

IRAAP Report Number: \_\_\_\_\_  
(assigned by head office)

Independent Researchers' Association for Anomalous Phenomena  
P.O. Box 12233 Albany, NY 12212-2233



## Preliminary Report Form

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: (\_\_\_\_) \_\_\_\_\_ Bus. 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 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. Witness' background: \_\_\_\_\_  
\_\_\_\_\_

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: