

PROJECT 10073 RECORD

|                                                                                                |                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. DATE - TIME GROUP<br>12 Aug 68<br>0225 EDT 13/0225                                          | 2. LOCATION<br>DAYTON, OHIO                                                                                                                                                     |
| 3. SOURCE<br>CIVILIAN                                                                          | 10. CONCLUSION<br>INSUFFICIENT DATA FOR EVALUATION                                                                                                                              |
| 4. NUMBER OF OBJECTS<br>ONE                                                                    |                                                                                                                                                                                 |
| 5. LENGTH OF OBSERVATION<br>ONE MINUTE                                                         | 11. BRIEF SUMMARY AND ANALYSIS<br>Observer called Duty Officer to report a UFO.                                                                                                 |
| 6. TYPE OF OBSERVATION<br>GROUND-VISUAL                                                        | COMMENTS: A AF Form 117 was sent to the observer and listed witness, neither has returned the form within 30 days. The observer also has a sighting for 26 Nov 67 and 3 Mar 68. |
| 7. COURSE<br>North                                                                             |                                                                                                                                                                                 |
| 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 |                                                                                                                                                                                 |



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

|                        |                             |                    |
|------------------------|-----------------------------|--------------------|
| EYEGASSES              | <u>DID NOT HAVE THEM ON</u> | CAMERA VIEWER      |
| SUNGLASSES             |                             | BINOCULARS         |
| WINDSHIELD             |                             | <u>✓</u> TELESCOPE |
| SIDE WINDOW OF VEHICLE |                             | THEODOLITE         |
| WINDOWPANE             |                             | OTHER              |

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

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

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED Slower than  
STAR SPD.

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE  
(SEATTLE) NO IDEA ATMOSPHERE

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.

STAR.

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

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



12 Aug 68

AFR 80-17(C1)

|                                                                                                                                                                                                                                         |           |                                          |                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------|---------------------------------|
| 22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION.                                                                      |           |                                          |                                 |
| 23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. |           |                                          |                                 |
| A. LIST THEIR NAMES AND ADDRESSES<br>[REDACTED]                                                                                                                                                                                         |           |                                          |                                 |
| 24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF                                                                                                                                                                                       |           |                                          |                                 |
| LAST NAME, FIRST NAME, MIDDLE NAME<br>[REDACTED]                                                                                                                                                                                        |           |                                          |                                 |
| ADDRESS (Street, City, State and Zip Code)<br>[REDACTED] TOWNVIEW 45426                                                                                                                                                                 |           |                                          |                                 |
| TELEPHONE (Area code and number)<br>[REDACTED]                                                                                                                                                                                          | AGE<br>15 | <input checked="" type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
| INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.<br>Student High School                                                                                                                  |           |                                          |                                 |
| 25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?<br>NAME _____ DAY _____ MONTH _____ YEAR _____                                                                                                                |           |                                          |                                 |
| 26. DATE YOU COMPLETED THIS QUESTIONNAIRE.<br>DAY 12 MONTH Aug YEAR 68                                                                                                                                                                  |           |                                          |                                 |



# PROJECT 10073 RECORD

|                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                 |   |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1. DATE - TIME GROUP<br>12 Aug 68<br>2330 EDT 13/0330Z                                         | 2. LOCATION<br>DAYTON, OHIO                                                                                                                                                                                                                                                                                                                                                     | 2 |
| 3. SOURCE<br>civilian                                                                          | 10. CONCLUSION<br>ASTRO (STARS/PLANETS) Probable <i>RA</i>                                                                                                                                                                                                                                                                                                                      |   |
| 4. NUMBER OF OBJECTS<br>one                                                                    | The observer stated that during the observation a hazy cloud cover moved into the area of observation. The description is consistent with that of a star or planet.                                                                                                                                                                                                             |   |
| 5. LENGTH OF OBSERVATION<br>30 mins                                                            | 11. BRIEF SUMMARY AND ANALYSIS<br><br>The observer sighted a star-like point-source of light. through binoculars the observer could see regular flashes of red and green. The light was initially seen in the south-southwest at about 30 to 40 degrees elevation, during the observation it remained in the ssw but seemed to drop slightly and gradually dimmed out of sight. |   |
| 6. TYPE OF OBSERVATION<br>ground visual                                                        |                                                                                                                                                                                                                                                                                                                                                                                 |   |
| 7. COURSE<br>see summary                                                                       |                                                                                                                                                                                                                                                                                                                                                                                 |   |
| 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 |                                                                                                                                                                                                                                                                                                                                                                                 |   |



12 Aug 68

MEMO FOR THE RECORD

14 August 1968

SUBJ: UFO Observation, 12 August 1968

[REDACTED] Road, Kettering, Ohio, called the Aerial Phenomena Office on 13 August 1968 to see if they had identified the object he observed on the night of 12 August 1968. Mr [REDACTED] said that the report had been phoned in by himself on the night of 12 August. Lt Marano informed Mr [REDACTED] that we had not received the report from the Duty Officer as of yet, however, could he provide some of the details over the phone.

TIME: 1130 - 1200 pm, EDT

DURATION: thirty minutes

ELEVATION: 30 - 40 deg above the horizon, SSW

The object appeared as a white light with red and green flashing lights. It was motionless, it seemed to move out of sight in a straight line from Mr [REDACTED], it kept dropping a little bit lower on the horizon. When Mr [REDACTED] first saw it, it was very clear with many stars and the moon visible. When he last observed the object there was a little bit of a cloud (hazy or streaking cloud coverage) in that area. To the naked eye it had the appearance of a star. With binoculars "I could see what appeared to be self-illuminating light." There were regular intervals of flashing or revolving of green, fairly distant from Mr Forr. Mr [REDACTED] said he had to use binoculars to even see any of it. It was completely motionless for twenty minutes. "When I was on the phone my little girl saw it and said it just seemed to drop slowly, faded out



of sight." As far as Mr [REDACTED] could estimate the object was at 30 - 40 degrees of elevation. Mr [REDACTED] said he was fairly good at knowing his angles and elevations he had a course in astronomy, however, that was quite some time ago so he couldn't name any of the stars in the area. What he sighted the object with was a telephone pole that was close by to make his observations because he wanted something permanent so that he could spot it again and give a fairly accurate account. Mr Forr said that the gentleman last night (duty officer) did take a lengthy report. Lt Marano said he would like to get the report in his own hand writing. Mr [REDACTED] said he hadn't called the newspapers and neither does he believe or disbelieve in UFOs, but this was out of the ordinary. Lt Marano asked Mr [REDACTED] if the object was as bright as Jupiter? Mr [REDACTED] said it was sitting between a couple of stars. When I called my daughter (17) and I showed her the general direction and she said she saw two or three stars and that is what it appeared to be to the naked eye. The brightness was similar to that of a star. I gave her the binoculars and then she saw it to. It looked like one of these big dome lights on an emergency vehicle revolving light, it looked similar to this. The light appeared to be of an earth made origin but I couldn't figure out what it would be doing up so high at night. This was my first gathering of what it should be, a helicopter light or something like that. The moon was about 100 - 110 degrees on a circular plane from the object, in other words, the moon was in an ENE location. I have never had a compass out to my house to get a positive location as to what is exactly north and south. There were other stars in the area, they were all dimming because of cloud cover. At approximately 1230 my daughter and I went out and there



were streaks of clouds, then clear, etc. I have seen stars blink. There was definitely a red color to this. I am not worried but curious.



## 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 12-13 MONTH Aug 68 YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 1130 MINUTES \_\_\_\_\_ ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 1200 MINUTES \_\_\_\_\_ ☐ A.M. ☒ P.M.

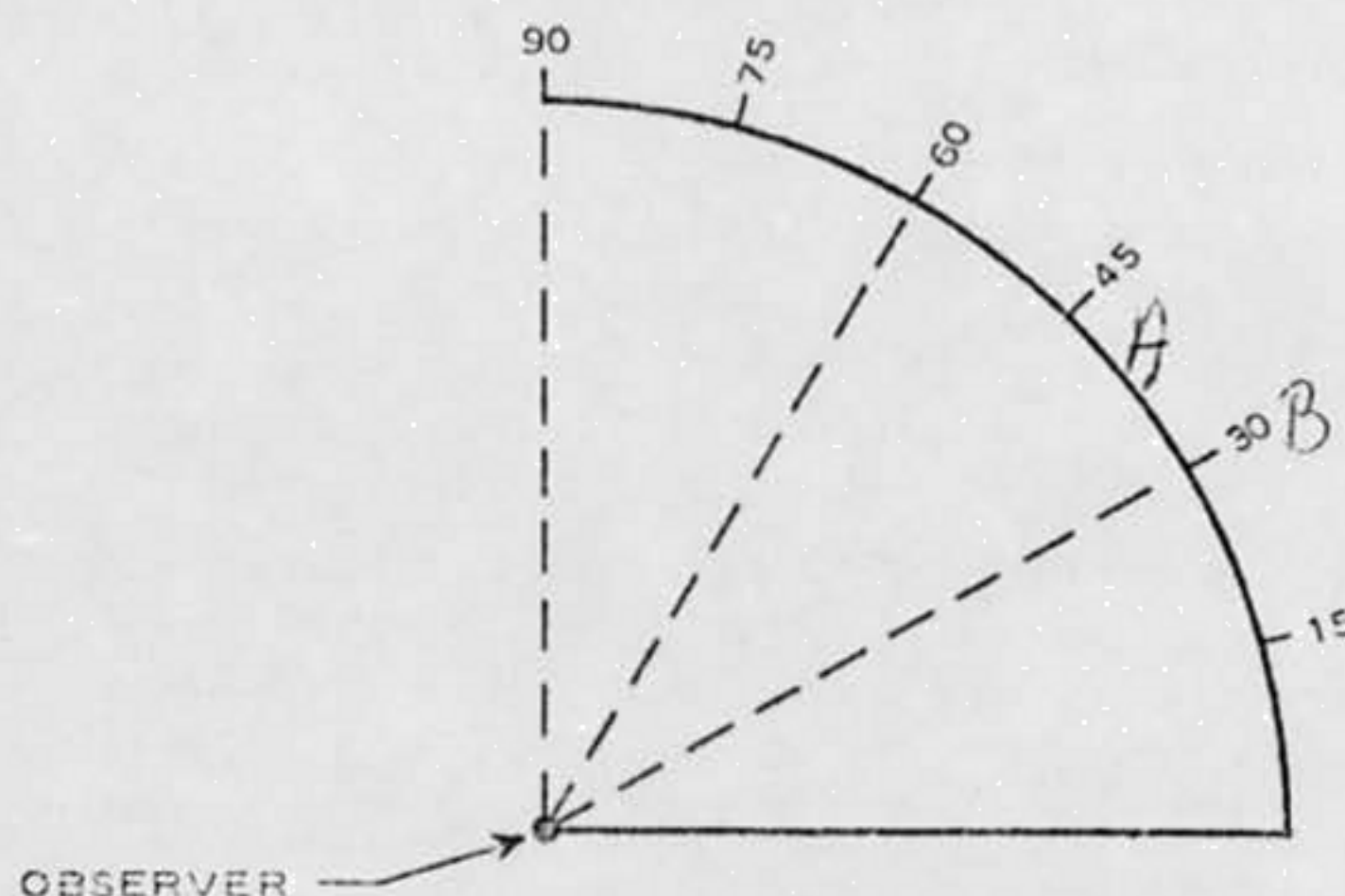
4. TIME ZONE

☐ 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.

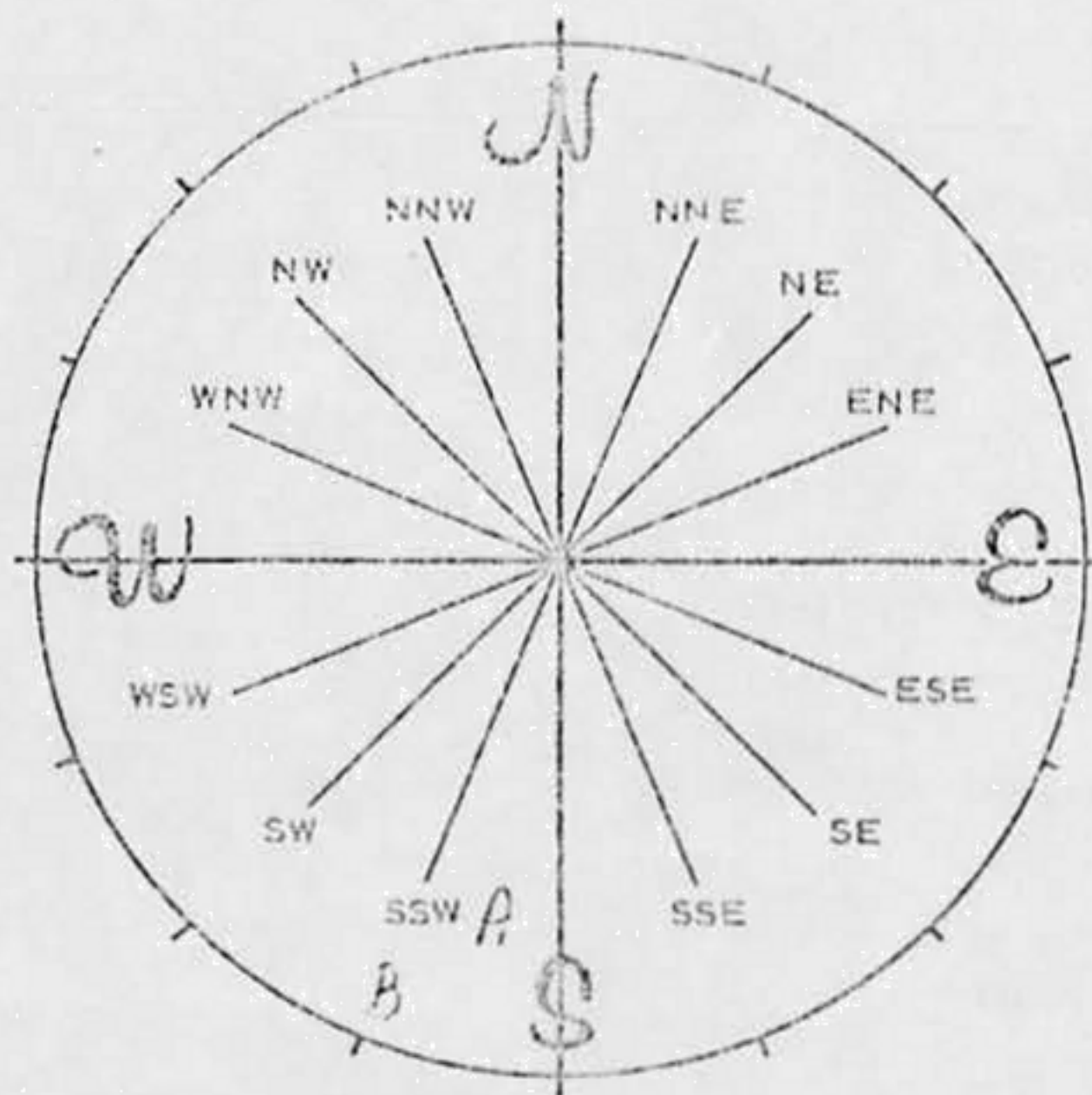
SUBURB, BACK PRTIO

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.

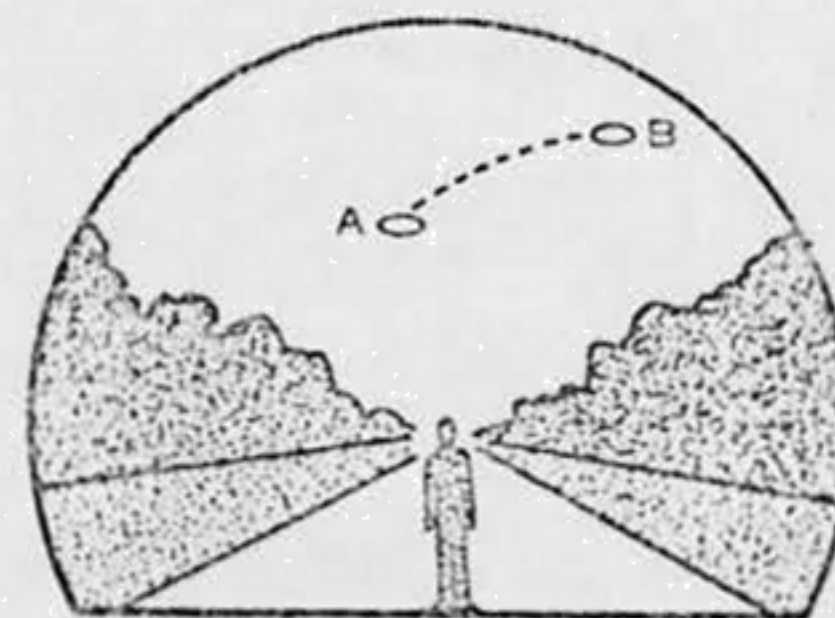
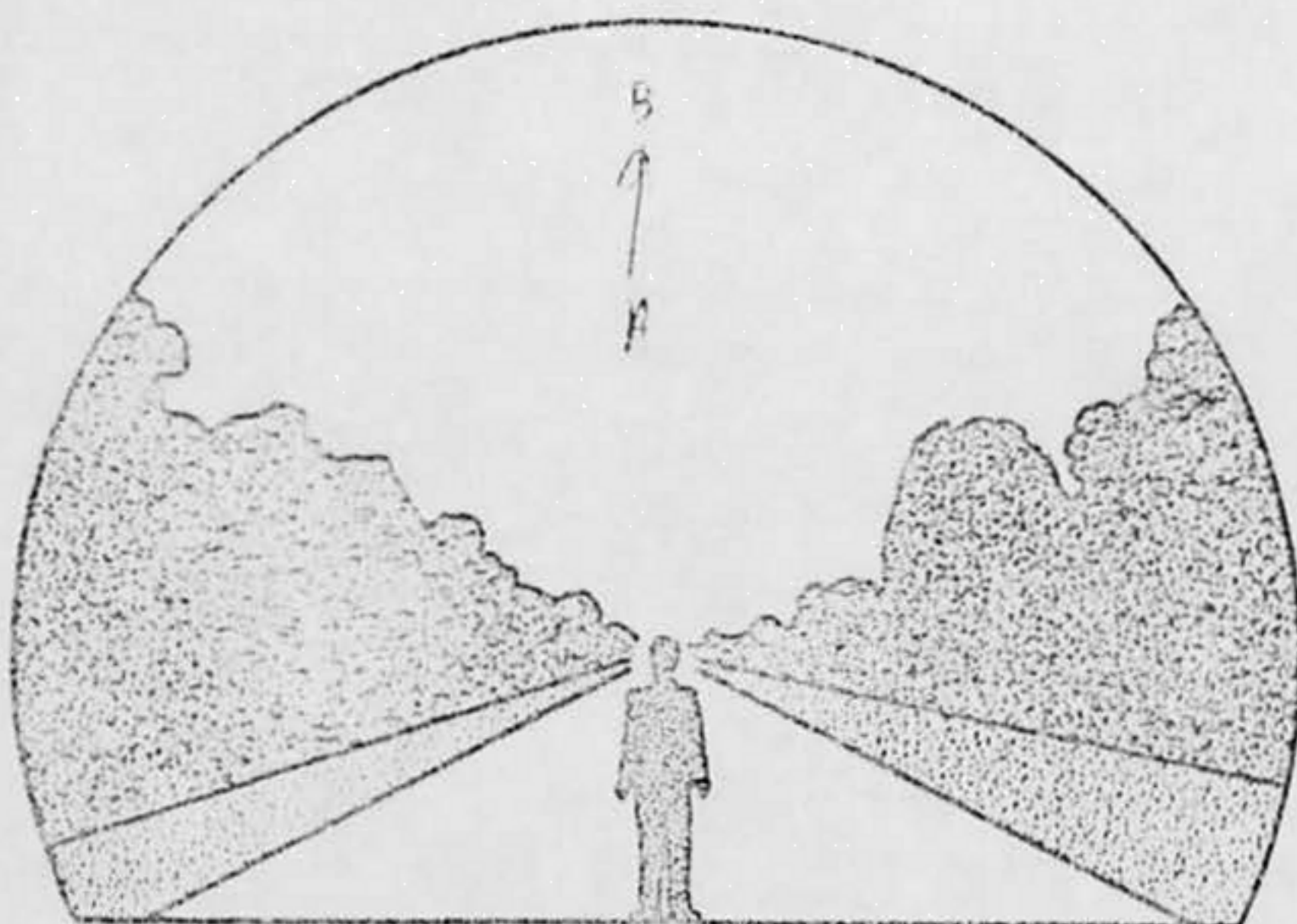




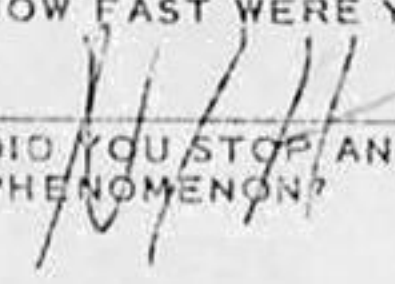
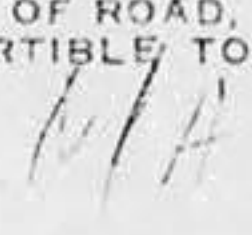
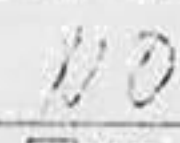
6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



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.)                                                                                                                                                                                                                     |                                                    |                                                                                                                                                                                                                 |                                                                    |
| <input checked="" type="checkbox"/> OUTDOORS                                                                                                                                                                                                                                                   |                                                    |                                                                                                                                                                                                                 | IN BUSINESS SECTION OF CITY                                        |
| IN BUILDING                                                                                                                                                                                                                                                                                    |                                                    |                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY |
| IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                                                |                                                    |                                                                                                                                                                                                                 | IN OPEN COUNTRYSIDE                                                |
| IN BOAT                                                                                                                                                                                                                                                                                        |                                                    |                                                                                                                                                                                                                 | NEAR AIRFIELD                                                      |
| IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                                            |                                                    |                                                                                                                                                                                                                 | FLYING OVER CITY                                                   |
| OTHER                                                                                                                                                                                                                                                                                          |                                                    |                                                                                                                                                                                                                 | FLYING OVER OPEN COUNTRY                                           |
|                                                                                                                                                                                                                                                                                                |                                                    | OTHER                                                                                                                                                                                                           |                                                                    |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:                                                                                                                                                                                                                                           |                                                    |                                                                                                                                                                                                                 |                                                                    |
| WHAT DIRECTION WERE YOU MOVING?                                                                                                                                                                                                                                                                |                                                    | HOW FAST WERE YOU MOVING?                                                                                                                                                                                       |                                                                    |
| NORTH                                                                                                                                                                                                                                                                                          | EAST                                               | <br>DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input checked="" 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 checked="" 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.                       |                                                    |                                                                                                                                                                                                                 |                                                                    |
| 1 POSSIBLE ACFT - HEARD ONLY FOR A SHORT TIME<br>MIGHT POSSIBLY HAVE BEEN A MOTORCYCLE                                                                                                                                                                                                         |                                                    |                                                                                                                                                                                                                 |                                                                    |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?                                                                                                                                                                                                                                                       |                                                    |                                                                                                                                                                                                                 |                                                                    |
| LENGTH OF TIME                                                                                                                                                                                                                                                                                 | CERTAIN OF TIME                                    | NOT VERY SURE                                                                                                                                                                                                   |                                                                    |
| 45 MIN.                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> FAIRLY CERTAIN | JUST A GUESS                                                                                                                                                                                                    |                                                                    |
| HOW WAS TIME DETERMINED?                                                                                                                                                                                                                                                                       |                                                    |                                                                                                                                                                                                                 |                                                                    |
| CLOCK                                                                                                                                                                                                                                                                                          |                                                    |                                                                                                                                                                                                                 |                                                                    |
| 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?

