

## PROJECT 10073 RECORD

|                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. DATE - TIME GROUP<br>24/0030<br>24 Oct 68 24/0530Z                                          | 2. LOCATION<br>Minot AFB, North Dakota                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 3. SOURCE<br>Military                                                                          | 10. CONCLUSION<br>Ground-Visual: 1. Probable (AIRCRAFT)(B-52)<br>2. Probable Astro (SIRIUS)<br>Radar: Possible (PLASMA)<br>Air-Visual: Possible (PLASMA)                                                                                                                                                                                                                                                                                                  |
| 4. NUMBER OF OBJECTS<br>See Case                                                               | 11. BRIEF SUMMARY AND ANALYSIS<br><br>SEE CASE FILE<br><br>COMMENTS: The ground visual sightings appear to be of the star Sirius and the B-52 which was flying the area. The B-52 radar contact and the temporary loss of UHF transmission could be attributed to plasma, similar to ball lighting. The air-visual from the B-52 could be the star Vega which was on the horizon at the time, or it could be a light on the ground, or possibly a plasma. |
| 5. LENGTH OF OBSERVATION<br>4 Hours, 48 Minutes                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 6. TYPE OF OBSERVATION<br>Air-Radar, Air-Visual<br>Ground-Visual                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 7. COURSE<br>See Case                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 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 |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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

THIS CASE INCLUDES

13 PHOTOS 8X10



MEMO FOR THE RECORD

24 October 1968

Subject: UFO Observation, Minot AFB, North Dakota, 24 October 1968

At about 1730 hours the FTD Duty Officer called Lt Marano and said that they had a pretty important UFO sighting from Minot AFB. I (Lt Marano) asked him what it was about and he said the only information he had was that the crew of a B-52 had sighted and photographed an UFO and that the Base Commander and Major General Nichols of the 15th Air Force were both interested. I got back to the office at about 1745 hours, called Col Quintanilla and told him of the sighting, then called Minot and talked to Lt Col Werlich, the UFO investigator, 897-1850 ext 3020 or 2231.

I asked him if he wanted immediate reaction from our office and he said no, that he hadn't necessarily wanted us to call him back that night and that our Duty Officer was really more excited than he was. However, since it was such an unusual sighting he wanted to know if we could help him in any way.

I asked him the details of the sighting and he gave them.

At about 0300 hours local, a B-52 that was about 39 miles northwest of Minot AFB and was making practice penetrations sighted an unidentified blip on their radar. Initially the target traveled approximately  $2\frac{1}{2}$  mile in 3 sec or at about 3,000 mi/hr. After passing from the right to the left of the plane it assumed a position off the left wing of the 52. The blip stayed off the left wing for approximately 20 miles at which point it broke off. Scope photographs were taken. When the target was close to the B-52 neither of the two transmitters in the B-52 would operate properly but when it broke off both returned to normal function.

At about this time a missile maintenance man called in and reported sighting a bright orangish-red object. The object was hovering at about 1000 ft or so, and had a sound similar to a jet engine. The observer had stopped his car, but he then started it up again. As he started to move the object followed him then accelerated and appeared to stop at about 6 - 8 miles away. The observer shortly afterward lost sight of it.

In response to the maintenance man's call the B-52, which had continued its penetration run, was vectored toward the visual which was about 10 mile northwest of the base. The B-52 confirmed having sighted a bright light of some type that appeared to be hovering just over or on the ground.

Fourteen other people in separate locations also reported sighting a similar object. Also, at this approximate time, security alarm for one of the sites was activated. This was an alarm for both the outer and inner ring. When guards arrived at the scene they found that the outer door was open and the combination lock on the inner door had been moved. The weather was generally misty, the temperature was 28 - 29 deg F and the wind 5 - 10 knots.

He did not have all the information such as: Whether it had been painted by the radars at the control tower? If control tower personnel had sighted anything unusual? If he had computed the azimuth and elevation from the fourteen witnesses to determine if they were looking at the same object or if they could have been possibly looking at stellar bodies? He didn't know whether anyone had seen a physical object or if they had just seen lights. Also, Col Werlich did not have an exact time sequence for the events. Col Quintanilla told Col Werlich that without this information there wasn't too much we could do. Col Werlich agreed and said that he would gather the information.



MEMO FOR THE RECORD

SUBJECT: 24 Oct 68 UFO Sighting from Minot AFB, N. D.

At 11:15, 28 Oct 68, Sgt Jones received a call from Col Weyant, HQ SAC, Offutt AFB, Nebr.

He wanted to know how we received the UFO report from Minot AFB. Sgt Jones informed him it was received by phone.

Wanted to know what interest we take in a report like this and what we do when we receive the report. Sgt Jones told him it should have been given to the UFO Investigator at Minot, but since it was phoned into Wright-Patterson, Lt Marano would get in-touch with the UFO Investigator at Minot. Col Weyant then said, "the investigator would handle it in accordance with AFR 80-17". Sgt Jones told him that was right.

Col Weyant then said, "then you can't do anything until you receive their report", Sgt Jones said, thats right.

Col Weyant also wanted to know if there was any other reports for that period of time from that area, Sgt Jones told him to the best of his knowledge, he didn't think there was. Col Weyant said, who ever is handling the report to give him a call at 5556/4236, Sgt Jones informed that would be Lt Marano.

MEMO FOR THE RECORD

28 Oct 68

Subj: Call fm Col Wyatt, SAC Hqs

At 1250 hours, 28 Oct 68, Col Wyatt, called Lt Marano and wanted to know if we (Lt Marano) had received any indication of any other reports from Minot. Lt Marano informed him that we haven't received any other reports from that area. We do get a copy of reports in accordance with AFR 80-17. Lt Marano told Col Wyatt that Col Werlich at Minot was doing the investigation. Col Werlich had called the Duty Officer at Wright-Patterson who in turned called Lt Marano and he (Lt M) called Col Quintanilla and they both called Col Werlich back and Col Werlich said he would do the investigation. Col Wyatt said he was trying to determine whether ADC had any known phenomena on radar. Col Wyatt asked Lt Marano if we ever participated in any investigations. Very seldom do we ever go out in the field. As far as Lt Marano was concerned Col Werlich was quite competent and he didn't feel that Col Werlich needed any additional help at this time. Col Wyatt said he gave Col Werlich the guidance and he guessed that Col Werlich got our telephone number out of the regulation. Col Wyatt said he felt that we couldn't give him any more information so he ended the conversation .



MEMO FOR THE RECORD

29 October 1968

Subject: UFO Sighting, 24 Oct 68, Minot AFB

On 29 October 1968, at 0945, Lt Marano called Minot AFB and asked for Col Werlich. It seems that Col Werlich is flying this morning so I talked to Mr [REDACTED]. Mr [REDACTED] said that he thought that Col Werlich had prepared the UFO report and it was either sent out this morning or would be sent out today.

11874

0700Z  
PRIORITY SUMMADAN 173 3300429-0001--HINDI 17.

PRIORITY

PT 101  
2 2142Z OCT 52  
FM 1ST CMT SGT OF HINDI AFB 1000  
TO 1000VA/1000 LIA AFB 1000  
SUBJ: 1000VA/1000 LIA AFB 1000  
1000VA/1000 LIA AFB 1000  
1000VA/1000 LIA AFB 1000

UNCLAS 1 7 1 3 10.01 1 11.  
FOR 1ST CMT. FOR 1ST CMT. FOR 1ST CMT. FOR 1ST CMT.  
A. DESCRIPTION OF THE OBJECTS. (1) SHAP. WAS DESCRIBED BY  
VISUAL SIGHTING AS "JUST ABOUT ROUND, A LITTLE OBLONG IN APPEARANCE".  
THE OBJECT WAS 10-52 (RANGE) SCOPE WAS VERY SHARP AND  
REGULAR AND AT TIMES RECTANGULAR. (2) VISUAL SIGHTING  
OF OBJECT SEEMED TO BE EQUAL TO THE SUN, VERY LARGE, TOO BIG  
FOR AN AIRCRAFT. RADAR SIGHTING DESCRIBES THE SIZE OF THE OBJECT  
TO BE LARGER THAN THAT OF A KC-135 DURING AERIAL REFUELING.  
(3) OBJECT WAS A VERY BRIGHT RED ORANGE. MOST OF THE TIME. (4)  
THE INITIAL SIGHTING WAS ONE OBJECT. THE ONE OBJECT WAS JOINED BY  
A SECOND LIA. OBJECT FOR A SHORT TIME. THE AIRCRAFT WAS

UNCLAS 1 7 1 3 10.01 1 11.  
FOR 1ST CMT. FOR 1ST CMT. FOR 1ST CMT. FOR 1ST CMT.

PAGE 3 RUWMD046373 UNCLAS E F T O



5

2

Put nothing  
to table  
Silva







PRIORITY

3PT/040

ATTENTION: 80034596877 3136429-3136429-3136429 IF.

IC 505.6 V ADC ENT OF 10000

100

ENCLOSURE TO 30. FINAL SECTION OF II.

FOR TOP-LEVEL, FOR AFMSS, FOR SAF-OI, SUBJ UFO REPORT.



... PROCESS, PRINTED BY ... (C) ...  
... THE ... SIGHTING, THE FIRST ...  
... A SECOND LINE OBJECT. (C) ...  
... THE AIRCRAFT ACTIVITY AND TIMES CONTAINED ON THE ...  
... WITH THE CASE OPERATIONS DISAPPEARANCE LOG OF  
... OBSERVATIONS, IT IS ENTIRELY POSSIBLE AND HIGHLY PROBABLE  
... THE INITIAL SIGHTING AND SUBSEQUENT ACTIVITIES OF THE OBJECT  
... IN FACT THE B-52 ACCOMPLISHING UPPER AIRWORK. LATER SIGHTINGS  
... BRIGHT LIGHTS AND FLASHING GREEN AND WHITE LIGHTS ACCOMPANIED  
... BY A LOW JET ENGINE SOUND COORDINATES WITH THE B-52 MAKING A VOR  
... PENETRATION, LOW APPROACH AND MISSED APPROACH. PORTIONS OF THE  
... ARE ACCOMPLISHED WITH THE AIRCRAFT LANDING LIGHTS ON. THE  
... LAYERED CLOUD CONDITIONS COULD HAVE DIFFUSED LIGHT SOURCES  
... IDENTIFICATION DIFFICULT. (C) FOUR OCCURRENCES THAT  
... BE CORRELATED OR EXPLAINED AT THIS LEVEL ARE: (C) THAT  
... THE AIRCRAFT ... (C) AIRCRAFT ...  
... (C) THE CAUSE OR SOURCE OF VISUAL AIRCRAFT SIGHTING  
... A BRIGHTLY LIT OBJECT AS PREVIOUSLY DESCRIBED IN PARAGRAPH  
... AND A SIMULTANEOUS GROUND SIGHTING IN APPROXIMATELY THE SAME  
... (C) THE ... ALARMS COULD BE ATTRIBUTED TO A  
... EFFORT OF ... HOWEVER NO EVIDENCE OF  
... WAS FOUND.



MEMO FOR THE RECORD

30 October 1968

Subj: Need for Additional Info on Minot Sightings

At 0900 hours, Lt Marano called Minot AFB, BaseOps, however, Col Werlich was flying so Lt Marano spoke with Sgt Hoy. Lt Marano requested that Sgt Hoy have Col Werlich obtain the following information and TWX it to our office.

Have the navigator accompany someone and go out and interview the individual observers at the missile sites. Information that is needed is:

1. When first observed
2. Duration
3. Course
4. Description
5. Az and elev when first seen
6. Az and elev when last seen
7. Could they also see stars

Obtain statements from aircraft personnel to include:

1. Speed of B-52 during radar paint
2. Time, duration of aircraft radar sighting
3. Time, duration and position of aircraft for visual sighting.
4. Why did they feel the light was an UFO, could it actually have been a car, etc on the ground. Did the ground observers see the airplane and the UFO both at the same time?
5. Is there more than one radar on B-52 (ECM) Did it paint anything? Was there an ECM operator on board, was he using his equipment?

Other:

Did RAPCON paint any UFOs while painting the aircraft.  
What other radars are in the area? Did they paint any unidentified targets? Are there sage sites in area?

We need a statement that the missile sites had been broken into before and what results.

Did ground maintenance check the equipment out after the B-52 landed ?

The following is to be sent to us by mail.

Map of area

Plot of flight path of B-52 from 0258 hours local, till landing, with time sequence markings on plot.

AF Form 117 from each observer. Could be completed by observers at the time they are interviewed.

Copies of the Scope Photos.

MEMO FOR THE RECORD

30 October 1968

Subj: Telephone conversation with Col Pullen, Hq SAC

On 29 October 1968 at 1530 hours, Col Quintanilla telephone Col Pullen, Hq SAC, autovan 631-3600 (regular ext 2828, however he was at 4336). Col Pullen wanted a brief run down on the Minot sightings. Col Quintanilla told Col Pullen that he thought that the aircraft transmission receiver might also have caused the blip since it occurred for only a short period of time. The weather could have been a factor since there was an inversion. Also, the complete sighting is listed as having occurred for almost two hours and fifteen minutes. I feel that some of the men were looking at celestial bodies because of the inversion, causing scintillation. There were a number of stars in the area at the time. Col Pullen said he would like to receive a preliminary report giving a quick look. Col Quintanilla told him he would however we have to get the times. This business of two hours is too long to make an accurate report. There was an inversion between 2 and 5 and haze. I'm (Col Quintanilla) pretty sure it was either caused by an internal radar malfunction that also caused the blip or because of the inversion he might have also picked up an anomalous blip. Unfortunately, Col Werlich wasn't able to have them pull a quick inspection of the set. Col Pullen wanted to know if we sent anybody up there to investigate the sighting. We did not send anybody up because I only have four people on my staff, myself, an assistant, a secretary and an admin sergeant. I talked to Col Werlich for over thirty minutes and since this didn't appear to unusual I didn't send anyone up. Col Pullen requested that Col Quintanilla send a preliminary report so that he could give it to General Stewart to get this thing simmered down. Send it SSO SAC, attention Col Pullen. He requested that Col Quintanilla hit a little heavy on what has happened to other aircraft on occasions like this, this would help to play the issue down.



MEMO FOR THE RECORD

1 November 1968

Subj: Telephone conversation of 31 Oct 68, Col Werlich - Lt Marano

Col Werlich had the people fill out the AF Forms 117, of course, he said, I monitored them while they filled them out, but I can't see where a navigator can help. What I did was take a blotter to get the angles and show them what 60,90 etc angles were.

