Note to observer: In filling out this form, please be as complete and accurate as possible. Some of the information asked for may not apply to your sighting or may be unavailable to you. In such cases, please indicate.

II. ENVIRONMENTAL SITUATION

1. What was your exact location when you observed the UFO(s)? (Include the name of the city or town you were in, or the distance to the nearest city or town.)

2. What was the date? _____

3. How long did you observe the object(s)? Hours: _____ Minutes: _____ Seconds: _____

   From _____ A.M. _____ P.M. _____ ZONE (When FIRST seen)

   To _____ A.M. _____ P.M. _____ ZONE (When LAST seen)

4. Assuming you had stayed in one place, what is the longest time you COULD HAVE OBSERVED the UFO(s)?

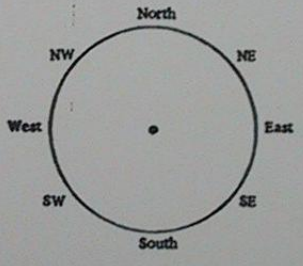
   Hours: _____ Minutes _____ Seconds: _____

5. How did you first happen to notice the object(s)?

6. What had you just been doing?

7. A. In what direction did you FIRST see the Object(s)? (Indicate this in the diagram by drawing an arrow from the center of the circle (observer's position) to the point on edge representing the object's position. Label this point No. 1.

   B. In what direction did you LAST see the object(s)? (Indicate by drawing a second arrow labeled No. 2.)



8. Estimate the MINIMUM distance and altitude of the object(s) from you and how you determined this measurement.

   a. distance: b. altitude:

9. Estimate the elevation (in degrees) of the object(s) in the sky. Mark position on the dotted line in the diagram. If elevation of object changed, please mark BOTH highest position and lowest position.