UNCLASSIFIED

TENTATIVE
OBSERVERS QUESTIONNAIRE

SECTION A

1. When did you see the object:

1.1 Date: _____ Day _____ Month _____ Year

1.2 Time of Day: _____ Hrs. _____ Min. A.M. or P.M. (Circle One)

1.3 Time Zone: (Circle One):

a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other _____

(Circle One): a. Daylight Saving
b. Standard

1.4 Circle one of the following to indicate how certain you are of your answer to the above question 1.2:

a. Certain
b. Fairly certain
c. Not very sure
d. Just a guess

2. Where were you when you saw the object:

_____ Postal Address _____ City or Town _____ State _____ Country

Additional Remarks: _____

3. Where were you located when you saw the object:

(Circle One): a. Inside a building
b. In a car
c. Outdoors
d. In an airplane
e. At sea
f. Other _____

3.1 Were you:

(Circle One): a. In the business section of a city?
b. In the residential section of a city?
c. In open countryside?
d. Flying near an airfield?
e. Flying over a city?
f. Flying over open country?
g. Other _____

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