

# PROJECT 10073 RECORD

|                                                                                                |  |                                                                                                                                                                                                                           |  |
|------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. DATE - TIME GROUP<br>29 Aug 68 29/2145 30/0145Z                                             |  | 2. LOCATION<br>Bristol, Virginia (3 Witnesses)                                                                                                                                                                            |  |
| 3. SOURCE<br>Civilian                                                                          |  | 10. CONCLUSION<br>INSUFFICIENT DATA FOR EVALUATION                                                                                                                                                                        |  |
| 4. NUMBER OF OBJECTS<br>One                                                                    |  | The observer and witnesses were requested to complete a form 117 but have not returned them as of 21 Oct 68.                                                                                                              |  |
| 5. LENGTH OF OBSERVATION<br>1 Minute                                                           |  | 11. BRIEF SUMMARY AND ANALYSIS                                                                                                                                                                                            |  |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        |  | The observer reported to the Duty Officer that he had sighted an object that had revolving red light on the bottom.                                                                                                       |  |
| 7. COURSE<br>SW - NE                                                                           |  | NOTE: AF Form 117 receive 5 Nov 68. The evaluation INSUFFICIENT DATA still stands, since the observers did not return their forms within a month. Although it appears that the observers may have seen a Hot Air Balloon. |  |
| 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                                                                                                                                                                                                                                                                                                                                      | CAMERA VIEWER                                                                                        |
| SUNGLASSES                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> BINOCULARS <i>Stellar 4x40</i>                                   |
| WINDSHIELD                                                                                                                                                                                                                                                                                                                                     | TELESCOPE                                                                                            |
| SIDE WINDOW OF VEHICLE                                                                                                                                                                                                                                                                                                                         | THEODOLITE                                                                                           |
| WINDOWPANE                                                                                                                                                                                                                                                                                                                                     | OTHER                                                                                                |
| A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                                         | B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED. <i>25 m.p.h.</i>                                                                                                                                                                                                                                          | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE. <i>90</i> |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. |                                                                                                      |
| <p><i>The Bottom of the alien space ships</i></p> <p><i>on the television program "The Invaders"</i></p> <p><i>Starring David Vincent.</i></p>                                                                                                                                                                                                 |                                                                                                      |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.                                                                                                            |                                                                                                      |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.                                                                                                                                                                              |                                                                                                      |



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R239

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 29 MONTH August YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 45 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

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

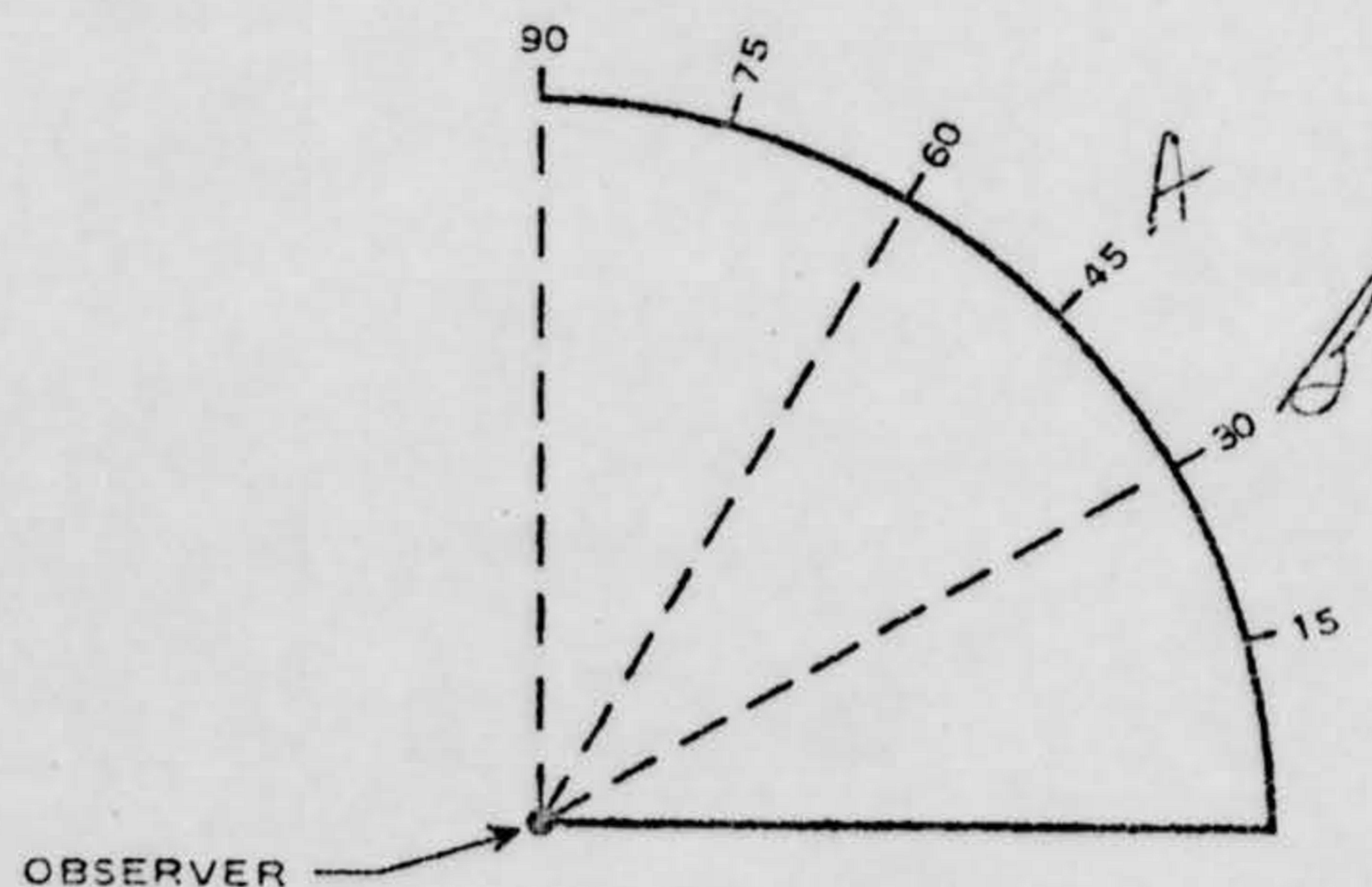
4. TIME/ZONE

☒ 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.

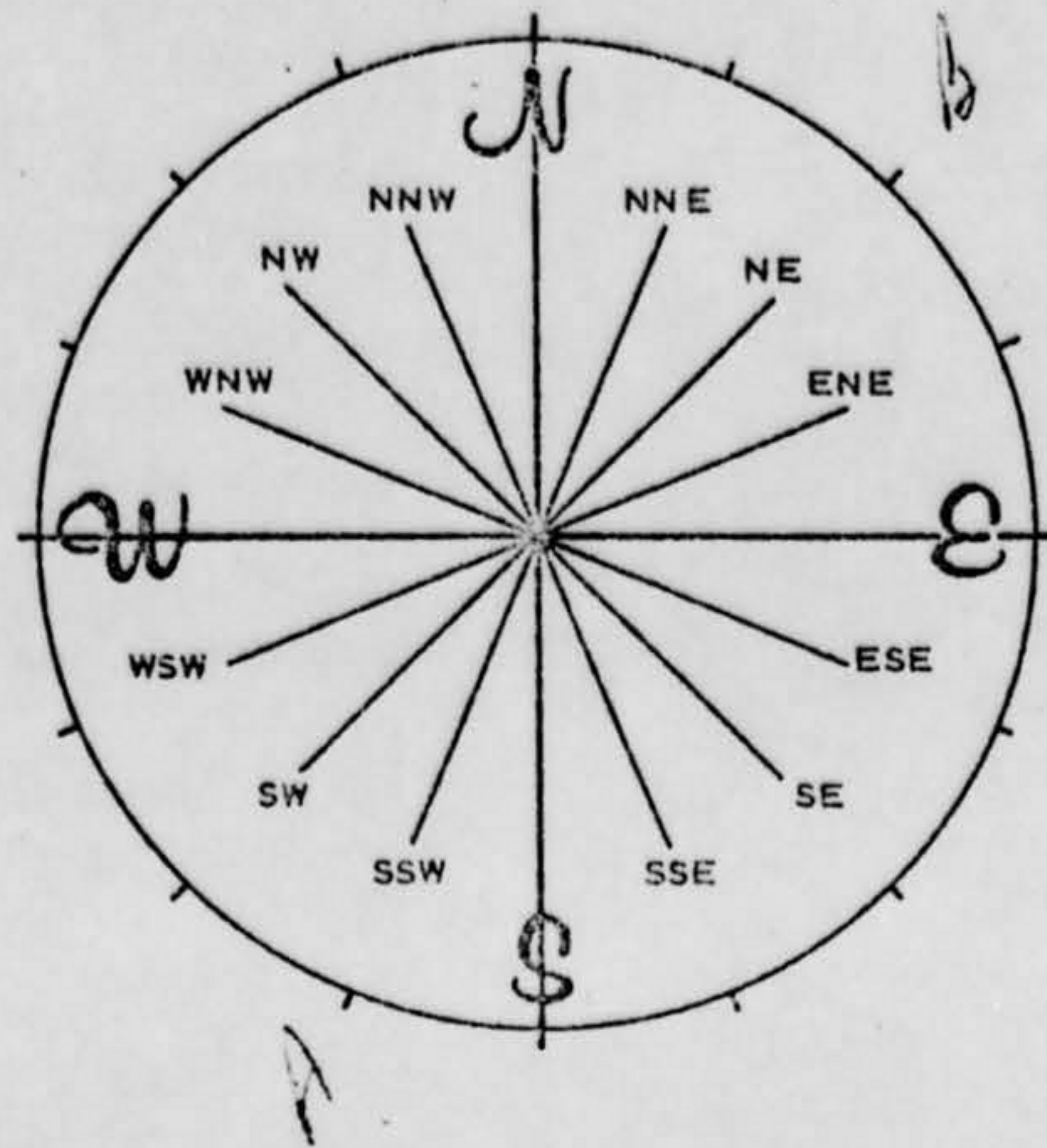
~~\_\_\_\_\_~~  
Gristol, Virginia 24201

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

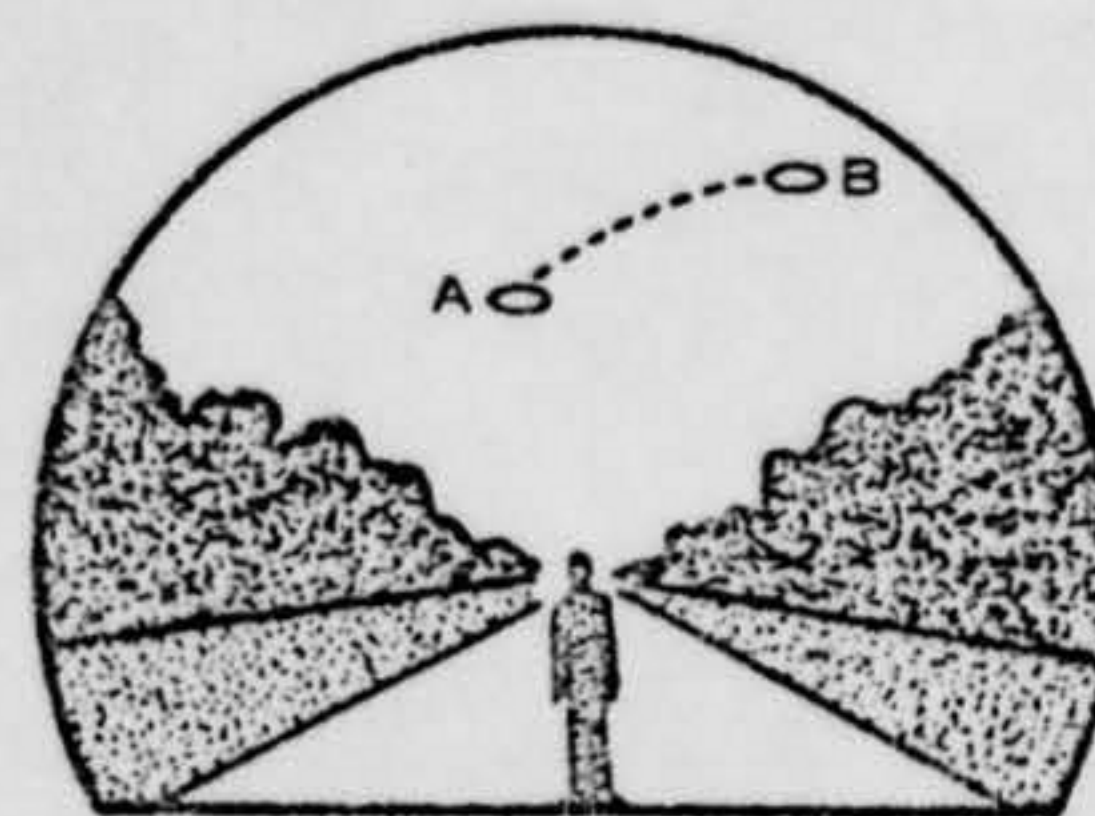
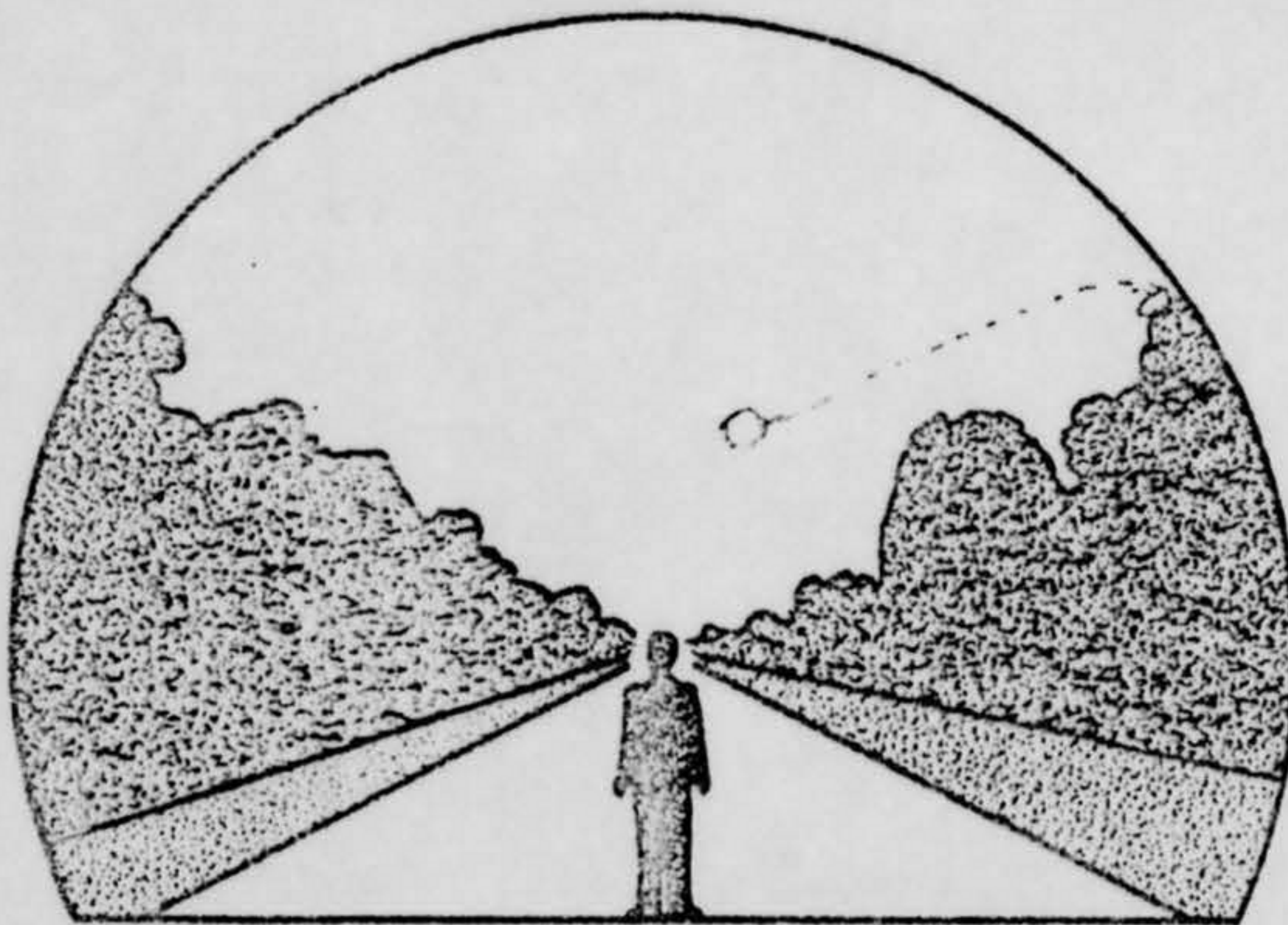




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



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





|                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                  |                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| B. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                     |                                    |                                                                                                                  |                                                   |
| <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                               | 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.                       |                                    |                                                                                                                  |                                                   |
|                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                  |                                                   |
| S. HOW LONG WAS THE PHENOMENON IN SIGHT?                                                                                                                                                                                                                                                       |                                    |                                                                                                                  |                                                   |
| LENGTH OF TIME                                                                                                                                                                                                                                                                                 |                                    | CERTAIN OF TIME                                                                                                  | <input checked="" type="checkbox"/> NOT VERY SURE |
| Did Not Keep Time                                                                                                                                                                                                                                                                              |                                    | 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. |                                    |                                                                                                                  |                                                   |
| Gone from Street Left                                                                                                                                                                                                                                                                          |                                    |                                                                                                                  |                                                   |



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?

*Only one*

11. CONDITIONS (Check appropriate blocks.)

| A. SKY                                       |  | B. WEATHER                                                           |                                                |
|----------------------------------------------|--|----------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> DAY                 |  | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                 | <input type="checkbox"/> FOG OR MIST           |
| <input type="checkbox"/> TWILIGHT            |  | <input 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 type="checkbox"/> NONE OF THE ABOVE     |

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

| (1) STARS                                | (2) MOON                                          |
|------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> NONE            | <input type="checkbox"/> BRIGHT MOONLIGHT         |
| <input type="checkbox"/> A FEW           | <input type="checkbox"/> MOON WITH HALO           |
| <input 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 light & object.*

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.

*Circular object with 8 to 10 red lights on bottom. The object was very clear.*



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

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*My nephew*

A. HOW DID IT FINALLY DISAPPEAR?

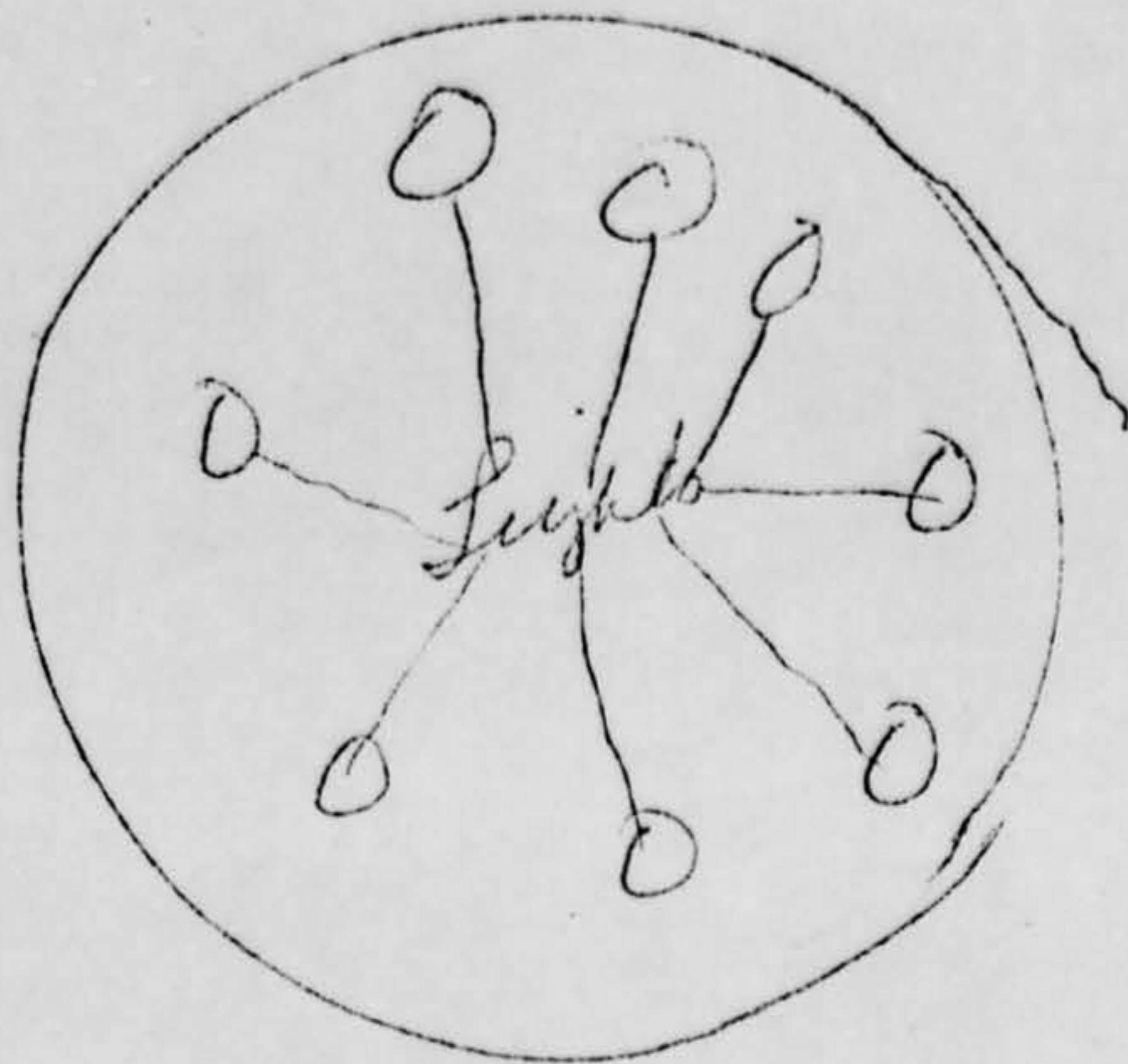
*Went away*

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.

*Behind a tree & then changed direction*



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.



*Bottom of U. I. D.*

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



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

|                        |                                |
|------------------------|--------------------------------|
| EYEGLASSES             | CAMERA VIEWER                  |
| SUNGLASSES             | BINOCULARS <i>Stellar 4x40</i> |
| 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 *120 to 200 mph*

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.

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 THEIR NAMES AND ADDRESSES

[REDACTED]  
 [REDACTED] RD.  
 Bristol, Va. 24201

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

21

☒ MALE

☐ FEMALE

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

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY Sunday MONTH November 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.



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R239

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 29 MONTH August YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 45 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 45 ☐ A.M. ☒ P.M.

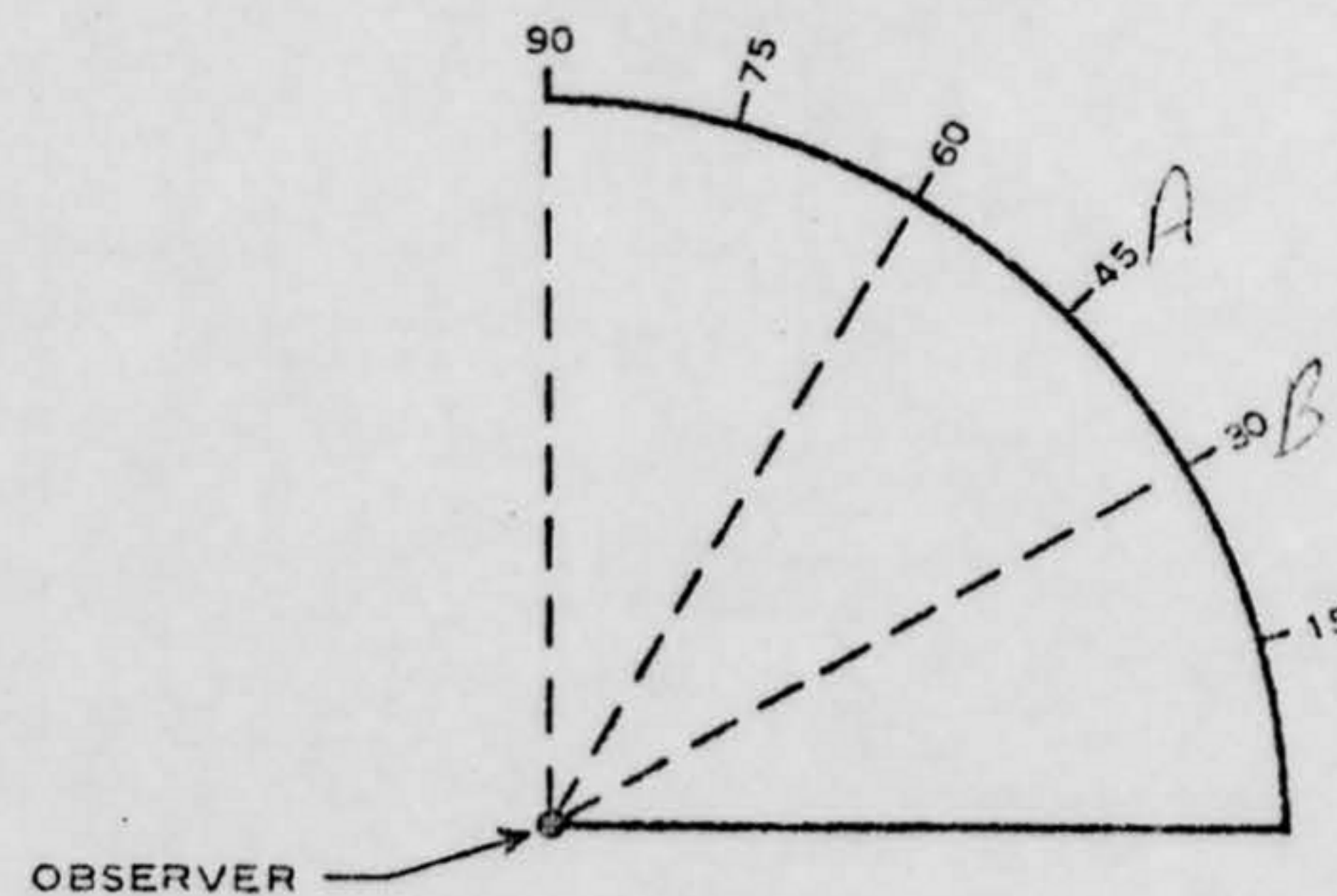
4. TIME ZONE

☒ 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.

~~XXXXXXXXXX~~  
Bristol VA 24201

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.





## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R359

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.)

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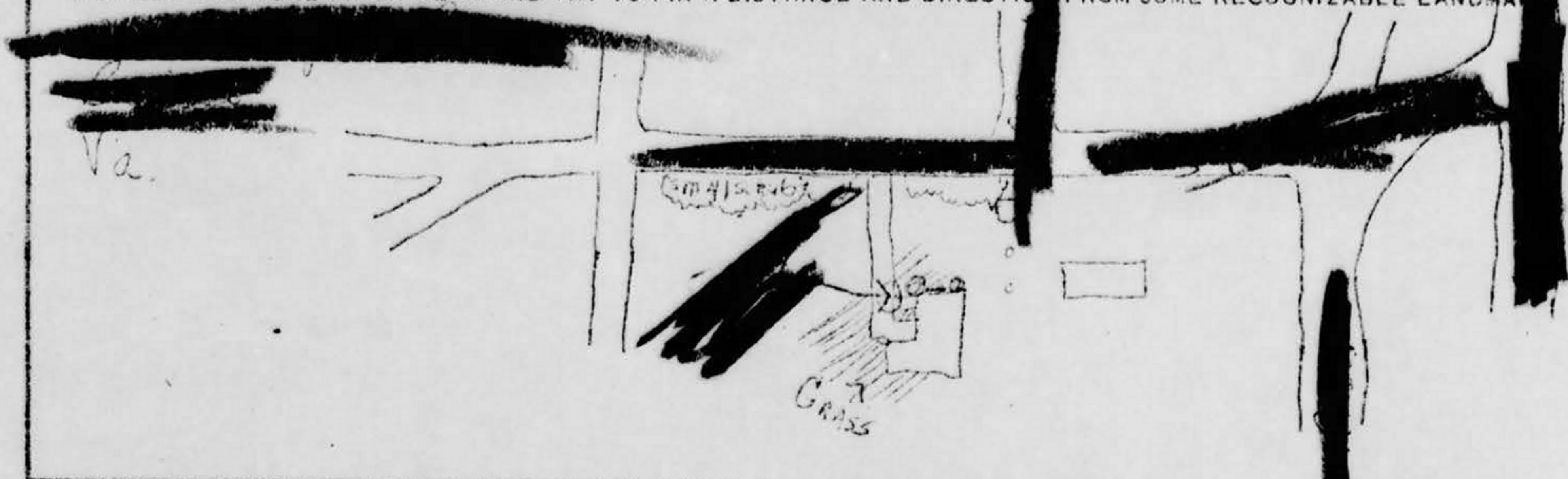
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 45 ☐ A.M. ☒ P.M.

