

## PROJECT 10073 RECORD

|                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. DATE - TIME GROUP<br>1 October 66 02/0100Z                                                  | 2. LOCATION<br>Dayton, Ohio (4 Witnesses)                                                                                                                                                                                                                                                                                                                                            |
| 3. SOURCE<br>Civilians                                                                         | 10. CONCLUSION<br>Astro (ARCTURUS) <i>prob. jet</i>                                                                                                                                                                                                                                                                                                                                  |
| 4. NUMBER OF OBJECTS<br>One                                                                    | ARCTURUS was at 288 deg azimuth and 10 deg elevation at the time of the sighting (2000 L).                                                                                                                                                                                                                                                                                           |
| 5. LENGTH OF OBSERVATION<br>2 45 Minutes                                                       | 11. BRIEF SUMMARY AND ANALYSIS<br>Observer noted star like object in the NW that was basically stationary. Object was compared to a bright blinking light moving slowly to the NW. Observer said that she studied the stars in the sky and not one star flickered or moved. ARCTURUS a first magnitude star with a stellar magnitude of 0.2 would have been quite bright in the WNW. |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        |                                                                                                                                                                                                                                                                                                                                                                                      |
| 7. COURSE<br>NW                                                                                |                                                                                                                                                                                                                                                                                                                                                                                      |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |                                                                                                                                                                                                                                                                                                                                                                                      |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                                                                      |

FORM

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



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

No

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:

Mrs. [REDACTED] [REDACTED]  
 Mrs. [REDACTED] [REDACTED]  
 Mr. [REDACTED] [REDACTED]

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.

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

1st

Day

Oct.

Month

1966

Year

U.S. W.P.A. F.B.

Div. U.F.O.

didn't get any name.



27 October 1966, Dayton, Ohio

FTD (TDETR)  
Wright-Patterson AFB, Ohio 45433  
16 November 1966

Mr. and Mrs. [REDACTED]  
[REDACTED]

Dayton, Ohio

Dear Mr. and Mrs. [REDACTED]

Reference your unidentified observations of 27 October 1966.  
The information which we received from the Duty Officer at Wright-Patterson was not sufficient for evaluation. Request you complete the attached FTD Forms 164 and return them 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



# 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?

27 Oct 1966  
Day Month Year

2. Time of day: 1749  
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?

Near Huber Heights Ohio  
Nearest Postal Address City or Town State or County

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

4  
Hours Minutes Seconds

a. Certain  
b. Fairly certain

c. Not very sure  
d. Just a guess

5.1 How was time in sight determined? Estimated

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

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

Send 164



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:

\_\_\_\_\_

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                                  | <input checked="" type="radio"/> No | Don't know |
| b. Suddenly speed up and rush away at any time? | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| c. Break up into parts or explode?              | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| d. Give off smoke?                              | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No | Don't know |
| e. Change brightness?                           | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| f. Change shape?                                | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| g. Flash or flicker?                            | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| h. Disappear and reappear?                      | Yes                                  | <input checked="" type="radio"/> No | Don't know |



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

yes, slowing moving toward the horizon

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 Orange

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?

approx 4 inches in diameter

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.

round



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? \_\_\_\_\_

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? 35 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

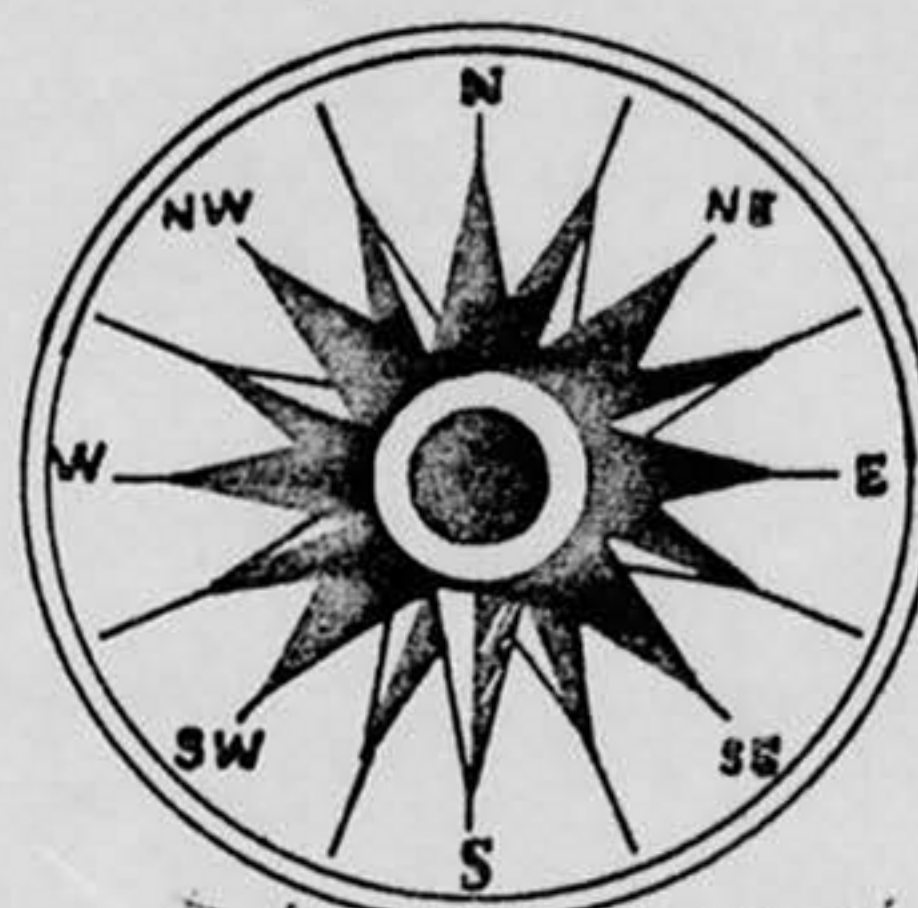
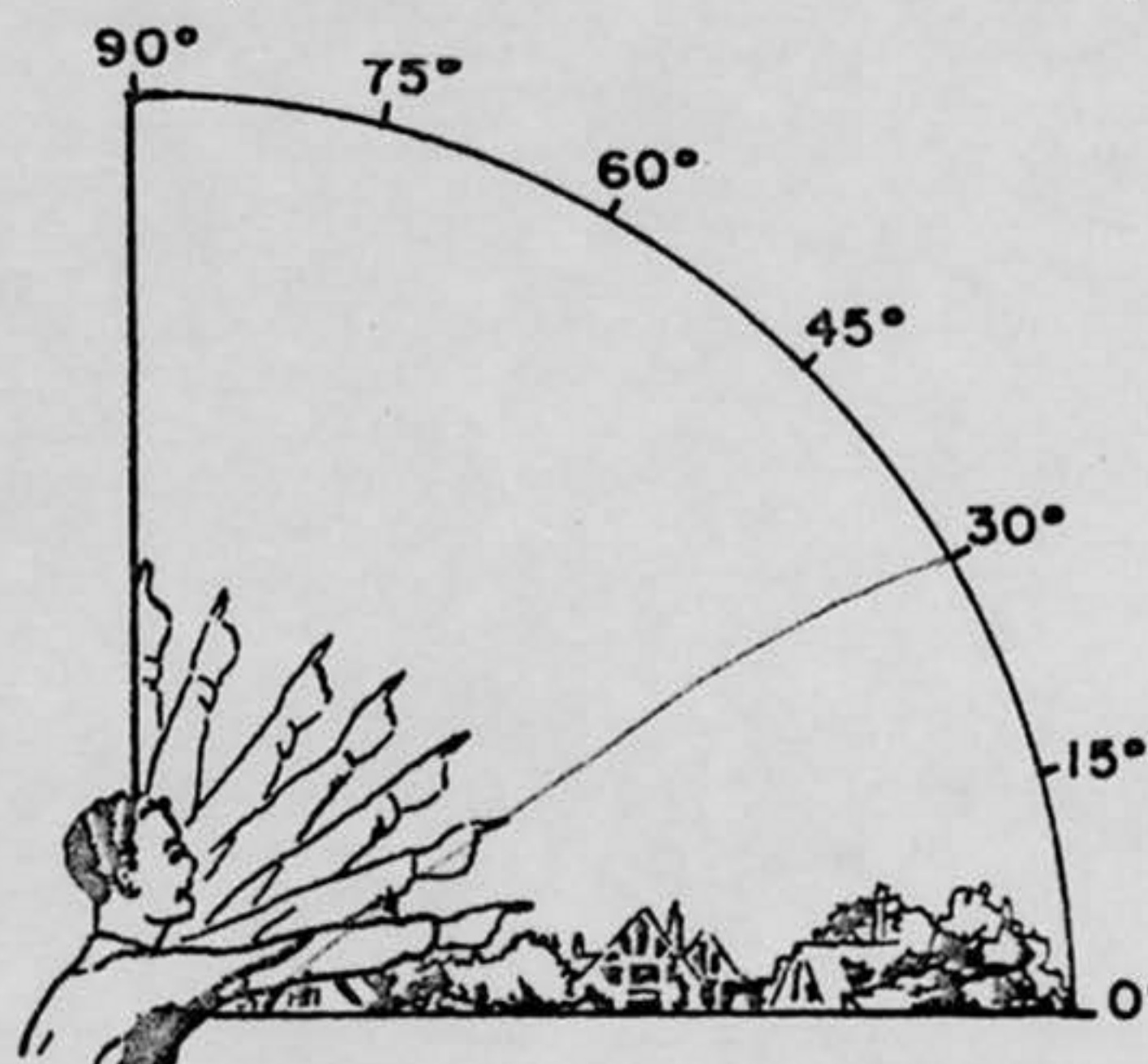
h. Other \_\_\_\_\_

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.

*large bright orange ball*

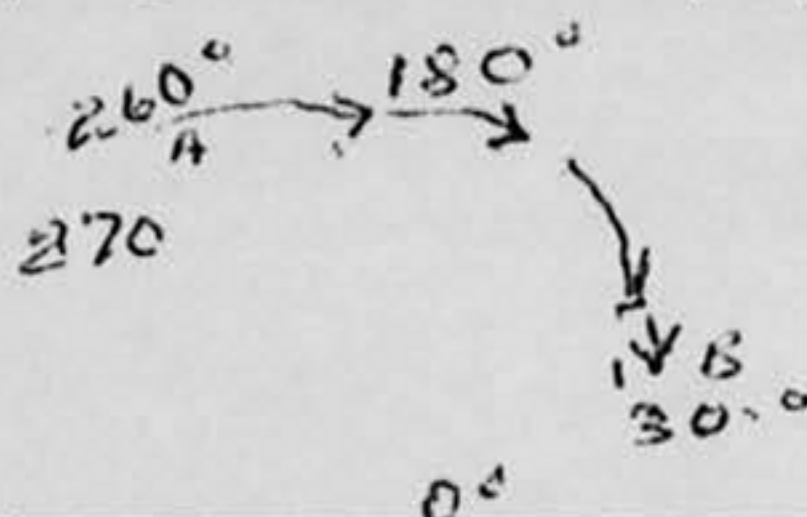


27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw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



*First noted at approx 260° and observed for approx 30 minutes until reaching 30° degrees*

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.

*only one*



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

NO

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:

Mrs

was a Flight Nurse some years back

32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE

SEX

male

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

Triple rated.

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

29

Oct

66

Day

Month

Year

0230 AM



34. Date you completed this questionnaire:

29 Oct 66  
Day Month Year  
0245 AM

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.

None



# 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?

27 Oct. 1966  
Day Month Year

2. Time of day: 17 51  
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?

Intersection of Leston Ave. and Dayton (Huber Heights) Ohio, Montgomery  
Troy (SR 202) Nearest Postal Address City or Town State or County

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

0 4 7 a few  
Hours Minutes Seconds

(a) Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined? By a very accurate watch

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

Approximately 20 degrees lower and 20 degrees North in full and separate view



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:

Dimmer than the observable sun, brighter than any star

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 Similar to a much smaller sun.

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 |



## PROJECT 10073 RECORD

|                                                                                                |                                                                                                                             |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| 1. DATE - TIME GROUP<br>4 October 66 05/0130Z                                                  | 2. LOCATION<br>Dayton, Ohio (2 Witnesses)                                                                                   |
| 3. SOURCE<br>Civilian                                                                          | 10. CONCLUSION<br>Satellite (ECHO II) ✓ <i>Just</i>                                                                         |
| 4. NUMBER OF OBJECTS<br>One                                                                    | ECHO II was over 80W-40N at about 0130Z on a NNE heading                                                                    |
| 5. LENGTH OF OBSERVATION<br>20 Minutes                                                         | 11. BRIEF SUMMARY AND ANALYSIS                                                                                              |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        | Observer noted star like object traveling toward the NE. The object was bluish-white in color and was compared to a sphere. |
| 7. COURSE<br>NE                                                                                | Description is consistent with that of a satellite sighting.                                                                |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |                                                                                                                             |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                                                                             |



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

Yes, over the horizon.

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 Perhaps a bit more orange

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?

Estimated angular displacement between zenith and horizon as less than 1/2 degree.

See Items 32 and 35.

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.

Nearly completely round - no protrusions - no con-trail (As for direction, see Item 27.)



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? 30 degrees above horizon to horizon in 4 minutes.

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? \_\_\_\_\_

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? about 30 miles away
- 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 | W(f.) Southwest | h. Northwest |

24.2 How fast were you moving? 20-25 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?

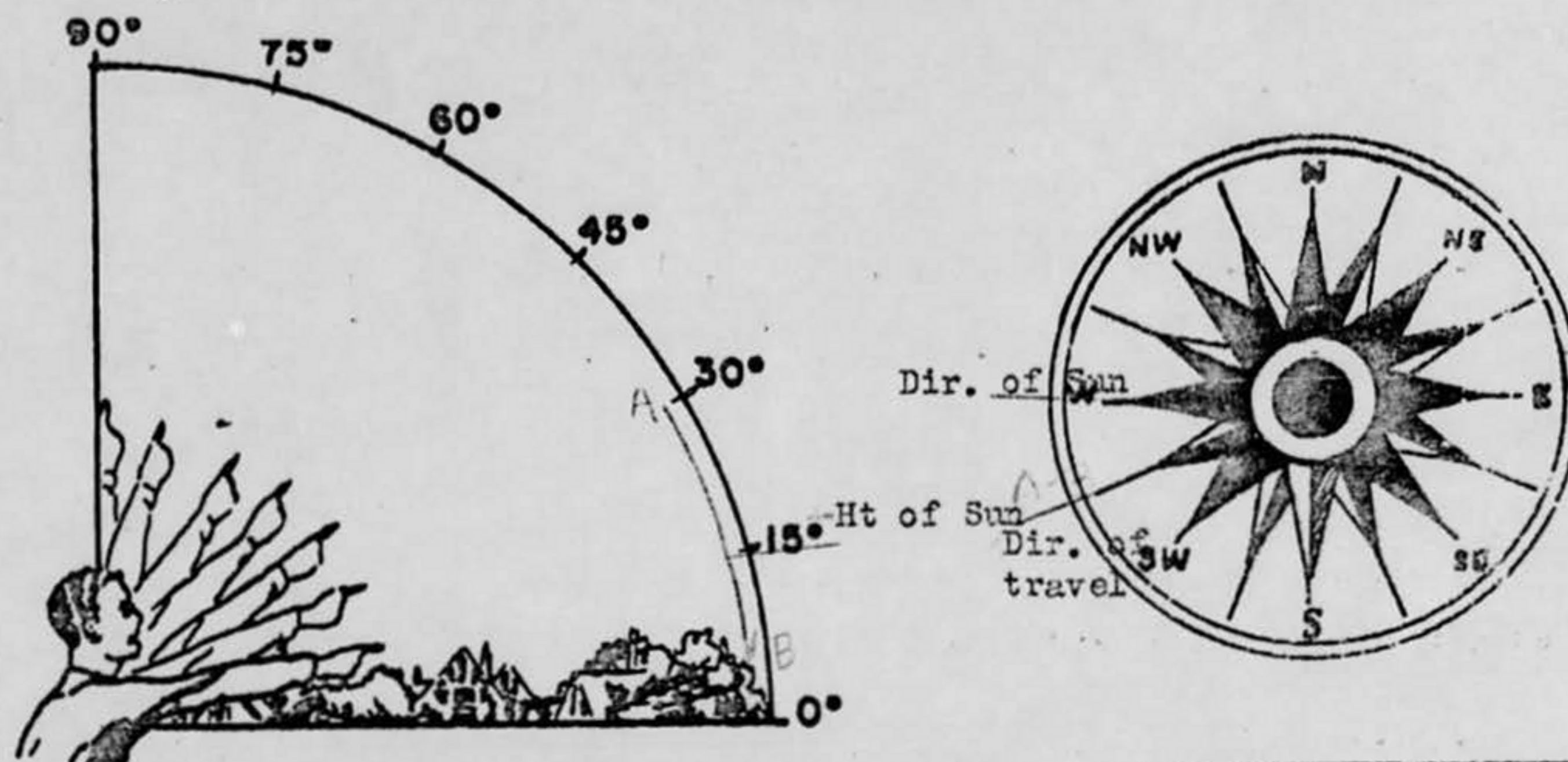
- |                 |          |               |        |
|-----------------|----------|---------------|--------|
| a. Eyeglasses   | (Yes) No | e. Binoculars | Yes No |
| b. Sun glasses  | (Yes) No | f. Telescope  | Yes No |
| c. Windshield   | (Yes) No | g. Theodolite | Yes No |
| d. Window glass | Yes No   | h. Other      | _____  |
- Glasses were Ar Rose - uncorrected

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.

