

Form 15-Crop Circle Cases

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

Describe in detail all events potentially related to the formation of the Crop Circle in this event investigation.

Location of Crop Circle

Crop Circle Location

Attach Map If Available

GPS Co-ordinates N / S E / W

Prior / During Observations

Formation Did You Observe The Formation Of The Circle . ? No () Yes ()

(Describe event on a separate sheet)

Lights / Objects Lights: () Orbs: () Searchlight Beam: () Other: _____

Object(s): () Describe: _____

Note Times: _____

Sounds Heard Buzzing Sounds: () High Pitch: () Trilling Sound: () Warbling: ()

Electrical / Crackling: () Like Distant Thunder: () Other: _____

Note Times: _____

Sensations Describe Any Feelings/Sensations When Inside Circle: _____

Crop Circle Formation Area

Basic Design Describe: _____

Rotation Clockwise Swirl () Counter-Clockwise Swirl () Both ()

Describe "Both": _____

Compass Circle Oriented To North? Y N Other Direction? _____

Describe Compass Anomalies Within / Near The Formation: _____

Center Swirls Number of Center Swirls: _____ Really In Center? _____

Interlaced Swirls? _____ Lower Layers? _____ Swirl Pattern Direction: _____

Describe Any "Complicated Lays": _____

Crop Data Type Of Crop: _____ Height: _____

Standing Crop In Formation (#): _____ Single Standing Crop: _____

Anomalies Dust? Y N Bent Nodes? Y N Burnt Nodes? Y N Expulsion Cavities? Y N

Presence Of Iron Detected? Y N Details: _____

Residual Radiation? Y N If Yes, Base Count: _____ Sample Count: _____



Other: _____

FI: Be Sure To Mark On A Map Where Each Formation Sample And Control Sample Were Taken.

Take As Many Formation Samples And Control Samples As Necessary. Circle Number Of Each Type Of Sample Taken.

Formation Samples 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Control Samples 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

I am the owner of the land where this investigation is being conducted, and I authorize MUFON Investigators to have full access to the property for the purpose of conducting said investigation.

Printed Name _____ Signature _____
Address _____ Date _____
You May (), May Not () Use My Name