

ICCRA CROP CIRCLE HUMAN AND ANOMALOUS EFFECTS REPORT FORM

Independent Crop Circle Researchers' Association [International]

RESEARCHER'S NAME:
TELEPHONE #:
e-mail:

ADDRESS:

Report any physiological effects you may have experienced or witnessed others experiencing when visiting a crop formation. *Please fill in and submit this form if you have ever experienced any mental or physical effects after visiting a crop formation. Please make the details as accurate as possible, but leave blank any fields which you are unsure about. All completed forms will be treated in the strictest confidence and not divulged to any third party without your consent.*

Location of the crop circle formation you entered:

For approximately how long did you stay in, or around the circle?

Before the visit, what did you think was the origin of crop circles?

- Hoaxers Atmospheric phenomena or natural cause
 Paranormal agency (e.g. UFOs, Earth energies, etc...)
 Other (please state)

What made you visit the crop circle in the first place?

Do you have any metal/amalgam/gold fillings in your mouth?

Yes No

Are you taking any prescribed medicine? If so, please state. Yes No

If yes, briefly describe:

May I quote your experiences? (circle) Yes No
If yes, would you prefer to be anonymous? Yes No
Would you be prepared to be interviewed about your experience? Yes No

Did you have any longstanding or recent health problems when you entered the circle? Yes No

If yes, briefly describe:

If you answered yes to the above question, did you find any beneficial or detrimental effects to your condition after visiting the crop circle?

Have you ever witnessed any paranormal or psychic events *before* entering the crop circle?

Yes No

Have you ever witnessed any paranormal or psychic events *after* entering the crop circle?

Yes No

Did you observe anything else unusual, eg. taste or smell, effects on photographic equipment, animal behavior, recording equipment, lights, etc?

Representing your feeling of *well being*, please indicate how best describes how you felt BEFORE and AFTER your visit. Select a rating out of 10 with 5 being normal, or indifferent. If you felt worse, enter 1 or if you felt better enter 10.

Before

After

Did you experience any change (a) PHYSICAL or (b)MENTAL/EMOTIONAL as a result of your crop circle visit? If so, please describe

How long did the effect last?

Did these effects vary as you moved around the formation?

May I quote your experiences? Yes No

If yes, would you prefer to be anonymous? Yes No

Would you be prepared to be interviewed about your experience? Yes No

While in the crop circle, were there any anomalous effects?

Tests done?

Other remarks? (Add extra pages if necessary.)

Witness Name: Mr. Mrs. Miss Ms. _____ Age_____

Address

Phone

Email

SIGNED _____ DATE _____

Please send this form to:
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