

# PROJECT 10073 RECORD

|                                                                                                |                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. WITNESS TIME GROUP<br>13 Mar 68 14/0415Z                                                    | 2. LOCATION<br>Salem, Ohio (1 Witness)                                                                                                                                                                                                                                                                                     |
| 3. SOURCE<br>Civilian                                                                          | 10. CONCLUSION<br>OTHER: (CONFLICTING DATA)                                                                                                                                                                                                                                                                                |
| 4. NUMBER OF OBJECTS<br>One                                                                    |                                                                                                                                                                                                                                                                                                                            |
| 5. LENGTH OF OBSERVATION<br>Conflicting <del>DATA</del>                                        | 11. BRIEF SUMMARY AND ANALYSIS<br>The observer sighted an object that was shaped like a blimp. The front was red, the middle blue and the rear a very intense white. The observer estimated the height to be less than 100 yards, heard a swishing sound, and stated that the rear was brighter than any florescent light. |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        |                                                                                                                                                                                                                                                                                                                            |
| 7. COURSE<br>Easterly                                                                          |                                                                                                                                                                                                                                                                                                                            |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            | COMMENTS: In her report to the duty officer the observer stated that the object was in view for 6-7 seconds and that it passed behind a cloud at one time. In the 117, she gave the duration as 1 minute and stated that the object was less than 100 yards high.                                                          |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | The Salem police dept., stated that they had not received any similar reports of unusual aerial objects in the month of March.                                                                                                                                                                                             |



|                                                                                                                                                                    |  |     |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|--------------------------------------------------------------------------|
| 22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION. |  |     |                                                                          |
| I had seen three round <sup>white</sup> objects in Boardman, Ohio last year at an open air theater, which about 1 doz other people saw. but I did not report it.   |  |     |                                                                          |
| 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?    |  |     |                                                                          |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. my son - Age 12 - other people who did see it were unknown to me                              |  |     |                                                                          |
| A. LIST THEIR NAMES AND ADDRESSES                                                                                                                                  |  |     |                                                                          |
|                                                                                                                                                                    |  |     |                                                                          |
| 24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF                                                                                                                  |  |     |                                                                          |
| LAST NAME FIRST NAME MIDDLE NAME                                                                                                                                   |  |     |                                                                          |
| [REDACTED]                                                                                                                                                         |  |     |                                                                          |
| ADDRESS (Street, City, State, Zip)                                                                                                                                 |  |     |                                                                          |
| [REDACTED] SALEM, Ohio 44460                                                                                                                                       |  |     |                                                                          |
| TELEPHONE (Area code and number)                                                                                                                                   |  | AGE | SEX                                                                      |
| [REDACTED]                                                                                                                                                         |  | 38  | MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> |
| INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.                                                                    |  |     |                                                                          |
| I have poor judgment of distance or speed of any object in the sky. Judging by a plane at same altitude this object seemed to move slower.                         |  |     |                                                                          |
| 25. WHEN AND WHERE DID YOU FIRST REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?                                                                                      |  |     |                                                                          |
| NAME [REDACTED] DAY 14 <sup>th</sup> MONTH March YEAR 1968                                                                                                         |  |     |                                                                          |
| 26. DATE YOU COMPLETED THIS QUESTIONNAIRE.                                                                                                                         |  |     |                                                                          |
| DAY 28 MONTH March YEAR 68                                                                                                                                         |  |     |                                                                          |



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



13 Mar  
MAR 27 1968

REPLY TO  
ATTN OF:

TDPT/UFO

SUBJECT:

UFO Observation, 13 March 1968

TO:

Mrs. [REDACTED]

Salem, Ohio 44460

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



## U.S. AIR FORCE TECHNICAL INFORMATION

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

1. When did you see the object?

13 MAR 68  
Day Month Year

2. Time of day: 2300 15  
Hour Minutes

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

3. Time Zone:

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

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

4. Where were you when you saw the object?

[REDACTED] Salem Ohio  
Nearest Postal Address City or Town State or County

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

Hours Minutes 6 to 7 Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined?

clock

5.2 Was object in sight continuously?

Yes ✓ No \_\_\_\_\_

6. What was the condition of the sky?

DAY

a. Bright  
b. Cloudy

NIGHT

a. Bright  
b. Cloudy

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

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

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



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

8.1 STARS (Circle One):

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

8.2 MOON (Circle One):

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

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

CLOUDS (Circle One):

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

WEATHER (Circle One):

