

FARMCOVE OBSERVATORY

AUCKLAND, NEW ZEALAND^{10/2007}



FIREBALL/METEOR REPORT FORM

Thank you very much for taking the time to complete this form. It would be very helpful if you are able to fill in as much information as possible, especially information relating to the direction of where you first saw the Fireball/Meteor in the sky and what direction it appeared to be heading. Altitude, (height) will also be important.
Please return this form to the address above either by email or post – Thanks, *Jennie McCormick*.

DATE REPORTED:

LOGGED BY: *Jennie McCormick*

NAME OF OBSERVER:

ADDRESS:

CONTACT PHONE NUMBER: ()

CELL:

DATE OF SIGHTING:

TIME:

AM/PM:

LOCATION OF SIGHTING:

LONGITUDE:

LATITUDE:

(This information is not critical but it can be found in a New Zealand Atlas or Land Survey map.)

DURATION OF SIGHTING:

COLOUR:

WHAT DIRECTION WERE YOU LOOKING WHEN YOU FIRST SAW THE FIREBALL / METEOR?

Example (North, Northeast, West)

WHAT DIRECTION WAS THE FIREBALL / METEOR HEADING?

APPROXIMATE HEIGHT OF OBJECT WHEN FIRST SEEN: *In degrees*

An open spread hand equals approximately 20°

APPROXIMATE HEIGHT WHEN LAST SEEN: *In degrees*

An open spread hand equals approximately 20°

HOW BRIGHT DID THE FIREBALL / METEOR APPEAR: *Please Tick*

SUN
50% OF SUN
VENUS

FULL MOON
50% FULL MOON
OTHER

DID OBJECT HAVE A TAIL? *Please Tick*

Yes No

IF SO, PLEASE DESCRIBE FULLY:

DID OBJECT EXPLODE? *Please Tick*

Yes No

IF SO, PLEASE DESCRIBE FULLY:

WAS AN EXPLOSION OR SOUND HEARD? *Please Tick*

Yes No

IF SO, PLEASE DESCRIBE FULLY:

WHAT WAS THE APPROXIMATE TIME DELAY FROM THE MOMENT YOU SAW THE EXPLOSION UNTIL YOU HEARD THE SOUND?

WAS ANY GROUND MOVEMENT FELT? *Please Tick*

Yes No

IF SO PLEASE DESCRIBE FULLY:

IS THERE ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO ADD?
