

PROJECT 10073 RECORD

1. DATE - TIME GROUP 3 JULY 68 2136 EDT 4/0136Z	2. LOCATION KINGSVILLE, OHIO 2
3. SOURCE CIVILIAN	10. CONCLUSION PROBABLE SATELLITE
4. NUMBER OF OBJECTS one	The observation could have been of an airplane or a satellite. It was probably a retrograde satellite.
5. LENGTH OF OBSERVATION 5 1/2 mins	11. BRIEF SUMMARY AND ANALYSIS The observer sighted a white star-like light that traveled on a NW course.
6. TYPE OF OBSERVATION ground visual	
7. COURSE NW	
8. PHOTOS ☐ Yes ☒ No	
9. PHYSICAL EVIDENCE ☐ Yes ☒ No	

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

14. Date you completed this questionnaire:

6

JULY

1968

Day

Month

Year

15. 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.

QUESTION 25: 3 PERSONS WEARING GLASSES
— — — — — 2 PERSONS NOT WEARING GLASSES
TRAVELED AT TERRIFIC SPEEDS FASTER
THAN ANY JET-COVERED $\frac{3}{4}$ OF SKY IN
5 $\frac{1}{2}$ MINUTES

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



REPLY TO
ATTN OF:

TDPT (UFO)

5 AUG 1968

SUBJECT

UFO Observation, 3 July 1968

TO:

[REDACTED]

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 3 July 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, Lt Colonel, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

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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. We request this personal information so that if it is determined necessary, we may contact you for further details.

1. When did you see the object?

3 JULY 1968
Day Month Year

2. Time of day

9 36
Hours 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?

Box [redacted]
Home or Post Address

KINGSVILLE

OHIO

City

State or County

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

0 5 30
Hours Minutes Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined?

WRIST WATCH

5.2 Was object in sight continuously?

Yes

No

6. What was the condition of the sky?

DAY

- a. Bright
- b. Cloudy

(NIGHT)

- a. Clear
- b. Cloudy

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

(Circle One)

- a. In front of you
- b. In back of you
- c. To your right

d. To your left

e. Overhead

f. Don't remember

Send The witness

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:

BRIGHTER THAN A STAR—BUT NO RAYS

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

a. Other BOTTOM WAS
ROUNDED—BUT TOP
WAS FUZZY

13. Did the object:

(Circle One for each question)

- a. Appear to stand still at any time?
 b. Suddenly speed up and rush away at any time?
 c. Break up into parts or explode?
 d. Give off smoke?
 e. Change brightness?
 f. Change shape?
 g. Flash or flicker?
 h. Disappear and reappear?

- | | | |
|--------------------------------------|-------------------------------------|------------|
| Yes | ☒ No | Don't know |
| ☒ Yes | No | Don't know |
| Yes | ☒ No | Don't know |
| Yes | No | Don't know |
| Yes | ☒ No | Don't know |
| Yes | No | Don't know |
| ☒ Yes | No | Don't know |
| Yes | ☒ No | Don't know |

Official U.S. Air Force

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

IT WENT BEHIND 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 NONE

b. Color LIKE A LIGHT

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

MOST OF IT WOULD HAVE BEEN COVERED

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.



Form 100

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0

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RURAL DISTRICT

1. Name of the person or persons who have been in the rural district during the last year.

Name	Address	Occupation	Religion
John Smith	123 Main St.	Farmer	Methodist
Jane Smith	123 Main St.	Homemaker	Methodist
John Doe	456 Oak St.	Teacher	Baptist
Jane Doe	456 Oak St.	Homemaker	Baptist
John Brown	789 Pine St.	Blacksmith	Catholic
Jane Brown	789 Pine St.	Homemaker	Catholic

