

PROJECT 10073 RECORD

|                                                                                                |                                                                                                                                                        |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. DATE - TIME GROUP<br>28/2121<br>28 Jul 68 29/0221Z                                          | 2. LOCATION<br>Iowa City, Iowa (Multiple)                                                                                                              |
| 3. SOURCE<br>Civilian                                                                          | 10. CONCLUSION<br>Possible (AIRCRAFT)                                                                                                                  |
| 4. NUMBER OF OBJECTS<br>One                                                                    |                                                                                                                                                        |
| 5. LENGTH OF OBSERVATION<br>1 Minute, 40 Seconds                                               | 11. BRIEF SUMMARY AND ANALYSIS<br><br>The observer sighted a bright white light that traveled toward the WSW and was visible for just under 2 minutes. |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        |                                                                                                                                                        |
| 7. COURSE<br>WSW                                                                               |                                                                                                                                                        |
| 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 |                                                                                                                                                        |

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

Aircraft passing over Town City are quite common. But this did not appear to be any form of aircraft that I am familiar with. I estimated that it was over 5,000 ft. elevation and travelling at least as fast as a jet. There was absolutely no noise from the object such as that given off by propeller and jet powered craft.

Perhaps it was a lighted balloon. But the speed of the object, the steadiness of its path and the fact that the wind at ground level was from the north-west, would seem to rule out this possibility.

I have often watched earth satellites pass over. I could find no similarity between them and this object.

I am familiar with meteors which are fairly common at this time of year. This was not a meteor.

Town City abounds with night flying birds, especially nighthawks, in the summer. But the arrangement of lights and the speed that the object travelled would seem to negate this possibility.

It was no astronomical phenomena that I am familiar with. Incidentally, one of the textbooks that I used in the Descriptive Astronomy course was Minnaert's work on light and color.

It was a steady bright light which travelled in a straight course. It did not blink, pulsate, gyrate, zig-zag or deviate in any way from its course. The light remained at a constant brightness at all times.

In short, this object was a type that I am not familiar with.

28 Jul 68

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



REPLY TO  
ATTN OF:

TDPT (UFO)

16 AUG 1968

SUBJECT:

UFO Observation, 28 July 1968

TO:

Mr and Mrs [REDACTED]

Iowa City, Iowa 52240

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 28 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

I am attaching an extra page to the official form.

One of the witnesses, [REDACTED] served in a Special Forces unit of the United States Army in South-East Asia during the early 1960's. He is currently seeking an M.A. in political science from the University of Iowa. Mr. [REDACTED] had paratroop training in the Special Forces and is quite familiar with conventional aircraft performance. He stated that the light we saw on July 28, 1968 was unlike anything he had previously encountered.

I do not have any real idea of what the light was. I believe it was an unusual aerial phenomenon of a type that I am unfamiliar with. Since it behaved in a manner which did not resemble anything I had seen before, I believed the proper course would be to notify Project Blue Book of this sighting.

I hope the information I have supplied in this form may prove to be of assistance in determining the nature of the object sighted.

Sincerely,  
[REDACTED]

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  
, 28 July 1968

TO:

[REDACTED]  
Iowa City, Iowa 52240

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.

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

1 Atch  
AF Form 117 w/envelope

29 July 68 0221 Z

28 Jul 68  
Iowa City, Iowa  
July 28, 1968

Project Blue Book  
Wright Patterson Air Force Base  
Dayton, Ohio

Dear Sirs:

Please send me an official U. S. Air Force UFO form since I wish to report an unusual sighting made over Iowa City tonight by myself and several witnesses. While the object may not have been a UFO, it did not demonstrate any characteristic behavior of conventional aircraft which are quite common over Iowa City. Some years ago as an undergraduate student at the University of Iowa, I took a course in Descriptive Astronomy. The object that was seen tonight represented no astronomical phenomenon of a familiar pattern. Immediately after the sighting, I made some rough notes describing angle of flight path, time of sighting and direction that object moved.

