CAPRO

THE CANADIAN AERIAL PHENOMENA RESEARCH ORGANIZATION
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REPORT ON UNCONVENTIONAL AERIAL OBJECTS

1) Where were you when you saw the object(s)?

(a) Nearest postal address_____.
(b) City or town_____.
(c) Province or state_____.

2) When did you see the object(s)?

Day_____ Month_____ Year_____

3) Time of day: Hour_____ Minute_____ A.M. or P.M. (circle one).

4) How long was (were) the object(s) in sight? (total duration)

Hours_____ Minutes_____ Seconds_____

(a) Certain (b) Fairly certain (c) Not sure (d) A guess

5) What was the condition of the sky? (Circle one)

DAY: (a) Bright (b) Cloudy NIGHT: (a) Bright (b) Cloudy

6) What was the appearance of the object? (Circle one).

(a) Solid (b) Transparent (c) Vapor (d) As a light
(e) Don't remember.

7) Were the edges of the object(s) (Circle one)

(a) Fuzzy or blurred (b) Like a bright star (c) Sharply outlined
(d) Don't remember (e) Other_____

8) Did the object (s) (Circle one for each question)

(a) Appear to stand still at any time YES NO DON'T KNOW

(b) Suddenly speed up and rush away at any time YES NO DON'T KNOW

(c) Break up into parts or explode YES NO DON'T KNOW

(d) Give off smoke YES NO DON'T KNOW

(e) Change shape YES NO DON'T KNOW