PROJECT 10073 RECORD

1. DATE - TIME GROUP	2. LOCATION
17 Sept 66 2450Z	Salt Lake City, Utah
3. SOURCE	**10. CONCLUSION**
Civilian	(other) INSUFFICIENT DATA FOR EVALUTION
4. NUMBER OF OBJECTS	
One	
5. LENGTH OF OBSERVATION	**11. BRIEF SUMMARY AND ANALYSIS**
Varied	SEE CASE
6. TYPE OF OBSERVATION	
Ground Visual	
7. COURSE	
Varied	
8. PHOTOS	
☐ Yes ☒ No	
9. PHYSICAL EVIDENCE	
☐ Yes ☒ No	

FORM
FTD SEP 63 0-329 (TDE) **Previous editions of this form may be used.**

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

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)*:

a. Solid
b. Transparent
c. Vapor
(d.) As a light
e. Don't remember

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:
BRIGHT YELLOW HIGHWAY (EXPRESSWAY) LIGHT

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?	Yes	(No)	Don't know
b. Suddenly speed up and rush away at any time?	Yes	(No)	Don't know
c. Break up into parts or explode?	Yes	(No)	Don't know
d. Give off smoke?	Yes	(No)	Don't know
e. Change brightness?	Yes	(No)	Don't know
f. Change shape?	Yes	(No)	Don't know
g. Flash or flicker?	Yes	(No)	Don't know
h. Disappear and reappear?	Yes	(No)	Don't know

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

PASSED BEHIND SOME DISTANT TREES

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: Some distant trees

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: _____

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

a. Sound None

b. Color Bright yellow. Two persons standing with me and seeing it first said it was great at first.

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?

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.

Ball of fire

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? Reentry velocity

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? 50 - 150 miles

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 _____

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
b. Northeast
c. East
d. Southeast
e. South
f. Southwest
g. West
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

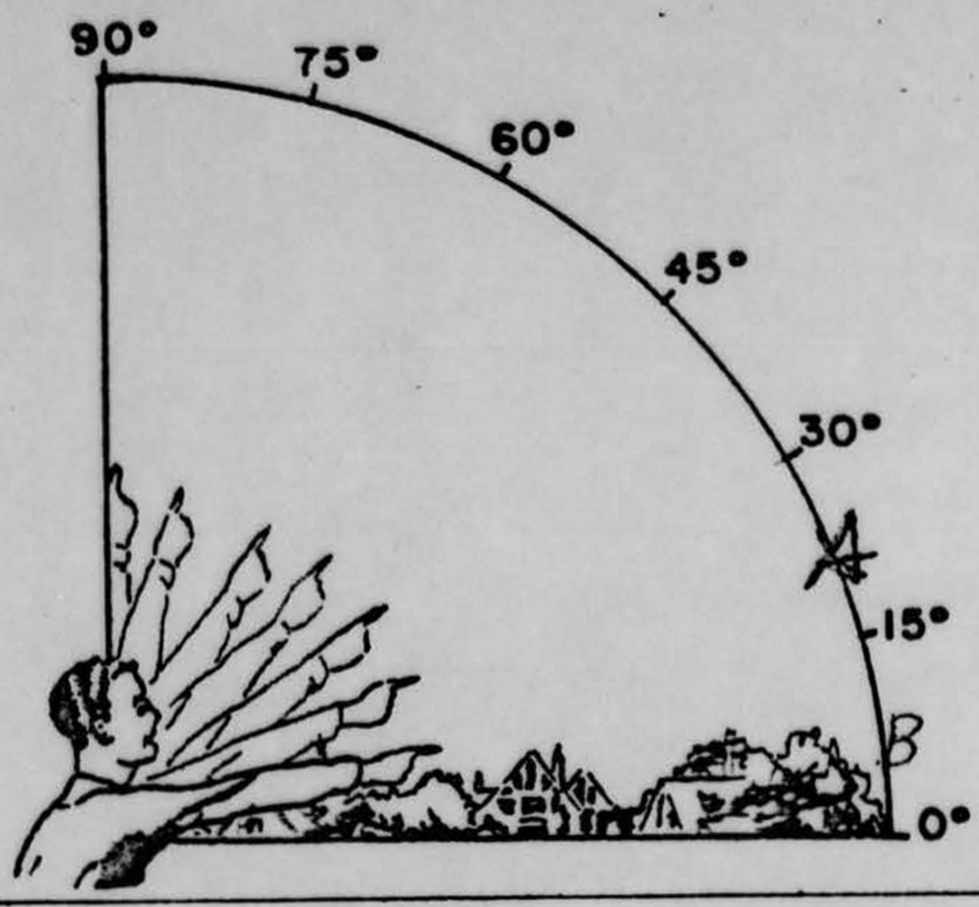
25. Did you observe the object through any of the following?