See Item 35



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.  
Direct from position first observed toward horizon. No erratic motion. No apparent change of speed, except more rapid than descent of sun.

29. IF there was MORE THAN ONE object, then how many were there? N/A  
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. See Item 35.

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:

Mrs. [REDACTED], R.N. [REDACTED], Dayton, Ohio, 45424 (A former AF Flight Nurse who was driving and first called my attention to it.)

- same address.

**32. Please give the following information about yourself:**

NAME \_\_\_\_\_  
Last Name First Name Middle Name

ADDRESS [REDACTED] Dayton 45424 Ohio  
Street City Zone State

TELEPHONE NUMBER [REDACTED] AGE 43 SEX Male

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

Retired AF Pilot, Acft Observer, Photographer, Gunner, Aerial Observer. Currently hold FAA Commercial Pilot Licence No. [REDACTED] with Instrument Rating. Retired 31 Dec. 1963 from W-PAFB in grade of Major.

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

27                      Oct.                      1966  
Day                      Month                      Year

Approximately 30 minutes later to AO W-PAEB



34. Date you completed this questionnaire:

27

Day

March

Month

1967

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.

During the more than 20 years I spent in the AF under my various aeronautical qualifications I have never observed anything of this nature. I have flown most everything from a a Piper J-3 to jet fighters. The Aurora Borealis is no stranger to me after flying in Canada and Alaska. In over 100 combat missions in Korea, flying the Atlantic, etc., I've seen many windshield reflections. I've also observed ~~Radio~~sonde balloons.

But this, particularly considering my wives qualifications and conformation, is without precedent in our experience.

In conclusion let me say that I must apologize for not having replied to your request for information sooner.

Major Quintanilla I must add that I do believe in UFOs - or some logical explanation of the many observations - other than "swamp gas." This is my first and only report, but I would hasten to assure you that, whatever I may personally believe, it has not been influenced by that. I've been through enough de-briefings not to try, or want, to "snow" anyone.



# 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?

1 OCT 1966  
Day Month Year

2. Time of day: 8:30  
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?

[REDACTED] RD DAYTON 17 OHIO  
Nearest Postal Address City or Town State or County

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

20  
Hours Minutes 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  
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



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 NONE

b. Color BLuish-WHITE

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?

THUMB WOULD COVER IT

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.

SPHERE



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 - CIRRUS, LIGHT
- 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

LIKE BRIGHT STAR

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:

ARC - WELDER

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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

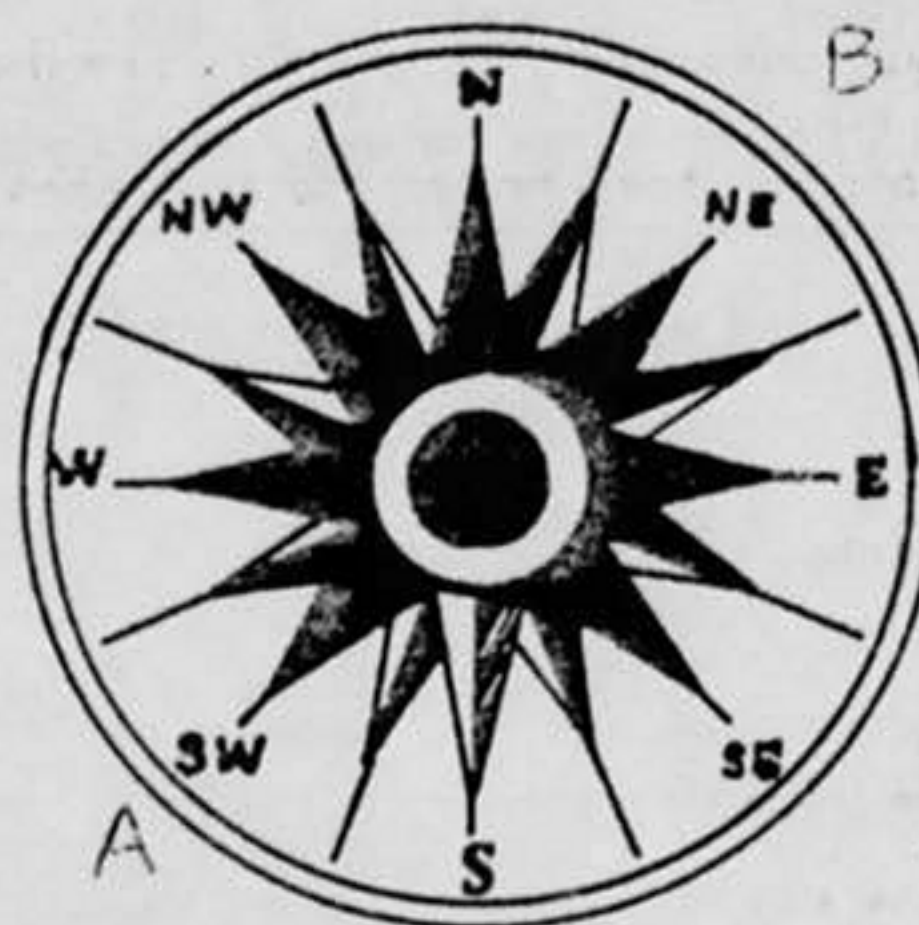
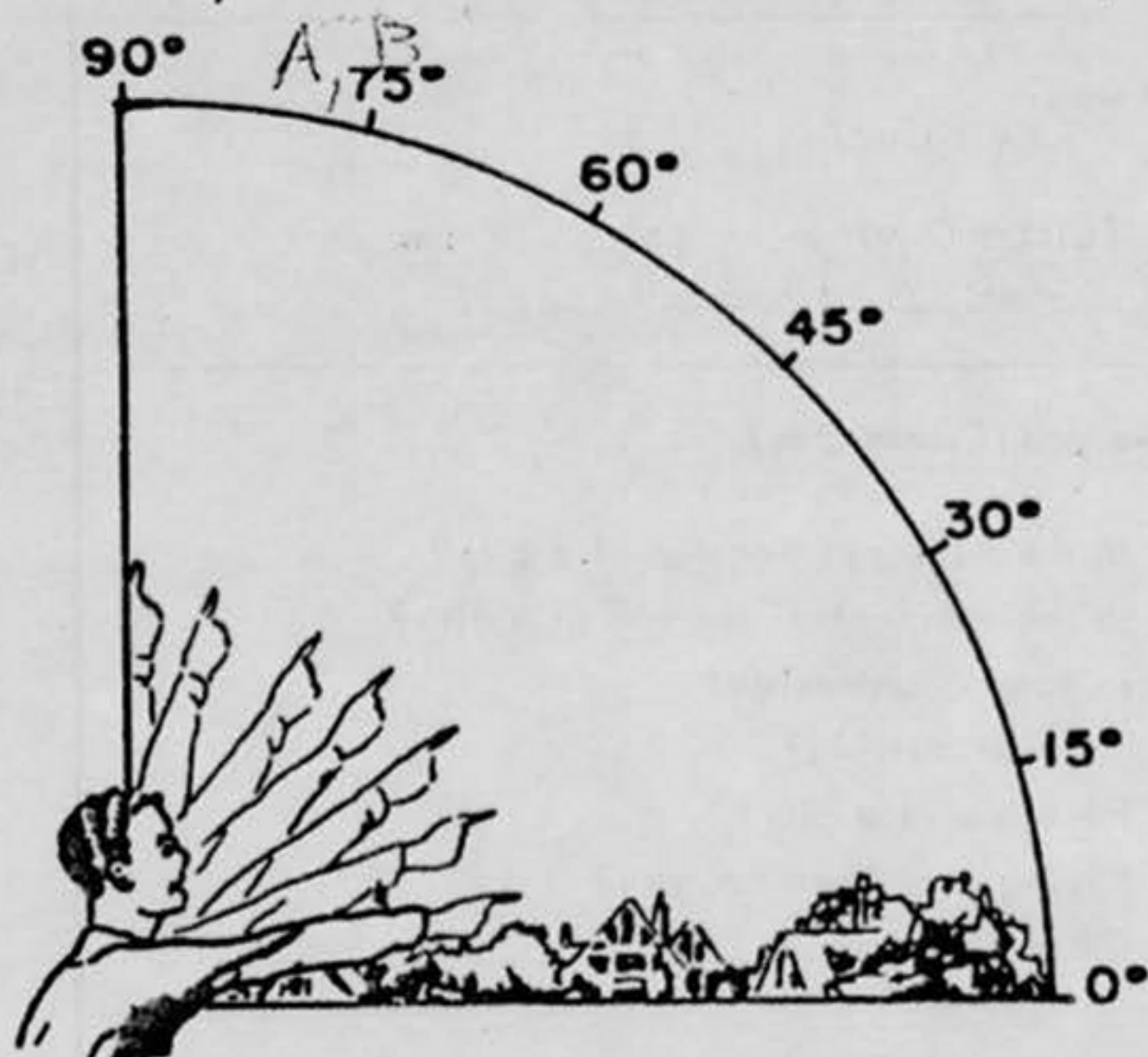
13. Did the object:

(Circle One for each question)

- |                                                 |                                      |                                     |            |
|-------------------------------------------------|--------------------------------------|-------------------------------------|------------|
| a. Appear to stand still at any time?           | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| b. Suddenly speed up and rush away at any time? | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| c. Break up into parts or explode?              | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| d. Give off smoke?                              | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| e. Change brightness?                           | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| f. Change shape?                                | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| g. Flash or flicker?                            | <input checked="" type="radio"/> Yes | No                                  | Don't know |
| h. Disappear and reappear?                      | Yes                                  | <input checked="" type="radio"/> No | Don't know |



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.



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? 20,000 ft.

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 | <input checked="" type="radio"/> No | e. Binoculars  | Yes | <input checked="" type="radio"/> No |
| b. Sun glasses  | Yes | <input checked="" type="radio"/> No | f. Telescope   | Yes | <input checked="" type="radio"/> No |
| c. Windshield   | Yes | <input checked="" type="radio"/> No | g. Theodolite  | Yes | <input checked="" type="radio"/> No |
| d. Window glass | Yes | <input checked="" type="radio"/> 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.

LIGHTS ON HIGH WING



34. Date you completed this questionnaire:

4 OCT 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.



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

1947 - DAYTON - SIMILAR, EXCEPT DAY

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

32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE

23

SEX

M

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

FOLLOWED UFO FOR SOMETIME

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

Day

Month

Year



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 THIN
- 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

ZERO MAGNITUDE

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

AS BRIGHT AS VEGA

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 IN TELESCOPE
- 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?

- |     |                                     |            |
|-----|-------------------------------------|------------|
| Yes | No                                  | Don't know |
| Yes | <input checked="" type="radio"/> No | Don't know |
| Yes | No                                  | Don't know |
| Yes | <input checked="" type="radio"/> No | Don't know |
| Yes | No                                  | Don't know |
| Yes | <input checked="" type="radio"/> No | Don't know |
| Yes | No                                  | Don't know |
| Yes | <input checked="" type="radio"/> No | Don't know |



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:

Brightness of a diamond when it catches 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

c. Other like a bright star but  
the edges were also  
somewhat blurred

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?

Yes

No

Don't know

Yes

No

Don't know

Yes

No

Don't know

Yes

No

Don't know

Yes

No

Don't know

Yes

No

Don't know

Yes

No

Don't know

Yes

No

Don't know



## 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?

4 OCT 66  
Day Month Year

2. Time of day: 8 30  
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?

BROADWAY  
Nearest Postal Address

DAYTON  
City or Town

State or County

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

6  
Hours Minutes Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined? TIMED

5.2 Was object in sight continuously? Yes \_\_\_\_\_ No X

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



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

(Circle One)

Yes

☒ No

HIGH

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? \_\_\_\_\_

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 \_\_\_\_\_

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.

SMALL  
METEOR



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: 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: \_\_\_\_\_

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

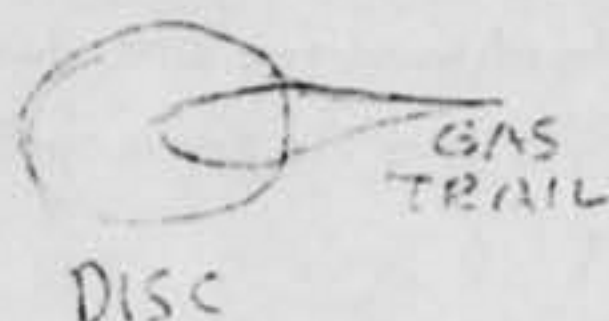
a. Sound NO

b. Color BRIGHT WHITE

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?

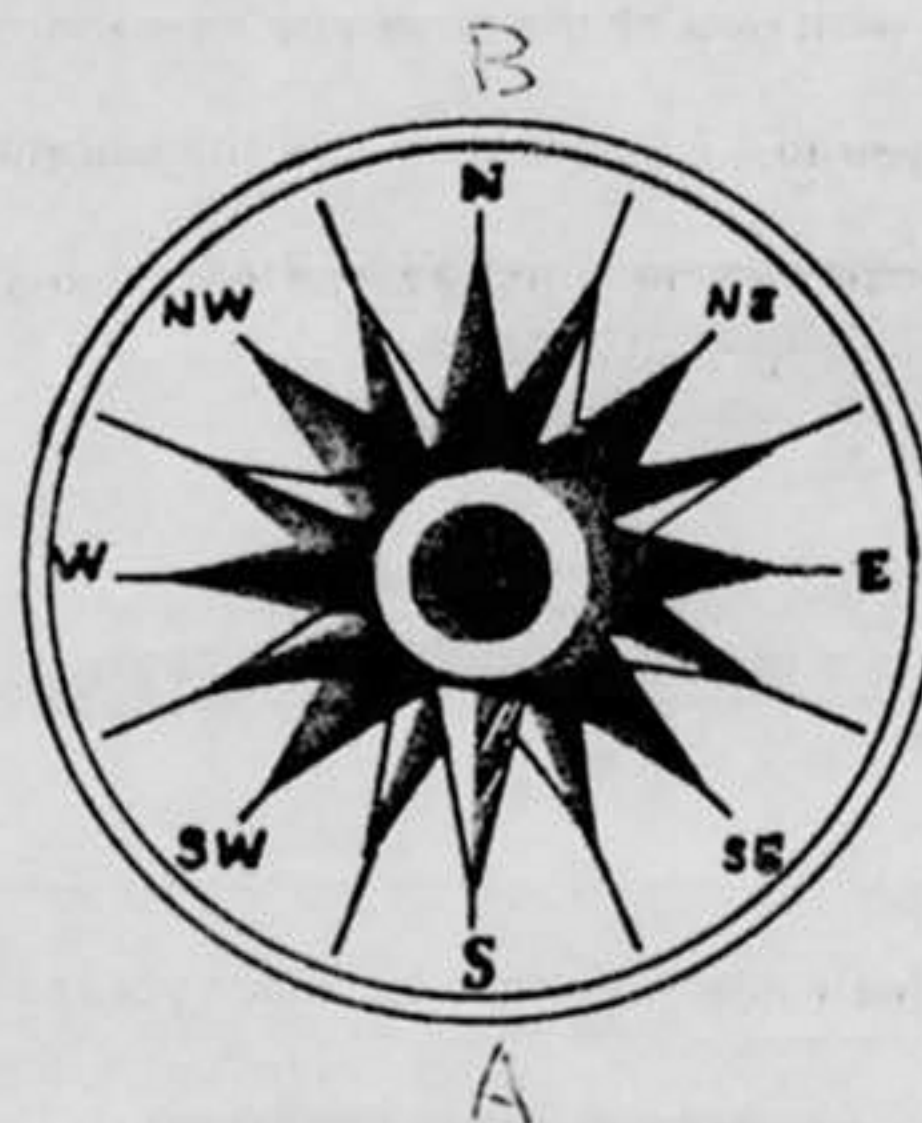
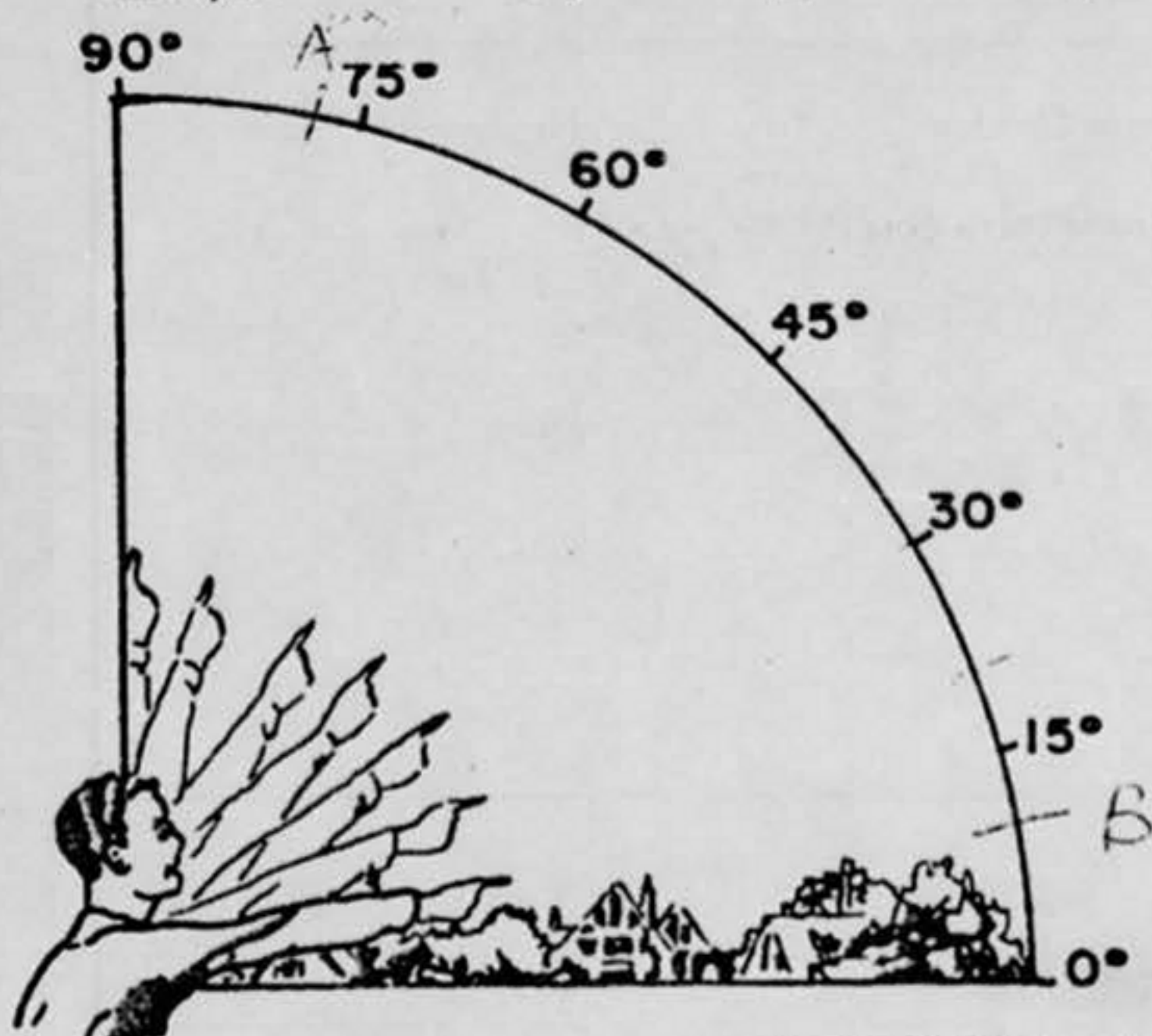
ANGULAR SIZE LIKE VEGA

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.

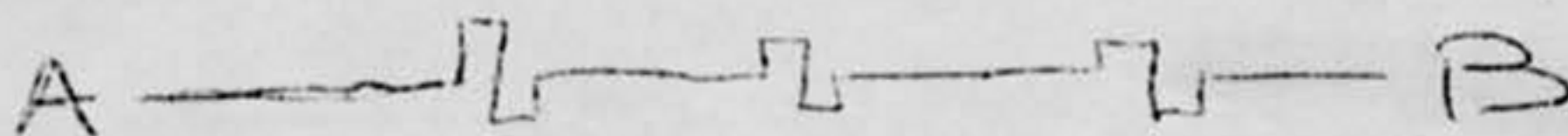




27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw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

YES 3 OCT CLOSER TO EAST HORIZON, SAME 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:

[REDACTED]  
[REDACTED] (2)  
TROTWOOD

[REDACTED]  
[REDACTED]  
TROTWOOD

32. Please give the following information about yourself:

NAME

[REDACTED]  
Last Name

[REDACTED]  
First Name

Middle Name

ADDRESS

[REDACTED]  
Street

TROTWOOD  
City

Zone

State

TELEPHONE NUMBER

[REDACTED]  
AGE

13

SEX

M

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

AMATEUR ASTRONOMER

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

Day

Month

Year



## PROJECT 10073 RECORD

|                                                                                                |                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. DATE - TIME GROUP<br>6 October 66 07/0140Z                                                  | 2. LOCATION<br>Dayton, Ohio                                                                                                                                                                                     |
| 3. SOURCE<br>Civilian                                                                          | 10. CONCLUSION<br>1. Satellite (ECHO II) ✓<br>2. Possible (A/C) ✓ <i>Not</i><br>No data presented to indicate object could not have been a A/C<br>ECHO II was over area (90W 40N) at 0156Z on a heading of NNE. |
| 4. NUMBER OF OBJECTS<br>Two                                                                    | 11. BRIEF SUMMARY AND ANALYSIS<br><br>Observer described object as brighter than the brightest star and a blue green light. Stated one object disappeared to the N, the other one just faded out.               |
| 5. LENGTH OF OBSERVATION<br>10 Minutes                                                         |                                                                                                                                                                                                                 |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        |                                                                                                                                                                                                                 |
| 7. COURSE<br>1. N<br>2. Stationary                                                             |                                                                                                                                                                                                                 |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |                                                                                                                                                                                                                 |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                                                                                                                                                                 |

FORM

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



## 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?

6 10 1966  
Day Month Year

2. Time of day:

20 40  
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?

Centerville High  
Nearest Postal Address

Dayton  
City or Town

Ohio  
State or County

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

\_\_\_\_\_  
Hours Minutes Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined?

estimated

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

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



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

*2 objects*  
*One left sky in the North*  
*One just went 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

*Blue Green (light)*

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?

*Size comparable to brightest star*

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.

*Just round lights far away*



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:

*Slightly brighter than brightest stars*

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



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

*One flew away out of view to north. The other was lost from sight while watching the first.*

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

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.



18 Oct: 66

FTD (TDETR) *HL*  
Wright-Patterson AFB, Ohio 45433  
4 October 1966

Dayton, Ohio 45410

Dear Mrs. *[redacted]*,

Reference your unidentified observation of 3 October 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,

*(H)*  
RECTOR QUINTANILLA, Jr, Major, USAF  
Chief, Project Blue Book

OFFICIAL FILE COPY

TDETR

Office of Record



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?

1000 ft/min

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?

very far

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)

NA

- |              |              |              |              |
|--------------|--------------|--------------|--------------|
| 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?

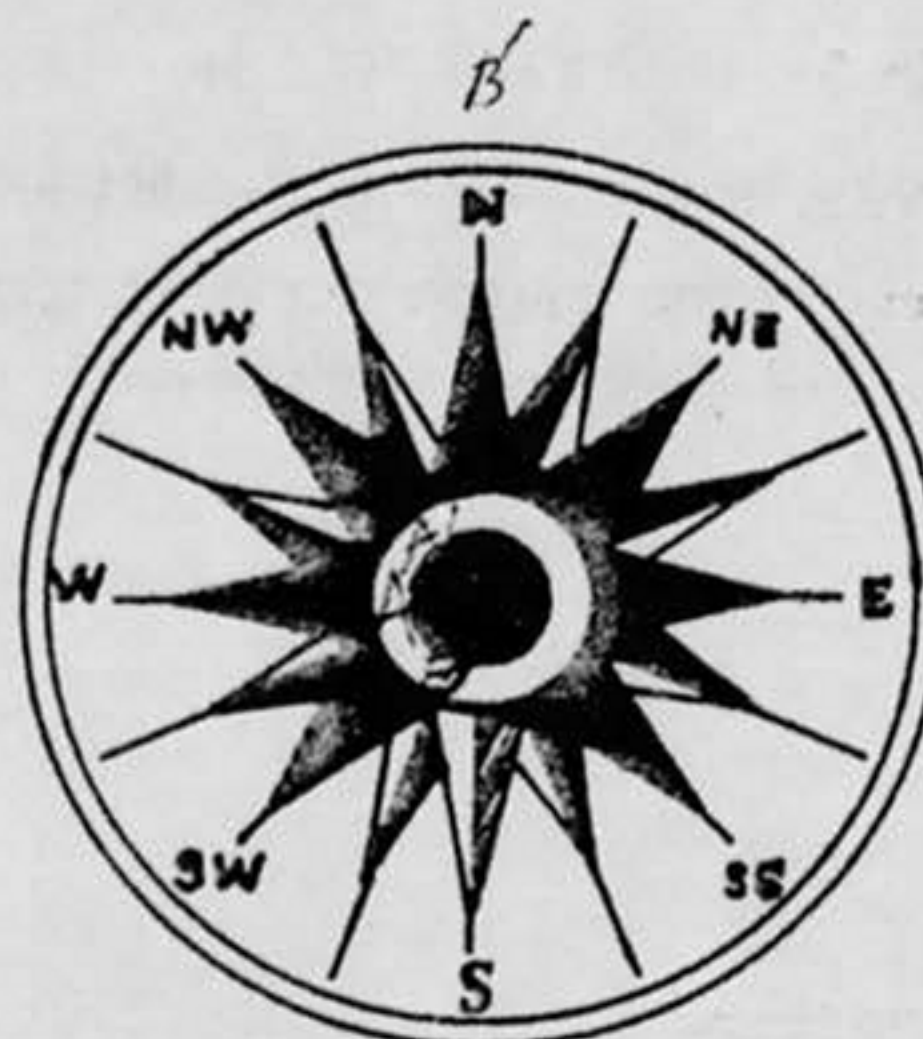
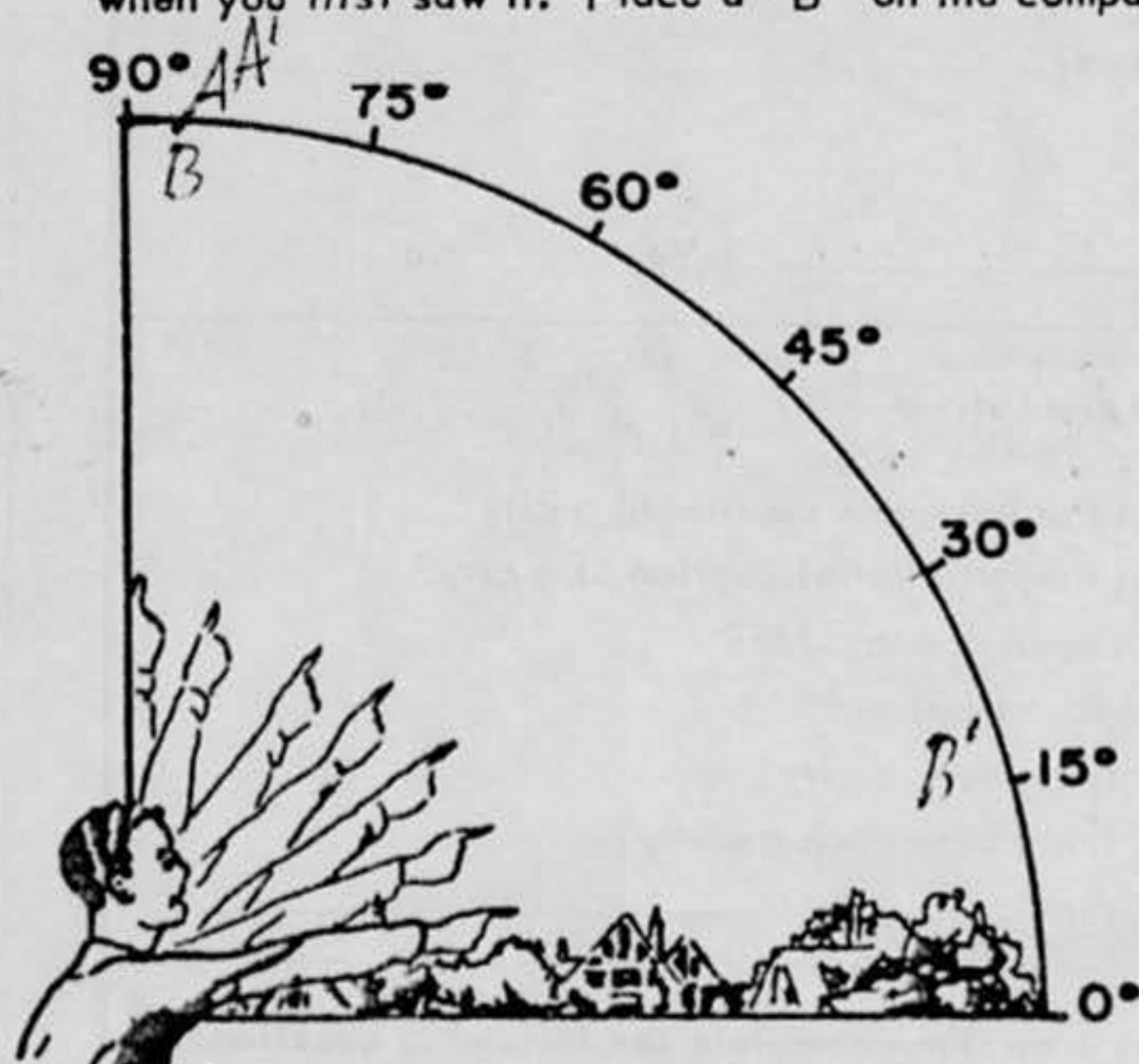
- |                 |     |           |                |     |           |
|-----------------|-----|-----------|----------------|-----|-----------|
| a. Eyeglasses   | Yes | <u>No</u> | e. Binoculars  | Yes | <u>No</u> |
| b. Sun glasses  | Yes | <u>No</u> | f. Telescope   | Yes | <u>No</u> |
| c. Windshield   | Yes | <u>No</u> | g. Theodolite  | Yes | <u>No</u> |
| d. Window glass | Yes | <u>No</u> | 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.

light or star (very bright)



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.

*flew straight  
other object didn't move*

29. IF there was MORE THAN ONE object, then how many were there? 2

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

*One went North and other South.  
In beginning they were close together  
One going North went out of sight.*



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? \_\_\_\_\_

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 _____ |     |    |

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.



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

No

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:

31.2 Please list their names and addresses:

~~\_\_\_\_\_~~ Dr. Centerville, O.

32. Please give the following information about yourself:

NAME \_\_\_\_\_

East N

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.

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

Day

Month

Year

Called Police  
then WBAFB  
then FTD



## PROJECT 10073 RECORD

|                                                                                                |                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. DATE - TIME GROUP<br>18 October 66 18/2343Z                                                 | 2. LOCATION<br>Dayton, Ohio (2 Witnesses)                                                                                                                                                                                                                                                             |
| 3. SOURCE<br>Civilian                                                                          | 10. CONCLUSION<br>Astro (METEOR) ✓ <i>just</i>                                                                                                                                                                                                                                                        |
| 4. NUMBER OF OBJECTS<br>One                                                                    |                                                                                                                                                                                                                                                                                                       |
| 5. LENGTH OF OBSERVATION<br>12 - 15 Seconds                                                    | 11. BRIEF SUMMARY AND ANALYSIS<br>Observer noted white, circular possibly elliptical shaped object that disappeared behind intervening object. Observer has observed falling stars before and he estimates that the object was traveling at the speed of a falling star. Object compared to a meteor. |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        |                                                                                                                                                                                                                                                                                                       |
| 7. COURSE<br>N/A                                                                               | Description is consistent with that of a meteor sighting. The time of observation is a bit long; however, the witness stated that he was not very sure of the time and he merely estimated the time duration.                                                                                         |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |                                                                                                                                                                                                                                                                                                       |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                                                                                       |

FORM

STD SEP 62 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:

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 | <input checked="" type="radio"/> No | Don't know |
| b. Suddenly speed up and rush away at any time? | Yes | <input checked="" type="radio"/> No | Don't know |
| c. Break up into parts or explode?              | Yes | <input checked="" type="radio"/> No | Don't know |
| d. Give off smoke?                              | Yes | <input checked="" type="radio"/> No | Don't know |
| e. Change brightness?                           | Yes | <input checked="" type="radio"/> No | Don't know |
| f. Change shape?                                | Yes | <input checked="" type="radio"/> No | Don't know |
| g. Flash or flicker?                            | Yes | <input checked="" type="radio"/> No | Don't know |
| h. Disappear and reappear?                      | Yes | <input checked="" type="radio"/> No | Don't know |



# 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?

18 Oct 66  
Day Month Year

2. Time of day: 6 43  
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

ARLENE

4. Where were you when you saw the object?

traveling N. on Arlene St. toward  
Daguer Free Pike

Nearest Postal Address

City or Town

State or County

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

— Hours

— Minutes

12-15 Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined? Est.

5.2 Was object in sight continuously?

Yes X

No —

6. What was the condition of the sky?

DAY  
a. Bright  
b. Cloudy

Clear

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



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

*Disappeared behind intervening object.*

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 *hard nothing*  
b. Color *white*

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?

*match head would just about cover object.*

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.

*circular - possibly elliptical*



the object

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?

Has seen many falling stars & estimates that it was traveling at the speed of a falling star.

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? \_\_\_\_\_

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)

- |                                           |              |              |              |
|-------------------------------------------|--------------|--------------|--------------|
| <input checked="" type="radio"/> a. North | c. East      | e. South     | g. West      |
| b. Northeast                              | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? 10 mph miles per hour.