Please send the form to my address indicated below:

[REDACTED]  
[REDACTED]  
52240

I will be glad to answer any question to the best of my ability.

[REDACTED]  
Sincerely  
[REDACTED]  
[REDACTED]

28 Jul 68

TDPTR/Lt Col Smith

Request surface observations for Iowa City,  
Iowa, 28 July 1968, 2100 hours and 2200 hours,  
CDT.

TDPT(UFO) Lt Col Quintanilla

15 Aug 68

70916

SURFACE OBSERVATION DATA SHEET

Covington, Indiana - November 18, 1967

1900L 32812 74022 18803 \*\*\*\*\* 52\*\*\*  
2000L MISSING  
2100L 22706 7401\* 20002 25700 52110  
2200L 22707 7402\* 20401 \*\*\*\*\* 52\*\*\*  
2300L 02908 74010 20901 \*\*\*\*\* 52\*\*\*  
2400L 02705 74000 21401 00900 52314

Iowa City, Iowa - July 28, 1968

2000L 33506 7402\* 21221 \*\*\*\*\* 12\*\*\*  
2100L 33004 7402\* 21218 \*\*\*\*\* 12\*\*\*  
2200L 82805 7402\* 22316 \*\*\*\*\* 11307  
2300L 82205 7402\* 22315 \*\*\*\*\* 11\*\*\*  
2400L 82405 7402\* 22315 \*\*\*\*\* 11\*\*\*

Pottstown, Pennsylvania - July 28, 1968

2000L 83108 7402\* 11126 \*\*\*\*\* 06310  
2100L 83106 7402\* 11622 \*\*\*\*\* 07\*\*\*  
2200L 82705 7402\* 12720 \*\*\*\*\* 08\*\*\*  
2300L 82903 7402\* 13619 \*\*\*\*\* 08325  
2400L 80000 7402\* 14919 \*\*\*\*\* 09\*\*\*

Tucson, Arizona - August 10, 1968

1800L 81810 89029 12825 19762 18632 70420  
1900L \*1804 9902\* 13326 \*\*\*\*\* 16\*\*\*  
2000L \*2304 9902\* 13225 \*\*\*\*\* 17\*\*\*  
2100L 30303 9902\* 13624 \*\*\*\*\* 18308  
2200L 81204 9802\* 14023 \*\*\*\*\* 18\*\*\*  
2300L 81404 9802\* 14022 \*\*\*\*\* 18\*\*\*

ETAC Surface History Files

## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R258

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 28 MONTH JULY YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 21 ☐ A.M. ☒ P.M.