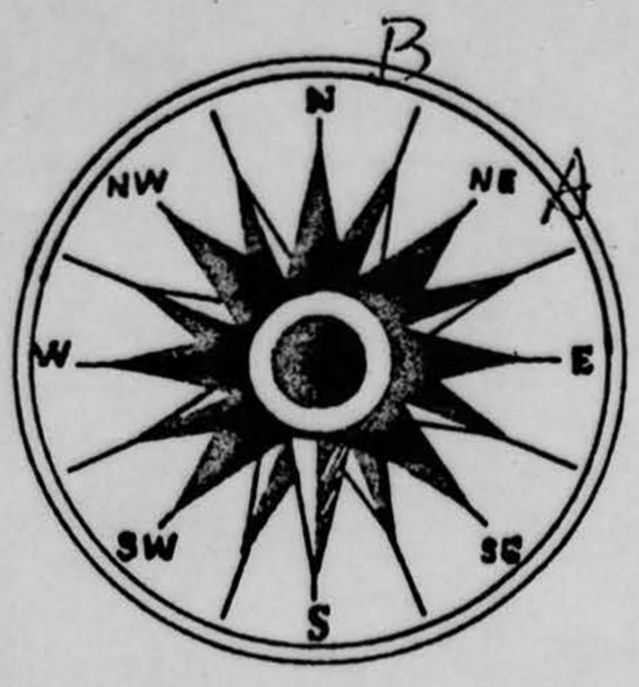
a. Eyeglasses	Yes	(No)	e. Binoculars	Yes	(No)
b. Sun glasses	Yes	(No)	f. Telescope	Yes	(No)
c. Windshield	Yes	(No)	g. Theodolite	Yes	(No)
d. Window glass	Yes	(No)	h. Other _____		

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.

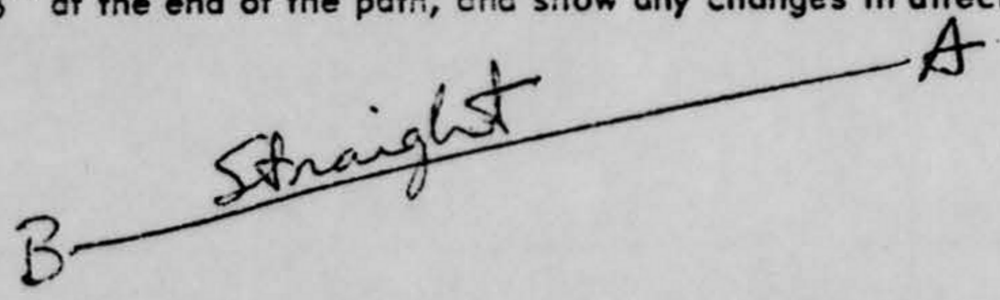
Meteor

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.





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.



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

NEVER ANYTHING THIS FAST
THIS LOW.

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:

[redacted] SER - EXT
[redacted] (Sou) - Springfield
1240 Selma Rd.

32. Please give the following information about yourself:

NAME [redacted] [redacted] [redacted]
Last Name First Name Middle Name

ADDRESS [redacted] DR. FAIRBORN, OHIO
Street City Zone State

TELEPHONE NUMBER [redacted] AGE 42 SEX M

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

TECH DIRECTOR - TDF

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

17 Sept 66
Day Month Year

LT FRAZEE

34. Date you completed this questionnaire: 17 (Day) Sept (Month) 66 (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.

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?

17 (Day) SEP (Month) 66 (Year)

2. Time of day: 8:00 (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?

THIRD STREET (Nearest Postal Address) DAYTON (City or Town) OHIO (State or County)

5. How long was object in sight? (Total Duration) 0 (Hours) 0 (Minutes) 4 (Seconds)

a. Certain
(b.) Fairly certain
c. Not very sure
d. Just a guess

5.1 How was time in sight determined? _____

5.2 Was object in sight continuously? Yes X No _____

6. What was the condition of the sky?

DAY
a. Bright
b. Cloudy

NIGHT
(a.) Bright
b. Cloudy

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

FTD FORM OCT 62 164 This form supersedes FTD 164, Jul 61, which is obsolete.

