

# Case Report – Investigator’s Form

DATE: \_\_\_\_\_

TIME STARTED: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_









TIME FINISHED: \_\_\_\_\_

LOCATION: \_\_\_\_\_

## MEMBERS PRESENT FOR INVESTIGATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WEATHER CONDITIONS

- |  |   |  |   |  |  |
|--|---|--|---|--|--|
| <input type="checkbox"/> New Moon                  |    | <input type="checkbox"/> Waxing $\frac{3}{4}$ Moon |    | <input type="checkbox"/> Waning $\frac{1}{2}$ Moon |   |
| <input type="checkbox"/> Waxing $\frac{1}{4}$ Moon |   | <input type="checkbox"/> Full Moon                 |   | <input type="checkbox"/> Waning $\frac{1}{4}$ Moon |  |
| <input type="checkbox"/> Waxing $\frac{1}{2}$ Moon |  | <input type="checkbox"/> Waning $\frac{3}{4}$ Moon |  |  |  |

Longitude: \_\_\_\_\_

Latitude: \_\_\_\_\_

Elevation: \_\_\_\_\_

	Beginning	Ending
Temperature	_____	_____
Feels Like	_____	_____
Dew Point	_____	_____
Humidity	_____	_____
Visibility	_____	_____
Barometric Pressure	_____	_____
Wind Speed & Direction	_____	_____
Storm Conditions	_____	_____

**INVESTIGATOR'S EXPERIENCE**

- Half-real Subjective (You subjectively perceived something that you could not document objectively)
- Half-real Objective (You perceived nothing subjectively but obtained objective documentation)
- Whole-real Objective (You perceived both a subjective experience and obtained objective documentation)
  - Type 1 (Objective documentation matches subjective experience)
  - Type 2 (Objective documentation & subjective experience are different)
  - Type 3 (Any combination of Type 1 & 2, they both match, but additional information was documented on either the objective or subjective side)

During the investigation:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Did you have any visual experiences?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If so, did they demonstrate any intelligence with you?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you have any auditory (sounds, noises) experiences? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you have any olfactory (odors, scents) experiences? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you have any tactile (touch, contact) experiences?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to any of the above, please expand here:

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**INVESTIGATOR'S REPORT**

Be as precise and factual as possible, trying not to use conjecture (stick to the evidence and don't make assumptions about the results). Don't forget to specify what you did and what equipment you may have used to form your hypothesis. And by all means, please state how you personally felt before, during and after any subjective/objective experiences you may have had, how you felt during the investigation, and how you felt the investigation went as a whole. Try to describe the investigative processes you followed and describe any evidence you may have documented. Please try not to get too wordy and yet still be descriptive.

What do you know about the site background and/or history?

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What were your findings in the first area you investigated? (Explain what equipment you used and how it placed in the area.)

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What were your findings in the second area you investigated? (Explain what equipment you used and how it placed in the area.)

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What were your findings in the third area you investigated? (Explain what equipment you used and how it placed in the area.)

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What were your findings in the fourth area you investigated? (Explain what equipment you used and how it placed in the area.)

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What were your findings in the fifth area you investigated? (Explain what equipment you used and how it placed in the area.)

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**INVESTIGATOR'S EVIDENCE**

Be sure to include and attach all log forms as well as physical evidence to your report.

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|----------------------------------|------------------------------|-----------------------------|
| Electronic Voice Phenomena (EVP) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Digital Photographs              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Film Photographs                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Video Recordings                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Temperature Changes              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| EMF Readings                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| IR Photography                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| IR Video                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recorded Thermal Video           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recorded Thermal Photographs     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other – Explain in notes below   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any signs found of tampering?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Notes: \_\_\_\_\_

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