

# PROJECT RECORD

|                                                                                                |                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. DATE-TIME GROUP<br>27 Jan 66 27/0940Z                                                       | 2. LOCATION<br>Ohio, Kentucky, Virginia (Multiple)                                                                                                                                                                |
| 3. SOURCE<br>Civilian                                                                          | 10. CONCLUSION<br>Probable Astro (METEOR) ✓ JH                                                                                                                                                                    |
| 4. NUMBER OF OBJECTS<br>One                                                                    | There was no predicted satellite decay on this date that had a westerly components. The sighting is probably of a fireball.                                                                                       |
| 5. LENGTH OF OBSERVATION<br>Less than 1 Minute                                                 | 11. BRIEF SUMMARY AND ANALYSIS<br><br>Observers sighted an object the size of a basketball. The front had a yellow glow and the outer edges were fuzzy and burned real white with a long trail of fire behind it. |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        |                                                                                                                                                                                                                   |
| 7. COURSE<br>SW                                                                                |                                                                                                                                                                                                                   |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |                                                                                                                                                                                                                   |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                                                                                                                                                                   |
| CIVILIAN                                                                                       |                                                                                                                                                                                                                   |



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

It was 20 minutes until 5 A.M. I had just sit down in the car, OLD'S 442 HARDTOP 67 MODEL, started the engine pulled on the park light then turned to the right to look before backing out of the driveway. As I turned I saw it thru the right rear glass, I turned off the lights, turned off the engine got out and watched until I had to run down or up the street (east) to keep it in view. It was so low that it was about to go behind a story and a half home ( $1\frac{1}{2}$  frame) across the street from me.

I watched it until it dropped over the terrain from me, in my judgement in the direction of Cincinnati.

Later I checked a map and it would seem to me that this object would have been traveling in the same direction as IR 71 and I believe about that distance from me, something like Springfield, O to Cincinnati, O.

I am sure that if you could find some one that was traveling south west on IR 71 and both 4:40 AM they should be able to give you a good and lengthy description of it perhaps a Highway patrol car, although I reported this to the Dayton Post and the Toll me there had been no other sightings, my reporting was done within  $\frac{1}{2}$  hour of the sightings.



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21 1978

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 (DETROIT 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 27 MONTH 1 YEAR 67

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 04 MINUTES 39 ☒ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

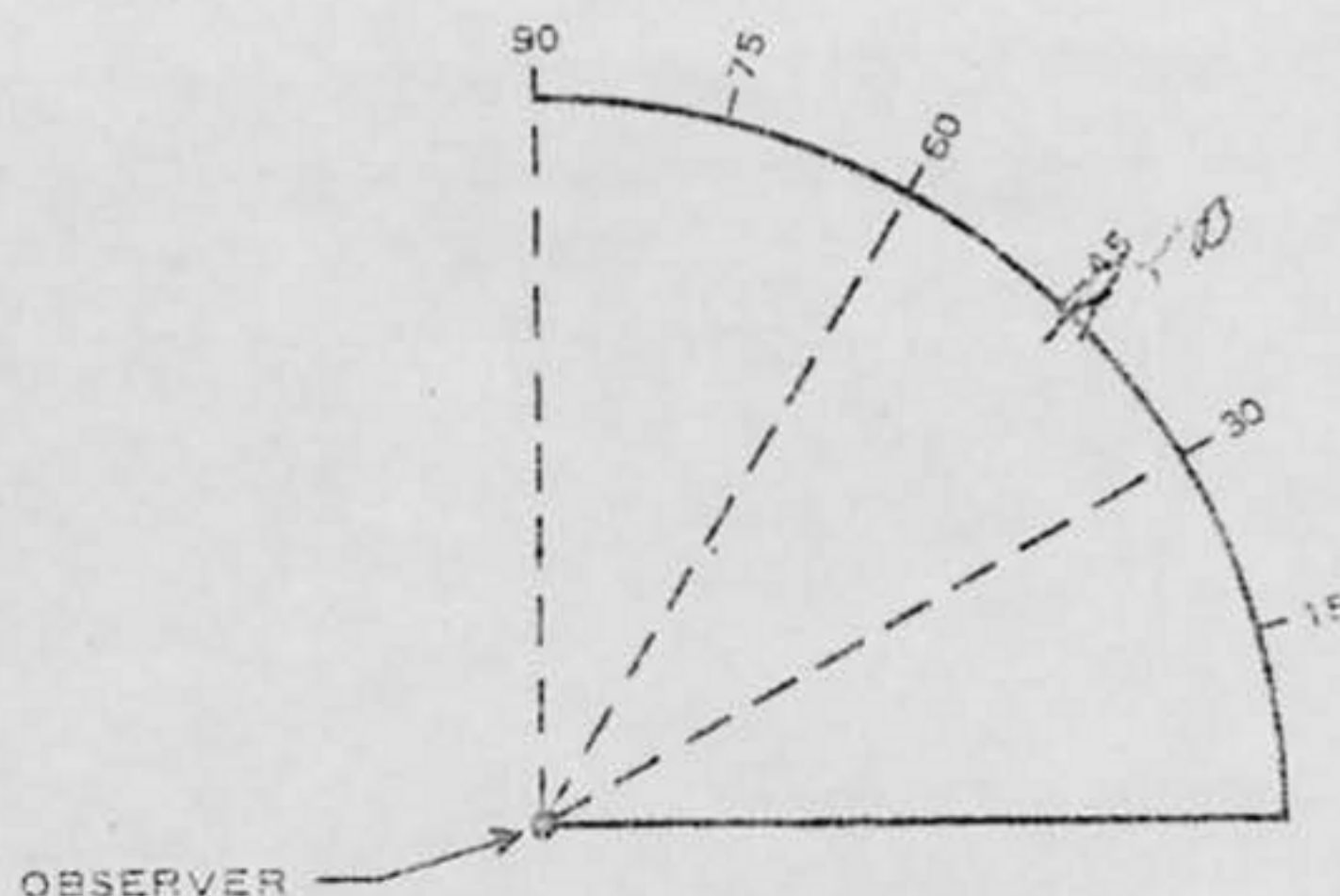
HOUR 04 MINUTES 55 ☒ A.M. ☐ P.M.

