

U F O ANALYSIS SHEET

DATE _____ LOCATION _____

DATE TIME GROUP LOCAL _____ GMT _____

PHOTO YES _____ NO _____ PHYSICAL SPECIMEN YES _____ NO _____

SOURCE MILITARY _____ CIVILIAN _____ TYPE OF OBSERVATION _____

LENGTH OF OBSERVATION _____ NUMBER OF OBJECTS _____ COURSE _____

SATELLITE: IN ORBIT: VERIFY YES: NO: DECAY: _____

ASTRONOMICAL PHENOMENA _____

METEOR _____

STAR OR PLANET _____

OTHER _____

AIRCRAFT _____

BALLOON _____

INSUFFICIENT DATA _____

OTHER _____

REFLECTION _____ INVERSION PRESENT _____ PHOTO ANALYSIS _____

SUN DOG _____ LENTICULAR CLOUD _____ PHYSICAL SPECIMEN ANALYSIS _____

BRIEF SUMMARY OF SIGHTING:

EVALUATION: CASE CATEGORY: _____

CONCLUSION: