Witness interview

SITE

DATE OF INTERVIEW

INTERVIEWER

WITNESS NAME

HOW THE WITNESS KNOWS THE PLACE

WHEN IT HAPPENED

WHERE IN THE BUILDING

IN THEIR WORDS — WHAT THEY SAW, HEARD, OR FELT

WHO ELSE WAS THERE

HOW LONG DID IT LAST

HAS IT HAPPENED MORE THAN ONCE

A blank from Ghost Map. Not a finding, a credential, or an affiliation with the team that fills it in.

Witness interview — continued

Ask these before you treat the account as a claim about the dead.

HAD YOU HEARD THIS PLACE WAS HAUNTED BEFORE THAT NIGHT?

WHAT DID YOU EXPECT WOULD HAPPEN?

WHAT ELSE COULD IT HAVE BEEN? PIPES, TRAFFIC, ANIMALS, A PERSON, LIGHTS, FATIGUE.

MAY THIS ACCOUNT BE FILED, IN YOUR WORDS, ON A GHOST MAP CASE?

☐ Yes ☐ No ☐ Yes, but do not use my name

WITNESS SIGNATURE **DATE**

INTERVIEWER SIGNATURE

Do not interview a minor. Do not write down a medical or financial detail.

A blank from Ghost Map. Not a finding, a credential, or an affiliation with the team that fills it in.