4. TIME ZONE

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

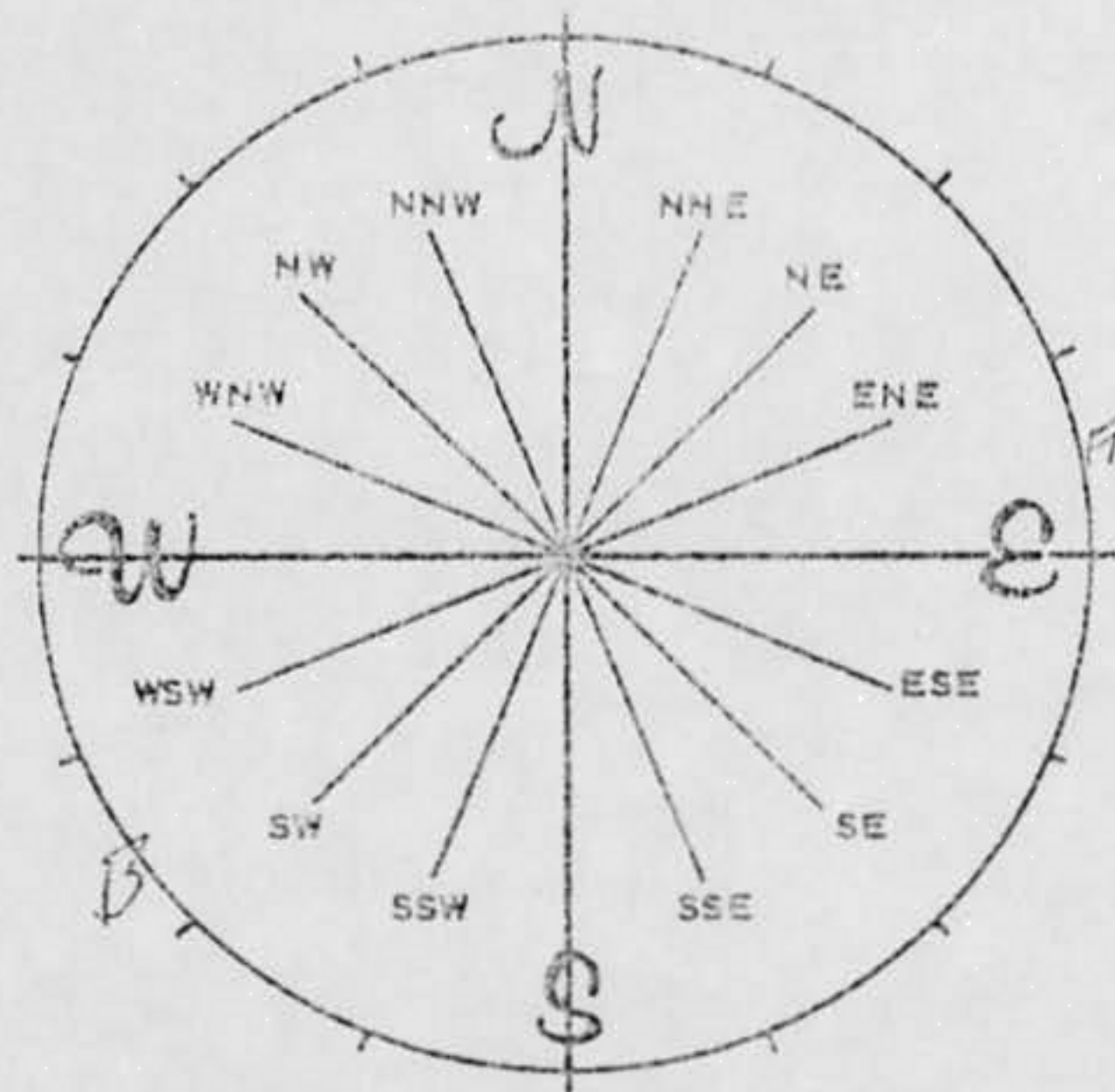
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE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

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.

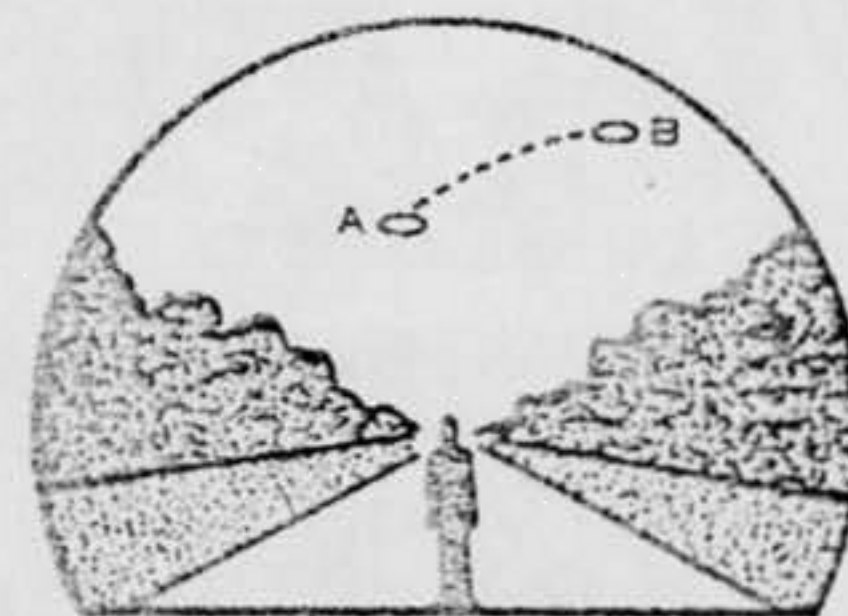
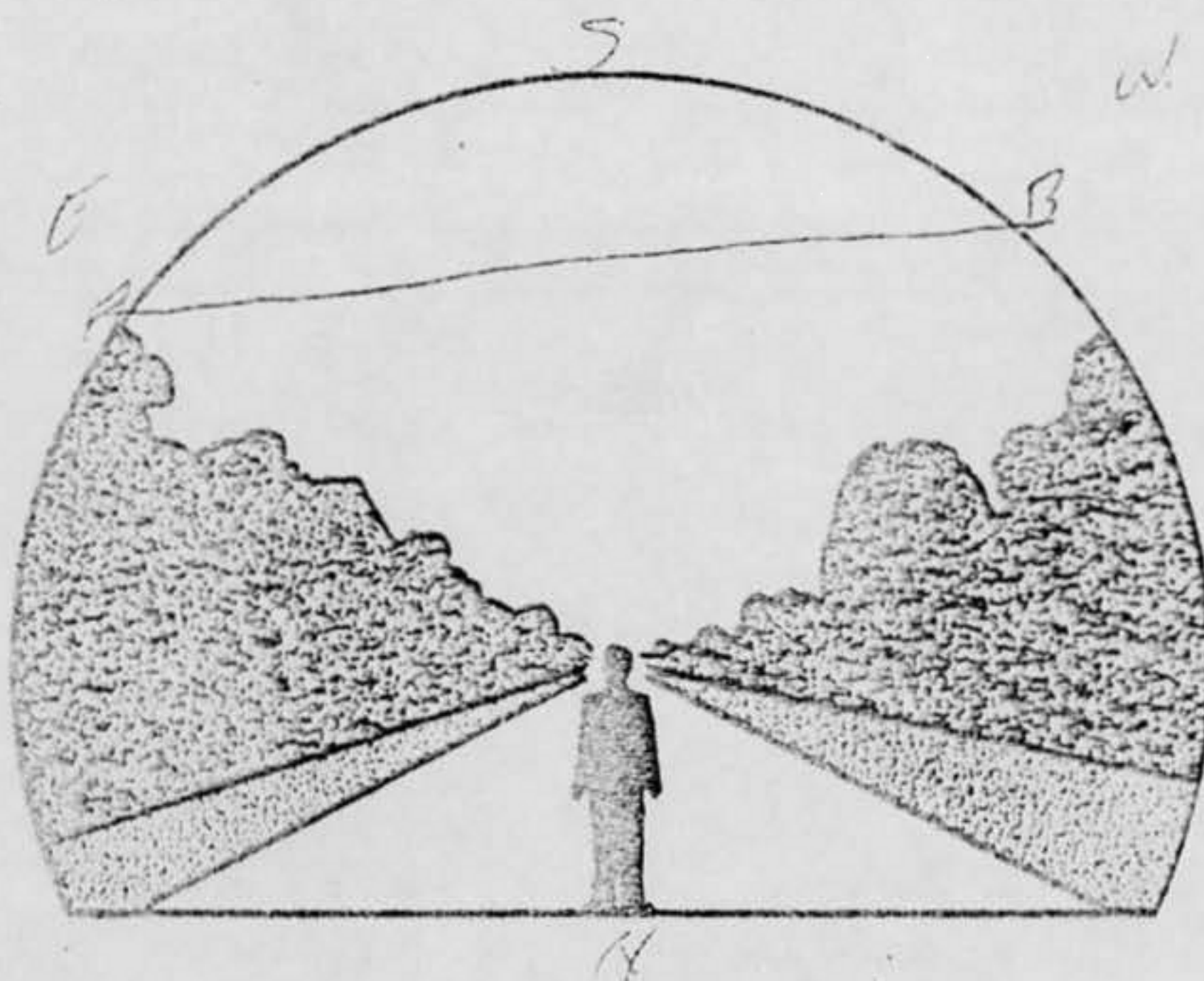




