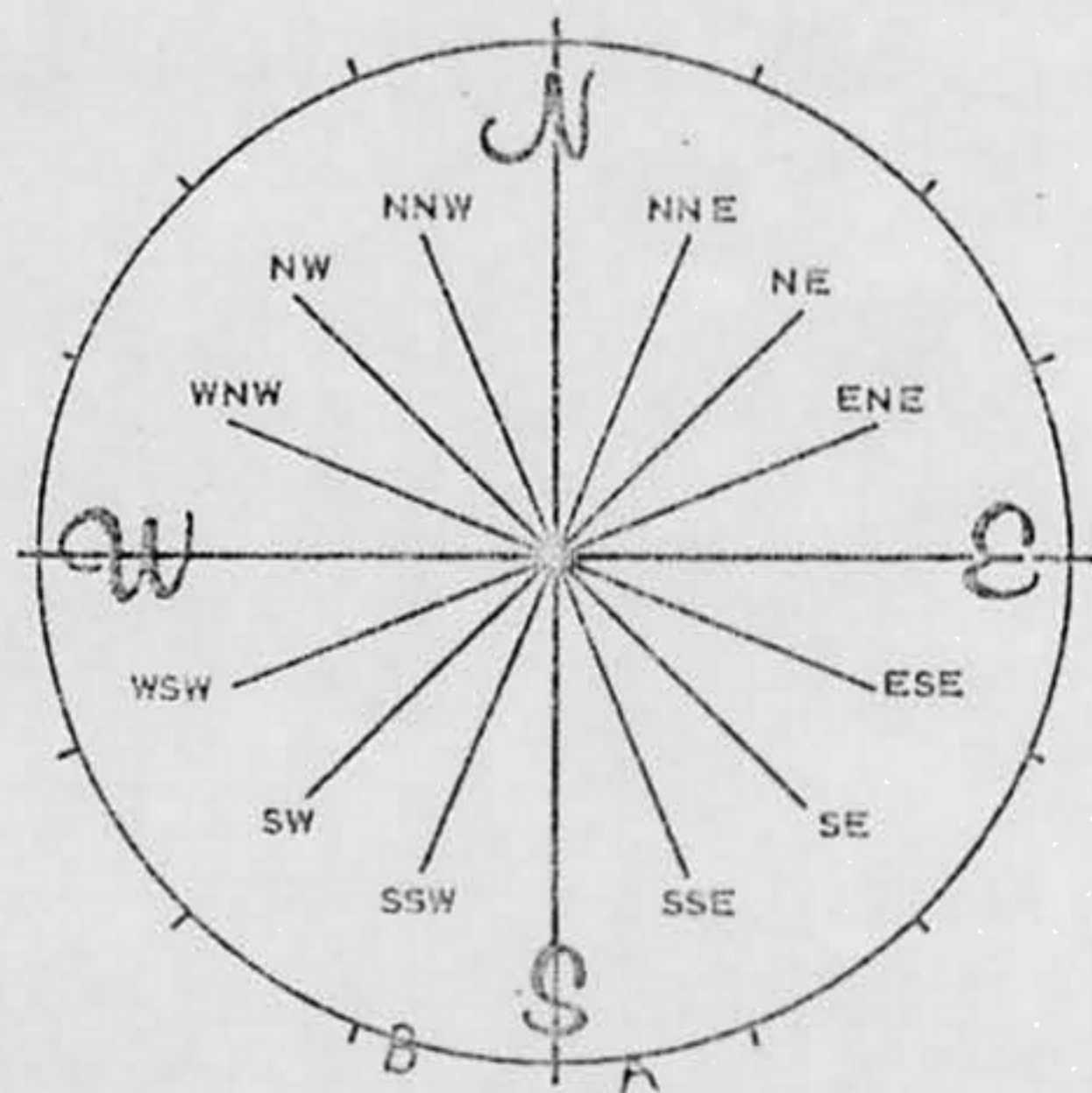


## PROJECT 10073 RECORD

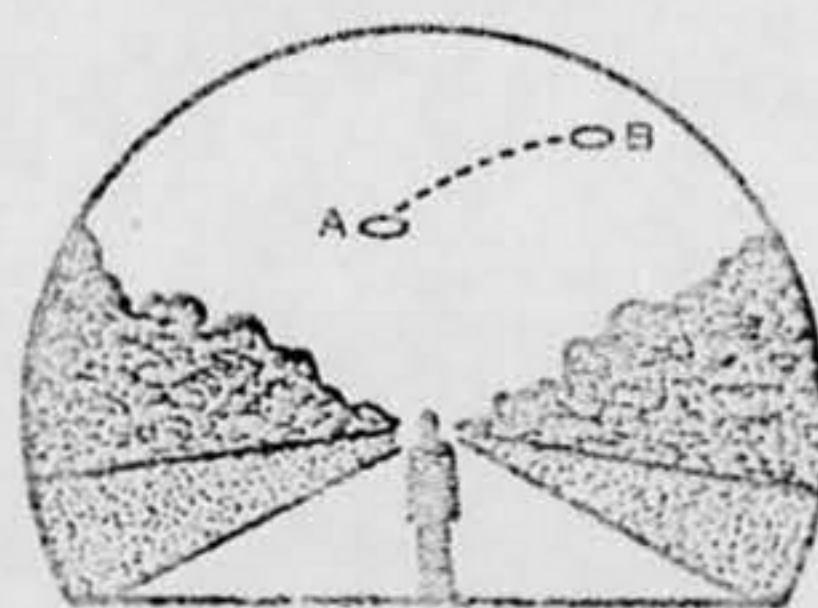
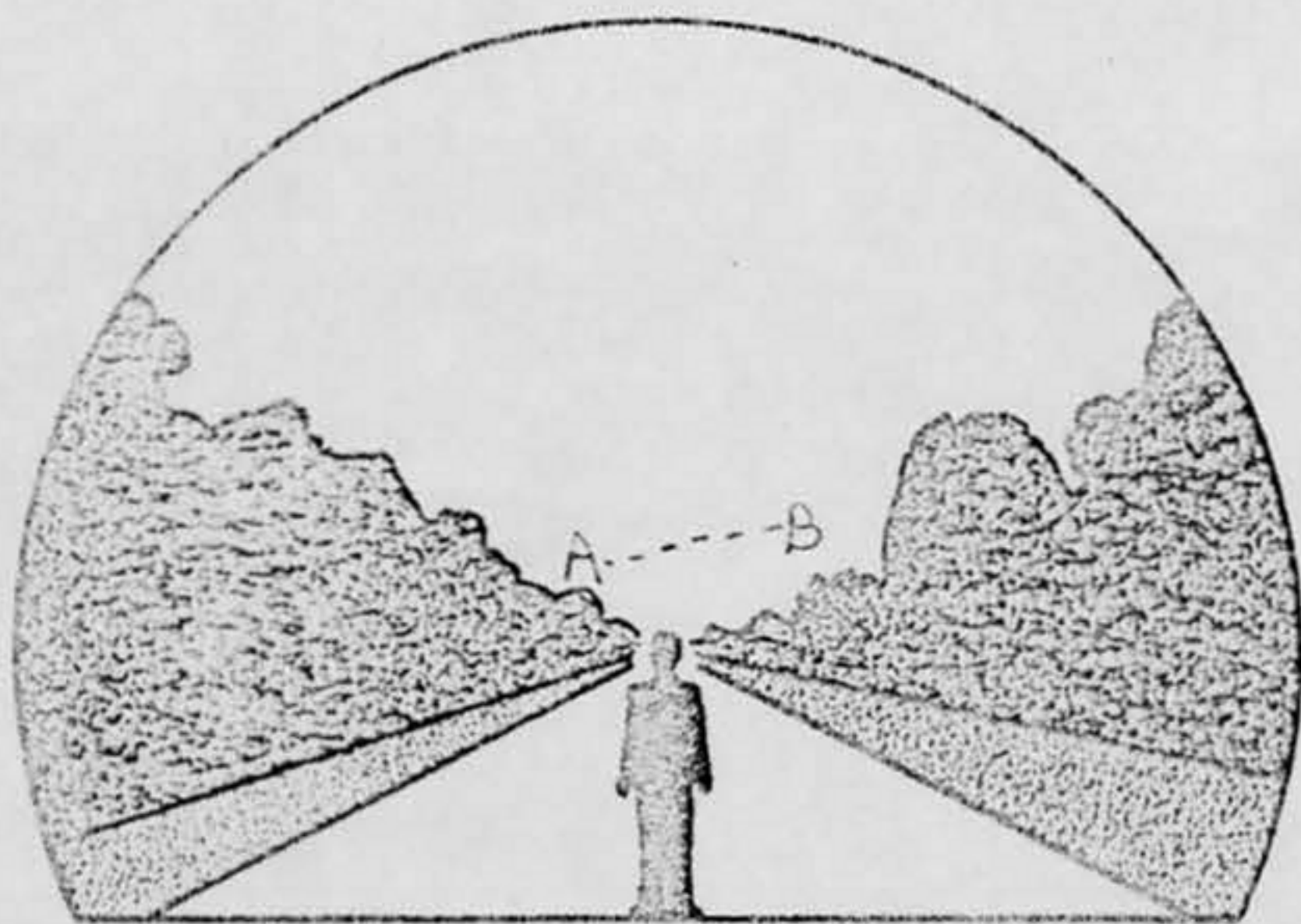
|                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. DATE & TIME GROUP<br>21 Oct 67 21/:216Z                                                     | 2. LOCATION<br>Blytheville AFB, Arkansas (4 Witnesses)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3. SOURCE<br>Military                                                                          | 10. CONCLUSION<br>Radar: Other ( GROUND TARGETS)<br>Sighting: Astro (METEOR)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 4. NUMBER OF OBJECTS<br>See Case                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5. LENGTH OF OBSERVATION<br>30-45 Seconds                                                      | 11. BRIEF SUMMARY AND ANALYSIS<br><br>The observers sighted a light that when first observed appeared to be an exhaust of a jet. Approx the last 1/3 of the time it appeared to be two jet exhausts. The observer felt the object was no more than 3 to 4 hundred ft high and traveling in a westerly direction. Information was requested from Blytheville RAPCON but the only thing painted on the scope was a target moving 60-90 MPH due south.<br><br>COMMENTS: Radar operator felt he was painting automobiles and not UFOs. Three different Delta flight crews identified the object as a meteor which entered the atmosphere and broke into two pieces. These pieces traveled roughly toward the W-S-W and were visible for approx 15 seconds. |
| 6. TYPE OF OBSERVATION<br>Ground-Visual (RADAR)                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 7. COURSE<br>Westerly                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 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 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





|                                                                                                                                                                                                                                                                                                |           |                                                                                                                  |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------|---------------|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                     |           |                                                                                                                  |               |
| OUTDOORS                                                                                                                                                                                                                                                                                       |           | IN BUSINESS SECTION OF CITY                                                                                      |               |
| <input checked="" type="checkbox"/> IN BUILDING                                                                                                                                                                                                                                                |           | IN RESIDENTIAL SECTION OF CITY                                                                                   |               |
| IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                                                |           | IN OPEN COUNTRYSIDE                                                                                              |               |
| IN BOAT                                                                                                                                                                                                                                                                                        |           | NEAR AIRFIELD                                                                                                    |               |
| IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                                            |           | FLYING OVER CITY                                                                                                 |               |
| OTHER                                                                                                                                                                                                                                                                                          |           | FLYING OVER OPEN COUNTRY                                                                                         |               |
|                                                                                                                                                                                                                                                                                                |           | OTHER                                                                                                            |               |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:                                                                                                                                                                                                                                           |           |                                                                                                                  |               |
| WHAT DIRECTION WERE YOU MOVING?                                                                                                                                                                                                                                                                |           | HOW FAST WERE YOU MOVING?                                                                                        |               |
| NORTH                                                                                                                                                                                                                                                                                          | EAST      | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |               |
| SOUTH                                                                                                                                                                                                                                                                                          | WEST      |                                                                                                                  |               |
| NORTHEAST                                                                                                                                                                                                                                                                                      | SOUTHEAST |                                                                                                                  |               |
| NORTHWEST                                                                                                                                                                                                                                                                                      | SOUTHWEST |                                                                                                                  |               |
| EXPLAIN WHETHER SUCH MOVEMENT EFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.                                                                                                                                                                                                                          |           |                                                                                                                  |               |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.                                                                                                                   |           |                                                                                                                  |               |
| HOW MUCH OTHER TRAFFIC WAS THERE?                                                                                                                                                                                                                                                              |           |                                                                                                                  |               |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.                       |           |                                                                                                                  |               |
|                                                                                                                                                                                                                                                                                                |           |                                                                                                                  |               |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?                                                                                                                                                                                                                                                       |           |                                                                                                                  |               |
| LENGTH OF TIME                                                                                                                                                                                                                                                                                 |           | CERTAIN OF TIME                                                                                                  | NOT VERY SURE |
| 30-45 SEC                                                                                                                                                                                                                                                                                      |           | <input checked="" type="checkbox"/> FAIRLY CERTAIN                                                               | JUST A GUESS  |
| HOW WAS TIME DETERMINED?                                                                                                                                                                                                                                                                       |           |                                                                                                                  |               |
| ESTIMATED                                                                                                                                                                                                                                                                                      |           |                                                                                                                  |               |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. |           |                                                                                                                  |               |
|                                                                                                                                                                                                                                                                                                |           |                                                                                                                  |               |



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

STARTED AS ONE - ENDED AS TWO

STARTED



LAST SEEN



11. CONDITIONS (Check appropriate blocks.)

| A. SKY                                       |  | B. WEATHER                                                           |                                                       |
|----------------------------------------------|--|----------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> DAY                 |  | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                 | <input type="checkbox"/> FOG OR MIST                  |
| <input type="checkbox"/> TWILIGHT            |  | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN                   |
| <input checked="" type="checkbox"/> NIGHT    |  | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                        | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE        |
| <input checked="" type="checkbox"/> CLEAR    |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <input type="checkbox"/> HAIL                         |
| <input type="checkbox"/> PARTLY CLOUDY       |  |                                                                      | <input type="checkbox"/> SNOW OR SLEET                |
| <input type="checkbox"/> COMPLETELY OVERCAST |  |                                                                      | <input type="checkbox"/> UNKNOWN                      |
|                                              |  | <input type="checkbox"/> HAZE OR SMOG                                | <input checked="" type="checkbox"/> NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                                 | (2) MOON                                          |
|-------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> NONE             | <input type="checkbox"/> BRIGHT MOONLIGHT         |
| <input checked="" type="checkbox"/> A FEW | <input checked="" type="checkbox"/> NO MOONLIGHT  |
| <input type="checkbox"/> MANY             | <input type="checkbox"/> MOON WITH HALO           |
| <input type="checkbox"/> UNKNOWN          | <input type="checkbox"/> UNKNOWN                  |
|                                           | <input type="checkbox"/> MOON HIDDEN BY CLOUDS    |
|                                           | <input type="checkbox"/> PARTIAL (New or quarter) |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

|                                          |                                        |                                               |
|------------------------------------------|----------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU  | <input type="checkbox"/> TO YOUR LEFT  | <input type="checkbox"/> UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

RUNWAYS LIGHTS -

LIGHTS ILLUMINATING 9-11 PM - 10-11 PM

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

When first observed it appeared to be as an exhaust jet. Approximately the last 1/2 of the time it was observed it appeared to be two jet exhaust, same color and size.



| 13. | DID THE PHENOMENON              | YES                                 | NO                                  | UNKNOWN                  |
|-----|---------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|     | MOVE IN A STRAIGHT LINE?        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|     | STAND STILL AT ANYTIME?         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | SUDDENLY SPEED UP AND RUN AWAY? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | BREAK UP IN PARTS AND EXPLODE?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | CHANGE COLOR?                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | GIVE OFF SMOKE?                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | CHANGE BRIGHTNESS?              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | CHANGE SHAPE?                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|     | FLASH OR FLICKER?               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | DISAPPEAR AND REAPPEAR?         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | SPIN LIKE A TOP?                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | MAKE A NOISE?                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|     | FLUTTER OR NOBBLE?              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

THOUGHT IT WAS A HIGH AIRCRAFT  
GOING THROUGH THE CONTROL ZONE

A. HOW DID IT FINALLY DISAPPEAR?

AS A JET FIGHTER NORMALLY DOES  
WITH AN AFTER BURNER

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☐ YES ☒ NO. IF "YES," DESCRIBE.



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

DID NOT OBSERVE ANY TYPE OF  
OBJECT AT ANYTIME OR HEAR ANY NOISE.  
THE LIGHT WAS ALL THAT WAS OBSERVED

FIRST OBSERVATION



LAST OBSERVATION



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

|                        |               |
|------------------------|---------------|
| EYEGLASSES             | CAMERA VIEWER |
| SUNGLASSES             | BINOCULARS    |
| WINDSHIELD             | TELESCOPE     |
| SIDE WINDOW OF VEHICLE | THEODOLITE    |
| WINDOWPANE             | OTHER         |

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☒ NO

B. DO YOU USE READING GLASSES? ☐ YES ☒ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED 90-110.

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 2-3 m.

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

IT APPEARED TO BE ABOUT THE  
SIZE OF THE EXHAUST OR AFTER BURNER  
OF A JET ENGINE. HOWEVER, AT THE  
TIME IT WAS OBSERVED, IT DID NOT  
APPEAR TO BE HIGHLY HOT.  
HOWEVER, IT WAS THE SAME.

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO? ☒ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

TSGT IRVIN W. WARREN  
2101 COMM ST  
B1, FIVE H AFB APO 72315

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

KEITH LARRY EMMETT

ADDRESS (Street, City, State and Zip Code)

431 E DAW WB AFB B1, FIVE H AFB APO 72315

TELEPHONE (Area code and number)

AGE

20

☒ MALE

☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

Air Traffic Control 20 years  
1 yr in JPL control room

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME SA James I. P. DAY 21 MONTH 6 YEAR 1961

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 11 MONTH 6 YEAR 61



21 Oct 67

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF:

TDPT/UFO

SUBJECT:

UFO Observation, 21 October 1967

DEC 1 1967

TO:

TSgt Iwin W. Warren  
2101st Communications Sq.  
Blytheville AFB, Arkansas 72317

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

 JAMES C. MANATT, Colonel, USAF  
Director of Production

1 Atch  
AF Form 117



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 21 MONTH OCT YEAR 1967

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 06 MINUTES 16 ☒ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 06 MINUTES 16 ☒ A.M. ☐ P.M.

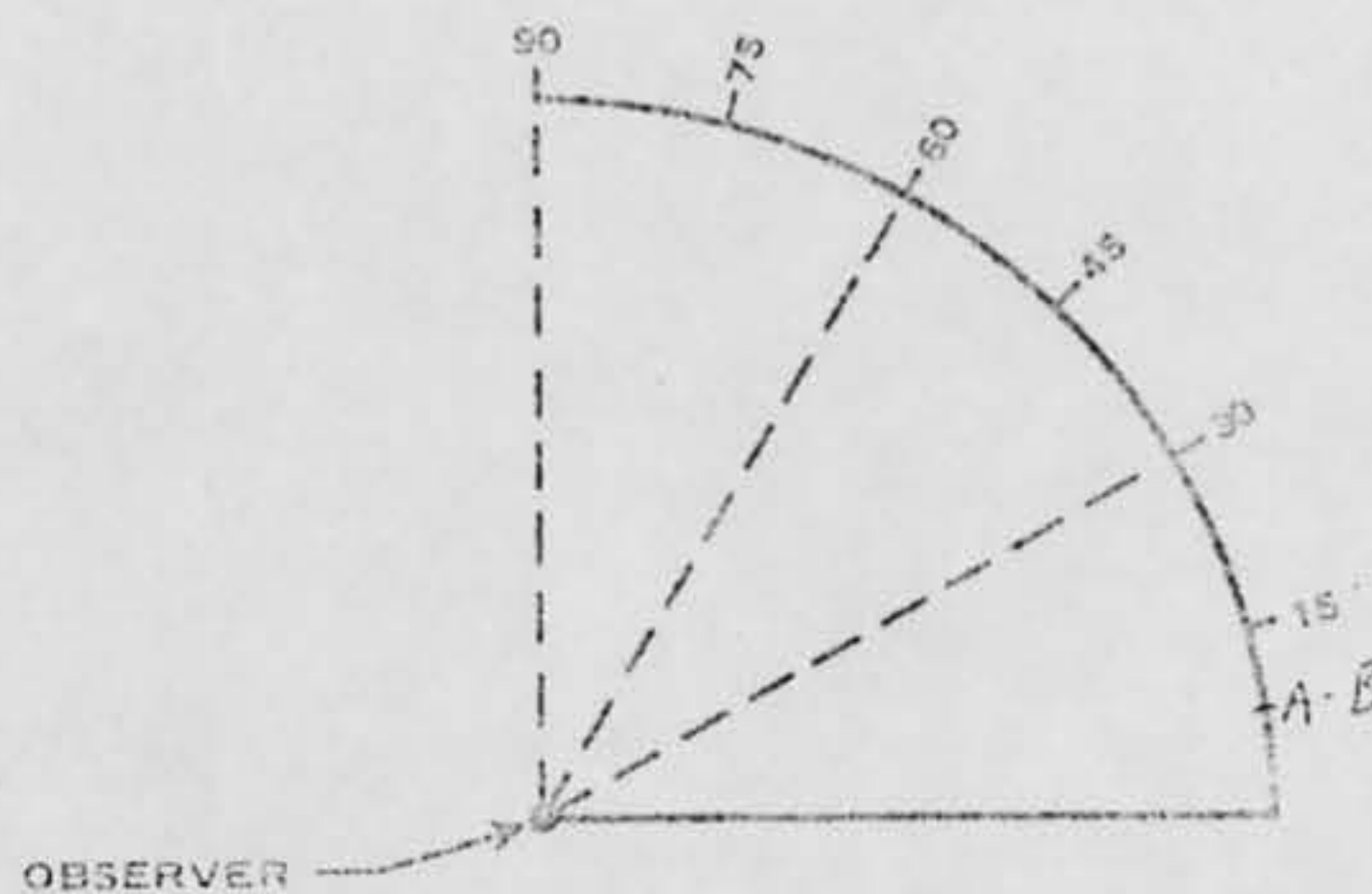
4. TIME/ZONE

☒ DAYLIGHT SAVINGS☐ STANDARD☐ EASTERN☒ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

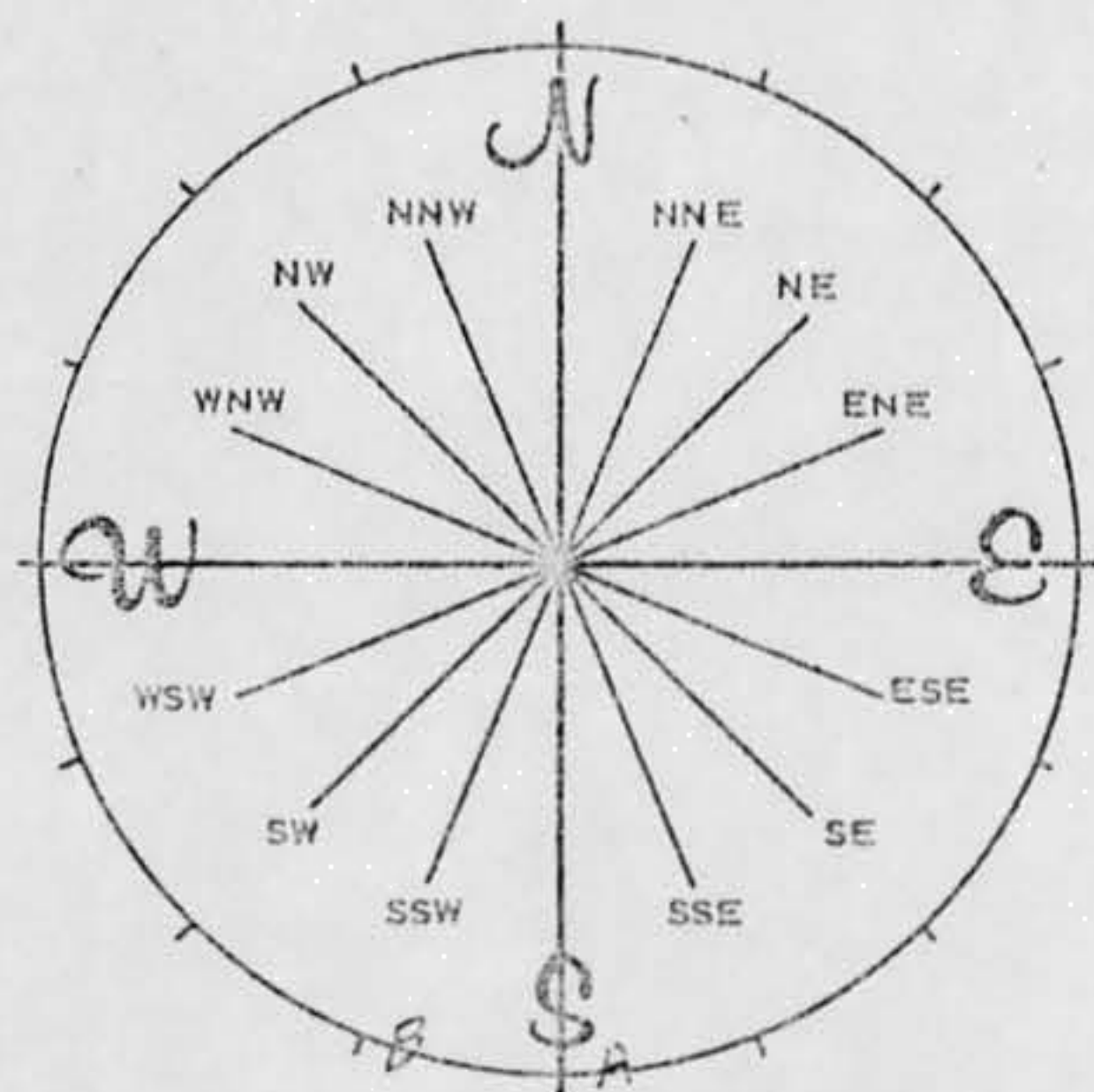
BLYTHEVILLE AFB ARK. CONTROL TOWER

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

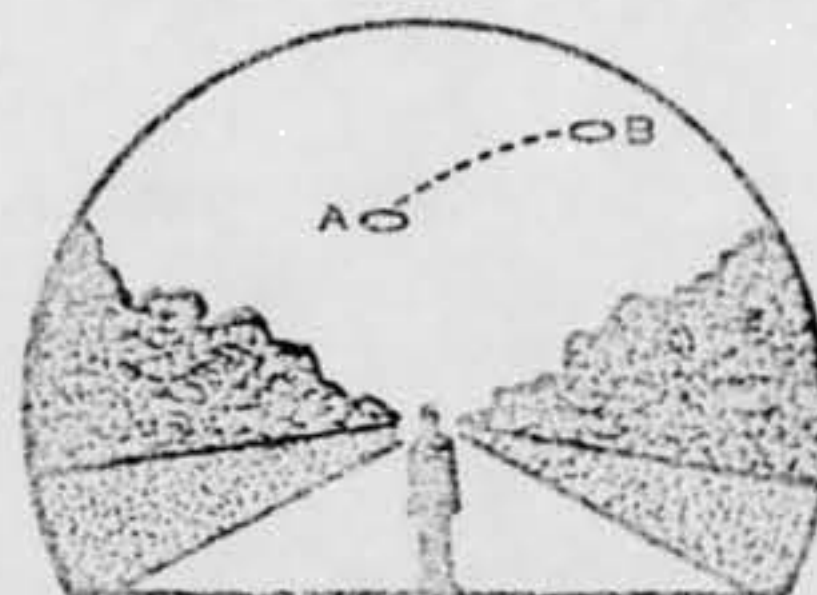
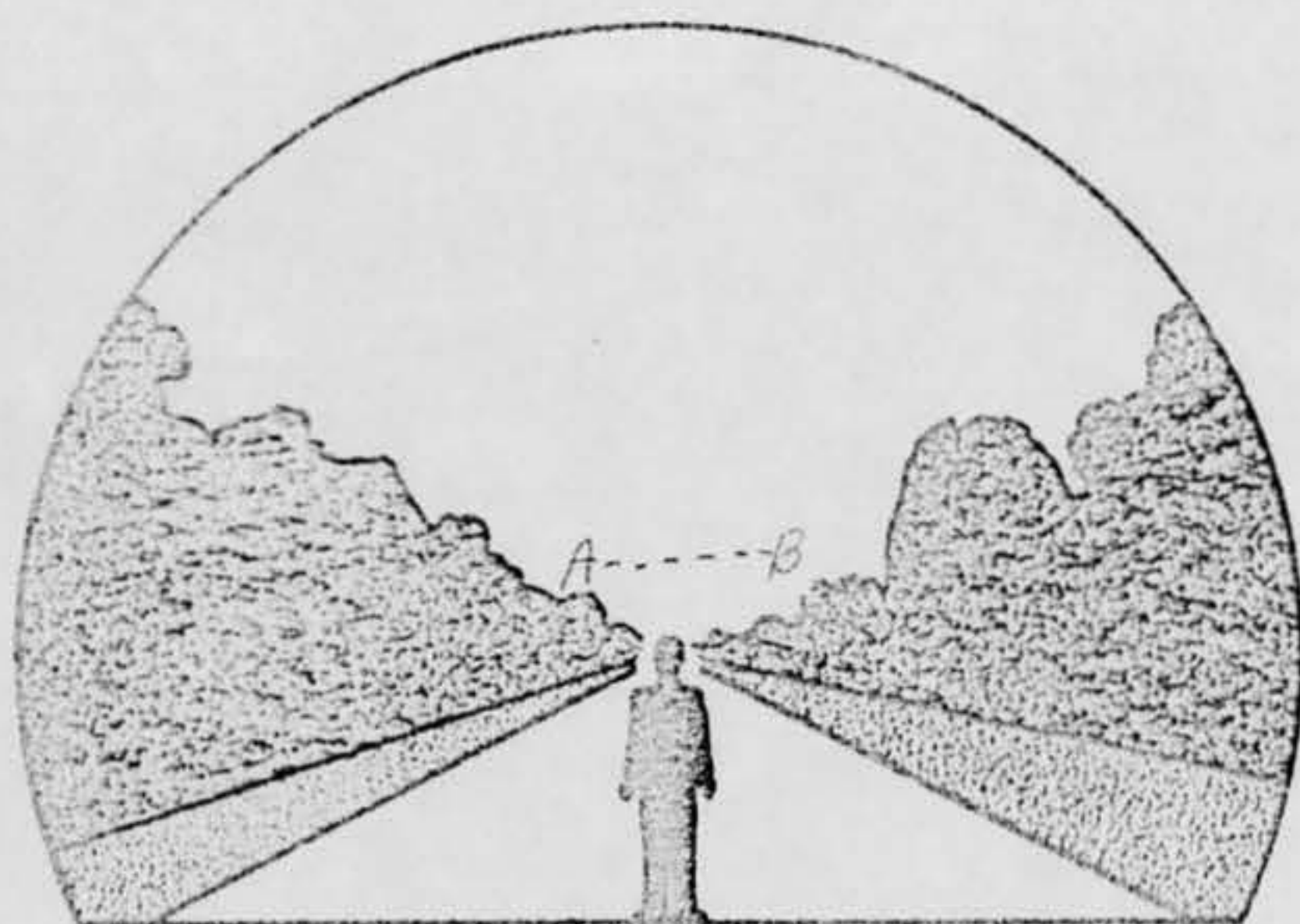




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





*Re: 107*

*21 Oct 1967*

UNCLASSIFIED

ROUTINE

*NOV 07 00 23D*

*30*

*FTD*

*Send Copy to Colo.*

RTTUZYUW RUKTEPA2344 3112025-0000--RUEDFIA.