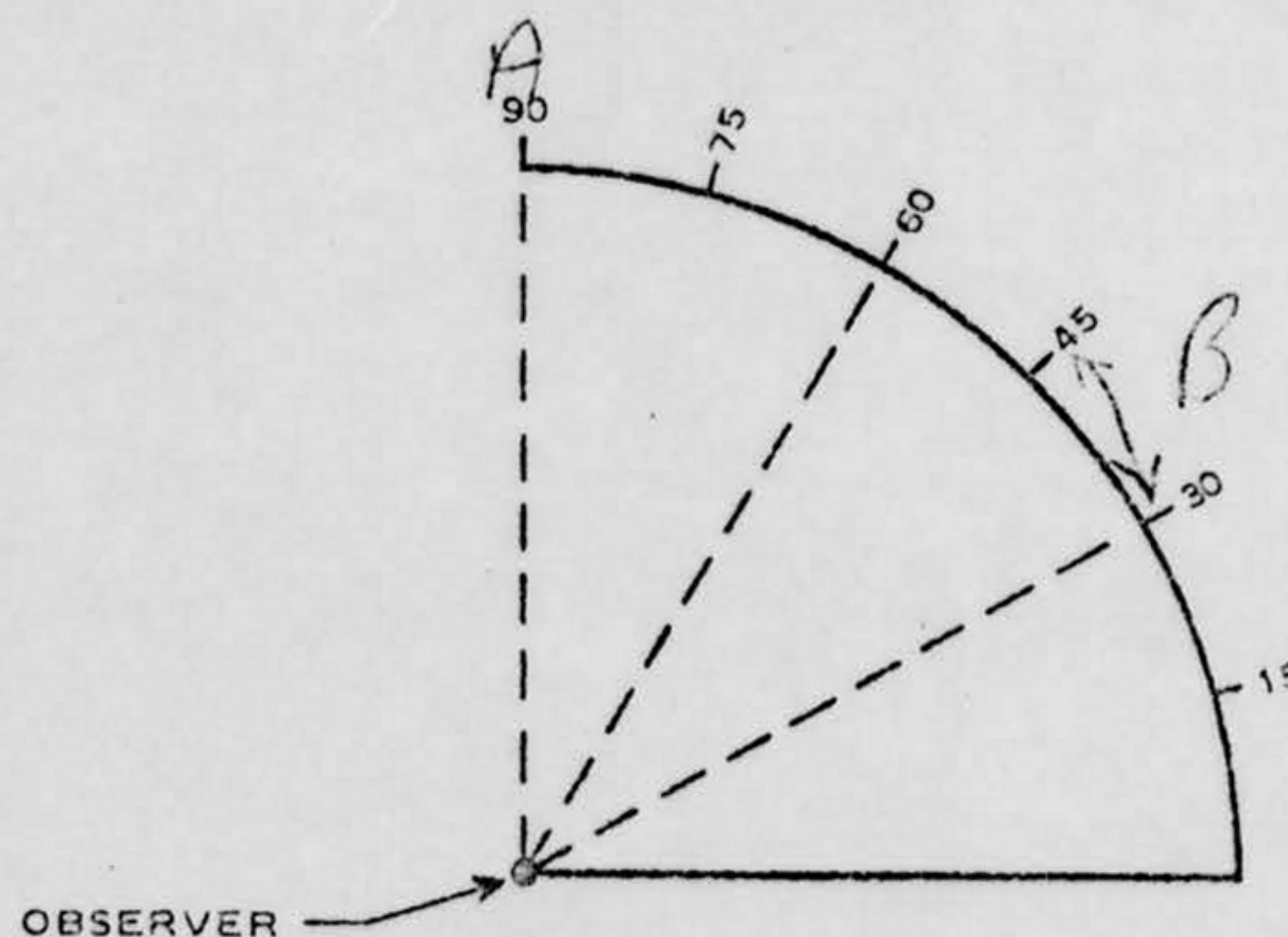
4. TIME ZONE

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

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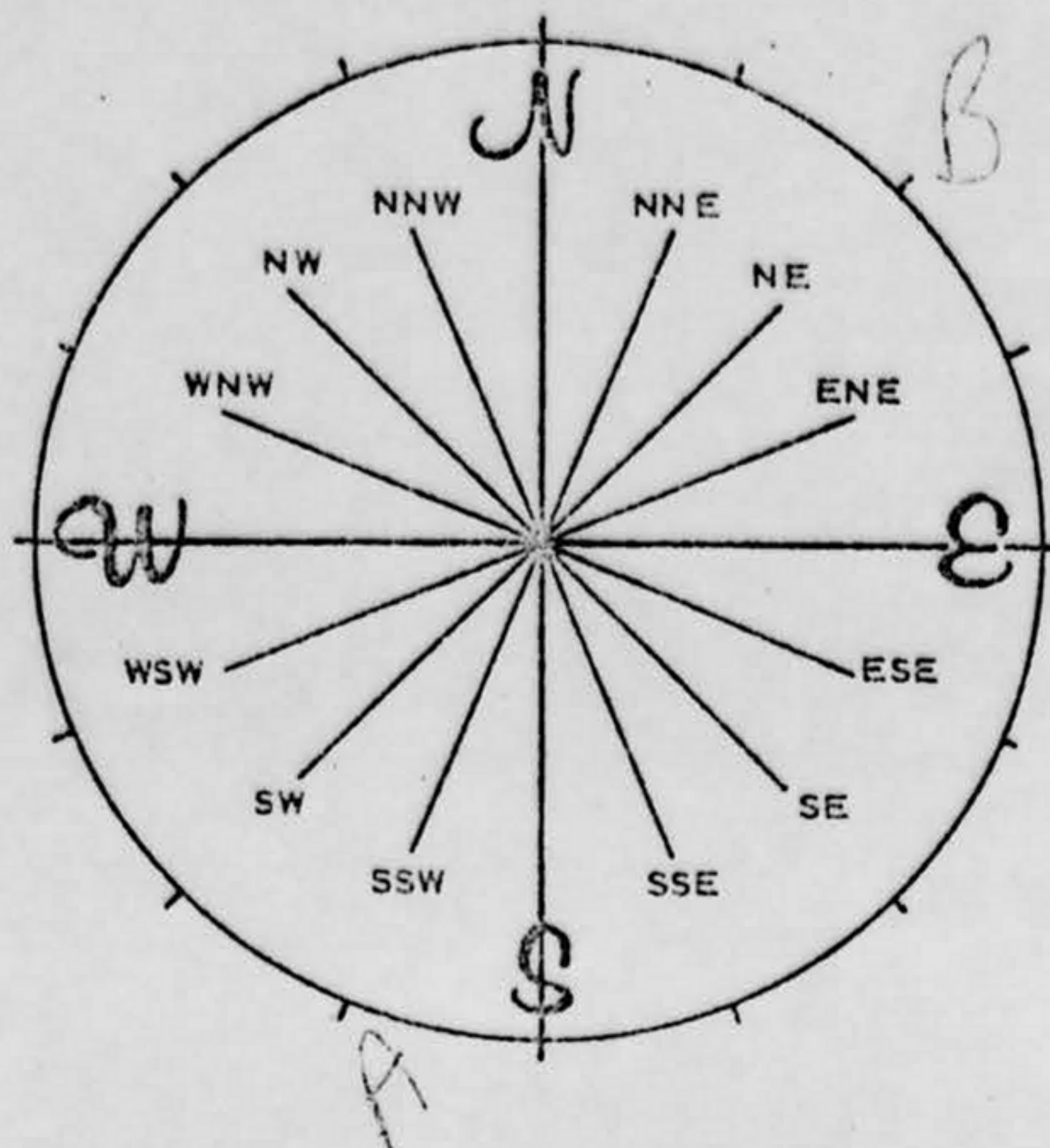


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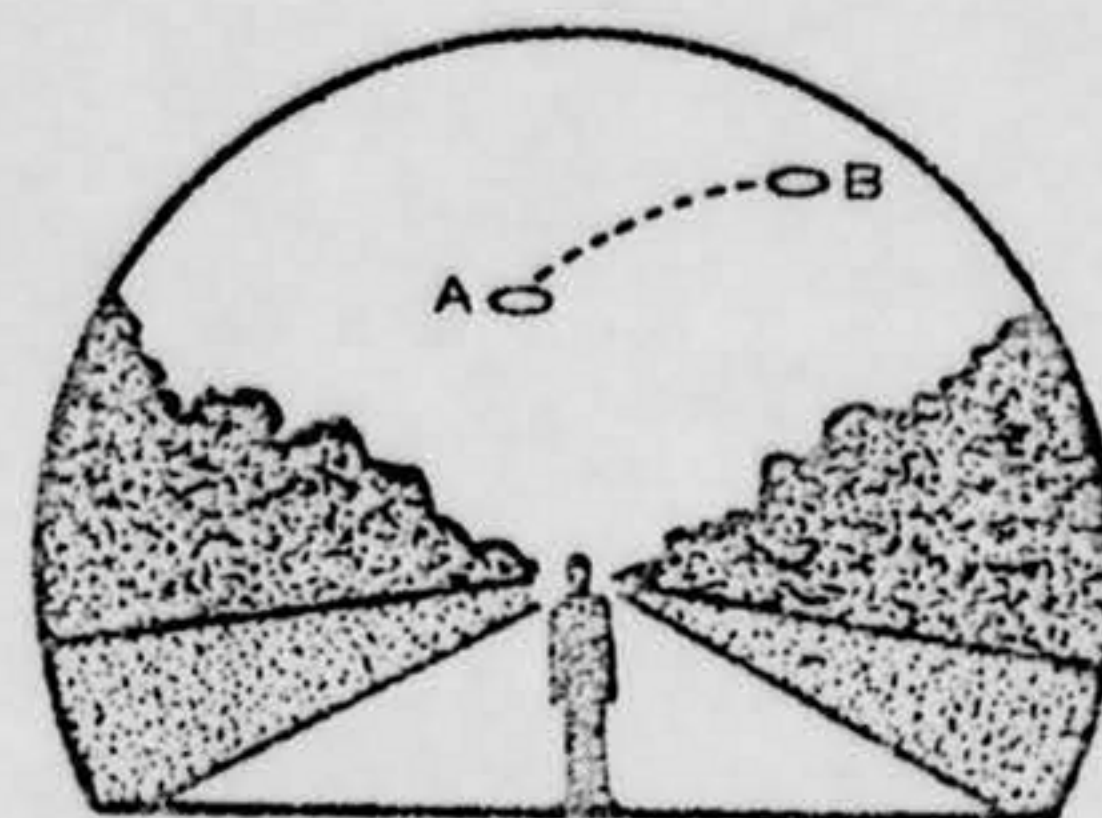
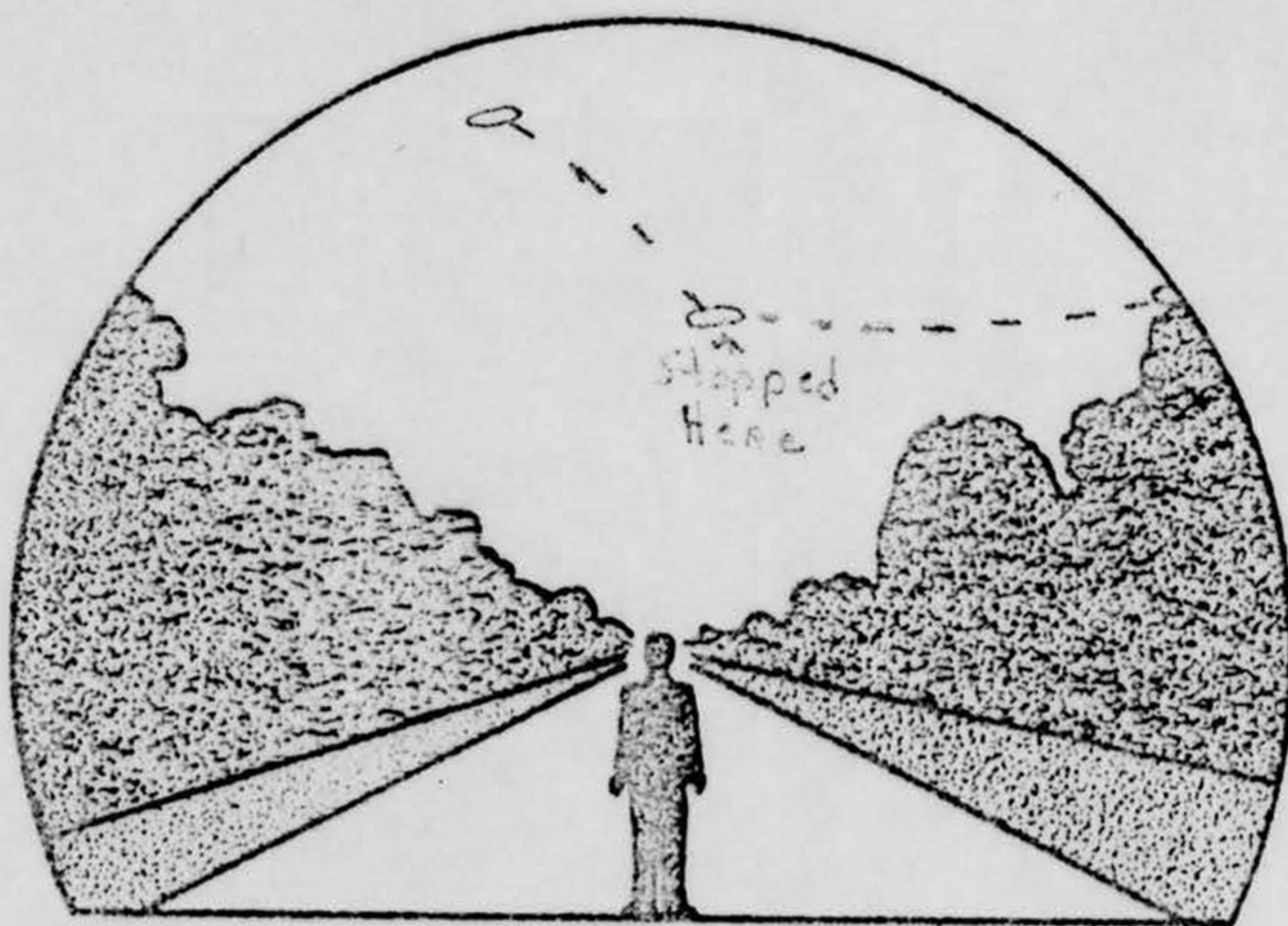




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



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 checked="" 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                                      | 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 type="checkbox"/> CERTAIN OF TIME                           | <input checked="" type="checkbox"/> NOT VERY SURE                                                                |  |
| <i>Didn't keep track, probably under 2 min</i>                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> FAIRLY CERTAIN                 | <input checked="" type="checkbox"/> JUST A GUESS                                                                 |  |
| HOW WAS TIME DETERMINED?<br><i>Just a guess</i>                                                                                                                                                                                                                                                                                                 |                                                                    |                                                                                                                  |  |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.<br><i>Because glare of street lamp and tree.</i> |                                                                    |                                                                                                                  |  |



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

*only one*

11. CONDITIONS (Check appropriate blocks.)

| A. SKY                                       |  | B. WEATHER                                                           |                                                       |
|----------------------------------------------|--|----------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> DAY                 |  | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                 | <input type="checkbox"/> FOG OR MIST                  |
| <input type="checkbox"/> TWILIGHT            |  | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN                   |
| <input checked="" type="checkbox"/> NIGHT    |  | <input checked="" type="checkbox"/> NIMBUS CLOUDS (Rain)             | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE        |
| <input checked="" type="checkbox"/> CLEAR    |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <input type="checkbox"/> HAIL                         |
| <input type="checkbox"/> PARTLY CLOUDY       |  | <input type="checkbox"/> HAZE OR SMOG                                | <input type="checkbox"/> SNOW OR SLEET                |
| <input type="checkbox"/> COMPLETELY OVERCAST |  |                                                                      | <input type="checkbox"/> UNKNOWN                      |
|                                              |  |                                                                      | <input 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.