The descriptions of this will take care of these sightings also. The courses were quite varied over a couple of hours and the aircraft took many courses. It will be interesting to cross check its path with the RAPCON versus the ground observers. Most of the original sightings were of the aircraft.

The one we (Lt Marano) are mainly interested is the one that cannot be identified. The one of radar and the aircraft correlated pretty well. Col Werlich said Lt Marano should get a section map of the area. Base Ops at Wright-Patterson has hundreds of the sectional maps of the Minot area.

Look on map, half way down the runway, TACCAN, 320 radius, 16 nautical miles. This is where aircraft saw the object. There's farm fields there. There is nothing there that would produce this, type of light. The same for O'Connor and Nicely from November 7 which is near Greno. I have gone over that area with a chopper. This weekend I would like to go down with a geiger counter and go down to the OSCAR 7 break-in. I (Col Werlich)



think you will find that the most information comes from Airman O'Connor and Isley, and an aircraft instructor. Much of their discussion and description incorporates the activity of the E-52. It was only at the end that I was unable to pin point the fact that they did observe a light source and the B-52. You can see the lights of the base for at least 50 miles away. I (Col W) asked if they saw the B-52 come towards the object. We know the 52 got real close to it. Did they see the object on the ground? (Lt M asked). They were able to see a light source while the 52 got in real close then it disappeared.

Lt Marano asked if it was going with the wind and explained how we have had trouble with hot air balloons and he gave the description, duration, etc.

Col Werlich informed Lt Marano that if he was familiar with the geography he would see why this wouldn't be possible. There must be four or five farm houses within a ten miles radius and Grano with six to ten small dwellings and the area is deserted at this time of the morning. I doubt that there would be any activity like this. The sighting was about eleven miles from November 7 site. This is a sensitive subject. Anybody that could unlock the padlock wouldn't be a prankster from the farm areas. There are keys for these padlocks and it's hard to

judge how many keys have been made. It looks like a Navy hatch and underneath is the combination lock. Pranksters just couldn't go and open it. The person, if it was a person, would have to know how to open it. We have had about three occurrences of this in the last two or three years doing this. All three of these cases were traced back to AP's. Guys who had been in the service on these areas. It is not a serious offense. 99 chances out of 100, that if a person, a human being, accomplished this thing then it had to be somebody who had a key to the padlock. Lt Marano told Col Werlich that we have no evidence though that the UFO events did this. Col Werlich agreed but said that a Lieutenant examined the area the next day and could find no evidence of cars, tire tracks, footprints, etc. Col Werlich said he didn't know if an examination investigation was going on or not but felt they probably were looking into it. Lt Marano asked him to get the results of their investigation. Col Werlich said he was trying to take a positive approach towards this investigation. Almost 80 per cent were looking at the B 52. If you would take a look at an aircraft at 20,000 ft, then you wouldn't see much but I'm am to place logic in that it was there and what they saw was there. There is enough there that it is worth looking at. Nobody can definitely say that these people definitely saw the aircraft, but within reason they probably saw it. Lt Marano told Col Werlich that SAC was giving us trouble because they wanted to know what we are

doing. Thursday afternoon I (Col Werlich) called, with the personal opinion that we needed technical assistance at that time and that is what we requested and we didn't get it and we have tried to do what we could. Gen Hollingsworth is interested.

Anyway, I'm sending the RAPCON TAPES, PHOTOS, and an overlay showing a movement of the aircraft, description of the aircraft movement prior to VFR. Aircraft was going through maneuvers and it would be most impossible to track it perfectly cause he was doing steep turns, "S" turns, etc. Now time and duration of the sighting was in my message. Speed of the B-52 was in the TWX. I only stated one radar in the message because there was only one radar set. The ECM equipment hadn't been used. RAPCON was painting, IFF equipment was operating in the airplane. It's a fairly good size blip. Every time it sweeps it shows the blip. The object would have been covered by the blip. There is a Sage site to the south. They do not remember having any unidentified paints. The only one I have is the one on the plane. The unusual part is the B-52 was in the middle of a sentence and the voice just quit transmitting right in the middle of the word. Because we had an accident a couple of weeks ago we were quite interested. Ground control asked them if they had any trouble to give Modey Squawk. The airplane changed both UHF and neither would transmit but they could receive, and each time to show that they could receive they hit the ident squawk which would last for thirty seconds each time.



There was quite a bit of this. The navigator was the paint disappear as fast as it appeared. My personal opinion is that it couldn't be a malfunction because they transmitted before and afterwards. The aircraft was not checked out afterwards because the transmission was working. I don't know if the heavy haze would have been enough to blank out the transmission. Lt Marano explained that we do not have a good time sequence. Col Werlich said he tried to start with the first things first in his TWX. The most important things are the AF Forms 117 and the transcription with RAPCON. Lt Marano then explained about the many astronomical bodies that were over the area at the time and when there is quite an inversion they are magnified even greater. Col Werlich said some of the observers could see stars and others couldn't. We had a Ragged Ann type of cover. So many layers of haze, quite a layer of haze. Col Werlich then put Sgt Dickson from the weather office on the telephone. Sgt Dickson was sending us complete weather data, however, he said we should be able to obtain the weather from the base weather office at Wright-Patterson since they get it as it comes off the wires. The weather data Sgt Dickson used was obtained from Glasgow.