ZNR 000000

*NO TAPE*

R 071945Z NOV 67

FM 97BOMBWG BLYTHEVILLE AFB ARK

TO RUWMEVA/ADC ENT AFB COLO

RUCIHMA/29AIDIV DULUTH INTL APT MINN

RUEDFIA/FTD WPAFB OHIO

*[Handwritten mark]*

RUEFHQA/CSAF WASHDC

RUEFHQA/OSAF WASHDC

INFO RUCVAAA/2AF BARKSDALE AFB LA  
*copy sent To Univ of Colo.*

BT

UNCLAS FOR OFFICIAL USE ONLY DCOI

ADC ENT AFB COLO, 29 AIDIV DULUTH INTL APT MINN, FTD WPAFB OHIO

FOR TDETR; CSAF WASH DC, ATTN: AFNIN; OSAF WASH DC, ATTN: SAFOI.

INFO 2AF BARKSDALE AFB LA. SUBJ: UFO REPORT. REFERENCE PARA 14,

AFR 86-17. PARA 14A(ALPHA): (1) OBLONG. (2) APPROXIMATELY SIZE OF

VOLKSWAGEN AUTOMOBILE. (3) DARK WITH ORANGE-RED GLOW. (4) TWO.

(5) OBJECTS APPEARED TO BE IN FORMATION WHEN VIEWED FROM A

DIFFERENT ANGLE FROM THAT AT WHICH THEY WERE ORIGINALLY OBSERVED. (7)

THE OBJECTS APPEARED TO BE TWO OBLONG SHAPED DEVICES HAVING THE

APPEARANCE OF A TABLE PLATTER. OBJECTS APPEARED DARK IN COLOR WITH

UNCLASSIFIED

ROUTINE

*will get radar data*

*and see if Stge saw anything*

*Additional info to be sent*

*at all. Con. 15 Nov.*



|                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       |                                       |
| <input type="checkbox"/> OUTDOORS<br><input checked="" type="checkbox"/> IN BUILDING<br><input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER<br><input type="checkbox"/> IN BOAT<br><input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER<br><input type="checkbox"/> OTHER | <input type="checkbox"/> IN BUSINESS SECTION OF CITY<br><input type="checkbox"/> IN RESIDENTIAL SECTION OF CITY<br><input type="checkbox"/> IN OPEN COUNTRYSIDE<br><input type="checkbox"/> NEAR AIRFIELD<br><input type="checkbox"/> FLYING OVER CITY<br><input type="checkbox"/> FLYING OVER OPEN COUNTRY<br><input type="checkbox"/> OTHER |                                                                                                                                                                       |                                       |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       |                                       |
| WHAT DIRECTION WERE YOU MOVING?                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                               | HOW FAST WERE YOU MOVING?                                                                                                                                             |                                       |
| NORTH                                                                                                                                                                                                                                                                                                                                                                                  | EAST                                                                                                                                                                                                                                                                                                                                          | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><div style="text-align: right;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO         </div> |                                       |
| SOUTH                                                                                                                                                                                                                                                                                                                                                                                  | WEST                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                       |                                       |
| NORTHEAST                                                                                                                                                                                                                                                                                                                                                                              | SOUTHEAST                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                       |                                       |
| NORTHWEST                                                                                                                                                                                                                                                                                                                                                                              | SOUTHWEST                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                       |                                       |
| EXPLAIN WHETHER SUCH MOVEMENT EFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       |                                       |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       |                                       |
| HOW MUCH OTHER TRAFFIC WAS THERE?                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       |                                       |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.                                                                                                               |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       |                                       |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       |                                       |
| LENGTH OF TIME                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                               | CERTAIN OF TIME                                                                                                                                                       | NOT VERY SURE                         |
| 30-45 sec                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> FAIRLY CERTAIN                                                                                                                    | <input type="checkbox"/> JUST A GUESS |
| HOW WAS TIME DETERMINED?                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       |                                       |
| ESTIMATED                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       |                                       |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.                                                                                         |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                       |                                       |



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

STARTED AS ONE - ENDED AS TWO

STARTED

ENDED

11. CONDITIONS (Check appropriate blocks.)

| A. SKY                                       |  | B. WEATHER                                                          |                                                       |
|----------------------------------------------|--|---------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> DAY                 |  | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                | <input type="checkbox"/> FOG OR MIST                  |
| <input type="checkbox"/> TWILIGHT            |  | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herringbone) | <input type="checkbox"/> HEAVY RAIN                   |
| <input checked="" type="checkbox"/> NIGHT    |  | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                       | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE        |
| <input checked="" type="checkbox"/> CLEAR    |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)        | <input type="checkbox"/> HAIL                         |
| <input type="checkbox"/> PARTLY CLOUDY       |  |                                                                     | <input type="checkbox"/> SNOW OR SLEET                |
| <input type="checkbox"/> COMPLETELY OVERCAST |  |                                                                     | <input type="checkbox"/> UNKNOWN                      |
|                                              |  | <input type="checkbox"/> HAZE OR SMOG                               | <input checked="" type="checkbox"/> NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                                 | (2) MOON                                          |
|-------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> NONE             | <input type="checkbox"/> BRIGHT MOONLIGHT         |
| <input checked="" type="checkbox"/> A FEW | <input checked="" type="checkbox"/> NO MOONLIGHT  |
| <input type="checkbox"/> MANY             | <input type="checkbox"/> MOON WITH HALO           |
| <input type="checkbox"/> UNKNOWN          | <input type="checkbox"/> MOON HIDDEN BY CLOUDS    |
|                                           | <input type="checkbox"/> PARTIAL (New or quarter) |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

|                                          |                                        |                                               |
|------------------------------------------|----------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU  | <input type="checkbox"/> TO YOUR LEFT  | <input type="checkbox"/> UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

RUNWAY LIGHTS -

LIGHTS ILLUMINATING ALERT PAD 1 MI

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

WHEN FIRST OBSERVED IT APPEARED TO BE AS AN EXHAUSTOR  
A JET. APPROXIMATELY THE LAST 1/3 OF THE TIME IT WAS  
OBSERVED IT APPEARED TO BE TWO JET EXHAUST. SAME  
COLOR + SIZE



| 13. | DID THE PHENOMENON              | YES | NO | UNKNOWN |
|-----|---------------------------------|-----|----|---------|
|     | MOVE IN A STRAIGHT LINE?        | X   |    |         |
|     | STAND STILL AT ANYTIME?         |     | X  |         |
|     | SUDDENLY SPEED UP AND RUN AWAY? |     | X  |         |
|     | BREAK UP IN PARTS AND EXPLODE?  |     | X  |         |
|     | CHANGE COLOR?                   |     | X  |         |
|     | GIVE OFF SMOKE?                 |     | X  |         |
|     | CHANGE BRIGHTNESS?              |     | X  |         |
|     | CHANGE SHAPE?                   | X   |    |         |
|     | FLASH OR FLICKER?               |     | X  |         |
|     | DISAPPEAR AND REAPPEAR?         |     | X  |         |
|     | SPIN LIKE A TOP?                |     | X  |         |
|     | MAKE A NOISE?                   |     | X  |         |
|     | FLUTTER OR WOBBLE?              |     | X  |         |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

THOUGHT IT WAS A LIGHT AIRCRAFT GOING  
THRU THE CONTROL ZONE

A. HOW DID IT FINALLY DISAPPEAR?

AS A JET FIGHTER NORMALLY DOES WITH  
AN AFTER BURNER

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☐ YES ☒ NO. IF "YES," DESCRIBE.



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

DID NOT OBSERVE ANY TYPE OF OBJECT AT  
ANY TIME OR HEAR ANY NOISE. THE LIGHT  
WAS ALL THAT WAS OBSERVED.

FIRST OBSERVED



LAST OBSERVED



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.



|                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |            |            |                        |                                                |                                                                                                                                                                                                                           |               |            |           |            |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------|------------|------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------|-----------|------------|-------|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.                                                                                                                                                                                       |                                                                                                         |            |            |                        |                                                |                                                                                                                                                                                                                           |               |            |           |            |       |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EYEGASSES</td></tr> <tr><td>SUNGLASSES</td></tr> <tr><td>WINDSHIELD</td></tr> <tr><td>SIDE WINDOW OF VEHICLE</td></tr> <tr><td><input checked="" type="checkbox"/> WINDOWPANE</td></tr> </table>                                                                    | EYEGASSES                                                                                               | SUNGLASSES | WINDSHIELD | SIDE WINDOW OF VEHICLE | <input checked="" type="checkbox"/> WINDOWPANE | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>CAMERA VIEWER</td></tr> <tr><td>BINOCULARS</td></tr> <tr><td>TELESCOPE</td></tr> <tr><td>THEODOLITE</td></tr> <tr><td>OTHER</td></tr> </table> | CAMERA VIEWER | BINOCULARS | TELESCOPE | THEODOLITE | OTHER |
| EYEGASSES                                                                                                                                                                                                                                                                                                                                      |                                                                                                         |            |            |                        |                                                |                                                                                                                                                                                                                           |               |            |           |            |       |
| SUNGLASSES                                                                                                                                                                                                                                                                                                                                     |                                                                                                         |            |            |                        |                                                |                                                                                                                                                                                                                           |               |            |           |            |       |
| WINDSHIELD                                                                                                                                                                                                                                                                                                                                     |                                                                                                         |            |            |                        |                                                |                                                                                                                                                                                                                           |               |            |           |            |       |
| SIDE WINDOW OF VEHICLE                                                                                                                                                                                                                                                                                                                         |                                                                                                         |            |            |                        |                                                |                                                                                                                                                                                                                           |               |            |           |            |       |
| <input checked="" type="checkbox"/> WINDOWPANE                                                                                                                                                                                                                                                                                                 |                                                                                                         |            |            |                        |                                                |                                                                                                                                                                                                                           |               |            |           |            |       |
| CAMERA VIEWER                                                                                                                                                                                                                                                                                                                                  |                                                                                                         |            |            |                        |                                                |                                                                                                                                                                                                                           |               |            |           |            |       |
| BINOCULARS                                                                                                                                                                                                                                                                                                                                     |                                                                                                         |            |            |                        |                                                |                                                                                                                                                                                                                           |               |            |           |            |       |
| TELESCOPE                                                                                                                                                                                                                                                                                                                                      |                                                                                                         |            |            |                        |                                                |                                                                                                                                                                                                                           |               |            |           |            |       |
| THEODOLITE                                                                                                                                                                                                                                                                                                                                     |                                                                                                         |            |            |                        |                                                |                                                                                                                                                                                                                           |               |            |           |            |       |
| OTHER                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |            |            |                        |                                                |                                                                                                                                                                                                                           |               |            |           |            |       |
| A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                                         | B. DO YOU USE READING GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO      |            |            |                        |                                                |                                                                                                                                                                                                                           |               |            |           |            |       |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>90-110</u>                                                                                                                                                                                                                                              | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>2-3 MI</u> |            |            |                        |                                                |                                                                                                                                                                                                                           |               |            |           |            |       |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. |                                                                                                         |            |            |                        |                                                |                                                                                                                                                                                                                           |               |            |           |            |       |
| <p style="font-size: 1.2em;">IT APPEARED TO BE ABOUT THE SAME SIZE AS THE EXHAUST OR AFTER BURNER OF A JET FIGHTER - HOWEVER DURING THE TIME IT WAS OBSERVED THE OBJECT NEVER APPEARED TO BE HIGHER THAN 3 TO 4 HUNDRED FEET ABOVE THE SURFACE</p>                                                                                             |                                                                                                         |            |            |                        |                                                |                                                                                                                                                                                                                           |               |            |           |            |       |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT MANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.                                                                                                             |                                                                                                         |            |            |                        |                                                |                                                                                                                                                                                                                           |               |            |           |            |       |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.                                                                                                                                                                              |                                                                                                         |            |            |                        |                                                |                                                                                                                                                                                                                           |               |            |           |            |       |



|                                                                                                                                                                    |  |           |                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|-----------------------------------------------------------------------------|
| 22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION. |  |           |                                                                             |
| 23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO?    |  |           |                                                                             |
| A. LIST THEIR NAMES AND ADDRESSES                                                                                                                                  |  |           |                                                                             |
| AIC LARRY E KEITH<br>2101st COMM SQ<br>BLYTHEVILLE AFB, ARK. 72317                                                                                                 |  |           |                                                                             |
| 24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF                                                                                                                  |  |           |                                                                             |
| LAST NAME, FIRST NAME, MIDDLE NAME<br>WARREN, IRVIN WEBSTER                                                                                                        |  |           |                                                                             |
| ADDRESS (Street, City, State and Zip Code)<br>14218 HEYLOCK DR. BLYTHEVILLE AFB, ARK 72317                                                                         |  |           |                                                                             |
| TELEPHONE (Area code and number)<br>501-LE 25197 HOME                                                                                                              |  | AGE<br>47 | <input checked="" type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE |
| INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.                                                                    |  |           |                                                                             |
| AIR TRAFFIC CONTROL SUPERVISOR<br>10 YR IN UTR CONTROL TOWER                                                                                                       |  |           |                                                                             |
| 25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?                                                                                          |  |           |                                                                             |
| NAME SAC COMMAND POST                                                                                                                                              |  | DAY 21    | MONTH OCT YEAR 1967                                                         |
| 26. DATE YOU COMPLETED THIS QUESTIONNAIRE.                                                                                                                         |  |           |                                                                             |
| DAY 19                                                                                                                                                             |  | MONTH DEC | YEAR 67                                                                     |



*Pending*

*Mr. Lufkin*

*21 Oct 67*

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF:

TDPT/UFO

SUBJECT:

UFO Observation, 21 October 1967

DEC 4 1967

TO:

TSgt Virgil L. Green  
97th Security Police  
Blytheville AFB, Arkansas 72317

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

*[Signature]*  
JAMES C. MANATT, Colonel, USAF  
Director of Production

1 Atch  
AF Form 117

*Send Kutherford a  
witness 117*



1. WHEN DID YOU SEE THE PHENOMENON?

DAY 21 MONTH OCT YEAR 67

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 06:20 MINUTES      ☒ A.M. ☐ P.M.

