PLEASE SEND TO YOUR NEAREST AIR FORCE BASE

DATE: _____

TIME OF SIGHTING: _____

SIZE: _____

SHAPE: _____

CONFIGURATION: _____

SPEED: _____

ALTITUDE: _____

DIRECTION OF TRAVEL: _____

MANEUVER PATTERN: _____

COLOR: _____

SOUND: _____

LENGTH OF TIME OBSERVED: _____

SKY CONDITIONS: _____

VISIBILITY: _____

GROUND DIRECTION OF WIND: _____

NAME, AGE, MAILING ADDRESS OF OBSERVER: _____

_____

REMARKS: (General description of what you saw) (use back if necessary)

_____

_____

_____

_____

_____

_____

_____

_____