



MAPIT

MANCHESTER'S ASSOCIATION OF PARANORMAL

UFO REPORT FORM

PLEASE RETURN FORM TO:-

FOR OFFICE USE ONLY:-

CASE REF No.....

IN ASSOCIATION WITH SEP
THE
SCIENTIFIC ESTABLISHMENT
OF PARAPSYCHOLOGY

PLEASE COMPLETE THE RELEVANT SECTIONS BELOW.

Full Name :

Full Address (Including Postcode) :

Telephone No. & Dialling Code :

Date of Birth :

Technical / Academic Qualifications :

Have you reported your experience to any other organisation :

Occupation :

REPORTING A UFO INCIDENT :

Date of Incident :

Time of Incident :

How many witnesses :

Location of Incident :

Nearest Town :

How many Objects / UFOs seen :

Observation Length :

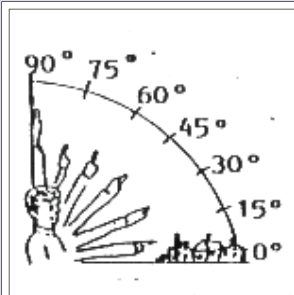
Colour of UFO :

Were there any Unusual Odours :

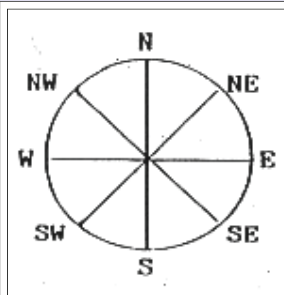
How many UFOs seen :

Were there any Unusual Sounds :

Witnessed a UFO before ? :



Write an 'A' on the curved line in the Diagram, to show the altitude of the object / s above the horizon when you first noticed it / them and a 'B' when you last noticed it / them.



Write an 'A' on the outside edge of the compass shown in the Diagram, to indicate the direction in which you first observed the object / s and a 'B' when you last saw it / them.



Please tick any appropriate boxes, that best describes the weather conditions at the time of the UFO Sighting or Experience.

Windy	<input type="checkbox"/>	Breezy	<input type="checkbox"/>	Still	<input type="checkbox"/>	Hot	<input type="checkbox"/>	Warm	<input type="checkbox"/>
Mild	<input type="checkbox"/>	Cool	<input type="checkbox"/>	Cold	<input type="checkbox"/>	Freezing	<input type="checkbox"/>	Sunny	<input type="checkbox"/>
Overcast	<input type="checkbox"/>	Clear	<input type="checkbox"/>	Raining	<input type="checkbox"/>	Dry	<input type="checkbox"/>	Stormy	<input type="checkbox"/>
Snowing	<input type="checkbox"/>	Fog / Mist	<input type="checkbox"/>	Other	<input type="checkbox"/>				

Do you object to the publication of your name :

Did anyone Photograph or Film the UFO / s :

How did the object / s disappear from view :

Would it be possible for a MAPIT Representative to interview you :

How often do you use a mobile phone :

REPORTING A UFO INCIDENT (CONTINUED) :

The UFO was as bright as :	The Sun :	<input type="checkbox"/>	The Moon :	<input type="checkbox"/>	A Star :	<input type="checkbox"/>	Other :	<input type="checkbox"/>
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Was there any loss of sound during your UFO sighting / experience ?

What first brought your attention to the UFO / UFOs ?

What was your reaction to the UFO sighting / experience ?

What was the main feature of this incident which made you feel that it was not natural ?

Do you want the information on this report form to remain confidential ?	Yes :	<input type="checkbox"/>	No :	<input type="checkbox"/>	Unsure :	<input type="checkbox"/>
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Are there other witnesses to your sighting / experience ? (If so, can you please give details)

Witness 1 :

Full Name :

Address :

Witness 2 :

Full Name :

Address :

Witness 3 :

Full Name :

Address :

Were there any electrical or mechanical interference ?

Were there any unusual affects on plants of animals ?

Did the UFO appear to be at ground level at any time ?

Were there any aircraft visible at the time of your UFO sighting / experience ?

How far away would you say the UFO was ?	10 Yards :	<input type="checkbox"/>	50 Yards :	<input type="checkbox"/>	150 Yards :	<input type="checkbox"/>	Over 150 Yards :	<input type="checkbox"/>
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Were there others with you during your UFO sighting or experience that claim to have witnessed nothing ?

Were you aware of the passage of time during your sighting or experience ?

Did you at anytime witness a UFO entity or being ?

Do you suffer from noise bleeds, headaches, convulsions, migraines, paralysis, phobias or insomnia ? (If yes, please give details)

Was the UFO sighting near any reservoirs, rock formations, overhead pylons, generators or substations ?

Have you ever been visited by a government official in regards to you UFO sighting or experience ?

Was the UFO sighting or experience near any military facilities or civilian airports ?

Witnesses Signature :	Today's Date :
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PLEASE USE THE SPACE BELOW FOR ADDITIONAL INFORMATION.

A large rectangular area with horizontal dotted lines for writing.

IF NOT STATED ON THE FRONT PLEASE RETURN YOUR FORM TO THE ADDRESS BELOW

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Each investigator is trained before going out into the field.
MAPIT is an objective research organisation. Regressive hypnosis is not used under any circumstances.

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