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

(Circle One)

Yes

No

slowed slightly

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

- |                 |                                      |                                     |                |     |    |
|-----------------|--------------------------------------|-------------------------------------|----------------|-----|----|
| a. Eyeglasses   | Yes                                  | <input checked="" type="radio"/> No | e. Binoculars  | Yes | No |
| b. Sun glasses  | Yes                                  | <input checked="" type="radio"/> No | f. Telescope   | Yes | No |
| c. Windshield   | <input checked="" type="radio"/> 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.

meteors



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

*Not like this*

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*

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.

*Occupation*

*Tire & Rubber Company*

*Tire*

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

Day

Month

Year



8. Remarks or reports of special incidents if any, are listed below: (Security violations, issuance of orders, fires, meeting the Commander at Operations, etc.). Continue on plain bond paper if necessary.

Monday 30 Oct 253-1782  
Request UFO Be Advised To call or send Forms

To: [REDACTED]

For UFO sighting AT

Dayton, Ohio

08/0300Z. OBJECT was shaped  
Between BASKETBALL + FOOTBALL with  
Blue light on top.

Called again at 2255 hours. [REDACTED] said he just saw 3 more  
that looked like they were about 1 mile away to the west.  
9. [REDACTED] hours, relieved from duty, turned in report and  
all messages, sealed envelopes, etc., received during my tour of  
duty.

Signature

*Walter F. Wynn*

Name and Rank  
Officer of the Day

Atch

Constructive FTD guard to sign at Capt. J. Carlin  
TDFBO, TDY, <sup>hitting</sup> 0715 HRS 2 Oct 66 on Hdys  
FTD ORDER # T-1992, 28 Sept 66, To Monterey, Calif  
For approx. 4 days.

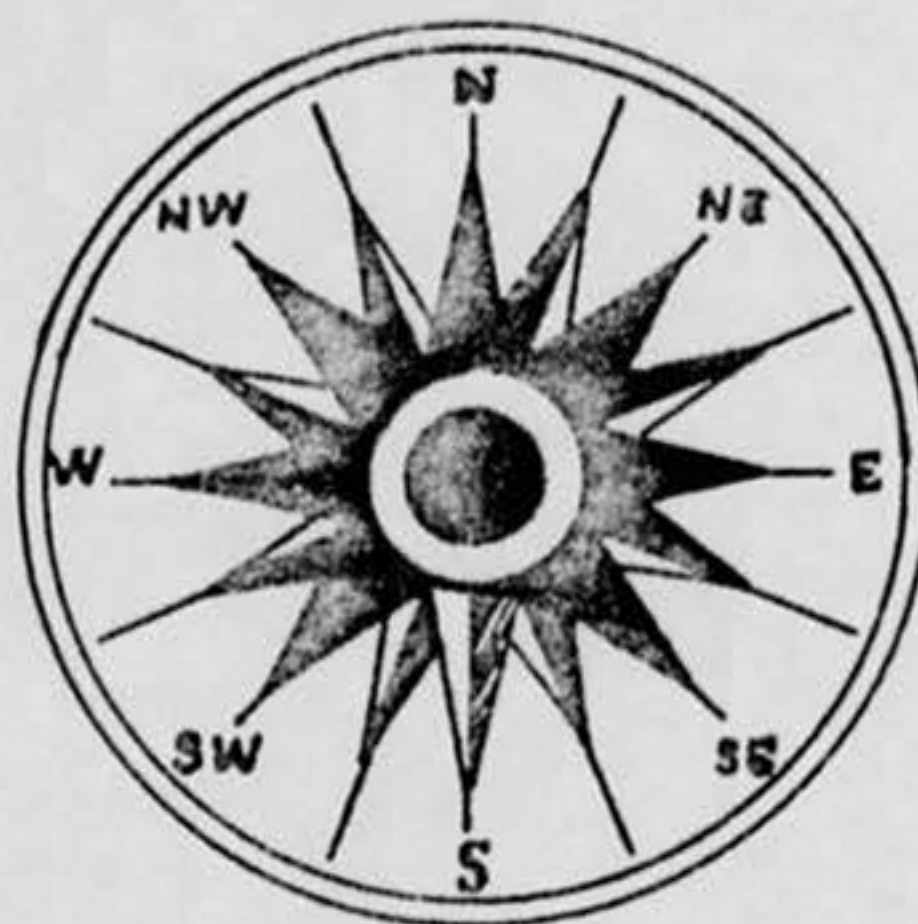
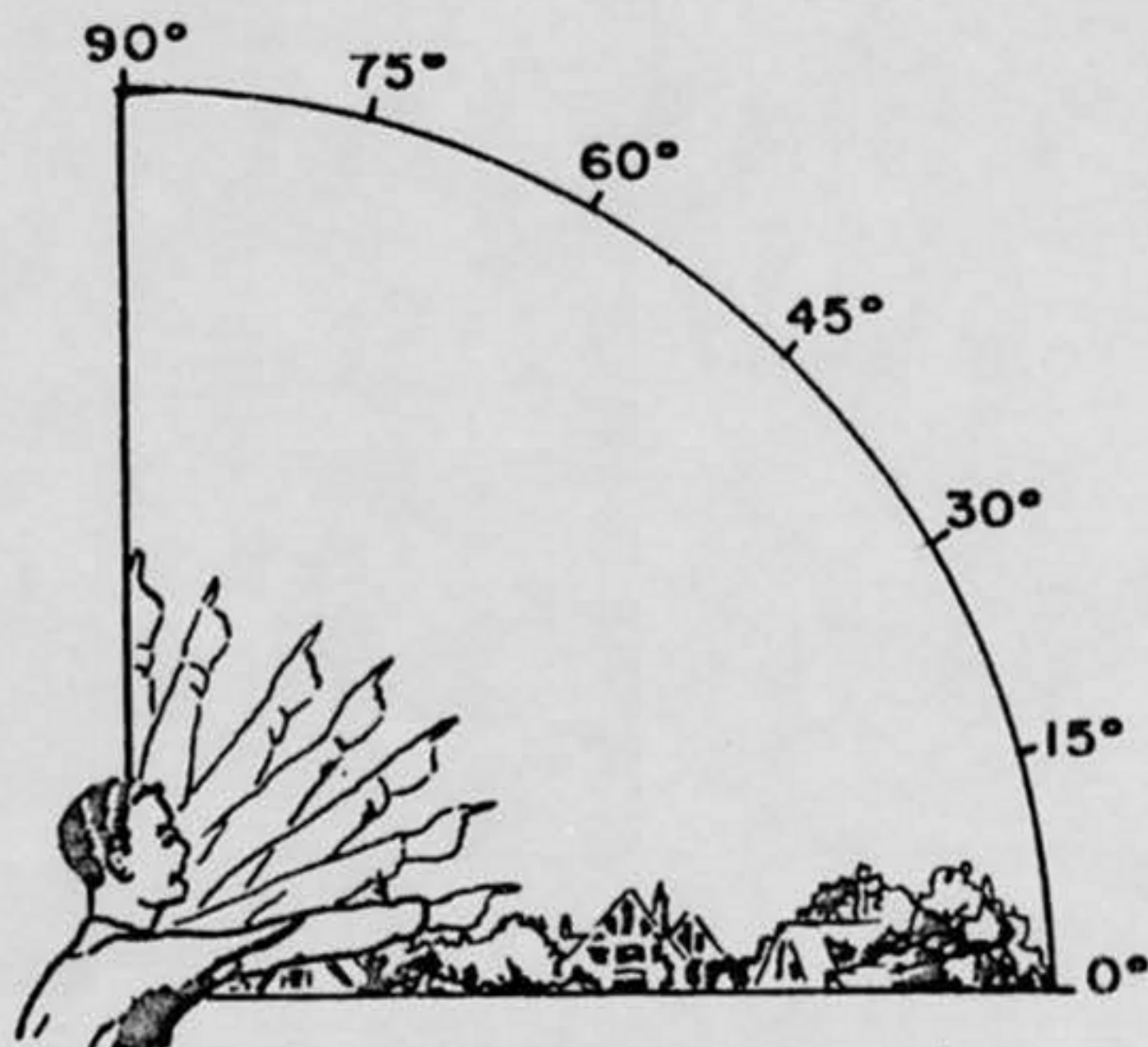
UFO 2000 HRS Local (Hrs to CD by FTD guard)

[REDACTED] Dayton, Ohio 95410

Reported UFO. Request Master Quantilla Followup.  
Monday 30 Oct 66.



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.



34. Date you completed this questionnaire:

\_\_\_\_\_  
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.



## PROJECT 10073 RECORD

|                                                                                                |                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. DATE - TIME GROUP<br>20 October 66 21/0030Z                                                 | 2. LOCATION<br>Dayton, Ohio (Multiple Witnesses)                                                                                                                                                                                                                          |
| 3. SOURCE<br>Civilian                                                                          | 10. CONCLUSION<br>Astro (ARCTURUS) ✓ <i>jet</i>                                                                                                                                                                                                                           |
| 4. NUMBER OF OBJECTS<br>One                                                                    | ARCTURUS was setting at approximately 0100Z.                                                                                                                                                                                                                              |
| 5. LENGTH OF OBSERVATION<br>90 Minutes                                                         | 11. BRIEF SUMMARY AND ANALYSIS<br><br>Observers witnessed a star like object in the western sky. The object was compared to a star that was on fire. The object kept dropping straight down and would move about 2 degrees every minute. Object descended as the sun set. |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        |                                                                                                                                                                                                                                                                           |
| 7. COURSE<br>NW                                                                                |                                                                                                                                                                                                                                                                           |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |                                                                                                                                                                                                                                                                           |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                                                           |

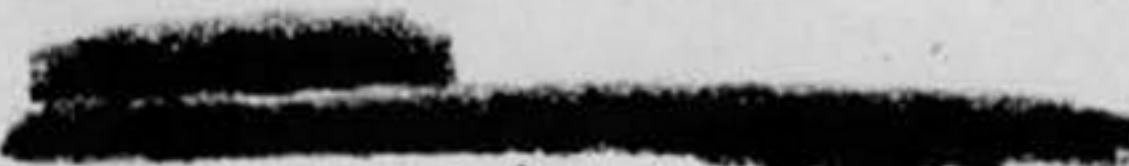
FORM

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



20 Oct 66

FTD (TDETR) *HL*  
Wright-Patterson AFB, Ohio 45433  
24 October 1966

  
Dayton, Ohio 45406

Dear ,

Reference your unidentified observation of 20 October 1966.  
The information which we have received is not sufficient for  
evaluation. Request you complete the attached FTD Form 164  
and return 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



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

c. Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Did the object:

(Circle One for each question)

- |                                                 |                                      |                                     |                                  |
|-------------------------------------------------|--------------------------------------|-------------------------------------|----------------------------------|
| a. Appear to stand still at any time?           | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | <input type="radio"/> Don't know |
| b. Suddenly speed up and rush away at any time? | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't know |
| c. Break up into parts or explode?              | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't know |
| d. Give off smoke?                              | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't know |
| e. Change brightness?                           | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | <input type="radio"/> Don't know |
| f. Change shape?                                | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't know |
| g. Flash or flicker?                            | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | <input type="radio"/> Don't know |
| h. Disappear and reappear?                      | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't know |



# 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?

20 10 66  
Day Month Year

2. Time of day: 7 30  
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?

[REDACTED]  
Nearest Postal Address

Dayton  
City or Town

Ohio  
State or County

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

1 30 —  
Hours Minutes 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  
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



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? 600 miles out

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 \_\_\_\_\_

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.

it look like a  
Fire.

Star on



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

Yes, descended as the sun set.

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

NO sound

b. Color

The color was Green red and Blue

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?

1/2 of it

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.



The object kept  
Dropping <sup>Straight</sup> Down  
it would move about 2000 ft/min



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

no

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]

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.

We felt it might be mars  
due to the Atmosphere

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

20

Day

10

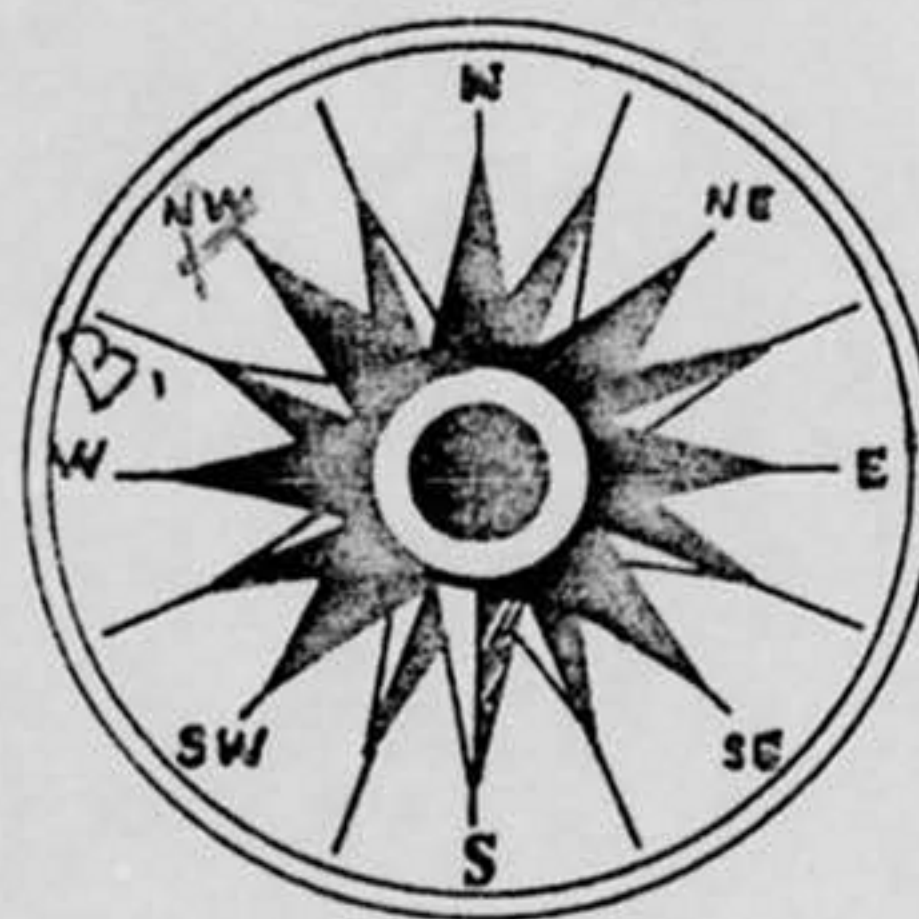
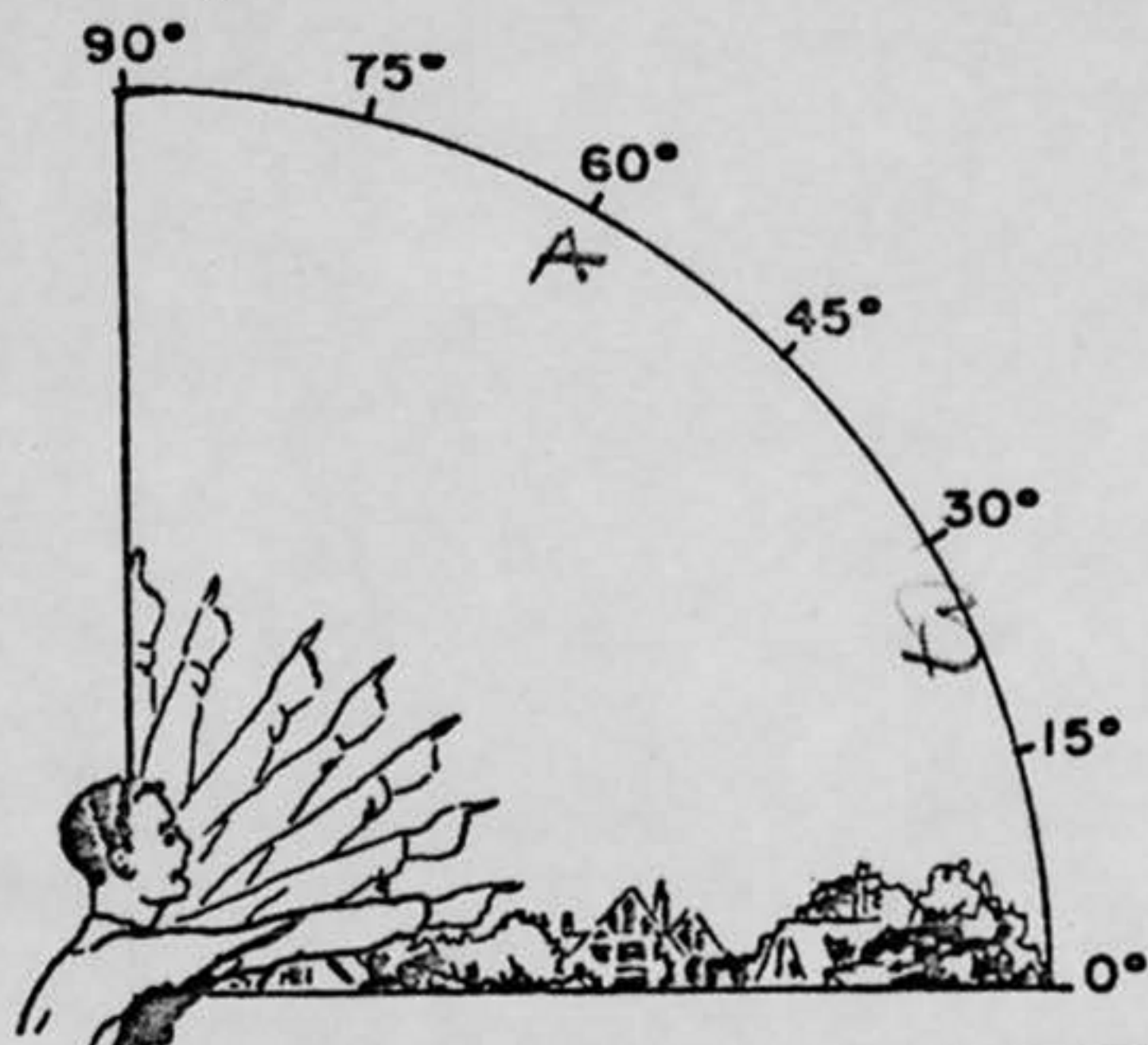
Month

66

Year



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.