NO

11. CONDITIONS (Check appropriate blocks.)

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

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

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

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

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

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

STREET LIGHTS;  
MERCURY LIGHTS

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.

WHITE LIGHT & blinking red light or revolving red light. pers. green light  
Self-luminous  
WITH BARE eye would look like blinking  
star



12 Aug 68

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



REPLY TO  
ATTN OF:

TDPT (UFO)

SUBJECT:

UFO Observation, 12 August 1968

TO:

[REDACTED]  
Dayton, Ohio 45426

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



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

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*Looking at star & moon, gazing at ship - caught the red light blinking.*

A. HOW DID IT FINALLY DISAPPEAR?

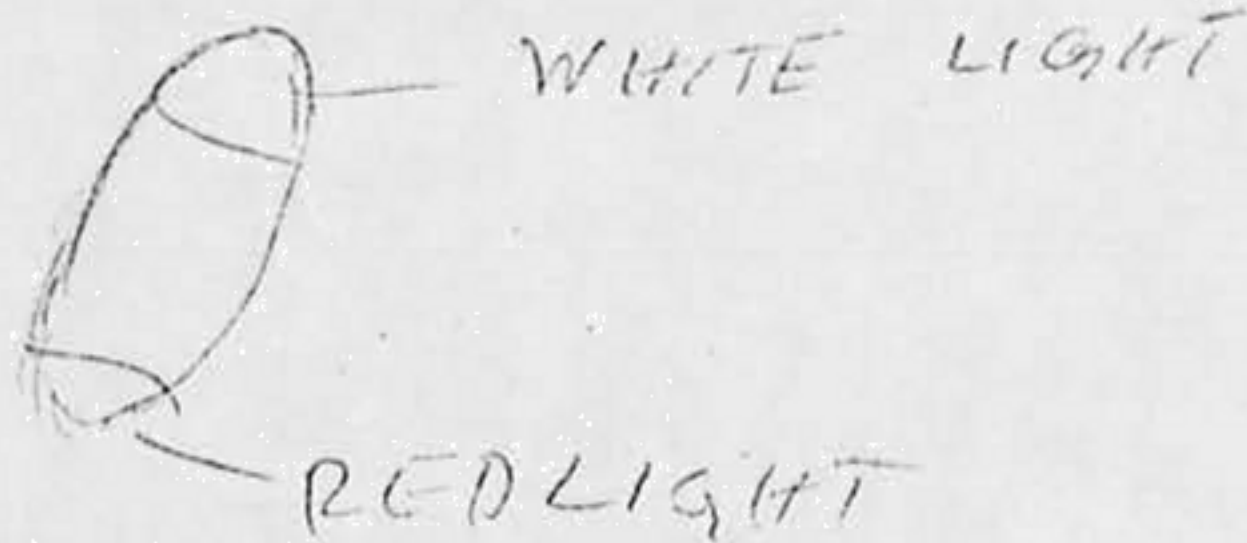
*Faded away*

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☐ YES ☒ NO. IF "YES," DESCRIBE.



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



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.

*Cover it completely*



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                                                          |
| SUNGLASSES                                     |  | <input checked="" type="checkbox"/> BINOCULARS 7x50 7.1° field of view |
| WINDSHIELD                                     |  | TELESCOPE                                                              |
| SIDE WINDOW OF VEHICLE                         |  | THEODOLITE                                                             |
| WINDOWPANE                                     |  | OTHER                                                                  |

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

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

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

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 6.1 miles

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.

*An egg*

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

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



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

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

A. LIST ALL ADDRESSES

(DAUGHTER)

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

R.D. KETTERING, O.

AGE

38

☒ MALE

☐ FEMALE

ALL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

NONE

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

NAME \_\_\_\_\_ DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_



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

Red blinking light was  
at regular intervals.



# PROJECT 10073 RECORD

|                                                                                                |                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. DATE - TIME GROUP<br>19 Aug 68<br>0210 EDT 20/0210Z                                         | 2. LOCATION<br>DAYTON, OHIO                                                                                                                                                 |
| 3. SOURCE<br>CIVILIAN                                                                          | 10. CONCLUSION<br>INSUFFICIENT DATA                                                                                                                                         |
| 4. NUMBER OF OBJECTS<br>ONE                                                                    |                                                                                                                                                                             |
| 5. LENGTH OF OBSERVATION<br>TWENTY MINUTES                                                     | 11. BRIEF SUMMARY AND ANALYSIS<br>The observer reported to the Duty Officer that she had sighted a moving star-like object. The object zig-zagged and moved back and forth. |
| 6. TYPE OF OBSERVATION<br>GROUND-VISUAL                                                        |                                                                                                                                                                             |
| 7. COURSE<br>WSW                                                                               | COMMENTS: The observer was requested to complete a AF Form 117 but has not returned it within 30 days.                                                                      |
| 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 |                                                                                                                                                                             |



19 Aug 68

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



REPLY TO  
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation, 19 August 1968

TO: Mr and Mrs St [REDACTED]  
Dayton, Ohio 45459

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

2 cys



*Duty Off. Rept.*

AFR 80-17(C1)

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 19 MONTH Aug YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 10 MINUTES 10 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR \_\_\_\_\_ MINUTES \_\_\_\_\_ ☐ A.M. ☐ P.M.

4. TIME ZONE

☒ DAYLIGHT SAVINGS

☐ STANDARD

☐ EASTERN

☐ CENTRAL

☐ MOUNTAIN

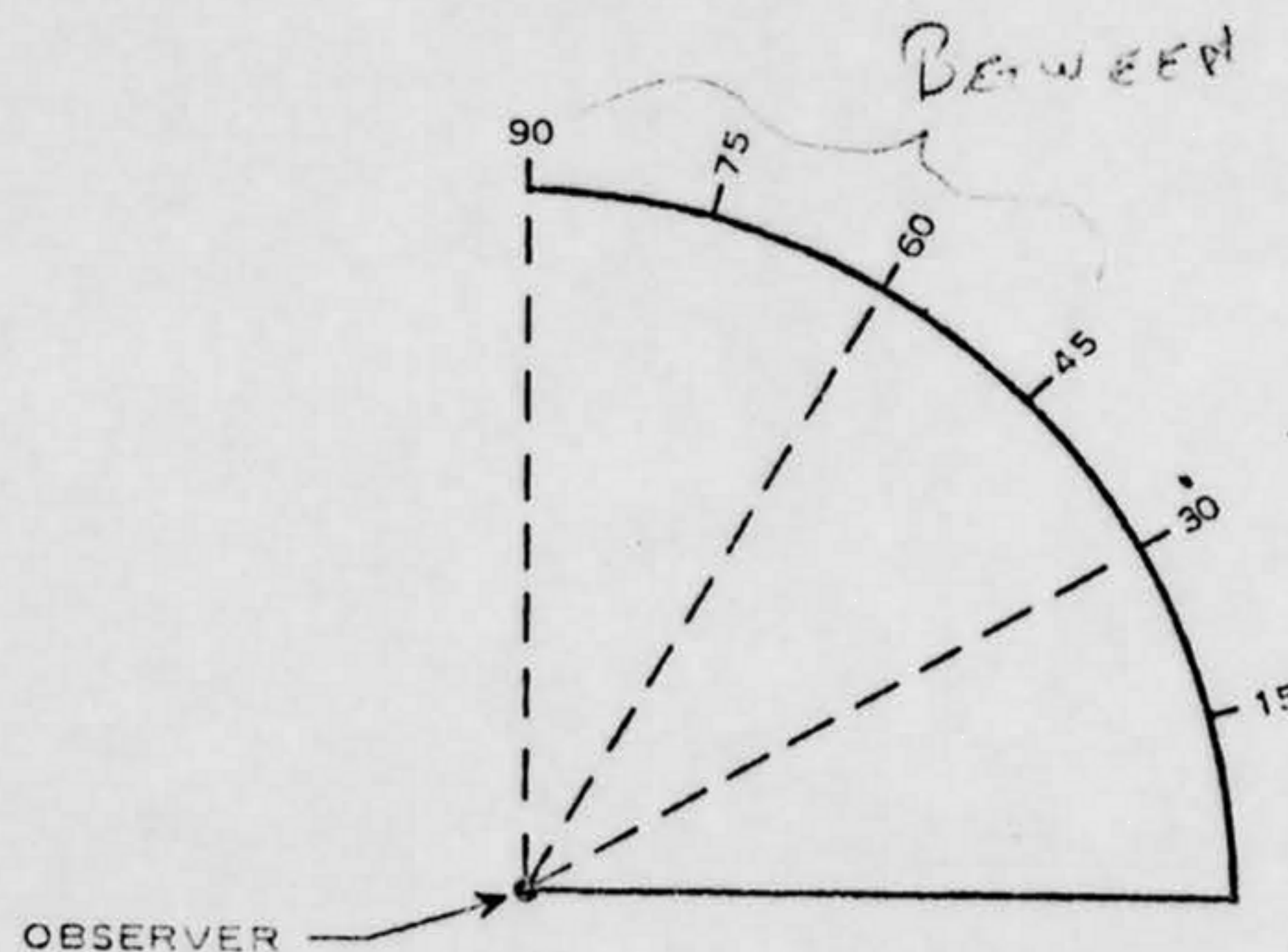
☒ PACIFIC

☐ 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.

