

# PROJECT 10073 RECORD

|                                                                                                |  |                                                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. DATE - TIME GROUP<br>10 Sept 68 10/2100<br>11/0300Z                                         |  | 2. LOCATION<br>Las Vegas, Nevada (4 Witnesses)                                                                                                                                   |  |
| 3. SOURCE<br>Civilians                                                                         |  | 10. CONCLUSION<br>Possible Astro (STARS/PLANETS)<br>At the time of the sighting, Vega, Altair and Deneb were all rather high in the sky and may have been described as overhead. |  |
| 4. NUMBER OF OBJECTS<br>One                                                                    |  |                                                                                                                                                                                  |  |
| 5. LENGTH OF OBSERVATION<br>3 Hours                                                            |  |                                                                                                                                                                                  |  |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        |  |                                                                                                                                                                                  |  |
| 7. COURSE<br>Stationary                                                                        |  |                                                                                                                                                                                  |  |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |  | 11. BRIEF SUMMARY AND ANALYSIS<br>The observer sighted a bright star like light that moved erratically back and forth overhead.                                                  |  |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |                                                                                                                                                                                  |  |

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

MRS. [REDACTED] WIFE

MR & MRS. [REDACTED] [REDACTED]

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

[REDACTED] (N)

ADDRESS (Street, City, State and Zip Code)

[REDACTED] WAY LAS VEGAS, NEV. 89107

TELEPHONE (Area and number)

[REDACTED]

AGE

29

☒ MALE

☐ FEMALE

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

NOTHING PERTINENT

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

NAME UNKNOWN AP ON NIGHT DUTY DAY 10 MONTH SEPT YEAR 1968

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 9 MONTH OCT 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.

ONLY OTHER THING NOT PREVIOUSLY  
MENTIONED WAS THAT THE PERSON WE REPORTED  
SIGHTING TO REPLIED THAT THEY ALSO HAD  
PHENOMENON UNDER SURVEILLANCE.

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



REPLY TO  
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation, 10 September 1968

13 SEP 1968

TO: Mrs. [REDACTED]  
[REDACTED]  
Las Vegas, Nevada 89107

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

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

1 Atch  
AF Form 117 w/envelope

198 / 92

Las Vegas

FT-VPD

WPB106

RTTUZYUW RUWJBMAO636 2571907-UU U--RUEDFIF.

ZNR UUUUU

R 131800Z SEP 68

FM USAFTFWC NELLIS AFB NEV

TO RUWMFVA/ADC

RUWJBJA/27 AD LUKE AFB ARIZ

RUEDFIF/FTD WPAFB OHIO (IDEIR)

RUEFHQA/CSAF (AFRDC)

RUEFHQA/OSAF (SAF-UI) WASHDC

ZEN/UNIV OF COLO (ATTN DR CUNDON) BOULD COLO

BT

UNCLAS CDI

SUBJ: UFO REPORT

THE FOLLOWING REPORT IS IAW AFR 80-17. PARA 11A: (1) NOT DISCERN-

ABLE, ONLY A LIGHT AS OBSERVED (2) SLIGHTLY LARGER THAN THE NORTH

STAR (3) WHITE, MORE INTENSE THAN A STAR (4) ONE (5) N/A

(6) THE INTENSITY OF THE LIGHT DID NOT VARY (7) NONE OBSERVED

(8) NONE (9) NONE. PARA 11B: (1) MOVEMENT OF LIGHT (2) 70

DEGREES (3) NOT OBSERVED (4) WHEN FIRST OBSERVED THE LIGHT WAS

HEADED WEST AT A CONSTANT RATE OF SPEED; WHEN IT REACHED A POSITION

DIRECTLY OVER HEAD OF THE OBSERVER, FOREWARD MOTION CEASED AND A

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PENDULUM MOTION WAS OBSERVED; THE SWINGING MOTION WAS PARALLEL WITH THE DIRECTION OF WIND AT SURFACE (5) NOT OBSERVED (6)

60 MIN. PARA 11C: (1) GROUND VISUAL (2) NONE (3) N/A.

PARA 11D: (1) 2130 10 SEP 68, 0430Z (2) NIGHT. PARA 11E:

