



VICTORIAN U.F.O. RESEARCH SOCIETY INC.

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SIGHTING REPORT FORM

INSTRUCTIONS: Please complete the form below to the best of your knowledge. Attach additional pages of information if required.

We ask that you use only BLOCK LETTERS please when completing the form below.

PERSONAL DETAILS

If requested, the Victorian U.F.O. Research Society will keep your personal details strictly confidential.

NAME: _____

POSTAL ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE - HOME: () _____ BUSINESS: () _____

OCCUPATION: _____ AGE: _____

Do you wish your personal details given above to be kept confidential?

☐ Yes

☐ No

1. Date of sighting: _____

2. Time of sighting: _____

3. Location of sighting: _____

4. Position in the sky when **FIRST** seen:

☐ North

☐ North-West

☐ West

☐ South-West

☐ South

☐ South-East

☐ East

☐ North-East

5. Position in the sky when **LAST** seen:

☐ North

☐ North-West

☐ West

☐ South-West

☐ South

☐ South-East

☐ East

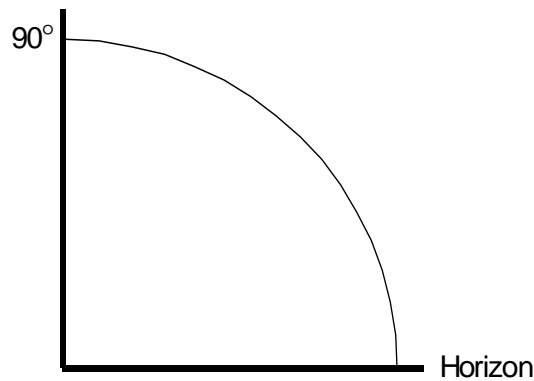
☐ North-East

6. Number of objects seen: _____

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7. Elevation of object – approximate degrees above the horizon (overhead in 90 degrees)

Please sketch below:



8. Please describe any outstanding features of the object:

- (a) Shape _____
 - (b) Colour _____
 - (c) Sound _____
 - (d) Odour _____
 - (e) Other _____
- _____

9. What was the apparent size of the object compared with for example, a coin held at arms length or the moon?

10. Are you able to give an estimate of the actual size of the object? If so, please give details:

11. What was the approximate distance between the object and you?

12. How long did the sighting last? _____ Hours _____ Minutes _____ Seconds

13. Please describe any movement performed by the object (including whether or not it passed behind or in front of any fixed objects or structures: _____

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14. What was the estimated speed of the object? _____

15. What were the weather conditions at the time of the sighting (where combinations of the following apply, please tick multiple boxes as appropriate)? :

- | | | | |
|--------------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> Fine | <input type="checkbox"/> Dull | <input type="checkbox"/> Light Cloud | <input type="checkbox"/> Heavy Cloud |
| <input type="checkbox"/> Warm | <input type="checkbox"/> Moderate | <input type="checkbox"/> Cold | <input type="checkbox"/> Dry |
| <input type="checkbox"/> Fog/Mist | <input type="checkbox"/> Light Rain | <input type="checkbox"/> Heavy Rain | <input type="checkbox"/> Moderate – Strong Wind |
| <input type="checkbox"/> Mild Breeze | <input type="checkbox"/> No Wind | <input type="checkbox"/> Other – Please Describe | |

16. Was the object viewed through any of the following? :

- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Spectacles | <input type="checkbox"/> Window of moving vehicle | <input type="checkbox"/> Telescope |
| <input type="checkbox"/> Binoculars | <input type="checkbox"/> Window of stationary vehicle | <input type="checkbox"/> Sun-glasses |
| <input type="checkbox"/> Window pane | <input type="checkbox"/> Other – Please Describe | |

17. In the space below, please sketch the object with as much detail as possible:

18. What was your reaction at seeing the object? :

- | | | | |
|--|---------------------------------|----------------------------------|-------------------------------|
| <input type="checkbox"/> Startled | <input type="checkbox"/> Afraid | <input type="checkbox"/> Excited | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Other – Please Describe | | | |

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19. Please describe the type of terrain in the area of the sighting (e.g. hilly, flat, suburbs, country etc):

20. Please describe any large bodies of water near the location of the sighting (e.g. ocean, lakes, rivers, water storage facilities etc.): _____

21. Did you see any conventional aircraft in the area immediately before, during or after the sighting?

22. What initially attracted your attention to the object? _____

23. How did the object disappear from your view? _____

24. Are you aware of any airports, military, government or research installations in the area of the sighting?

25. Did you sustain any form of physical injury or irritation as a direct result of the sighting, or from an otherwise unknown cause shortly afterwards? _____

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26. Please sketch the position of the object in the sky, showing the relative positions of familiar objects such as the sun, moon, stars etc:
27. Did the object generate an observable heat? _____
28. Did the object cause any mechanical or electrical interference (e.g. failure of automotive systems and/or television/radio reception)? If so, please specify:
- _____
- _____
- _____
29. How many other people do you know of witnessed the same sighting? _____
30. Please supply details of the other witnesses, if you feel at liberty to do so:

Name	Address	Phone No.

31. Please state the highest level of education that you have attained. If you are a graduate of a tertiary institution, please give details of your qualification and the institution it was obtained from: _____

32. Have you reported this sighting to any other investigative organisations or individuals? If so, please specify: _____

33. Please provide an additional remarks which you feel are relevant to your sighting: _____

34. Date of filling out this report: _____

35. Signature: _____