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

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- ☒ d. As a light
- e. Don't remember

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

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

11.1 Compare brightness to some common object:

*a very bright house*

12. The edges of the object were:

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

e. Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Did the object:

(Circle One for each question)

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



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

*yes - into a cloud*

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

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

it moved behind:

*a cloud*

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

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

in front of:

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

a. Sound

*Swishing*

b. Color

*Front reddish, & Rest - Bluish in center & very bright on the outside*

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

*very little*

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

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

*just oval shape.*



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

(Circle One)

Yes

☒ No

IF you answered YES, then what speed would you estimate? \_\_\_\_\_

21. Do you think you can estimate how far away from you the object was?

(Circle One)

Yes

☒ No

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

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

(Circle One):

☒ a. Inside a building

b. In a car

c. Outdoors

d. In an airplane (type)

e. At sea

f. Other \_\_\_\_\_

23. Were you (Circle One)

a. In the business section of a city?

b. In the residential section of a city?

☒ c. In open countryside?

d. Near an airfield?

e. Flying over a city?

f. Flying over open country?

g. Other \_\_\_\_\_

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

24.1 What direction were you moving? (Circle One)

a. North

c. East

e. South

g. West

b. Northeast

d. Southeast

f. Southwest

h. Northwest

24.2 How fast were you moving? \_\_\_\_\_ miles per hour.

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

(Circle One)

