









# Beyond Paranormal

## Case Report - Investigation Lead

Date:	/ /	Member Submitting Report:	
Time:		Case Location:	
<b>Type of Investigation:</b> <input type="checkbox"/> Dwelling – Home, Office, etc. <input type="checkbox"/> Cemetery <input type="checkbox"/> Outdoor <input type="checkbox"/> Other (explain):		Team Member Present:	
		Team Member Present:	
		Team Member Present:	
		Team Member Present:	
		Team Member Present:	
		Team Member Present:	
		Team Member Present:	
Was a clairvoyant or sensitive used on the case? <input type="checkbox"/> Yes <input type="checkbox"/> No		Sensitives or Clairvoyants Name:	

<b>Lunar Cycle:</b>  <input type="checkbox"/> New Moon  <input type="checkbox"/> Waxing Qtr. Moon  <input type="checkbox"/> Waxing Half Moon  <input type="checkbox"/> Waxing 3- Qtr. Moon 	<input type="checkbox"/> Full Moon  <input type="checkbox"/> Waning 3-Qtr. Moon  <input type="checkbox"/> Waning Half Moon  <input type="checkbox"/> Waning Qtr. Moon 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Source and Time:</td> </tr> <tr> <td colspan="2" style="text-align: center;">Longitude:</td> </tr> <tr> <td colspan="2" style="text-align: center;">Latitude:</td> </tr> <tr> <td colspan="2" style="text-align: center;">Elevation:</td> </tr> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">Beginning      Ending</td> </tr> <tr> <td style="text-align: center;">Temp:</td> <td></td> </tr> <tr> <td style="text-align: center;">Feels Like:</td> <td></td> </tr> <tr> <td style="text-align: center;">Dew Point:</td> <td></td> </tr> <tr> <td style="text-align: center;">Humidity:</td> <td></td> </tr> <tr> <td style="text-align: center;">Visibility:</td> <td></td> </tr> <tr> <td style="text-align: center;">Barometric Pressure:</td> <td></td> </tr> <tr> <td style="text-align: center;">Wind Speed &amp; Direction:</td> <td></td> </tr> <tr> <td style="text-align: center;">Storm Conditions:</td> <td></td> </tr> </table>	Source and Time:		Longitude:		Latitude:		Elevation:			Beginning      Ending	Temp:		Feels Like:		Dew Point:		Humidity:		Visibility:		Barometric Pressure:		Wind Speed & Direction:		Storm Conditions:	
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- 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 <b>'visual'</b> 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 <b>'auditory'</b> experiences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you have any <b>'olfactory'</b> experiences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you have any <b>'tactile'</b> experiences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If you checked 'Yes' in any of the previous questions, please be sure to offer some detail in your report)</i>	



*(Be sure to attach this report to your email!)*