

PROJECT 10073 RECORD

1. DATE - TIME GROUP 5 August 66 0355Z 06/0455Z	2. LOCATION Warrenton, Mo. (Multiple)
3. SOURCE Civilian	10. CONCLUSION Probable (Satellite) ✓ <i>just</i>
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION 3 minutes	11. BRIEF SUMMARY AND ANALYSIS Object appeared as a star above 20,000'. Was bright white like a star. Object just disappeared to the North. Object moved in erratic jerky movements.
6. TYPE OF OBSERVATION Ground Visual	
7. COURSE NE	
8. PHOTOS ☐ Yes ☒ No	
9. PHYSICAL EVIDENCE ☐ Yes ☒ No	

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

5 August 1962
Day Month Year

2. Time of day: 1055 CDT
Hour Minutes

(Circle One): A.M. or P.M.

3. Time Zone:

(Circle One): a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other _____

(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

Warrenton Warrenton Mo.
Nearest Postal Address City or Town State or County

5. How long was object in sight? (Total Duration)

— 3 —
Hours Minutes Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined? WATCH

5.2 Was object in sight continuously? Yes ✓ No —

6. What was the condition of the sky?

DAY
a. Bright
b. Cloudy

NIGHT
a. Bright
b. Cloudy

no moon up

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you
b. In back of you
c. To your right

d. To your left
e. Overhead
f. Don't remember

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
b. A few
c. Many
d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight – pitch dark
- d. Don't remember

not up yet.

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- Solid
- Transparent
- Vapor

- d. As a light
e. Don't remember

like a star
near to us. (about 20,000')

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
b. Dimmer
c. About the same
d. Don't know

11.1 Compare brightness to some common object:

12. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
 - b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

e. Other _____

13. Did the object:

(Circle One for each question)

- 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. Change brightness?
- f. Change shape?
- g. Flash or flicker?
- h. Disappear and reappear?

- [illegible]

14. Did the object disappear while you were watching it? If so, how?

yes, disappeared to north, -

15. Did the object move behind something at any time, particularly a cloud?

(Circle One):

Yes

☒ No

Don't Know.

IF you answered YES, then tell what

it moved behind: _____

No clouds

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One):

Yes

☒ No

Don't Know.

IF you answered YES, then tell what

in front of: _____

No clouds.

17. Tell in a few words the following things about the object:

a. Sound

NO

b. Color

bright - white like a star.

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

None

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.

No shape / No size

20. 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?

*Real fast movements
short left/right hand turns & stopped*

21. 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?

at least 20,000 ft High

22. Where were you located when you saw the object?

(Circle One):

- a. Inside a building
- b. In a car
- ☒ c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other

23. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- ☒ c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other *Camping out*

