# UFO DEBRIEF FORM

| DATE: | INVESTIGATING OFFICER: | |
|---|---|---|
| DATE AND TIME OF SIGHTING: | TYPE OF SIGHTING:<br>☐ VISUAL ☐ RADAR | GEOGRAPHICAL LOCATION: |

DESCRIPTION OF SIGHTING (ACTION OF CRAFT):

| DESCRIPTION AND CHARACTERISTICS OF CRAFT: | TOP VIEW: | FRONT VIEW: |
|---|---|---|
| | BOTTOM VIEW: | SIDE VIEW: |

SECONDARY EFFECTS DURING OR SHORTLY AFTER SIGHTING:

| | | |
|---|---|---|
| ☐ ELECTROMAGNETIC INTERFERENCE | ☐ SKIN BURNS | ☐ MEMORY LOSS |
| ☐ TIME LOSS | ☐ BRUISING | ☐ TELEPATHY |
| ☐ LACERATIONS | ☐ NAUSEA | ☐ OTHER (DESCRIBE BELOW) |
| ☐ TRAUMA | ☐ RADIATION | |

OTHER SECONDARY EFFECTS:

SIGNED ..... DATE .....

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