43. Please give names and addresses of other witnesses, if any. Indicate relationship of witnesses to you, if it exists, and whether their sightings occurred before, during or after yours.

44. Have you seen other objects of an unidentified nature?_____ If so, use separate forms or attached pages to describe these sightings.

45. Please enclose photographs, motion pictures, news clippings, notes of radio or television programs (include time, station and date, if possible) regarding this or similar observations or any other background material. IF PHOTOGRAPHS OR MOTION PICTURES ARE ENCLOSED, BE SURE TO INCLUDE ALL INFORMATION ON CAMERA TYPE, FILM TYPE, FILTERS, CAMERA SETTINGS, WHERE DEVELOPED, ETC. ORIGINAL NEGATIVES ARE NECESSARY FOR PHOTOGRAPHIC ANALYSIS. If you wish to have items returned to you, please indicate.

46. Have any other groups or individuals interviewed you? If so, please give names and date of interview.

Please give the following information about yourself:

FULL NAME: _____ AGE: _____ SEX _____

ADDRESSES _____ TELEPHONE - HOME _____

BUSINESS: _____

PLACE OF EMPLOYMENT: _____

_____

_____

OCCUPATION:

EDUCATION:

MILITARY SERVICE:

SPECIAL TRAINING OR EXPERIENCE:

You may use my name in connection with this report: ☐

Prefer my name kept confidential: ☐

Date of filling out of this report: _____

Signature: _____