6401 BURGUNDY WAY, LAS VEGAS, NEV. PARA 11F: (1) MRS. [REDACTED]

[REDACTED] 29 [REDACTED], LAS VEGAS, NEV, HOUSEWIFE

HIGH SCHOOL, SEEMED RELIABLE AND COOPERATIVE. PARA 11G: (1)

80 - 85 DEGREES, LIGHT BREEZE (10 - 15 MPH) CLEAR (2) SURFACE,

050 DEG 02K; 060, 210 DEG 14K; 100, 195 DEG 20K; 160, 195 DEG

34K; 200, 210 DEG 27K; 300, 250 DEG 41K 500, 280 DEG 17K;

800, NOT AVAILABLE. (3) CLEAR (4) 15 (5) LESS THAN 1/10

(6) NONE (7) SFC TO 30,000 AT 2.3 DEGREES PER 1,000 FEET.

PARA 11H: NONE; PARA 11I: NELLIS AFB COMMAND POST PERSONNEL

OBSERVED OBJECT, NELLIS TOWER REPORTED OBJECT AS POSSIBLE

HELICOPTER; QUERY CONDUCTED BY NAFB CP INDICATED NO HELICOPTERS

UP FROM ANY LOCAL AIRFIELDS (NORTH LAS VEGAS AIRPORT, MCCARRAN

AP), NORTH LAS VEGAS AIRPORT OBSERVED OBJECT WEST OF THEIR

LOCATION AND ESTIMATED 5000' ALT. LAS VEGAS RADAR (FAA) AT

MCCARRAN AP DID NOT REGISTER THE OBJECT. PARA 11J: NONE.

PARA 11K: CAPT DAVID L. MILLER; NELLIS AFB UFO OFFICER;

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643-4593, 735-7959.

BT

Rec TDPT (UFO) after 26 MAR 69

Re: 10/Sept/68, Las Vegas Case

4 Witnesses

[REDACTED]  
[REDACTED]  
Las Vegas, Nev. 89107

701/878-1211

It is possible that one person thought one star was moving among others. One would have to ask witness whether she actually saw the object move with respect to the stars.

Report states object was moving west at a constant rate of speed, and that when it reached a position directly overhead, forward motion ceased and a pendulum motion was observed.

Furthermore, Nellis Air Force Base personnel also observed the object (supposedly). Also, North Las Vegas airport observed the object (supposedly same object, but, of course, not established) west of their location at an estimated height of 5000 feet. Radar did not pick up. Therefore, I cannot agree that it was likely that a star was the stimulus for this report. To say so means that we have to discount completely

1. Observed motion of object.
2. Its pendulum motion (were other stars also moving like a pendulum?)
3. Evidence of other observers, presumably experienced, at Nellis AFB and at airport.

Cause of report in my opinion must remain "unidentified" until, if and when, proper followup is made to ask observers to trace motion of object among the stars. I will attempt to do so if authorized. Actually, authorization is implied in Article I, Paragraph 4 "to analyze and evaluate reports of unidentified aerial phenomenon for the purpose of determining the cause."

## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY TUES 10<sup>TH</sup> MONTH SEPT YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 4:00 MINUTES \_\_\_\_\_ ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 12:00 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.

LAS VEGAS, NEV.

[REDACTED]

