

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
322 Andesite Avenue, Unit A
Helena, MT 59602

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.