SECTION E

26. Was this the first time that you have seen an object like this?

(Circle One): Yes or No

26.1 IF you answered NO, then when, where, and under what conditions did you see other ones? _____

_____

_____

27. In your opinion what do you think the object was and what might have caused it?

28. Give the following information about yourself:

NAME _____ (Last Name) _____ (First Name) _____ (Middle Name)

ADDRESS _____ (Street) _____ (City) _____ (Zone) _____ (State)

TELEPHONE NUMBER _____

What is your present job? _____

Age _____

Sex _____

29. Was anyone else with you at the time you saw the object?

(Circle One): Yes or No

29.1 IF you answered YES, did they see the object too?

(Circle One): Yes or No

29.2 Please list their names and addresses: