

Investigation Report

SITE NAME _____ CASE ID # _____
 LOCATION _____
 DATE _____ TIME _____ REPORTER _____
 WITNESS _____ REPORT # _____
 DESCRIPTION OF
 INCIDENT _____

TEMPERATURE CHANGE:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
AUDITORY EVIDENCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PHOTOGRAPHIC EVIDENCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
VIDEO EVIDENCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
OTHER EVIDENCE *	<input type="checkbox"/> YES	<input type="checkbox"/> NO
*If yes please describe:		

SPECIFIC LOCATION WITHIN SITE _____
 PREVIOUS SIGHTINGS AT THIS LOCATION YES NO
 IF YES PLEASE
 EXPLAIN _____

RECORDS:

AUDIO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ID#
VIDEO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ID#
PHOTO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ID#
OTHER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ID#

SUMMARY OF
 RECORDS _____

WITNESSES YES NO

IF YES:

AUDIO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
VIDEO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WRITTEN	<input type="checkbox"/> YES	<input type="checkbox"/> NO

DISPOSITION OF
 STATEMENT _____

