? () AFFECT WATER? () VIBRATE? ()

LEAVE A TRAIL? () GIVE OFF HEAT? () AFFECT GROUND? () GLOW? ()

DISINTEGRATE? () LEAVE RESIDUE? () AFFECT VEGETATION? () APPEAR TRANSPARENT? ()

HOW MANY OTHER WITNESSES? _____ DID ANY OTHER AGENCY CONTACT YOU? _____

PLEASE PROVIDE THE NAMES/ADDRESSES/PHONE NUMBERS OF OTHER WITNESSES AND/OR INVESTIGATORS OR AGENCIES ON SEPARATE SHEET IF APPLICABLE AND KNOWN.

SIGNATURE OF OBSERVER
YOU MAY () MAY NOT () USE MY NAME

DATE THIS FORM SIGNED _____
DAY MONTH YEAR