



Case Number: _____

Shadow Research, Inc.

ANIMAL MUTILATION EVENT FORM

Investigator: First _____ Middle _____ Last _____

WITNESS INFORMATION

First _____ Middle _____ Last _____ Age _____

Address _____ City _____ State _____ Zip _____

Country _____ Phone 1 _____ Phone 2 _____

Email Address _____ Occupation _____

Additional information about yourself that you would like to share: _____

WEATHER INFORMATION

Circle all that apply to the weather conditions.

Precipitation	Wind	Clouds	Temperature
a. Rain	a. None	a. None (Clear)	a. Cool
b. Sleet	b. Slight Breeze	b. Scattered	b. Cold
c. Snow	c. Strong Wind	c. Overcast	c. Below Freezing
d. Hail	d. Cold	d. Heavy	d. Warm
e. None	e. Warm	e. _____	e. Hot
f. Fog	f. Hot		f. _____
g. _____	g. _____		

Other weather events Additional detail about the weather that you would like to add: _____

a. Humid _____

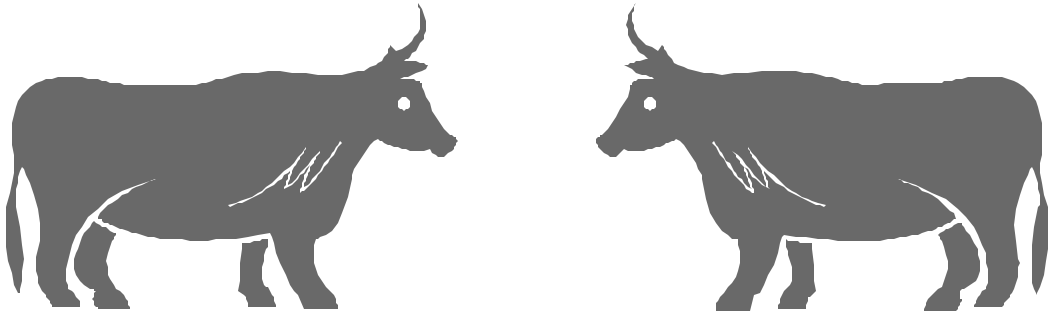
b. Lightning _____

c. _____

SIGHTING ACCOUNT

Please write an account of what you observed. You may repeat information that you already used in this form. Please try to present information in the order in which the events occurred. Please make an additional sketch and add details such as trees, roads, landscapes, buildings or other items in the area.

UFO EVENT INFORMATION



In the above illustration point or circle the areas that have been subject to the mutilation. Number each area and then write next to the number the details.

Was there any unusual lights or objects seen in the area of the mutilation? Yes No If yes, explain: _____

If an unusual object was seen, please sketch what it looked like.

Was there any helicopters or other unusual vehicles near the location? Yes No If yes, explain: _____

Any other details that you would like to share: _____

Name: _____ Signature: _____ Date: _____

Yes you can use my name () No, I do not want my name to be used ()