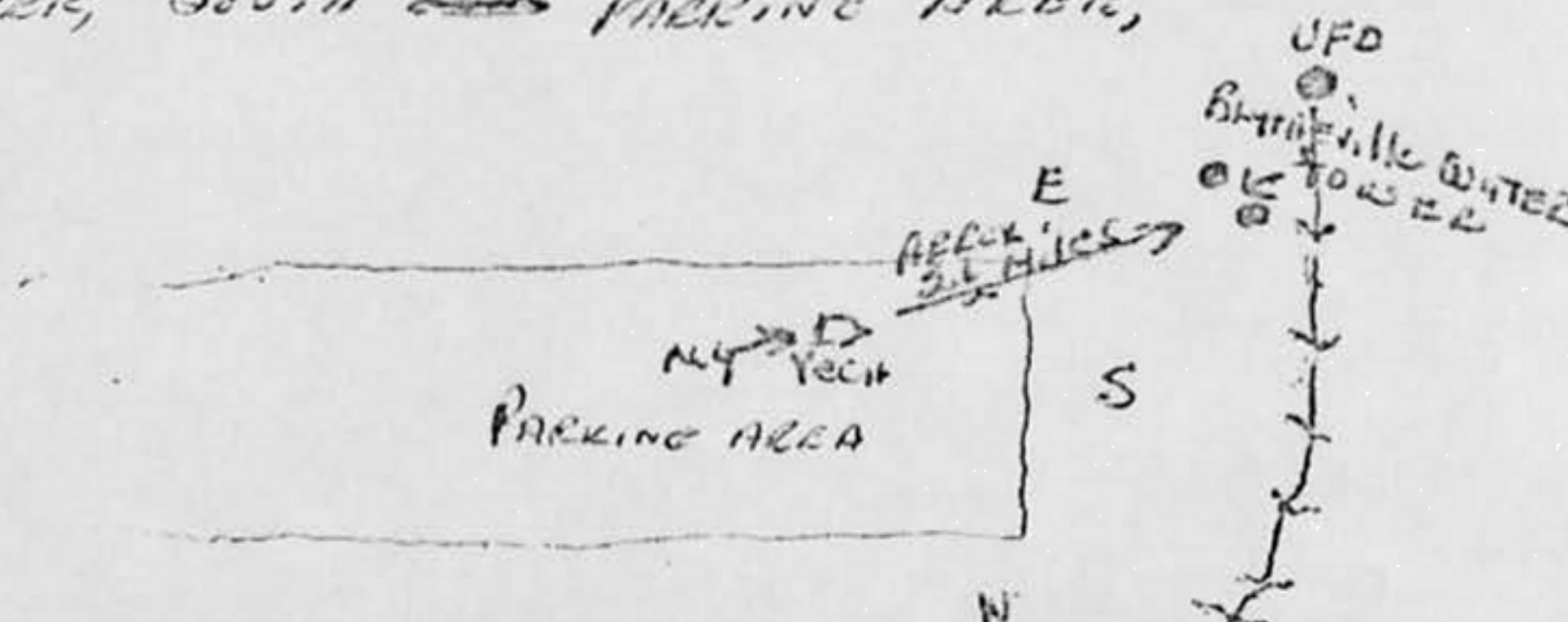
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 06:22 MINUTES \_\_\_\_\_ ☒ A.M. ☐ P.M.

#### 4. TIME/ZONE

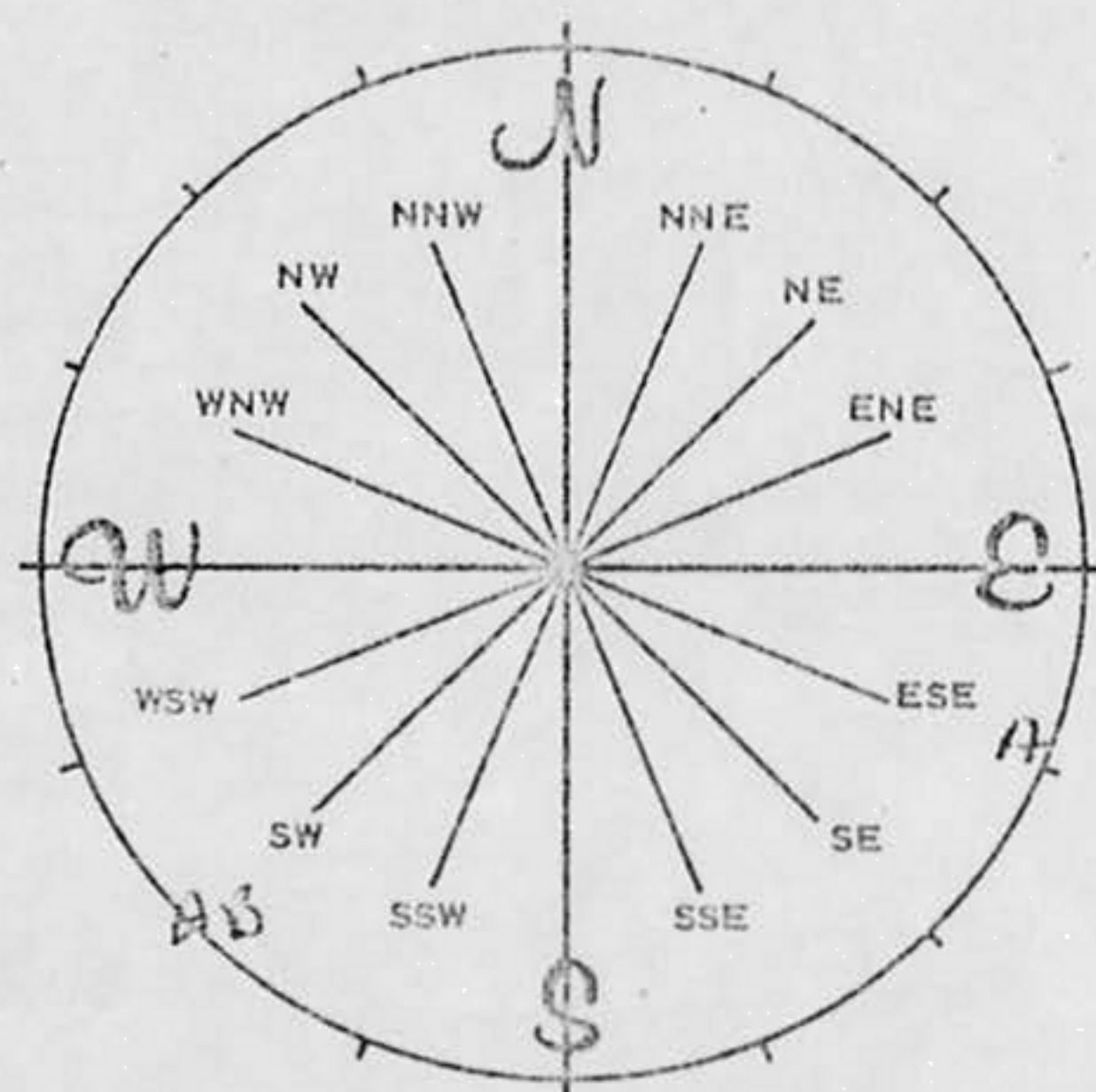
☒ DAYLIGHT SAVINGS☐ STANDARD☐ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

BLITARRINE, DOB 2219, SOUTH ~~EAST~~ PACIFIC OCEAN,

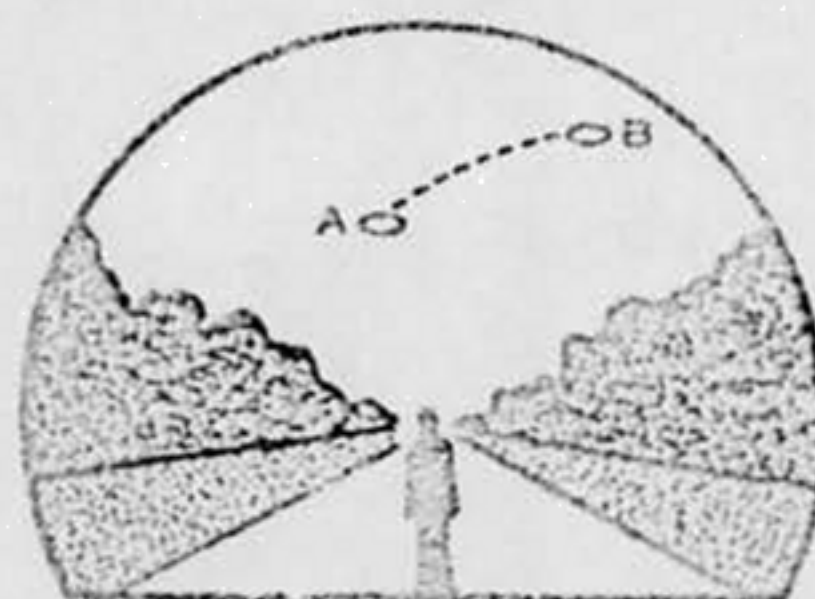
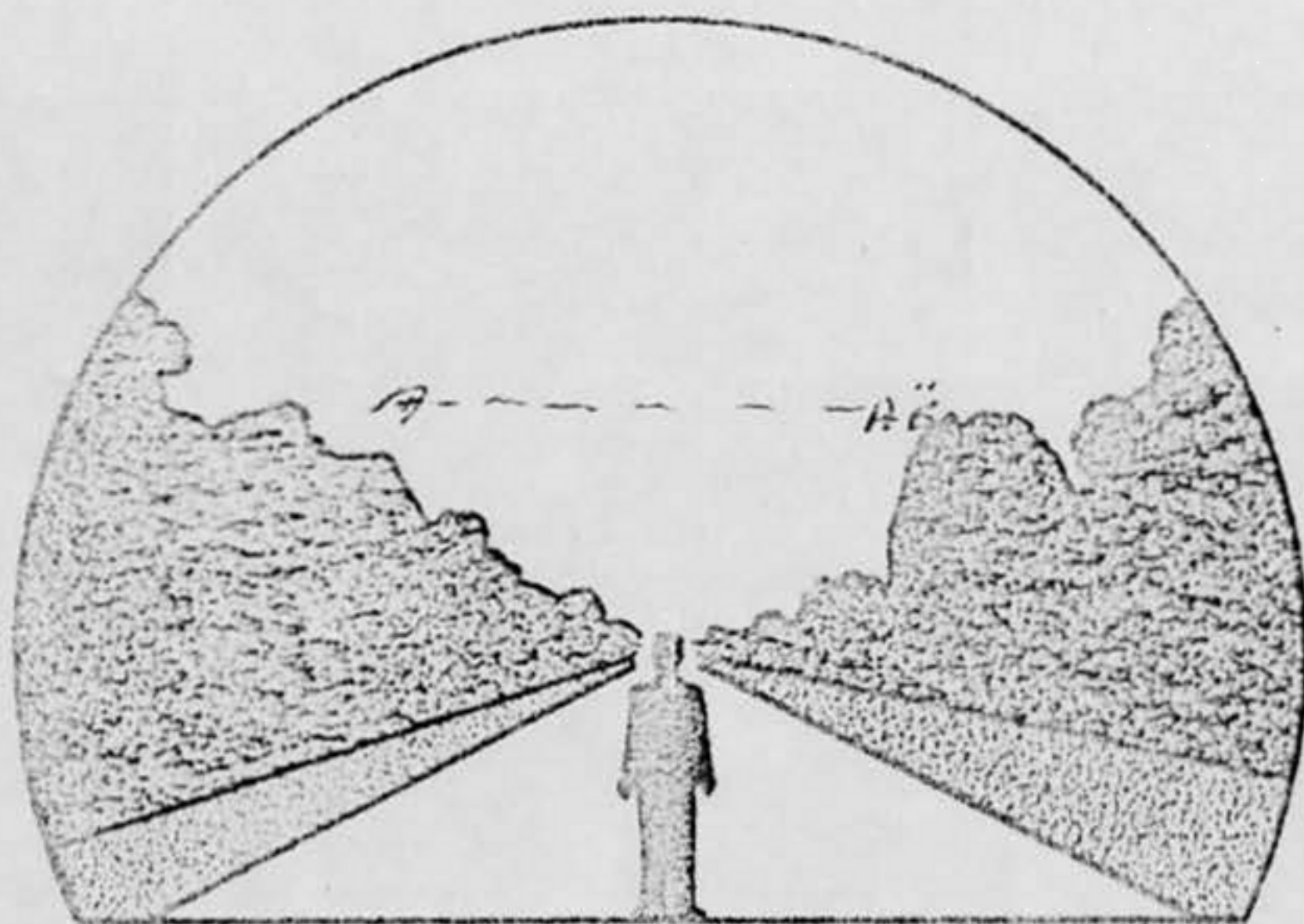




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





|                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                     |                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                     |                                                                                     |                                                                     |                                       |
| OUTDOORS                                                                                                                                                                                                                                                                                       |                                                                                     | IN BUSINESS SECTION OF CITY                                         |                                       |
| IN BUILDING                                                                                                                                                                                                                                                                                    |                                                                                     | IN RESIDENTIAL SECTION OF CITY                                      |                                       |
| <input checked="" type="checkbox"/> IN CAR                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER | IN OPEN COUNTRYSIDE                                                 |                                       |
| IN BOAT                                                                                                                                                                                                                                                                                        |                                                                                     | <input checked="" type="checkbox"/> NEAR AIRFIELD                   |                                       |
| IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                                            |                                                                                     | FLYING OVER CITY                                                    |                                       |
| OTHER                                                                                                                                                                                                                                                                                          |                                                                                     | FLYING OVER OPEN COUNTRY                                            |                                       |
|                                                                                                                                                                                                                                                                                                |                                                                                     | OTHER                                                               |                                       |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:                                                                                                                                                                                                                                           |                                                                                     |                                                                     |                                       |
| WHAT DIRECTION WERE YOU MOVING?                                                                                                                                                                                                                                                                |                                                                                     | HOW FAST WERE YOU MOVING?                                           |                                       |
| <input type="checkbox"/> NORTH                                                                                                                                                                                                                                                                 | <input type="checkbox"/> EAST                                                       | <u>Parked</u>                                                       |                                       |
| <input checked="" type="checkbox"/> SOUTH                                                                                                                                                                                                                                                      | <input type="checkbox"/> WEST                                                       | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?                |                                       |
| <input type="checkbox"/> NORTHEAST                                                                                                                                                                                                                                                             | <input type="checkbox"/> SOUTHEAST                                                  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                                       |
| <input type="checkbox"/> NORTHWEST                                                                                                                                                                                                                                                             | <input type="checkbox"/> SOUTHWEST                                                  |                                                                     |                                       |
| EXPLAIN WHETHER SUCH MOVEMENT EFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.                                                                                                                                                                                                                          |                                                                                     |                                                                     |                                       |
| <u>N/A</u>                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                     |                                       |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.                                                                                                                   |                                                                                     |                                                                     |                                       |
| <u>2 Ton Chev. Windows Down, Packed on Ramp, Open Country.</u>                                                                                                                                                                                                                                 |                                                                                     |                                                                     |                                       |
| HOW MUCH OTHER TRAFFIC WAS THERE?                                                                                                                                                                                                                                                              |                                                                                     |                                                                     |                                       |
| <u>NONE</u>                                                                                                                                                                                                                                                                                    |                                                                                     |                                                                     |                                       |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.                       |                                                                                     |                                                                     |                                       |
|                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                     |                                       |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?                                                                                                                                                                                                                                                       |                                                                                     |                                                                     |                                       |
| LENGTH OF TIME                                                                                                                                                                                                                                                                                 |                                                                                     | CERTAIN OF TIME                                                     | NOT VERY SURE                         |
| <u>2 min Approx</u>                                                                                                                                                                                                                                                                            |                                                                                     | <input checked="" type="checkbox"/> FAIRLY CERTAIN                  | <input type="checkbox"/> JUST A GUESS |
| HOW WAS TIME DETERMINED?                                                                                                                                                                                                                                                                       |                                                                                     |                                                                     |                                       |
| <u>Watch</u>                                                                                                                                                                                                                                                                                   |                                                                                     |                                                                     |                                       |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. |                                                                                     |                                                                     |                                       |
|                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                     |                                       |



UNCLASSIFIED

ROUTINE

ONLY THE GLOW RESEMBLING AN OPERATING AFTERBURNER EXHAUST BEING

PAGE 2 RUWTEPA2344 UNCLAS

READILY VISIBLE. (7) EXHAUST OF APPROXIMATELY 7 FEET EMITTED FROM  
OBJECTS. (8) NONE. (9) NONE. PARA 14B(BRAVO): (1) EAST TO WEST  
APPROXIMATELY 2NM SOUTH OF THE END OF RUNWAY 17-35. SIGHTED SUDDENLY  
FROM CONTROL TOWER. (2) ESTIMATED 10 DEGREES ABOVE HORIZON AT AN  
ALTITUDE OF 12-1500 FEET. (3) ABOUT SAME. (4) STRAIGHT LINE FROM  
EAST TO WEST, DISAPPEARING DURING TURN TO THE SOUTHWEST. (5) LIGHTS

WENT OUT. (6) FIFTEEN TO THIRTY SECONDS. PARA 14C(CHARLIE): (1)  
GROUND VISUAL FROM CONTROL TOWER AND ALERT PAD; [CONFIRMED BY  
BLYTHEVILLE AFB, RAPCON.] (2) NONE. (3) N/A. PARA 14D(DELTA):

(1) 210116Z OCT 67/210616 LOCAL OCT 1967. (2) DAWN. PARA 14E(ECHO):

THREE IN ALL, TWO ON DUTY IN CONTROL TOWER, BLYTHEVILLE AFB, ARK.

