QUESTIONNAIRE

STANDARD

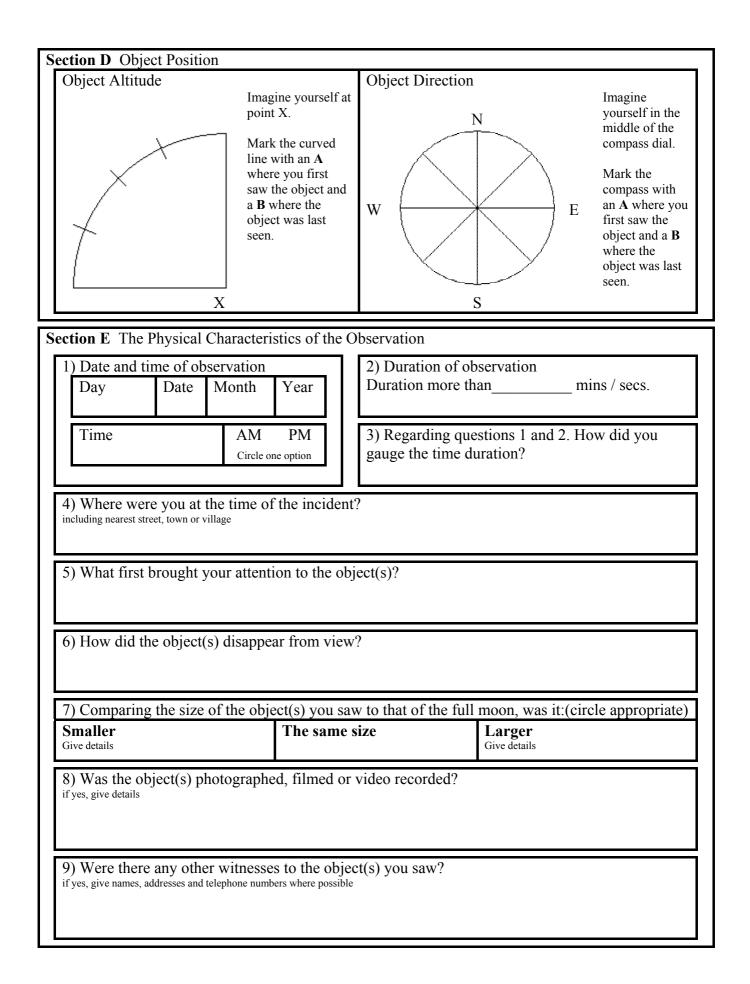
Case Title					
Case Summary (To be completed by Investigator only)					
BUFORA Reference Investigator Reference	I	Investigation Complete			
		YES	NO	ON-GOING	
Investigator(s)					
Classification Data system used Primary Case Date					
Primary Location Using OS grid reference when possible	Primary Case Time (GMT/ BST/ LOCAL) using 24 hour clock				
Evaluator Evaluation	n				
Section A Biographical Summary					
Full Name Mr/Mrs/Miss/Ms		D	ate of Bir	th	
			-11	NT -	
Address			elephone	NO.	
Postcode		E	Email		
Recent Occupation					
Professional, technical or academic qualifications					
Special Interests/ Hobbies					
Witness` Signature		D	ate		
		\neg \sqcap			

The British UFO Research Association is dedicated to the scientific study of the UFO phenomenon.

All BUFORA Investigators are bound by a strict Code of Practice which requires them to conduct all investigations in a professional manner and to respect the anonymity of the witness. A copy of the Code can be obtained on request from the following address:

BUFORA, 41 Castlebar Road, London W5 2DJ.

Section B Written Account	
Please write an account of what happened to you	
Continue on a separate sheet of paper if required	
Section C Object Characteristics	
	Please complete the following
Section C Object Characteristics	Please complete the following
Section C Object Characteristics	Please complete the following Number of objects seen
Section C Object Characteristics	
Section C Object Characteristics	Number of objects seen
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Section C Object Characteristics	Number of objects seen
Section C Object Characteristics	Number of objects seen Colour(s) of object(s) seen
Section C Object Characteristics	Number of objects seen
Section C Object Characteristics	Number of objects seen Colour(s) of object(s) seen Brightness of object(s) seen
Section C Object Characteristics	Number of objects seen Colour(s) of object(s) seen Brightness of object(s) seen Compared to the brightness of full moon
Section C Object Characteristics	Number of objects seen Colour(s) of object(s) seen Brightness of object(s) seen
Section C Object Characteristics	Number of objects seen Colour(s) of object(s) seen Brightness of object(s) seen Compared to the brightness of full moon Sound of object(s) seen
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Section F Other Characteristics Relating to the Observation

10) Did you, or the surrounding environment, suffer any physical effects which you consider to be attributable to the object(s) seen?

11) Were you aware of the passage of time around the time of the observation? If no, describe

12) If you have had any other unusual experiences in your life describe them. You may feel unable to describe such events: if so, please indicate that there are matters you wish to discuss in a meeting with the investigator.

13) Other than the event you have reported, did anything else odd or out of place occur around the time of the observation? If yes, describe

14) Did any other witnesses experience anything in relation to questions 10, 11, 12 and 13? If yes, describe

Section G Prevailing Weather during your observation

i) Clarity of atmosphere	Clear	Hazy	Foggy			
ii) Cloud cover	None	Quarter	Half	Three Quarter	Total	
iii) Atmosphere temperature	Freezing	Cold	Cool	Mild	Warm	
iv) Precipitation	Dry	Rain	Snow	Lightning	Other:	
v) Wind strength	Still	Breeze	Strong Wind	Gale Force		
vi) Visible astronomical objects	Stars	Moon	Sun	Aurora Borealis	Shooting Stars	

Thank you for completing this questionnaire. Now please return it to your investigator at the address provided.

If you require guidance in answering any questions included in this questionnaire, please contact your investigator.

Investigators Address: Gloria Heather Dixon Bufora Investigations, 14 Longhirst Drive, Wide Open, Newcastle-Upon-Tyne NE13 6JW