2. Name of the person or persons who have been in the rural district during the last year.

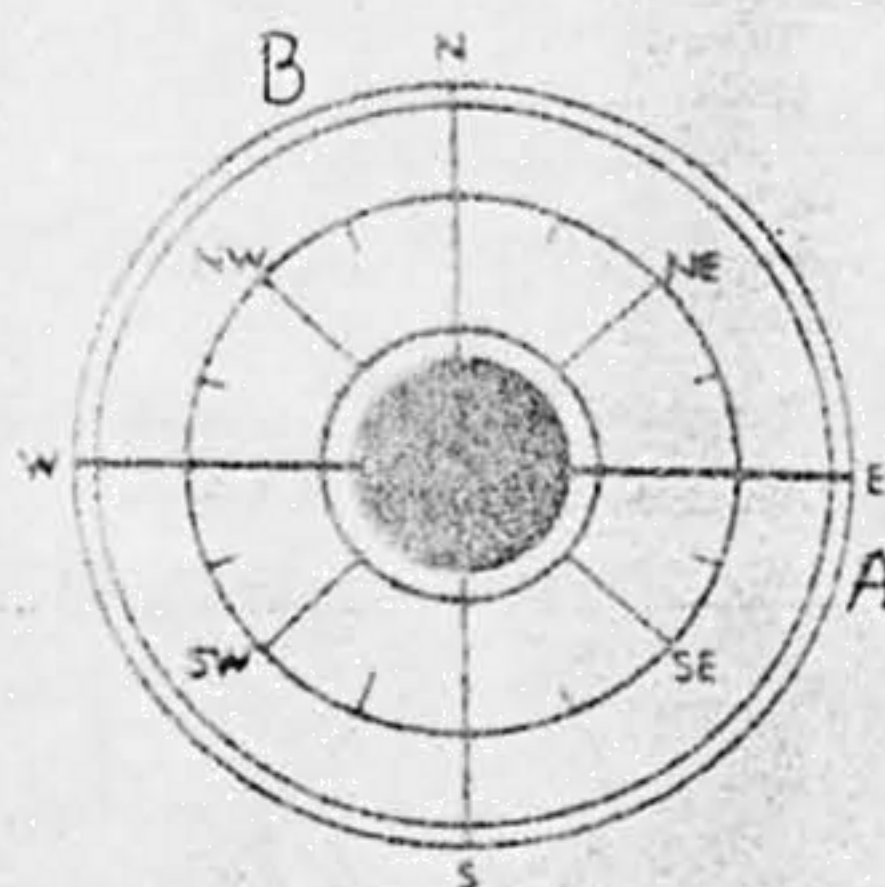
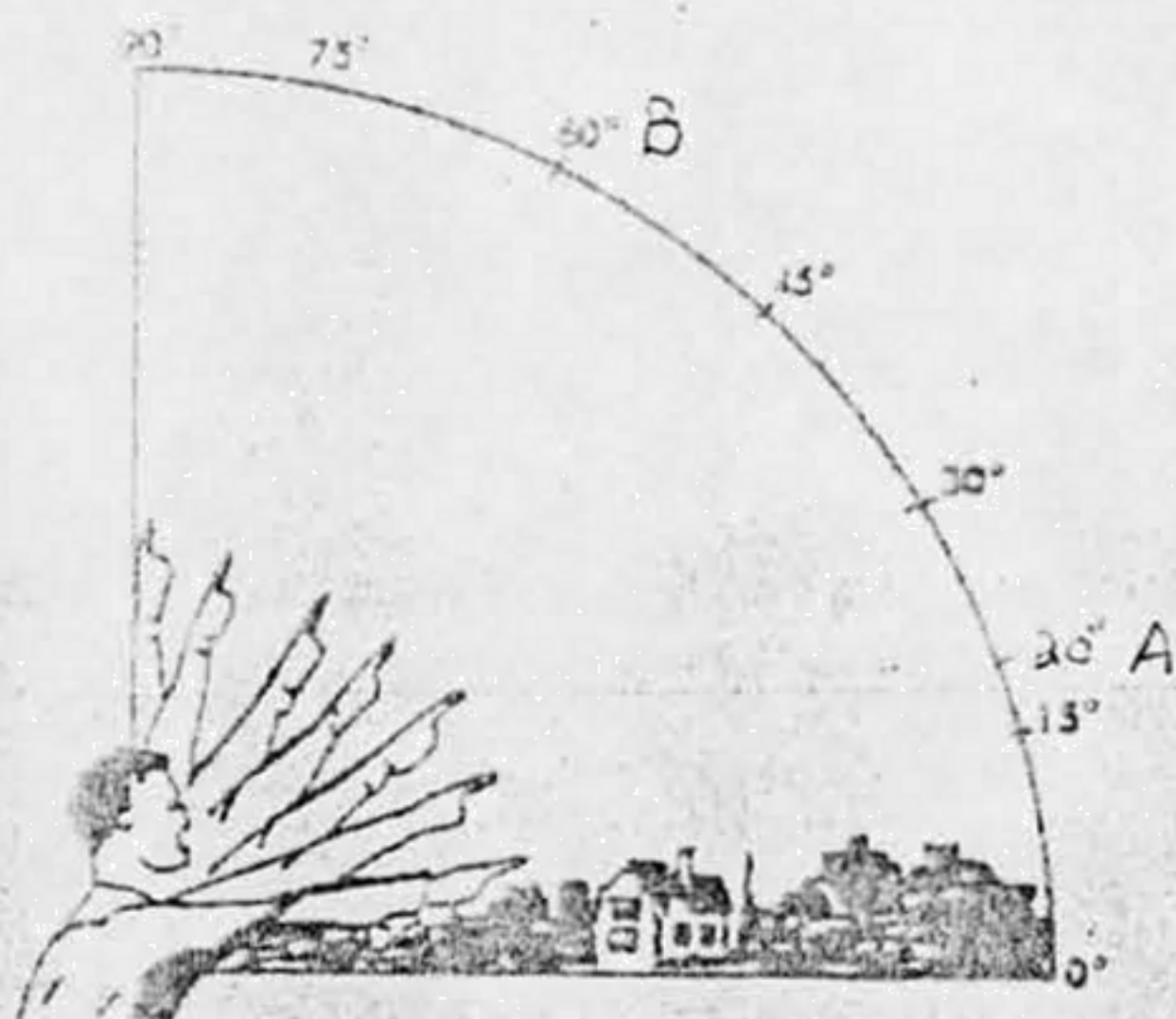
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JUST AS A LIGHT

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 when you last saw the object.



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



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

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

NO

31. Was anyone else with you at the time you saw the object? (Circle One) ☒ Yes ☐ No

31.1 If you answered YES, did they see the object too? (Circle One) ☒ Yes ☐ No

31.2 Please list their names and addresses:

[REDACTED]
[REDACTED]
[REDACTED] KINGSVILLE, OHIO 44048

32. Please give the following information about yourself:

NAME [REDACTED] [REDACTED] [REDACTED]
Last Name First Name Middle Name
ADDRESS [REDACTED] [REDACTED] OHIO
Street Zone State
TELEPHONE NUMBER [REDACTED] AGE 14 SEX M

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

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

Day

Month

Year

NO ONE BUT U.S.A.F.