

UFO Sighting Report



PERSONAL DETAILS

Your Name

E-mail

Present Address

Street

Town/City

State

If other:

Postcode

Phone Number

Country

UFO Research (NSW)

Address At Time of Incident (if changed)

Present or Usual Occupation

Qualifications (optional)

Special Interests or Hobbies (if relevant)

SIGHTING DETAILS

Date/Time of Initial Sighting

Duration of sighting:

Witness Observation

Please write your own account of what happened:

Object(s) Description

Did you notice any unusual movements, or changes in shape(s) of the object(s) during your observation, or sounds?

Sighting Location

Where were you at the time of the incident?
(Nearest road district or town):

Other witnesses?

Please supply number and name of any other people present with you during the incident (That is, as far as is known or is practicable)

Object(s) Size

How big did the objects actually look to you?

Star: Pea-sized: Tennis Ball: Dinner Plate:

How big do you think the objects actually were?
(Please estimate)

Object(s) Altitude

How high up do you think the objects were?
(e.g. tree top height, ten storey building, etc.)

Object(s) Flight Path

What direction did the object(s) first come from?
(What part of the sky?)

What direction did the object(s) disappear into?
(What part of the sky?)

Astronomical Objects

If you saw the object(s) at night was the moon visible?
(If YES, where in the sky was the Moon, and how bright was it?)

How big were the object(s), compared to the moon?
(half-size, same size, two times, bigger, etc.)

Were there any stars or planets visible?

Weather

What was the weather like at the time?

Clear: Fog:

Cold: Mild: Pleasant: Warm Hot:

Cloudless: Cloudy : Raining: Snowing: Storm:

Calm: Breezy: Windy: Gales:

Comments:

Viewing Aids

Were the object(s) viewed through binoculars or telescope, filmed, photographed or videoed?

If YES, which:

Physical Effects

Did you experience any unusual physical effects during or after the observation?

If YES, please describe:

Psychological Effects

Did you experience any emotional or psychological effects during or after the observation? (ie stress, vagueness, 'spaciness', etc.)

If YES, please describe:

Other Unusual Effects

Did anything else odd, unusual, crazy or out of place occur to you around the time of the event?

If YES, please describe:

Effects on Other Witnesses

Did any of the other witnesses present experience any of the effects (physical, emotional, psychological or unusual) you have reported above?

If YES, briefly indicate which:

Other Experiences

Have you ever had unusual experiences before?

If YES, briefly indicate what:

Thank you for filling out this form and helping UFO Research

Please print and send this form to:

UFO Research
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