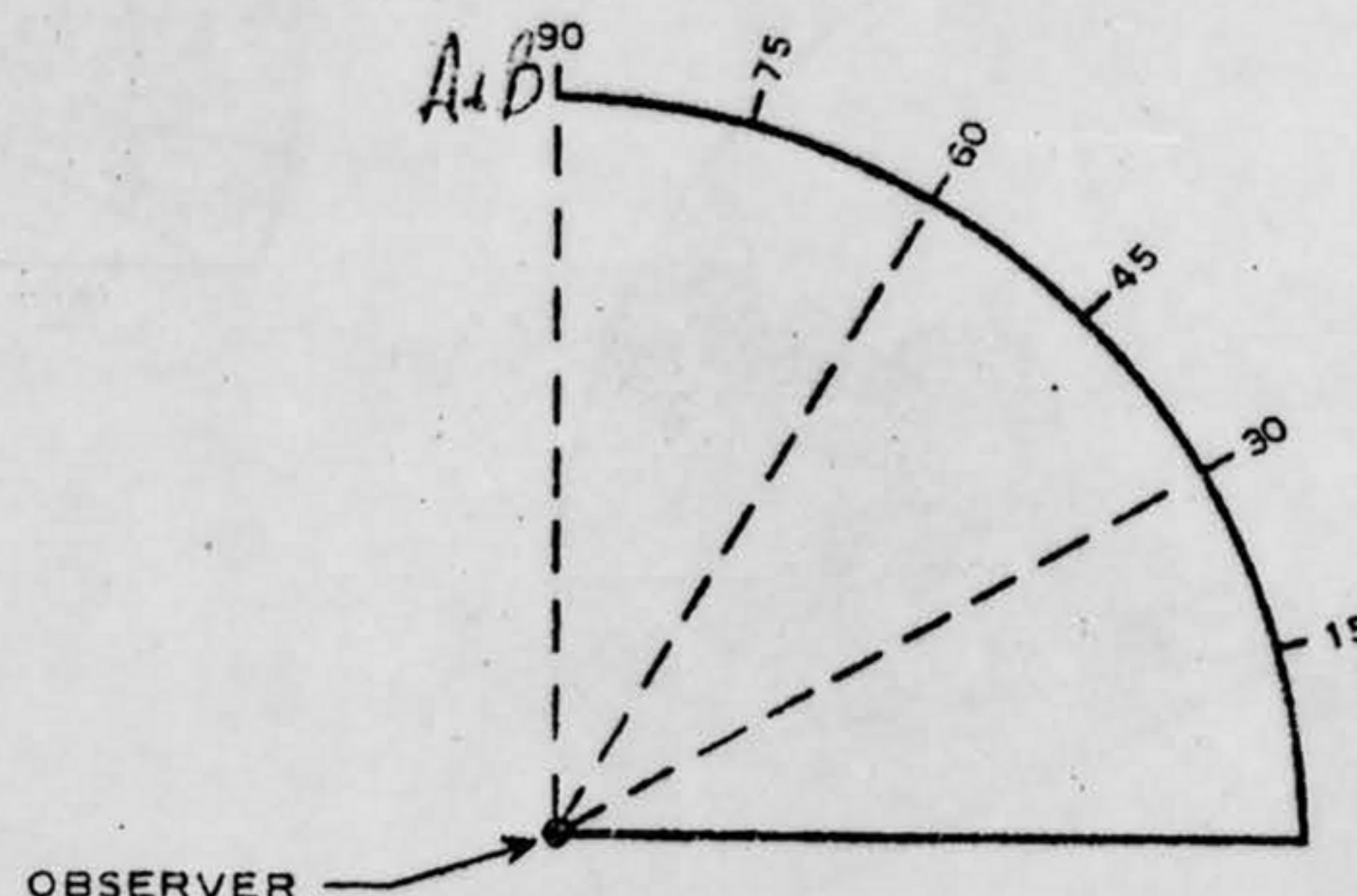
BURGUNDY way

6401

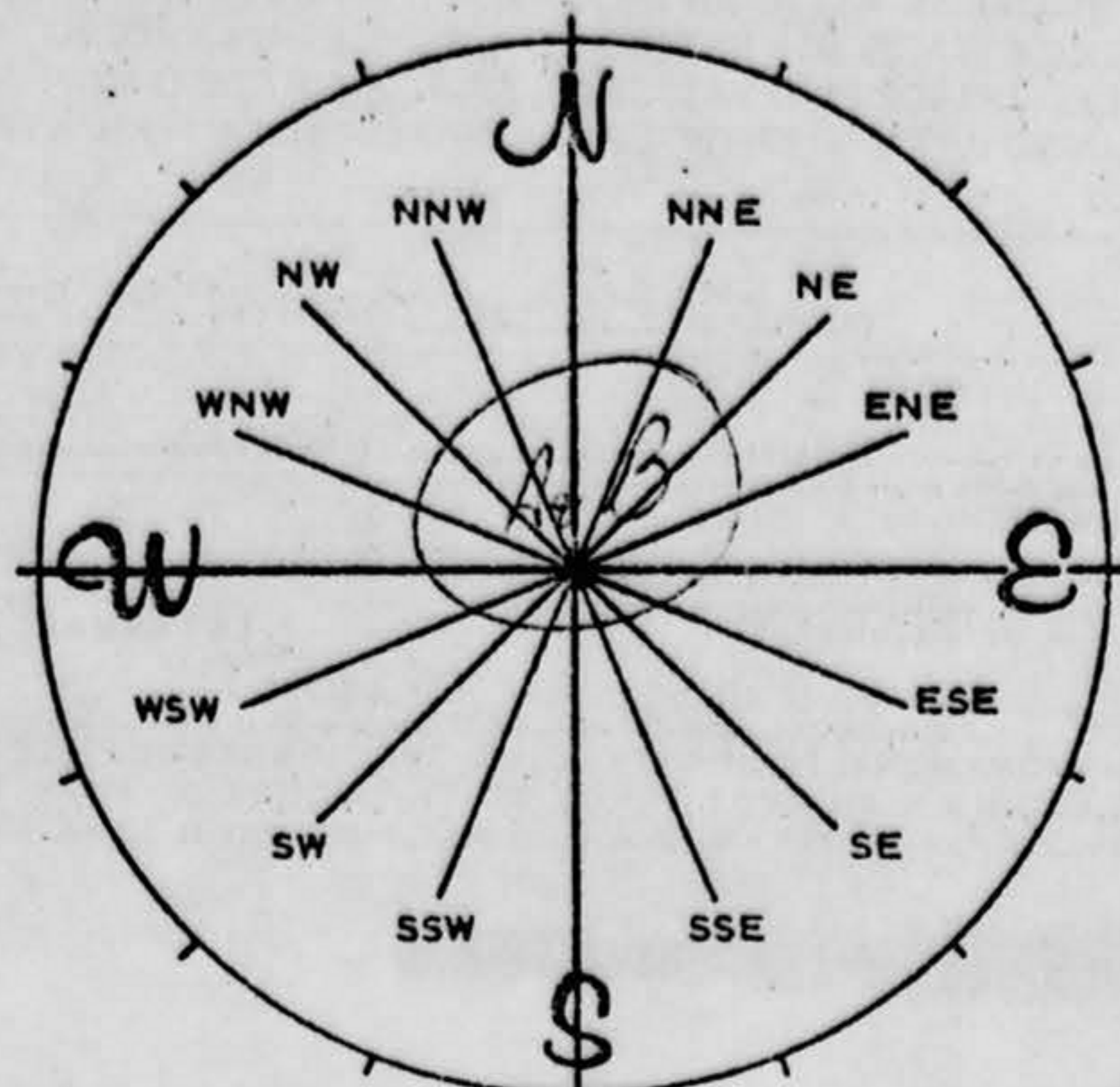
Position at 1st sighting

T  
C  
R  
E  
E  
SN  
4

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.

