



Form 8-Abduction Cases			
Case Number:		Witness:	
Witness: Please Include Written Personal Account On Form 1 Describe the exact chronological order of Abduction events as they occurred.			
CAPTURE			
Contact Environment:	Home () Vehicle ()	Other: _____	
Contact Location:	Urban () Rural ()	Specific: _____	
Recollections:	Restlessness, Premonition ()	UFO Appearance ()	Did you see beings ()
	Stillness/Lack of Traffic ()	Paralysis/Lethargy ()	Floating/Levitate ()
	Entering The Object ()	Missing Time ()	Missing time-How Long? _____
	Other Recollections ()	Duration: _____ mins.	
Personal Experiences:	Spiritual Experience ()	Details : _____	
	Sexual Experience ()	Details : _____	
	Recall Without Hypnosis ()	Immediate Recall ()	After Period Of: _____
	Returned To Original Place ()	If Not, Where: _____	
DESCRIPTION OF ENTITIES			
Being Type(s)	Check All That Apply	Gray () Nordic () Insectoid () Hybrid ()	
		Reptilian () Huminoid ()	Other: _____
Being Features	Head: Large () Small ()	Other: _____	
	Eyes: Large () Slanted ()	Egyptian ()	Wrap Around () Color: _____
	Nose: Hole () Vestige ()	Other Data: _____	
	Mouth Slit () Small ()	Lipless ()	Other Data: _____
	Skin: Gray () Pallid () White () Ashen () Rough ()	Scales () Hairy () Other Data: _____	
	Ears: Small () Holes () None ()	Other Data: _____	
	Body: Thin () Thick () Frail ()	Squat/short ()	Muscular ()
	Size: 3-4 ft. () 4-5 ft. () 5-6 ft. () 6 + ft. ()	Precisely: _____	
Clothing/Body Cover	Leader Wears Same Type Clothes?	yes () no ()	If No, Please Describe: _____
BEHAVIOR OF ENTITIES			
How Many Observed? ()	All Same Species? Yes () No ()	Leader Same Species? Yes () No ()	
If Not, Please Describe :			
Communicated ?	Yes () No ()	Explain: _____	
Were You Controlled? ()	By: Fear () Touch ()	Eyes ()	Other: _____
Being Behavior	Warm () Cold () Polite () Reassuring () Manipulative () Insincere ()		
	Other () Describe:	_____	
Behavior w/Each Other :	Cooperative? ()	Yes () No ()	Describe: _____



Behavior Comments: _____

DESCRIPTION OF CRAFT OR VEHICLE

Craft Exterior Design	Disk () Cigar () Domed () Other: _____ Size: _____
Craft Interior Design	Interior Construction: Smooth () Rounded () Domed () Other: _____
	Interior Lighting: Glow () Indirect () Color: _____
	Interior Atmosphere: Warm () Cool () Dry () Damp () Wet/Humid/Misty ()
Craft Interior Odor	Smelled Similar To: _____
Interior Equipment	Chairs () Star Charts () Computer () Steering Device () Flight Controls ()
	Other: _____

PROCEDURES PERFORMED

Laid On Exam Table? () Describe Table: _____

Were You Restrained? () Describe How: _____

Manual Exam? () Describe Equipment / Procedure: _____

Automated Exam? () Describe Equipment / Procedure: _____

Samples / Implants? Blood Sample(s) Taken? () Genetic Material Removed? () _____

Describe Implant(s) Inserted / Removed: _____

Other Humans Present? () Details: _____

AFTERMATH

Physiological Data	Eyes: Watering () Itching () Burning () Irritated ()
	Other: _____
	Body: Dizziness () Headache () Dehydrated () Thirst () Loss of Balance ()
	Wounds: Cuts () Scars () Nose Bleed () Punctures () Scoop Marks ()
	Describe Any Humming / Buzzing / Clicks In Ears: _____
Psychological Data <i>(Please Describe any of the following)</i>	Sleep Disturbance: _____
	Nightmares: _____
	Develop E.S.P.: _____
	Interests Changed: _____
	Anxiety Developed: _____
	Depression: _____
	New Phobias: _____



Psychological Data (Continued)	New UFO Sightings	
	Feel Sad To Leave?	
	Abnormal Cravings	
Other Aftermath:	Receive Farewell Message ?	
Describe Any Contact From the Following :	Men In Black: _____	
	Military: _____	
	Strangers: _____	
	Others: _____	
ADDITIONAL RELATED INFORMATION		
Received Task/Mission?	()	Describe: _____
Received Warning(s)?	()	Describe: _____
Visted Another World ?	()	Location: _____ Describe: _____
Observe Balls of Light?	()	Describe: _____
Smell Sulfur Odor?	()	When/Where: _____
Metalic Taste After?	()	Details: _____
Ammonia Taste After?	()	Details: _____
Night Blindness After?	()	Details: _____ Continues ? Yes () No ()
Out/Body Experience?	()	Describe: _____
Past Life Memories?	()	Describe: _____
Menstrual Changes?	()	Details: _____ Continues _____
Missing Pregnancies?	()	Details: _____
Changes In Health?	()	Describe: _____
Any Fear Of Open Stretches Of Highway?:	()	If So, Describe: _____
Any Fear Of Woods Or Wooded Area(s):	()	If So, Describe: _____



Any Fear Of Woods Or Wooded Area(s):	()	
Have Feelings Of Any Special Mission In Life?	()	If So, Describe:
Experience Abnormal Fingernail Growth After?	()	If So, Describe:
Interpersonal Relationship Problems After?	()	If So, Describe:
Change In Sexual Interest After Abduction?	()	If So, Describe:
Bad Reactions To Anesthesia After Abduction?	()	If So, Describe:
Do You Long To Be Reunited With Abductors?	()	If So, Describe:
What Best Describes Your Level Of Education:		
	Degree(s) In:	
Did You Seek Treatment Following Abduction?	Yes () No () Treated By: _____	
	Medical Records Available To MUFON For Study? Yes () No ()	
Briefly Describe Any Previous Abduction Experiences		
For MUFON Investigator Use		
Black Light Scan Completed?	()	Results: _____
Obtain Medical / Therapeutic Treatment Records If Available: Yes () No ()		
You May (), May Not () Use My Name In Conjunction With This Report.		
Witness Signature: _____		Date: _____