*Slow descent  
as the sun sets.*

29. IF there was MORE THAN ONE object, then how many were there? Just 1 object  
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.



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

*Went further up in sky and out further west away slowly.*

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

*bright flickering light - white*

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?

*yes*

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.





34. Date you completed this questionnaire:

56

Day

10

Month

68

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?

20 OCT 68  
Day Month Year

2. Time of day:

7 15  
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?

[REDACTED] DAYTON OHIO  
Nearest Postal Address City or Town State or County

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

20 +  
Hours Minutes 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

*and 164*



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:

\_\_\_\_\_

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 |



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? 25 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     | 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      | _____ |    |

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.

AIRCRAFT



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

NO

b. Color

RED & GREEN FLASHING LIGHTS

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.

LOOKED LIKE AN AK  
EXCEPT IT STOOD STILL FOR  
LONG PERIOD.



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:

His Dad

32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

DRYTON

Zone

State

TELEPHONE NUMBER

AGE

SEX

M

45406

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?

20

OCT

66

Day

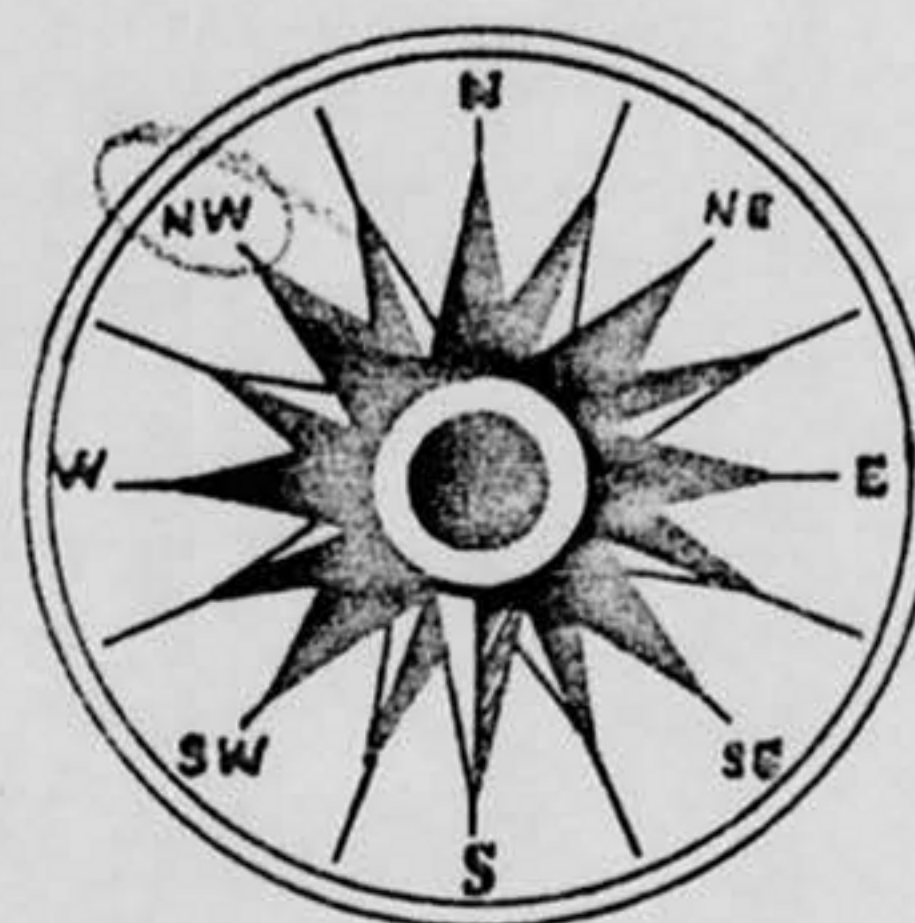
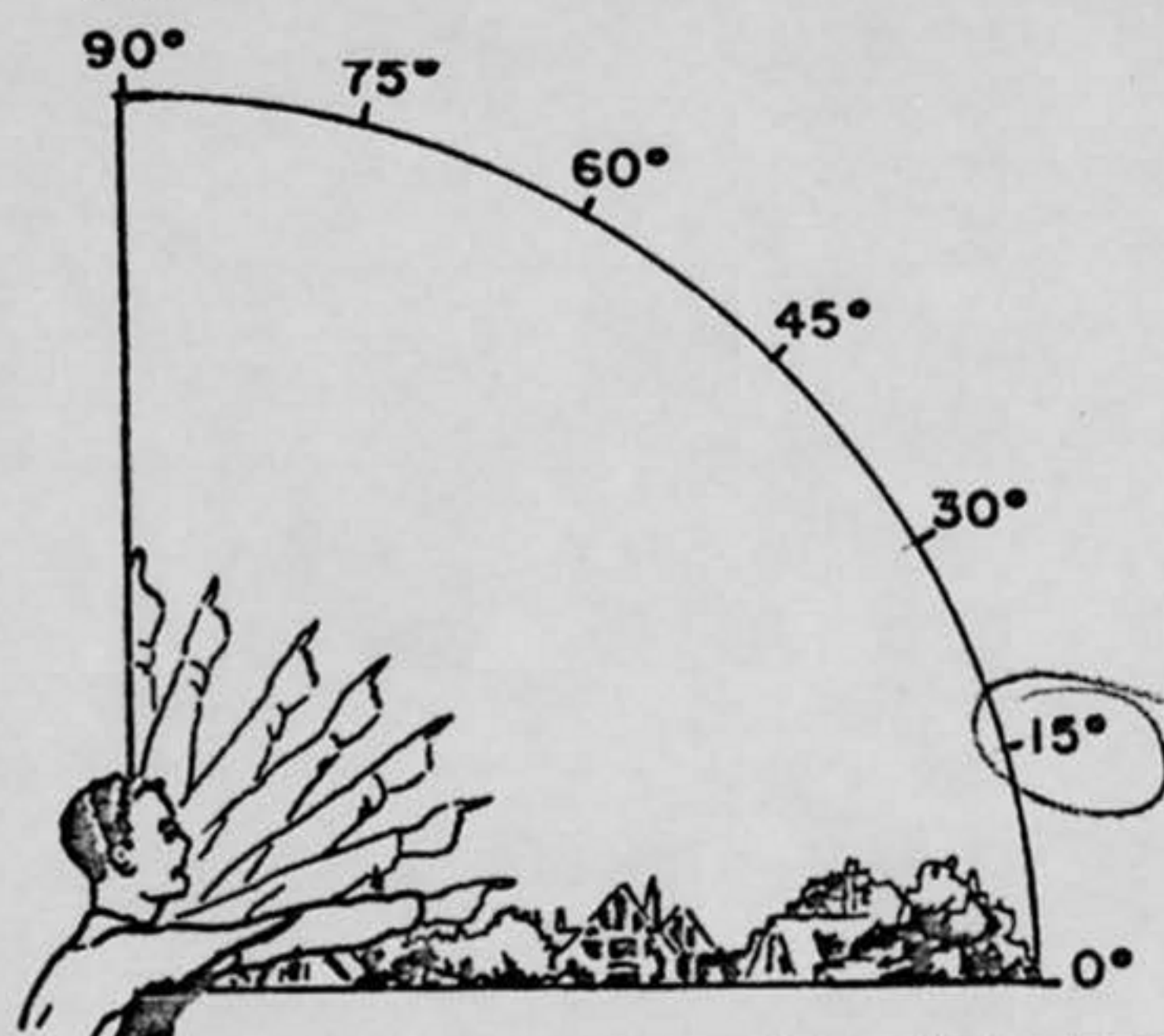
Month

Year

FTD DO,



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.

*NONE*

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.



# PROJECT 10073 RECORD

|                                                                                                |                                                            |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| 1. DATE TIME GROUP<br>20 Oct 66 2226Z                                                          | 2. LOCATION<br>Dayton, Ohio                                |
| 3. SOURCE<br>Civilian                                                                          | 10. CONCLUSION<br>(other) INSUFFICIENT DATA FOR EVALUATION |
| 4. NUMBER OF OBJECTS<br>One                                                                    |                                                            |
| 5. LENGTH OF OBSERVATION<br>30 seconds                                                         | 11. BRIEF SUMMARY AND ANALYSIS<br>SEE CASE                 |
| 6. TYPE OF OBSERVATION<br>Ground Visual                                                        |                                                            |
| 7. COURSE<br>SW                                                                                |                                                            |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |                                                            |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                            |



20 Oct 66

FTD (TDETR) *RP*  
Wright-Patterson AFB, Ohio 45433  
24 October 1966

[REDACTED]  
[REDACTED]  
Dayton, Ohio 45406

Dear [REDACTED]

Reference your unidentified observation of 20 October 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







## 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?

1st Oct. 1966  
Day Month 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?

\_\_\_\_\_  
Nearest Postal Address

\_\_\_\_\_  
City or Town

\_\_\_\_\_  
State or County

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

\_\_\_\_\_  
Hours

45 about  
Minutes

\_\_\_\_\_  
Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined?

clock

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

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



# 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?

20 OCT 66  
Day Month Year

2. Time of day: 5 26  
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?

OTTERBEIN & STRIPS BURN DRUM  
Nearest Postal Address City or Town State or County

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

30  
Hours Minutes 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



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? \_\_\_\_\_

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   | <u>Yes</u> | No        | e. Binoculars  | Yes | <u>No</u> |
| b. Sun glasses  | Yes        | <u>No</u> | f. Telescope   | Yes | <u>No</u> |
| c. Windshield   | Yes        | <u>No</u> | g. Theodolite  | Yes | <u>No</u> |
| d. Window glass | Yes        | <u>No</u> | 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.

DI ME



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

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: TREE

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 NO

b. Color METALLIC SILVER

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?

1/3

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.

DISC 



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 [REDACTED] [REDACTED] [REDACTED]  
Last Name First Name Middle Name

ADDRESS [REDACTED] DAYTON 6 [REDACTED]  
Street City Zone State

TELEPHONE NUMBER [REDACTED] AGE 13 SEX M

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

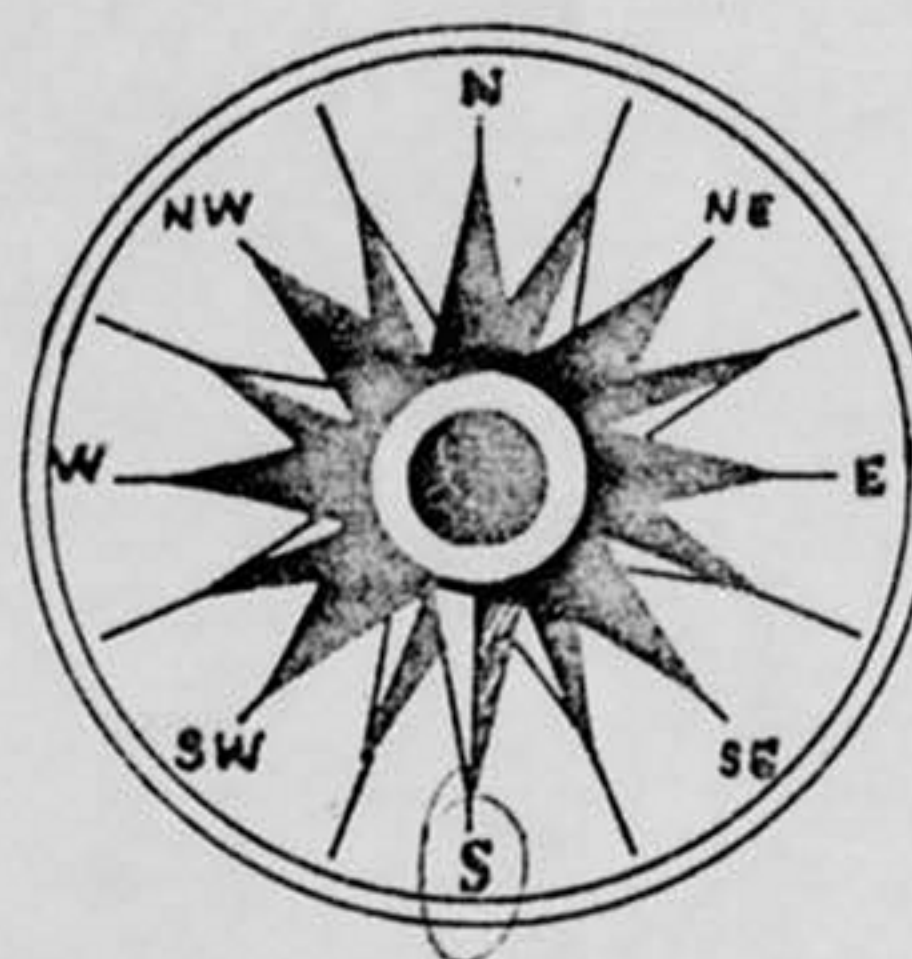
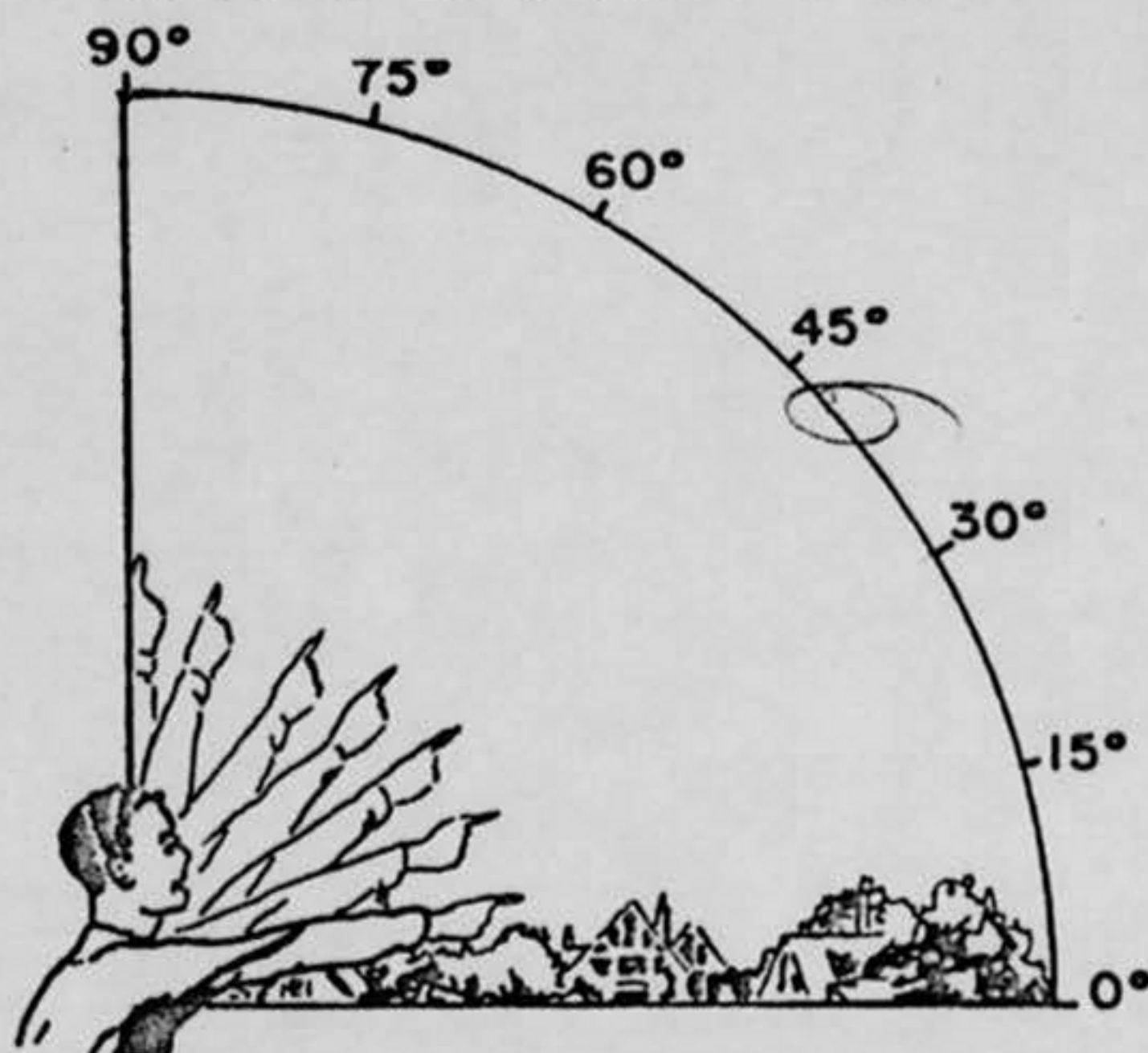
33. When and to whom did you report that you had seen the object?

