



UFO SIGHTING QUESTIONNAIRE - ENTITY CASES (FORM 7)

INTER-FORM CROSS-REFERENCE DATA

SIGHTING DATE: PLACE: TO
TIME OBSERVED ENTITIES: FROM
WITNESS' NAME
INVESTIGATOR'S NAME

GENERAL DATA

NO. OF ENTITIES: DISTANCE FROM WITNESS: (MIN.) (MAX.) FEET () METERS ()
SIZE: OVERALL BODY HEIGHT OVERALL ARM LENGTH FEET () METERS ()
TYPE: HUMAN () HUMANOID () APE-LIKE () ROBOT () OTHER
COMMENTS:

PERSONAL ACCOUNT (Include on Form 1)

In your own words, describe the Entities and their Behavior/Relationship to the UFO and you.

ASSOCIATION OF ENTITIES WITH UFO

EXPLICIT (Inside UFO only): ENTITY AT WINDOW? () ENTITY AT PORT? () ENTITY AT DOOR? () OTHER
DIRECT (Inside/Outside UFO): ENTITY EXITING UFO? () ENTITY ENTERING UFO? () OTHER
IMPLIED (Outside UFO only): MIN. DISTANCE/ENTITY TO UFO MAX. DISTANCE/ENTITY TO UFO
POSSIBLE (UFO Fly-By only): BEFORE? () DURING? () AFTER? () ENTITY WAS SIGHTED ON THE GROUND.
OTHER: NO UFO SEEN IN CONNECTION WITH THE ENTITY ()

DESCRIPTION OF ENTITIES

HEAD AREA (Shape/No. of): HEAD EYES NOSE
MOUTH EARS NECK
HEAD COVER (Similar to): HAT? () HOOD? () HELMET? () HAIR? () OTHER
BODY AREA (Specify): TORSO? () ARMS? () HANDS? () FINGERS? () CLAWS? () LEGS? ()
FEET? () GLOWED? () NO./FINGERS-CLAWS NO./ARMS NO./LEGS
COVERALL? () WETSUIT? () DIVING SUIT? () SKIN? () HAIR? ()
BODY COVER (Similar to): GLOVES? () SHOES? () BOOTS? () OTHER
SKIN COLOR SKIN TEXTURE SEX
OTHER (Miscellaneous): HAIR COLOR HAIR LENGTH ODOR
SUIT COLOR SUIT TEXTURE EYE COLOR
HOW ENTITY FELT TO TOUCH:
ADDITIONAL COMMENTS:

BEHAVIOR OF ENTITIES

APPARENT ACTIVITY: SAMPLE GATHERING? () REPAIRS? () OTHER
APPARENT ATTITUDE: DID THE ENTITIES SEE YOU? () TOUCH YOU? () IF SO, DESCRIBE THEIR ACTIONS:
UNUSUAL FEATURES: WALKED? () FLOATED? () FLEW? () GAVE OFF VAPOR? () VANISHED? ()
USED TOOLS? () USED WEAPONS? () OTHER
COMMUNICATION (Type): BETWEEN ENTITIES? () WITH YOU? () AUDIBLE? () SPOKEN? ()
LIPS MOVED? () MECHANICAL? () GESTURES? () WRITTEN? () VISIONS? ()
DREAMS? () TELEPATHIC? () INCOMPREHENSIBLE? () LANGUAGE
COMMUNICATION (Content): RECORD AND/OR DESCRIBE ANY COMMUNICATIONS BY OR WITH THE ENTITIES ON A SEPARATE SIGNED/DATED SHEET OF PAPER. WHAT INFORMATION DID YOU RECEIVE? WHAT INFORMATION DID YOU GIVE THE ENTITIES AND WHY?

SKETCH OF ENTITIES

On the reverse side of this form, draw a picture of the observed entity. Include as much detail as possible. Show relative proportions of Head, Neck, Arms, Body and Legs. Label the drawing clearly.

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