The following data was given:

|             |             |           |           |                       |
|-------------|-------------|-----------|-----------|-----------------------|
| 2000 ft alt | temperature | + 4° cent | Dew point | -3 <sup>10</sup> cent |
| 3200        |             | +10.5 °   |           | -2 <sup>10</sup> °    |
| 5000        |             | + 9 °     |           | 0°                    |
| 8500        |             | + 1 °     |           | -5°                   |
| 11,500      |             | "         |           | -8°                   |

There was a pretty good temperature inversion.

Col Werlich said he would send an overlay for the 200 series map chart which is used by the bomb people in the targetting section and the people over at W-P should have the master chart. The chart is classified so to save time, signatures, etc, Col Werlich is just sending the overlay so that we can put it over the chart that the Bomb people here. See the Bomb Nav targetting people for the 200 series chart.

Gen Hollingsworth has been given all the information that Col Werlich obtained. Col Werlich said that Gen Hollingsworth was briefing Gen Compton and this briefing was probably going on at the time that Col Werlich was speaking with Lt Marano (time was approx 2 pm, EST, 31 Oct). Col Werlich said that you had to realize that there is only one person looking at the radar sent. He didn't take scope photos at first until the pilot said why don't you take some photos. This was towards the end. They had it visually all the way down. Each scope photos is three seconds. There is nothing of value in the conversation. The blip changes shape, round, rectangular, etc. Col Werlich said he would be flying tomorrow and Monday. Col Werlich said he had done the initial investigation in accordance with the regulation and I'm at the limit of my capabilities. Col Werlich I can send supplemental data and will if we make our desires known and inform what specific information we need. Col Werlich said we were hoping for technical assistance

and we didn't get it. Lt Marano told Col Werlich we felt that he was doing an adequate job as far as technical data. Col Werlich said this was his first report and didn't know how to ask questions or anything and he had spent too much time on it already.



MEMO FOR THE RECORD

1 November 1968

Talked to Mr Goff, TDPA, who is quite familiar with air-borne radars. Mr Goff said that from the evidences available at this time it would appear to him that the sightings may have been precipitated by some type of ionized air plasma similar to ball lightning. He felt that a plasma could account for the radar blip, loss of transmission and some of the visual sightings. The entry of the missile site is being investigated by local authorities and with the information at our disposal at this time no explanation is offered.

3942072

On 24 Oct 68 the following personnel at the listed LCF's sited the UFO at times indicated.

0308

Nov-1  
SSgt Bond  
A1C Adams  
A1C Jablonski

0320

Oscar-1  
SSgt Smith  
A1C Bajgiar  
A1C Vennedall

Camper Team

at-06  
A1C McDowell R  
A1C Johnson W

0325

Mike-1  
SSgt Halko  
A1C Jenkins  
A1C Richardson

0324

Juluit-1  
SSgt Wagla  
A1C Allis  
A1C Derr

At 0308 hours the initial report was received from a maintenance team enroute from Nov-8 to Nov-7. An A1C O'Connor was the maintenance Team Chief and he stated that all members of the team observed the lighted object. They further stated that it was reddish orange in color, a very large object, with flashing green and white lights. After they entered N-7 IF the object came directly over head with the sound of jet engines. SSgt Bond the FSC at Nov Flt stated that the object which looked to him as the sun, came near the handred antenna at Nov-1. It then moved to the right and he sent the SAT out to check and see what it was. The object then moved about one mile away with the Nov SAT following. They came within  $\frac{1}{2}$  mile from where it appeared to be landing. When it reached surface the lights became dimmer and finally went out. After this they could see nothing. SSgt Smith at Oscar-1 saw the object separte in two parts and go in oposite directions and return and pass under each other. At this time Julelt Flt and Mike Flt Team observed the same things and described it the same way. The approximate grid coordinate of the apparent landing was at AA-43. The entire observation period as near as can be determined was about 45 minutes.