20 Oct 1966  
Day Month Year

FTO DO



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.

MOVED TO SW IN STRAIGHT LINE

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.



## PROJECT 10073 RECORD

|                                                                                                |                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. DATE - TIME GROUP<br>23 October 66 24/0130Z                                                 | 2. LOCATION<br>Dayton, Ohio (MULTIPLE)                                                                                                                                                                                                                                                                               |
| 3. SOURCE<br>Civilians                                                                         | 10. CONCLUSION<br>Astro (CAPELLA) ✓ <i>just</i>                                                                                                                                                                                                                                                                      |
| 4. NUMBER OF OBJECTS<br>One                                                                    | At 2030, CAPELLA was on an azimuth of 45 deg and an elevation of approximately 18 deg.                                                                                                                                                                                                                               |
| 5. LENGTH OF OBSERVATION<br>30 Minutes.                                                        | 11. BRIEF SUMMARY AND ANALYSIS                                                                                                                                                                                                                                                                                       |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        | Observers watched a yellow oscillating light in the north-eastern sky for over 30 minutes. The yellow light appeared to move back and forth as it very slowly traveled toward the east. The object was still there when the witnesses went into the house. The observer estimated that the object was quite distant. |
| 7. COURSE<br>Stationary                                                                        |                                                                                                                                                                                                                                                                                                                      |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            | CAPELLA was low on the horizon at the time of the sighting. CAPELLA, a yellow star, with a stellar magnitude of 0.2 would have been quite visible to the observers.                                                                                                                                                  |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                      |



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

OSCILLATING LIGHT  
YELLOW  
"BACK & FORTH"

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)

- |                                                                        |     |    |            |
|------------------------------------------------------------------------|-----|----|------------|
| <input checked="" type="radio"/> 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 |



# 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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. When did you see the object?</p> <p style="text-align: center;"> <u>23</u>      <u>OCT</u>      <u>66</u><br/> Day                  Month                  Year </p>                                                                                                                                                                                                                                                                                                                                                                       | <p>2. Time of day: <u>2030</u></p> <p style="text-align: center;">Hour                  Minutes</p> <p>(Circle One):      A.M.      or      <u>P.M.</u></p> <p style="text-align: center;"><u>2030 PM</u> —</p> |
| <p>3. Time Zone:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (Circle One): <u>a.</u> Eastern<br/> b. Central<br/> c. Mountain<br/> d. Pacific<br/> e. Other _____ </div> <div style="width: 45%;"> (Circle One): a. Daylight Saving<br/> <u>b.</u> Standard </div> </div>                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |
| <p>4. Where were you when you saw the object?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <div style="background-color: black; height: 20px; width: 100%;"></div> <p style="text-align: center;">Nearest Postal Address</p> </div> <div style="width: 20%;"> <u>DAYTON</u><br/> <p style="text-align: center;">City or Town</p> </div> <div style="width: 20%;"> <u>OHIO</u><br/> <p style="text-align: center;">State or County</p> </div> </div>                                                |                                                                                                                                                                                                                 |
| <p>5. How long was object in sight? (Total Duration)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <u>30</u><br/> Hours </div> <div style="width: 30%;"> Minutes </div> <div style="width: 30%;"> Seconds </div> </div> <p> <input checked="" type="radio"/> a. Certain                  c. Not very sure<br/> b. Fairly certain                  d. Just a guess </p> <p>5.1 How was time in sight determined? _____</p> <p>5.2 Was object in sight continuously?      Yes _____      No _____</p> |                                                                                                                                                                                                                 |
| <p>6. What was the condition of the sky?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">DAY</p> a. Bright<br/> b. Cloudy </div> <div style="width: 45%;"> <p style="text-align: center;">NIGHT</p> <input checked="" type="radio"/> a. Bright      <u>CLEAR</u><br/> b. Cloudy </div> </div>                                                                                                                                                                          |                                                                                                                                                                                                                 |
| <p>7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?</p> <p>(Circle One):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a. In front of you<br/> b. In back of you<br/> c. To your right </div> <div style="width: 45%;"> d. To your left<br/> e. Overhead<br/> f. Don't remember </div> </div>                                                                                                                                                       |                                                                                                                                                                                                                 |



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

GREAT DISTANCE

IF you answered YES, then how far away would you say it was? \_\_\_\_\_

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 AT HOME

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?

NO

- |                 |     |    |                |     |    |
|-----------------|-----|----|----------------|-----|----|
| 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.



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: \_\_\_\_\_

NO

AIRPLANE WENT UNDER IT.

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

YELLOW OSCILLATING LIGHT

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? \_\_\_\_\_

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   | <input checked="" type="radio"/> Yes | No                                  | e. Binoculars | Yes   | <input checked="" type="radio"/> No |
| b. Sun glasses  | Yes                                  | <input checked="" type="radio"/> No | f. Telescope  | Yes   | <input checked="" type="radio"/> No |
| c. Windshield   | Yes                                  | <input checked="" type="radio"/> No | g. Theodolite | Yes   | <input checked="" type="radio"/> No |
| d. Window glass | Yes                                  | <input checked="" type="radio"/> 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.

*a bright blinking light moving slowly to the Northwest*



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

No

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:

FAMILY SAW IT.

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.

BASE PHONE  
BLDG

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

23

Day

OCT

Month

66

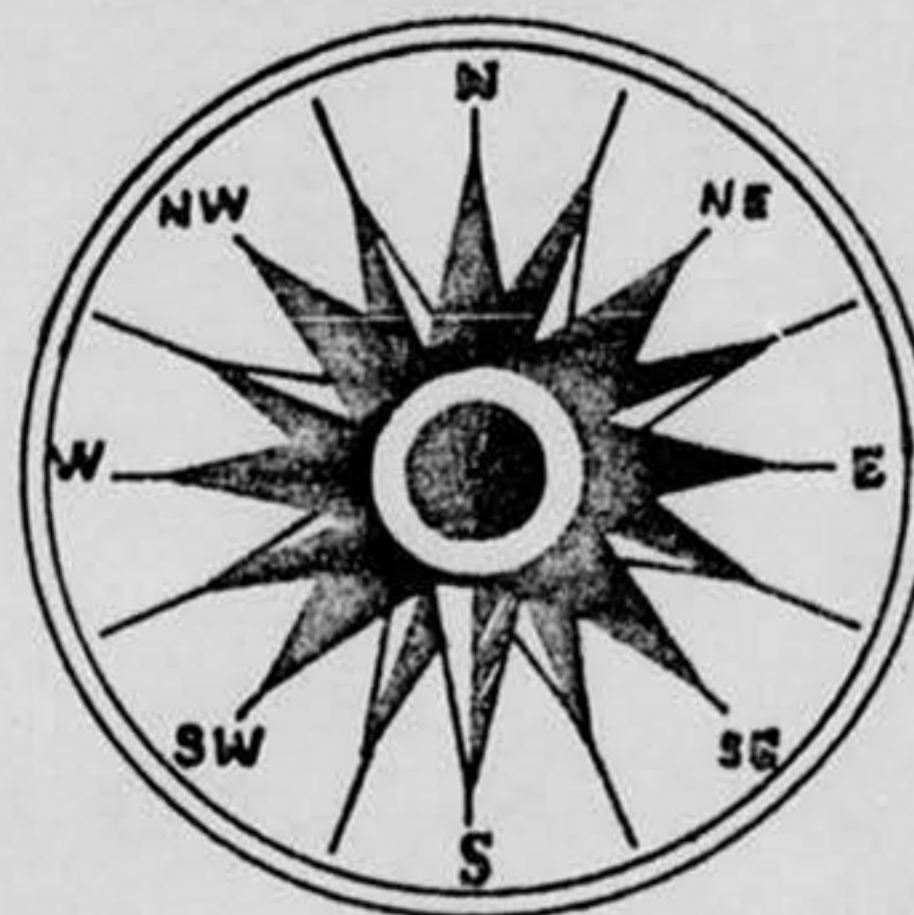
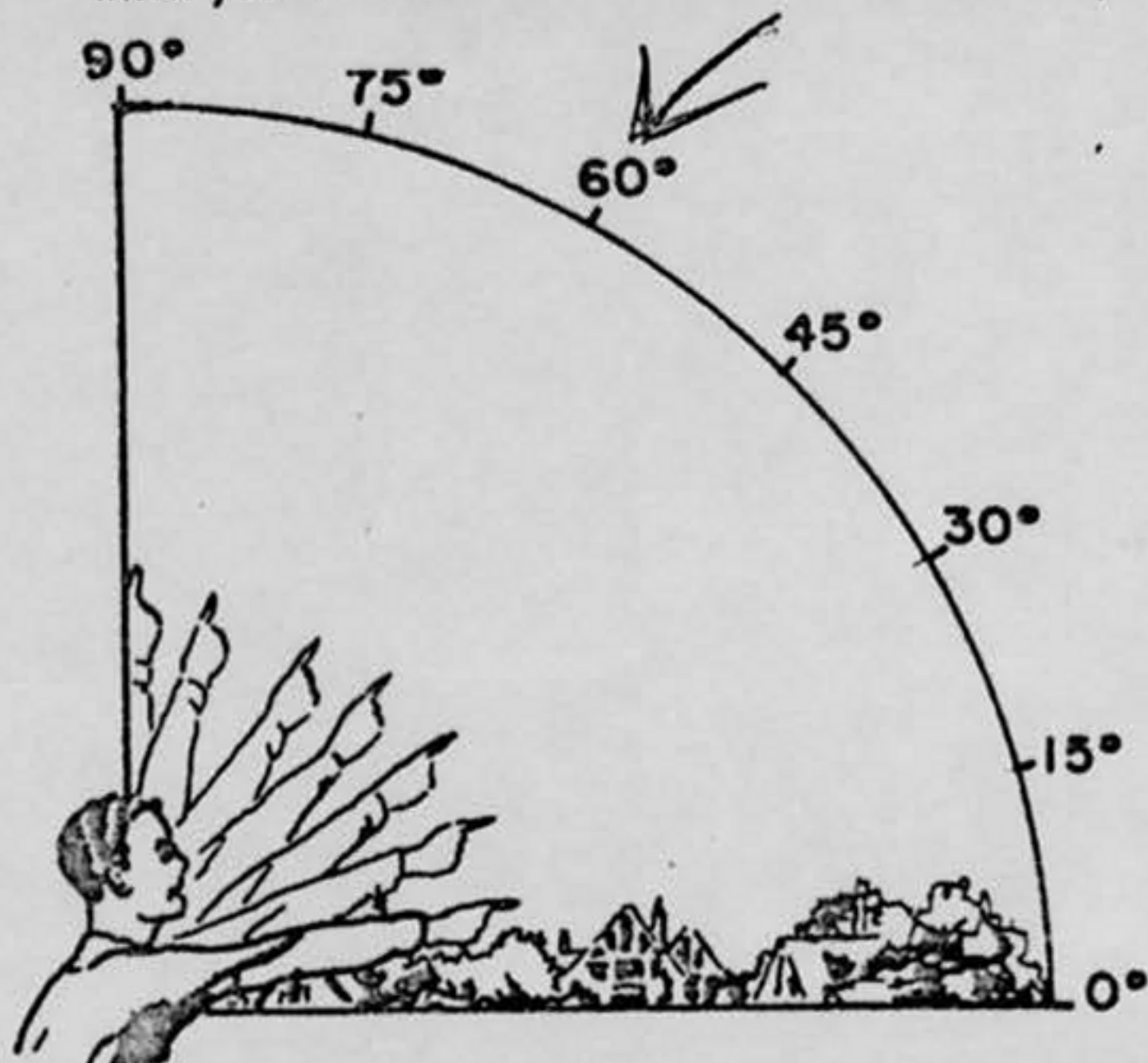
Year

FTD OP



N.E. of ~~the~~ House

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? 1  
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.



34. Date you completed this questionnaire:

23

Day

OCT

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.



# PROJECT 10073 RECORD

|                                                                                                |                                                       |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 1. DATE - TIME GROUP<br>24 Oct 66 0100Z                                                        | 2. LOCATION<br>Dayton, Ohio (one witness)             |
| 3. SOURCE<br>Civilian                                                                          | 10. CONCLUSION<br>(other) INSUFFICIENT FOR EVALUATION |
| 4. NUMBER OF OBJECTS<br>One                                                                    |                                                       |
| 5. LENGTH OF OBSERVATION<br>30 minutes                                                         | 11. BRIEF SUMMARY AND ANALYSIS<br>SEE CASE            |
| 6. TYPE OF OBSERVATION<br>Ground Visual                                                        |                                                       |
| 7. COURSE<br>NE                                                                                |                                                       |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |                                                       |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                       |



24 Oct. 66

FTD (TDETR) *hl*  
Wright-Patterson AFB, Ohio 45433  
25 October 1966

  
Dayton, Ohio 45431

Dear Mr. 

Reference your unidentified observation of 24 October 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



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

*Blue light*

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?           | 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 |



# 164 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?

24 Oct 66  
Day Month Year

2. Time of day: 0100

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?

\_\_\_\_\_  
Nearest Postal Address

Dayton  
City or Town

Ohio  
State or County

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

\_\_\_\_\_  
Hours

30  
Minutes

\_\_\_\_\_  
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

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



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? \_\_\_\_\_

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 at home

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 \_\_\_\_\_

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.



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

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 \_\_\_\_\_

*Blue light*

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.



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:

My wife

32. Please give the following information about yourself:

NAME [REDACTED] ) [REDACTED] [REDACTED]  
Last Name First Name Middle Name

ADDRESS [REDACTED] DAYTON 45431  
Street City Zone State

TELEPHONE NUMBER [REDACTED] AGE 29 SEX [REDACTED]

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

Does not work at Wyo. Pat.

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

24 out 66  
Day Month Year  
FTD OD



34. Date you completed this questionnaire:

5<sup>th</sup> Oct 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.

I noticed the stars which were clearly visible on that night. Not one star flickered or moved. There were no airplanes or helicopters in the sky.

This was not an airplane, in the first place, they do not fly that high up in the sky. Secondly, I would have heard some kind of noise if it had been or seen lights identifying it as an airplane.

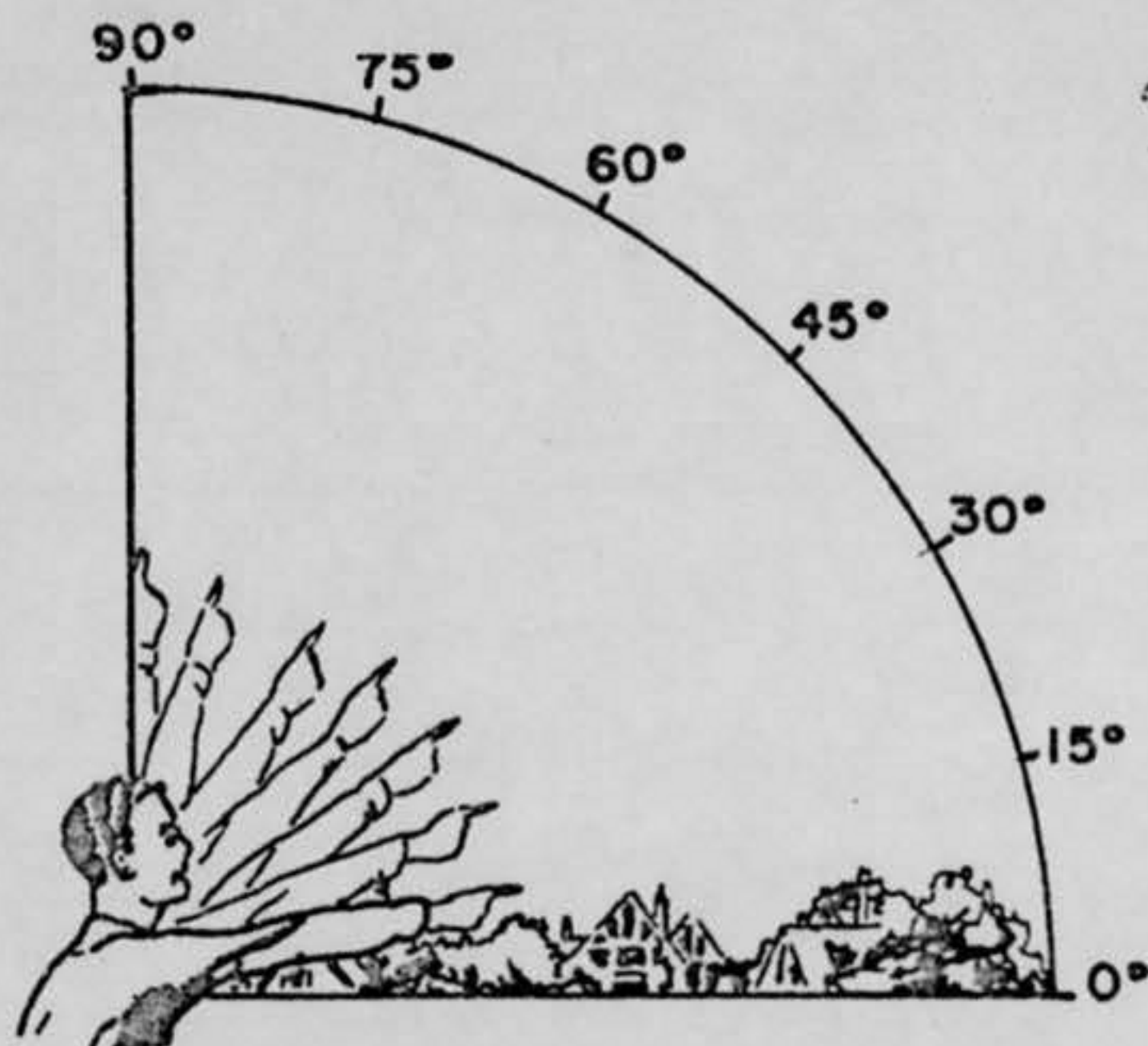
It was not a star, this I know, for stars do not move.