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



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.





|                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                     |                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------|
| B. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                     |                                                                                     |                                                                     |                                                  |
| OUTDOORS                                                                                                                                                                                                                                                                                       |                                                                                     | IN BUSINESS SECTION OF CITY                                         |                                                  |
| IN BUILDING                                                                                                                                                                                                                                                                                    |                                                                                     | <input checked="" type="checkbox"/> 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                                                                                                                                                                                                                                                                                        |                                                                                     | 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 checked="" type="checkbox"/> NORTH                                                                                                                                                                                                                                                      | <input type="checkbox"/> EAST                                                       | 10 to 15 MPH                                                        |                                                  |
| <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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                                  |
| <input type="checkbox"/> NORTHWEST                                                                                                                                                                                                                                                             | <input type="checkbox"/> SOUTHWEST                                                  |                                                                     |                                                  |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS 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.                                                                                                                   |                                                                                     |                                                                     |                                                  |
| 57 Ford, BLACKTOP ROAD HIGHWAY KY 11 SOUTH OF MAYSVILLE, KY                                                                                                                                                                                                                                    |                                                                                     |                                                                     |                                                  |
| WINDOWS WERE UP.                                                                                                                                                                                                                                                                               |                                                                                     |                                                                     |                                                  |
| 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                                    |
| 10 to 15 Sec.                                                                                                                                                                                                                                                                                  |                                                                                     | 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. |                                                                                     |                                                                     |                                                  |
|                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                     |                                                  |



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?

| 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"/> 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 type="checkbox"/> MANY               | <input type="checkbox"/> MOON HIDDEN BY CLOUDS    |
| <input checked="" 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"/> IN BACK OF YOU  | <input type="checkbox"/> TO YOUR LEFT         |
|                                          | <input type="checkbox"/> OVERHEAD (Near noon) |
|                                          | <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.

Used Car Lot & Street lights 25 ft to 150 ft

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.

about the size of a basketball for the main part was a yellowish like glow & the outer edges were fuzzy & burned real white with a long trail of fire behind it. I don't recall how the stars or moon were on said date. Object was much bigger than any star & several times brighter.



| 13.                             | DID THE PHENOMENON | YES | NO | UNKNOWN |
|---------------------------------|--------------------|-----|----|---------|
| MOVE IN A STRAIGHT LINE?        |                    | X   |    |         |
| 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 extreme bright light & the long trail of fire behind*

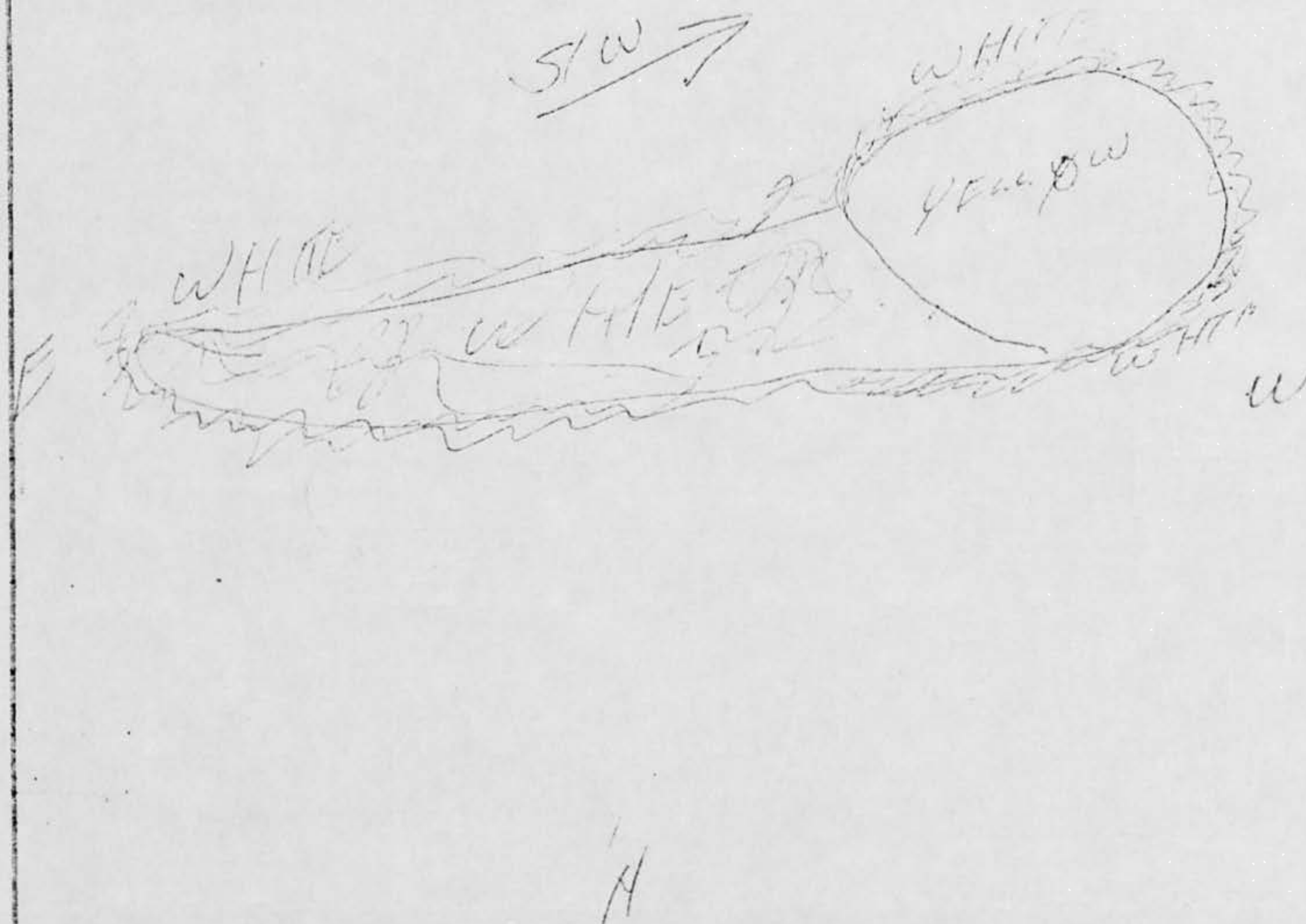
A. HOW DID IT FINALLY DISAPPEAR?