THIRD ON DUTY AT ALERT PAD AT SOUTH END OF RUNWAY. PARA 14F(FOX-

TROT): (1) N/A. (2) IRWIN W. WARREN, TECHNICAL SERGEANT, 2101ST  
COMMUNICATIONS SQUADRON, CONTROL TOWER OPERATOR, COMPLETELY RE-  
LIABLE. LARRY E. KEITH, A2C, 2101ST COMMUNICATIONS SQUADRON, CON-  
TROL TOWER OPERATOR, COMPLETELY RELIABLE. VIRGIL L. GREEN, TECH-

*My  
are sure if  
it was the  
same obj.  
how long  
did he  
then*

UNCLASSIFIED

ROUTINE



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

(2)



| 11. CONDITIONS (Check appropriate blocks.)   |                                                                      |                                                |  |
|----------------------------------------------|----------------------------------------------------------------------|------------------------------------------------|--|
| A. SKY                                       |                                                                      | B. WEATHER                                     |  |
| <input type="checkbox"/> DAY                 | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                 | <input type="checkbox"/> FOG OR MIST           |  |
| <input checked="" type="checkbox"/> TWILIGHT | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN            |  |
| <input type="checkbox"/> NIGHT               | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                        | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE |  |
| <input checked="" type="checkbox"/> CLEAR    | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <input type="checkbox"/> HAIL                  |  |
| <input type="checkbox"/> PARTLY CLOUDY       | <input type="checkbox"/> HAZE OR SMOG                                | <input type="checkbox"/> SNOW OR SLEET         |  |
| <input type="checkbox"/> COMPLETELY OVERCAST |                                                                      | <input type="checkbox"/> UNKNOWN               |  |
|                                              |                                                                      | <input type="checkbox"/> NONE OF THE ABOVE     |  |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                                | (2) MOON                                                  |
|------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> NONE            | <input type="checkbox"/> BRIGHT MOONLIGHT                 |
| <input type="checkbox"/> A FEW           | <input type="checkbox"/> MOON WITH HALO                   |
| <input checked="" type="checkbox"/> MANY | <input checked="" type="checkbox"/> MOON HIDDEN BY CLOUDS |
| <input type="checkbox"/> UNKNOWN         | <input type="checkbox"/> PARTIAL (New or quarter)         |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

|                                          |                                        |                                               |
|------------------------------------------|----------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU  | <input type="checkbox"/> TO YOUR LEFT  | <input type="checkbox"/> UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

OBJECTS LOOKED LIKE A TURKEY PLATTER, ROUND AT EACH END, OBJECTS GAVE OFF A 6 FT GLOW AT THE REAR, LOOKED MUCH LIKE AN AFTER BURNER FROM AN A/C, NO SOUND WAS PRESENT AT ANY TIME, OBJECTS WAS A DARK COLOR EXCEPT FOR THE AFTER GLOW



| 13. | DID THE PHENOMENON              | YES | NO | UNKNOWN |
|-----|---------------------------------|-----|----|---------|
|     | MOVE IN A STRAIGHT LINE?        | ✓   |    |         |
|     | STAND STILL AT ANYTIME?         |     | ✓  |         |
|     | SUDDENLY SPEED UP AND RUN AWAY? |     | ✓  |         |
|     | BREAK UP IN PARTS AND EXPLODE?  |     | ✓  |         |
|     | CHANGE COLOR?                   |     | ✓  |         |
|     | GIVE OFF SMOKE?                 |     | ✓  |         |
|     | CHANGE BRIGHTNESS?              |     | ✓  |         |
|     | CHANGE SHAPE?                   |     | ✓  |         |
|     | FLASH OR FLICKER?               |     | ✓  |         |
|     | DISAPPEAR AND REAPPEAR?         |     | ✓  |         |
|     | SPIN LIKE A TOP?                |     | ✓  |         |
|     | MAKE A NOISE?                   |     | ✓  |         |
|     | FLUTTER OR WOBBLE?              |     | ✓  |         |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*THE AFTER GLOW*

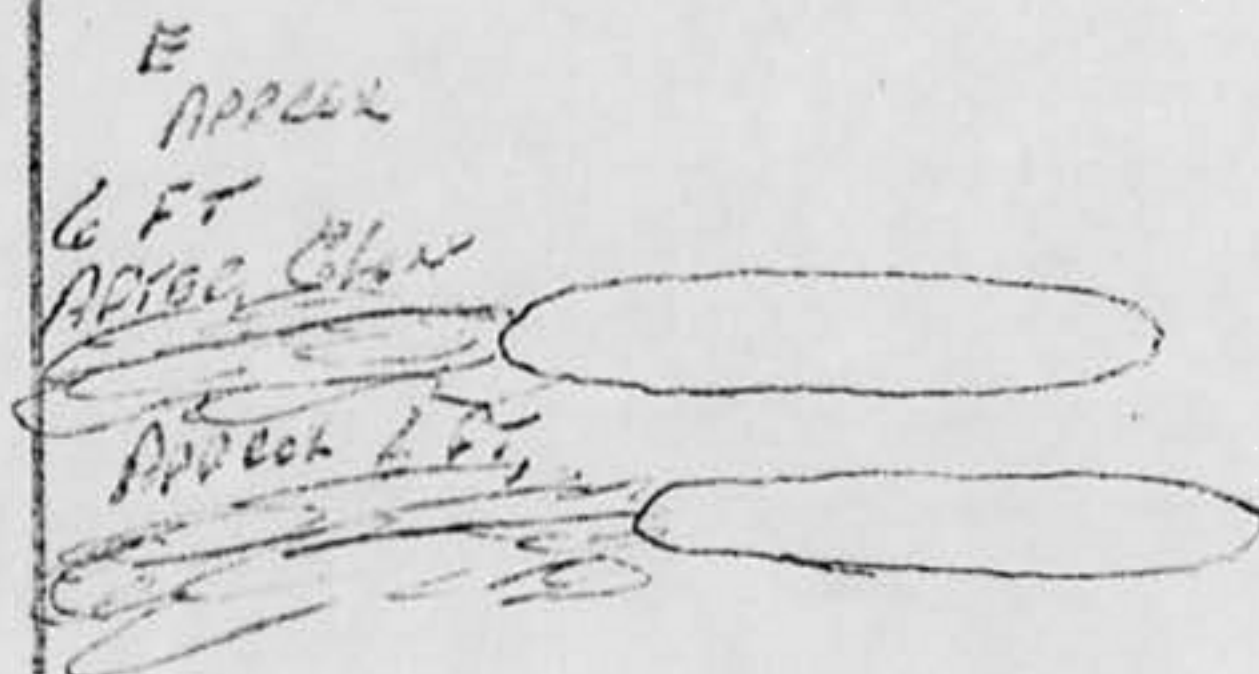
A. HOW DID IT FINALLY DISAPPEAR?

*AFTER GLOW WENT OUT AFTER APPROX 2 MIN*

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☐ YES ☒ NO. IF "YES," DESCRIBE.



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



W

16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

$\frac{1}{3}$



|                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                            |                                                |                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                        |                                        |                                     |                                    |                                     |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|--------------------------------|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.                                                                                                                                                                                                                         |                                     |                                                                                                            |                                                |                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                        |                                        |                                     |                                    |                                     |                                |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> EYEGLASSES</td></tr> <tr><td><input type="checkbox"/> SUNGLASSES</td></tr> <tr><td><input checked="" type="checkbox"/> WINDSHIELD</td></tr> <tr><td><input type="checkbox"/> SIDE WINDOW OF VEHICLE</td></tr> <tr><td><input type="checkbox"/> WINDOWPANE</td></tr> </table> | <input type="checkbox"/> EYEGLASSES | <input type="checkbox"/> SUNGLASSES                                                                        | <input checked="" type="checkbox"/> WINDSHIELD | <input type="checkbox"/> SIDE WINDOW OF VEHICLE | <input type="checkbox"/> WINDOWPANE | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> CAMERA VIEWER</td></tr> <tr><td><input type="checkbox"/> BINOCULARS</td></tr> <tr><td><input type="checkbox"/> TELESCOPE</td></tr> <tr><td><input type="checkbox"/> THEODOLITE</td></tr> <tr><td><input type="checkbox"/> OTHER</td></tr> </table> | <input type="checkbox"/> CAMERA VIEWER | <input type="checkbox"/> BINOCULARS | <input type="checkbox"/> TELESCOPE | <input type="checkbox"/> THEODOLITE | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> EYEGLASSES                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                                            |                                                |                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                        |                                        |                                     |                                    |                                     |                                |
| <input type="checkbox"/> SUNGLASSES                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                                            |                                                |                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                        |                                        |                                     |                                    |                                     |                                |
| <input checked="" type="checkbox"/> WINDSHIELD                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                            |                                                |                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                        |                                        |                                     |                                    |                                     |                                |
| <input type="checkbox"/> SIDE WINDOW OF VEHICLE                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                            |                                                |                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                        |                                        |                                     |                                    |                                     |                                |
| <input type="checkbox"/> WINDOWPANE                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                                            |                                                |                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                        |                                        |                                     |                                    |                                     |                                |
| <input type="checkbox"/> CAMERA VIEWER                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                            |                                                |                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                        |                                        |                                     |                                    |                                     |                                |
| <input type="checkbox"/> BINOCULARS                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                                            |                                                |                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                        |                                        |                                     |                                    |                                     |                                |
| <input type="checkbox"/> TELESCOPE                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                                            |                                                |                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                        |                                        |                                     |                                    |                                     |                                |
| <input type="checkbox"/> THEODOLITE                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                                            |                                                |                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                        |                                        |                                     |                                    |                                     |                                |
| <input type="checkbox"/> OTHER                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                            |                                                |                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                        |                                        |                                     |                                    |                                     |                                |
| A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                                                                           |                                     | B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO         |                                                |                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                        |                                        |                                     |                                    |                                     |                                |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>500 MPH</u> .                                                                                                                                                                                                                                                                             |                                     | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>2 miles</u> . |                                                |                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                        |                                        |                                     |                                    |                                     |                                |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.                                   |                                     |                                                                                                            |                                                |                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                        |                                        |                                     |                                    |                                     |                                |
| <p>Each object looked like <sup>A</sup> TURKEY PLATE PLACED ON TOP OF ANOTHER PLATE, OBJECTS WAS ABOUT THE SIZE OF A VOLKSWAGEN AUTO, OBJECTS APPEARED TO BE SMOOTHER, EACH OBJECT, HAD A GLOW AT THE REAR,</p>                                                                                                                                                                  |                                     |                                                                                                            |                                                |                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                        |                                        |                                     |                                    |                                     |                                |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.                                                                                                                                              |                                     |                                                                                                            |                                                |                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                        |                                        |                                     |                                    |                                     |                                |
|                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                            |                                                |                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                        |                                        |                                     |                                    |                                     |                                |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.                                                                                                                                                                                                                |                                     |                                                                                                            |                                                |                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                        |                                        |                                     |                                    |                                     |                                |
|                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                            |                                                |                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                        |                                        |                                     |                                    |                                     |                                |



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?

A. LIST THEIR NAMES AND ADDRESSES

Mrs Rutherford Blytheville, ARK ARK;  
97 SPS 72315

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

Greene, Virale Lee

ADDRESS (Street, City, State and Zip Code)

ROUTE 4 BOX 510 Blytheville, ARK 72315

TELEPHONE (Area code and number)

WE 25459

AGE

37

☒ MALE

☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

1SGT USAF 1992S 9 MO SERVICE SECURITY  
POLICEMAN

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME CSE & Tower Tower DAY 21 MONTH OCT YEAR 67

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 6 MONTH JAN YEAR 68



27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE,  
ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

Reason for Late Report. I was then  
in the Hospital at Wichita Falls Texas  
the report is correct as the best  
I can remember



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation , 21 October 1967

TO: ALC Rutherford  
97th Security Police  
Blytheville AFB, Arkansas 72317

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 21 October 1967 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

HECTOR QUINTANILLA, Jr, Major, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

1 Atch  
AF Form 117 w/envelope

11 20 7 21 Oct.

Talked To H. Masley AT SPADTS



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R233

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 21 MONTH OCT YEAR 87

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 5? MINUTES 30 ☒ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 6? MINUTES 30 ☒ A.M. ☐ P.M.

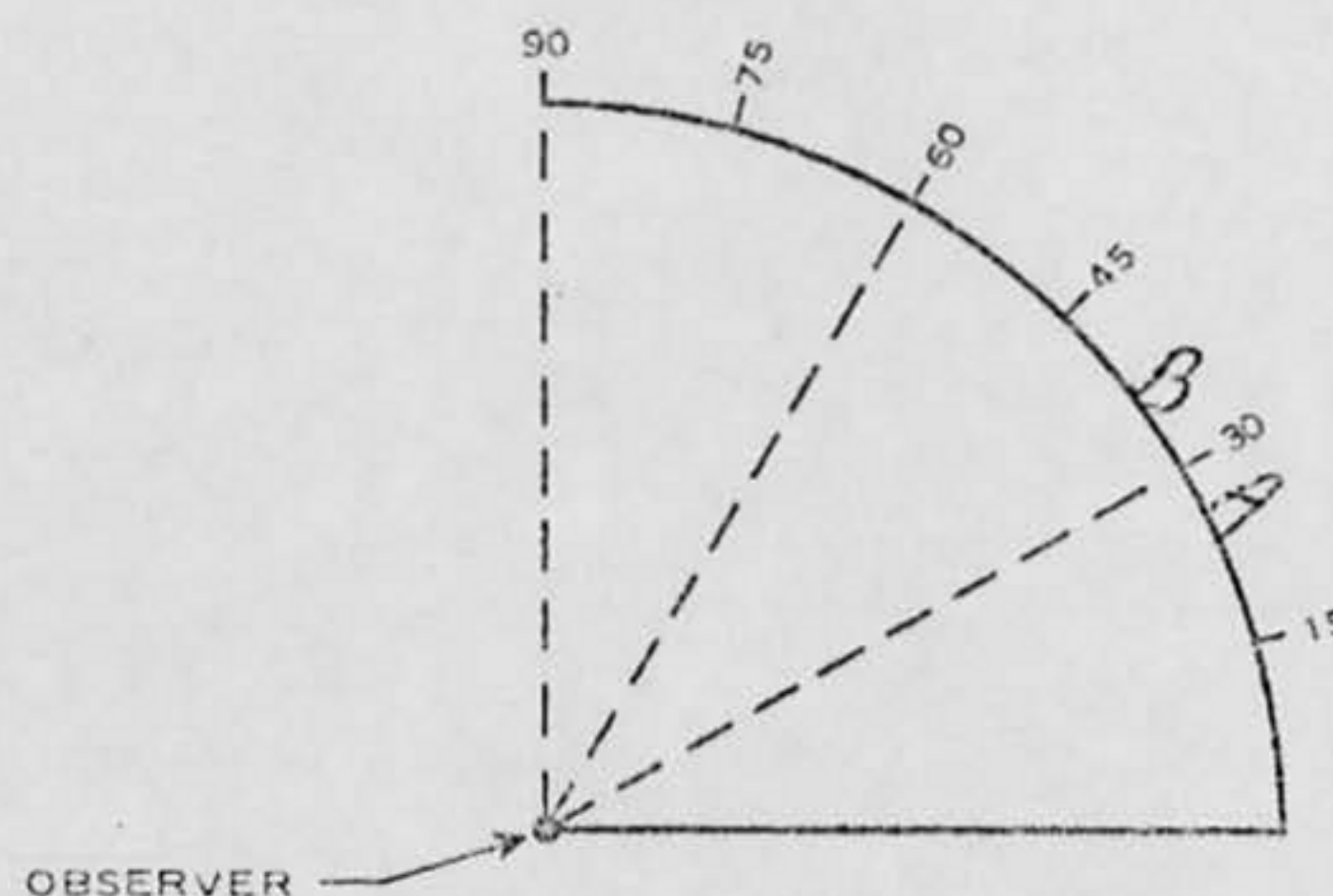
4. TIME ZONE

☒ DAYLIGHT SAVINGS☐ STANDARD☐ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