Yes

No

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

a. Eyeglasses

Yes

No

e. Binoculars

Yes

No

b. Sun glasses

Yes

No

f. Telescope

Yes

No

c. Windshield

Yes

No

g. Theodolite

Yes

No

☒ d. Window glass

Yes

No

h. Other

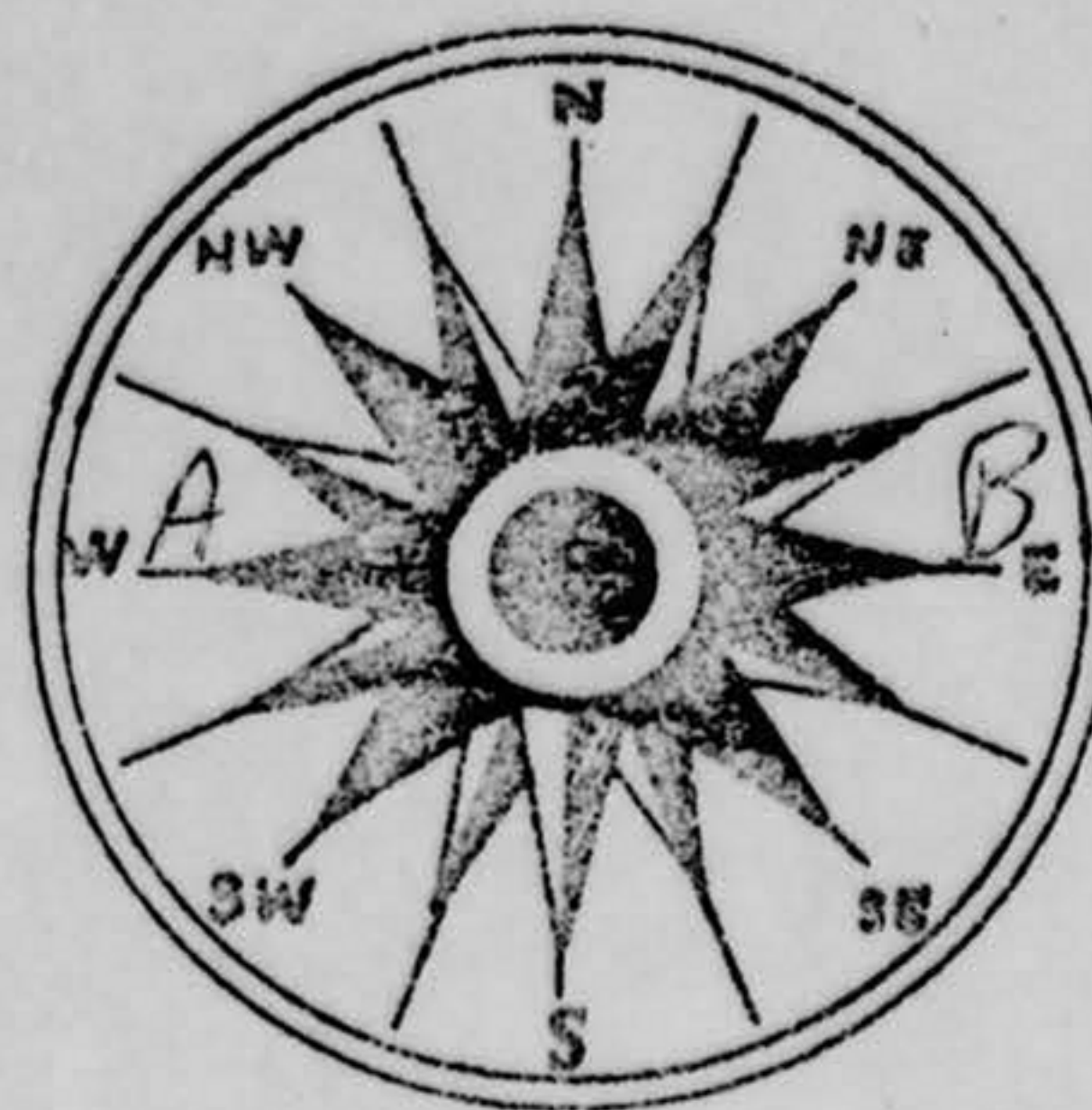
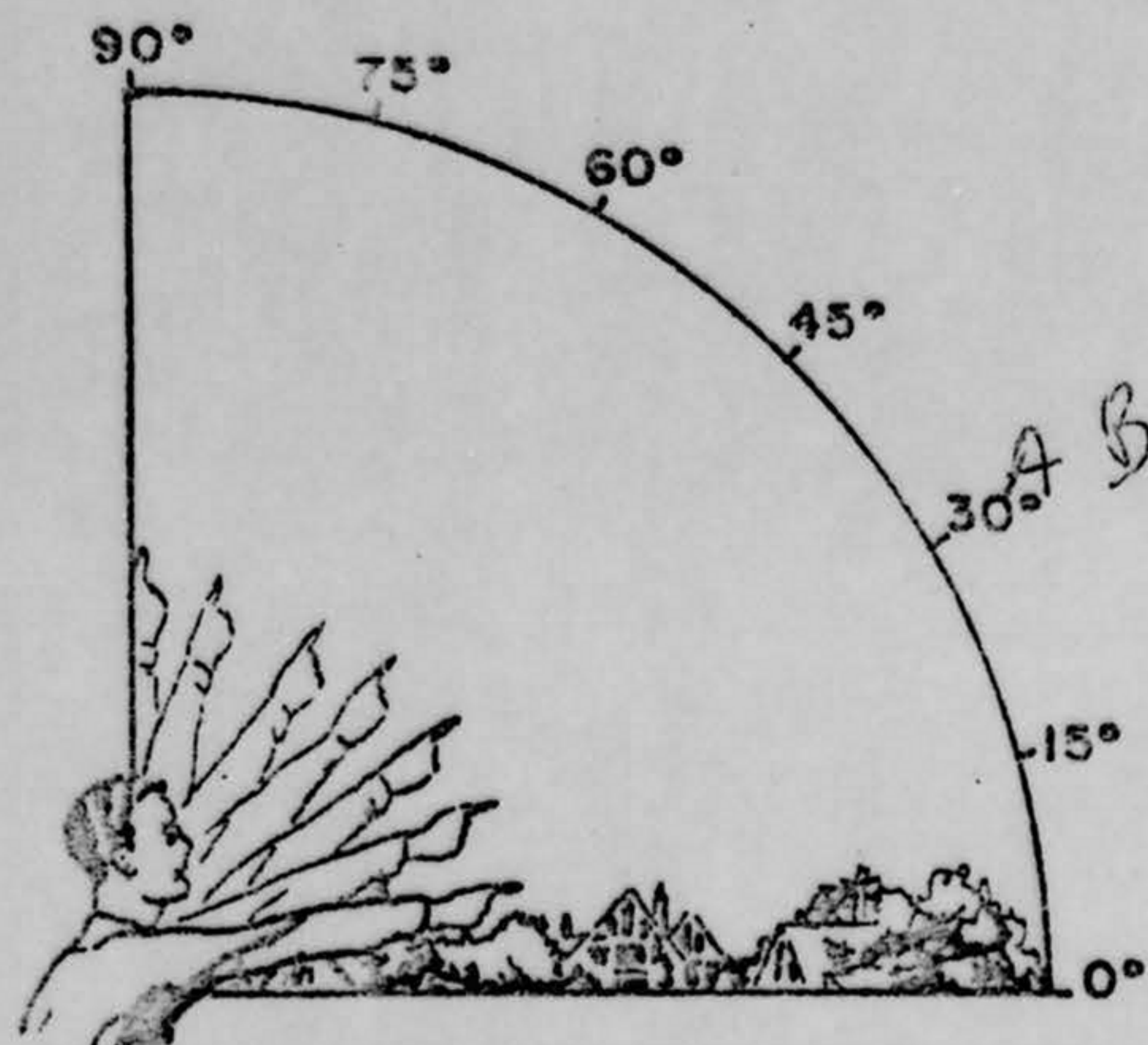
*and outside of the house*