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

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)*:

(a.) Solid
b. Transparent
c. Vapor
d. As a light
e. Don't remember

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:

Light Bulb

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?	Yes	(No)	Don't know
b. Suddenly speed up and rush away at any time?	Yes	(No)	Don't know
c. Break up into parts or explode?	Yes	(No)	Don't know
d. Give off smoke?	Yes	(No)	Don't know
e. Change brightness?	Yes	(No)	Don't know
f. Change shape?	Yes	(No)	Don't know
g. Flash or flicker?	Yes	(No)	Don't know
h. Disappear and reappear?	Yes	(No)	Don't know

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

NO

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: _____

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: _____

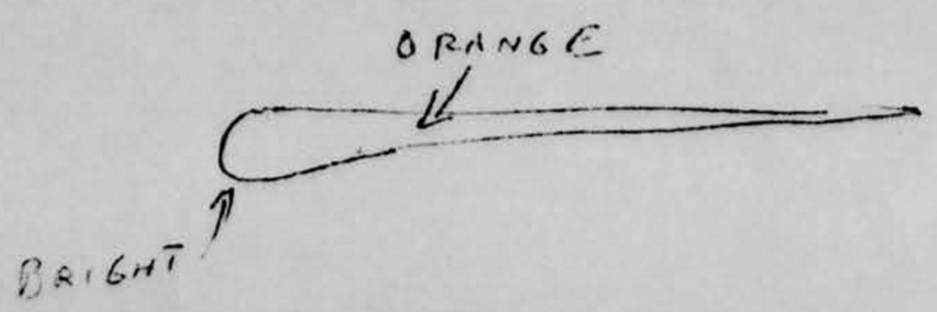
17. Tell in a few words the following things about the object:

a. Sound _____

b. Color ORANGE FLAMING TAIL

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?

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.



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? 800 - 900 mph

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? 2 miles

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 _____

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
b. Northeast
c. East
d. Southeast
e. South
f. Southwest
g. West
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

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.

Bright object with orange tail

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?

17th (Day) Sep (Month) 66 (Year)

2. Time of day: 7 (Hour) 50 (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?

_____ (Nearest Postal Address) Centerville (City or Town) _____ (State or County)

5. How long was object in sight? (Total Duration) _____ (Hours) _____ (Minutes) a few (Seconds)

a. Certain
b. Fairly certain
(c.) Not very sure
d. Just a guess

5.1 How was time in sight determined? _____

5.2 Was object in sight continuously? Yes ____ No ____

6. What was the condition of the sky?

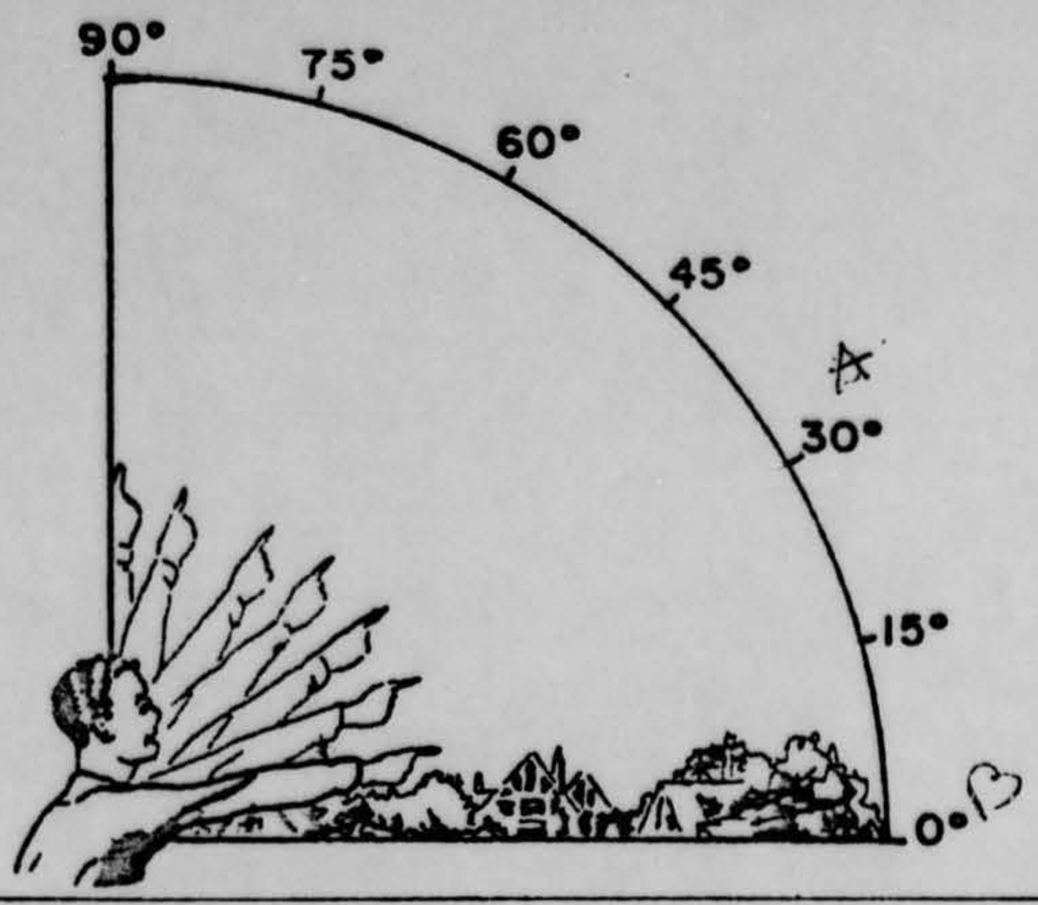
DAY	NIGHT
a. Bright	a. Bright
b. Cloudy	(b.) Cloudy