*The direct itself and that lamp 50 feet away*

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.

*The phenomenon was a circular object with about 10 red lights on the bottom. It appeared solid and clear you could distinguish each distinctly.*



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

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

The phenomenon itself.

A. HOW DID IT FINALLY DISAPPEAR?

Flew away

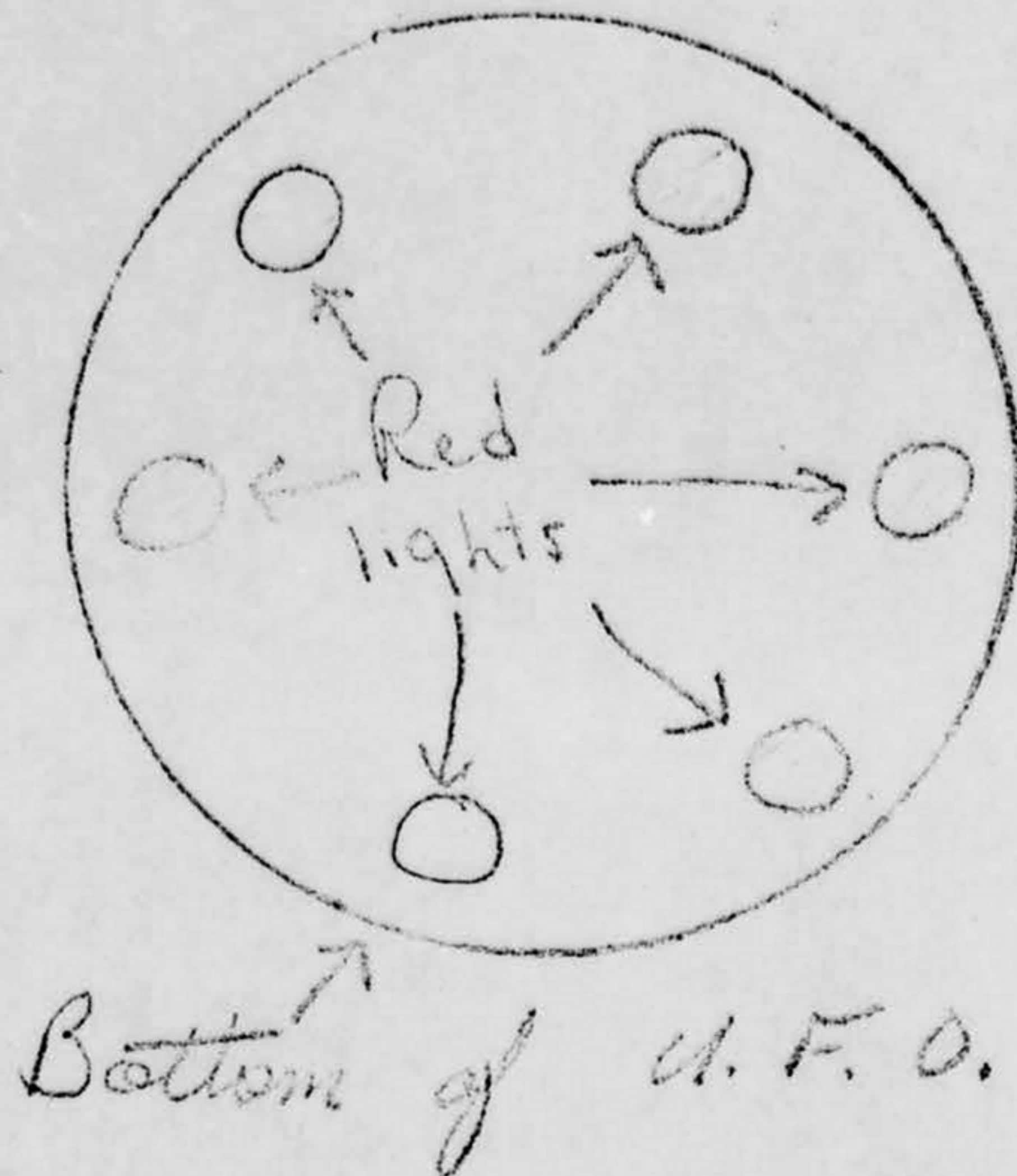
B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☒ YES ☐ NO. IF "YES," DESCRIBE.

It moved around tree across street. That is when it stopped and changed direction



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.

A circle  
 at first when it was over head all of it. As  
 it passed in front of me about  $\frac{1}{2}$  to  $\frac{3}{4}$ .



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    | <i>Stellar 4x40</i> |
| 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 *over 200 mph*

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.

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 THEIR NAMES AND ADDRESSES

Miss [REDACTED]  
[REDACTED]  
Bristol VA. 24201

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]

ADDRESS (Street, City, State and Zip Code) [REDACTED] Bristol Virginia 24201

TELEPHONE (Area code and number) [REDACTED]

AGE 14 ☒ MALE ☐ FEMALE

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

Student at John S. Battle High

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

NAME Lt. Colonel DAY 29 MONTH August YEAR 1968

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 3 MONTH November YEAR 1968



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



REPLY TO  
ATTN OF: TDFT (UFO)

SUBJECT: UFO Observation , 29 August 1968

18 SEP 1968

TO:

[REDACTED]  
Bristol, Virginia 24201

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 29 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.

*[Signature]*  
RECTOR QUINTANILLA, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

1 Atch  
AF Form 117 w/envelope



AFR 80-17(C1)

BUDGET BUREAU APPROVAL  
NUMBER 21-R258

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 29 MONTH AUG YEAR 68

HOUR 9 MINUTES 45 ☐ A.M. ☒ P.M.

HOUR 9 MINUTES 45 ☐ A.M. ☒ P.M.

☒ DAYLIGHT SAVINGS

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

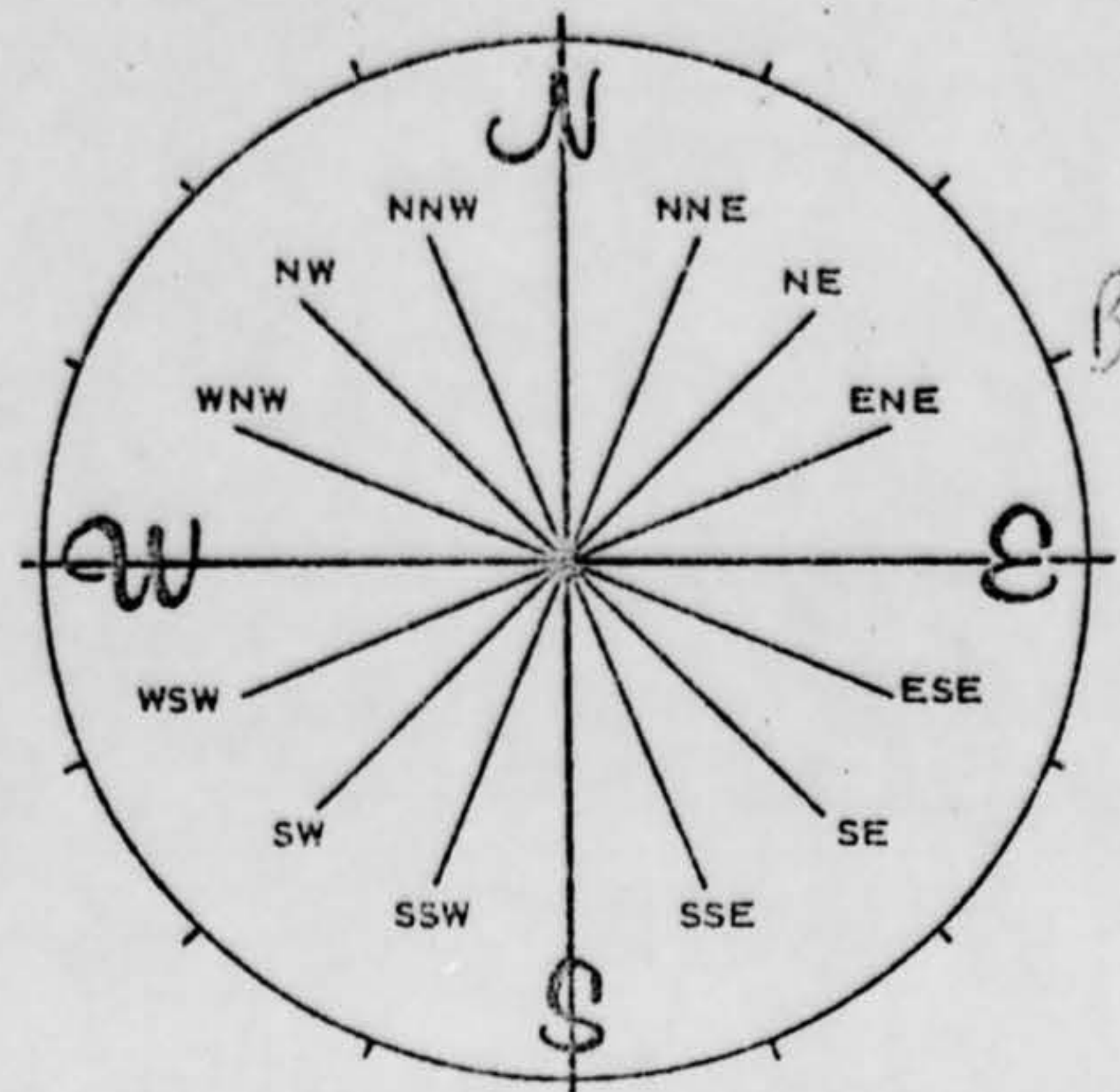
BRISTOL, VA

FRONT YARD

A diagram showing a quadrant (a quarter-circle) with its vertex at the bottom-left. A horizontal line extends to the right from the vertex, and a vertical dashed line extends upwards to a point labeled 'A'. The arc of the quadrant is marked with angles 15, 30, 45, 60, 75, and 90. Dashed lines radiate from the vertex to the arc at 30, 45, and 60 degrees. An arrow labeled 'OBSERVER' points to the vertex.