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

Yes

☐ No

N/A

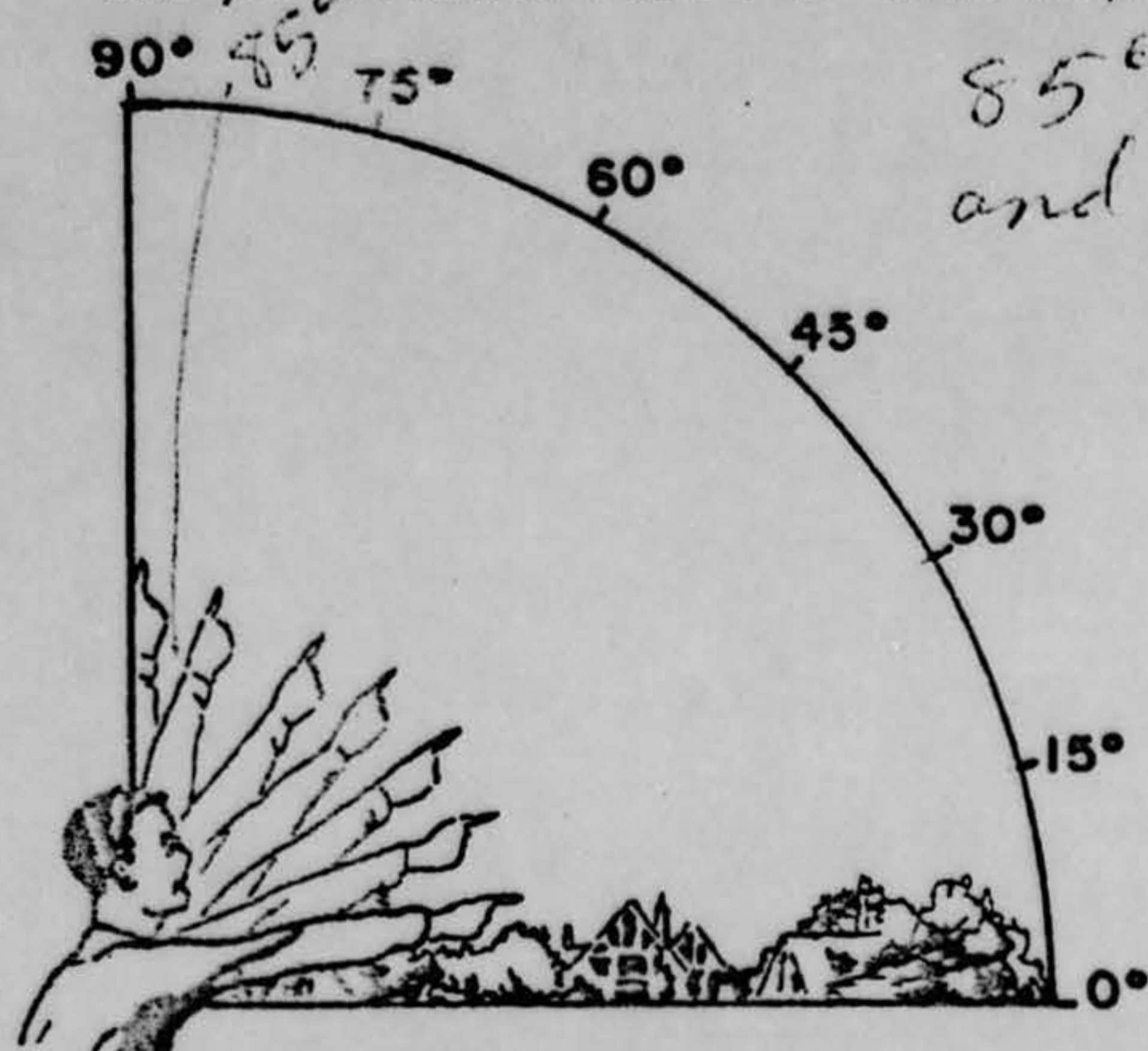
25. Did you observe the object through any of the following?

- | | | | | | |
|-----------------|-----|--------------------------|---------------|-----|--------------------------|
| a. Eyeglasses | Yes | ☐ No | e. Binoculars | Yes | ☐ No |
| b. Sun glasses | Yes | ☐ No | f. Telescope | Yes | ☐ No |
| c. Windshield | Yes | ☐ No | g. Theodolite | Yes | ☐ No |
| d. Window glass | Yes | ☐ No | h. Other | | |

