



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

Case Number:	<input type="text"/>
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# ABDUCTION EVENT FORM

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

First Name:	<input style="width: 75%;" type="text"/>
Last Name:	<input style="width: 75%;" type="text"/>
Age:	<input style="width: 75%;" type="text"/>
Telephone:	<input style="width: 75%;" type="text"/>
Email:	<input style="width: 75%;" type="text"/>
Occupation:	<input style="width: 75%;" type="text"/>
Address:	<input style="width: 75%;" type="text"/>
City:	<input style="width: 75%;" type="text"/>
State/Prov.:	<input style="width: 75%;" type="text"/>
Zip Code:	<input style="width: 75%;" type="text"/>
Country:	<input style="width: 75%;" type="text"/>
Professional, technical or academic qualifications:	<input style="width: 75%;" type="text"/>
Special Interests / Hobbies:	<input style="width: 75%;" type="text"/>
Where there additional witnesses to this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List additional witness information: Names and contact information.	<input style="width: 75%;" type="text"/>

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

Investigator:	<input style="width: 75%;" type="text"/>
Classification:	<input style="width: 75%;" type="text"/>
Longitude:	<input style="width: 75%;" type="text"/>
Latitude:	<input style="width: 75%;" type="text"/>
Event Time:	<input style="width: 75%;" type="text"/>
Event Date:	<input style="width: 75%;" type="text"/>
Investigation:	<input type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Mailed <input type="checkbox"/> Online





### 5) Before Abduction Event

The following questions pertain to the onset of the experience.

Did you smell anything before the event? Explain.	
Did you notice any sound or lack of sound before the event? Explain.	
Did you notice any taste before the event? Explain.	
Did you see anything unusual or "out of sorts" before the abduction event? Explain.	
Did you "sense" anything before the event. Explain.	
Please provide any additional information about the onset of your abduction event.	
Was there a power failure or power interruption? Explain	
If you have animals or pets how did they act? Explain.	
Was there other people near you? How did they respond? Explain.	

**6) During the abduction**

The following questions are directed toward what occur during the abduction experience..

Did you notice any smell during the event? Explain.	
Did you notice any sound or lack of sound during the event?. Explain.	
Did you notice any taste during the event? Explain.	
Did you travel through any walls, furniture, etc, Explain	
Was there communication between you and the entities?	
How was the communication made?	Verbal "Mind to Mind" Written Other
Explain the what was communicated to you.	
Did you perform any tasks while abducted? Explain	
Were you shown any visions or images during the abduction. Explain.	
Did you see any other humans during your abduction? Explain.	
Did you see any military people during your abduction? Explain.	
What procedures do you remember being performed on you? Please list and explain in as much detail as possible.	

## 7) Post Abduction Information

The following questions are directed toward what occur after the abduction experience.

How were you taken back to your starting location before the abduction? Explain.	
Where you aware of the passage of time? How much time did you lose?	
Did you feel this was a positive or negative experience? Explain.	
Did you experience any "odd" occurrences after the abduction, such as unusual noises in our around your house?	
Where you contacted by any agency or military personnel after your experience?	
Have seen balls of light or flashes of light in your home or other locations	
Have you had dreams of UFOs, beams of light or alien beings?	
Have had a UFO sighting or sightings in your life?	
Have a strong sense of having a mission or important task to perform without knowing where this compulsion came from?	
Have had unusual nose bleeds at any time in your life?	
Have inexplicably strong fears or phobias? Explain.	
Have been suddenly compelled to drive or walk to an out of the way or unknown area?	
Please list any other information which you think may be important to disclose.	

### 8) Entity Information

Did you see any entities?	
How many entities did you encounter?	
If yes, please describe in as much detail as possible.	
Describe the clothing the entities wore.	
Describe any insignia on the clothing that you may have seen.	

Sketch a picture of the entity:

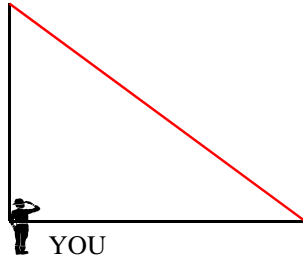


### 9) Craft (UFO) Information

Did you see a UFO or craft that you may have been taken to?

YES      NO  
If you answer yes, please fill out the craft (UFO) information on the following pages. Otherwise leave them blank.

### 10) Object Position



Place a number "1" on the red line (diagonal) where you first saw the object and a number "2" where the object was last seen.

### 11) Equipment List

If you were taken to the craft please list and draw any equipment, furniture or other items of interest.

Blank area for listing and drawing equipment, furniture, or other items of interest.

### 12) Picture of Object

Sketch a picture of the craft (UFO):

Blank area for sketching a picture of the craft (UFO).

**13) Craft (UFO) Information Continued . . .**

How did you first notice the object (s)?			
How did the objects disappear from view?			
Try to estimate the size of the object:			
Estimate the object (s) lowest altitude:			
Number of object (s) observed:			
Shape of object (s):			
Color of object (s):			
The edges of the object were:	Fuzzy Crisp Bright Blended into background Don't Remember Other: _____		
Did the object appear:	Solid Transparent Don't Know Other: _____		
Did the object (s) make sound? If yes, describe.			
Did you take any pictures or video of the object (s)? Explain.			
Stand still at any time?	Yes No	Speed up and rush away?	Yes No
Break up or explode?	Yes No	Give off smoke or an exhaust?	Yes No
Change brightness?	Yes No	Change shape?	Yes No
Flicker?	Yes No	Pulsate?	Yes No
Dim and then brighten?	Yes No	Did other objects depart from main object?	Yes No
Change direction abruptly?	Yes No	Fall like a leaf?	Yes No
Absorb objects?	Yes No	Did the object	Yes No
Descend?	Yes No	Ascend?	Yes No
Cast a shadow?	Yes No	Cast a light?	Yes No
Reflect light?	Yes No	Did the object spin?	Yes No

<b>14) Physical Evidence</b>	
Do you have physical effects related to the abduction, such as, round marks, straight line cuts, etc.	
Where were the physical marks made on your body.	
Describe the marks, scars, and the locations on your body.	
Did you notice any stains, blood or other substances on your clothing or furniture that you think may have been the result of this experience. If yes, explain.	
Did you take any pictures, audio or video of anything related to this abduction. If yes, explain.	
Did you notice a power outage in any of your appliances at any point of this abduction? Explain.	
<b>15) Weather Information</b>	
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 Snow-storm

*The information that you provided will remain confidential. We want to thank you for your time in completing this form and we are open for suggestions in making improvements in this form. Please contact Shadow Research, Inc., for more information or suggestions.*

<b>16) Witness Signature</b>	
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 per-	