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

*Dirigible*



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



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

A ————— B

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



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

NO

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

Yes

No

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

Yes

No

31.2 Please list their names and addresses:

32. Please give the following information about yourself:

MRS.

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE

38

SEX

FEMALE

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

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

14

Day

MAR

Month

68

Year



34. Date you completed this questionnaire:

14

Day

Mar

Month

68

Year

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



13 Mar

24 JUN 68

TDPT (UFO) Lt Col Quintanilla/70916/mhs/12 Jun 68

UFO Observations, 13 Mar 68 & 2 Apr 68

[REDACTED] ising

Fort Mitchell, Kentucky 41017

1. The Aerial Phenomena Office is in receipt of an unidentified flying object report from near Neville, Ohio which occurred on 2 April 1968 at 2015 hours, local time.
2. The observer sighted an "object" that appeared as a series of red glowing lights in a fixed position. Some of the lights went off and on, in a regular rhythmical manner while several others went off and on irregularly.
3. We also have another report from Mt. Healthy, Ohio, which occurred on 13 March 1968 at approximately 1915 hours, local time. The description is given on the attached Xerox portion of his report.
4. Request information on whether your electrical advertising sign may have been the cause for this observation. Thank you for your assistance.

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

2 Atch

1. Description, 13 Mar 68
2. Envelope

TDPT (UFO) OFFICIAL FILE CY



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



REPLY TO  
ATTN OF: TDPT (UFO)

6 JUN 1968

SUBJECT: UFO Observation, 13 March 1968

TO: Salem Police Department  
Salem, Ohio 44460

1. The Aerial Phenomena Office is in receipt of an unidentified flying object (UFO) report from Salem, Ohio which occurred on 13 March 1968 at approximately 11:15 pm, EST.
2. The witness observed an object that was shaped like a blimp with the front being red, the middle blue and the rear a very intense white. The object was observed for approximately one minute.
3. Did you receive any reports of unusual objects for this date? We would appreciate your comments as to a possible cause for this sighting.
4. Thank you for your assistance on this matter.

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

1 Atch  
self-addressed envelope

*Dear Sir:*

*6-10-68*

*P.D. Salem*

*Checked our files, on date and time  
as given. Also checked other Mar. dates.*

*Nothing on file.*

*Sincerely yours*

*[Redacted signature]*



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R259

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 13<sup>th</sup> MONTH MARCH YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 11 MINUTES 15 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 11 MINUTES 16 ☐ A.M. ☒ P.M.

