39. Do you think you can estimate the speed of the object?

(Circle One) Yes No

IF you answered YES, then what speed would you estimate? _____ m.p.h.

40. Do you think you can estimate how far away from you the object was?

(Circle One) Yes No

IF you answered YES, then how far away would you say it was? _____ feet.

41. Please give the following information about yourself:

NAME _____ (Last Name) _____ (First Name) _____ (Middle Name)

ADDRESS _____ (Street) _____ (City) _____ (Zone) _____ (State)

TELEPHONE NUMBER _____

What is your present job? _____

Age _____ Sex _____

Please indicate any special educational training that you have had.

a. Grade school _____
b. High school _____
c. College _____
d. Post graduate _____
e. e. Technical school _____
(Type) _____
f. Other special training _____

42. Date you completed this questionnaire: _____ (Day) _____ (Month) _____ (Year)

U. S. AIR FORCE TECHNICAL INFORMATION SHEET

(SUMMARY DATA)

In order that your information may be filed and coded as accurately as possible, please use the following space to write out a short description of the event that you observed. You may repeat information that you have already given in the questionnaire, and add any further comments, statements, or sketches that you believe are important. Try to present the details of the observation in the order in which they occurred. Additional pages of the same size paper may be attached if they are needed.

NAME _____ (Please Print)

SIGNATURE _____

DATE _____

(Do Not Write in This Space)

CODE: