

SIGHTING REPORT FORM

You do not have to submit your personal details, however, follow-up investigations are preferable. In no instances whatsoever will any personal details be given out to anyone or any other organization without **your** written or verbal permission. No sightings will be posted here on this Website, or in any other media distribution without **your** written or verbal permission.



Your on-line guide to the Scottish UFO scene

Email: info@scotufu.co.uk

Web: <http://www.scotufu.co.uk/>

Dear Sir or Madam

Thank you for taking the time to download this sighting report form. We are committed to obtaining as much information about the UFO phenomenon as we can so that it can be fully understood. I hope that you can provide exiting new information for us.

The following pages ask a few standard questions so that the information can be quickly categorized. Please do not think that this is all the information we need. If there is something that you feel needs to be explained further, please jot it down and include it with this form.

At the same time, please do not be put off with the number of questions. Just answer as many as you can or as many as you feel comfortable about answering.

Many sightings go unreported because individuals may feel that they will come under ridicule from friends and or colleagues. Many individuals may also feel that their credibility at work may be affected. Whilst this is understandable, we urge people to submit their sightings so that a better understanding of what is happening can be gained. Your information will be treated with the strictest of confidence.

INFORMATION – PLEASE READ CAREFULLY

1. Fill out the report form as best you can
2. Add any additional information that you think will help
3. Before sending the form back to us, save it or take a photocopy. This will help with future references.

Thank you for your time.

Kind regards,

Mr Wil Brown BSc. (Hons)

YOUR CONTACT DETAILS

Today's Date (dd/mm/yyyy): _____

Title (Mr/Mrs/Miss): _____

First Name (Please Print): _____

Last Name (Please Print): _____

Email Address: _____

Work Telephone (include STD code): _____

Home Telephone (include STD code): _____

Mobile Telephone: _____

Fax Number (include STD code): _____

Home Address: _____

City: _____

Country: _____

YOUR PRIVACY

May we contact you regarding this report (delete where appropriate)? YES / NO

Please contact me by (tick/mark where appropriate):

- POST
- WORK TEL
- HOME TEL
- MOBILE TEL
- FAX
- EMAIL
- ANY

Contact me during these times only:

- WEEKEND, 10am-5pm
- WEEKEND, 5pm-10pm
- WEEKDAY, 9am-5pm
- WEEKDAY, 5pm-9pm
- ANY TIME

TIME DETAILS

Date of Sighting (dd/mm/yyyy): _____

Is this date?

- KNOWN TO BE ACCURATE
- BEST ESTIMATE

Start Time of Sighting (hh:mm): _____

Is this time?

- KNOWN TO BE ACCURATE
- BEST ESTIMATE

How long did the sighting last for (hours): _____

Is this time?

- KNOWN TO BE ACCURATE
- BEST ESTIMATE

SUPPORTIVE CONTACTS

Were you alone? YES / NO

If you were not alone, how many other people were there: _____

How many of these people also viewed the sighting? _____

INFORMATION DISPERSAL

Have you contacted anyone else, apart from us, about this sighting? YES / NO

If so, who (e.g. Coastguard, Police, Friends, etc.) ? _____

WEATHER CONDITIONS

Was it a clear day or night with good visibility: YES / NO

Were there any clouds visible? YES / NO / DON'T KNOW

If it was nighttime, was the Moon visible? YES / NO / DON'T KNOW

Was there any noticeable wind? YES / NO / DON'T KNOW

SOUNDS

What sounds were there during the sighting? (Please state all sounds, e.g. cars on motorway, local train station, etc.) _____

Did you hear any sounds that sounded “out-of-place” or “odd”? YES / NO

Please describe these sounds as best as you can: _____

SMELLS

Did you notice any smells that seemed “out-of-place” or “odd”? YES / NO

Please describe these smells as best as you can: _____

INTERACTIONS

Did any of the objects appear to approach your position? YES / NO

Did any of the objects land? YES / NO

Did you see any occupants? YES / NO

Did you touch, speak or otherwise interact with the observed object(s) in any way? YES / NO

Did you take any photographs? YES / NO

Did you take any video footage? YES / NO

Did you use any zoom capable visual aids (binoculars, telescope, camcorder)? YES / NO

Did you make any audio recordings? YES / NO

Did you make any sketches? YES / NO

AFTER AFFECTS

**Do you/have you have any physical after-affects since and thought to be linked to the sighting?
YES / NO**

If yes, please describe below (e.g. headaches, nose bleeds, rashes, burns, sickness, etc.): _____

Have you sought medical attention for any of these symptoms? YES / NO

Do you/have you had any psychological after-affects since and thought to be linked to the sighting? YES / NO

If yes, please describe below (e.g. sleeping problems, unusual dreams, memory flashbacks): _

Have you sought medical attention for any of these symptoms? YES / NO

- - - END OF REPORT – THANK YOU - - -