



PO Box 88, Algonac, MI 48001 USA / www.shadowresearch.com

Case Number:	<input type="text"/>
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Skyquake / Explosion Form

Title:	<input type="text"/>
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1) Witness Information

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Age:	<input type="text"/>
Telephone:	<input type="text"/>
Email:	<input type="text"/>
Occupation:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State/Prov.	<input type="text"/>
Zip Code:	<input type="text"/>
Country:	<input type="text"/>
Professional, technical or academic qualifications:	<input type="text"/>
Special Interests / Hobbies:	<input type="text"/>
Where there additional witnesses to this event?	Yes No
List additional witness information: Names and contact information.	<input type="text"/>

2) Case Information (To be filled out by SRI Investigator)

Investigator:	<input type="text"/>
Classification:	<input type="text"/>
Longitude:	<input type="text"/>
Latitude:	<input type="text"/>
Event Time:	<input type="text"/>
Event Date:	<input type="text"/>
Investigation:	In-Person Phone Mailed Online

4) General Information

Date of the event:	Year: _____ Month: _____ Day: _____
Time of the event:	Time: _____ AM PM Time Zone: _____
City of the event:	
State / Prov. of the event:	
Country:	
How long did the sound last?	
Did you feel an actual vibration associated with the sound? Explain.	
How many sounds did you hear and how close together were they?	
Describe the explosion and what type of sound would you compare it with.	
Is there a military or government installation close by? If yes, explain.	
Did you see anything in the sky that you feel might be associated with this noise? Explain.	
Did you record the sound that you heard? If yes, explain.	
Did you experience any equipment or power failure? Before, during or after the event? Explain.	
Was there any media coverage of this formation? Explain.	
Is there any addition information concerning this event that you would like to share? Explain.	

7) Weather Information

Precipitation	Rain Sleet Snow Hail Fog Mist None
Wind	None Breeze Strong Wind
Clouds	Clear Scattered Overcast Heavy
Temperature	Cool Cold Freezing Mild Warm Hot
Other Weather Events:	Thunderstorm Lighting Monsoon Hurricane Snowstorm

8) Witness Signature / Authorization

Witness Signature:	Date: _____
May we use your name in this report?	Yes No
May we give a brief overview of this sighting to be placed on the Shadow Research website. No personal	