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TENTATIVE
OBSERVERS DATA SHEET

Where Choice is Given, Circle Proper Answers, or Insert Answer

1. Date of your observation: _____ Day _____ Month _____ Year

2. Date you reported the observation: _____ Day _____ Month _____ Year

3. What time was it when you sighted the object: _____ Hours _____ Minutes

A.M. P.M. Daylight Standard

Zone: Eastern, Central, Mountain, Pacific, _____ Other

4. Length of time object was observed. Estimate: _____ Hours _____ Minutes _____ Seconds

5. Where observed:

_____ Postal Address _____ City or Town _____ State _____ Country

6. Where were you at time of observation:

Inside building, In Car, Outdoors, _____ Other

7. Were you moving at any time during this sighting: _____ Yes or No

8. Did you stop at any time during this sighting: _____ Yes or No

9. If you were moving - give _____ Direction and _____ Speed miles per hour.

10. How was object observed: Naked eye
Eye glasses
Other glass (Window or Windshield)
Binoculars, Telescope, Theodolite
Other _____

11. How did you happen to notice the object: _____

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