

New Jersey

TRUE PARANORMAL

Trust Respect Understanding Experience



Prepared By:

Report Prepared On:

Location:

Investigation #:

Investigation Date:

Start Time:

End Time:

Investigators:

Investigation Type Primary Secondary

Report Type Public CONFIDENTIAL

Initial Environmental Base Readings

	Normal	Observation	Exterior (If Applicable)
Barometric Pressure	n/a		
Humidity	n/a		
Temperature Base	68°-72° F	° F	° F
EMF Base	.5 mG	mG	
Electrical	0		
ELF/VLF	0		
Other			

Initial Interview Summary

Who is reporting the paranormal activity:

- Owner Tenant Single Witness Multiple Witness 3rd Party

Purpose of Investigation:

- Validation Cleansing

What type of location is being investigated:

- Residential Business Historic (+30 Yr.) Other

Paranormal Activity: Claim

- Active Residual Crisis Poltergeist Other

Paranormal Activity: Activity Level

- Daily Weekly Monthly Annually

Type of Activity: Claim

- Sounds Disembodied Voice(s) EVP Scents
 Touching Pushing Mechanical Hot Spots Cold Spots
 Shadow Full Body Face Mist Orb
 Sensations Assault Other

Investigation: Equipment List

- Ambient Temperature Indicator Tri-Field EMF Meter (Incl. ELF, VLF & Electrical)
 Non-Contact Thermometer RCA Digital Audio Recorder
 Canon 10M Digital Camera (4 GB Mem.) Sony Mini-DV with Night Shot
 K2 Meter Motion Sensor
 Other Other

Additional Notes/Comments

Event Summary

Event		Description			Explanation/Evidence		
EMF	N/A	ELF/VLF	N/A	Temp	N/A	Other	
EMF	N/A	ELF/VLF	N/A	Temp	N/A	Other	
EMF	N/A	ELF/VLF	N/A	Temp	N/A	Other	
EMF	N/A	ELF/VLF	N/A	Temp	N/A	Other	
EMF	N/A	ELF/VLF	N/A	Temp	N/A	Other	
EMF	N/A	ELF/VLF	N/A	Temp	N/A	Other	
EMF	N/A	ELF/VLF	N/A	Temp	N/A	Other	
EMF	N/A	ELF/VLF	N/A	Temp	N/A	Other	

Paranormal Activity: Post-Investigation/ Evidence Review

Type of Evidence

Description/Folder/File Name

- | | | | |
|---------------------------------------|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Photo | <input type="checkbox"/> Video | <input type="checkbox"/> EVP | |
| <input type="checkbox"/> Photo | <input type="checkbox"/> Video | <input type="checkbox"/> EVP | |
| <input type="checkbox"/> Photo | <input type="checkbox"/> Video | <input type="checkbox"/> EVP | |
| <input type="checkbox"/> Photo | <input type="checkbox"/> Video | <input type="checkbox"/> EVP | |
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| <input type="checkbox"/> Photo | <input type="checkbox"/> Video | <input type="checkbox"/> EVP | |

Paranormal Activity: Personal Narrative

T.R.U.E. Paranormal

Paranormal Presence:	<input type="checkbox"/>	Present	<input type="checkbox"/>	Absent	<input type="checkbox"/>	Undetermined
Paranormal Activity:	<input type="checkbox"/>	Neutral	<input type="checkbox"/>	Threat	<input type="checkbox"/>	Undetermined