

NATIONAL INVESTIGATIONS COMMITTEE ON AERIAL PHENOMENA

1536 Connecticut Avenue N. W.

Washington 6, D. C.

North 7-9434

REPORT ON UNIDENTIFIED FLYING OBJECT(S)

This form includes questions asked by the United States Air Force and by other Armed Forces' investigating agencies, and additional questions to which answers are needed for full evaluation by NICAP.

After all the information has been fully studied, the conclusion of our Evaluation Panel will be published by NICAP in its regularly issued magazine or in another publication. Please try to answer as many questions as possible. Should you need additional room, please use another sheet of paper. Please print or typewrite. Your assistance is of great value and is genuinely appreciated. Thank you.

1. Name _____ Place of Employment _____
 Address _____ Occupation _____
 Education _____
 Telephone _____ Special Training _____
 Military Service _____
2. Date of Observation _____ Time _____ AM _____ PM _____ Time Zone _____
3. Locality of Observation _____
4. How long did you see the object? _____ Hours _____ Minutes _____ Seconds _____
5. Please describe weather conditions and the type of sky; i.e., bright daylight, nighttime, dusk, etc. _____
6. Position of the Sun or Moon in relation to the object and to you. _____
7. If seen at night, twilight, or dawn, were the stars or moon visible? _____
8. Were there more than one object? _____ If so, please tell how many, and draw a sketch of what you saw, indicating direction of movement, if any. _____
9. Please describe the object(s) in detail. For instance, did it (they) appear solid, or only as a source of light; was it revolving, etc? Please use additional sheets of paper, if necessary. _____
10. Was the object(s) brighter than the background of the sky? _____
11. If so, compare the brightness with the Sun, Moon, headlights, etc. _____
12. Did the object(s) — _____ (Please elaborate, if you can give details.)
 a. Appear to stand still at any time?
 b. Suddenly speed up and rush away at any time?
 c. Break up into parts or explode?
 d. Give off smoke?
 e. Leave any visible trail?
 f. Drop anything?
 g. Change brightness?
 h. Change shape?
 i. Change color?
13. Did the object(s) at any time pass in front of, or behind of, anything? If so, please elaborate giving distance, size, etc, if possible. _____
14. Was there any wind? _____ If so, please give direction and speed. _____
15. Did you observe the object(s) through an optical instrument or other aid, windshield, windowpane, storm window, screening, etc? _____ What? _____
16. Did the object(s) have any sound? _____ What kind? _____ How loud? _____
17. Please tell if the object(s) was (were) — _____
 a. Fuzzy or blurred.
 b. Like a bright star.
 c. Sharply outlined.