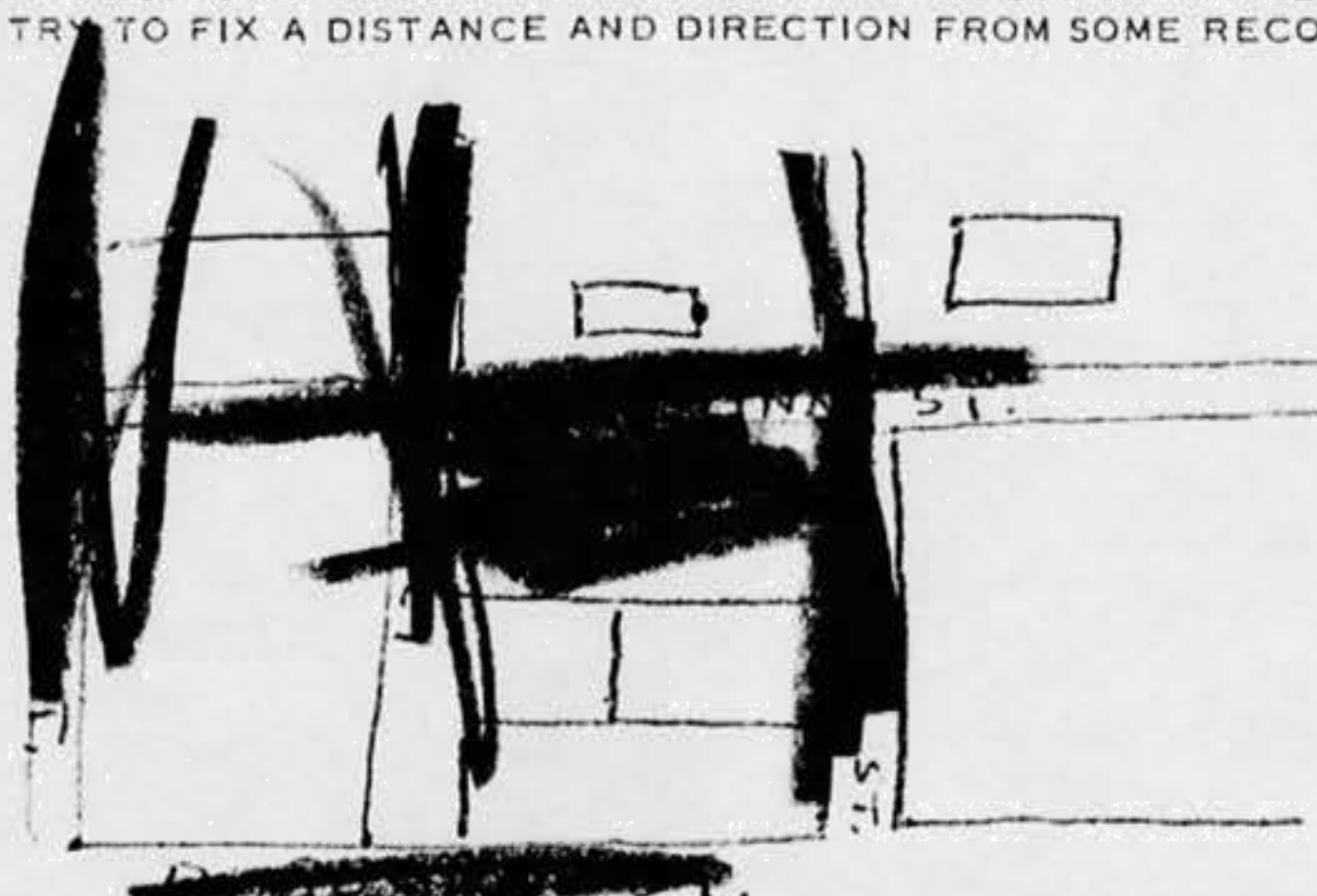
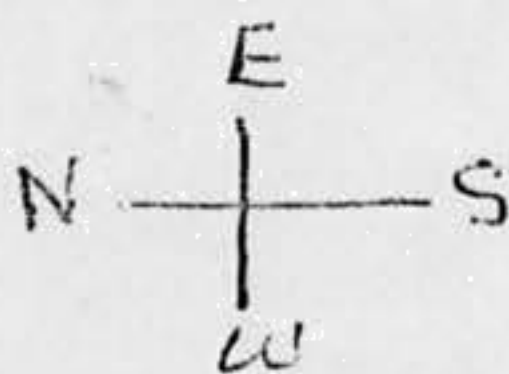
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 23 ☐ A.M. ☒ P.M.

