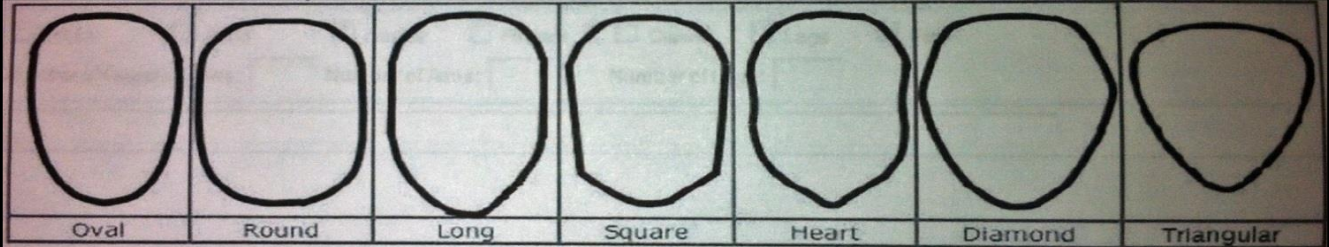


Form 7-Entity Cases				
Case Number:		Witness:		
Report On Entity #	<input type="text"/>	of	<input type="text"/>	
Use one form per entity				
Witness: Please Include Personal Account (Include On Form 1 Or Separate Sheet(s)) In your own words, describe the Entities and their behavior / relationship / interaction with the UFO and you.				
General Data				
Entity Type: Human Like () Ape Like () Reptile Like () Insect Like () Robotic () Apparition () Unknown ()				
Other: _____				
Entities and Distance: Number of Entities: ____ Approximate Distance From Witness: ____				
No Closer Than: _____ No Further Than: _____				
Description Of This Entity				
Head / Face Shapes Data				
				
Oval	Round	Long	Triangular	
HEAD	Number of Heads () Shape of Heads () (see chart above)			
NECK	None () Short () Medium () Long () Very Long () Thin () Thick () More:			
EYES	Shape:	Round () Oval () Almond () Other ()		
	Size:	Small () Medium () Large () Other ()		
	Color:	Blue () Green () Red () Hazel () Brown () Brown () Black ()		
	Number of Eyes:	1 () 2 () 3 () 4 () 5 () More () Other Details		
	Did Eyes Glow?	Yes () No () Describe		
	Additional Notes: _____			
MOUTH	Shape of Mouth:	Straight () Curved Up () Curved Down () Point/Hole () Unknown Shape ()		
	Other Notes or Comments			
	Number of Mouths:	1 () 2 () 3 () 4 () 5 () More () Additional Details:		
NOSE	Nose Appearance:	None () Normal () Thin () Broad () Hole () Unknown () Other:		



NOSE		Number of Noses: 1 () 2 () 3 () 4 () 5 () More () Details:				
EARS	Ears Appearance:	None () Small () Medium () Large () Hole(s) () Unknown () Other:				
	Number of Ears:	1 () 2 () 3 () 4 () 5 () More () Details:				
SKIN	Color:	White () Cream () Yellow () Flesh () Greenish () Green () Blue () Gray () Reddish () Red () Brown () Black () Other:				
	Texture/Feel:	Smooth () Rough () Scales () Soft () Firm () Warm () Cold () Damp () Dry () Other () Details:				
HAIR	Color:	No Hair () White () Blond () Gray () Red () Green () Blue () Brown () Black () Other ()				
	Length:	No Hair () Short () Medium () Long () Unknown ()				
PERCEIVED GENDER:		Male () Female () Unknown () Details:				
BODY AREA	Torso () Arms () Hands () Fingers () Claws () Legs () Feet () Number of Fingers/Claws: _____ Number of Arms: _____ Number of Legs: _____					
Body Covering or Apparel						
BODY COVERING OR APPARATUS	Coverall () Wetsuit () Skin () Hair () Gloves () Boots () Robe () Cape () Belt () Uniform () Back/ Chest pack () Mask () Other:					
APPAREL FIT	No Apparel () Tight Fitting () Loose Fitting () Unknown ()					
HEAD COVER TYPE	HAT () Hood () Helmet () Hair () Other					
INSIGNIA/BADGE	Describe any Insignia or Badge On Head Covering or Apparel: _____ _____					
APPAREL COLOR	White () Yellow () Orange () Red () Green () Blue () Violet () Brown () Black () Gray () Silver () Gold () Turquoise/Aqua () Clear/Transparent () Multi-Colored () Describe Multi-Colored _____ Other:					
APPAREL TEXTURE	Silky () Smooth () Woven () Rough () Metallic () Sticky () Other :					
APPAREL	New () Old () Dirty () Damaged ()					



APPEARANCE	Other: _____
SCENT	Describe Any Scent, Odor, or Stench Coming From Entity: _____ None ()
DEVICE OR INSTRUMENT	Describe Any Device or Instrument Held By Entity: _____ None ()

Behavior of the Entity

APPARENT ACTIVITY	Sample Gathering () Repairs () Other ()
APPARENT INTERACTION	Did the Entity- See you () Hear You () Touch You () If so, Describe Actions: _____
UNUSUAL FEATURES	Walked () Ran () Floated () Flew () Gave off Vapor () Vanished () Used Tools () Used Weapons () Other: _____
TYPE OF COMMUNICATIONS	Between Entities () With You () Audible () Spoken () Written () Telepathic () Incomprehensible () Lips Moved () Mechanical () Dreams () Gestures () Language: _____

Record and/or Describe Any Communication By or With This Entity On a Separate, Signed, and Dated Sheet of Paper. Include Any Information You Received From This Entity, and What Information You Gave To This Entity (and why)

Actions Associated With Entity And UFO

PASSIVE ACTIVITY INSIDE OF UFO ONLY	Entity Inside at Window () At Portal () At Doorway () Other: _____
ACTIVITY INSIDE or OUTSIDE UFO	Entity Exiting UFO () Entity Entering UFO () Other: _____
DISTANCE OF ENTITY TO UFO	Minimum: _____ Maximum: _____
ENTITY AND UFO FLY BY	Before Sighting () During Sighting () After Sighting () Entity was Observed on the Ground () No UFO Was Seen In Connection With Entity Sighting ()
DID THIS ENTITY SEEM TO BE IN CHARGE	Yes () Explain: _____ No () Explain: _____ Unknown ()
WAS ENTITY PHOTOGRAPHED ?	Yes () No () FI, if "YES", use Form 9 or 10 and acquire photos.
WAS WITNESS INJURED?	Yes () No () FI, if "YES", use Form 5 and acquire medical records.
WERE ANIMALS INJURED?	Yes () No () FI, if "YES", use Form 4 and acquire medical records.

In the space below, please draw a picture of the entity including as much detail as possible. Show



relative proportions of head, neck, arms, legs, and body. Label the drawing clearly.

A large, empty rectangular box with a black border, intended for a drawing of an entity's proportions.

You MAY () MAY NOT () Use My Name In Conjunction With This Sighting Report.

Witness Signature: _____

Date Signed: _____