AR-9-70

PROJECT SECOND STOREY

Sighting Report

(A Separate form is to be used for each observer).

A. Details of observer.

1. Name of observer:

Surname:.....Initials.....

2. Address of observer:

.....
Number Street City

.....
Province

3. Occupation and previous relevant experience:

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4. Age Group:.....

5. Has observer seen "flying objects" before, and if so, briefly, when, where, and circumstances:

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6. Was observer wearing glasses?

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B. Details of Observation

7. Date and local time:

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8. Position of observer as accurately as possible:

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9. General description of sighting:

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