I don't know what it was, but I am positive that it wasn't any of the above mentioned items. Other people saw, and can testify to my above statements.

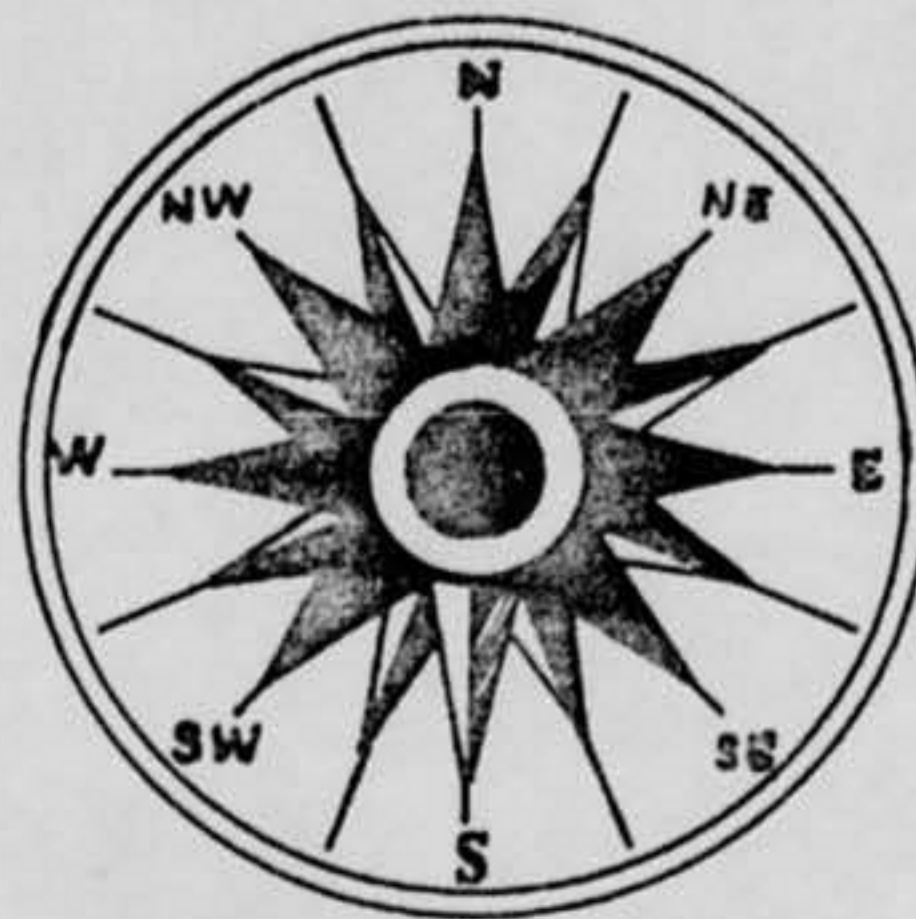
If you do find out what it was, I would appreciate it if you would let me know.



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.



2 o'clock high, N.E. 7me



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.



O 100, blue light, very bright  
2:00 high.

Distance 10-? miles high  
lower than stars maybe 20 miles.  
Not large, but brighter  
than stars.

Moving slightly, maybe moving  
away.

Like a light on an anchored  
balloon.

[P.S. I'll have to translate the  
above hieroglyphics for you; they were scribbled  
while talking on the phone. \$70.00]  
D. Matthews



34. Date you completed this questionnaire: \_\_\_\_\_

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.

FTD 001

"All info received over phone, and is paraphrased or written in my own words from a recollection of what he said." YC Matthews



# PROJECT 10073 RECORD

|                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. DATE - TIME GROUP<br>24 Oct. 66      24/0630Z                                               | 2. LOCATION<br>Dayton, Ohio      two witnesses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 3. SOURCE<br>Civilian                                                                          | 10. CONCLUSION<br>Astro(Jupiter) <i>Pwb. Jelt</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 4. NUMBER OF OBJECTS<br>one                                                                    | Jupiter was on azimuth of 80 degrees and at an elevation of 19 degrees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 5. LENGTH OF OBSERVATION<br>30 minutes                                                         | 11. BRIEF SUMMARY AND ANALYSIS<br><br>Observers watched a bright blue colored object in the eastern sky. The object was much brighter than the brightest star. The object dimmed and brightened slightly 15-20 minutes after the first sighting. The object gradually dimmed out of sight without changing location in the sky. Observer compared the unknown to a star but the color was a definite blue. Object did, for a short period move in a small circle.<br><br>Jupiter was rising in the east and with a stellar magnitude of -1.75 would have been the brightest object in the eastern sky. The star Sirius was also rising in the southeastern sky, but the description of the object is more consistent with that of a sighting of the planet Jupiter. |
| 6. TYPE OF OBSERVATION<br>Ground Visual                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 7. COURSE<br>Stationary                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |



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 - not in area of sighting
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
  - b. Dull moonlight
  - c. No moonlight - pitch dark
  - d. Don't remember
- didn't notice - wasn't in same area of sky

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:

Much brighter than brightest star - but was blue.

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?           | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | <input type="radio"/> Don't know |
| b. Suddenly speed up and rush away at any time? | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't know |
| c. Break up into parts or explode?              | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't know |
| d. Give off smoke?                              | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't know |
| e. Change brightness?                           | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | <input type="radio"/> Don't know |
| f. Change shape?                                | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't know |
| g. Flash or flicker?                            | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't know |
| h. Disappear and reappear?                      | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't know |

dimmed and brightened slightly 15-20 minutes  
after first sighting - slow changing.



24 Oct 66 Dayton, O.

### 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?

24

Day

10

Month

1966

Year

2. Time of day: 1 : 30

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?

[REDACTED]  
Nearest Postal Address

Dayton

City or Town

Ohio

State or County

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

       Hours

30 Minutes

       Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined? was in sight 1/2 hr after first sighted

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

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



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

Gradually dimmed out of sight without  
changing location in sky.

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 Definite blue

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?

Would have been entirely covered by 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.



Object did, for a short period - 5 to 10 minutes -  
move in a small circle.



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? 5-20 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 at home

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 \_\_\_\_\_

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.

a bright star.



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

*No.*

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 - same address,*

32. Please give the following information about yourself:

NAME                                                                 
Last Name First Name Middle Name

ADDRESS                      Dayton,                      Ohio  
Street City Zone State

TELEPHONE NUMBER                      AGE 29 SEX M

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

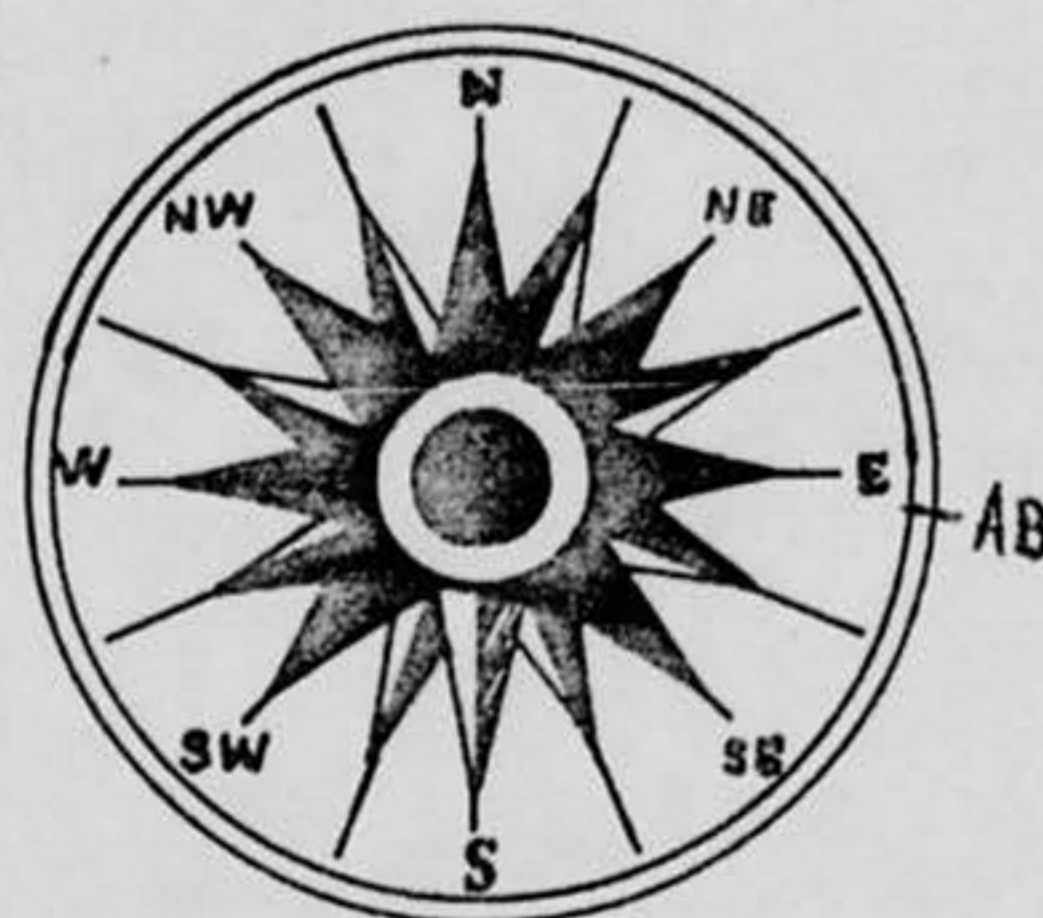
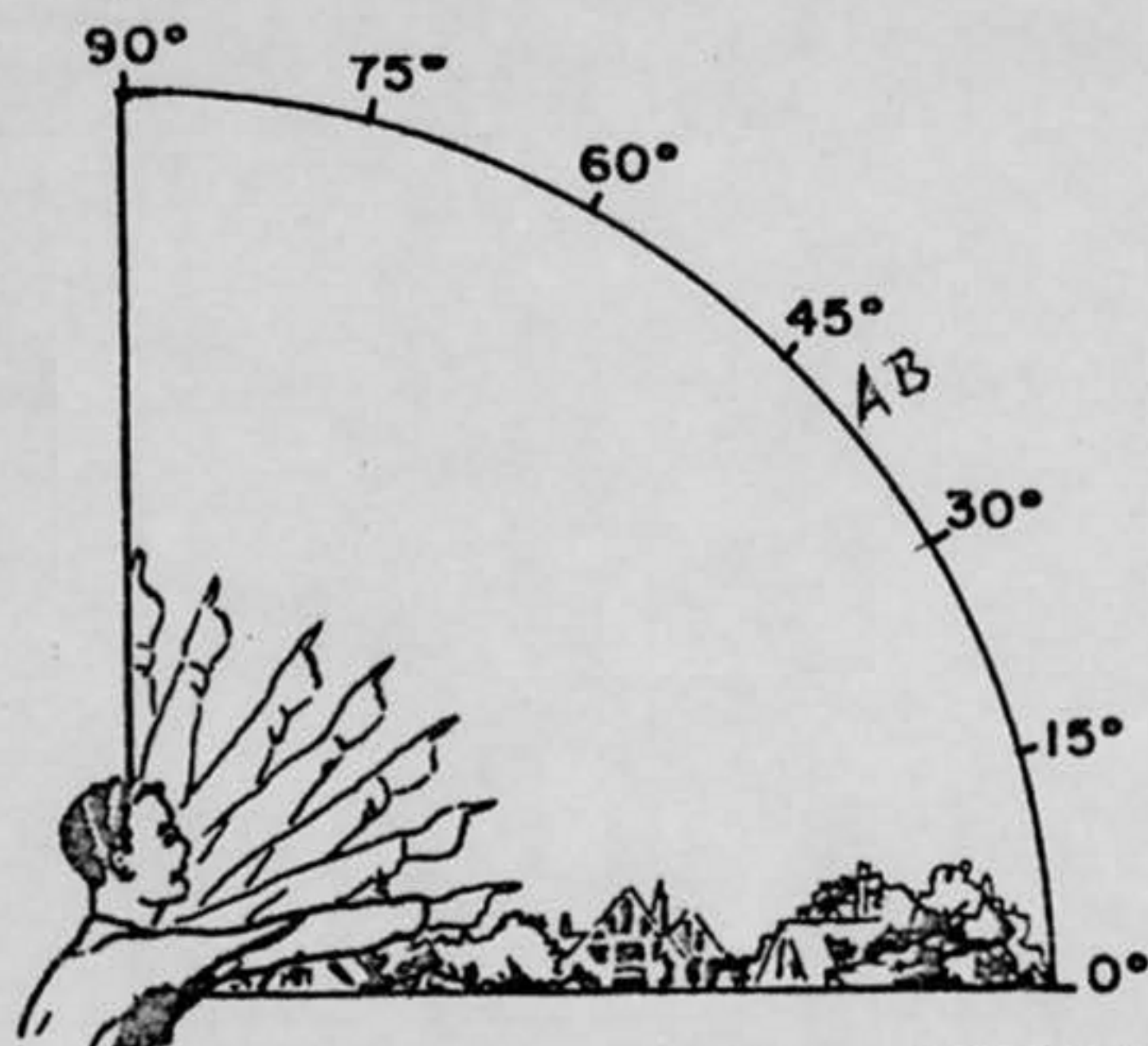
33. When and to whom did you report that you had seen the object?

*Wright Patterson A.F.B.*

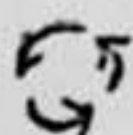
24 10 66  
Day Month Year



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.