*Smith does not say this was 117*



0800. Object 8/E of N-7 moving toward site with brilliant light like the sun. Lights flashing on and off. Its too brilliant and big for an aircraft now moving south and hovered over N-7, turned green, amber off than on.  
 0818. Below 1,000 feet, hovers somewhat, makes no turns like a jet -- straight forward shot.  
 0819. Moving N/W white light on.  
 0820. Object now appears one mile away and moving in on them.  
 0825. Object now reversed direction and moving toward site, now 600 feet from site and lower from 800 feet.  
 0828. Two are seen now. Jet engines heard now very clearly.  
 0829. Moving S/W of site and gaining altitude.  
 0830. Just are in sight now when it passed over site it looked like two high headlights. Moving real slow when oversight -- could hear engines.  
 0833. Disappeared -- moved S/E to far from eyesight.  
 0836. Disappeared for 3 minutes then reappeared. Same spot and moving back toward N-7.  
 0838. Coming out of S/E once more.  
 0840. Hovering 3 miles away 1 to 2000 feet very dim white light.  
 0841. Moving toward N-7 again, light getting brighter. Hovering.  
 0842. In one position.  
 0844. White lights went out, green light on and moving rapidly now. Green light gone out and white light coming back on.  
 0850. Object N/W, reversed and moving off again S/E.  
 0850. Disappear then reappears and coming back N-7 from S/E, lights getting brighter.  
 0856. Still moving from S/E.  
 0856. Object now West 1 to 2000 feet.  
 0857. Now approximately 600 feet. Red flashing light moving N/W.  
 0858. Now white light hovering 500 to 1000 feet. Lights now flashing white.  
 0926. Object direct 8/W of N 1 moving north then lights went out. A B-52 went out to location of sighting and saw object and had on radar 20,000 feet. Object followed B-52 to fifteen miles from base. During this time B-52 lost radio contact on all frequencies. At this time N-7 lost sight of object. B-52 went around again and negative contact.  
 0940. B-52 landed.  
 0940. N-7 picked up object again 3 miles west of site. Stationary -- seems to be on the ground -- lights bright orange then illuminated to white then white disappeared and green came on.  
 0944. Disappeared.  
 0945. In sight -- stationary position.  
 1004. Object has moved -- still west of N-7. Now stationary once more.  
 1010. 2 miles E of N-7 -- object still 5 miles west of him approximately 50 feet off ground stationary green lights.

*see Pilot request Apparently he made a mistake of 1 hr in det. local time?*  
Transcript of tape for 24 Oct 68 from 0830 to 0915  
ct- controller ac- aircraft tw- tower

0830 Controllers received information on UFO 24 miles NW  
0834 JAG 31 a B-52 on TA calibration check to rw 11 requested clearance to WT at FL200  
0834 ac MIB approach control does JAG 31 have clearance to WT fix at FL200?  
ct JAG 31 roger climb out on a heading of 290 climb and maintain 5000 stand-by for higher altitude we're trying to get it from center now  
0335 L. 0835 ct JAG 31 climb and maintain FL200  
ac Roger 31 leaving 5000 for 200  
ct 31 roger  
ct And JAG 31 on your way out to the WT fix request you look out toward your 1:00 position for the next 15 or 16 miles and see if you see any orange glows out there  
ac Roger roger.... glows 31  
ct Somebody is seeing flying saucers again  
ac Roger I see a .... (garbled)  
0852 ct JAG 31 MIB apch  
ac 31 go ahead  
ct 31 the UFO is being picked up by weathers radar also, should be your 1:00 position 3 miles now  
ac We have nothing on our airborne radar and I'm in some pretty thick haze right now and unable to see out that way  
ct roger  
ct JAG 31 upon reaching the WT fix you're cleared for approach report leaving FL200  
ac Roger 31  
0854 ac Departure 31 level 200  
ct JAG 31 roger report leaving FL200  
ac 31  
0855 ac Approach control this is JAG 31  
ct JAG 31 Minot approach  
0856 ac We'd like a straight Tacan approach, low approach rw 11 then a vector around for a GCA low approach  
ct After completion of low approach climb and maintain 3200 climb heading 335 report steady.... 31 report leaving 200 on this approach  
ac 31 wilco and I copied missed approach  
ct 31  
0858 ac Approach control 31  
ct 31 go ahead.... 31 go.... JAG 31 Minot go ahead....  
0859 ct JAG 31 Minot approach go ahead.... JAG 31 if you hear me squawk ident.... 31 Minot  
0900 ct JAG 31 if you hear me squawk ident.... JAG 31 ident observed cleared for the approach attempt contact on frequency 271.3 and you're cleared for the low approach



approach  
ot to tw Tower this is on JAG 31, disregard, he's about 24 miles out but can I have  
clearance on him now for a low approach, he might be having radio problems  
tw Cleared for low approach wind 15002  
ot JAG 31 you're cleared for low approach wind 15002, if you hear me squawk  
ident  
ot JAG 31 if you're having any other difficulties besides radio transmitter  
squawk mayday.... (no mayday squawk was received)  
ac Minot approach control how do you read this transmitter  
ot JAG 31 you're very very weak on 271.3 how me  
ac Roger I hear you loud and clear  
ac (weak and garbled)  
ot You're very very weak attempt contact on frequency 326.2  
0902 ac Minot approach control JAG 31 how do you hear  
ot You're loud and clear how me  
ac Roger you're loud and clear  
ot Remain this frequency  
ac Our UFO was off to our left there when we started penetration  
ot Roger understand you did see something on your left side  
ac We had a radar return at about a mile and a quarter nine o'clock position  
for about the time we left 200 to about 14