*By going out of our sight over the hill*

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.



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.

Less than one half.



|                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.                                                                                                                                                                                       |                                                                                                          |
| EYEGASSES                                                                                                                                                                                                                                                                                                                                      | CAMERA VIEWER                                                                                            |
| SUNGLASSES                                                                                                                                                                                                                                                                                                                                     | BINOCULARS                                                                                               |
| WINDSHIELD                                                                                                                                                                                                                                                                                                                                     | TELESCOPE                                                                                                |
| SIDE WINDOW OF VEHICLE                                                                                                                                                                                                                                                                                                                         | THEODOLITE                                                                                               |
| WINDOWPANE                                                                                                                                                                                                                                                                                                                                     | 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>10,000 mph</u>                                                                                                                                                                                                                                          | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>1000 ft</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><i>I truly don't know, except some like the moon only different in shape &amp; color &amp; like it was on fire all over &amp; with a long tail of fire behind it. app. 300 to 600 ft. long.</i></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?  
☒ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

[REDACTED] MAYSVILLE KY POLICE DEPT.

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

MR. [REDACTED]

ADDRESS (Street, City, State and Zip Code)

MAYSVILLE, KENTUCKY RRA#1 BLUE RUN ROAD

TELEPHONE (Area code and number)

[REDACTED]

AGE

37

☒ MALE

☐ FEMALE

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

PATROLMAN MAYSVILLE POLICE DEPT.

4 YEARS USAF 20 SEPT 51 TO 19 SEPT 55

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

NAME [REDACTED] DAY 27 MONTH 1 YEAR 68

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 11 MONTH 2 YEAR 68



## POLICE DEPARTMENT

NO. \_\_\_\_\_

MAYSVILLE, KY.. January 27 19 68

OFFICER J. R. Muse, Desk Clerk

DISTRICT NO. \_\_\_\_\_

TIME 4.39 A. M.

REC'D P. M.

4.39 A. M. -- Maysville police unit #2, was patrolling on Ky. highway #11 south at the city limits. Patrolman Eugene McRoberts and Charles Kendall spotted an unidentified flying object at an altitude of approximately two to three thousand feet, traveling at a very high rate of speed, on a level flight path. Object was traveling in a southwestern direction. Object was oblong with a long tail of fire. Center of object had an orange glow. Outer edges were white glowing light. Other witnesses [REDACTED] er, Mt. Carmel, Ky.

[REDACTED] St. 1, Maysville, Ky.

8833243

Authority Police Department

REPORT  
FILEDP. M.  
A. M.

CHIEF OF POLICE

Howard L. Muse  
Colonel



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET NUMBER APPROVAL NUMBER

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 (111) WRIGHT-PATTERSON AFB, OHIO 45433, 1AW 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 27 MONTH JAN YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 0440 MINUTES 4 ☒ AM ☐ PM

