UFOS Northwest UFO Report Form

Note: All Witness Names are Considered Confidential. Witness Names Are Not Included in Any Reports Without Prior Permission. Sometimes Witness Names Are Shared With Other Investigators.

Mail This Form To:

UFOs Northwest PO Box 4926 Helena, MT 59604-4926

Or Fax to: 866-903-1960

Contact Information (Each Witness Should Fill Out Separate Form). Please Print or Write Clearly.

Name:	
Address:	
City:	
State:	
Zip Code:	
Country:	
Phone:	
Email:	

Sighting Location:

Date of Sighting (Year, month, day):	
Begin Time of Sighting Please Indicate Time Zone and AM or PM):	
Length of Sighting (minutes, hours):	
Address or Nearest Cross Street:	
City:	
State:	
Country:	

Sighting Details:

Number of Witnesses Besides Yourself: _	
How Long Did You Observe Sighting? _	
Direction Sighting First Observed? (Use Cardinal Directions Like Northeast,	
South-Southwest, North, etc)	
What Was the Angle Above The Horizon _	
When Object First Observed? (30 Degrees Is 1/3 From Horizon, 45 Degrees is 50%	
Up, and 90 Degrees is Straight Up.)	
Direction Sighting Last Observed?	
(Use Cardinal Directions Like Northeast, South-Southwest, North, etc)	
What Was Direction of Movement of	
Object? (Use Cardinal Directions)	
What Were You Doing When You Became _	
Aware of the Sighting?	
How Did You Lose Sight of the Object? _	
What Was the Shape of the Object? $_$	
What Were the Colors of the Object? _	
What Was The Size of Object Compared	
To Something Held at Arms' Length (Like A Pea, Baseball, Etc)?	
What Were Weather Conditions at The Time of Your Sighting (Cloudy, Clear,	
Raining, etc)?	
List Any Other Details About the Sighting:	

Make Sketch of Sighting Below (Include Colors if Possible). Use Extra Paper if Necessary. Attach any Photos or Videos (Tape or DVD Format) With This Report.