SUBURG, WASHINGTON TOWNSHIP  
WHIPP # 47

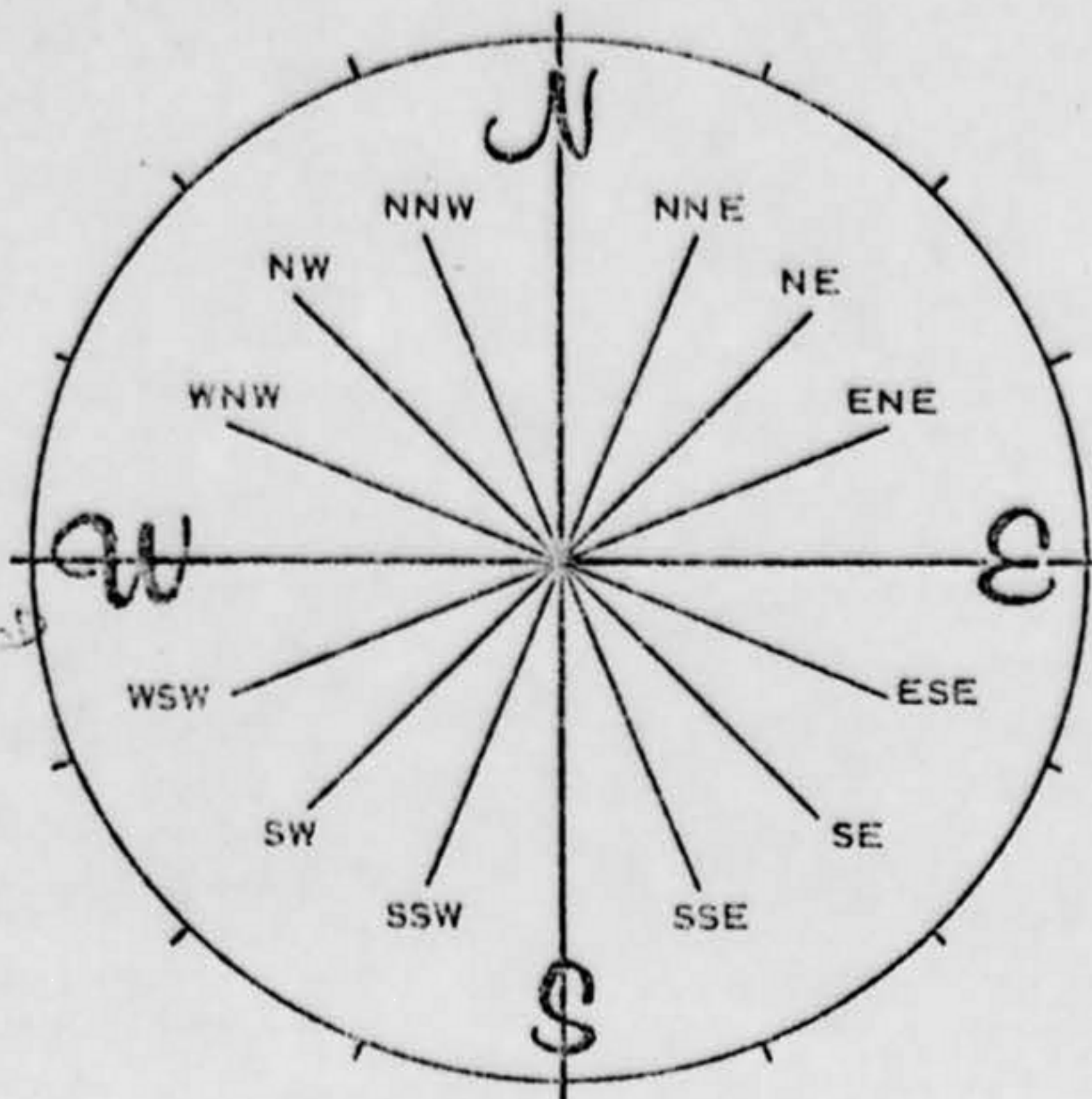
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



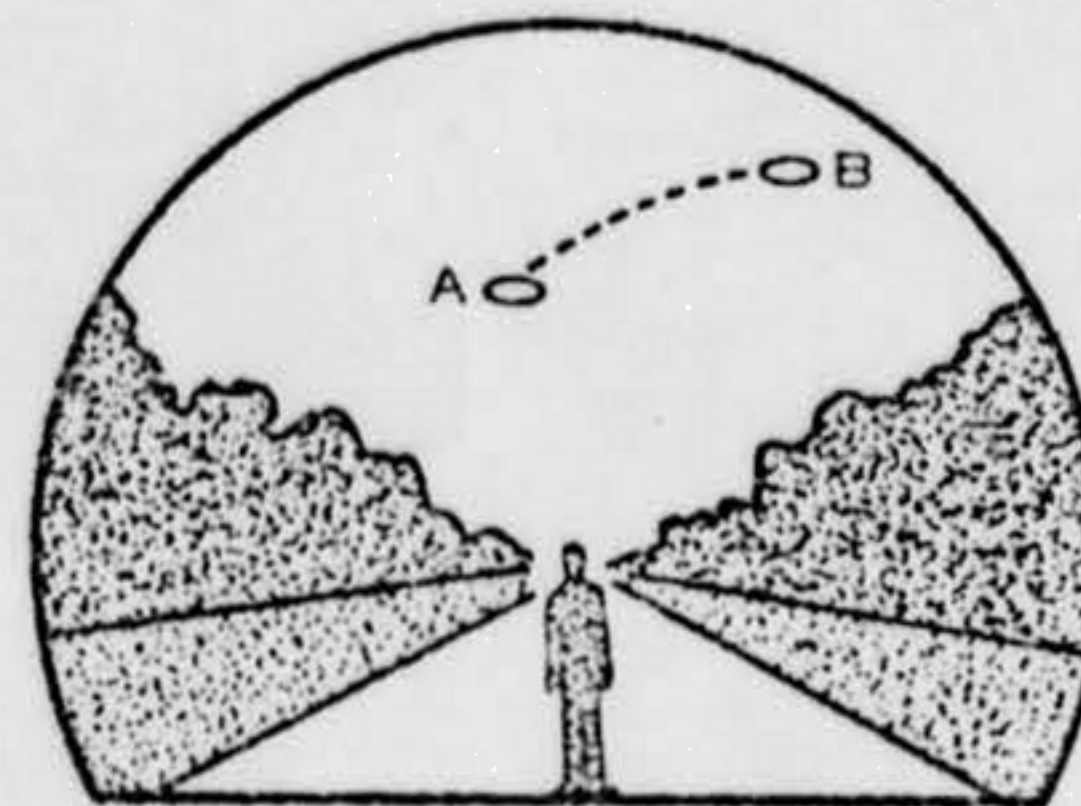
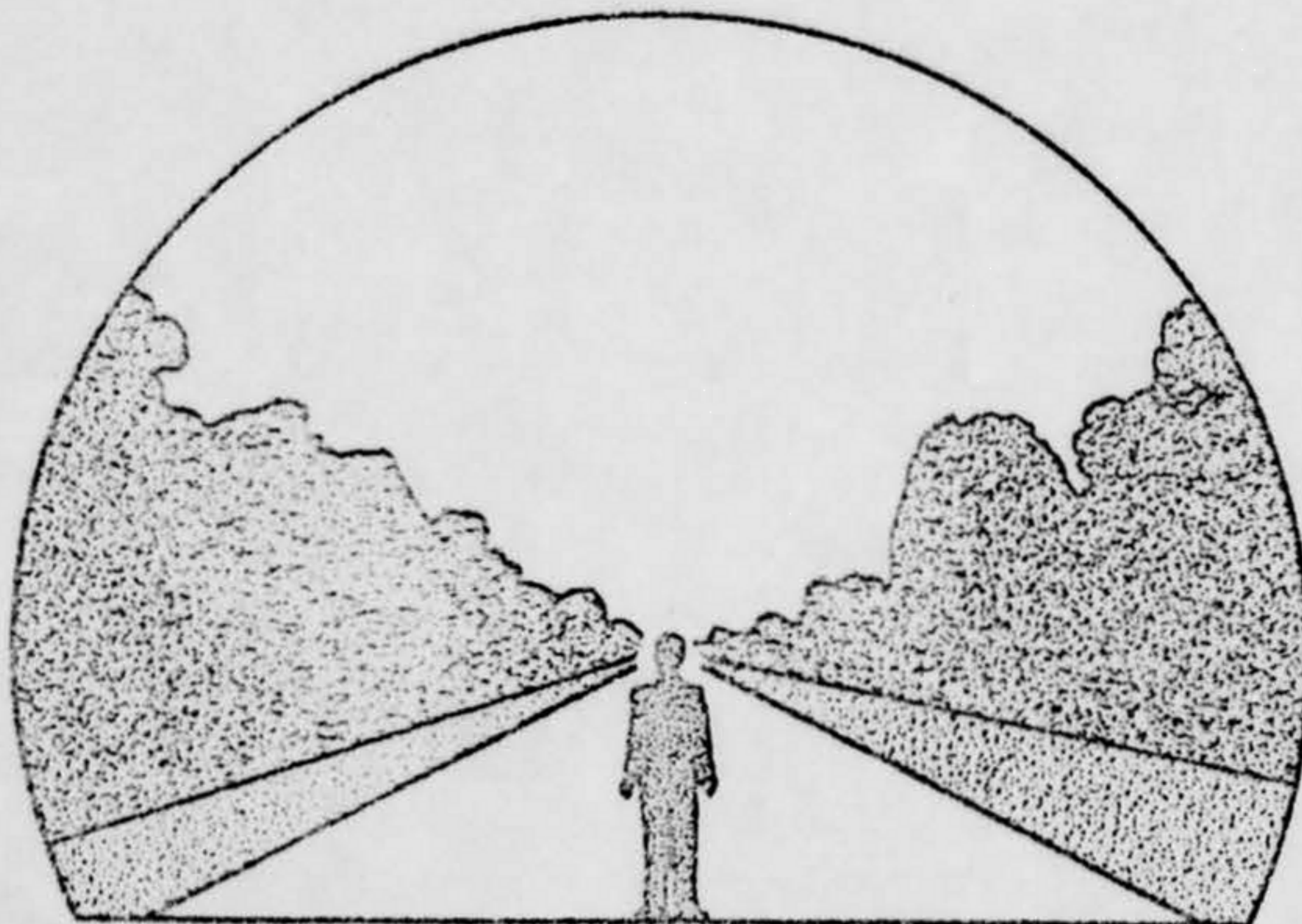


6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.

*Aviation + Overhead  
Little W + S*



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





|                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                  |                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                     |                                    |                                                                                                                  |                                                                    |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                            | OUTDOORS                           |                                                                                                                  | IN BUSINESS SECTION OF CITY                                        |
|                                                                                                                                                                                                                                                                                                | IN BUILDING                        |                                                                                                                  | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY |
|                                                                                                                                                                                                                                                                                                | IN CAR                             | <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER                                         | IN OPEN COUNTRYSIDE                                                |
|                                                                                                                                                                                                                                                                                                | IN BOAT                            |                                                                                                                  | NEAR AIRFIELD                                                      |
|                                                                                                                                                                                                                                                                                                | IN AIRPLANE                        | <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER                                          | FLYING OVER CITY                                                   |
|                                                                                                                                                                                                                                                                                                | OTHER                              |                                                                                                                  | FLYING OVER OPEN COUNTRY                                           |
|                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                  | OTHER                                                              |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:                                                                                                                                                                                                                                           |                                    |                                                                                                                  |                                                                    |
| WHAT DIRECTION WERE YOU MOVING?                                                                                                                                                                                                                                                                |                                    | HOW FAST WERE YOU MOVING?                                                                                        |                                                                    |
| <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 checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.                       |                                    |                                                                                                                  |                                                                    |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?                                                                                                                                                                                                                                                       |                                    |                                                                                                                  |                                                                    |
| LENGTH OF TIME                                                                                                                                                                                                                                                                                 |                                    | <input checked="" type="checkbox"/> CERTAIN OF TIME                                                              | <input type="checkbox"/> NOT VERY SURE                             |
| 20 MIN                                                                                                                                                                                                                                                                                         |                                    | <input type="checkbox"/> FAIRLY CERTAIN                                                                          | <input type="checkbox"/> JUST A GUESS                              |
| HOW WAS TIME DETERMINED?<br>OWN INTUITION                                                                                                                                                                                                                                                      |                                    |                                                                                                                  |                                                                    |
| 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. |                                    |                                                                                                                  |                                                                    |



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



REPLY TO  
ATTN OF:

TDPT (UFO)

SUBJECT:

UFO Observation, 12 August 1968

22 AUG 1968

TO:

[REDACTED]  
Dayton, Ohio 45426

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 12 August 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



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 ( <i>Low fluffy</i> )                 | <input type="checkbox"/>            | FOG OR MIST           |
| <input type="checkbox"/>            | TWILIGHT            | <input type="checkbox"/> | CIRRUS CLOUDS ( <i>High fleecy or Herring-bone</i> ) | <input type="checkbox"/>            | HEAVY RAIN            |
| <input checked="" type="checkbox"/> | NIGHT               | <input type="checkbox"/> | NIMBUS CLOUDS ( <i>Rain</i> )                        | <input type="checkbox"/>            | LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> | CLEAR               | <input type="checkbox"/> | CUMULONIMBUS CLOUDS ( <i>Thunderstorms</i> )         | <input type="checkbox"/>            | HAIL                  |
| <input type="checkbox"/>            | PARTLY CLOUDY       | <input type="checkbox"/> |                                                      | <input type="checkbox"/>            | SNOW OR SLEET         |
| <input type="checkbox"/>            | COMPLETELY OVERCAST | <input type="checkbox"/> |                                                      | <input type="checkbox"/>            | UNKNOWN               |
| <input type="checkbox"/>            |                     | <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 |                                   |                                                  |
|-------------------------------------|---------|----------|-----------------------------------|--------------------------------------------------|
|                                     | NONE    |          | BRIGHT MOONLIGHT                  | <input checked="" type="checkbox"/> NO MOONLIGHT |
|                                     | A FEW   |          | MOON WITH HALO                    | UNKNOWN                                          |
| <input checked="" type="checkbox"/> | MANY    |          | MOON HIDDEN BY CLOUDS             |                                                  |
|                                     | UNKNOWN |          | PARTIAL ( <i>New or quarter</i> ) |                                                  |

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.