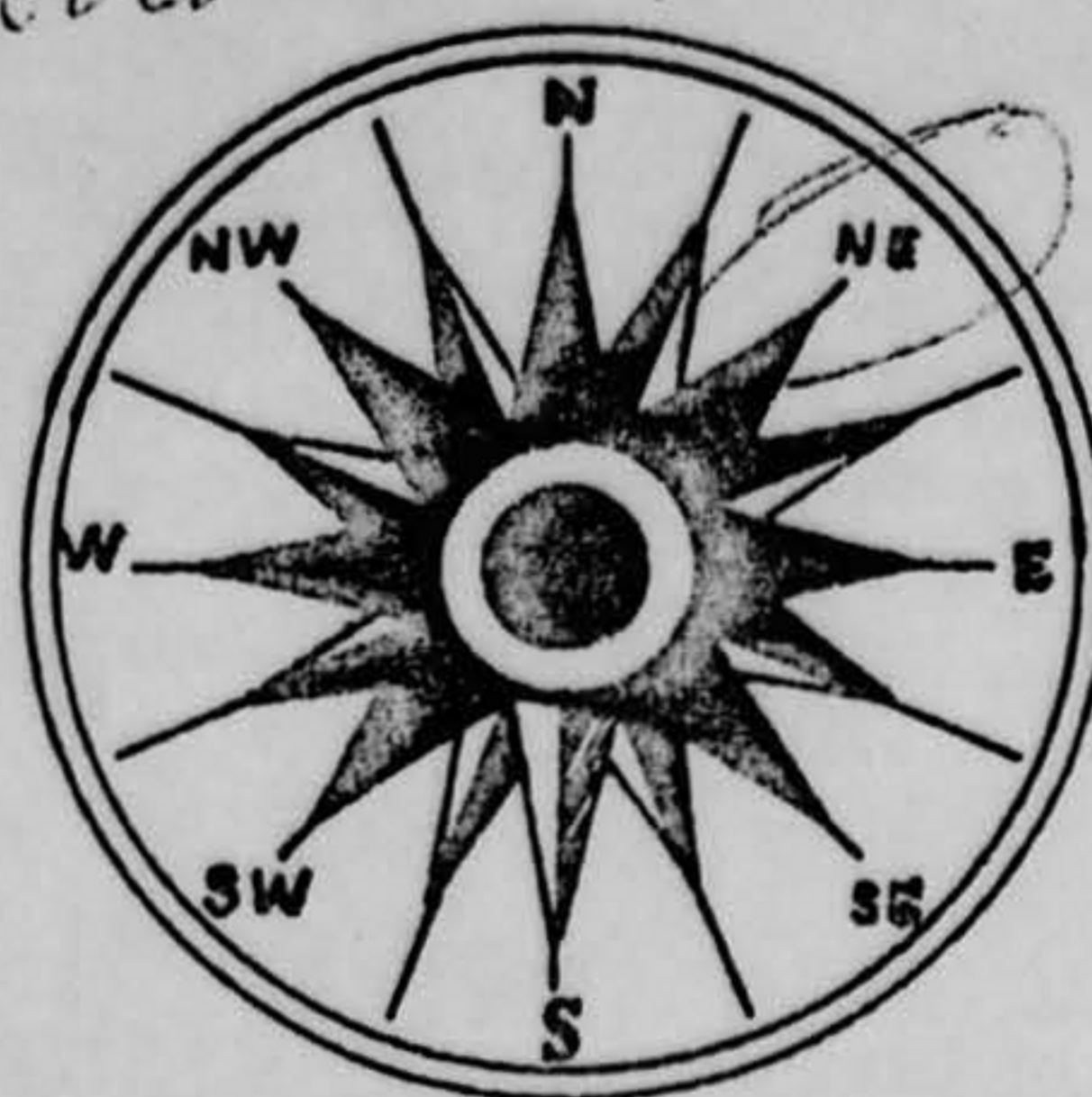
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

*similar to bright star except moved
in erratic ~~no~~ jerky movements, making
several (4-5) left hand/right hand turns & stopped.*

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it. Place an "A" on the compass when you first saw it. Place a "B" on the compass where you last saw the object.



85° from ground. Directly overhead and to North East.

