

Field Report

Name: _____ **Profession:** _____ **Age :** _____

Address: _____ **Town, State, Zip:** _____

Phone: _____ **E-mail:** _____

Date(s)/Time(s) of experiences (Example- The night of December 10, 1996 Random times over the past ten years, etc.):

Location (Private home, business, cemetery, etc.):

Background/History/Age of building or site:

Number of encounters experienced:

Number of other witnesses:

Equipment used to detect phenomena: **Camera: No/Yes** **Video:** **Tape Recorder:**
EMF: **Motion Detector:** **Thermometer:** **Other:** **None:**

Did you experience (briefly describe, e.g., footsteps, scent of perfume, etc.) :

Sounds:

Odors:

Cold Spots:

Apparitions/Other:

Touch/Sensations:

Objects Moving:

Do the ghosts feel friendly or hostile?

How many ghosts do you feel are present at this location?

Details of your encounters (Explain as fully as possible and include other eyewitness information.):

Can any of these experiences be connected to actual events? (Example- Mrs. John Smith died in 1900 in the room where you see a woman dressed in 1900s clothing.):

Were there ever any murders, suicides, fatal accidents or other deaths at this site?:

Conclusions/Further actions to be taken?:

www.ghostinvestigator.com

Linda Zimmermann P.O. Box 192, Blooming Grove, New York 10918