



Form 6-Landing Traces and Artifacts Cases

Case Number: _____ Witness: _____

Witness: Please Include Written Personal Account On Form 1

Explain How You Discovered The Traces And/Or Artifacts And Why You Believe They Were Caused By UFO Activity.

Do Not Voluntarily Surrender Artifact(s) To The Police Or Military. Give The Artifact(s) To The MUFON Investigator Only.

Initial Sighting Data

Sighting Date: _____ Time: _____ Location: _____

Date/Time Traces / Artifacts Found: _____

Describe The Discovered Artifact(s): _____

Association Of Traces / Artifacts With UFO

Explicit: Saw UFO Descend () Land On Ground () Take Off () To/From **EXACT** Location Of Evidence. _____

Direct: Saw UFO Descend () Hover () Ascend () Over The **GENERAL** Location Evidence Was Found. _____

Implied: Saw UFO Overfly Exact Location () General Location () Where The Evidence Was Found. _____

Other: Did Not See A UFO In Connection With The Trace Or Artifact Evidence 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	()	()	()	()	()	()	()	()
	()	()	()	()	()	()	()	()
	()	()	()	()	()	()	()	()
	()	()	()	()	()	()	()	()
	()	()	()	()	()	()	()	()
	()	()	()	()	()	()	()	()



Investigator Instructions

After Photographing And Fully Documenting The Trace Evidence, Secure Samples For Testing.

Take (And Mark) Samples From Within The Trace Area (Trace Samples) And From Outside The Trace Area (Control Samples).

On A Map, Indicate The Location Where Each Of The Marked Samples Was Retrieved. Take As Many Samples As Necessary.

Description Of Artifact

Material: Liquid : () Fibrous : () Rock : () Metal : () Slag : () Gas : () Ice : ()
Other :

Size: Length:_____ Height:_____ Width:_____ Diameter:_____ Volume:_____
Other Color(s):_____ Shape:_____ Weight:_____ Texture:_____

Markings: Describe Any Markings Or Graphics : _____

More Data: _____

Artifact Is Similar To, Or Compares To:

Radiation

High Level Of Radiation Detected??? Within Trace Area ? Yes () No () Reading: _____
On Artifact? Yes () No () Reading: _____
Compared To Reading C(_____) Away From Trace Area Or Artifact.

Geiger Counter Type, Make, Model : _____
Last Calibrated: _____ By : _____

WARNING-----Investigator
Immediately Contact MUFON For Instructions On How To Deal With Radioactive Evidence.

Samples' Distribution / Other Information

Other Related Details, Data, Comments _____

Completely Photograph All Trace Evidence And Artifacts. Place A Ruler In The Photographs To Show Scale.
Attach All Photographs, Drawings, Sketches, Maps And Charts (as applicable) To The Report.

Investigator
Contact MUFON For Information On How And Where To Ship Samples For Evaluation And / Or Testing.

You May (), May Not () Use My Name In Conjunction With This Report.

Witness Signature: _____ Date: _____