ct 31 roger request radio check on 271.3 then return this frequency again  
 ao 271.3  
 0903 ct JAG 31 how do you hear this transmitter  
 ac You're loud and clear how me  
 ct You're loud and clear also  
 ac O.K. I'll stay on this frequency?  
 ct Affirmative I was wondering how far out did you see that UFO?  
 0904 ac He was about 1 1/2 miles off our left wing at 35 miles when we started in and  
 he stayed with us 'til about 10  
 ct I wonder if that could have been your radio troubles  
 ac I don't know.... but that's exactly when they started  
 ct Roger  
 ct 31 cleared for low approach report missed approach  
 ac 31 roger  
 0906 ac 31 going around  
 ct 31 roger  
 0909 ac Steady 335 3200  
 ct JAG 31 roger, radar contact this will be a vector to the precision final  
 approach course rw 11  
 ac JAG 31 roger  
 ct JAG 31 if no transmissions received for one minute while in the pattern take  
 over visually if unable cleared for approach  
 ac Roger 31 understand  
 ct JAG 31 turn left heading 290 maintain 3200 downwind leg  
 ac 290 3200 JAG 31  
 ct JAG 31 say type landing  
 ac 31 will be a low approach  
 ct 31 roger say intentions after low approach  
 ac Vector around for an ASR approach low approach  
 ct Missed approach instructions remain the same do you wish them repeated  
 ac Negative 31  
 ct JAG 31 perform landing check  
 ac 31 roger cockpit complete  
 ct JAG 31 check altimeter 3012  
 ac 3012 roger  
 0913 ct JAG 31 are you observing any more UFO's  
 ac Negative on radar, we can't see anything visually  
 ct JAG 31 roger  
 ct JAG 31 roger the personell from the missile site advise they don't see any-  
 thing anymore either  
 ac Roger  
 ct JAG 31 turn left heading 200 maintain 3200 base leg  
 ac Roger 200 3200

0914 ct JAG 31  
0915 ct JAG 31 turn left heading 140 maintain 3200 dogleg to final  
ac Roger 140 3200  
ct JAG 31 turn left heading 110 maintain 3200  
ac Roger 110 3200  
0917 Final approach  
0921 ac Approach control this is 31  
ct JAG 31 this is Minot approach control go ahead  
ac I'd like to get a vector around for an IFR, surveillance approach. like to  
touch down at 40 past  
ct Roger you want a full stop at 40  
ac Affirm be termination  
ct JAG 31 roger turn left heading 335 maintain 3200 this will be a vector to  
the surveillance final approach course rw 11 usable length 13,200, descent  
to minimum descent altitude will be authorized 5 miles from rw  
ac 31 roger  
ct Lost communications remain the same do you wish any portion repeated  
ac Negative 31  
ct 31 roger  
ct (garbled)  
ac 31 roger  
ct JAG 31 (garbled) requests that somebody from your aircraft stop in at

basops after you land  
ac Roger 31 we'll give them a call  
ct 31 roger  
ct JAG 31 turn left heading 200 maintain 3200 base leg  
ac Roger 200 3200  
ct JAG 31 turn left heading 140 maintain 3200  
ac 140 3200 JAG 31  
ct JAG 31 turn left heading 115 maintain 3200 extended final  
ac Roger 31 understand heading 115?  
ct 31 roger heading 115  
0928 JAG 31 on final for landing



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-2158

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 24 MONTH OCT YEAR 1962

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 0030 MINUTES \_\_\_\_\_ ☒ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 0430 MINUTES \_\_\_\_\_ ☒ A.M. ☐ P.M.

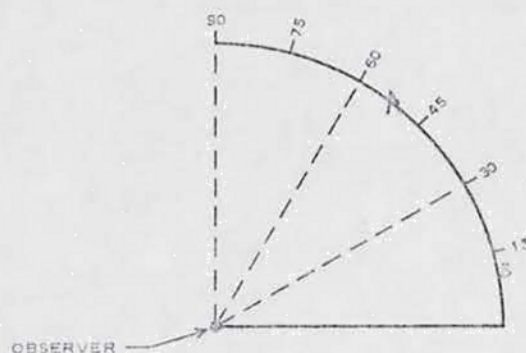
4. TIME/ZONE

☒ 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.

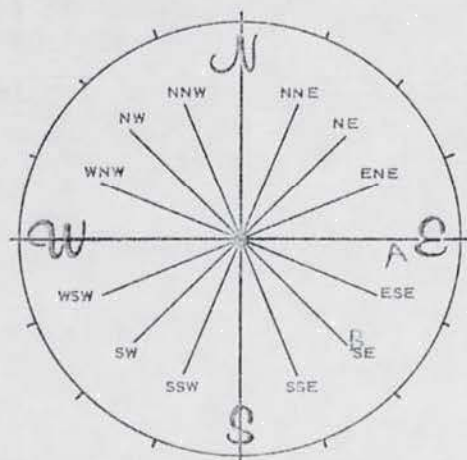
Traveling South from N-1 (L.F.) to N-7 (L.F.) on a gravel road about five miles north of N-7.