4. TIME ZONE

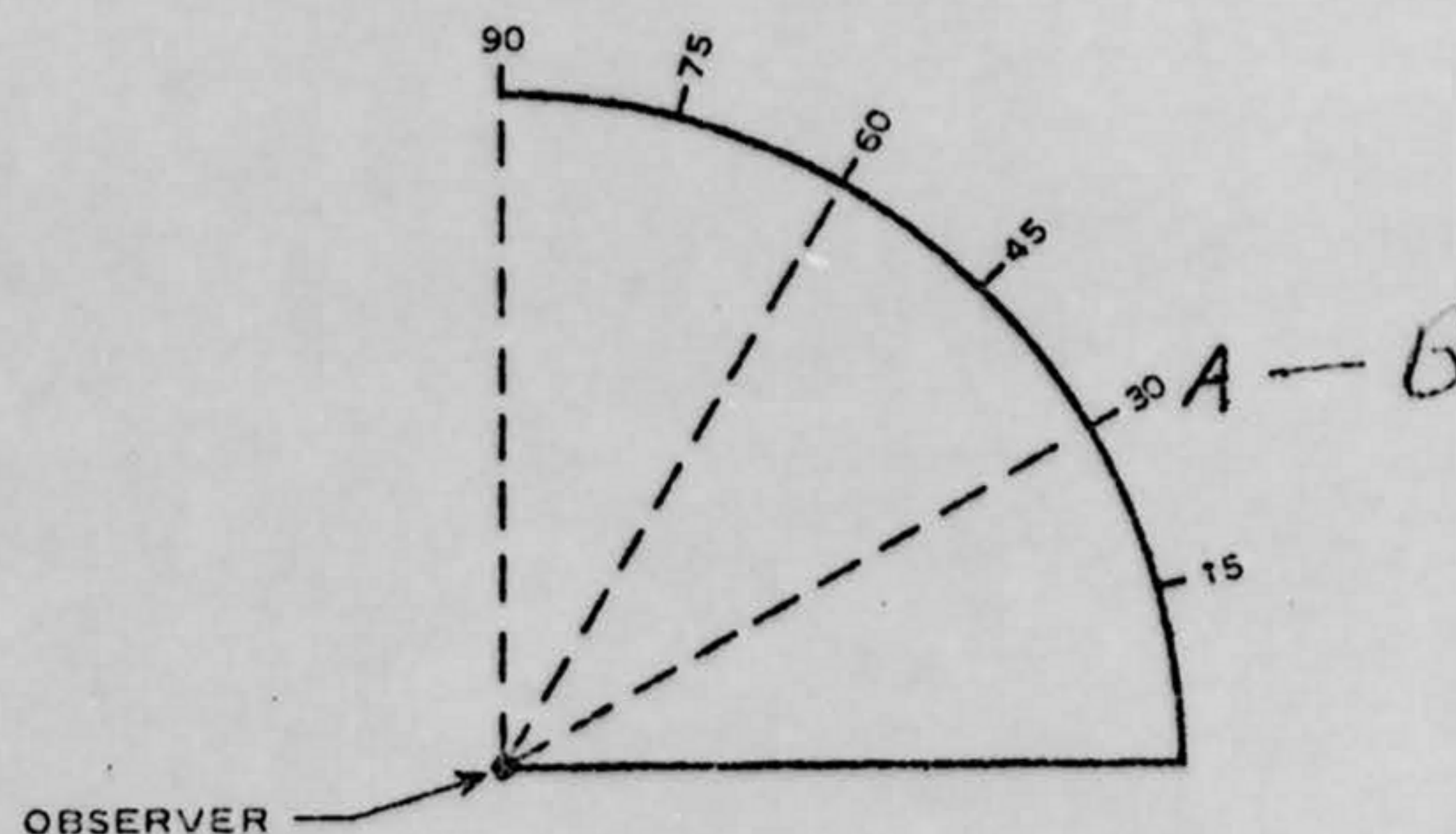
☐ DAYLIGHT SAVINGS☐ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE 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.

*I first saw this in my bedroom, then went to the kitchen and watched, then to living room and then went outside and watched until it went out of sight.*