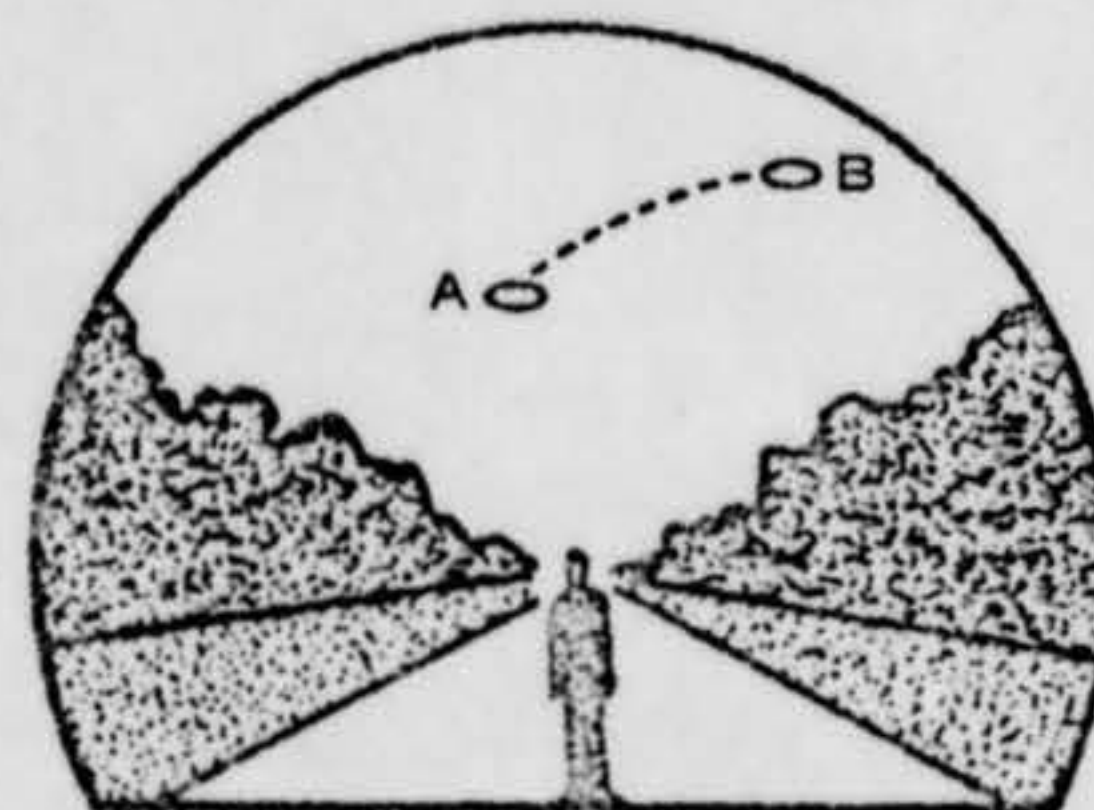
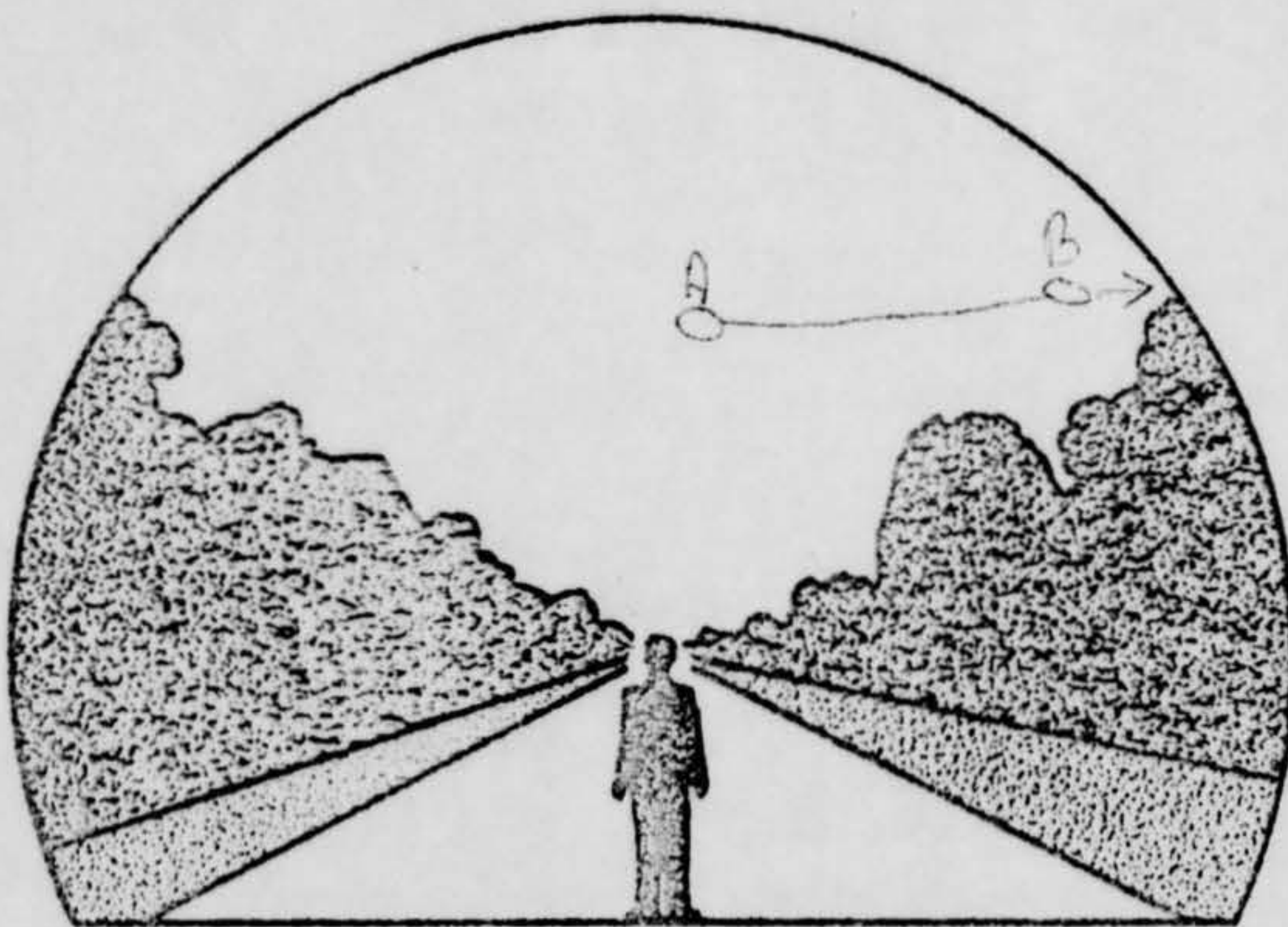


6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



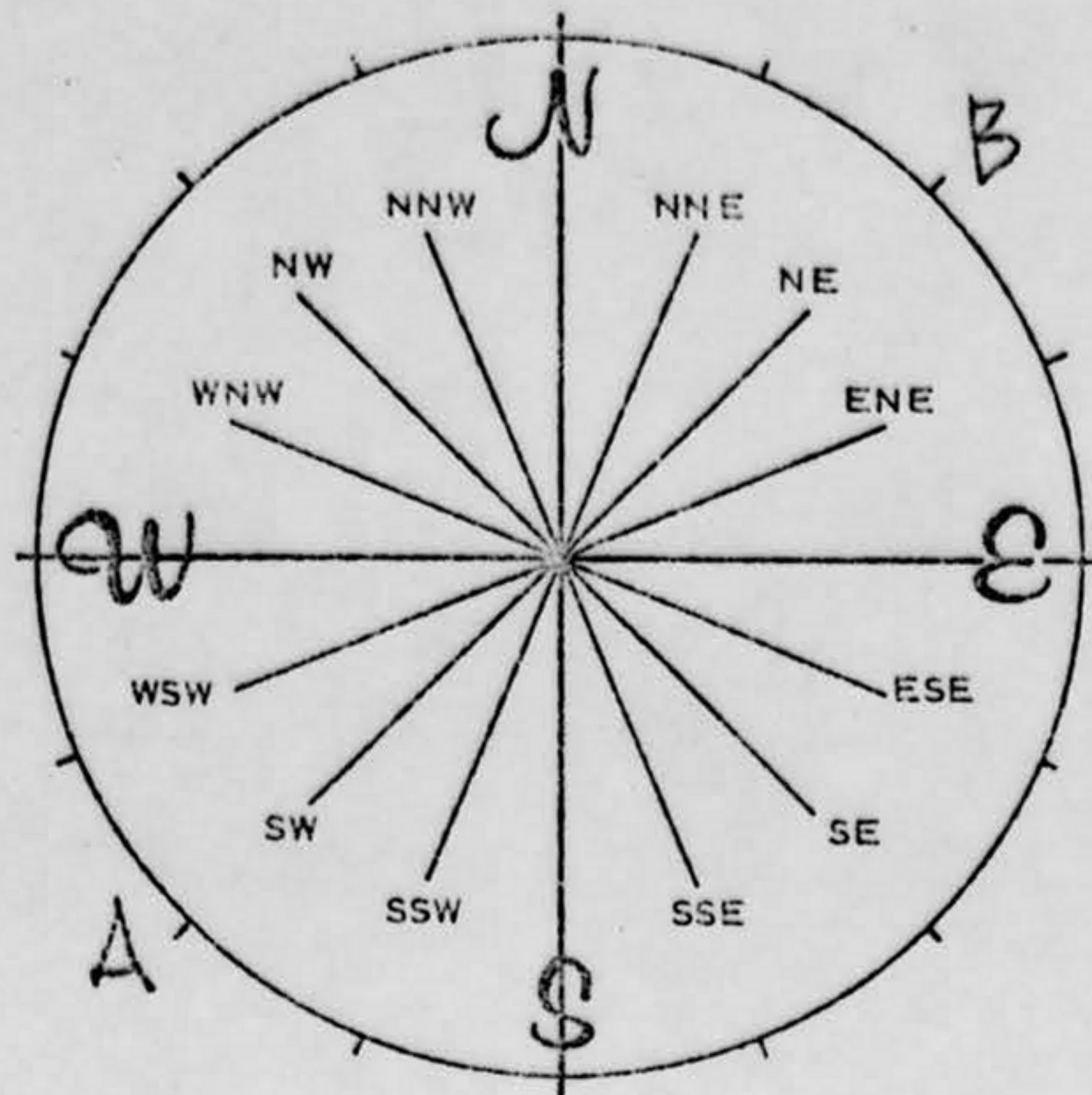
*Did not see where it came from*

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.