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 0441 MINUTES 4 ☒ AM ☐ PM

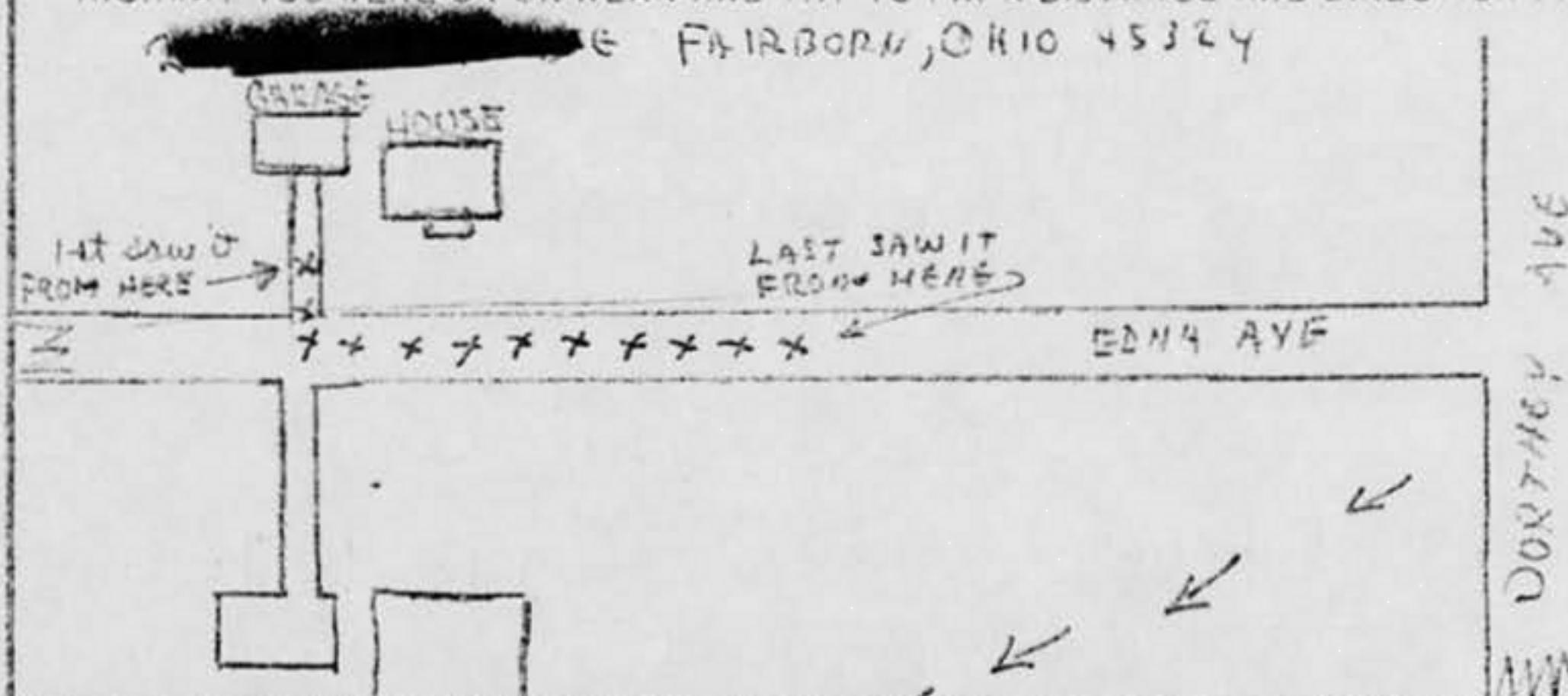
4. TIME ZONE

☒ EASTERN

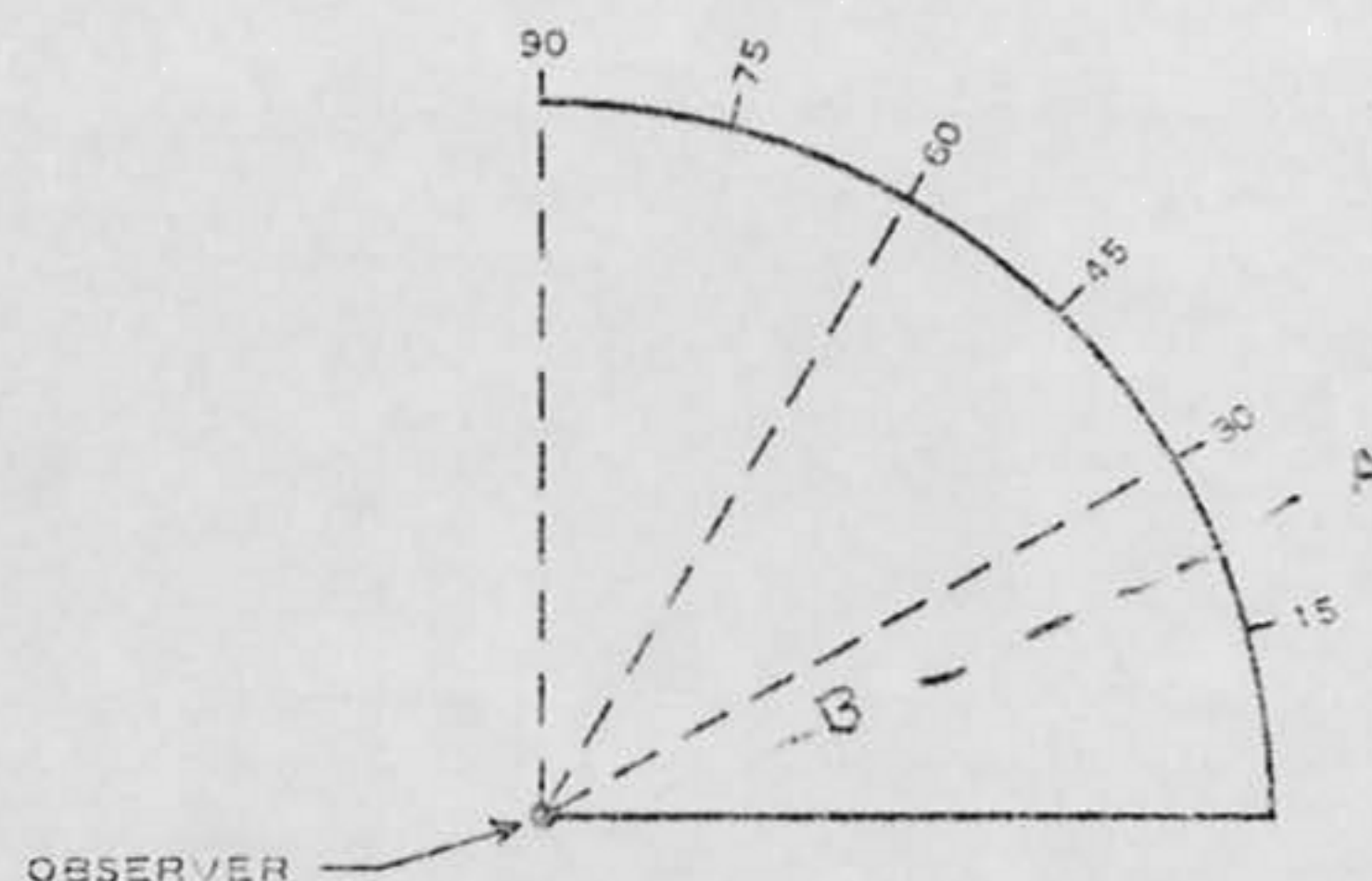
(DAYTON)

☐ DAYLIGHT SAVINGS☒ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ STANDARD☐ 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.



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.





Memo for the Record

Sighting of 27 Jan 68

Telephone conversation of 13 Feb 68

Wallops Island Station

Mr. [REDACTED] may have gotten photos of the obj. At first Mr. [REDACTED] thought the photos were the result of static electricity. However because of the coincidence that the plates are for the correct time period; That static usually occurs on more than just two plates; and that there was a bright obj. that was sighted by two of the guards, he is no longer sure that the plates are of static. The biggest reason that Mr. [REDACTED] thought the plates were of static is that the two diff. plates should overlay if the photos are of meteor or of a satellite re-entry. Mr. [REDACTED] said that he would give us a written statement of the occurrence if we requested it. He also said he would give the two guards, [REDACTED] and [REDACTED] a 177 if we sent them to him.

The photos have been forwarded to Dr. McCrosky at the Smithsonian but Mr. [REDACTED] will have copies sent to us.



MEMO FOR THE RECORD

6 Feb. 1960

Talked to Mr. Hurst of the Smithsonian. Mr. Hurst stated that the obj. is not a correlated satellite re-entry but that the obj. could be a meteor.

Also talked to Mr. Wadsworth of the Univ. of Colo. The direction of the obj. was roughly toward the SW and has a duration of approx. one min. Wallops Island Meteorological station has a photo and a spectrum of the obj. There were reports from Raleigh N. C.

Knoxville Tenn. (New Sentinel--talk to Mike Butler)

Called Wallops Island Meteorology station, and talked to Mr. Chamberland. He stated that Claude Lipton who works for the Smithsonian took the pictures.

Called Charleston, Huntington, and Clarksburg West Va. police depts. None of these cities received UFO reports on the 27th.

Talked to Lt. Stubbs at ADC, an analyst for SPADATS. He will return the call if he is interested.

21



INFO. ON THE SMITHSONIAN ASTRO. PHYSICAL OBS.

PLANET NETWORK CONTACT DR MCCROSKY

MOONWATCH CONTACT MR WILLIAM HURST

THESE MEN DO NOT HAVE ACCESS TO EACH OTHER'S INFO.



0021 Jan  
0440

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

1. AT APP. 1700 ON 26 JAN AFPC Command Post (Bldg 262) reported FTD COURIER dropped 2 UNCLASSIFIED messages upon leaving Bldg 262. These were collected and will be sent in next batch.
2. CIVILIAN TDY ORDERS WERE ISSUED TO MR. E.B. STROBLE (TDAMS) for a trip to Washington D.C. to coordinate on an OPERATIONAL project. departure date 29 JAN
3. TV monitor on rear door (NEAR CANTINE) was reported out of order AT 1800/26 JAN. Mr. Towles was contacted and he notified Bendix contractors. Repairs are scheduled for 0800/27J.
4. Bldg 829 ADT Alarm system malfunctioned at app. 0045/27J. Emergency repairmen were called in AND the ADT system was again functioning AT 0505/27 JAN. The malfunction was in the link between Bldg 829 and the BASE POLICE AND NOT IN THE 829 ADT SYSTEM.

5. UFO REPORTS

POLICE DEPT

- A. Dispatcher AT Maysville, Ky / Reported the following people saw
- |                                           |                  |                        |
|-------------------------------------------|------------------|------------------------|
| PATROMAN                                  | EUGENE McROBERTS | MAYSVILLE POLICE DEPT  |
| PATROLMAN                                 | CHARLES KENDALL  | COURT STREET           |
|                                           |                  | MAYSVILLE, KY 564-6607 |
| Jim LANCASTER - MOUNT CARMEL, KY          |                  |                        |
| EARL DARNELL - RT 1, MAYSVILLE, KY. 41056 |                  |                        |

(CONTINUED ON BACK)

- B. 0715 hours, relieved from duty, turned in report and all messages, sealed envelopes, etc., received during my tour of duty.