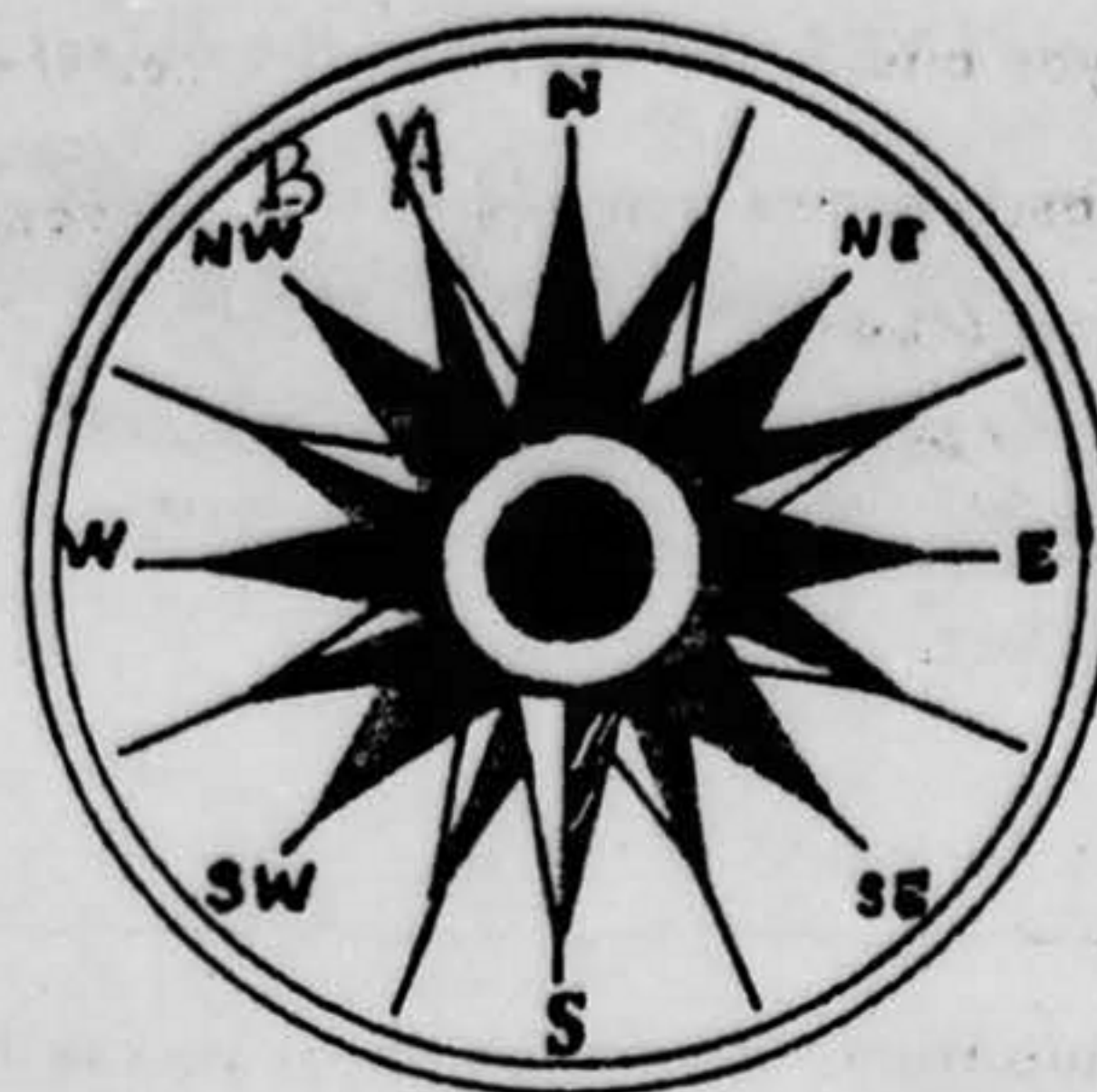
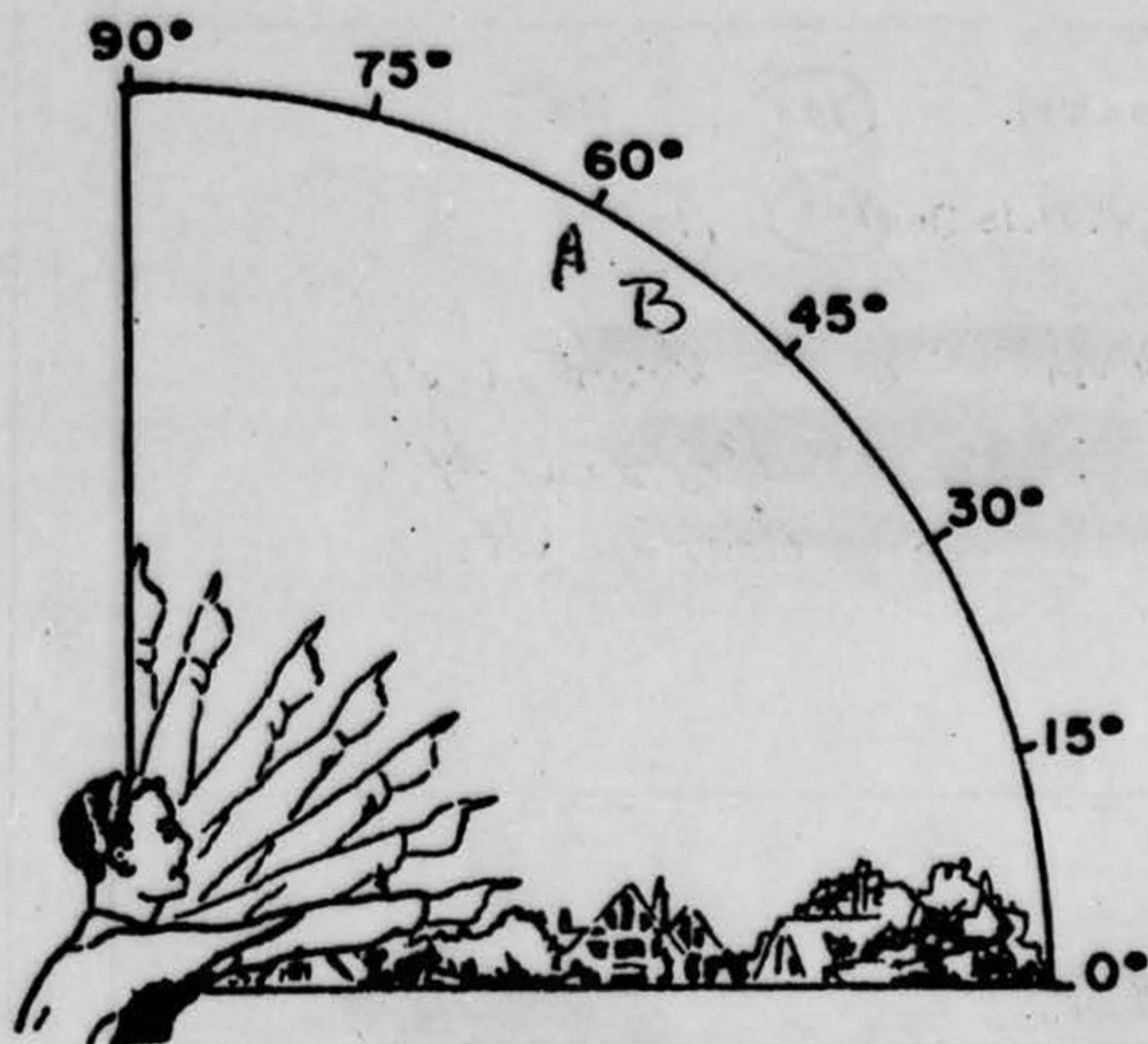


small circle.

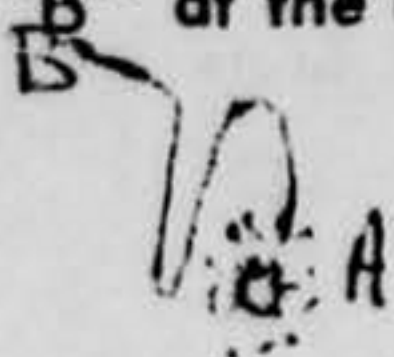
29. IF there was MORE THAN ONE object, then how many were there? one  
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.



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.



34. Date you completed this questionnaire:

Day

7

Month

11

Year

66

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.



# PROJECT 10073 RECORD

|                                                                                                |                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. DATE - TIME GROUP<br>26 Oct. 66 26/0635Z                                                    | 2. LOCATION<br>Dayton, Ohio two witnesses                                                                                                                                                                                                                                                                         |
| 3. SOURCE<br>Civilian                                                                          | 10. CONCLUSION<br>Aircraft (possible) ✓ Jst                                                                                                                                                                                                                                                                       |
| 4. NUMBER OF OBJECTS<br>One                                                                    |                                                                                                                                                                                                                                                                                                                   |
| 5. LENGTH OF OBSERVATION<br>10 seconds                                                         | 11. BRIEF SUMMARY AND ANALYSIS                                                                                                                                                                                                                                                                                    |
| 6. TYPE OF OBSERVATION<br>Ground Visual                                                        | Observers watched cylindrical shaped object move off toward the southwest and disappear into the distance into a cloud cover. The front part was a white light and the rear part had a red light. The red light pulsed in intensity as the object moved. The unknown had a constant direction and constant speed. |
| 7. COURSE<br>SW                                                                                |                                                                                                                                                                                                                                                                                                                   |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            | Description is consistent with that of an aircraft observation. The flashing red light could have been the anti-collision light that all aircraft must have in operation when in flight.                                                                                                                          |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                   |

FORM



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:

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 FRONT PART WHITE  
LIGHT, REAR PART  
RED

13. Did the object:

(Circle One for each question)

- |                                                 |     |           |            |
|-------------------------------------------------|-----|-----------|------------|
| a. Appear to stand still at any time?           | Yes | <u>No</u> | Don't know |
| b. Suddenly speed up and rush away at any time? | Yes | <u>No</u> | Don't know |
| c. Break up into parts or explode?              | Yes | <u>No</u> | Don't know |
| d. Give off smoke?                              | Yes | <u>No</u> | Don't know |
| e. Change brightness?                           | Yes | <u>No</u> | Don't know |
| f. Change shape?                                | Yes | <u>No</u> | Don't know |
| g. Flash or flicker?                            | Yes | <u>No</u> | Don't know |
| h. Disappear and reappear?                      | Yes | <u>No</u> | Don't know |
- RED PART POLISHED IN INTERIOR*



26 Oct 66 Dayton, O.

### 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?

26

Day

Oct

Month

66

Year

2. Time of day:

0135

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?

Nearest Postal Address

City or Town

State or County

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

Hours

Minutes

5-10

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



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?

30° for 3 sec.  
10 FPS below  
HIS LINE OF SIGHT

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 TWICE DIST.  
BETWEEN OBSERVER & CLOUDS

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 | <u>No</u> | 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.

LOOKED LIKE A FAT DISCUS



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

YES. OBJECT MOVED OFF TO SOUTHWEST  
AND DISAPPEARED INTO DISTANCE, INTO SPARSE  
CLOUD COVER

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: PROBABLY LOST OR FADING  
AMONG 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: \_\_\_\_\_

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

a. Sound NONE

b. Color FOREPART WHITE LIGHT, REAR PART RED LIGHT  
WAS FADING (1/5 OF WHOLE THING)

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?

OBJECT WOULD HAVE BEEN FULLY  
OBSCURED BY MATCHHEAD

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.

LOOKED MORE CYLINDRICAL THAN  
SPHERICAL -- ELONGATED IN HORIZONTAL  
PLANE



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

NO

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:

DAYTON, OHIO

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.

HAS STUDIED ASTRONOMY AND  
SERIAL PHOTOGRAPHY

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

26

Day

OCT

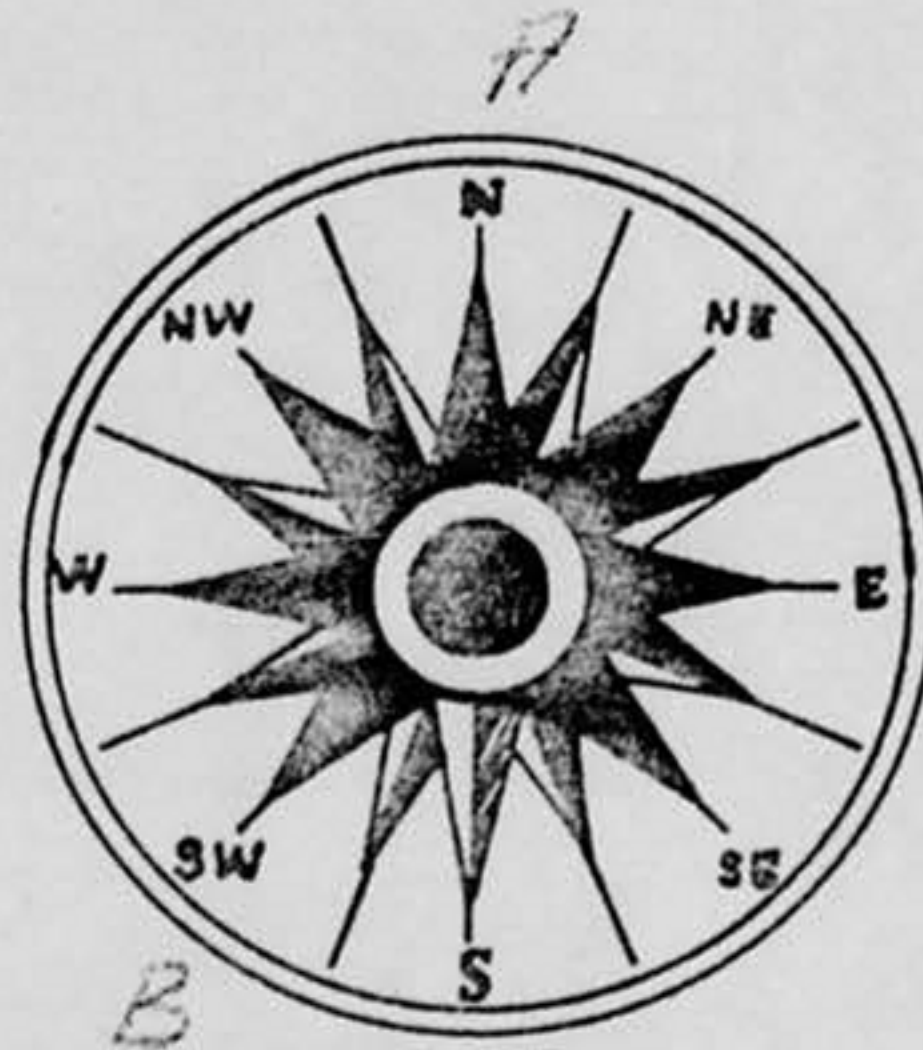
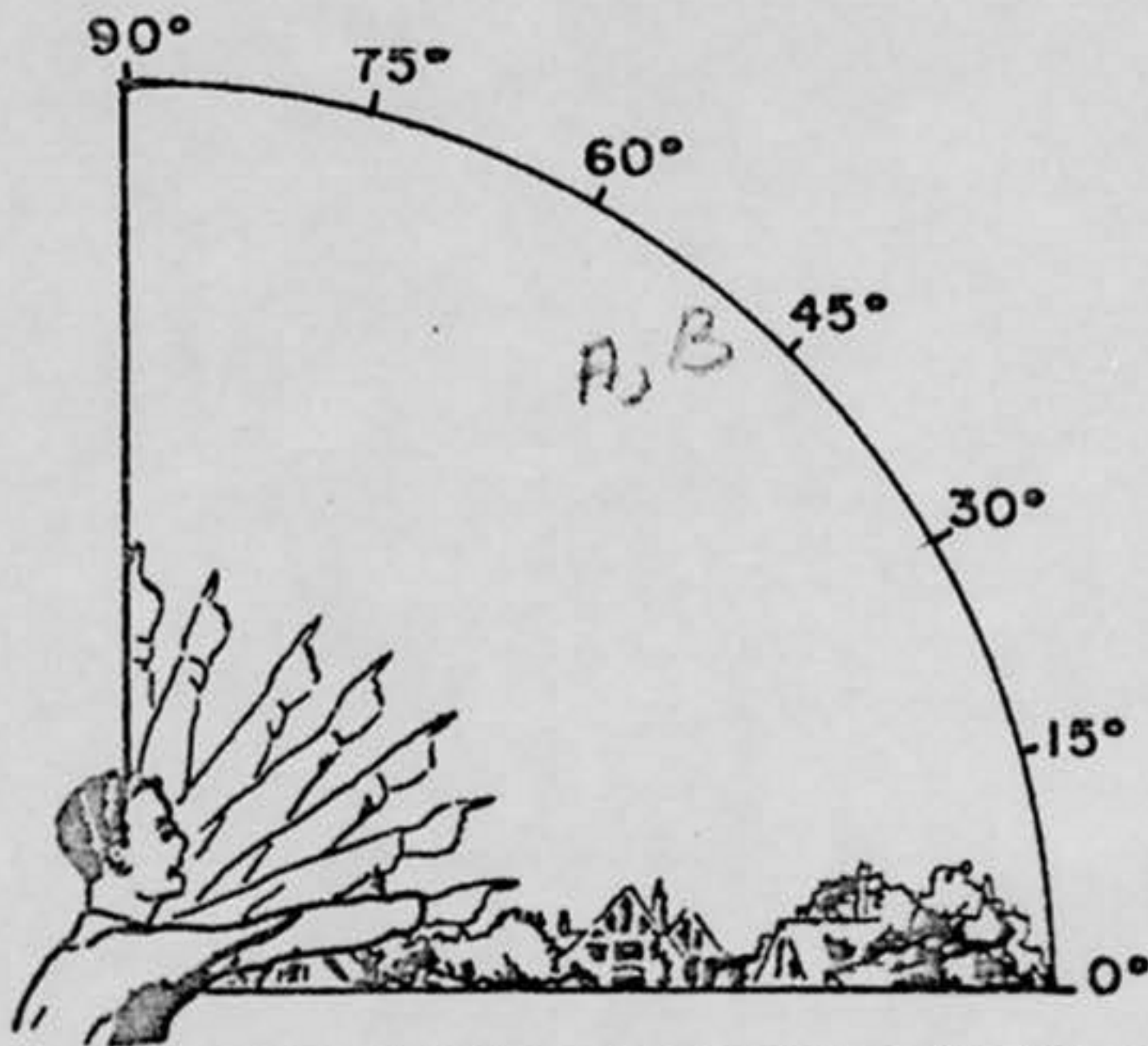
Month

66

Year



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.

CONSTANT DIRECTION AND CONSTANT  
SPEED FLIGHT PATH

29. IF there was MORE THAN ONE object, then how many were there? SINGLE OBJECT  
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.



34. Date you completed this questionnaire:

26

Day

OCT

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.

WHEN OBJECT WAS FIRST OBSERVED

[REDACTED]

ASKED

[REDACTED]

TO LOOK AT IT TOO.



# PROJECT 10073 RECORD

|                                                                                                |                                                                                                                   |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| 1. DATE - TIME GROUP<br>27 Oct 66 2245Z                                                        | 2. LOCATION<br>Dayton, Ohio (one witness)                                                                         |
| 3. SOURCE<br>Military                                                                          | 10. CONCLUSION<br>(other) INSUFFICIENT DATA FOR EVALUATION                                                        |
| 4. NUMBER OF OBJECTS,<br>One                                                                   |                                                                                                                   |
| 5. LENGTH OF OBSERVATION<br>4 minutes                                                          | 11. BRIEF SUMMARY AND ANALYSIS<br>SEE CASE<br><br>164 received 28 MARCH 67 -<br>INFORMATION TO OLD TO INVESTIGATE |
| 6. TYPE OF OBSERVATION<br>Ground Visual                                                        |                                                                                                                   |
| 7. COURSE<br>Varied                                                                            |                                                                                                                   |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |                                                                                                                   |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                                                                   |