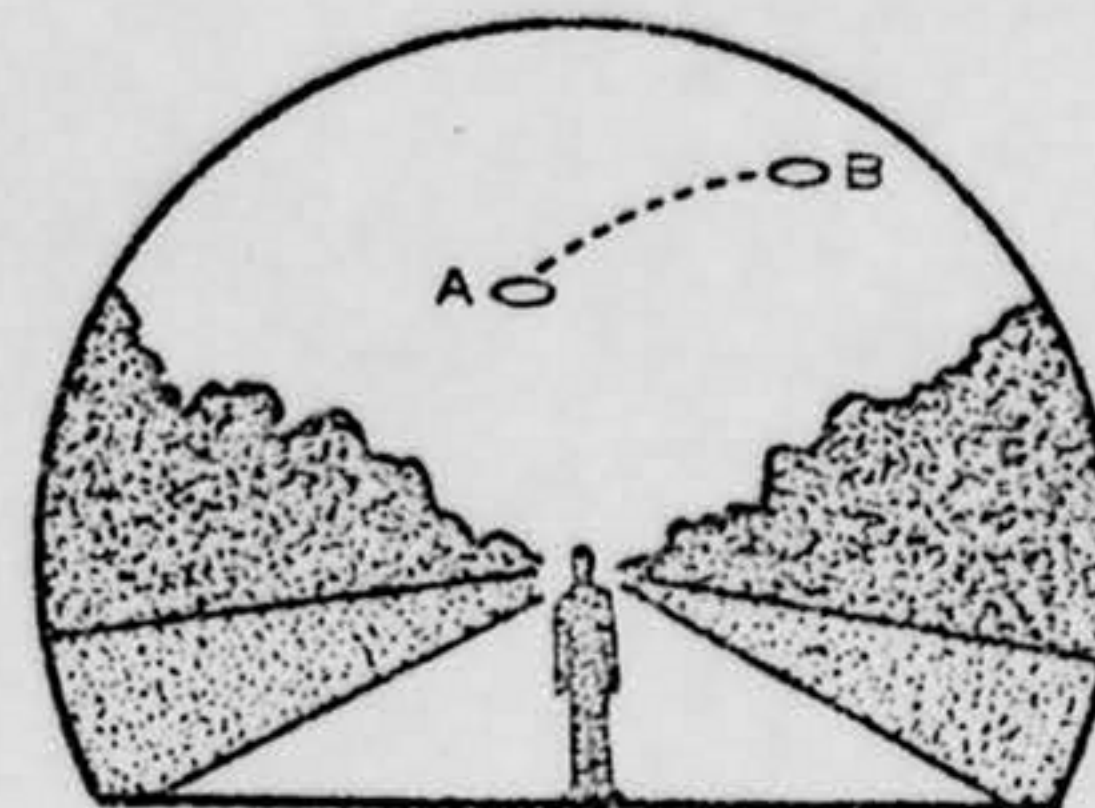
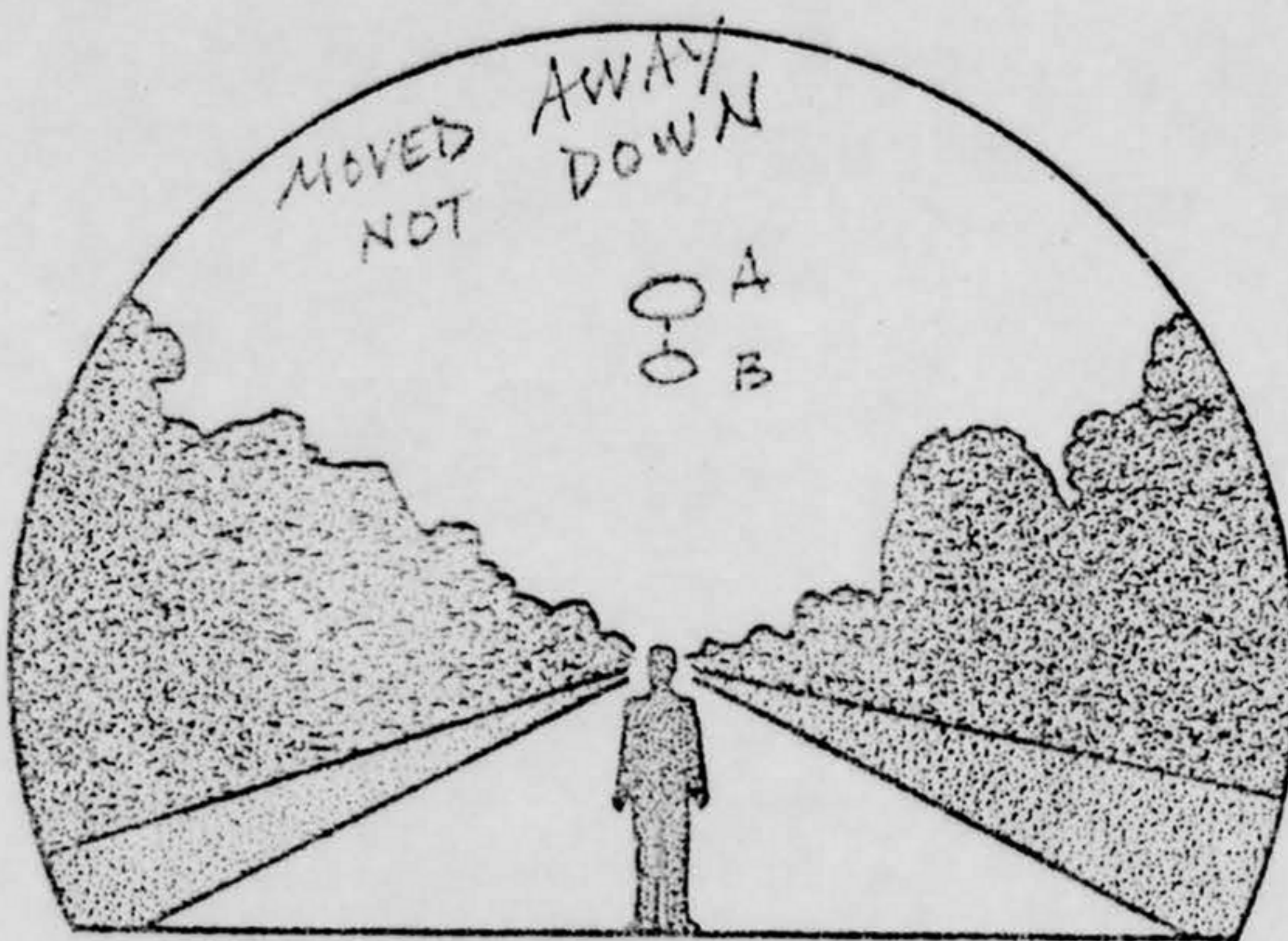




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



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.





AFR 80-17(C1)

BUDGET BUREAU APPROVAL  
NUMBER 21-E258

1. WHEN DID YOU SEE THE PHENOMENON?

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

4. TIME / ZONE

☒ DAYLIGHT SAVINGS

☐ STANDARD

☒ EASTERN☐ CENTRAL

☐ MOUNTAIN

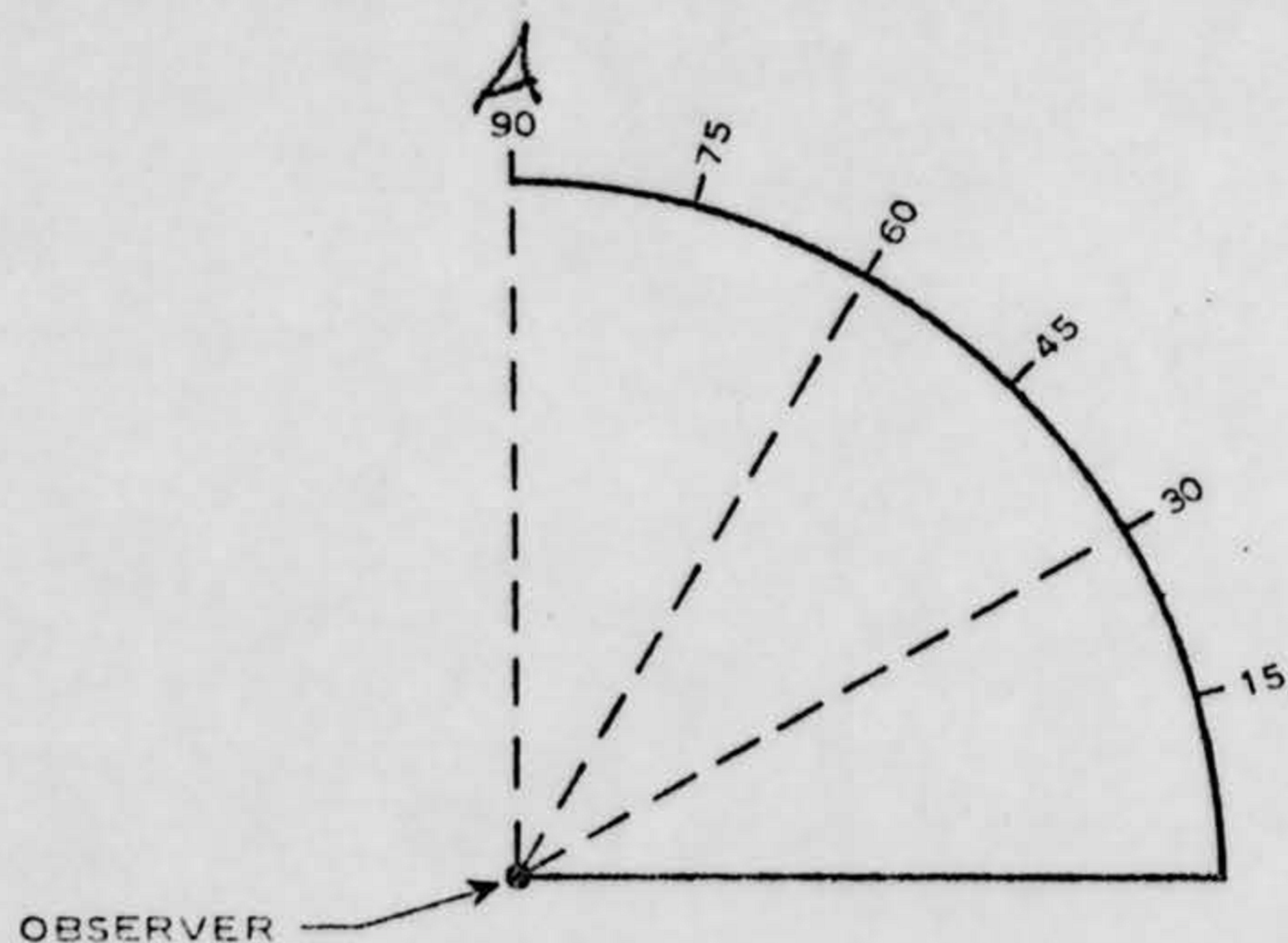
☐ PACIFIC☐ OTHER

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.