4. TIME ZONE

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

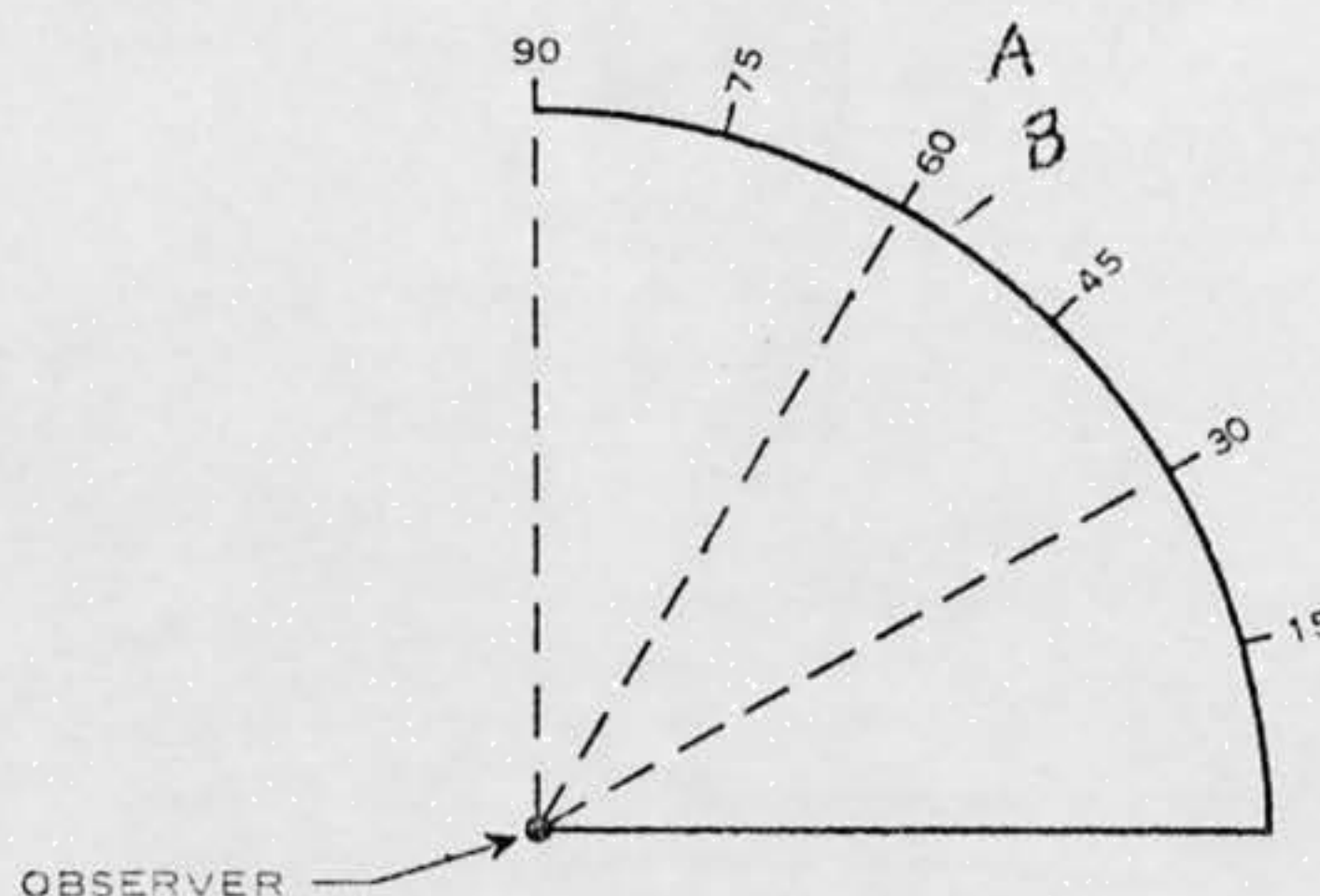
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE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