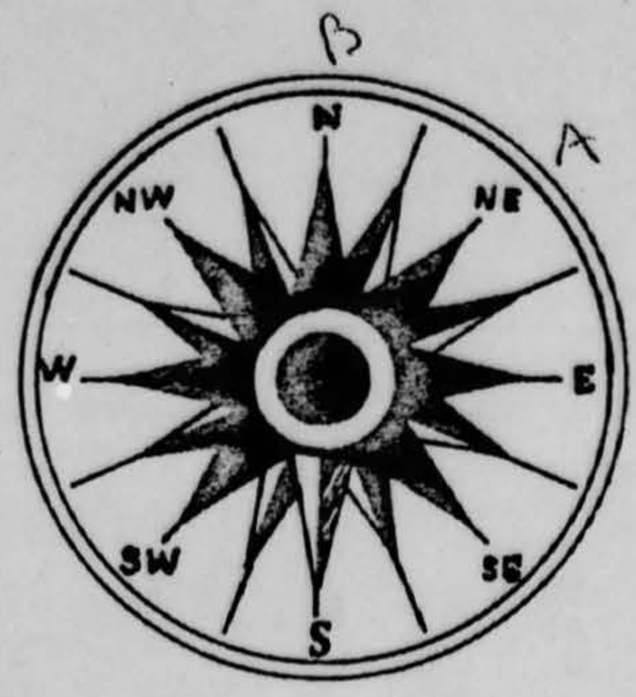
7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(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

FORM FTD OCT 62 164 This form supersedes FTD 164, Jul 61, which is obsolete.

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.





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.

STRAIGHT LINE

29. IF there was MORE THAN ONE object, then how many were there? NO
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.

SEVERAL TIMES ALWAYS AT A DISTANCE
(METEORS)

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:

32. Please give the following information about yourself:

NAME [redacted] [redacted] [redacted]
Last Name First Name Middle Name

ADDRESS [redacted] DR. DAYTON IA 14 OH
Street City Zone State

TELEPHONE NUMBER [redacted] AGE 33 SEX M
BUSINESS -

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

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

16 SEP 66
Day Month Year

34. Date you completed this questionnaire: 15 (Day) SEP (Month) 66 (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.

Two aerial phenomena were reported. The first event was seen widely in the Northeast U.S. Due to the limited number of FTD forms 164, and to communication with Lt. Marley, general comments only were taken from the following observers: (2 reports of this event included)

[redacted] Ave., Dayton

[redacted] Fairborn

[redacted] Dr., Dayton

[redacted] City

[redacted] Road, Xehia

[redacted], Phila., Pa.

[redacted], New Carlisle

[redacted] City, Ind. 47327

The second event was reported indirectly. Reporting time was 0415Z/18 Sep. Sighting individuals were:

[redacted] & 9th East
Salt Lake City, Utah [redacted] 84107

[redacted]
Salt Lake City, Utah [redacted] 84107

The only available data from reporting individual indicated that the object was greenish(say the observers).