BRISTOL VA LANE

FRONT YARD

5. 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.





| B. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                     |                                                                    |                                                                                                                  |                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> OUTDOORS                                                                                                                                                                                                                                                   |                                                                    |                                                                                                                  |                                        |
| IN BUILDING                                                                                                                                                                                                                                                                                    |                                                                    |                                                                                                                  |                                        |
| IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                                                |                                                                    |                                                                                                                  |                                        |
| IN BOAT                                                                                                                                                                                                                                                                                        |                                                                    |                                                                                                                  |                                        |
| IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                                            |                                                                    |                                                                                                                  |                                        |
| OTHER                                                                                                                                                                                                                                                                                          |                                                                    |                                                                                                                  |                                        |
|                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> IN BUSINESS SECTION OF CITY    |                                                                                                                  |                                        |
|                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY |                                                                                                                  |                                        |
|                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> IN OPEN COUNTRYSIDE                       |                                                                                                                  |                                        |
|                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> NEAR AIRFIELD 12 MI.           |                                                                                                                  |                                        |
|                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> FLYING OVER CITY                          |                                                                                                                  |                                        |
|                                                                                                                                                                                                                                                                                                | <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?                                                                                        |                                        |
| 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 MIN.                                                             | <input checked="" type="checkbox"/> CERTAIN OF TIME                                                              | <input type="checkbox"/> NOT VERY SURE |
|                                                                                                                                                                                                                                                                                                |                                                                    | <input type="checkbox"/> FAIRLY CERTAIN                                                                          | <input type="checkbox"/> JUST A GUESS  |
| HOW WAS TIME DETERMINED? ESTIMATE                                                                                                                                                                                                                                                              |                                                                    |                                                                                                                  |                                        |
| 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. |                                                                    |                                                                                                                  |                                        |
| LOST IN GLARE OF STREET LIGHT<br>BEHIND TREE FOR<br>COUPLE OF SECONDS.                                                                                                                                                                                                                         |                                                                    |                                                                                                                  |                                        |



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)

| A. SKY                                       |  | B. WEATHER                                                           |                                                |
|----------------------------------------------|--|----------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> DAY                 |  | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                 | <input type="checkbox"/> FOG OR MIST           |
| <input type="checkbox"/> TWILIGHT            |  | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN            |
| <input checked="" type="checkbox"/> NIGHT    |  | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                        | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> CLEAR    |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <input type="checkbox"/> HAIL                  |
| <input type="checkbox"/> PARTLY CLOUDY       |  |                                                                      | <input type="checkbox"/> SNOW OR SLEET         |
| <input type="checkbox"/> COMPLETELY OVERCAST |  |                                                                      | <input type="checkbox"/> UNKNOWN               |
|                                              |  | <input type="checkbox"/> HAZE OR SMOG                                | <input 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.

STARS

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.

LIGHT

SELF-LUMINOUS

6/8/10 RED LIGHTS ON BOTTOM  
(VERY BRIGHT) REVOLVING AROUND CENTER

SOLID

LIGHT HAD EDGES

CIRCULAR



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

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

LOOKING AT STARS AND SAW IT.

## A. HOW DID IT FINALLY DISAPPEAR?

COULDN'T SEE ANY MORE

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.

BEHIND TREE FOR MOMENT



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.

$\frac{1}{4}$  TO  $\frac{1}{2}$



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 <u>STELLAR</u> <u>4X40</u> |
| 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 100-200 MPH

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.

BOTTOM OF ONE PIECE  
TELEPHONE ONLY MORE  
ROUND.

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? <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 type="checkbox"/> YES <input type="checkbox"/> NO. |           |                                          |                                 |
| A. LIST THEIR NAMES AND ADDRESSES                                                                                                                                                                                            |           |                                          |                                 |
| <div>[REDACTED] (A)<br/>[REDACTED] SAME<br/>BRISTOL, VA. BRISTOL, VA.</div>                                                                                                                                                  |           |                                          |                                 |
| 24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF                                                                                                                                                                            |           |                                          |                                 |
| LAST NAME, FIRST NAME [REDACTED]                                                                                                                                                                                             |           |                                          |                                 |
| ADDRESS (Street, City, State, Zip) [REDACTED], BRISTOL, VA. 24201                                                                                                                                                            |           |                                          |                                 |
| TELEPHONE (Area code and number)<br>[REDACTED]                                                                                                                                                                               | AGE<br>14 | <input checked="" type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
| INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.                                                                                                                              |           |                                          |                                 |
| STUDENT                                                                                                                                                                                                                      |           |                                          |                                 |
| 25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?                                                                                                                                                    |           |                                          |                                 |
| NAME TRI-CITIES AIRPORT DAY 29 MONTH AUG YEAR 68                                                                                                                                                                             |           |                                          |                                 |
| 26. DATE YOU COMPLETED THIS QUESTIONNAIRE.                                                                                                                                                                                   |           |                                          |                                 |
| DAY 29 MONTH AUG YEAR 68                                                                                                                                                                                                     |           |                                          |                                 |



| B. 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           |                                                          |                                                                    |
| SOUTH                                                                                                                                                                                                                                                                                          | WEST           |                                                          |                                                                    |
| NORTHEAST                                                                                                                                                                                                                                                                                      | SOUTHEAST      | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?     |                                                                    |
| NORTHWEST                                                                                                                                                                                                                                                                                      | SOUTHWEST      | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                    |
| 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                                                                                                                                                                                                                                                                                 | ABOUT 5 minuts | CERTAIN OF TIME                                          | NOT VERY SURE                                                      |
|                                                                                                                                                                                                                                                                                                |                | <input checked="" type="checkbox"/> FAIRLY CERTAIN       | JUST A GUESS                                                       |
| HOW WAS TIME DETERMINED? A Guess                                                                                                                                                                                                                                                               |                |                                                          |                                                                    |
| 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. |                |                                                          |                                                                    |
| Couldnt see because of street light                                                                                                                                                                                                                                                            |                |                                                          |                                                                    |



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

*Just one*

11. CONDITIONS (Check appropriate blocks.)

| A. SKY                                       |  | B. WEATHER                                                           |                                                |
|----------------------------------------------|--|----------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> DAY                 |  | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                 | <input type="checkbox"/> FOG OR MIST           |
| <input type="checkbox"/> TWILIGHT            |  | <input 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 checked="" type="checkbox"/> UNKNOWN                          | <input type="checkbox"/> SNOW OR SLEET         |
| <input type="checkbox"/> COMPLETELY OVERCAST |  | <input type="checkbox"/> HAZE OR SMOG                                | <input type="checkbox"/> NONE OF THE ABOVE     |

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

| (1) STARS                                | (2) MOON                                          |
|------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> NONE            | <input type="checkbox"/> BRIGHT MOONLIGHT         |
| <input type="checkbox"/> A FEW           | <input type="checkbox"/> MOON WITH HALO           |
| <input 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 light 40 yards away*

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

*It appeared light, solid, with fuzzy edges.*

*It was round with 6 to 8 red lights on the bottom.*



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

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

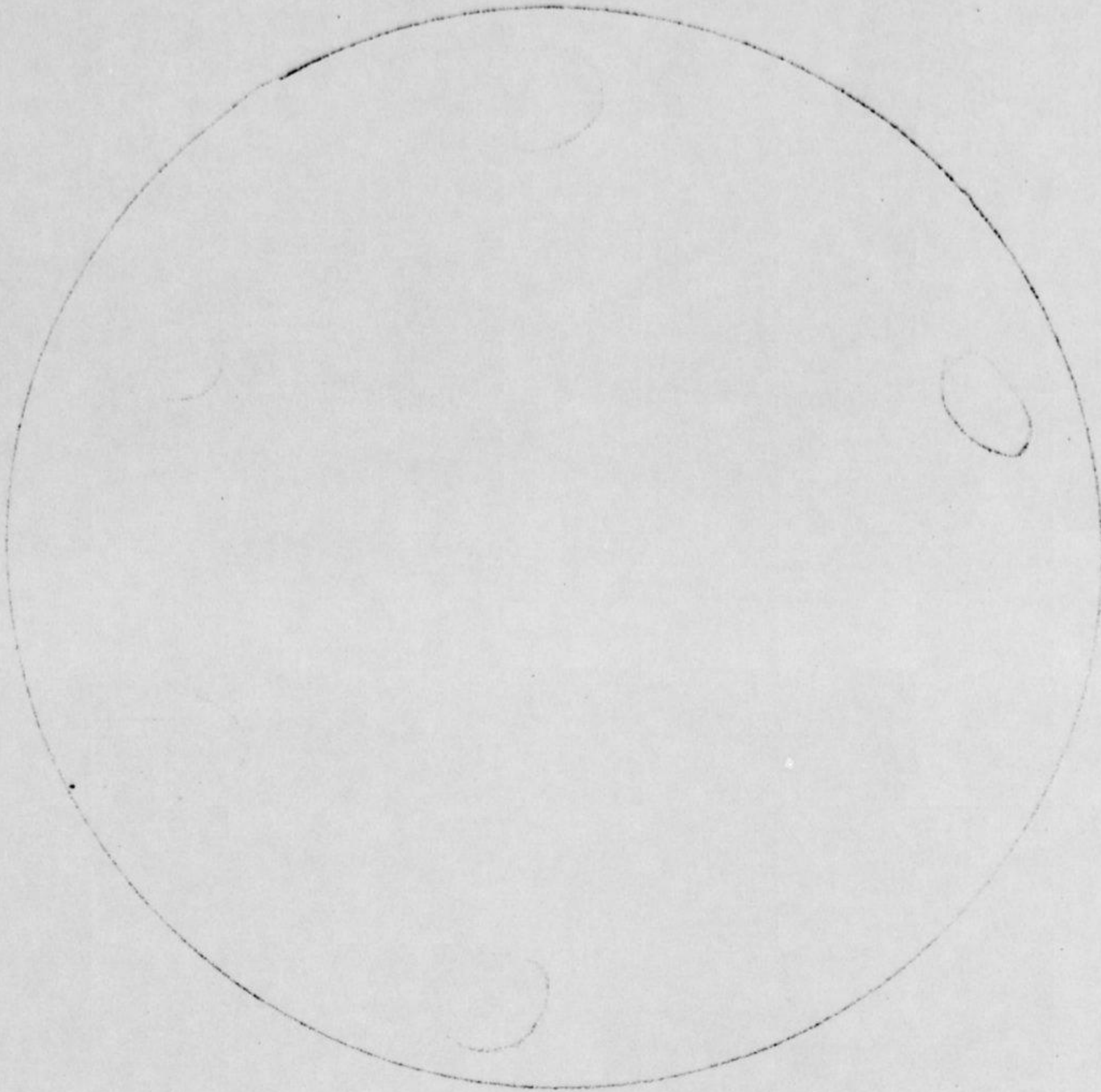
*Brother and Aunt*

A. HOW DID IT FINALLY DISAPPEAR?

*Flew 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.

*all*



|                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.                                                                                                                                                                                       |                                                                                                     |
| EYEGASSES                                                                                                                                                                                                                                                                                                                                      | CAMERA VIEWER                                                                                       |
| SUNGLASSES                                                                                                                                                                                                                                                                                                                                     | BINOCULARS <i>Stellar 4x40</i>                                                                      |
| WINDSHIELD                                                                                                                                                                                                                                                                                                                                     | TELESCOPE                                                                                           |
| SIDE WINDOW OF VEHICLE                                                                                                                                                                                                                                                                                                                         | THEODOLITE                                                                                          |
| WINDOWPANE                                                                                                                                                                                                                                                                                                                                     | OTHER                                                                                               |
| A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                                         | B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <i>25 m.p.h.</i>                                                                                                                                                                                                                                           | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <i>90</i> |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. |                                                                                                     |
| <p><i>The Bottom of the alien space ships</i></p> <p><i>on the television program "The Invaders"</i></p> <p><i>Starring David Vincent.</i></p>                                                                                                                                                                                                 |                                                                                                     |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.                                                                                                            |                                                                                                     |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.                                                                                                                                                                              |                                                                                                     |



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

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

## A. LIST THEIR NAMES AND ADDRESSES

[REDACTED]  
 [REDACTED]  
 Bristol VA. 24201

Miss [REDACTED]  
 [REDACTED]  
 Bristol VA. 24201

## 24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

TELEPHONE (Area and Number)

AGE

11

☒ MALE☐ FEMALE

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

Student at High Point Elementary

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

NAME NO BODY DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 22 MONTH September YEAR 1963