

SIGHTING QUESTIONNAIRE ELECTRICAL/MAGNETIC CASES FORM 3

CASE NUMBER: _____

DATE: ____/____/____

IDENTIFICATION OF ITEM(S) AFFECTED

Radio ___ Television ___ Computer ___ Digital Camera ___ Video Cam ___ GPS ___ iPod Type ___ Telephone ___ Cell Phone ___
 Hearing Aid ___ Fuse ___ Lights ___ Circuit Breaker ___ Wire ___ Compass ___ Clock ___ Watch ___ Battery Function/Charge ___
 Automobile ___ Motorcycle/ATV/Seadoo Etc. ___ Airplane ___ Helicopter ___ Other: _____

RADIO/RADAR EQUIPMENT

Equipment: Manufacturer _____ Model _____ Year _____ Fixed ___ Portable ___ Mobile ___ Receiver/Scanner ___ Transmitter ___
Power Source: AC ___ DC ___ Generator ___ Battery ___ Solar ___ Other _____ **Voltage:** 240v ___ 120v ___ 12v ___ 9v ___ Other _____
Operating Mode: AM ___ FM ___ HF ___ VHF ___ UHF ___ Station/Frequency _____
Antenna Type: Internal ___ External ___ Cable ___ Wireless ___ Satellite Dish ___ Repeater ___ **Describe Location:** _____
Interference Type: Static ___ Hum ___ Steady ___ Oscillation ___ Familiar Tone - Sounds Like _____ Frequency/Pitch _____
Interference Extent: Total ___ Partial ___ Intermittent ___ Intermittent Period _____ Any Other Description: _____
Operation of Equipment: Prior to UFO Sighting/Describe _____ During _____ After _____

VEHICLES/ENGINES/MOTORS

Manufacturer: _____ **Model:** _____ **Year:** _____ **Ownership:** Private ___ Commercial ___ Government ___
Engine: Gasoline ___ Diesel ___ Electric ___ Propane ___ Hybrid ___ Propeller ___ Jet ___ Other _____
Engine Data: Number of Cylinders _____ Other Configuration _____ Water Cooled ___ Air Cooled ___ Other _____
Ignition/Electrical: (Old) Standard ___ Electronic ___ **Voltage:** 48v ___ 36v ___ 24v ___ 12v ___ 6v ___ Other _____
Ignition Switch: **During Event-** On ___ Off ___ Could Re-Start ___ Could Not Re-Start ___ **After Event-** On ___ Off ___ Could Re-Start ___ Could Not _____

Effects Noted: Number Sequentially In-Order-of-Occurrence If More Than One Event Took Place

Exterior Lights: **During Event-** On ___ Off ___ Dimmed ___ Pulsated ___ **After Event-** On ___ Off ___ Dimmed ___ Pulsated ___
Interior Lights: **During Event-** On ___ Off ___ Dimmed ___ Pulsated ___ **After Event-** On ___ Off ___ Dimmed ___ Pulsated ___
Dash Lights: Analog ___ Digital ___ **During Event-** On ___ Off ___ Dimmed ___ Pulsated ___ **After Event-** On ___ Off ___ Dimmed ___ Pulsated ___
Engine Performance: **Prior to Event-** Good ___ If Not Good Describe _____
During Event - Describe _____
After Event - Describe _____
Battery Condition: **Prior to Event-** Good ___ Fair ___ Poor ___ Other _____
After Event - Good ___ Fair ___ Poor ___ Other _____

OTHER AFFECTED ITEMS:

House Lights ___ Yard Lights ___ Street Lights ___ Electric Shock ___ Static Electricity ___ Metal Magnetized ___ Time-Piece Stopped ___ Air Glowed ___

Additional Comments: _____

Witness Signature: _____ Day: _____ Month: _____ Year: _____

You May _____ May Not _____ Use my name should this report be published or otherwise made public.