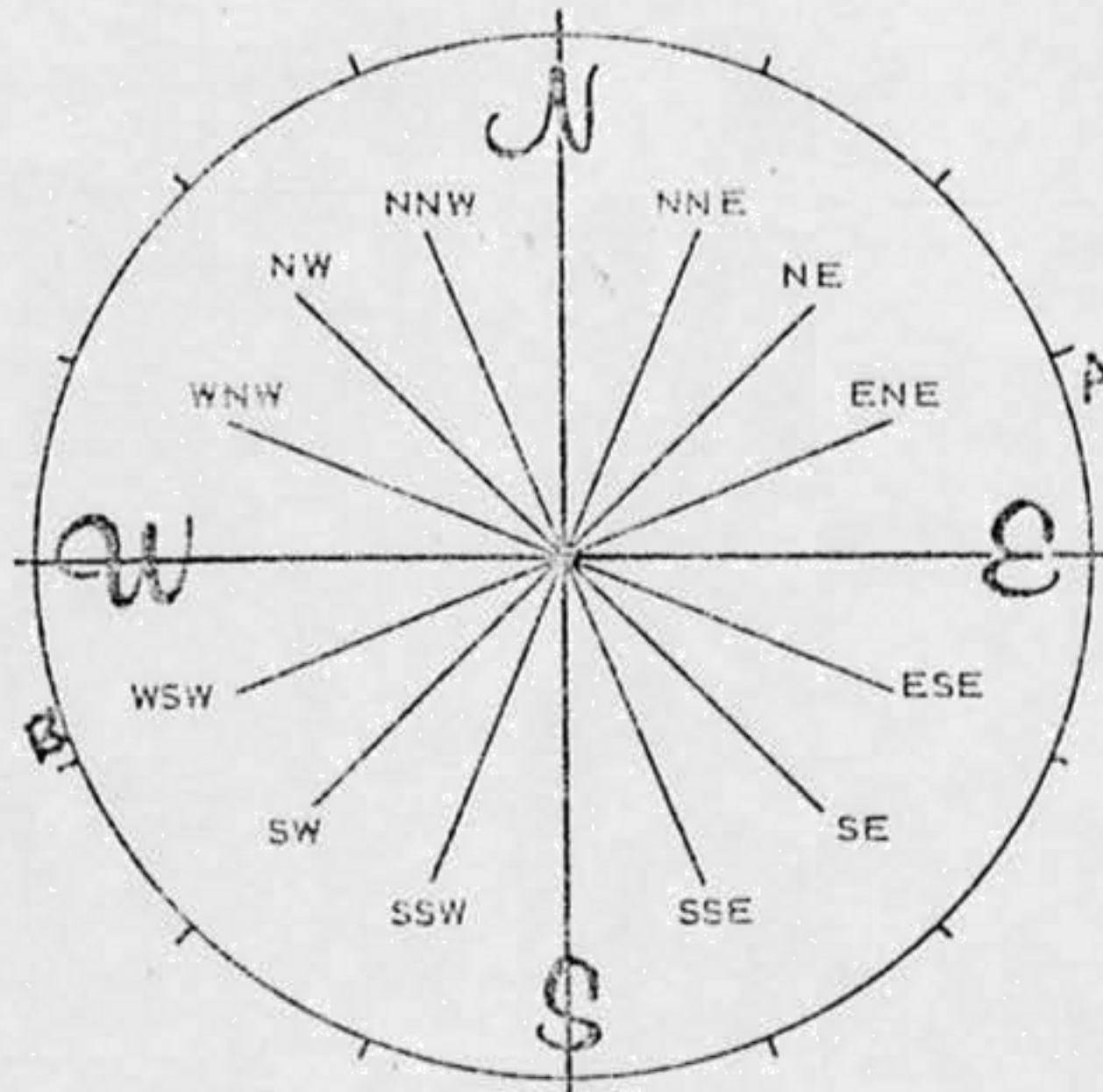
1 facing east  
when  
object  
first  
sighted