Marty T. Russell 2/15  
Signature and Rank  
Officer of the Day

Atch  
1. DO Info sheet



UFO REPORTS (CONT'D)

B. DAYTON POLICE Reported a call from MR PAUL A. DAVIDSON. He reported in UFO to them. suggest we contact him.

MR [REDACTED]

[REDACTED]

At [REDACTED]

Phone # [REDACTED]

45324

C.

[REDACTED]

saw meteor like obj.



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 , 27 January 1968

TO: Patrolman Eugene McRoberts  
Maysville Police Department  
Maysville, Kentucky 41056

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 27 January 1968 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.

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

1 Atch  
AF Form 117 w/envelope

25

*Also see 5 Feb 68*



27 Jan 68

TDPT (UFO) Maj Quintanilla/70916/mhs/17 Feb 68

FEB 1968

UFO Observation, 27 January 1968

Mr [REDACTED]  
Wallops Island Meteorological Station  
Wallops Island, Virginia 23337

1. Reference your telephone conversation of 13 February 1968 with 2nd Lt Carmon Marano on your UFO observation of 27 January 1968. Inclosed are two AF Form 117 that we hope you will give to Mr. Johnson and Mr. Cropper. We would also appreciate a written statement of your opinion on the photographs that were taken on the morning of the 27th of January and copies of these photographs.

2. Thank you for the assistance you have provided with regards to the above sighting. Any additional information you may be able to provide will be appreciated.

①  
DIRECTOR QUINTANILLA, Jr, Major, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

1 Atch  
AF Form 117 (2 cys)

TDPT (UFO) OFFICIAL FILE CT



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 , 27 January 1968

TO:

Mr. [REDACTED]  
Rt 1, Maysville, Kentucky 41056

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 27 January 1968 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



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AF3G)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation , 27 January 1968

TO: Patrolman Charles Kendall  
Maysville Police Department  
Maysville, Kentucky 41056

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 27 January 1968 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.

*J*  
DIRECTOR QUINTANILLA, Jr, Major, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

1 Atch  
AF Form 117 w/envelope

28

*Also see case # 5 Feb 68*



27 Jan 68

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, 27 January 1968

TO:

Mr. [REDACTED]  
[REDACTED]  
Fairborn, Ohio 45324

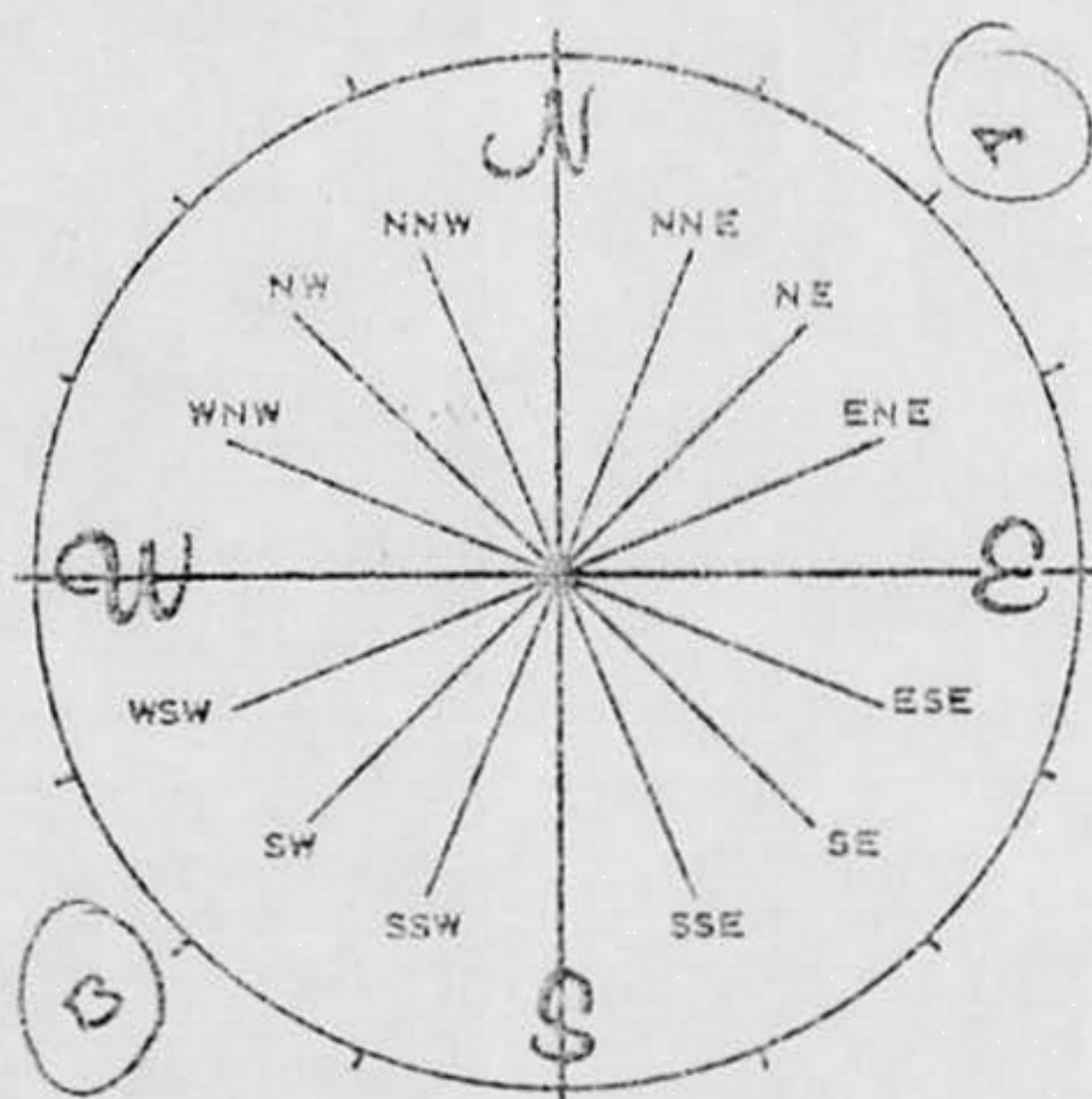
Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your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

