



Form 3- Electrical-Magnetic Cases

Case Number:	Witness:
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Witness: Include Written Personal Account On Form 1

Describe the exact chronological order of Electrical/Magnetic events as they occurred on FORM 1.

Identification Of Item(s) Affected

Radio ()	Compass ()	Auto/Truck ()	Digital Camera ()	ATV ()
TV ()	Clock ()	Aircraft ()	Video Camera ()	Battery Function / Charge ()
Computer ()	Watch ()	G.P.S. ()	Film Camera ()	Smart Phone () Type _____ ()
Telephone ()	Wire ()	Hearing Aid ()	Circuit Breaker ()	Cell Phone ()
House Lights ()	Fuse ()	VCR/DVR ()	Flashlight ()	Car Interior Lights ()
Outside Lights ()	Headlights ()	Boat ()	Laser pointer ()	Vehicle Dash Lights ()
Home Appliances ()	Helicopter ()	Seadoo ()	Motorcycle ()	Wireless Device ()

Vehicles / Engines / Motors

Manufacturer:	Model:	Year:	Owner:
Engine Type:	Gasoline () Diesel () Propane () Hybrid () Propeller () Jet () Other:		
Engine Data:	Number of Cylinders () Other Configuration () Water Cooled () Air Cooled ()		
Ignition Type:	Standard (old) () Electronic: () Volts: 6 Volt () 12 Volt () 24 Volt () 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 Occurrence If More Than One Event Took Place

Exterior Lights: Order #	During Event:	On () Off () Dimmed () Pulsated ()	Other _____
	After Event:	On () Off () Dimmed () Pulsated ()	Other _____
Interior Lights: Order #	During Event:	On () Off () Dimmed () Pulsated ()	Other _____
	After Event:	On () Off () Dimmed () Pulsated ()	Other _____
Dash Lighting: Order #	During Event:	On () Off () Dimmed () Pulsated ()	Other _____
	After Event:	On () Off () Dimmed () Pulsated ()	Other _____
Engine Performance: Order #	Before Event:	Good: () If not "Good", describe: _____	
	During Event:	Describe: _____	
	After Event:	Describe: _____	
Battery Condition: Order #	Before Event:	Good () Fair () Poor () Other _____	
	After Event:	Good . : () Fair: () Poor: () Other: _____	

Radio / Radar Equipment

Equipment:	Type:	Manufacturer:	Model:
Stationary () Portable () Mobile () Receiver/Scanner () Transmitter () Age:			
Power Source:	AC () DC () Generator () Battery () Solar () Other: _____		
	Voltage: 9 Volt () 12 Volt () 120 Volt () 240 Volt () Other: _____		



Operating Mode:	AM () FM () HF () VHF () UHF () Station/Frequency:
Interference Type:	Static () Hum () Tone () Steady () Oscillation () Sounded Like :
Describe Frequency / Pitch:	
Interference Extent:	Total () Partial () Intermittant () Intermittant Period : _____ Other :
Proper Operation:	Before Event ? _____ During Event ? _____ After Event? _____
Any Other Affected Items: _____	

Notes, Comments, Remarks: _____	

You May (), May Not () Use My Name In Conjunction With This Report.	
Witness Signature:	Date