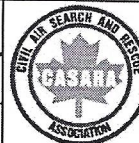


# SAR SIGHTING REPORT

FORM 102



REPORT NO.			
NAME OF PERSON REPORTING			
ADDRESS:			
TELEPHONE (R)	(W)	OCCUPATION	
DESCRIPTION OF SIGHTING			
TIME OF SIGHTING (Local)		DATE	
TYPE		COLOUR	TRIM
<b>AIRCRAFT</b>			
WHEELS/FLOATS/SKIIS		HIGH/LOW WING	
NUMBER OF ENGINES		DID ENGINES SOUND NORMAL	
APPARENT HEIGHT		DIRECTION	
TURNING?		OTHER AIRCRAFT SIGHTED	
TYPE	DESCRIPTION		TIME
PARACHUTES SIGHTED		NUMBER/COLOUR	
DO AIRCRAFT PASS REGULARLY?			
<b>VESSEL</b>			
HULL TYPE		SUPERSTRUCTURE	
ENGINES/SAILS		DID ENGINES SOUND NORMAL	
LOCATION		DIRECTION	
TURNING?		OTHER VESSELS SIGHTED	
TYPE	DESCRIPTION		TIME
<b>WEATHER AT TIME OF SIGHTING</b>			
RAINING/SNOWING		THUNDERSTORM	
WIND/SEA/STATE			
REMARKS			
DATE/TIME RECEIVED		BY:	
RECEIVED DIRECT, OR RELAYED			
ASSESSED VALIDITY OF REPORT			
ACTION TAKEN			