JAMES C. MANATT, Colonel, USAF  
Director of Production

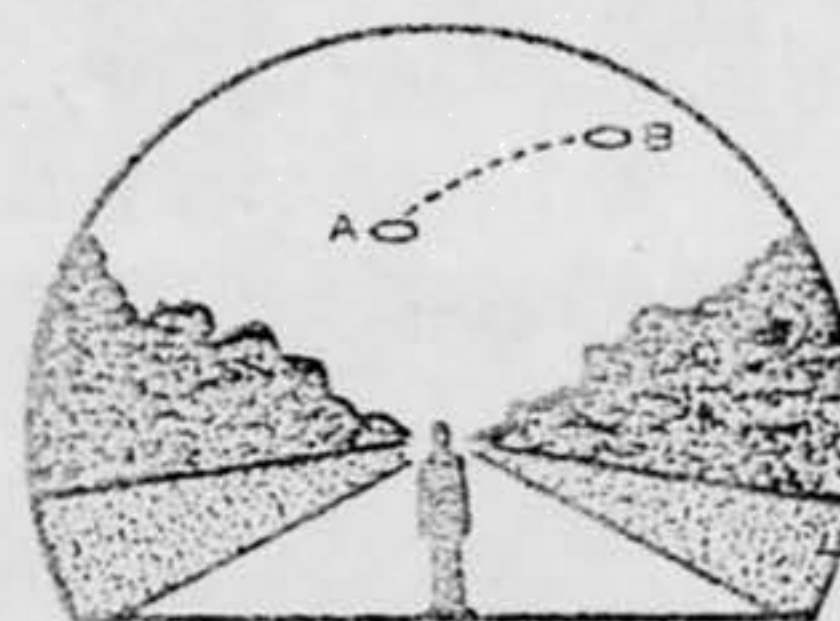
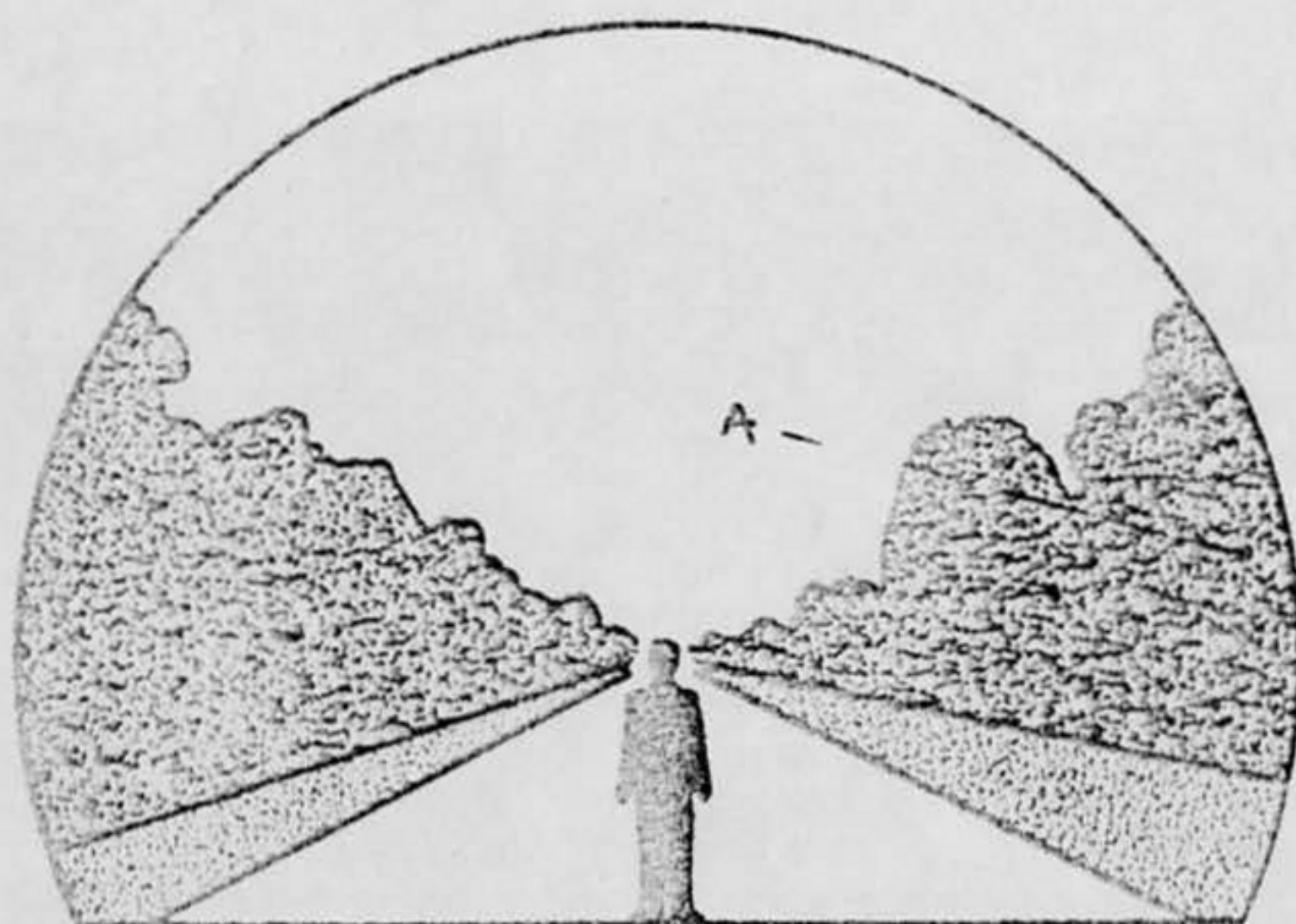
1 Atch  
AF Form 117



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.)                                                                                                                                                                                                                     |                                                     |                                                          |                                                                    |
| <input checked="" type="checkbox"/> OUTDOORS                                                                                                                                                                                                                                                   |                                                     |                                                          | <input type="checkbox"/> IN BUSINESS SECTION OF CITY               |
| <input type="checkbox"/> IN BUILDING                                                                                                                                                                                                                                                           |                                                     |                                                          | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY |
| <input checked="" type="checkbox"/> IN CAR <input checked="" type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER                                                                                                                                                                 |                                                     |                                                          | <input type="checkbox"/> IN OPEN COUNTRYSIDE                       |
| <input type="checkbox"/> IN BOAT                                                                                                                                                                                                                                                               |                                                     |                                                          | <input type="checkbox"/> NEAR AIRFIELD                             |
| <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                   |                                                     |                                                          | <input type="checkbox"/> FLYING OVER CITY                          |
| <input type="checkbox"/> OTHER                                                                                                                                                                                                                                                                 |                                                     |                                                          | <input type="checkbox"/> FLYING OVER OPEN COUNTRY                  |
| IN CAR TURNED AROUND TO RIGHT CORNER BLOCKING - UP                                                                                                                                                                                                                                             |                                                     |                                                          | <input type="checkbox"/> 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                       | NOT                                                      |                                                                    |
| <input type="checkbox"/> SOUTH                                                                                                                                                                                                                                                                 | <input type="checkbox"/> WEST                       | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?     |                                                                    |
| <input type="checkbox"/> NORTHEAST                                                                                                                                                                                                                                                             | <input type="checkbox"/> SOUTHEAST                  | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                    |
| <input type="checkbox"/> NORTHWEST                                                                                                                                                                                                                                                             | <input type="checkbox"/> 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.                                                                                                                   |                                                     |                                                          |                                                                    |
| N/A                                                                                                                                                                                                                                                                                            |                                                     |                                                          |                                                                    |
| 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                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> CERTAIN OF TIME | <input type="checkbox"/> NOT VERY SURE                   |                                                                    |
| ONE MINUTE AT MOST                                                                                                                                                                                                                                                                             | <input type="checkbox"/> FAIRLY CERTAIN             | <input type="checkbox"/> JUST A GUESS                    |                                                                    |
| HOW WAS TIME DETERMINED?                                                                                                                                                                                                                                                                       |                                                     |                                                          |                                                                    |
| WRIST WATCH                                                                                                                                                                                                                                                                                    |                                                     |                                                          |                                                                    |
| 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?

N/A

| 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? (NO MOON)

| (1) STARS                                |  | (2) MOON                                          |                                                  |
|------------------------------------------|--|---------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> NONE            |  | <input type="checkbox"/> BRIGHT MOONLIGHT         | <input checked="" type="checkbox"/> NO MOONLIGHT |
| <input type="checkbox"/> A FEW           |  | <input type="checkbox"/> MOON WITH HALO           | <input type="checkbox"/> UNKNOWN                 |
| <input checked="" type="checkbox"/> MANY |  | <input 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.