2 facing west  
when  
object  
vanished

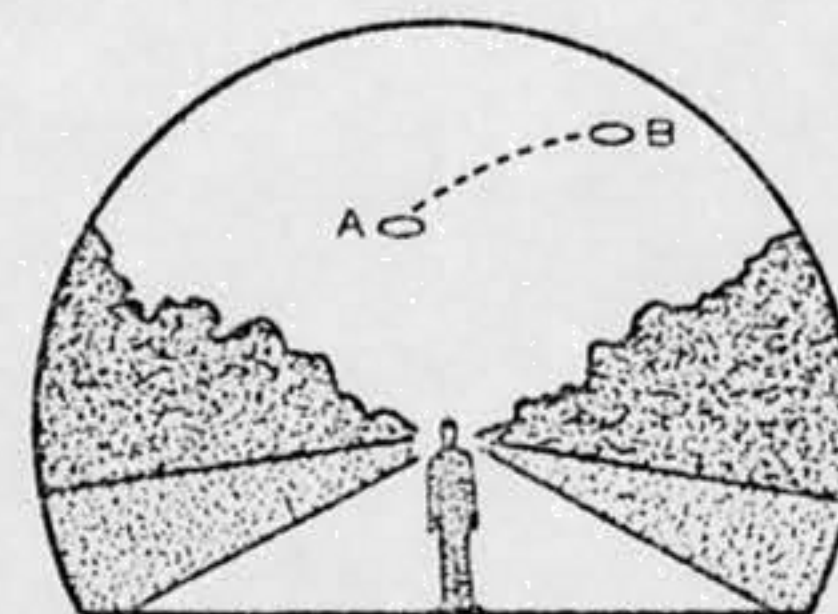
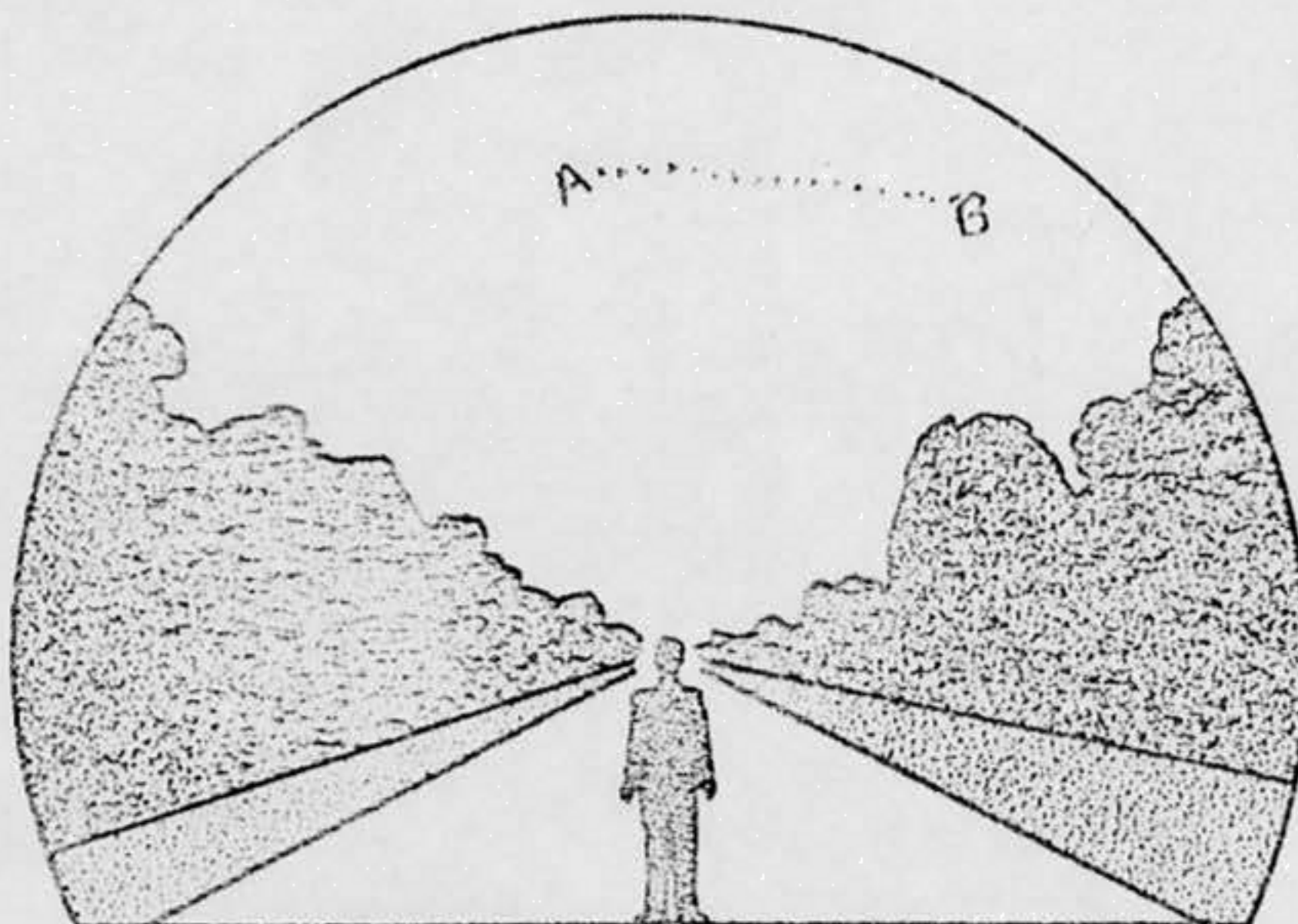
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