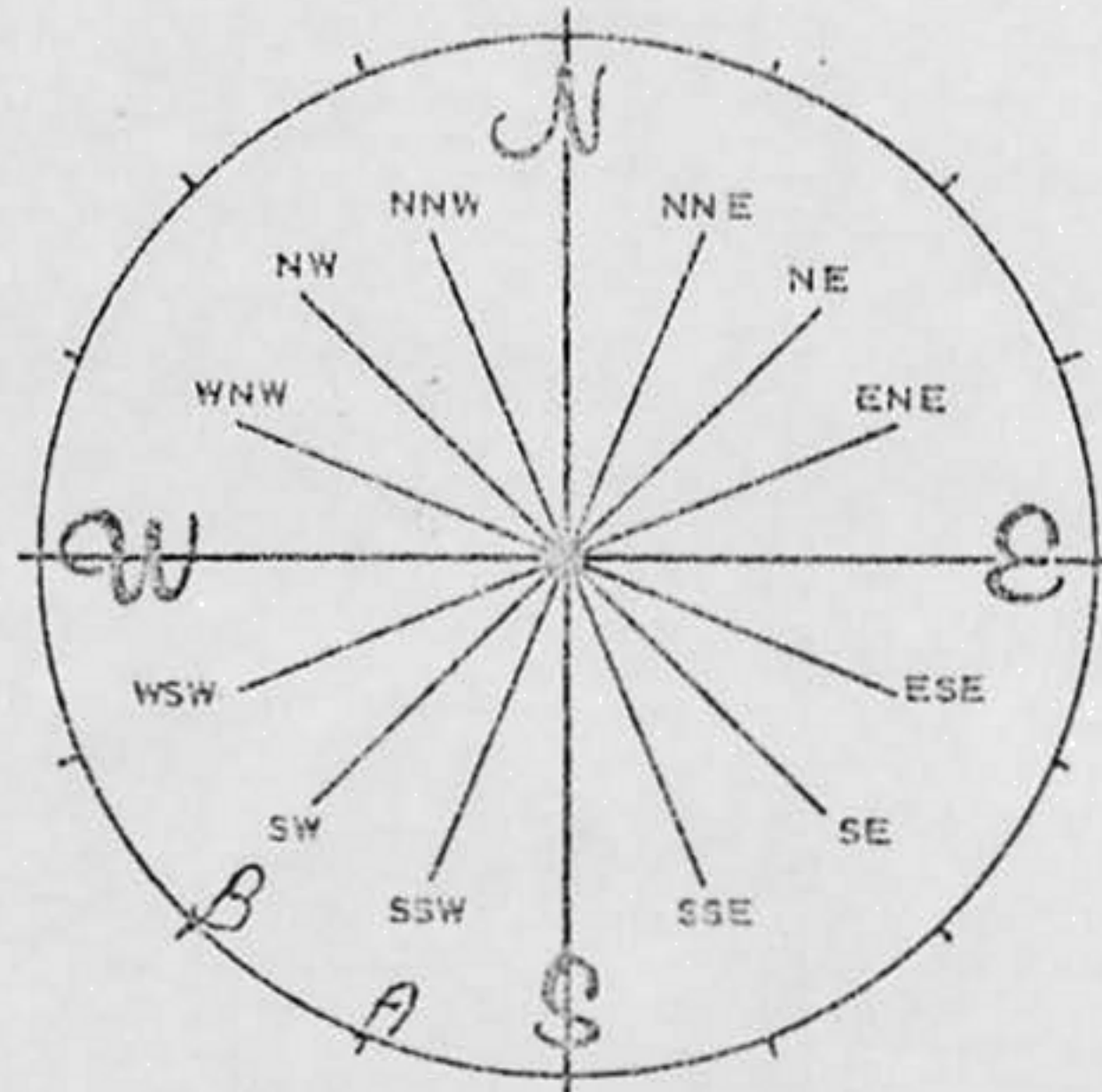
Blytheville, AFB. I WAS STANDING ON  
the ~~runway~~. Parking Aprons after dismounting  
the vehicle when I spotted them

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

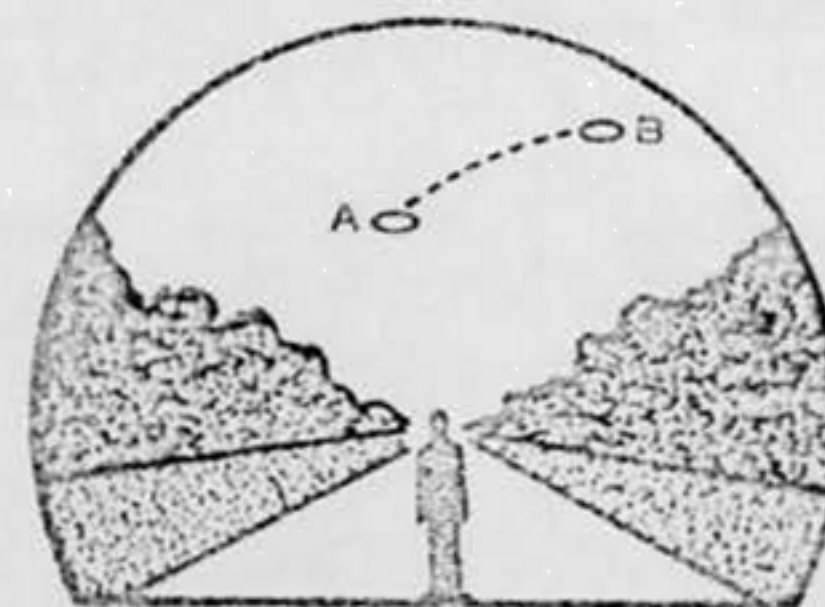
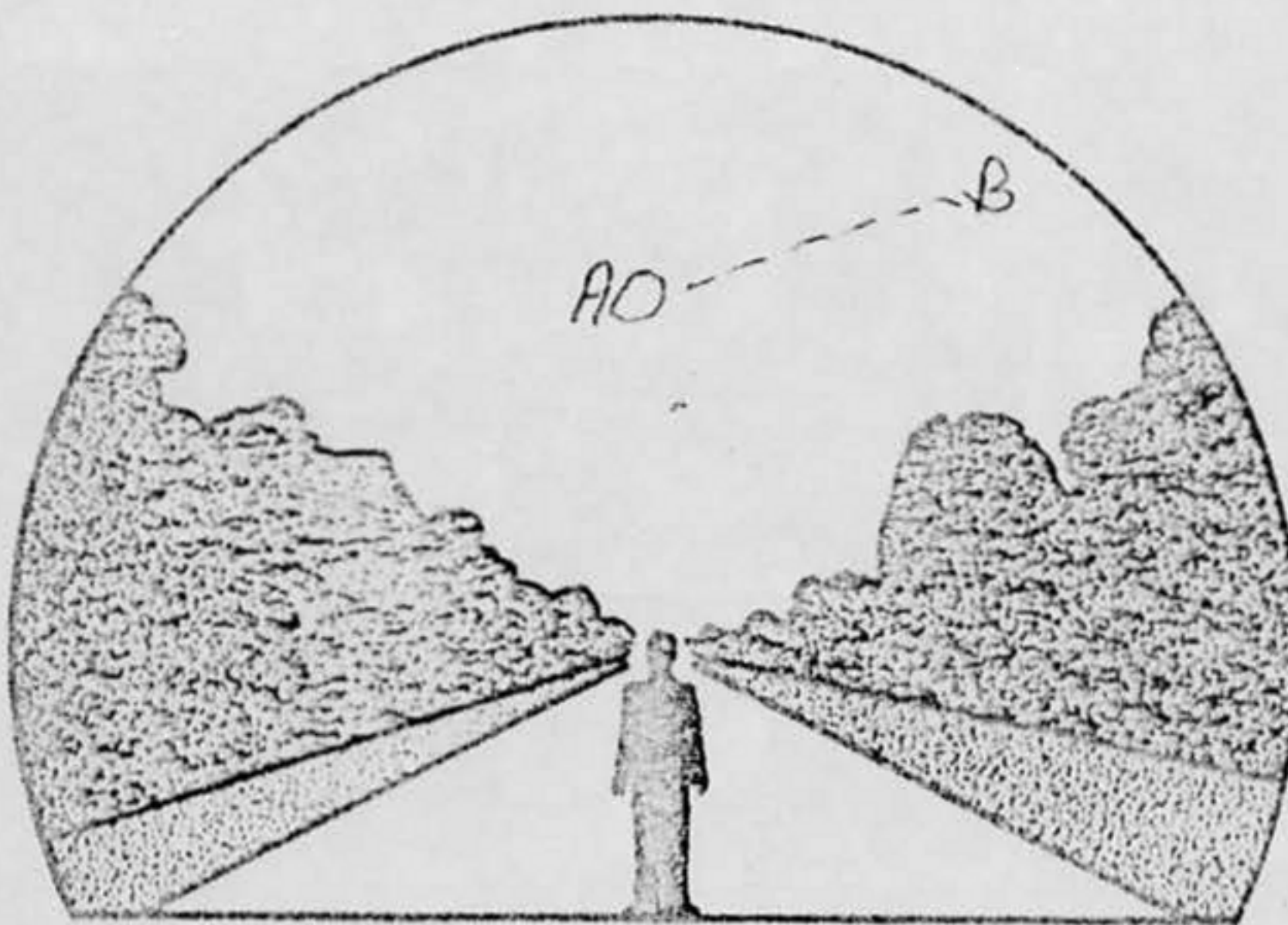




5A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?



B. Pulled up directly Alongside A  
Just Before they went out of Sight

11. CONDITIONS (Check appropriate blocks.)

| A. SKY                                       |  | B. WEATHER                                                           |                                                |
|----------------------------------------------|--|----------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> DAY                 |  | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                 | <input type="checkbox"/> FOG OR MIST           |
| <input type="checkbox"/> TWILIGHT            |  | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN            |
| <input checked="" type="checkbox"/> NIGHT    |  | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                        | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> CLEAR    |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <input type="checkbox"/> HAIL                  |
| <input type="checkbox"/> PARTLY CLOUDY       |  |                                                                      | <input type="checkbox"/> SNOW OR SLEET         |
| <input type="checkbox"/> COMPLETELY OVERCAST |  |                                                                      | <input type="checkbox"/> UNKNOWN               |
|                                              |  | <input type="checkbox"/> HAZE OR SMOG                                | <input type="checkbox"/> NONE OF THE ABOVE     |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                                   | (2) MOON                                                     |
|---------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> NONE               | <input type="checkbox"/> BRIGHT MOONLIGHT                    |
| <input type="checkbox"/> A FEW              | <input type="checkbox"/> MOON WITH HALO                      |
| <input type="checkbox"/> MANY               | <input type="checkbox"/> MOON HIDDEN BY CLOUDS               |
| <input checked="" type="checkbox"/> UNKNOWN | <input checked="" type="checkbox"/> PARTIAL (New or quarter) |
|                                             | <input type="checkbox"/> NO MOONLIGHT                        |
|                                             | <input type="checkbox"/> UNKNOWN                             |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

|                                          |                                        |                                               |
|------------------------------------------|----------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU  | <input type="checkbox"/> TO YOUR LEFT  | <input type="checkbox"/> UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

Perimeter Lights Around The Taxiway. 120 yds.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

The OBJECTS were Shaped Like the Moon, But Smaller, they were the same color of the Moon, But Brighter. It Look as though there was something coming out of the Back of each one. It was a stream of Red.



U N C L A S S I F I E D

R O U T I N E

TECHNICAL SERGEANT, 97TH SECURITY POLICE, ALERT AREA SUPERVISOR, COMPLETELY RELIABLE. PARA 14G(GOLF): (1) CLEAR AND COOL. (2) 360/02 AT SURFACE; 290/20 AT 6M; 290/25 AT 10M; 315/15 AT 16M; 300/30 AT 20M; 360/30 AT 30M; 270/40 AT 50M; NOT AVAILABLE AT 80M. (3)

PAGE 3 RUWTBPA2344 UNCLAS

NONE. CLEAR. (4) 7 PLUS. (5) =0=. (6) NONE. (7) SURFACE INVERSION OF 28 DEGREES TO 1200 FEET; NORMAL LAPSE RATE THEREAFTER. TEMPERATURE DEVIATION PLUS SEVEN DEGREES. PARA 14H(HOTEL): NONE. PARA 14I(INDIA): NONE. PARA 14J(JULIET): NONE. PARA 14K(KILO): CHIEF, INTELLIGENCE DIVISION; EDWIN I. GARDNER, LT COL., USAF; HEADQUARTERS 9730 BOMBARDMENT WING, BLYTHEVILLE AFB, ARKANSAS, 72315; TELEPHONE OFFICE, 501-763-3931 EXTENSION 329/238; HOME 501-532-8480. COMMENTS: THIS IS THE FIRST PHENOMENON OF THIS KIND REPORTED IN THIS VICINITY OF BLYTHEVILLE AFB FOR WHICH THERE HAS NOT BEEN A READY EXPLANATION. THERE IS NO KNOWN REASON WHY JET AIRCRAFT WOULD BE IN THE AREA OF THE SIGHTING, PARTICULARLY WITH REGARD TO RANGE AND ALTITUDE, AND ONE HAS BEEN OBSERVED. TECHNICAL SERGEANT JAMES G. HUNTER, DUTY CONTROLLER AT RAPCON CONFIRMS THE EXISTENCE OF UNIDENTIFIED