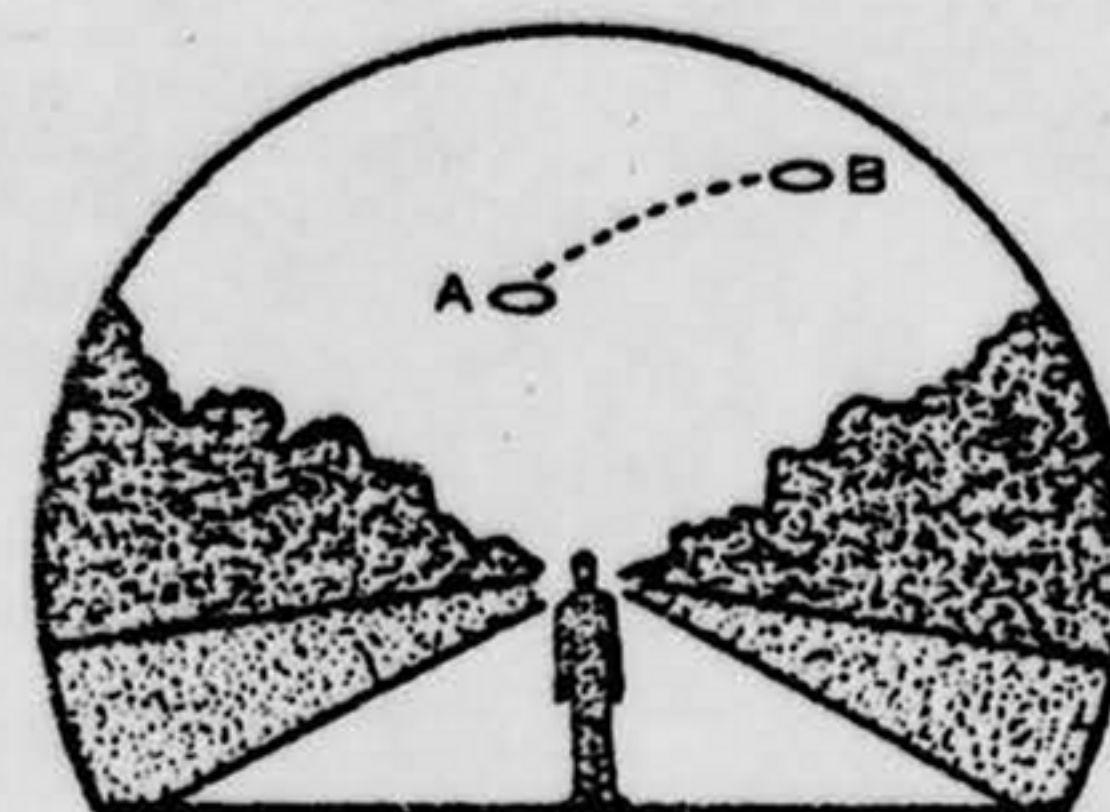
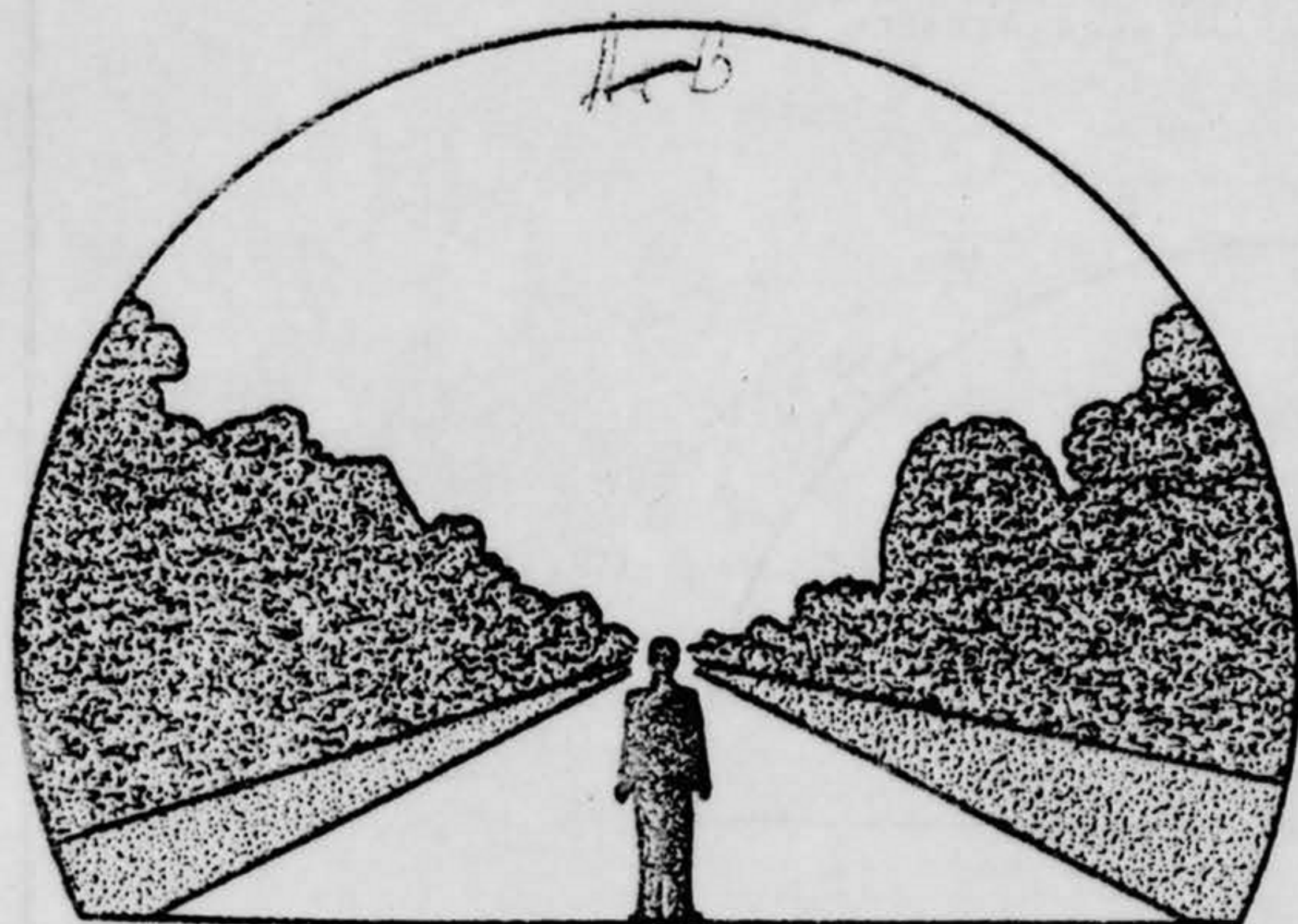