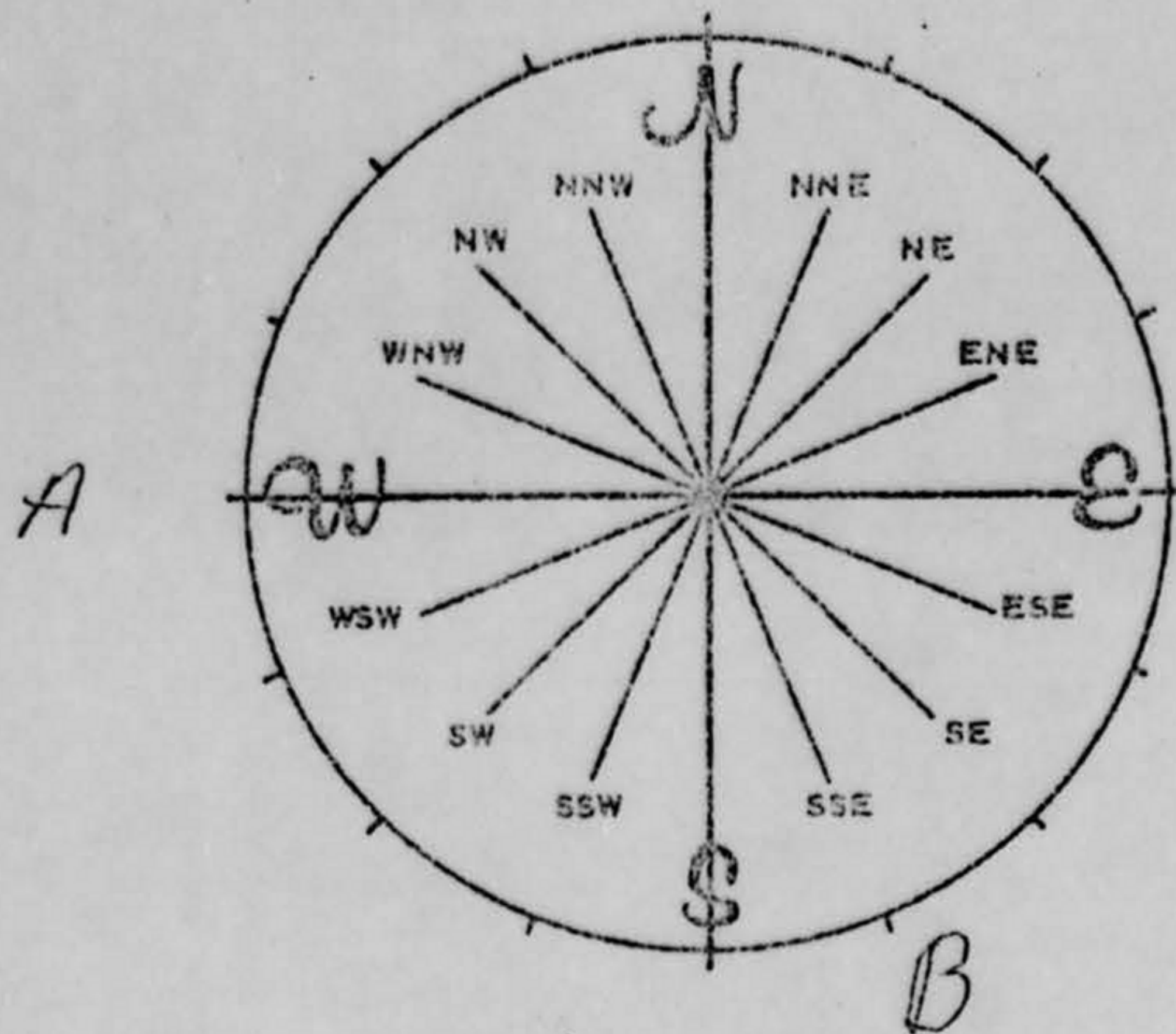
*my home is [redacted] approx six miles north of Saline, Ohio and five miles south of Canfield.*

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.