*none in particular, light in house*

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.

*looked like moving stars, entered movement, zigzagged, stopped, went in other direction, light never went out, kept moving, changed speed, trail of light at times which got smaller some times and sometimes not seen.*



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

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*looked like a moving star*

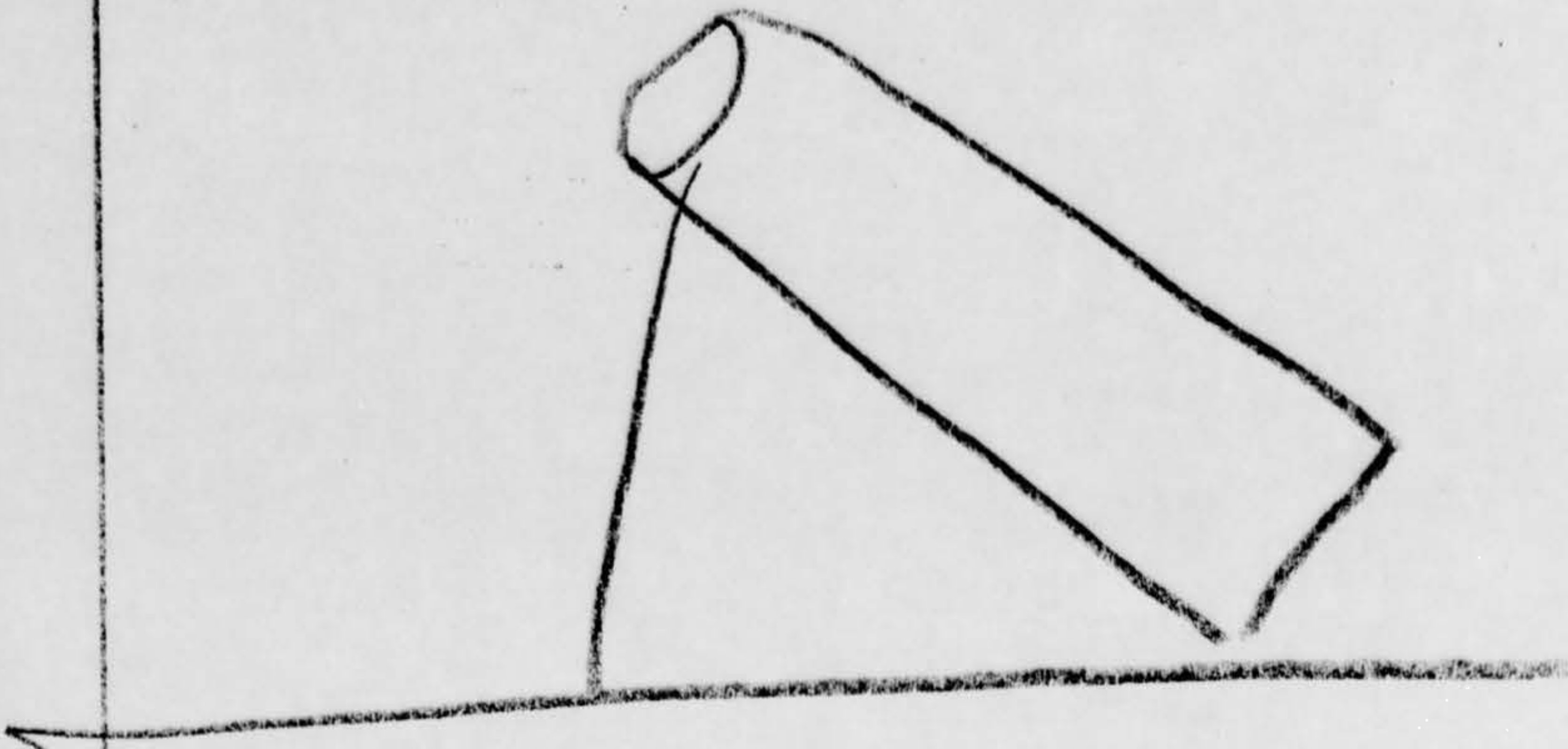
A. HOW DID IT FINALLY DISAPPEAR?

*came in house and called*

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.



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



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

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

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

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

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

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

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

*moving star (just a light)*

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

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



19 Aug 68

AFR 80-17(C1)

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

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

TELEPHONE (Area code and number)

AGE

49

MALE

X

FEMALE

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

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

NAME Duane Lamm, Sr. DAY 19 MONTH AUG YEAR 1968

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 19 MONTH AUG YEAR 1968



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

Don't believe in UFO's. Thought it was  
possibly something of government and was  
wondering. Suspected a weather balloon.



# PROJECT 10073 RECORD

|                                                                                                |                                                                                                                                               |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| 1. DATE / TIME GROUP<br>20 Aug 68 2030L<br>21/0030Z                                            | 2. LOCATION<br>Dayton, Ohio (1 Witness)                                                                                                       |
| 3. SOURCE<br>Civilian                                                                          | 10. CONCLUSION<br>INSUFFICIENT DATA FOR EVALUATION<br>The observer was requested to complete a form 117 but has not done so as of 3 Oct 68.   |
| 4. NUMBER OF OBJECTS<br>Three                                                                  |                                                                                                                                               |
| 5. LENGTH OF OBSERVATION<br>15 - 20 Minutes                                                    |                                                                                                                                               |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        |                                                                                                                                               |
| 7. COURSE<br>See Case                                                                          |                                                                                                                                               |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            | 11. BRIEF SUMMARY AND ANALYSIS<br>The observer sighted several short vapor trails or contrails that seemed to have little light at the front. |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                                                                                               |



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



3 SEP 1968

REPLY TO  
ATTN OF:

TDPT (UFO)

SUBJECT:

UFO Observation , 20 August 1968

TO:

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.

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

1 Atch  
AF Form 117 w/envelope  
(3 cys)



MEMO FOR THE RECORD

31 Aug 68

Subj: UFO Observation, 20 August 1968

WITNESSES:

  
Dayton, Ohio 45420

DATE: 20 Aug 68

TIME: 8:30 pm, EDT (2030 hours)

DURATION: 15 to 20 minutes

NUMBER OF OBJS: three

LOCATION OF OBJS: one in the west, one in the east and one in the SE that  
was going north

DISAPPEARANCE: One in the west disappeared while the observer was  
in the house. the one in the east disappeared suddenly.  
The one going north made a sort of circle and was  
gone.

DESCRIPTION: A bunch of little lights at the front with a short  
vapor trail.



## PROJECT 10073 RECORD

|                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                      |  |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. DATE - TIME GROUP<br>20 Aug 68 2315L<br>21/0315Z                                            | 2. LOCATION<br>Dayton, Ohio (1 Witness)                                                                                                                                                                                                                                                                                                                                              |  |
| 3. SOURCE<br>Civilian                                                                          | 10. CONCLUSION<br>INSUFFICIENT DATA FOR EVALUATION                                                                                                                                                                                                                                                                                                                                   |  |
| 4. NUMBER OF OBJECTS<br>One                                                                    | <p>The observer was requested to complete a form 117 but has not done so as of 3 Oct 68. Although the description is consistent with a star or planet the sighting is being carried as Insufficient Data because the form was not returned.</p> <p>The observer reported to the Duty Officer that he had seen a white star-like light over the SAC area of Wright-Patterson AFB.</p> |  |
| 5. LENGTH OF OBSERVATION<br>1 1/2 Hours                                                        |                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        |                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 7. COURSE<br>E - ESE                                                                           |                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 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 |                                                                                                                                                                                                                                                                                                                                                                                      |  |



*Duty Off Report*

AFR 80-17(C1)

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, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 12 MONTH Aug YEAR 65

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 1000 MINUTES 25 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 1000 MINUTES 00 ☐ A.M. ☒ P.M.

4. TIME ZONE

☐ DAYLIGHT SAVINGS

☐ STANDARD

☐ EASTERN

☐ CENTRAL

☐ MOUNTAIN

☐ PACIFIC

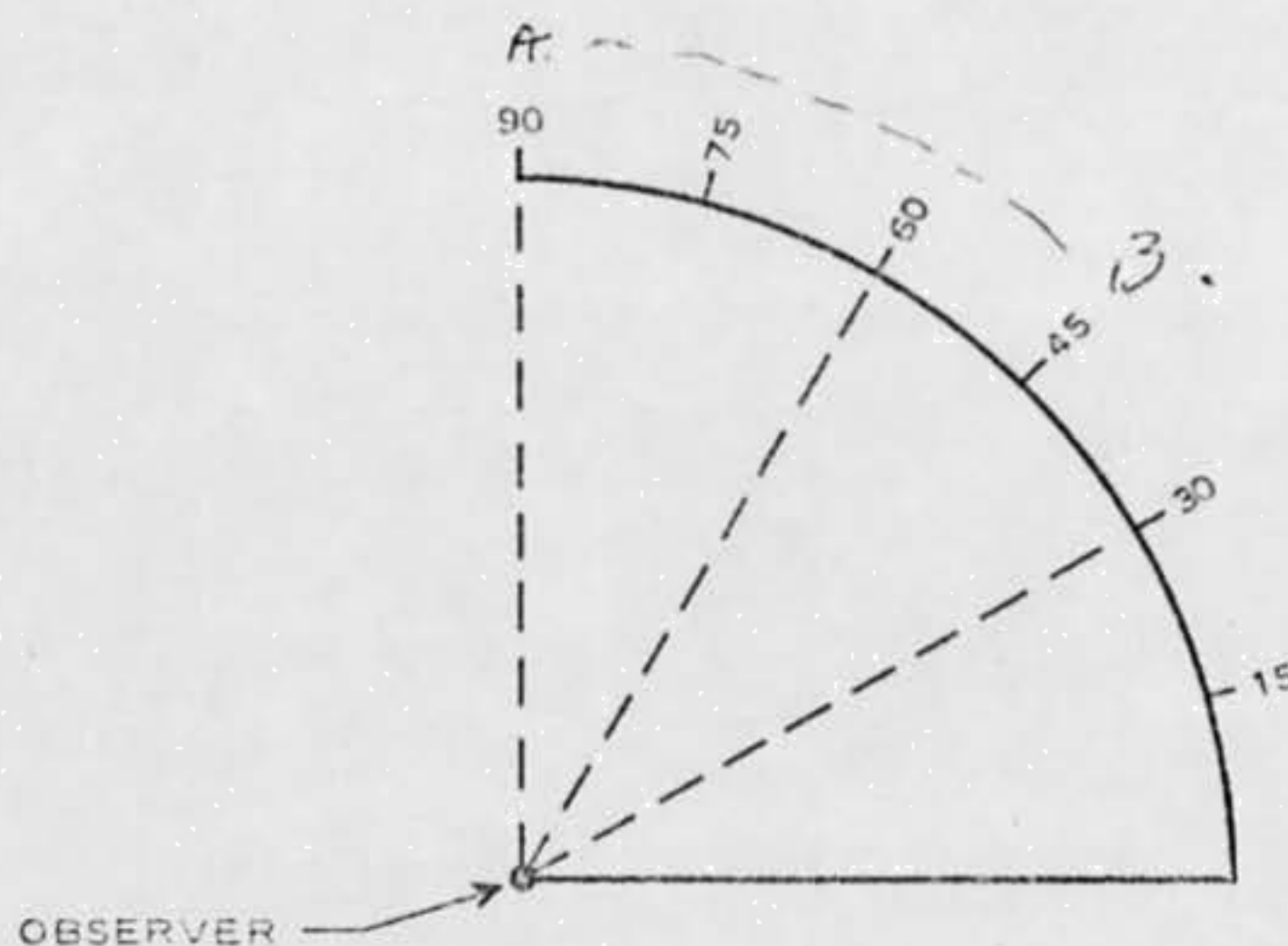
☐ OTHER

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.