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.



The path was much straighter than I was able to draw. I also changed positions between the time the object was first sighted and vanished.

|                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                  |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                     |                                    |                                                                                                                  |                                     |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                            | OUTDOORS                           |                                                                                                                  | <input checked="" type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                | IN BUILDING                        |                                                                                                                  |                                     |
|                                                                                                                                                                                                                                                                                                | IN CAR                             | <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER                                         |                                     |
|                                                                                                                                                                                                                                                                                                | IN BOAT                            |                                                                                                                  |                                     |
|                                                                                                                                                                                                                                                                                                | IN AIRPLANE                        | <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER                                          |                                     |
|                                                                                                                                                                                                                                                                                                | OTHER                              |                                                                                                                  |                                     |
|                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                  | IN BUSINESS SECTION OF CITY         |
|                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                  | IN RESIDENTIAL SECTION OF CITY      |
|                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                  | IN OPEN COUNTRYSIDE                 |
|                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                  | NEAR AIRFIELD                       |
|                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                  | FLYING OVER CITY                    |
|                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                  | FLYING OVER OPEN COUNTRY            |
|                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                  | OTHER                               |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:                                                                                                                                                                                                                                           |                                    |                                                                                                                  |                                     |
| WHAT DIRECTION WERE YOU MOVING?                                                                                                                                                                                                                                                                |                                    | HOW FAST WERE YOU MOVING?                                                                                        |                                     |
| <input type="checkbox"/> NORTH                                                                                                                                                                                                                                                                 | <input type="checkbox"/> EAST      | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                                     |
| <input type="checkbox"/> SOUTH                                                                                                                                                                                                                                                                 | <input type="checkbox"/> WEST      |                                                                                                                  |                                     |
| <input type="checkbox"/> NORTHEAST                                                                                                                                                                                                                                                             | <input type="checkbox"/> SOUTHEAST |                                                                                                                  |                                     |
| <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.                                                                                                                   |                                    |                                                                                                                  |                                     |
| HOW MUCH OTHER TRAFFIC WAS THERE?                                                                                                                                                                                                                                                              |                                    |                                                                                                                  |                                     |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input 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                                                                                                                                                                                                                                                                                 | <i>1 minute 40 seconds</i>         | <input checked="" type="checkbox"/>                                                                              | CERTAIN OF TIME                     |
|                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                  | NOT VERY SURE                       |
|                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                  | FAIRLY CERTAIN                      |
|                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                  | JUST A GUESS                        |
| HOW WAS TIME DETERMINED?<br><i>I was wearing my wristwatch at the time</i>                                                                                                                                                                                                                     |                                    |                                                                                                                  |                                     |
| 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"/> SNOW OR SLEET                |
| <input type="checkbox"/> COMPLETELY OVERCAST |  |                                                                      | <input type="checkbox"/> UNKNOWN                      |
|                                              |  | <input type="checkbox"/> HAZE OR SMOG                                | <input checked="" type="checkbox"/> NONE OF THE ABOVE |

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

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

The nearest street lights which were on at the time were on the corner of Washington and Lima, and College and Lima. It would be approximately 1/2 mile to each street light.

