

## NATIONAL INVESTIGATIONS COMMITTEE ON AERIAL PHENOMENA

1536 Connecticut Avenue N. W.

Washington 6, D. C.

North 7-9434

## REPORT ON UNIDENTIFIED FLYING OBJECT(S)

This form includes questions asked by the United States Air Force and by other Armed Forces' investigating agencies, and additional questions to which answers are needed for full evaluation by NICAP.

After all the information has been fully studied, the conclusion of our Evaluation Panel will be published by NICAP in its regularly issued magazine or in another publication. Please try to answer as many questions as possible. Should you need additional room, please use another sheet of paper. Please print or typewrite. Your assistance is of great value and is genuinely appreciated. Thank you.

1. Name **Mr. Barry Lemoine** Place of Employment **Unemployed at present**  
 Address **479 Woodland Ave,  
Ottawa, Ontario, Canada.** Occupation **clerk**  
 Education **grade 10**  
 Special Training **commercial**  
 Military Service **air cadets 2 - 3 months**  
 Telephone **722-8770**
2. Date of Observation **21 October 1965.** Time **AM PM** Time Zone **EDT**  
**1140-1153**
3. Locality of Observation **West Ottawa**
4. How long did you see the object? Hours **0** Minutes **7** Seconds
5. Please describe weather conditions and the type of sky; i.e., bright daylight, nighttime, dusk, etc.  
**low cloud, completely overcast.**
6. Position of the Sun or Moon in relation to the object and to you.  
**not applicable**
7. If seen at night, twilight, or dawn, were the stars or moon visible? **no**
8. Were there more than one object? **no** If so, please tell how many, and draw a sketch of what you saw, indicating direction of movement, if any.
9. Please describe the object(s) in detail. For instance, did it (they) appear solid, or only as a source of light; was it revolving, etc? Please use additional sheets of paper, if necessary.
10. **Was the object brighter than the background? Egg-shaped, 5-6' X 10-12', like large**  
**much brighter - no lights on ground nearby except 30 seconds.**  
**for one street lamp 100' away.**
11. If so, compare the brightness with the Sun, Moon, headlights, etc.
12. Did the object(s) appear to be... (Please elaborate, if you can give details.)  
 a. Appear to stand still at any time?  
 b. Suddenly speed up and rush away at any time?  
 c. Break up into parts or explode?  
 d. Give off smoke?  
 e. Leave any visible trail?  
 f. Drop anything?  
 g. Change brightness?  
 h. Change shape?  
 i. Change color?  
**yes - for less than minute when sighted to 1**  
**NO. Constant speed about 5mph.**  
**no**  
**no**  
**no**  
**no**  
**no**  
**no**  
**no**  
**no. grayish yellow all the time.**
13. Did the object(s) at any time pass in front of, or behind of, anything? If so, please elaborate giving distance, size, etc, if possible.  
**Not until it passed out of view behind the house and out of sight.**
14. Was there any wind? **yes** If so, please give direction and speed. **About 5 mph from the EAST.**
15. Did you observe the object(s) through an optical instrument or other aid, windshield, windowpane, storm window, screening, etc? **No. Seen from inside bedroom with window fully open. Room lights off.**
16. Did the object(s) have any sound? **no.** What kind? How loud?
17. Please tell if the object(s) was (were) —  
 a. Fuzzy or blurred. **fuzzy**  
 b. Like a bright star.  
 c. Sharply outlined.