*Suburb*

*CRAYSTONE BACKYARD*

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.





20-21 Aug 68

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



REPLY TO  
ATTN OF:

TDPT (UFO)

SUBJECT:

UFO Observation , 20 - 21 August 1968

11 8 SEP 1968

TO:

[REDACTED]  
Dayton, Ohio 45404

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



## 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 20-21 MONTH APR YEAR 68

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 \_\_\_\_\_ MINUTES \_\_\_\_\_ ☐ A.M. ☐ P.M.

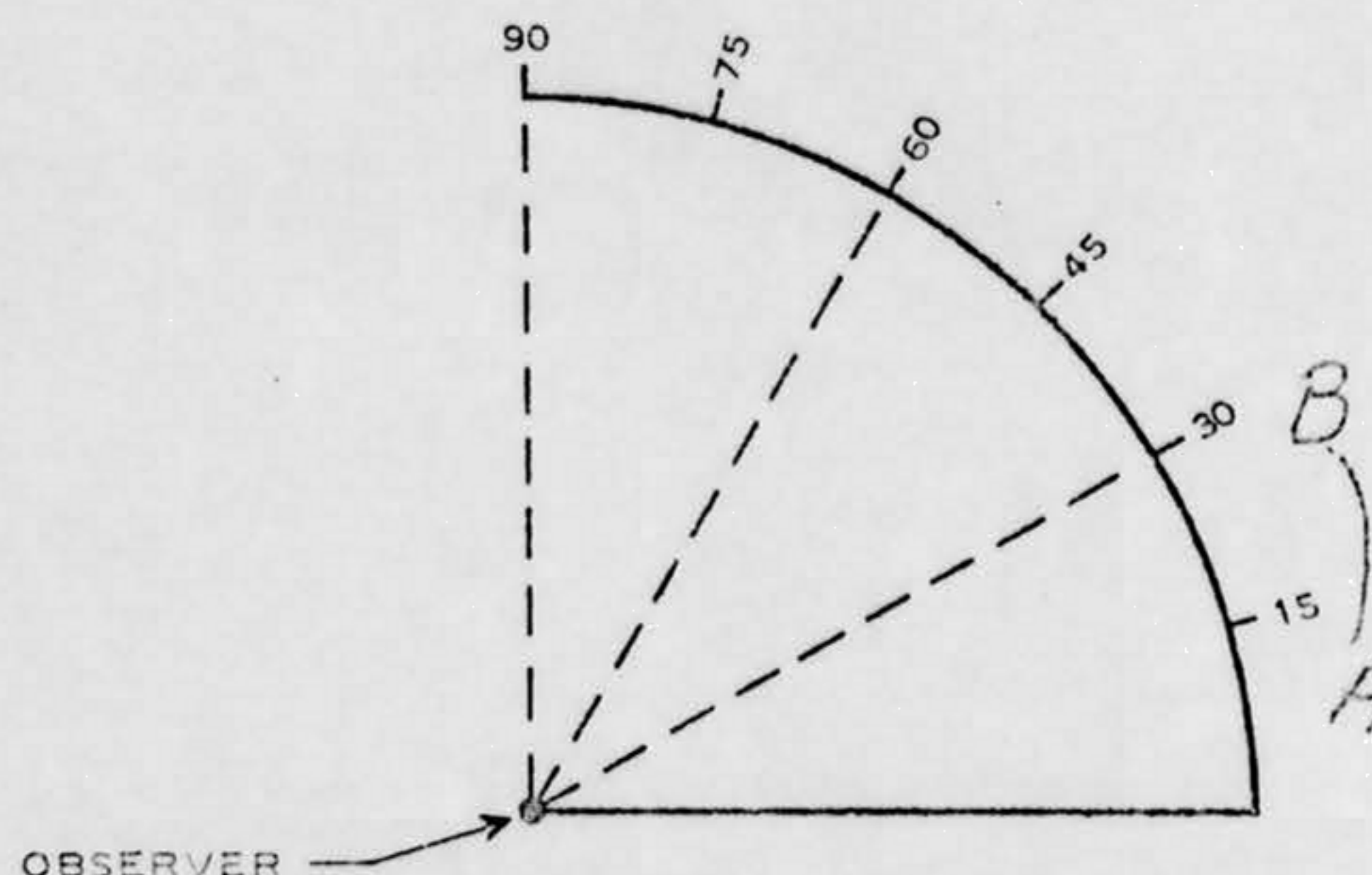
4. TIME/ZONE

☒ 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.

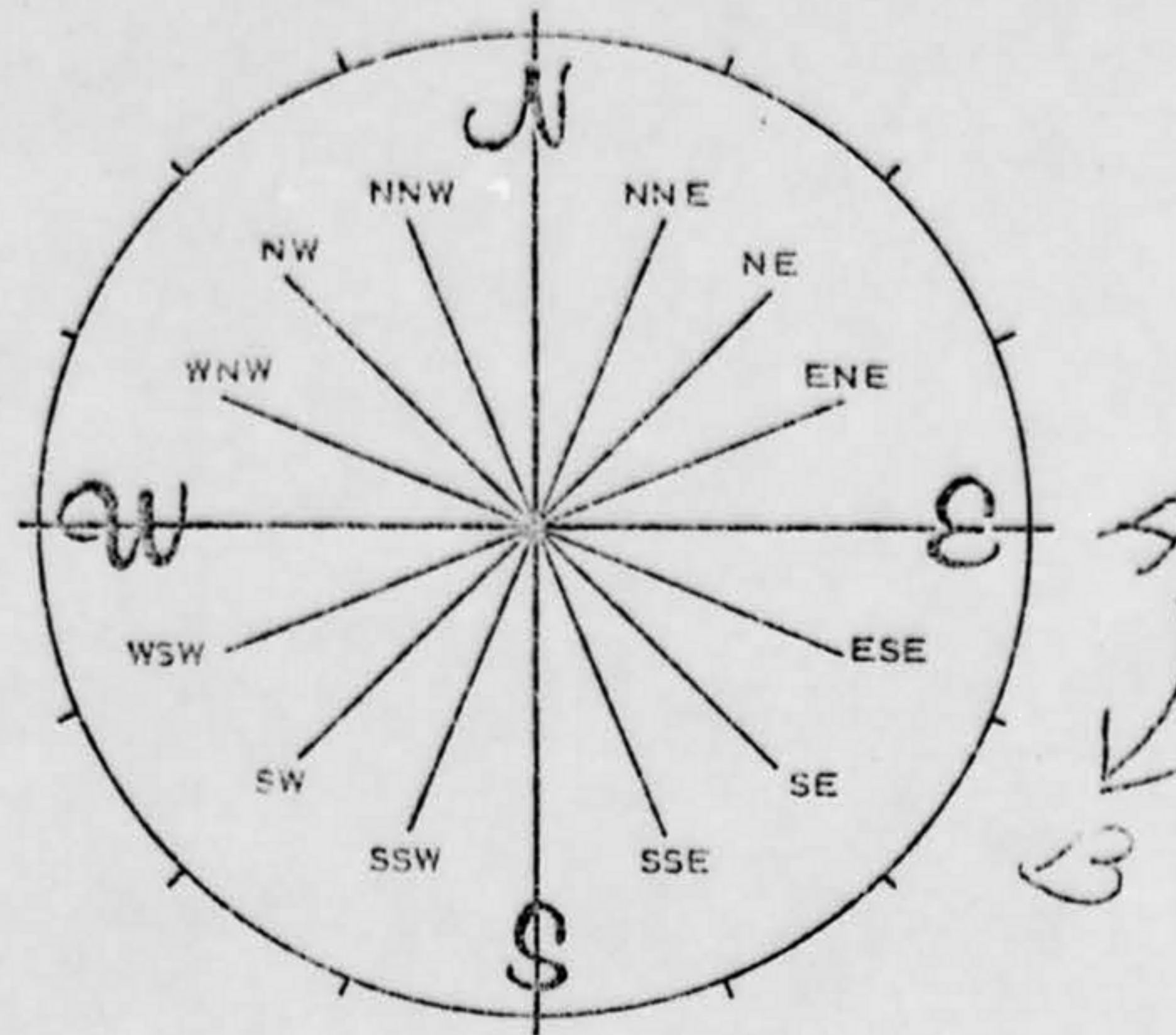
*Appears after W-PAF-B  
around SAC*

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.

