



Pilot – Air Crew Report Form

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Print your name: _____

Leave Space below blank

Mailing Address: _____

NARCAP Date–Time Stamp

City _____ State _____ Zip _____

Telephone: (home) () _____ - _____ Hours: _____

Alternate phone: () _____ - _____ Hours: _____ :

Your Commercial License Number:

_____ : :

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Pilot Aerial Sighting Report

Rept. No. _____ - _____

All names and personal information you provide will be kept confidential unless you give specific written permission to disclose it. This information is for research purposes only.

leave blank for *NARCAP* analyst use

When completed, please return this form to:

NARCAP
P.O. Box 1241
Captain Cook, HI, 96704

Local Time (24 hr. clock): _____
Date: m _____ d _____ y _____

Receiving Site: _____

Set type: _____

Rec'd. _____

De-identified by: _____

Date: _____



Part I. DETAILS OF THE ANOMALOUS PHENOMENON:

Date of Event: _____ Local Time of Event: _____

1. Please describe what you witnessed. Be as complete as possible. (Use opposite side of page if necessary.)

2. Now draw a sketch of what you saw. If you were able to see it from two or more different angles, simply draw what you saw each time and label each sketch (A), (B), etc. to indicate the order in which you saw it. Also, draw an arrow pointing gravitationally upward and aircraft windshield struts/frames/etc.

If the Earth's horizon was visible draw it in also.

Finally, draw magnetic compass heading Tick marks across the bottom of the box and label several according to your heading--as related to your sketches.

3. Did the object (phenomenon) appear to move relative to your aircraft's window frame(s) during your sighting? (check one)

No Unsure Yes

If "yes" please use a dashed line to indicate this apparent motion in the box to the right. Mark an "a" at the location the object was first seen, a "b", "c" etc. for subsequent locations. Be sure to indicate aircraft window frame(s) if present to allow angular estimates to be made. For uneven, jerky motion, place "a", "b", "c" etc. at one-second intervals.



4. Did the object (phenomenon) appear to move relative to any stable background detail during your sighting? (check one)

No Unsure Yes

4.1 If the object appeared to move, please estimate its apparent angular velocity.

_____ Deg/
_____ Sec. Motion seen in relation to: _____

4.2 Did the object move behind in front of (circle) anything?

No Unsure Yes

4.3 Did the object (phenomenon) appear (check)

Solid Transparent Couldn't tell

4.4 Did you observe the object through (check)

Binoculars Telescope
Camera viewfinder Other _____

4.5 About how large did the object appear as compared with one of the following items held at arm's length? (Note: The equivalent visual angles are based upon an average arm-reach distance of 26").

Head of pin	Equiv. Visual Angle (0° 4.1') (Assume .031")
Pea	(0° 8.2') (Assume .062")
Dime	(1° 31')
Nickel	(1° 47')
Quarter	(2° 3.9')
Half-dollar	(2° 37')
Baseball	(6° 17')
Grapefruit	(10° 53') (Assume 5" diam)
Basketball	(20° 10')
Other: _____	

(If object changed size during the sighting, just place a "1", "2", "3", etc. at the check marks to represent the order in which the size change occurred.)

4.6 How certain are you of your answer to the previous question 4.5? (check one)

Very sure Fairly certain
Not very sure Uncertain (only a guess)

4.7 Did the object (phenomenon)? (check all that are appropriate)

(a) Change shape	No	Don't know	Yes
(b) Flicker, throb, pulse	No	Don't know	Yes
(c) Break up into parts or explode	No	Don't know	Yes
(d) Suddenly accelerate	No	Don't know	Yes
(e) Give off smoke, vapor, trail	No	Don't know	Yes
(f) Appear to stand still whole time	No	Don't know	Yes



(g) Change color(s) No Don't know Yes

(h) Appear on your aircraft's radar No Don't know Yes (If "yes" elaborate)

(i) Appear on any ground radar No Don't know Yes (If "yes" please elaborate here: _____)

4.8 Did you experience any buffeting which you think was caused by the encounter? No Possibly Yes (If "yes" elaborate)

5. How did the object first become noticed? (check all appropriate boxes)
It was already present and I happened to look at it.
Someone else saw it first: (Give name: _____)
It suddenly appeared at or near where I was looking.
It gradually faded into sight where I was looking.
Other (specify): _____

6. How did the object disappear? (check all appropriate boxes)
I looked away and when I looked back it was gone.
It suddenly disappeared from sight for no reason, i.e., it didn't pass behind a cloud, etc.
It gradually faded from sight without changing size.
It faded from sight by becoming smaller and smaller.
It faded from sight (apparently) by traveling away.
Other (specify): _____

7. What distinguishable detail(s) did you see on or nearby the object? (check all appropriate boxes)
None
Sharply defined edge(s)
Fuzzy edge(s)
Darker porthole-like areas: (Shape was _____)
Lighter intensity portholes: (Shape was _____)
Seam(s), rivets, etc.
Markings
Atmospheric effect(s): (Describe _____)



8. Did you notice anything unusual happen in the cockpit just before, during, or just after the sighting? (check one) No Unsure Yes

If "yes" describe as fully as you can.

9. What do you think made the object visible? (check all appropriate boxes)

It reflected ambient light (sun; moon) (circle)
It emitted its own light (If checked elaborate on colors, brightnesses, etc. seen)

10. Where was the Sun Moon (circle) during the sighting?

At _____ degrees elevation above the horizon, and at _____ degrees bearing relative to aircraft heading to Right Left (circle one).

11. If you experienced any physiological sensations during the sighting, check all appropriate descriptions to the right.

Eye strain due to very high brightness _____
Eye strain for any other reasons: (Explain _____)
Tingling sensation(s): (Body location _____)
Mild pain: (Body location _____)
Intense, acute pain: (Body location _____)
Heat _____

If you experienced any non-normal sensations within 24 hrs after the sighting please place an X at the right of the appropriate line(s) provided.

Odor(s) (Describe _____)
Taste(s): (Describe _____)
Sound(s): (Describe _____)
Other (_____)

12. What do you think the object (phenomenon) was? Be as precise as possible including whatever supporting facts you desire.

13. Have you ever seen anything while flying or on the ground that you thought was an unidentified flying object prior to this?

No Unsure Yes (If "yes" please give details):



Part II. AIRCRAFT FLIGHT DETAILS: (Spatial)

14. Where did you take off from?
Lat. ____° ____' ____" N S;

Airport Name (Initials): _____
Long. ____° ____' ____" E W (if known)

15. What was your intended final destination?
Lat. ____° ____' ____" N S;

Long. ____° ____' ____" E W (if known)

16. Sighting location. Where were you when you first sighted the object? Be as precise as possible.

(If appropriate, specify)

Lat. ____° ____' ____" N S;
Long. ____° ____' ____" E W

From ____ VOR ____ RADIAL ____ DME

Elaborate if necessary: _____

17. Check to indicate where you were during the sighting.

Taxi to takeoff
During takeoff
Climb to cruise altitude at (_____ ft/min)
At cruise altitude of (_____ ft)
Descending for approach to land at (_____ ft/min)
Final approach (i.e., within outer marker)
Landing or rollout
Other: (specify _____)

18. Check to indicate what you did as a direct response of sighting the object (phenomenon).

Nothing that was not already planned
Changed heading by turning right left (circle)
Changed altitude by climbing descending (circle)
Took immediate evasive action (Describe _____)

(Please elaborate on all items on the opposite side if necessary)

Turned my landing lights on off (circle)
Used my radio to contact: (Specify whom _____)

Changed my power setting
Pointed it out to (Specify name(s) _____)



Attempted to follow chase (circle) it for the following reason(s): _____

Other: _____

19. Please use this space to add any other details/observations/facts that are related to the geographic/spatial location of your sighting.

Part III. AIRCRAFT FLIGHT DETAILS: (Temporal)

DATE OF EVENT:

20. When did you takeoff? _____ AM
 _____ PM (local) (GMT _____ Z)
 _____ Time zone Daylight savings
 Standard time

21. When did you plan to land (scheduled)? _____ AM
 _____ PM (local) (GMT _____ Z)
 _____ Time zone (if different from above)

22. When did you first see the object (phenomenon)? _____ AM
 _____ PM (local) (GMT _____ Z)

23. When did you last see the object (phenomenon)? _____ AM
 _____ PM (local) (GMT _____ Z)
 Total sighting duration _____ secs

Comments:

24. What did you look at (or do) to determine the above times?

Looked at my wristwatch: (Est. accuracy to _____)
 Looked at cockpit clock: (Est. accuracy to _____)
 Radioed to crewmember for time
 Radioed to ground for time: (Info. rec'd. from _____)

I did not determine initial final (circle) times(s)
 Other: _____



25. Did you have any indication (real or imaginary) of a loss of time, i.e., a period for which you cannot account?

Possibly yes
Definitely yes: (Elaborate _____)

Unsure but probably no
Definitely no

26. Did you land at your pre-planned or scheduled time?

Yes (within normal tolerance limits)
No (Please explain why _____)

27. Use this space to add any other details/ observations/facts that are related to the timing of your sighting.

Part IV. SIGHTING AIRCRAFT DETAILS:

28. Type of aircraft (check)

- Single engine
- Multi engine (no. _____)
- Propeller
- Jet
- Rocket
- Glider
- Balloon

29. Model name/number/airframe mfg.

30. Aircraft registration number.

31. Airline name (if appropriate)

32. Scheduled flight number.

33. Object (phenomenon) was seen through the following window(s).

34. Describe as precisely as you can the apparent clarity/scratches/etc. of these windows.



35. About how familiar were you with this particular aircraft and its "peculiarities" of flight control? Very familiar: (I had about _____ hrs. flt. time)
Reasonably familiar: (Comments _____)

36. Use this space to add any other pertinent details about the aircraft in which you were located during this sighting.

37. What was your indicated airspeed? _____ mph knots (circle one)

38. What was your ground speed (if known)? _____ mph knots (circle one)

Part V. WEATHER DETAILS:

39. I obtained the following weather information from: (check all that apply)
Flight service station
Terminal forecast
SIGMET or AIRMET
FD (winds-temp. aloft)
Other: _____

40. Visibility and clouds: (check)
Clear (visibility greater than 15 miles)
Clear (visibility 3 to 15 miles)
Broken clouds - sky cover in tenths was _____
Cloud Type(s): Cumulus
Stratus
Cirrus
Other: _____
Heavy overcast: below above (circle) my aircraft
Flying in clouds at the time
Other: _____

41. Did you file a flight plan? (check one) No Yes

42. Were you flying: (check one) IFR VFR



43. Sky condition was: (check one)

- Bright daylight
- Dull daylight (slight overcast, smog)
- Twilight
- Trace of daylight
- Dark - no Moonlight
- Dark - Moonlight present :
 - Full
 - 3/4 visible
 - 1/2 visible
 - Crescent
- A few stars visible
- All stars visible (very clear)
- Don't remember

44. Outside air temperature was: _____ TAT = _____

45. What was the wind direction and velocity? _____

46. Use this space to add any other details about the weather at the time and location of the sighting. _____