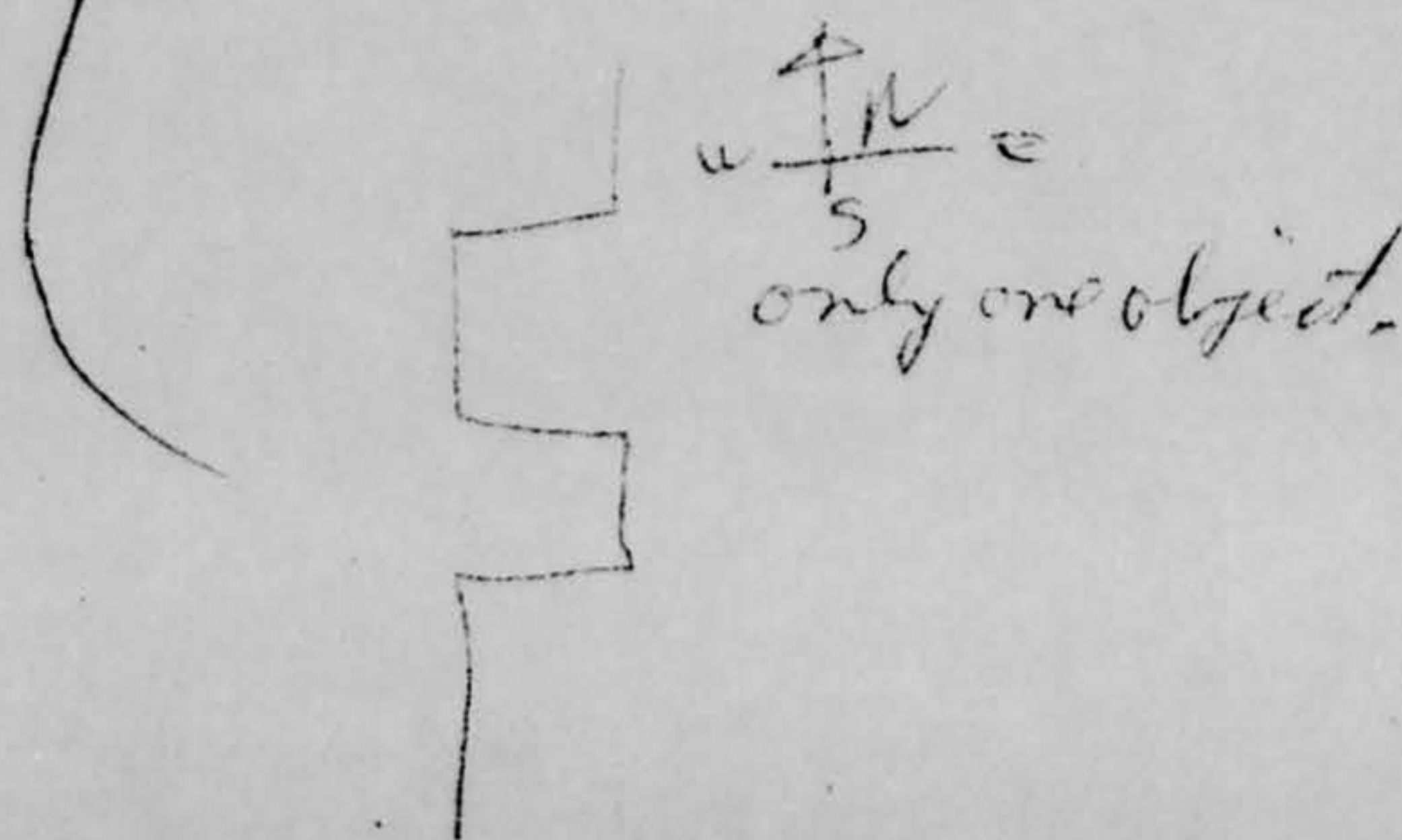


28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

*several right and left hand turns
(4 or 5 times) and stopped several times and made
shallow left hand arch to north.*

29. IF there was MORE THAN ONE object, then how many were there? one

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.



30. Have you ever seen this, or a similar object before. If so give date or dates and location.

NO

MA

31. Was anyone else with you at the time you saw the object? (Circle One)

Yes

No

31.1 IF you answered YES, did they see the object too? (Circle One)

Yes

No

31.2 Please list their names and addresses:

wife and children 12, 7,
age 13 [redacted] St Louis 21, Mo.
age 14 [redacted] St Louis 21, Mo.
age 14 [redacted] Florissant, Mo.

32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE

SEX

Indicate any additional information about yourself, including any special experience, which might be pertinent.

Lawyer. — None — does not believe in UFO's
does not have pilot / electronic or technical background,
Has not ever seen similar thing.
observed while on over-night camp out with
Family and others.

33. When and to whom did you report that you had seen the object?

Day

Month

Year

6 August 66
telephone Reported 1300 local / 1800 Z

Capt J. A. Hovestadt

F10/TOATS

Duty Officer 6/7 Aug 66.

34. Date you completed this questionnaire:

6 August 1966
Day Month Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.