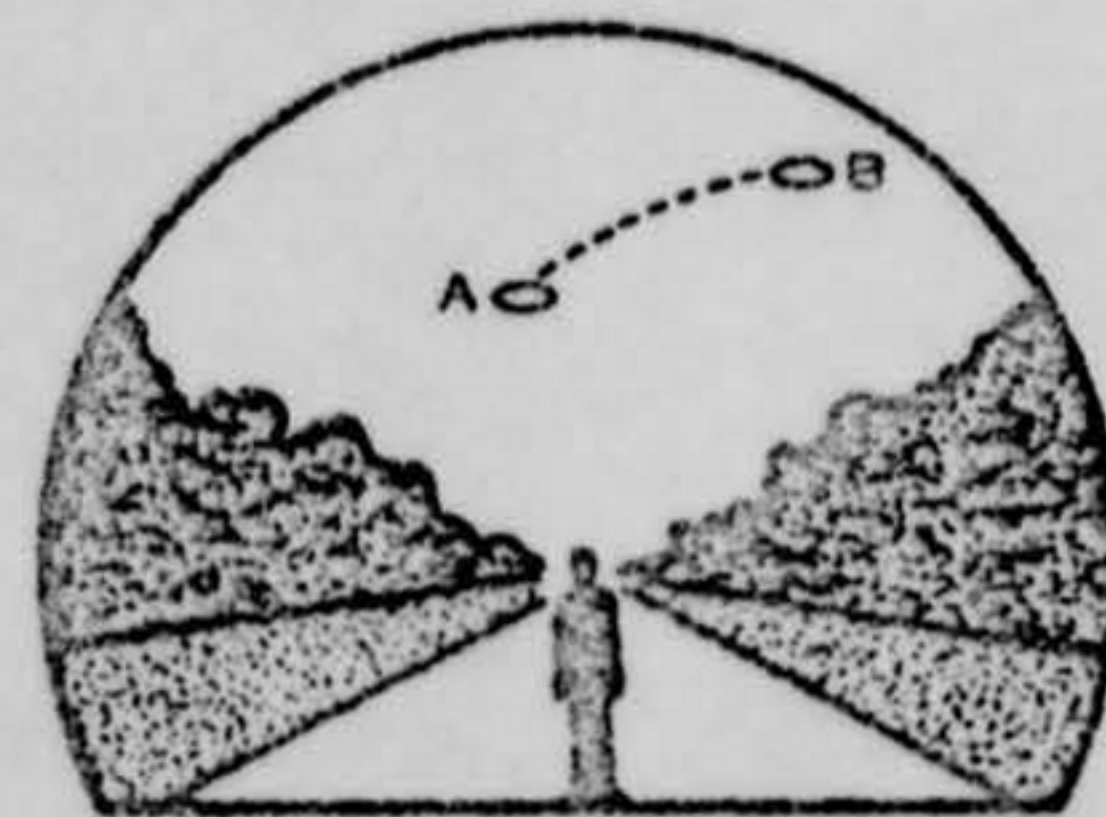
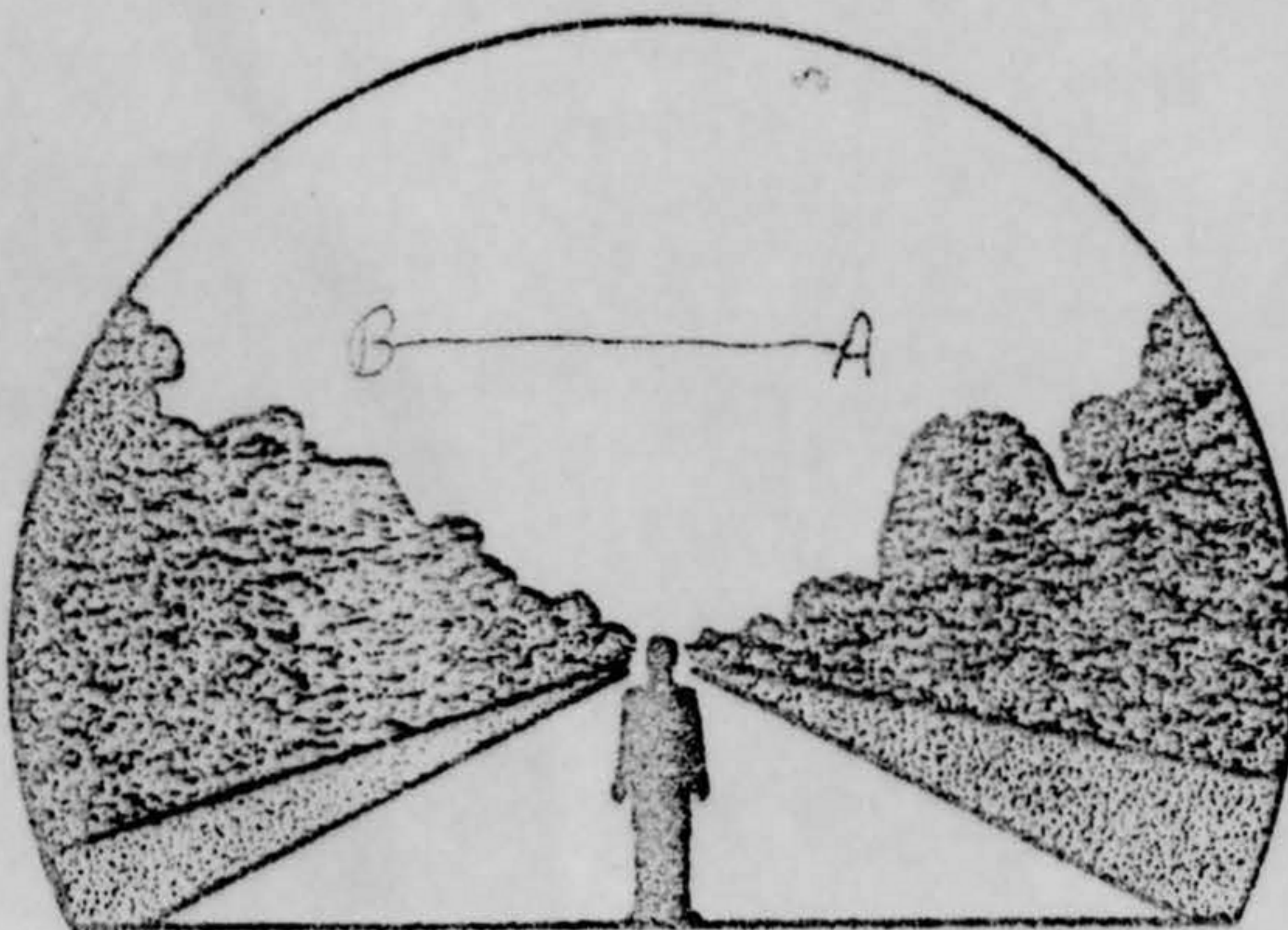




