

Beyond Paranormal

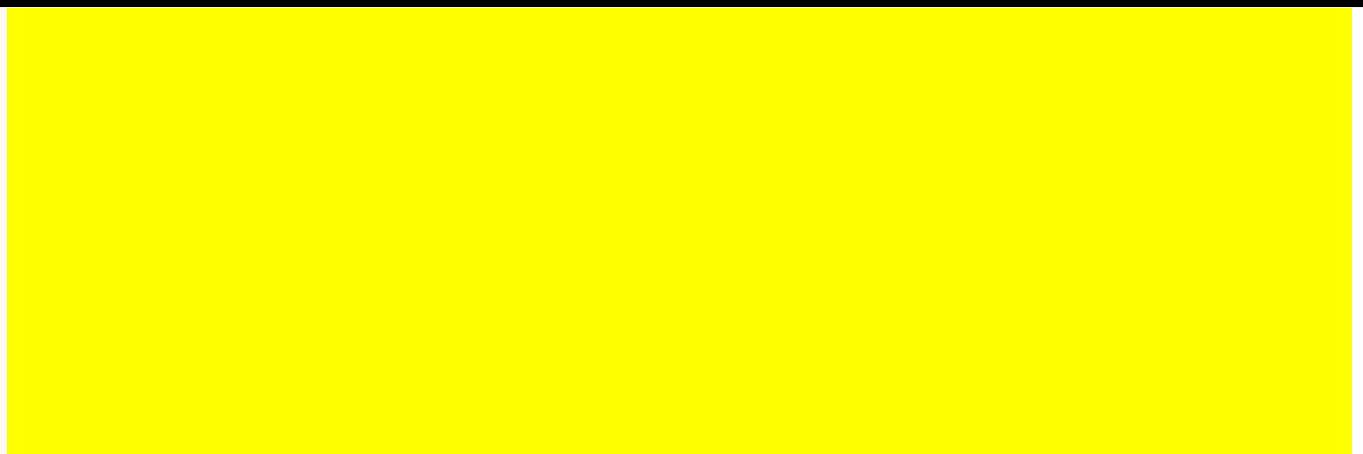
Case Report - Team Member

Date:	/ /	Member Submitting Report:	
Time:		Case Location:	
Type of Investigation: <input type="checkbox"/> Dwelling – Home, Office, etc. <input type="checkbox"/> Cemetery <input type="checkbox"/> Outdoor <input type="checkbox"/> Other (explain):		Team Leader:	
		Team Member Present:	
		Team Member Present:	
		Team Member Present:	
		Team Member Present:	

- 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' experiences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you have any 'olfactory' experiences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you have any 'tactile' 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>	



Findings in:
Findings in:

Findings in:	
Journal Entries	
Time	Description



IMPORTANT - Be sure to include ALL evidence from the investigation to your Team Leader within 72 hours.			
Electronic Voice Phenomena – EVP <input type="checkbox"/> Yes <input type="checkbox"/> No	IR Photography <input type="checkbox"/> Yes <input type="checkbox"/> No		
Digital Photographs <input type="checkbox"/> Yes <input type="checkbox"/> No	IR Video <input type="checkbox"/> Yes <input type="checkbox"/> No		
Film Photographs <input type="checkbox"/> Yes <input type="checkbox"/> No	Recorded Thermal Video <input type="checkbox"/> Yes <input type="checkbox"/> No		
Video Recording <input type="checkbox"/> Yes <input type="checkbox"/> No	Recorded Thermal Photographs <input type="checkbox"/> Yes <input type="checkbox"/> No		
Temperature Changes <input type="checkbox"/> Yes <input type="checkbox"/> No	Other – Explain <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMF Readings <input type="checkbox"/> Yes <input type="checkbox"/> No	Any signs found of tampering? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If not listed, what other type of evidence did you gather?



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