



Unidentified Aerospace Phenomena Sighting Report Form

Please be as accurate and complete as possible, the more information we can gather the more comprehensive our analysis will be. Please send completed form and any relevant photos or audio/video clips electronically to: contact@UAPreporting.org. Thank you in advance for your time and valuable input.

1. Contact information:	
Name:	
E-mail:	
Full Street Address:	
Phone (home or work):	
2. Date, Time and Duration of sighting:	
3. Observation location: (Please provide your location and if possible the geographical coordinates and description):	
4. Were there other witnesses?	
5. Was this sighting reported (Police, press)?	
6. Meteorological conditions: (temperature, wind, type of sky, moving clouds, humidity)	
7. How was the UAP observed? (naked eye, binoculars, camera)	
8. How and from which direction in which did you first observe the UAP?	
9. Estimated elevation (in degrees) in the sky and distance from you:	
10. Description of the UAP: (shape, colour, size, consistency, brightness, changes in these)	
11. Description of UAP movements:	
12. Did the phenomena make any sound, produce heat, appear to affect any mechanical or electrical devices?	
13. Did the phenomena left any physical evidence of its presence (e.g. burns, disturbed ground, wreckage)?	
14. Were any pictures or videos made or any samples taken?	
15. Remarks (Additional comments or relevant details and your own assessment of the sighting):	

PERSONAL ACCOUNT (Please describe in your own words the sighting as you experienced it)

DRAWING: (Please provide, if possible, a basic sketch of what you observed)