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 a very bright light, somewhat as a fluorescent light. It was steady and did not blink or pulsate at any time. It seemed to be self-luminous. I could not determine whether it was solid or transparent. It was very bright and very fuzzy. The edges of the object were too fuzzy to be discernible. When I first sighted the object, I noticed a star above and to the south of the object. The object was many magnitudes brighter than the star.

| 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 had just stepped out of the east door of the apartment building I live in downtown Town City to observe the weather. Looking up in the sky I noticed this object rapidly approaching from the north east. I immediately called for my neighbors to witness the sight.

## A. HOW DID IT FINALLY DISAPPEAR?

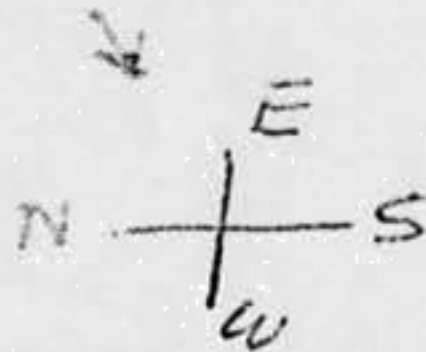
As my neighbors joined me the object had approached nearly overhead and passed over our apartment building. To keep from losing it to sight we moved north to the alley and could see it pass over the buildings of downtown Town City. Suddenly it just disappeared. I do not know whether a rapid acceleration of speed was responsible for the disappearance. It just disappeared while we had it in sight.

## 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.

When it passed over the buildings mentioned in question 14 A.

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.



Edges were extremely  
fuzzy. Very  
bright light.  
No wings  
or protrusions.  
Just the light.  
No vapor trails.



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.

A match head held at arm's length  
would have completely covered the object.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |
| <input checked="" type="checkbox"/> EYEGLASSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CAMERA VIEWER                                                                                            |
| <input type="checkbox"/> SUNGLASSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | BINOCULARS                                                                                               |
| <input type="checkbox"/> WINDSHIELD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TELESCOPE                                                                                                |
| <input type="checkbox"/> SIDE WINDOW OF VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | THEODOLITE                                                                                               |
| <input type="checkbox"/> WINDOWPANE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OTHER                                                                                                    |
| A. DO YOU ORDINARILY WEAR GLASSES? <input checked="" type="checkbox"/> YES <input 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>300 MPH</u> +                                                                                                                                                                                                                                                                                                                                                                                                                                  | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>5,000</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>None that I know of. This was unlike any earth satellite that I have seen before and I could detect no resemblance to the lights of a conventional aircraft.</p> <p>The clearest manner I can describe the object <del>could</del> be to compare it to a small fuzzy, somewhat oval blob of extremely bright light, e.g. a fluorescent light. Other than the light, I could detect no shape or part of some other object that may have been connected with the light. The light was the only thing that I was able to observe.</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

Mr. and Mrs. [REDACTED]  
 NEW ADDRESS [REDACTED] formerly of  
 Apt. 16,  
 119 S. Linn

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

[REDACTED] IOWA CITY, IOWA 52240

TELEPHONE [REDACTED] AGE 31 ☒ MALE ☐ FEMALE

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

I am currently employed on the staff of the University of Iowa at the Circulation Department of the Main Library. I hold two degrees in History (B.A. 1961) and (M.A. 1968) from the University of Iowa.

I took private flying lessons from the Fairmont (Minnesota) Flying Service during 1954 - 1955. I was issued an airman identification card at that time by the Civil Aeronautics Administration.

I had a course in Descriptive Astronomy at the University of Iowa during 1958.

I should also add that I grew up in a rural environment where observation of the sky was much clearer than that of an urban environment.

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

NAME Project Blue Book DAY 28 MONTH JULY YEAR 1968

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 7 MONTH AUGUST YEAR 1968