6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



*PHENOMENON WAS DIRECTLY OVERHEAD.*

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



|                                                                                                                                                                                                                                                                                                |                                                     |                                                                                                                  |                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                     |                                                     |                                                                                                                  |                                                                    |
| <input checked="" type="checkbox"/> OUTDOORS                                                                                                                                                                                                                                                   |                                                     |                                                                                                                  | IN BUSINESS SECTION OF CITY                                        |
| IN BUILDING                                                                                                                                                                                                                                                                                    |                                                     |                                                                                                                  | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY |
| IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                                                |                                                     |                                                                                                                  | IN OPEN COUNTRYSIDE                                                |
| IN BOAT                                                                                                                                                                                                                                                                                        |                                                     |                                                                                                                  | NEAR AIRFIELD                                                      |
| IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                                            |                                                     |                                                                                                                  | FLYING OVER CITY                                                   |
| OTHER                                                                                                                                                                                                                                                                                          |                                                     |                                                                                                                  | FLYING OVER OPEN COUNTRY                                           |
|                                                                                                                                                                                                                                                                                                |                                                     | OTHER                                                                                                            |                                                                    |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:                                                                                                                                                                                                                                           |                                                     |                                                                                                                  |                                                                    |
| WHAT DIRECTION WERE YOU MOVING?                                                                                                                                                                                                                                                                |                                                     | HOW FAST WERE YOU MOVING?                                                                                        |                                                                    |
| NORTH                                                                                                                                                                                                                                                                                          | EAST                                                | 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? <u>APPROX 3 HRS</u>                                                                                                                                                                                                                                   |                                                     |                                                                                                                  |                                                                    |
| LENGTH OF TIME                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> CERTAIN OF TIME | <input type="checkbox"/> NOT VERY SURE                                                                           |                                                                    |
| <u>APPROX 3 HRS</u>                                                                                                                                                                                                                                                                            | <input type="checkbox"/> FAIRLY CERTAIN             | <input type="checkbox"/> JUST A GUESS                                                                            |                                                                    |
| HOW WAS TIME DETERMINED?<br><u>BY HAPPENING TO GLANCE AT TIME BEFORE GOING OUTSIDE</u>                                                                                                                                                                                                         |                                                     |                                                                                                                  |                                                                    |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. |                                                     |                                                                                                                  |                                                                    |
| <p>PHENOMENON MOVED ERRATICALLY BACK &amp; FORTH<br/>IN AN EAST TO WEST PATTERN, SEEMING<br/>TO STOP BRIEFLY AT TIMES AND THEN TO DART<br/>IN EITHER DIRECTION AGAIN.</p>                                                                                                                      |                                                     |                                                                                                                  |                                                                    |