U N C L A S S I F I E D

R O U T I N E



|                                                                                                                                                                                                                                                                                                |                                                              |                                                          |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------|-------------------------------------|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                     |                                                              |                                                          |                                     |
| <input checked="" type="checkbox"/> OUTDOORS                                                                                                                                                                                                                                                   |                                                              |                                                          |                                     |
| IN BUILDING                                                                                                                                                                                                                                                                                    |                                                              |                                                          |                                     |
| <input checked="" type="checkbox"/> IN CAR                                                                                                                                                                                                                                                     | <input type="checkbox"/> AS DRIVER                           | <input checked="" type="checkbox"/> AS PASSENGER         |                                     |
| IN BOAT                                                                                                                                                                                                                                                                                        |                                                              |                                                          |                                     |
| IN AIRPLANE                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> AS PILOT                            | <input type="checkbox"/> AS PASSENGER                    | <input checked="" type="checkbox"/> |
| OTHER                                                                                                                                                                                                                                                                                          |                                                              |                                                          |                                     |
|                                                                                                                                                                                                                                                                                                | IN BUSINESS SECTION OF CITY                                  |                                                          |                                     |
|                                                                                                                                                                                                                                                                                                | IN RESIDENTIAL SECTION OF CITY                               |                                                          |                                     |
|                                                                                                                                                                                                                                                                                                | IN OPEN COUNTRYSIDE                                          |                                                          |                                     |
|                                                                                                                                                                                                                                                                                                | NEAR AIRFIELD                                                |                                                          |                                     |
|                                                                                                                                                                                                                                                                                                | FLYING OVER CITY                                             |                                                          |                                     |
|                                                                                                                                                                                                                                                                                                | FLYING OVER OPEN COUNTRY                                     |                                                          |                                     |
|                                                                                                                                                                                                                                                                                                | OTHER                                                        |                                                          |                                     |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:                                                                                                                                                                                                                                           |                                                              |                                                          |                                     |
| WHAT DIRECTION WERE YOU MOVING?                                                                                                                                                                                                                                                                |                                                              | HOW FAST WERE YOU MOVING?                                |                                     |
| NORTH                                                                                                                                                                                                                                                                                          | EAST                                                         | N/A                                                      |                                     |
| SOUTH                                                                                                                                                                                                                                                                                          | WEST                                                         | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?     |                                     |
| NORTHEAST                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> SOUTHEAST <i>Stopped</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                     |
| NORTHWEST                                                                                                                                                                                                                                                                                      | SOUTHWEST                                                    |                                                          |                                     |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.                                                                                                                                                                                                                          |                                                              |                                                          |                                     |
| N/A                                                                                                                                                                                                                                                                                            |                                                              |                                                          |                                     |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.                                                                                                                   |                                                              |                                                          |                                     |
| PU Parking Apron windows Down                                                                                                                                                                                                                                                                  |                                                              |                                                          |                                     |
| HOW MUCH OTHER TRAFFIC WAS THERE?                                                                                                                                                                                                                                                              |                                                              |                                                          |                                     |
| NONE                                                                                                                                                                                                                                                                                           |                                                              |                                                          |                                     |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.                       |                                                              |                                                          |                                     |
|                                                                                                                                                                                                                                                                                                |                                                              |                                                          |                                     |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?                                                                                                                                                                                                                                                       |                                                              |                                                          |                                     |
| LENGTH OF TIME                                                                                                                                                                                                                                                                                 | CERTAIN OF TIME                                              | NOT VERY SURE                                            |                                     |
| 15 or 16 seconds Approx                                                                                                                                                                                                                                                                        | FAIRLY CERTAIN                                               | <input checked="" type="checkbox"/> JUST A GUESS         |                                     |
| HOW WAS TIME DETERMINED?                                                                                                                                                                                                                                                                       |                                                              |                                                          |                                     |
|                                                                                                                                                                                                                                                                                                |                                                              |                                                          |                                     |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. |                                                              |                                                          |                                     |
|                                                                                                                                                                                                                                                                                                |                                                              |                                                          |                                     |



| 13. | DID THE PHENOMENON              | YES | NO | UNKNOWN |
|-----|---------------------------------|-----|----|---------|
|     | MOVE IN A STRAIGHT LINE?        |     | X  |         |
|     | STAND STILL AT ANYTIME?         |     | X  |         |
|     | SUDDENLY SPEED UP AND RUN AWAY? |     | X  |         |
|     | BREAK UP IN PARTS AND EXPLODE?  |     | X  |         |
|     | CHANGE COLOR?                   |     | X  |         |
|     | GIVE OFF SMOKE?                 |     |    | X       |
|     | CHANGE BRIGHTNESS?              |     |    | X       |
|     | CHANGE SHAPE?                   |     | X  |         |
|     | FLASH OR FLICKER?               |     | X  |         |
|     | DISAPPEAR AND REAPPEAR?         |     | X  |         |
|     | SPIN LIKE A TOP?                |     |    | X       |
|     | MAKE A NOISE?                   |     | X  |         |
|     | FLUTTER OR WOBBLE?              |     |    | X       |

## 14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*I WAS Looking up toward the sky and  
Just happened to Notice them.*

## A. HOW DID IT FINALLY DISAPPEAR?

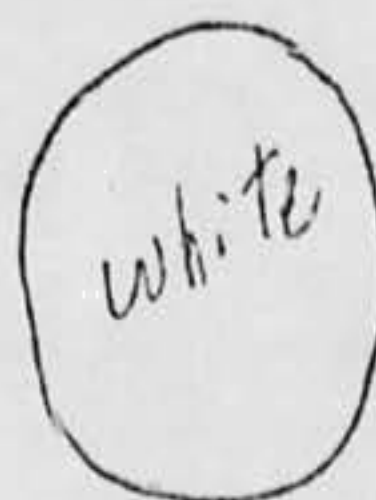
*Both of the objects were side by side and  
it looked as though they went straight up  
into the sky fading away*

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☐ YES ☒ NO. IF "YES," DESCRIBE.

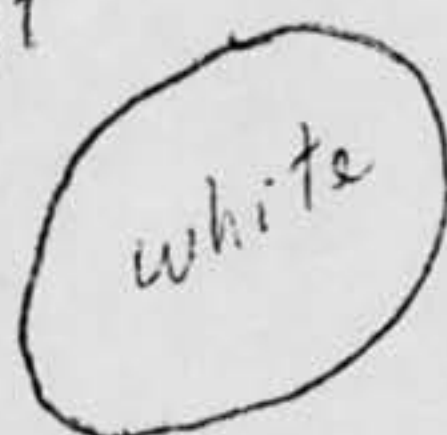


15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

Red Exhaust



Red Exhaust



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

|                                                 |                                        |
|-------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> EYEGLASSES             | <input type="checkbox"/> CAMERA VIEWER |
| <input type="checkbox"/> SUNGLASSES             | <input type="checkbox"/> BINOCULARS    |
| <input checked="" type="checkbox"/> WINDSHIELD  | <input type="checkbox"/> TELESCOPE     |
| <input type="checkbox"/> SIDE WINDOW OF VEHICLE | <input type="checkbox"/> THEODOLITE    |
| <input type="checkbox"/> WINDOWPANE             | <input type="checkbox"/> OTHER         |

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☒ NO

B. DO YOU USE READING GLASSES? ☐ YES ☒ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED ?

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE ?

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

*It Look Like the Moon only it WAS  
SMALLER AND BRIGHTER*

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.



|                                                                                                                                                                    |  |     |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|--------------------------------------------------------------------------|
| 22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION. |  |     |                                                                          |
| 23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO?    |  |     |                                                                          |
| A. LIST THEIR NAMES AND ADDRESSES                                                                                                                                  |  |     |                                                                          |
| TSGT GREENE.<br>Blytheville, AFB, Ark.<br>97th SPS.                                                                                                                |  |     |                                                                          |
| 24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF                                                                                                                  |  |     |                                                                          |
| LAST NAME, FIRST NAME, MIDDLE NAME                                                                                                                                 |  |     |                                                                          |
| Rutber Ford, Mark ALLEN                                                                                                                                            |  |     |                                                                          |
| ADDRESS (Street, City, State and Zip Code)                                                                                                                         |  |     |                                                                          |
| 125 PARKVIEW Dr.                                                                                                                                                   |  |     |                                                                          |
| TELEPHONE (Area code and number)                                                                                                                                   |  | AGE | <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| 483-5192 area code 501                                                                                                                                             |  | 21  |                                                                          |
| INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.                                                                    |  |     |                                                                          |
|                                                                                                                                                                    |  |     |                                                                          |
| 25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?                                                                                          |  |     |                                                                          |
| NAME TSGT GREENE DAY MONTH YEAR                                                                                                                                    |  |     |                                                                          |
| 26. DATE YOU COMPLETED THIS QUESTIONNAIRE.                                                                                                                         |  |     |                                                                          |
| DAY 14 MONTH FEB. YEAR 68                                                                                                                                          |  |     |                                                                          |



21 Oct 67

MEMO FOR THE RECORD

"21 Feb. 1968

Talked to Lt. Mosley (SPADTS)

On Oct 21 the Molniya -I #6 Platform decayed at 1057Z 5min. Lt. Mosley checked for visuals on the decay but only had one vis. form Turkey and it took place at 0949Z. I, Lt. Marano, asked him if these things often break up during re-entry and if a piece could have come down about 20 min. after the predicted decay. He stated that the objects often do break up as they start to decay and that usually they only list the time of decay of the main piece. However the angle of inclination of the object was only 64.7 degrees.



TDPT (UFO) Maj Quintanilla/70916/mhs/16 Mar 68  
UFO Observation, 21 October 1967

Dr. Charles P. Oliver  
American Meteor Society

Smithsonian Astrophysical Observatory

1. The Aerial Phenomena Office is in receipt of an unidentified flying object (UFO) report from Blytheville AFB, Arkansas which occurred on 21 October 1967, between 0616 and 0622, CDT. The duration of the observation was thirty to forty-five seconds.
2. The observers sighted a bright white object to the south of the base. The object appeared to be moving in a westerly direction and then appeared to be two white oblong objects with red exhausts. They were described as being similar to a jet with afterburners; however, there were no scheduled aircraft flights in the area at the approximate time and there were no targets on radar that could be correlated to the visuals.
3. Do your records indicate that any bright meteors passed over the southern United States at the approximate time of the sighting. If so, could it have been the cause for this sighting?
4. Thank you for your assistance on this matter.

MAJOR QUINTANILLA, Jr, Major, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

TDPT (UFO) OFFICIAL FILE CY



# UNIVERSITY of PENNSYLVANIA

PHILADELPHIA 19104

1968 March 20

Flower and Cook Observatory

Major Hector Quintanilla, USAF  
Wright-Patterson AFB, Ohio.

Dear Major Quintanilla:

Two letters from you March 18 and another matter from an earlier communication from your AFB will all be attended to in this letter.

First; object of 1967 Oct. 27- Report from Blytheville, AFB, of an object sighted between 0616 and 0622 CDT. I have two reports on that date of a bright fireball, one from St. Joseph, Mo. at 6:25 CST, one by a pilot at Long. 78° 52' W, Lat. 41° 50' N at 0615 CST. ~~#####~~  
~~#####~~ The pilot saw it fall vertically on bearing 185°, ~~OK~~ the first observer from s. part of Cepheus to Andromeda or to north. Due to large difference in longitude, it could hardly have been same object. Neither fits the Arkansas report if data given there are right.

Second; report by J.A. Marshall for 1968 Feb. 25 20:02 GMT. His report fully fits description of a brilliant daylight fireball, and without hesitation I would classify as such. I have no other report of this object. If you can get the report of the T3Z pilot, mentioned in your note of Feb. 26, made near Joliet, Ill., I would be very glad to get it, as then I might be able to compute its approximate path.

Third; unknown object of 1968 March 3 at somewhere near 9:40 p.m., CST, from Kentucky and Tenn. etc. I now have about 8 reports. They all could be classed as fireball reports but for one thing; the durations given run from 30 to 120 seconds, most about 1 minute. For a duration seems impossible for a fireball, in the lowest velocity one can strike the Earth's atmosphere is 7 miles/sec. I was disposed to think the first 2 who reported simply exaggerated the duration, but later independent reports confirm the unusual duration. So it is not a fireball, so far as I can see. I know that you have reports not in my hands. Please let me have copies of them so its path can be computed as we have here a most unusual object.

Sincerely yours,

*Charles P. Olivier*

C. P. OLIVIER  
AMERICAN METEOR SOCIETY  
521 N. WILKINSON AVE  
NARBERTH, PA

19072



21 Oct

THE FOLLOWING REPORTS WERE FORWARDED TO THE UNIVERSITY OF COLORADO ON

5 APRIL 1968

11 or 12 Sep 67

Spratt, Michigan

2 Oct 67

Cold Springs, New York

3 Oct 67

Cold Springs, New York

21 Oct 67

Blytheville AFB, Arkansas

13 Sep 67

Kittanning, Pa

Note:

The complete cases were forwarded

7

By line and  
O. S. in



21 OCT 67

10 MAY 1968

TDPT(UFO) Lt Col Quintanilla/70916/mhs/15 May 68

UFO Observation, 21 October 1967

Mr. H. E. Roth, Project Director  
Volunteer Flight Officer Network  
United Airlines  
Stapleton International Airport  
Denver, Colorado 80207

1. The Aerial Phenomena Office is in receipt of an unidentified flying object (UFO) report from Blytheville AFB, Arkansas which occurred on 21 October 1967, between 0616 and 0622 CDT. The duration of the observation was thirty to forty-five seconds.
2. The observers sighted a bright white object to the south of the base. The object appeared to be moving in a westerly direction and then appeared to be two white oblong objects with red exhausts. They were described as being similar to a jet with afterburners; however, there were no scheduled aircraft flights in the area at the approximate time and there were no targets on radar that could be correlated to the visuals.
3. Did you receive any similar reports for this date? We would appreciate your comments as to a possible cause for this sighting.
4. Thank you for your continued assistance.

4  
HECTOR QUINTANILLA, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

TDPT (UFO) OFFICIAL FILE CY



UNCLASSIFIED

ROUTINE

SUBJECTS AT A RANGE OF APPROXIMATELY TWO NAUTICAL MILES SOUTH  
OF THE BASE. [HE INTERPRETS THE RADAR SIGHTING AS BEING AUTOMOBILES  
SINCE THE ESTIMATED SPEED WAS 60-90 MILES PER HOUR WHICH WAS  
ENTIRELY TOO SLOW FOR JET AIRCRAFT.] IN VIEW OF THE FACT THAT  
THREE RELIABLE PERSONNEL REPORTED THIS SIGHTING; AND ALSO THE  
FACT THAT RAPCON IS INFLUENCED BY WEATHER PHENOMENON FROM TIME  
TO TIME, IT IS CONCLUDED THAT A GENUINE SIGHTING OF A PHENOMENON

*was anything  
picked up on  
any of the  
Radar.*

PAGE 4 RUMTBPA2344 UNCLAS

OF SOME SORT DID OCCUR BUT THAT SUFFICIENT INFORMATION IS NOT  
AVAILABLE TO DETERMINE THE CAUSE.

BT

UNCLASSIFIED

ROUTINE





Stapleton International Airport, Denver, Colorado 80207

May 24th, 1968

Hector Quintanilla, Jr., Col USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

Dear Colonel Quintanilla:

I am writing in reply to your letter of May 16th, and to enclose copies of three pilot reports regarding this event.

If you will plot on a map, the positions of these three reports and show the plane headings TRUE of each aircraft involved, you will note that when applying the answers to questions #8 and #9 in each case, that this could easily be three sightings of one and the same event.

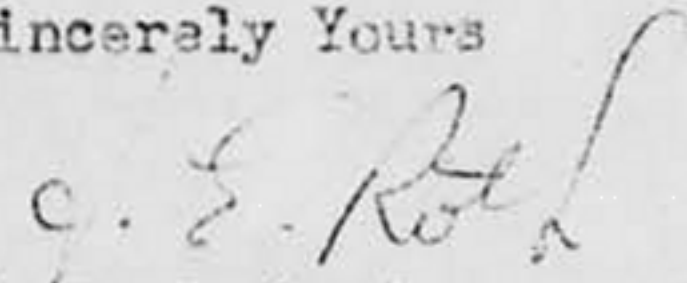
There is a good possibility that this was a large meteor decaying in our atmosphere breaking into two major components. If this is the case, then certainly the event was taking place far to the south of all four (yoursighting included) reports.

These reports do not check out with any known satellite re-entries catalogued at SDC in Colorado Springs, Colorado.

Since your inquiry brought to our attention the fact that these three pilot reports appear to be of one object or event, pointing out at the same time the plausability of this being a meteor, I have sent a duplicate copy to the Smithsonian Astrophysical Observatory for possible field recovery work.

If there is anything else I can help you with, be sure to write.

Sincerely Yours

  
H. E. Roth, Project Director  
Volunteer Flight Officer Network



(927)

FLIGHT CREW MEMBER REPORT FORM

for

LONG. 099° 08' 25" West  
LAT. 32° 35' 50" North

SATELLITE RE-ENTRY OR BRIGHT FIREBALL

in conjunction with

9° EAST M.V.

Smithsonian Astrophysical Observatory's Re-Entry and Recovery Program

DELTA AIR LINES

1. Flight 130 2. Date 10-21-67 3. Time 1116Z (061600Z)  
Please indicate whether date and time are local or Greenwich mean time.

