



UFO SIGHTING QUESTIONNAIRE-ELECTRICAL/MAGNETIC CASES (FORM 3)

INTER-FORM CROSS REFERENCE DATA

SIGHTING DATE _____ PLACE _____ STOPPED _____
TIME THAT EFFECTS STARTED _____
WITNESS' NAME _____
INVESTIGATOR'S NAME _____

IDENTIFICATION OF ITEM(S) AFFECTED

RADIO () TELEVISION () RADAR () TELEPHONE () HEARING AID () LIGHTS ()
CIRCUIT-BREAKER () FUSE () WIRE () COMPASS () CLOCK () WATCH ()
AUTOMOBILE () MOTORCYCLE () PLANE () HELICOPTER () OTHER _____
COMMENTS: _____

PERSONAL ACCOUNT (Include on Form 1)

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

RADIO/RADAR EQUIPMENT

TYPE OF EQUIPMENT: FIXED () MOBILE () PORTABLE () RECEIVER () TRANSMITTER ()
MANUFACTURER: NAME _____ MODEL _____ YEAR _____
POWER SOURCE: AC () DC () LINE () GENERATOR () BATTERY () OTHER _____
POWER VOLTAGE: 120v () 12v () 9v () OTHER _____
OPERATING MODE: AM () FM () VHF () UHF () STATION _____ FREQUENCY _____
ANTENNA LOCATION: INTERNAL () EXTERNAL () DESCRIBE _____
INTERFERENCE/TYPE: STATIC () HUM () OSCILLATION () OTHER _____
INTERFERENCE/EXTENT: PARTIAL () INTERMITTENT () COMPLETE () OTHER _____
OPERATING CONDITION: PRIOR UFO SIGHTING? _____ DURING? _____ AFTER UFO SIGHTING? _____

VEHICLE

MANUFACTURER: NAME _____ MODEL _____ YEAR _____
OWNERSHIP: PRIVATE () COMMERCIAL () GOVERNMENT () OTHER _____
ENGINE TYPE: REGULAR () DIESEL () ELECTRIC () PROPELLER () JET () OTHER _____
ENGINE DATA: NUMBER/CYLINDERS? _____ WATER-COOLED () AIR-COOLED () OTHER _____
IGNITION/ELECTRICAL: STANDARD () ELECTRONIC () ALTERNATOR () GENERATOR () OTHER _____
IGNITION SWITCH: -----
DURING EVENT - ON () OFF () COULD RE-START () COULD NOT RE-START ()
AFTER EVENT - ON () OFF () COULD RE-START () COULD NOT RE-START ()
EFFECTS NOTED: ----- NUMBER SEQUENTIALLY IN-ORDER-OF OCCURANCE IF MORE THAN ONE EVENT TOOK PLACE:
(EXTERIOR LIGHTS)-----
DURING EVENT - ON () OFF () DIMMED () PULSATED () OTHER _____
AFTER EVENT - ON () OFF () DIMMED () PULSATED () OTHER _____
(INTERIOR LIGHTS)-----
DURING EVENT - ON () OFF () DIMMED () PULSATED () OTHER _____
AFTER EVENT - ON () OFF () DIMMED () PULSATED () OTHER _____
(INDICATOR LIGHTS)---
DURING EVENT - ON () OFF () DIMMED () PULSATED () OTHER _____
AFTER EVENT - ON () OFF () DIMMED () PULSATED () OTHER _____
(ENGINE PERFORMANCE)--
DURING EVENT - GOOD () OTHER _____
AFTER EVENT - GOOD () OTHER _____
(BATTERY CONDITION)--
BEFORE EVENT - GOOD () FAIR () POOR () OTHER _____
AFTER EVENT - GOOD () FAIR () POOR () OTHER _____

OTHER AFFECTED ITEMS

(Check and Describe in detail on reverse side of this sheet)

CIRCUIT BREAKER () FUSE () HOUSE LIGHTS () YARD LIGHTS () STREET LIGHTS () COMPASS ()
HEARING AID () WIRES HEATED () WIRES MELTED () ELECTRIC SHOCK () STATIC ELECTRICITY ()
METAL MAGNETIZED () TIMEPIECE STOPPED () AIR GLOWED () TELEPHONE () OTHER _____
COMMENTS _____

MAY () MAY NOT () USE MY NAME _____ SIGNATURE OF WITNESS _____ DAY MONTH YEAR _____