



**UFO SIGHTING QUESTIONNAIRE - LANDING/TRACES/ARTIFACTS (FORM 6)**

INTER-FORM CROSS-REFERENCE DATA

SIGHTING DATE \_\_\_\_\_ PLACE \_\_\_\_\_  
 TIME TRACE/ARTIFACT FOUND \_\_\_\_\_ AM ( ) PM ( ) ZONE \_\_\_\_\_  
 WITNESS' NAME \_\_\_\_\_  
 INVESTIGATOR'S NAME \_\_\_\_\_

BASIC REPORT CONTENT (For MUFON Use)

TYPE/DATA: TRACE ( ) ARTIFACT ( ) FRAGMENT ( ) OTHER \_\_\_\_\_  
 KIND/DATA: SOIL ( ) ROCK ( ) METAL ( ) VEGETATION ( ) OTHER \_\_\_\_\_  
 SPECIAL DATA: RADIOACTIVITY ( ) -Type Geiger Counter \_\_\_\_\_ Reading \_\_\_\_\_  
 ANALYSIS BY: \_\_\_\_\_ RESULTS: \_\_\_\_\_

PERSONAL ACCOUNT (INCLUDE ON FORM 1)

EXPLAIN HOW YOU DISCOVERED THE TRACES/ARTIFACTS AND WHY YOU BELIEVE THEY WERE CAUSED BY UFO ACTIVITY.

ASSOCIATION OF TRACES/ARTIFACT WITH UFO

EXPLICIT: SAW UFO - DESCEND ( ) LAND ON GROUND ( ) TAKE OFF ( ) FROM EXACT LOCATION OF EVIDENCE.  
DIRECT: SAW UFO - DESCEND ( ) HOVER ( ) ASCEND ( ) OVER THE GENERAL LOCATION EVIDENCE FOUND.  
IMPLIED: SAW UFO OVER-FLY - EXACT LOCATION ( ) GENERAL LOCATION ( ) WHERE EVIDENCE WAS FOUND.  
OTHER: DID NOT SEE A UFO IN CONNECTION WITH THE TRACE OR ARTIFACT FOUND ( )

DESCRIPTION OF GROUND TRACES

DESCRIPTION	PRIMARY EFFECTS				SECONDARY EFFECTS			
	RING	CIRCLE	NEST	IRREGULAR	IMPRINTS	SOIL	TREE	PLANT
DIAMETER	_____	_____	_____	_____	_____	_____	_____	_____
WIDTH	_____	_____	_____	_____	_____	_____	_____	_____
LENGTH	_____	_____	_____	_____	_____	_____	_____	_____
DEPTH	_____	_____	_____	_____	_____	_____	_____	_____
SHAPE	_____	_____	_____	_____	_____	_____	_____	_____
DISCOLORED	( )	( )	( )	( )	( )	( )	( )	( )
DEPRESSED	( )	( )	( )	( )	( )	( )	( )	( )
CRUSHED	( )	( )	( )	( )	( )	( )	( )	( )
BAKED	( )	( )	( )	( )	( )	( )	( )	( )
BURNED	( )	( )	( )	( )	( )	( )	( )	( )
SCORCHED	( )	( )	( )	( )	( )	( )	( )	( )
SCARRED	( )	( )	( )	( )	( )	( )	( )	( )
BROKEN	( )	( )	( )	( )	( )	( )	( )	( )
PULLED UP	( )	( )	( )	( )	( )	( )	( )	( )
FOOTPRINTS	( )	( )	( )	( )	( )	( )	( )	( )
CRATER	( )	( )	( )	( )	( )	( )	( )	( )
ARTIFACT IN	( )	( )	( )	( )	( )	( )	( )	( )
ARTIFACT NEAR	( )	( )	( )	( )	( )	( )	( )	( )
OTHER	( )	( )	( )	( )	( )	( )	( )	( )
_____	( )	( )	( )	( )	( )	( )	( )	( )
_____	( )	( )	( )	( )	( )	( )	( )	( )

DESCRIPTION OF ARTIFACT

MATERIAL: LIQUID ( ) FIBROUS ( ) ROCK ( ) METAL ( ) SLAG ( ) GAS ( ) ICE ( ) OTHER \_\_\_\_\_  
SIZE: LENGTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ WIDTH \_\_\_\_\_ DIAMETER \_\_\_\_\_ VOLUME \_\_\_\_\_  
OTHER: COLOR(s) \_\_\_\_\_ SHAPE \_\_\_\_\_ WEIGHT \_\_\_\_\_ TEXTURE \_\_\_\_\_  
COMMENTS: (Compare with similar known material, etc.) \_\_\_\_\_

SKETCH OF TRACES/ARTIFACT

ON THE REVERSE SIDE, SKETCH THE TRACES AND/OR ARTIFACTS. INCLUDE AS MUCH DETAIL AS POSSIBLE. LABEL DIMENSIONS.

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