

 <a href="http://www.spooknet.org">http://www.spooknet.org</a>	<h2>Sample Investigation</h2> <p>Case ID: I9002 SAMPLE  Location: Louisville, KY (UNITED STATES)  Investigation Date: 2009-10-31</p>
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## Sample Investigation

Case Information 

Case ID:	I9002 SAMPLE
Owner ID:	Rich
Case Title:	Sample Investigation
Status:	Closed
Investigation Type:	Investigation
Investigation Date:	2009-10-31
Investigation Time:	20:00 est
Expiration Date:	2009-11-12
Case Recap Date:	2009-11-13
Case Recap Time:	11:00 est
Recap Location:	Client location

Location Information 

Address:	123 Main St.
City:	Louisville
State:	KY
Postal Code:	12345
Country:	UNITED STATES
Location Type:	Home

## Description

Description:	Initial investigation of reported shadows, knocks on walls, and cold spots. Started occurring during remodeling.
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Primary Contact Information 

Contact Name:	John Doe
Primary Phone:	555-1212
Office Phone:	555-1313
Mobile Phone:	555-1414
Email Address:	

## Team Management

Investigator	Role	Data Submitted	Report Submitted
Rich	Lead/Tech	YES	YES
Nick	Lead/Observer	YES	NO

 <p><b>S.P.O.O.K.</b> <a href="http://www.spooknet.org">http://www.spooknet.org</a></p>	<h2>Sample Investigation</h2> <p>Case ID: I9002 SAMPLE Location: Louisville, KY (KY) Investigation Date: 2009-10-31</p>																									
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Report State:	Published																									
Location:	Sample House																									
Description:																										
Start Time:	21 : 00																									
End Time:	02 : 15																									
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<h4>Technical Equipment</h4> <table border="1"> <tr><td>Trifield AC EMF</td></tr> <tr><td>Cellsensor</td></tr> <tr><td>Infrared Thermometer</td></tr> <tr><td>IR Motion Sensor</td></tr> </table>	Trifield AC EMF	Cellsensor	Infrared Thermometer	IR Motion Sensor	<h4>Audio Equipment</h4> <table border="1"> <tr><td>Analog Recorder</td></tr> <tr><td>Digital Recorder</td></tr> <tr><td>Ghost Box</td></tr> </table>	Analog Recorder	Digital Recorder	Ghost Box	<h4>Video Equipment</h4> <table border="1"> <tr><td>Hi8</td></tr> </table>	Hi8	<h4>Photo Equipment</h4> <table border="1"> <tr><td>Digital &gt;5MP</td></tr> <tr><td>Digital SLR</td></tr> </table>	Digital >5MP	Digital SLR	<h4>PSI Equipment</h4> <table border="1"> <tr><td>Dowsing Rods</td></tr> </table>	Dowsing Rods											
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<h3>Geomagnetic</h3> <table border="1"> <thead> <tr> <th colspan="8">Kp Indices</th> </tr> <tr> <th>0-3</th> <th>3-6</th> <th>6-9</th> <th>9-12</th> <th>12-15</th> <th>15-18</th> <th>18-21</th> <th>21-24</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> <td>1</td> </tr> </tbody> </table> <p>Ap: <input type="text" value="1"/></p> <p>Summary: <input type="text" value="Very Quiet"/></p> <p><a href="#">List</a>   <a href="#">Plot</a></p>	Kp Indices								0-3	3-6	6-9	9-12	12-15	15-18	18-21	21-24	0	0	0	0	1	0	0	1	<h3>X-Ray</h3> <p>XL (1.0-8.0Å): <input type="text" value="1.4181e-07"/></p> <p>XS (0.5-3.0Å): <input type="text" value="7.1932e-09"/></p> <p>High: <input type="text" value="1.01e-06"/></p> <p>Low: <input type="text" value="9.85e-08"/></p> <p>Peak: <input type="text" value="C1 Flare"/></p> <p>Summary: <input type="text" value="B Class Flare (Normal)"/></p> <p><a href="#">List</a>   <a href="#">Plot</a></p>	<h3>Moon Phase</h3>  <p><b>Moon Phase</b> 92% Waxing</p>
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<h3>Outside Impression</h3> <p>Chilly night. Electrical storm in the distance. Breezy.</p>																										
<h3>Walk-in Impression</h3> <p>&lt; NONE DEFINED &gt;</p>																										
<h3>Closing Impression</h3> <p>Possible paranormal occurrences. Would like to re-investigate.</p>																										
<h3>Master Bedroom</h3> <p>Room ID: Master Bedroom</p>																										
<h3>Technical Measurements</h3> <table border="1"> <thead> <tr> <th>Baseline Measurements</th> <th>Anomalous Measurements</th> </tr> </thead> <tbody> <tr> <td>AC EMF (Magnetic): <input type="text" value=".03 mG"/></td> <td> <input type="text"/> Time <input type="text"/> Type <input type="text"/> +/- <input type="text"/> Value <input type="text"/> Units </td> </tr> </tbody> </table>			Baseline Measurements	Anomalous Measurements	AC EMF (Magnetic): <input type="text" value=".03 mG"/>	<input type="text"/> Time <input type="text"/> Type <input type="text"/> +/- <input type="text"/> Value <input type="text"/> Units																				
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AC EMF (Electric):	.04 kV/m	23:18:00	Temperature	-	5	temp_c
DC EMF (Magnetic):	.01 $\mu$ T					
DC EMF (Electric):	.03 $\mu$ T					
Temperature:	72 $^{\circ}$ C					
Relative Humidity:	37 mbar					

**Notes**

Felt a cold spot - recorded temperature differential of 5 degrees F for 20 seconds. EMF high - determined a possible short in ceiling fan causing high EMF. Note that some people are sensitive to high EMF and can have feelings of being watched, tingling, headaches, etc.

**Basement**

Room ID:  
Basement

**Technical Measurements****Baseline Measurements**

AC EMF (Magnetic):	.04 mG
AC EMF (Electric):	.07 kV/m
DC EMF (Magnetic):	.03 $\mu$ T
DC EMF (Electric):	.05 $\mu$ T
Temperature:	73 $^{\circ}$ C
Relative Humidity:	32 mbar

**Anomalous Measurements**

Time	Type	+/-	Value	Units
24:00:00	DC EMF (Magnetic)	+	1.7	emf_mt
23:54:00	DC EMF (Magnetic)	+	2.2	emf_mt

**Anomalies Reported**

Time	Type(s)	Description
23:52:00	physical(nausea/dizziness)	

**EVPs Reported**

Label	Tape Time Code	Real Time:	Description
sample_label	02:18:00	23:57:00	Requires further analysis, but definitely an odd sound like a voice when investigators were otherwise totally quiet.

**Notes**

2 EMF spikes - unexplained. Possible EVP to be analyzed and presented to client.