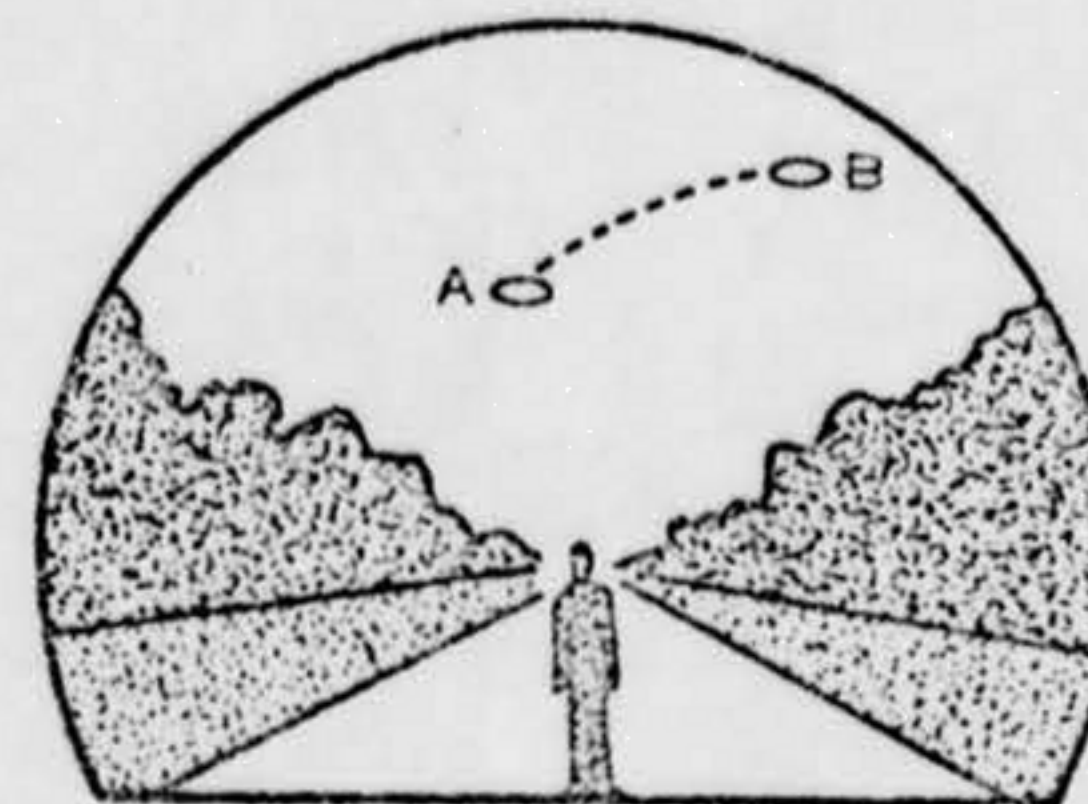
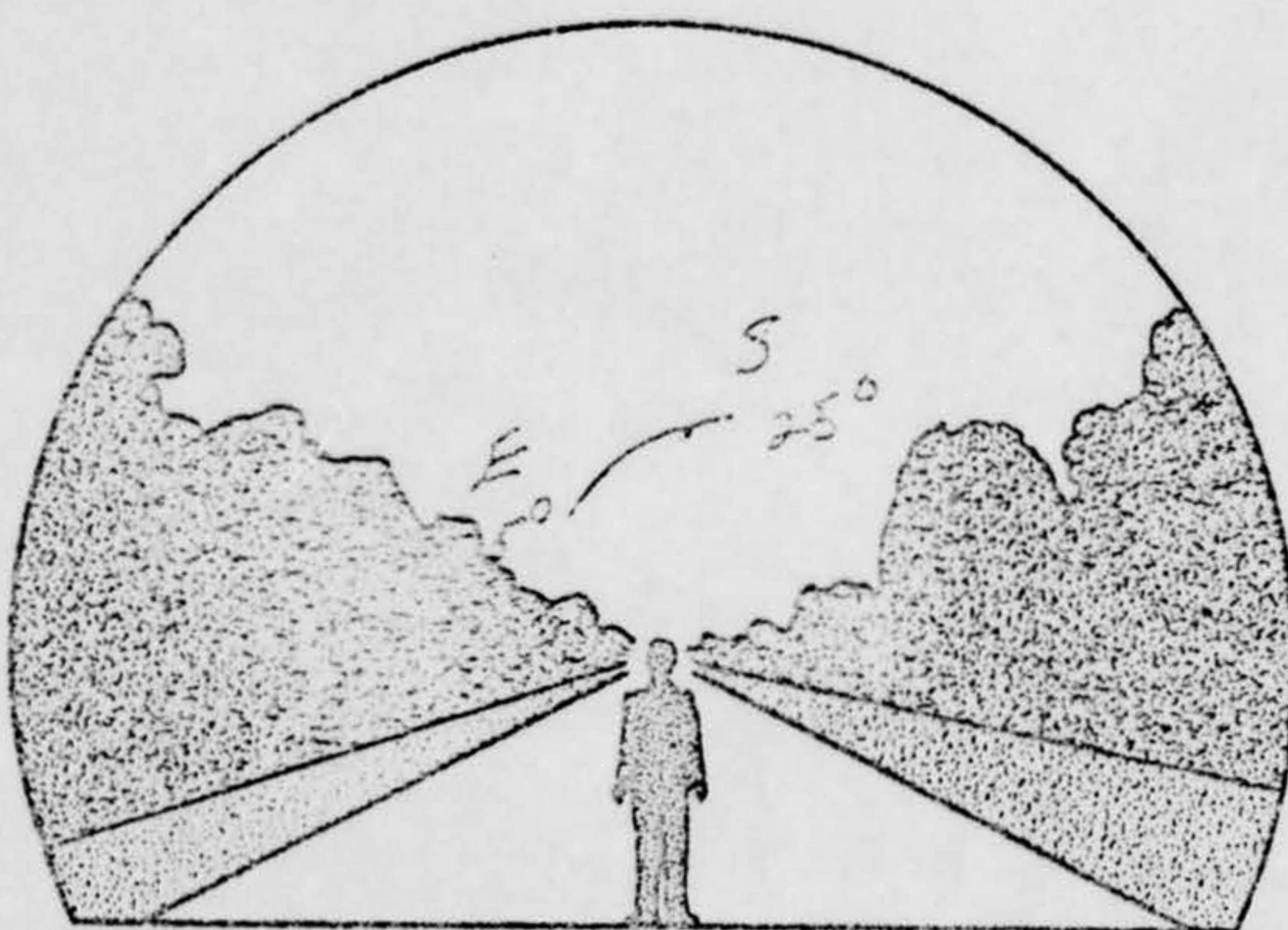




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



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.)                                                                                                                                                                                                                     |           |                                                                                                                  |                                |
| <input checked="" type="checkbox"/> OUTDOORS                                                                                                                                                                                                                                                   |           |                                                                                                                  | IN BUSINESS SECTION OF CITY    |
| IN BUILDING                                                                                                                                                                                                                                                                                    |           |                                                                                                                  | IN RESIDENTIAL SECTION OF CITY |
| IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                                                |           |                                                                                                                  | IN OPEN COUNTRYSIDE            |
| IN BOAT                                                                                                                                                                                                                                                                                        |           | <input checked="" type="checkbox"/>                                                                              | NEAR AIRFIELD                  |
| IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                                            |           |                                                                                                                  | FLYING OVER CITY               |
| OTHER                                                                                                                                                                                                                                                                                          |           |                                                                                                                  | FLYING OVER OPEN COUNTRY       |
|                                                                                                                                                                                                                                                                                                |           |                                                                                                                  | OTHER                          |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:                                                                                                                                                                                                                                           |           |                                                                                                                  |                                |
| WHAT DIRECTION WERE YOU MOVING?                                                                                                                                                                                                                                                                |           | HOW FAST WERE YOU MOVING?                                                                                        |                                |
| 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                                                                                                                                                                                                                                                                                 | 1 1/2 hr. | CERTAIN OF TIME                                                                                                  | NOT VERY SURE                  |
|                                                                                                                                                                                                                                                                                                |           | FAIRLY CERTAIN                                                                                                   | JUST A GUESS                   |
| HOW WAS TIME DETERMINED?<br>Time arrived home from work                                                                                                                                                                                                                                        |           |                                                                                                                  |                                |
| 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"/> HAZE OR SMOG                                | <input type="checkbox"/> UNKNOWN                      |
|                                              |  |                                                                      | <input checked="" type="checkbox"/> NONE OF THE ABOVE |

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

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

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

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

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

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.

slowing rising, similar to a  
star, through binoculars it appears  
to have a red 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?

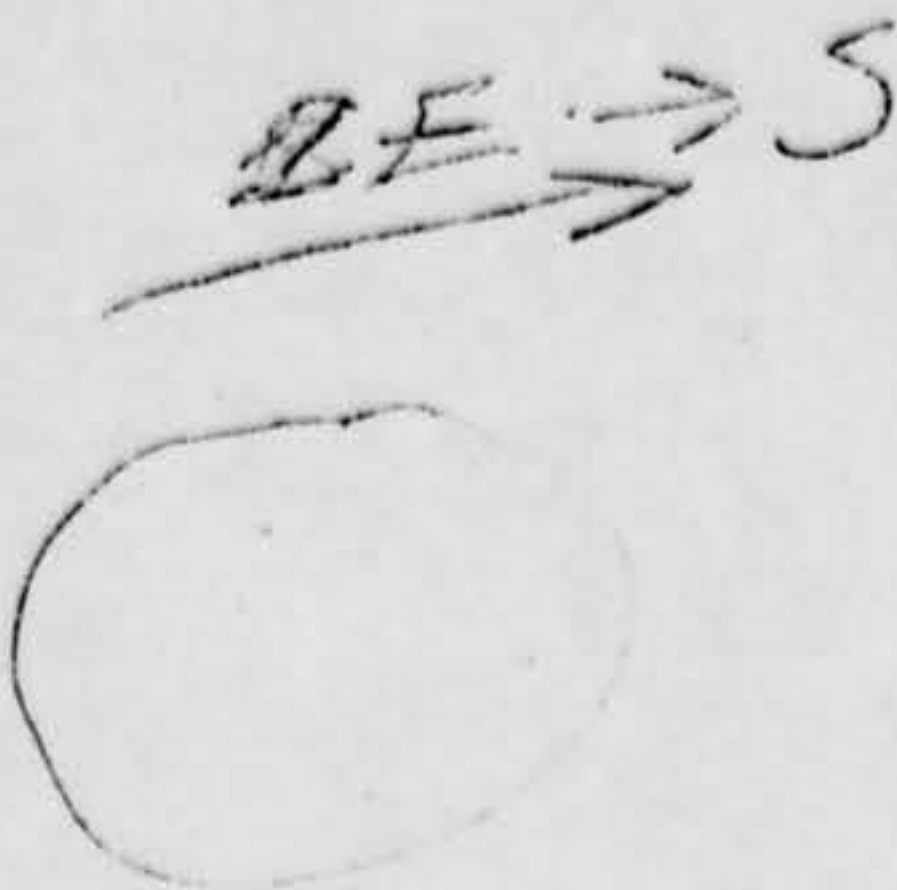
*Curiosity*

A. HOW DID IT FINALLY DISAPPEAR?

*still there*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.

match would cover completely



|                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                         |      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------|------|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.                                                                                                                                                                                       |  |                                                                                                         |      |
| EYEGLASSES                                                                                                                                                                                                                                                                                                                                     |  | CAMERA VIEWER                                                                                           |      |
| SUNGLASSES                                                                                                                                                                                                                                                                                                                                     |  | <input checked="" type="checkbox"/> BINOCULARS                                                          | 7x35 |
| WINDSHIELD                                                                                                                                                                                                                                                                                                                                     |  | TELESCOPE                                                                                               |      |
| SIDE WINDOW OF VEHICLE                                                                                                                                                                                                                                                                                                                         |  | THEODOLITE                                                                                              |      |
| WINDOWPANE                                                                                                                                                                                                                                                                                                                                     |  | OTHER                                                                                                   |      |
| A. DO YOU ORDINARILY WEAR GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                         |  | B. DO YOU USE READING GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO      |      |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>25 FT/SEC.</u>                                                                                                                                                                                                                                          |  | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>10 mi.</u> |      |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. |  |                                                                                                         |      |
| <p>Light bulb</p> <p>- brilliance varies</p> <p>- no definite boundary to its shape</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.                                                                                                                                                                              |  |                                                                                                         |      |



20-21 Aug 68

AFR 80-17(C1)

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

20 AUG 68 - Same place

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

A. LIST THEIR NAMES AND ADDRESSES

[REDACTED] Ave  
Mud River Township Dayton 45401

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADD

TELEPHONE (Area code and number)

AGE

37

☒ MALE

☐ FEMALE

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

maintenance man

~~is~~ N/A

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

NAME \_\_\_\_\_ DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 21 MONTH Aug YEAR 68

