



5847 River Walk Circle, Newburgh, Indiana 47630 - (812) 490-0094

Please use this form as a guide, and feel free to add narrative comments or information on the last page. Names and other personal information included on this form will be kept confidential. Mail form to above address.

DATE OF SIGHTING _____ p.m.
SIGHTING LOCATION _____
LOCAL TIME _____ a.m.

DURATION OF SIGHTING

Seconds _____ Minutes _____ Hours _____

WHAT WERE THE WEATHER CONDITIONS?

Clear _____ Partly cloudy _____ Full cloud cover _____
Rain _____ Sleet _____ Snow _____ Smog _____ Fog _____
Hazy _____ Windy _____
Temperature _____ Wind direction _____

DESCRIBE THE AREA OF THE SIGHTING

City _____ Suburban _____ Rural _____
Industrial _____ Commercial _____ Residential _____

WHERE WERE YOU WHEN YOUR EXPERIENCE OCCURRED?

Outdoors _____ Indoors _____ In a car _____
Were you looking through:
Screen _____ Glass _____ Double glass _____

WHAT WERE YOU DOING WHEN YOU FIRST OBSERVED THE UFO?

Lying down _____ Sitting _____ Standing _____
Driving _____ Riding as passenger _____
Flying _____ Riding as a passenger in an airplane _____

HOW DID THE UFO COME TO YOUR ATTENTION?

Someone else called it to your attention _____
Heard a sound _____ Heard animals react _____
Saw the object move _____ Saw a light _____
Electrical interference _____
Don't really know _____
Other _____

NAME _____
STREET _____
CITY _____ STATE _____
ZIP _____ PHONE _____

WHAT DID YOU SEE?

A light _____ An object _____ How many of either _____
Were there any other witnesses _____ How many _____
Do you know them _____
Please list their names and addresses below:

WHERE WAS THE LIGHT OR OBJECT WHEN FIRST SEEN?

High in the sky _____ Tree top level _____ On the ground _____
How high was it _____
How far away was it _____
How fast was it moving _____

WHAT WAS THE APPEARANCE OF THE LIGHT OR OBJECT?

How large was it _____
Shape _____ Was it clearly outlined _____
Color _____
Did you notice:
Appendages _____ Seams _____ Windows _____ Lights _____
How many lights _____ Steady _____ Pulsating _____
Did it separate into parts _____ How many _____

WHAT DID IT DO?

Moved across sky _____ Hovered in sky _____ Hovered near ground _____
Rotated _____ Vibrated _____ Wobbled _____ Exploded _____
Fell like a leaf (fluttered) _____ Changed speed _____
Changed color _____ Changed direction suddenly _____
Moved in a straight line _____
In what direction did it move _____
Did it pass in front of, or behind any object _____ What _____
How far away was the object _____
Did it land _____ How close: feet _____ yards _____
How did you lose sight of the object _____

Please describe your experience below, adding any pictures or maps you feel would be helpful:

DID YOU SEE ANY IDENTIFIABLE OBJECTS IN THE SKY?

Airplane _____ Balloon _____ Birds _____ Searchlight _____
Was the moon visible _____ Were the stars visible _____
Other _____

HOW DID YOU OBSERVE THE LIGHT OR OBJECT?

Naked eye _____ Binoculars _____ Telescope _____
Other _____

DID YOU NOTICE ANY EFFECT ON THE FOLLOWING:

Radio _____ Television _____ Engines _____ Lights _____
Clocks _____ Animals _____
Did you have any physical sensation _____
Please explain any of the above:

DID ANY EVIDENCE OF THE UFO(s) PRESENCE REMAIN?

Imprints _____ Residue _____ Damage to vegetation _____
Other _____
Is there any photographic or other evidence _____
Has any of the above been preserved _____

GENERAL

Was this sighting reported in the press _____ What paper _____
What date did the report appear _____
Have you ever seen anything like this before _____

Technical experience _____
Educational background _____
Occupation _____ Age _____

YOU MAY/MAY NOT USE MY NAME. SIGNATURE WITNESS: _____