

IRAAP Preliminary Report Form

Send completed reports to: reports@iraap.org



1. Date reported: _____ Time: _____
2. Date of occurrence: _____ Time: _____
3. Nature of report: UFO Apparition Animal Other: _____
4. Witnessed by: Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Business Phone: (____) _____
5. Additional Witnesses:
 - a. Name: _____ Address: _____
Phone: (____) _____
 - b. Name: _____ Address: _____
Phone: (____) _____
 - c. Name: _____ Address: _____
Phone: (____) _____
6. Geographic location of incident:
Nation: _____ State/Province: _____
County: _____ Nearest City/Town: _____
7. Exact location (Road/Nearest landmark, etc.) [Example: Near mile marker #71 on I-35]

8. Is there an Airport/Air Base/Military Base within a radius of 10 miles?
 Yes No. If "yes," name of facility: _____
9. Estimated distance from observer's location to Subject being reported:

10. How many Subjects were there? _____
11. Describe the Subject(s) in detail (if more space is needed, continue at end of form):

12. Was/were the Subject/s moving? Yes No

If moving, in what direction? N S E W NE NW SE SW

Elevation: _____

Azimuth: _____

13. How long did the incident last? Seconds Minutes Hours

14. Were any sounds associated with the incident? Yes No

Any odors? Yes No

If "yes," describe: _____

Were any other physical attributes associated with the event? _____

15. Summary of what happened (continue at end of form if necessary):

16. Background of witness: _____

17. Any other information you believe would be useful? _____

18. Does witness wish name to be kept confidential? Yes No

19. Signature of witness: _____

Date: _____

20. Investigator's name (print): _____

Investigator's signature: _____

Date: _____

Use space below for additional information: