



UFO WITNESS PRELIMINARY REPORT

Date of sighting _____ Time _____ AM PM (Circle One)

Town/City _____ County: _____

DESCRIPTION:

Shape _____

Estimated size _____

How many witnesses? _____ Sound _____

Distance _____ Altitude _____

How long did you watch it? _____

PHYSICAL CHARACTERISTICS: (Check appropriate boxes)

- Light form only Vehicle/device Animal reaction Physical trace
 Psychological event Physiological event Electromagnetic event
 Landing/touchdown Humanoid or entity case Time loss/memory loss

FLIGHT CHARACTERISTICS:

- Passed overhead Type 1, Within 200' of ground Type 2, Under cloud ceiling
 Type 3, Change in motion Type 4, Continuous flight Type 5, Stationary target

REPORTING PARTY:

Name _____

Address _____

Town/County/Post Code: _____

Age _____ Home phone _____ Office phone _____