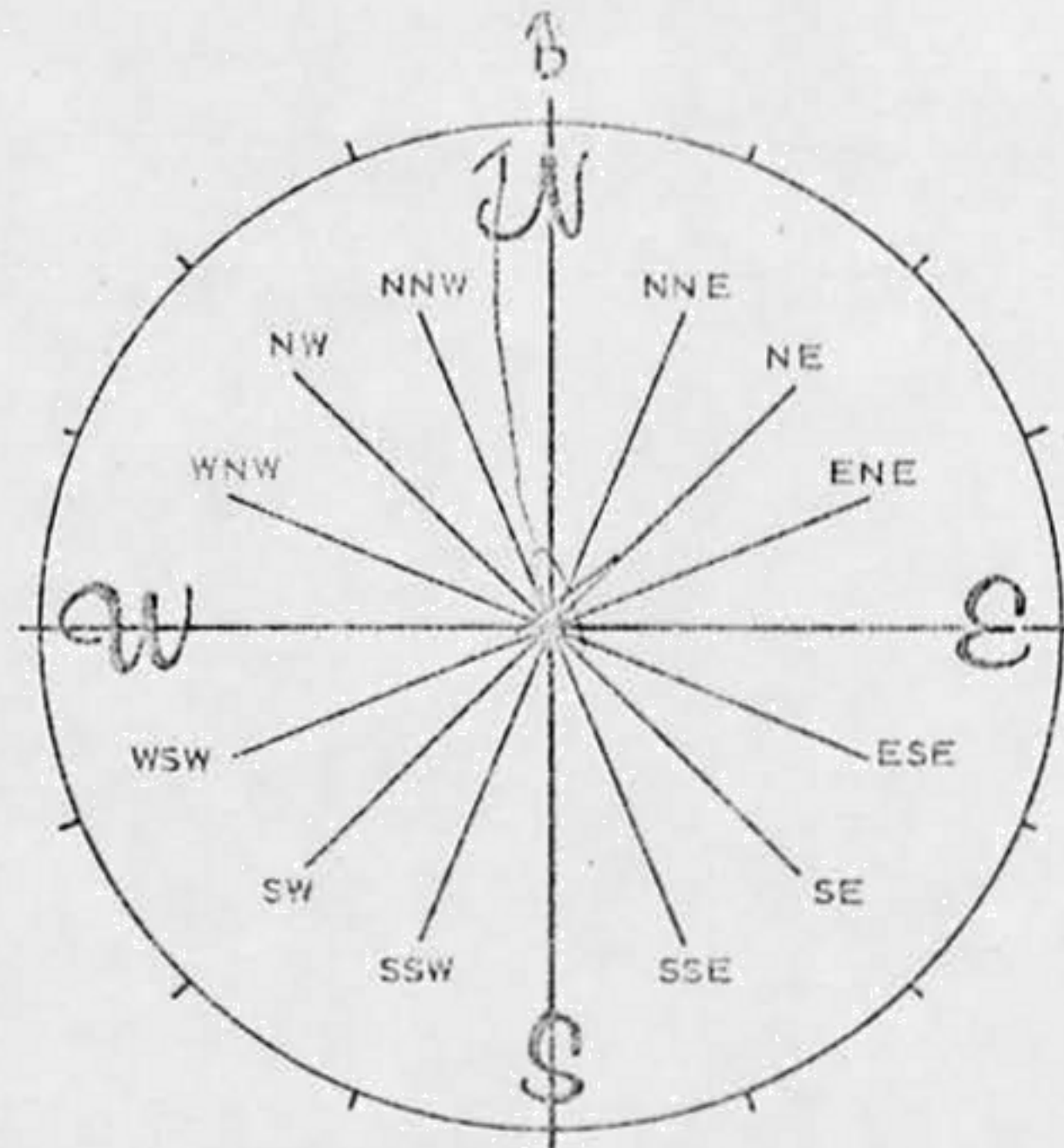


27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

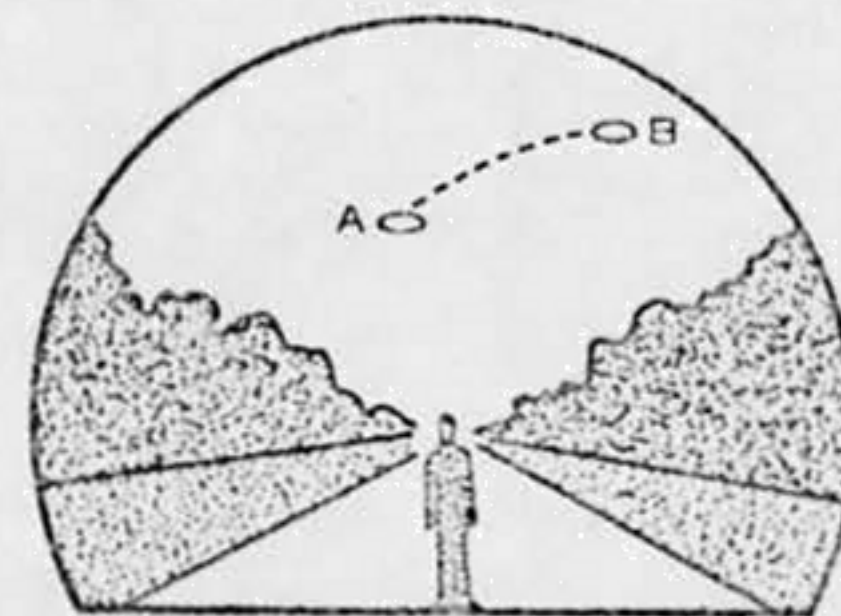
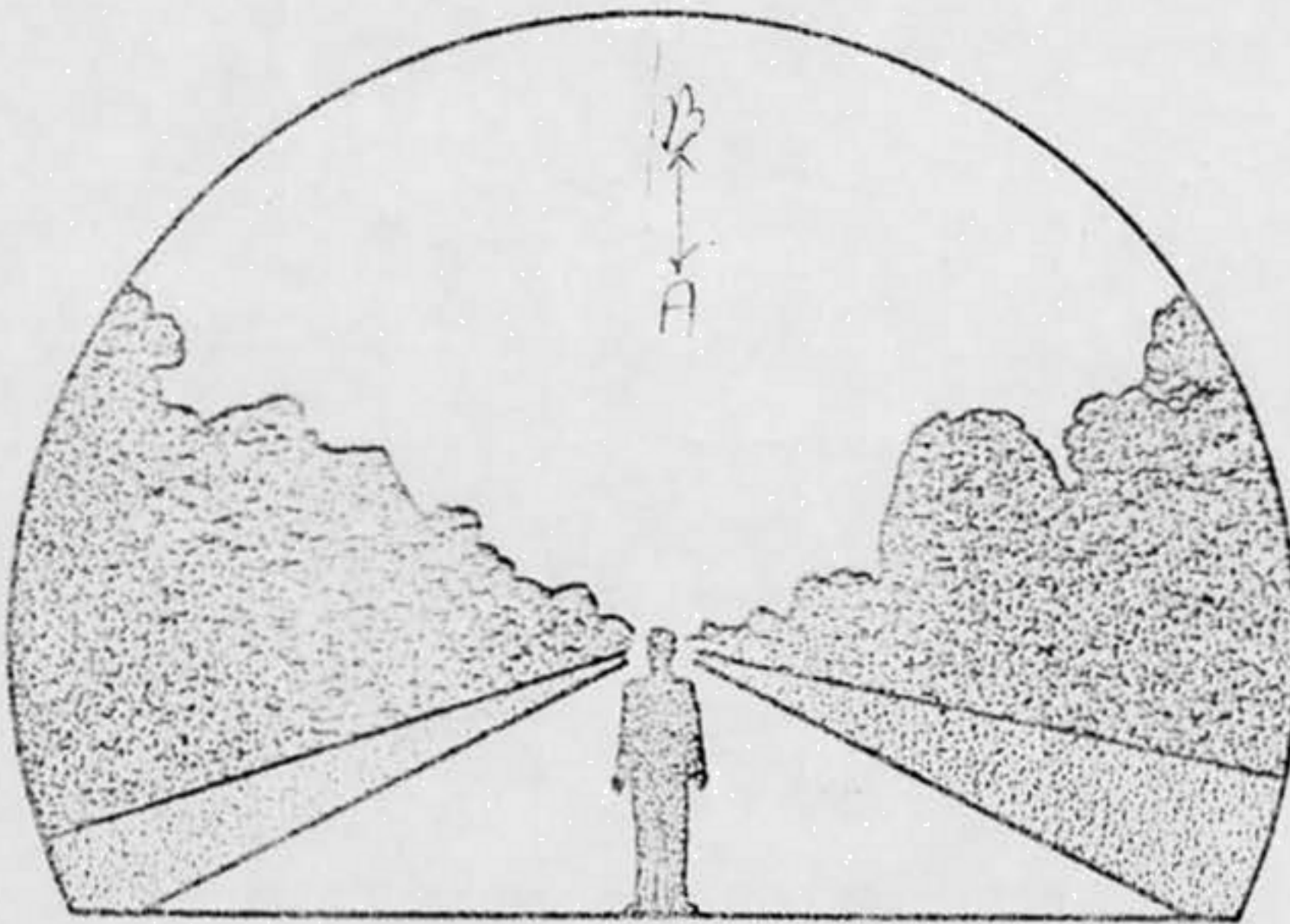
N/A



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



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





|                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                                        |                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                     |                                    |                                                                                                                                        |                                                  |
| <input checked="" type="checkbox"/> OUTDOORS                                                                                                                                                                                                                                                   |                                    | <input type="checkbox"/> IN BUSINESS SECTION OF CITY                                                                                   |                                                  |
| <input type="checkbox"/> IN BUILDING                                                                                                                                                                                                                                                           |                                    | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY                                                                     |                                                  |
| <input type="checkbox"/> IN CAR                                                                                                                                                                                                                                                                | <input type="checkbox"/> AS DRIVER | <input type="checkbox"/> AS PASSENGER                                                                                                  | <input type="checkbox"/> IN OPEN COUNTRYSIDE     |
| <input type="checkbox"/> IN BOAT                                                                                                                                                                                                                                                               |                                    | <input type="checkbox"/> NEAR AIRFIELD                                                                                                 |                                                  |
| <input type="checkbox"/> IN AIRPLANE                                                                                                                                                                                                                                                           | <input type="checkbox"/> AS PILOT  | <input type="checkbox"/> AS PASSENGER                                                                                                  | <input type="checkbox"/> FLYING OVER CITY        |
| <input type="checkbox"/> OTHER                                                                                                                                                                                                                                                                 |                                    | <input type="checkbox"/> FLYING OVER OPEN COUNTRY                                                                                      |                                                  |
|                                                                                                                                                                                                                                                                                                |                                    | <input type="checkbox"/> OTHER                                                                                                         |                                                  |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:                                                                                                                                                                                                                                           |                                    |                                                                                                                                        |                                                  |
| WHAT DIRECTION WERE YOU MOVING?                                                                                                                                                                                                                                                                |                                    | HOW FAST WERE YOU MOVING?                                                                                                              |                                                  |
| <input type="checkbox"/> NORTH                                                                                                                                                                                                                                                                 | <input type="checkbox"/> EAST      | <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? |                                                  |
| <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 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                                    |
| 1 min                                                                                                                                                                                                                                                                                          |                                    | FAIRLY CERTAIN                                                                                                                         | <input checked="" type="checkbox"/> JUST A GUESS |
| HOW WAS TIME DETERMINED?                                                                                                                                                                                                                                                                       |                                    |                                                                                                                                        |                                                  |
| 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. |                                    |                                                                                                                                        |                                                  |
| NOT DUE TO YOUR MOVEMENT.                                                                                                                                                                                                                                                                      |                                    |                                                                                                                                        |                                                  |



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?

○ SPHERE

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"/> LIGHT RAIN OR DRIZZLE        |
| <input checked="" type="checkbox"/> CLEAR    |  | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                        | <input type="checkbox"/> HAIL                         |
| <input type="checkbox"/> PARTLY CLOUDY       |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <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 |

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

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

13. 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 checked="" type="checkbox"/> N/A | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU  | <input type="checkbox"/> TO YOUR LEFT  |                                         | <input type="checkbox"/> UNKNOWN              |

14. 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.

light from house  
light pole

15. 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.

glowing off on light

sharp impression



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

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*Just looked up.*

A. HOW DID IT FINALLY DISAPPEAR?

*flew out of site*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.



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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.



Spherical

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.

All orbit