4. Location (DME and radial reading from a VOR or longitude and latitude)  
120 nautical miles S.W. of DAL VOR on 252° Radial

5. Plane heading magnetic TRUE 099° <sup>090°</sup> 6. Altitude 25,000 ft.

7. Crew names and addresses witnessing event Hoque, E. C. Capt.

Voris, B. W. F/O Jones, S. S/O

Delta Air Lines, ATLANTA, GA

8. Estimate degrees right or left of plane heading and elevation (in degrees) above horizon of object when first sighted @ 1230 position about level

9. Estimate degrees right or left of plane heading and elevation (in degrees) above horizon of object when last sighted 15° RIGHT 90° to right; about level with an

10. Apparent brightness: A. Too bright to look at  
B. As bright as full moon  
C. As bright as Venus - PLUS a little brighter  
I'm not sure but might as long

11. Duration of sighting as 5 to 10 minutes. I saw it just above the horizon for a while and thought it was a star.

12. Break up noted and/or color noted yes, I think color "ICE BLUE".  
Was this a predicted re-entry? yes ☒ no

To list additional information, please use the reverse side. \*

Date: 10-23-67

Signature

If, for any reason, you wish not to be identified with whatever sighting you made, please indicate so underneath your signature. Please mail to:

Mr. Herbert E. Roth  
Smithsonian Moonwatch Team Director  
C/O United Air Lines Flight Training Center  
Stapleton International Airport  
Denver, Colorado 80207 U.S.A.



\* When I first saw the object it was low on the horizon at about our 12:30 position, somewhat to the left of Venus. I thought it must be a star but could not figure what star. It did not occur to me that it might be a Satellite (I still don't know). How long the object was visible I'm not really sure. We were operating LAX to DNL and had been in the air about 3:30 and all of us were sleepy. I believe I saw the object for 5 to 15 minutes, the other crew members saw it only a few seconds.

EXCESSIVE  
PSYCHOLOGICAL  
REACTION TO  
OBSCURITY?

ETH

THIS COMMENT IS PURELY SPECULATIVE  
AND CANNOT NOR SHOULD NOT BE  
USED IN ANY PUBLICALLY RELEASED STATEMENTS.

Prob. refers to afterglow of meteor



6-20  
91  
P-24  
(932)

FLIGHT CREW MEMBER REPORT FORM

for LONG. 073° 26' 10" W.  
LAT. 31° 46' 55" N.  
7° EAST M.V.  
SATELLITE RE-ENTRY OR BRIGHT FIREBALL

in conjunction with  
Smithsonian Astrophysical Observatory's Re-Entry and Recovery Program

DELTA

1. Flight FLT 414 2. Date 21 Oct 67 Time 0605 C (APPROX)  
Please indicate whether date and time are local or Greenwich mean time.

4. Location (DME and radial reading from a VOR or longitude and latitude)  
ALEXANDRIA, LA. ENGLAND AFB 51. 92° 3' N.

57 NM North-west of AEX VOR on V-114

5. TRUE 122° Plane heading magnetic 115° 6. Altitude 5,000

7. Crew names and addresses witnessing event W. Miller Jr, 1702 Union

Brewer Rd, Irving, Texas Howard Green 96 Delta

Air Lines Love Field Dallas

8. Estimate degrees right or left of plane heading and elevation (in degrees)  
above horizon of object when first sighted 20° LEFT - VERY LOW ON HORIZON  
(11 o'clock)

9. Estimate degrees right or left of plane heading and elevation (in degrees)  
above horizon of object when last sighted 160° RIGHT - VERY LOW ON HORIZON  
(5 o'clock)

10. Apparent brightness: A. Too bright to look at \_\_\_\_\_  
B. As bright as full moon \_\_\_\_\_  
C. As bright as Venus VERY BRIGHT BLUE WHITE WITH

11. Duration of sighting 10 - 15 SEC TRAILING ORANGE STREAMER  
(SEE BACK OF REPORT)

12. Break up noted and/or color noted SEEMED TO BREAK UP AT THE HORIZON  
Was this a predicted re-entry? yes no UNKNOWN

To list additional information, please use the reverse side.

Date: 23 Oct 1967

Signature

CAPT DELTA AIR  
LINES

If, for any reason, you wish not to be identified with whatever sighting you made, please indicate so underneath your signature. Please mail to:

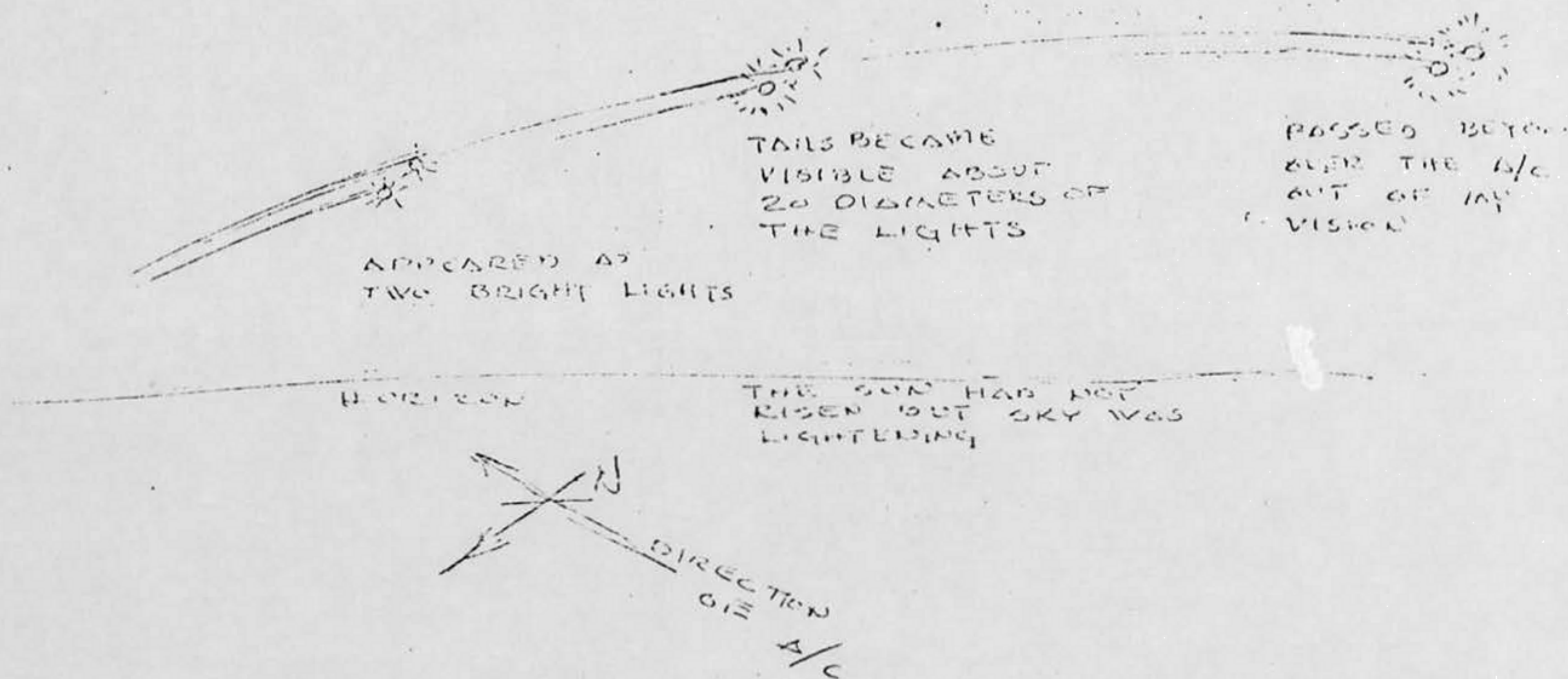
Mr. Herbert E. Roth  
Smithsonian Moonwatch Team Director  
C/O United Air Lines Flight Training Center  
Stapleton International Airport  
Denver, Colorado 80207 U.S.A.



REF ITEM 10.

THERE WERE TWO PARTS - ONE SLIGHTLY AHEAD OF THE OTHER. MY FIRST THOUGHT WAS THAT THEY WERE TWO JET A/C WITH A LANDING LIGHTS ON IN FORMATION - DUE TO THEIR RELATION AND VERY LOW TRAJECTORY

HOWEVER AS THEY CLOSED ON US I COULD SEE THE ORANGE TRAILS- AFTER THEY LEFT MY FIELD OF VISION THE COPILOT REPORTED THAT THEY APPEARED TO BREAK UP NEAR THE HORIZON.



When you determine what type satellite burn up this was I would like a short note on it.

*[Signature]*



FLIGHT CREW MEMBER REPORT FORM

for

LONG. 097°12'55" W.  
LAT. 33°06' N.

SATELLITE RE-ENTRY OR BRIGHT FIREBALL

in conjunction with

9° EAST M.V.

Smithsonian Astrophysical Observatory's Re-Entry and Recovery Program

1. Flight DELTA 808 2. Date 10-21-67 3. Time 0620 C.D.T  
Please indicate whether date and time are local or Greenwich mean time.

4. Location (DME and radial reading from a VOR or longitude and latitude)

270° RADIAL - DALLAS VOR 30 DME

5. Plane heading TRUE 139° magnetic 130° 6. Altitude 7,000

7. Crew names and addresses witnessing event CAPT [REDACTED]

PLA. 33156

FAA 33157

8. Estimate degrees right or left of plane heading and elevation (in degrees) above horizon of object when first sighted 30° LEFT 2° ABOVE

9. Estimate degrees right or left of plane heading and elevation (in degrees) above horizon of object when last sighted 50° RIGHT 2° ABOVE  
REVIEW BURNED OUT

10. Apparent brightness: A. Too bright to look at \_\_\_\_\_  
B. As bright as full moon \_\_\_\_\_  
C. As bright as Venus WENT BEHIND THICK CLOUDS

11. Duration of sighting EST. 14 SECS

12. Break up noted and/or color noted OVER  
Was this a predicted re-entry? yes no DO NOT KNOW

To list additional information, please use the reverse side.

Date: 10-23-67

Signature

If, for any reason, you wish not to be identified with whatever sighting you made, please indicate so underneath your signature. Please mail to:

Mr. Herbert E. Roth  
Smithsonian Moonwatch Team Director  
C/O United Air Lines Flight Training Center  
Stapleton International Airport  
Denver, Colorado 80207 U.S.A.



when first sighted it appeared as one brilliant object  
coming almost directly at us, within 2 or 3 sec's as  
it became an angle between its course and our  
position we could see there were 2 objects of almost  
equal size, the 2nd object slightly smaller & close  
behind the first was shedding large fine particles.  
Both objects were trailed by a long tail similar  
to an average Comet, not bright but appearing as  
the steam of a searchlight on a dark night.

They passed across in front of us on a very  
flat trajectory only slightly above the horizon &  
appeared to burn out to the west. We thought  
they were quite close due to their brilliance  
& extremely high speed (est. several thousand MPH.)  
However, after contacting Rose field Tower (D. 120) <sup>3011</sup> SE.  
they advised it passed South of their position &  
very close.

Knowing nothing of their size these things  
& bright Meteors always seem to be  
close when I first saw this coming &  
instantly I turned on my flight lights, & when  
the thought passed from my mind it could be  
supposed I was flying with flight lights close & coming  
down at us. Anyhow it was quite an experience.



21 Oct 67

TDPT (UFO) Lt Col Quintanilla/70916/mhs/17 Jun 68

UFO Observation, 21 October 1967

|                           |                          |                          |
|---------------------------|--------------------------|--------------------------|
| TSgt Virgil L. Green      | TSgt Irwin W. Warren     | Sgt Larry E. Keith       |
| 9th Security Police       | 2101st Communications Sq | 2101st Communications Sq |
| Blytheville AFB, Arkansas | 72317                    |                          |

1. Reference your unidentified flying object (UFO) observation of 21 October 1967 at Blytheville AFB, Arkansas.
2. Your sighting has been identified as being that of a large meteor. The meteor entered the atmosphere and broke into two pieces, these pieces traveled roughly toward the west-southwest and were visible for approximately fifteen seconds.
3. The meteor was also observed by the crew members of three different Delta flights, one near Alexandria, Louisiana, one near Brownwood, Texas and the other near Dallas, Texas. Also, the object may have been observed by a pilot near St Josephs, Missouri but there is not enough information to positively determine whether he also saw the same phenomenon or not.
4. Once again, thank you for reporting your observation.

  
HECTOR QUINTANILLA, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

TDPT (UFO) OFFICIAL FILE CY



TDPT (UFO) Lt Col Quintanilla/70916/mhs/17 Jun 68

UFO Observation, 21 October 1967

Sgt Hugh Allen Rutherford  
97th Security Police  
Blytheville AFB, Arkansas 72317

1. Reference your unidentified flying object (UFO) observation of 21 October 1967 at Blytheville AFB, Arkansas.
2. Your sighting has been identified as being that of a large meteor. The meteor entered the atmosphere and broke into two pieces, these pieces traveled roughly toward the west-southwest and were visible for approximately fifteen seconds.
3. The meteor was also observed by the crew members of three different Delta flights; one near Alexandria, Louisiana, one near Brownwood, Texas and the other near Dallas, Texas. Also, the object may have been observed by a pilot near St Josephs, Missouri but there is not enough information to positively determine whether he also saw the same phenomenon or not.
4. Once again, thank you for reporting your observation.

 HECTOR QUINTANILLA, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

TDPT (UFO) OFFICIAL FILE CY



21 Oct 67

UNIVERSITY OF COLORADO  
UFO PROJECT

Ref UFO sighting of 21 Oct 67 at approximately  
0616 CDT at Daytheville AFB, Arkansas.

has provided information which has enabled  
us to definitely identify this sighting as being a  
meteor.

TDPT (UFO) Lt Col Quintanilla

13 Jun 68

70916



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS 97TH BOMBARDMENT WING (SAC)  
BLYTHEVILLE AIR FORCE BASE, ARKANSAS, 72317



REPLY TO  
ATTN OF: DCOI/Lt Col Gardner

27 Nov 67

SUBJECT: UFO Report

UNCLASSIFIED FOR OFFICIAL USE ONLY

TO: FTD/IDET/UFO, Lt Narano

1. Reference is 97th Bombardment Wing Message 071945Z November 1967, Subject: UFO Report.

2. The following confirms information provided in telecon with Lt. Narano at 142120Z November 1967.

a. No scope photography is available because equipment is not installed.

b. An object was painted on the scope for a period of approximately five minutes. Technical Sergeant James C. Hunter reaffirms his belief that the RAPCON sighting was coincidental with the sighting from the control reflections.

c. In relation to the radar, the trajectory was due south, the velocity was 60-90 miles per hour, and the object is considered to have been low since sighting was on the search radar and not the precision scopes.

d. All observers, who reported this sighting are believed to have been looking at the same object since descriptions of the appearance and maneuvers corresponded sufficiently close to indicate this was the case.

e. No additional radar stations are available which could be of use in identifying or explaining this sighting. The nearest radar facilities in the area reportedly are those controlled by the Memphis Center which, to date, has not confirmed a single sighting in area. Undoubtedly, the Center's concern with traffic control problems and responsibilities contributes substantially to this condition.

2. In response to a request from the University of Colorado, this office is forwarding a copy of the SKEW T, Log P Diagrams and the printed data for the two time periods nearest the time of the sighting. This information will be dispatched on 27 November 1967.

3. This office has been unable to obtain the new questionnaire forms

*Peace . . . . is our Profession*



mentioned by Lt. Harano in telecon. Please forward 10-20 copies if available, directly to this division. *Sent my Doc.*

FOR THE COMMANDER

*Edwin I. Gardner*

EDWIN I. GARDNER, Lt Colonel, USAF  
Chief, Intelligence Division



21 Oct 67

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF:

TDPT/UFO

SUBJECT:

UFO Observation, 21 October 1967

DEC 4 1967

TO:

A1C Larry E. Keith  
2101st Communications Sq.  
Blytheville AFB, Arkansas 72317

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

 JAMES C. MANATT, Colonel, USAF  
Director of Production

1 Atch  
AF Form 117



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 21 MONTH Oct YEAR 1947

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 06 MINUTES 16 ☒ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 06 MINUTES 16 ☒ A.M. ☐ P.M.

4. TIME/ZONE

☒ DAYLIGHT SAVINGS☐ STANDARD☐ EASTERN☒ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

BLYTHEVILLE AFB ARK

CONTROL TOWER

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