17 Sept. 66
Incoming Date

FTD (TDETR) hl
Wright-Patterson AFB, Ohio 45433
19 September 1966

[redacted]
Salt Lake City, Utah 84105

Dear Mrs. [redacted]

Reference your unidentified observation of 17 September 1966. The information which we have received is not sufficient for evaluation. Request you complete the attached FTD Form 164 and return it in the envelope provided.

We wish to thank you for reporting your observation to the Air Force.

Sincerely,

HECTOR QUINTANILLA, Jr, Major, USAF
Chief, Project Blue Book

OFFICIAL FILE COPY
TDE 7d
Office of Record

FTD (TDETR) hl
Wright-Patterson AFB, Ohio 45433
19 September 1966

[redacted]
Salt Lake City, Utah 84105

Dear Mrs. [redacted]

Reference your unidentified observation of 17 September 1966. The information which we have received is not sufficient for evaluation. Request you complete the attached FTD Form 164 and return it in the envelope provided.

We wish to thank you for reporting your observation to the Air Force.

Sincerely,

HECTOR QUINTANILLA, Jr, Major, USAF
Chief, Project Blue Book

OFFICIAL FILE COPY
TDETR
Office of Record

FTD (TDETR)
Wright-Patterson AFB, Ohio 45433
19 September 1966

[redacted]
Philadelphia, Pennsylvania 19115

Dear Mr [redacted]

Reference your unidentified obser ation of 17 September 1966. The information which we have received is not sufficient for evaluation. Request you complete the attached FTD Form 164 and return it in the envelope provided.

We wish to thank you for reporting your observation to the Air Force.

Sincerely,

HECTOR QUINTANILLA, Jr, Major, USAF
Chief, Project Blue Book

OFFICIAL FILE COPY
TDETR
Office of Record

TDETR hl

UFO Sighting

[redacted]
Cambridge City Indiana 47327

De[redacted]

Reference your unidentified observation of 17 September 1966. The information which we have received is not sufficient for evaluation. Request you complete the attached FTD Form 164 and return it in the envelope provided.

We wish to thank you for reporting your observation to the Air Force.

Sincerely,

TDETR
(Office of Record)

HECTOR QUINTANILLA, Jr, Major, USAF
Chief, Project Blue Book

1 Atch
FTD Form 164
w/envelope

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

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)*:

a. Solid
b. Transparent
c. Vapor
(d.) As a light several
e. Don't remember

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

(a.) Much Brighter
b. Dimmer
c. About the same
d. Don't know

11.1 Compare brightness to some common object:

Almost sun-bright

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

c. Other _____

13. Did the object:

	(Circle One for each question)		
a. Appear to stand still at any time?	(Yes)	(No)	Don't know
b. Suddenly speed up and rush away at any time?	Yes	(No)	Don't know
c. Break up into parts or explode?	Yes	(No)	Don't know
d. Give off smoke?	Yes	(No)	Don't know
e. Change brightness? decreased	(Yes)	No	Don't know
f. Change shape?	Yes	(No)	Don't know
g. Flash or flicker?	Yes	(No)	Don't know
h. Disappear and reappear?	Yes	(No)	Don't know

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

Yes, like a fire going out.

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: ____

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: ____

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

a. Sound None

b. Color Red & yellow

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?

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.

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? _____

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? 5 or 6 miles north

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 _____

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?