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



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.





|                                                                                                                                                                                                                                                                                                |           |                                                                                                                  |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------|---------------|
| 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                                                                                                                                                                                                                |           | <input checked="" type="checkbox"/> IN OPEN COUNTRYSIDE                                                          |               |
| IN BOAT                                                                                                                                                                                                                                                                                        |           | NEAR AIRFIELD                                                                                                    |               |
| IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                                            |           | FLYING OVER CITY                                                                                                 |               |
| <input checked="" type="checkbox"/> OTHER <i>And outside building</i>                                                                                                                                                                                                                          |           | <input checked="" type="checkbox"/> 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 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.                                                                                                                   |           |                                                                                                                  |               |
| 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 |
| <i>APPROX. 1 MIN.</i>                                                                                                                                                                                                                                                                          |           | <input checked="" type="checkbox"/> FAIRLY CERTAIN                                                               | JUST A GUESS  |
| HOW WAS TIME DETERMINED?                                                                                                                                                                                                                                                                       |           |                                                                                                                  |               |
| <i>REPEAT OF ORIGINAL STEPS TAKEN DURING SIGHTING</i>                                                                                                                                                                                                                                          |           |                                                                                                                  |               |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input checked="" 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. |           |                                                                                                                  |               |
| <i>due to movements from Room to Room AND then to outside.</i>                                                                                                                                                                                                                                 |           |                                                                                                                  |               |



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?

JUST ONE

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 checked="" 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 type="checkbox"/> CLEAR                    |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)                    | <input type="checkbox"/> HAIL                  |
| <input checked="" type="checkbox"/> PARTLY CLOUDY |  |                                                                                 | <input type="checkbox"/> SNOW OR SLEET         |
| <input type="checkbox"/> COMPLETELY OVERCAST      |  | <input type="checkbox"/> HAZE OR SMOG                                           | <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"/> 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.

The site was quite light apparently lit by the moon even tho partly cloudy - but I can't recall in what position the moon was

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.

It was shaped like a blimp and the front was red, the middle blue and the rear was a very intense white and it seemed solid and have rounded edges. The brightness of the white part was more intense than any fluorescent light.



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

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

I WAS IN THE PROCESS OF going to bed when I FIRST SAW IT because I happened to be looking out of my bedroom window

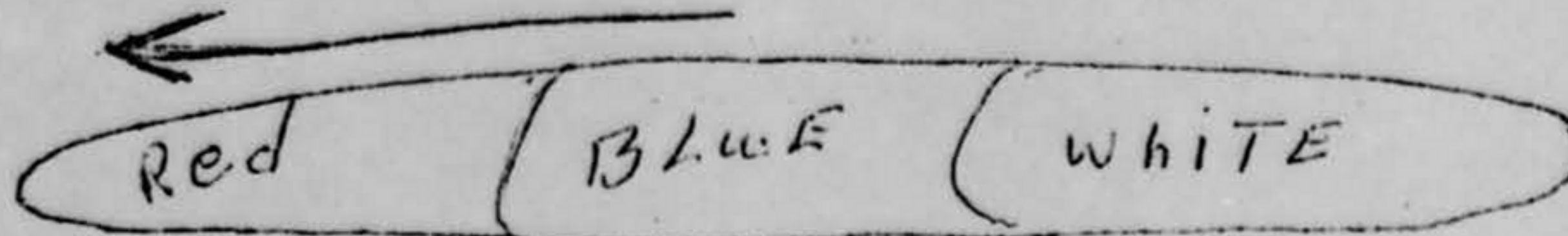
## A. HOW DID IT FINALLY DISAPPEAR?

CONTINUALLY TRAVELLED AWAY FROM me UNTIL NO longer visible because of distance

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.





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                                                             |
| <input checked="" type="checkbox"/> WINDOWPANE | <input checked="" type="checkbox"/> OTHER <i>outside Thru. Nothing</i> |

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 *slowly*

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE *less than 100 yds from me*

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.

*In comparison to a blimp, this object was longer, slimmer, and had vivid colors. It had no cockpit hanging underneath*

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.

*sort of a swishing sound*

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