STREET LAMP 300 FEET AT END OF STREET.

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.

at first I thought it was a "shooting star". I jumped out of the car ran up the street to keep it in view - realizing it was not what I had thought. Bright, long tail of light (like fire) nothing uncommon as I recall about the color, reddish blue I believe, very long. As it went directly past me it became longer the smaller as it went away from me (due to angle of sight) I could not make out the object making the light only that it was something. Then, my attention was drawn to the light itself. The object appeared to be dark to me, I could see no illumination of the object itself.



| 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   | 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?

THE LIGHT

A. HOW DID IT FINALLY DISAPPEAR?

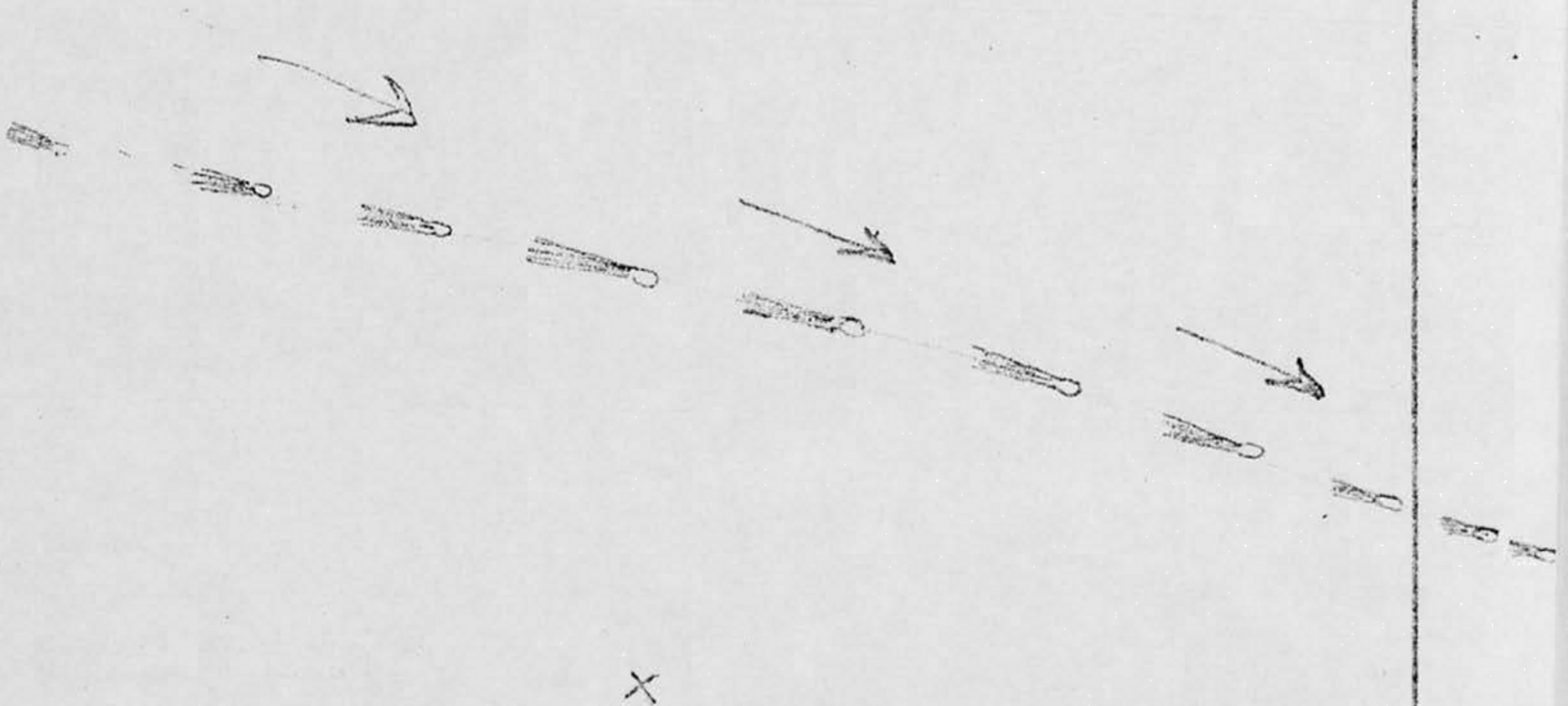
DROPPED OVER THE TERRAIN.

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.IN THE DISTANCE IT FINALLY  
DROPPED OVER THE HORIZON.



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.



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.

THE MATCH HEAD MAY HAVE COVERED THE UNCERTAIN SHAPE OF THE OBJECT, THE TAIL (OR FLAME) MAY HAVE EXTENDED HALF THE LENGTH OF THE MATCH AT ITS STRIGHTEST (SHORTEST LINE) ANGLE FROM ME.



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.                                                                                                                                                                                                                                                                                                                           |                                                                                                              |
| EYEGASSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CAMERA VIEWER                                                                                                |
| SUNGLASSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BINOCULARS                                                                                                   |
| WINDSHIELD                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TELESCOPE                                                                                                    |
| SIDE WINDOW OF VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                             | THEODOLITE                                                                                                   |
| WINDOWPANE                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 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>1500 ?</u>                                                                                                                                                                                                                                                                                                                                                                                  | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>X MILES 6.7</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>The only thing that would come close as far as appearance is a comet is a meteorite, except its line of flight was to flat (not vertical enough), also it lasted much longer than a meteorite would without burning out, also the size, shape and length of the "tail" or flame changed as it went past.</p> <p>It was similar to a jet with afterburner on continuously except the flame was much longer than any I have ever seen and it made absolutely no sound at all.</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? <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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO?<br><input type="checkbox"/> YES <input type="checkbox"/> NO. |           |                                          |                                 |
| A. LIST THEIR NAMES AND ADDRESSES<br><br>N/A                                                                                                                                                                                 |           |                                          |                                 |
| 24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF                                                                                                                                                                            |           |                                          |                                 |
| LAST NAME, FIRST NAME, MIDDLE NAME<br>[REDACTED] N                                                                                                                                                                           |           |                                          |                                 |
| ADDRESS (Street, City, State and Zip Code)<br>[REDACTED] FAIRBORN OHIO 45324                                                                                                                                                 |           |                                          |                                 |
| TELEPHONE (Area code and number)<br>[REDACTED]                                                                                                                                                                               | AGE<br>40 | <input checked="" type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
| INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.                                                                                                                              |           |                                          |                                 |
| LEAD COMPUTER SYSTEMS OPERATOR<br>AFLL DATA CENTER<br>AIRCRAFT PILOT<br>400 HOURS / NIGHT & DAY TOTAL                                                                                                                        |           |                                          |                                 |
| 25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?                                                                                                                                                    |           |                                          |                                 |
| NAME HIGHWAY PATROL DAY 27 MONTH JAN YEAR 68                                                                                                                                                                                 |           |                                          |                                 |
| 26. DATE YOU COMPLETED THIS QUESTIONNAIRE.                                                                                                                                                                                   |           |                                          |                                 |
| DAY 10 MONTH FEB YEAR 68                                                                                                                                                                                                     |           |                                          |                                 |