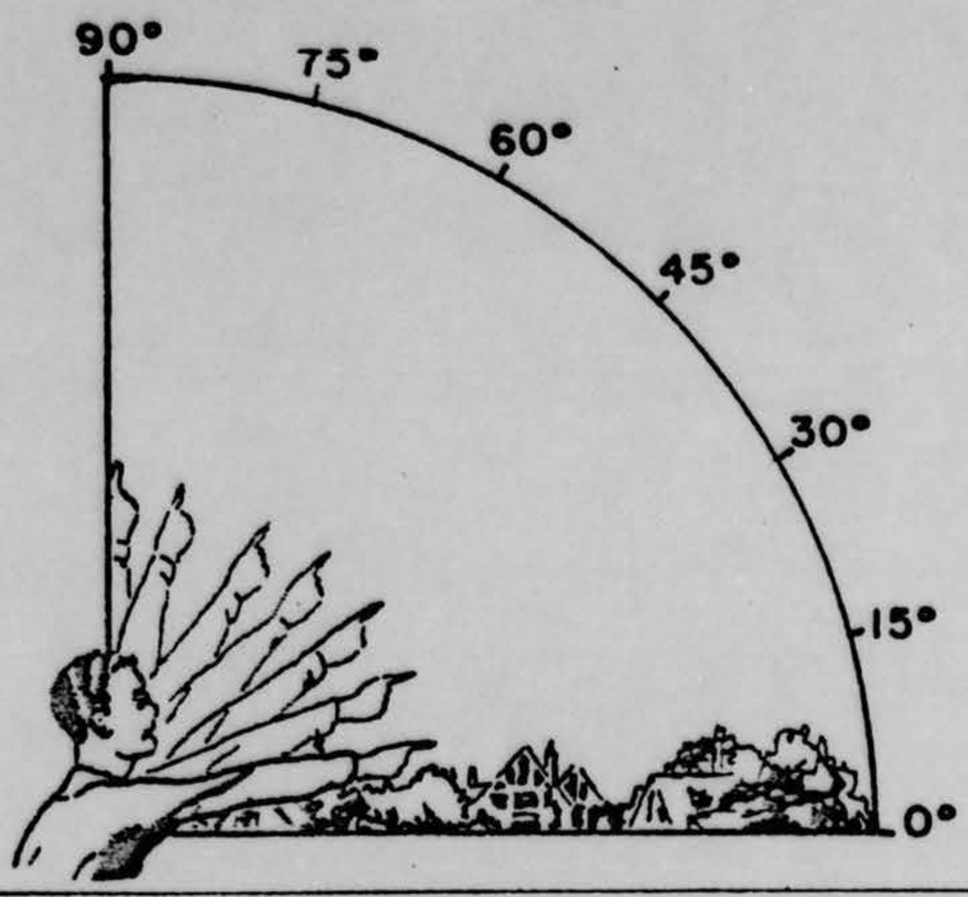
(Circle One) Yes No

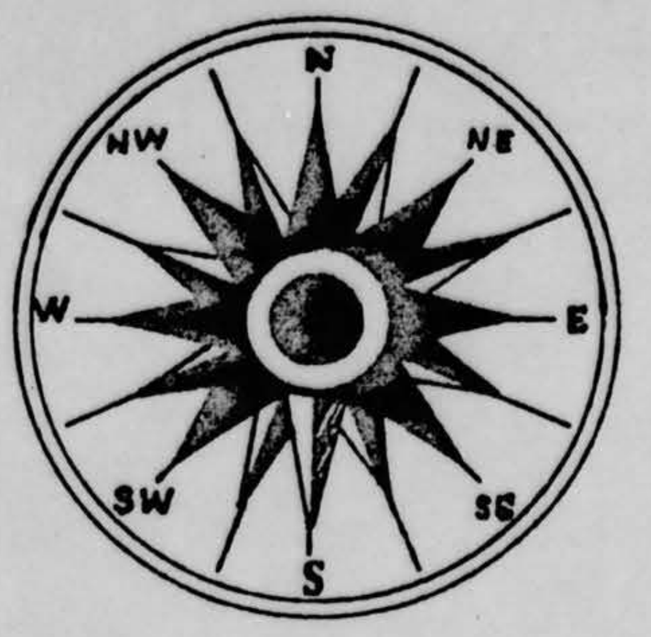
25. Did you observe the object through any of the following?

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 No		

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.

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.





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.

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

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:

32. Please give the following information about yourself:

NAME _____ _____ _____
Last Name First Name Middle Name

ADDRESS [redacted] Centerville ___ Ohio
Street City Zone State

TELEPHONE NUMBER [redacted] AGE 15 SEX Male

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

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

_____ _____ _____
Day Month Year

34. Date you completed this questionnaire: 17 (Day) Sep (Month) 66 (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.

Observer indicated that the object was similar to what one might expect from an explosion in mid-air.

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?

17 (Day) Sept (Month) 1966 (Year)

2. Time of day: 1950±2 (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?

PARKING LOT - TWIN BASE (Nearest Postal Address) / W-PAFB (City or Town) / OHIO (State or County)

GOLF CLUB

5. How long was object in sight? (Total Duration) _____ (Hours) _____ (Minutes) 3±2 (Seconds)

(a.) Certain
b. Fairly certain
c. Not very sure
d. Just a guess

5.1 How was time in sight determined? ESTIMATE

5.2 Was object in sight continuously? Yes X No ____

6. What was the condition of the sky?

DAY	NIGHT
a. Bright	(a.) Bright
b. Cloudy	b. Cloudy

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

FTD FORM OCT 62 164 This form supersedes FTD 164, Jul 61, which is obsolete.