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

11. CONDITIONS (Check appropriate blocks.)

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

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

| (1) STARS                                | (2) MOON                                          |
|------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> NONE            | <input type="checkbox"/> BRIGHT MOONLIGHT         |
| <input type="checkbox"/> A FEW           | <input type="checkbox"/> MOON WITH HALO           |
| <input checked="" type="checkbox"/> MANY | <input checked="" type="checkbox"/> NO MOONLIGHT  |
| <input type="checkbox"/> UNKNOWN         | <input type="checkbox"/> UNKNOWN                  |
|                                          | <input type="checkbox"/> MOON HIDDEN BY CLOUDS    |
|                                          | <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 APPROX 200'

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.

PHENOMENON APPEARED TO BE SELF-LUMINOUS!  
AND OF A BLUE-WHITE COLOR OF BRIGHT INTENSITY.  
I COULD NOT DETERMINE SIZE OR SHAPE AS I  
WAS VIEWING WITH NAKED EYE. OBJECT MERELY  
APPEARED AS A BRIGHTLY LIT STAR BUT ITS MOVEMENT  
MADE ME DECIDE IT WAS NOT A STAR.

| 13. | DID THE PHENOMENON                                           | YES                                 | NO                                  | UNKNOWN |
|-----|--------------------------------------------------------------|-------------------------------------|-------------------------------------|---------|
|     | MOVE IN A STRAIGHT LINE?                                     |                                     | <input checked="" type="checkbox"/> |         |
|     | STAND STILL AT ANYTIME?                                      | <input checked="" type="checkbox"/> |                                     |         |
|     | SUDDENLY SPEED UP AND RUN AWAY? BUT NOT TOO DISTANT          | <input checked="" type="checkbox"/> |                                     |         |
|     | BREAK UP IN PARTS AND EXPLODE?                               |                                     | <input checked="" type="checkbox"/> |         |
|     | CHANGE COLOR?                                                |                                     | <input checked="" type="checkbox"/> |         |
|     | GIVE OFF SMOKE?                                              |                                     | <input checked="" type="checkbox"/> |         |
|     | CHANGE BRIGHTNESS?                                           |                                     | <input checked="" type="checkbox"/> |         |
|     | CHANGE SHAPE?                                                |                                     | <input checked="" type="checkbox"/> |         |
|     | FLASH OR FLICKER?                                            |                                     | <input checked="" type="checkbox"/> |         |
|     | DISAPPEAR AND REAPPEAR?                                      |                                     | <input checked="" type="checkbox"/> |         |
|     | SPIN LIKE A TOP?                                             |                                     | <input checked="" type="checkbox"/> |         |
|     | MAKE A NOISE?                                                |                                     | <input checked="" type="checkbox"/> |         |
|     | FLUTTER OR WOBBLE? SEEMED TO Wobble DURING ERRATIC MOVEMENTS | <input checked="" type="checkbox"/> |                                     |         |

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

I WAS LYING ON A CHAISE LOUNGE LOOKING UP BETWEEN PRIMARY POWER LINES RUNNING EAST + WEST BEHIND MY HOUSE, WHEN I NOTICED WHAT APPEARED TO BE A BRIGHT STAR MOVING IN ~~AND~~ A WESTERLY DIRECTION PERFECTLY PARALLEL TO ABOVE MENTIONED WIRES.

## A. HOW DID IT FINALLY DISAPPEAR?

IT DID NOT.

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.

EXPLAINED IN PREVIOUS ANSWERS.

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.

PROBABLY 100 % AS IT APPEARED TO BE THE SIZE  
OF A LARGE STAR.

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

|                        |               |
|------------------------|---------------|
| EYEGASSES              | CAMERA VIEWER |
| SUNGLASSES             | BINOCULARS    |
| WINDSHIELD             | TELESCOPE     |
| SIDE WINDOW OF VEHICLE | THEODOLITE    |
| 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 UNKNOWN

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

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.

NO COMMON OBJECT COMES TO MIND AT PRESENT,  
EXCEPT A LARGE STAR.

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

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