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.

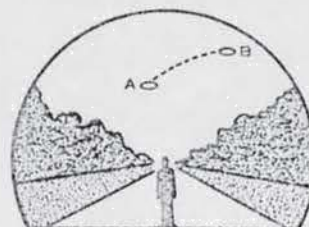
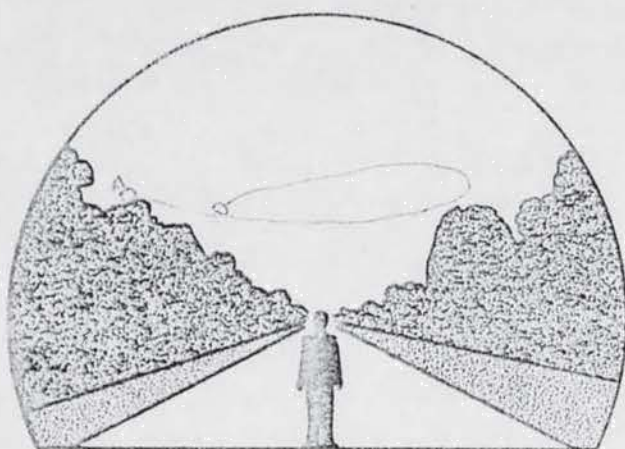
AF FORM 117  
AUG 67

+ 0030 hrs. Sighting was just below horizon rising at 22. 108 deg.

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



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





|                                                                                                                                                                                                                                                                                                |  |                                                                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                     |  |                                                                     |  |
| <input checked="" type="checkbox"/> OUTDOORS                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> IN BUSINESS SECTION OF CITY                |  |
| <input type="checkbox"/> IN BUILDING                                                                                                                                                                                                                                                           |  | <input type="checkbox"/> IN RESIDENTIAL SECTION OF CITY             |  |
| <input checked="" type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input checked="" type="checkbox"/> AS PASSENGER                                                                                                                                                                 |  | <input checked="" 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 checked="" type="checkbox"/> OTHER                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> FLYING OVER OPEN COUNTRY                   |  |
| ALSO OBSERVED IT FROM MISSILE SITE                                                                                                                                                                                                                                                             |  | <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                                                                                                                                                                                                                                   |  | 30 MPH                                                              |  |
| <input checked="" type="checkbox"/> SOUTH <input type="checkbox"/> WEST                                                                                                                                                                                                                        |  | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?                |  |
| <input type="checkbox"/> NORTHEAST <input type="checkbox"/> SOUTHEAST                                                                                                                                                                                                                          |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |
| <input type="checkbox"/> NORTHWEST <input type="checkbox"/> SOUTHWEST                                                                                                                                                                                                                          |  |                                                                     |  |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.                                                                                                                                                                                                                          |  |                                                                     |  |
| WE ALSO OBSERVED THE OBJECT FROM OUTSIDE THE VEHICLE                                                                                                                                                                                                                                           |  |                                                                     |  |
| 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.                                                                                                                   |  |                                                                     |  |
| PICK UP, GRAVEL ROAD, FLAT TERRAIN                                                                                                                                                                                                                                                             |  |                                                                     |  |
| HOW MUCH OTHER TRAFFIC WAS THERE?                                                                                                                                                                                                                                                              |  |                                                                     |  |
| NONE                                                                                                                                                                                                                                                                                           |  |                                                                     |  |
| DID YOU NOTICE ANY AIRPLANES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.                       |  |                                                                     |  |
| A B52 WAS IN THE SAME AREA AS THE OBJECT, JUST BEFORE THE OBJECT LEFT OUR VIEW                                                                                                                                                                                                                 |  |                                                                     |  |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?                                                                                                                                                                                                                                                       |  |                                                                     |  |
| LENGTH OF TIME                                                                                                                                                                                                                                                                                 |  | CERTAIN OF TIME                                                     |  |
| 3 1/2 to 4 hours                                                                                                                                                                                                                                                                               |  | <input checked="" type="checkbox"/> FAIRLY CERTAIN                  |  |
|                                                                                                                                                                                                                                                                                                |  | <input type="checkbox"/> NOT VERY SURE                              |  |
| HOW WAS TIME DETERMINED?                                                                                                                                                                                                                                                                       |  | <input type="checkbox"/> JUST A GUESS                               |  |
| BY THE LENGTH OF TIME WE WERE ON N-7                                                                                                                                                                                                                                                           |  |                                                                     |  |
| 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. |  |                                                                     |  |
| IT WENT OUT OF SIGHT A FEW TIMES AND THEN REAPPEARED                                                                                                                                                                                                                                           |  |                                                                     |  |



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?

AT ONE TIME THERE WERE TWO IN THE AREA.

147

1st OBJECT

2nd OBJECT

| 11. CONDITIONS (Check appropriate blocks.)   |  |                                             |                                             |
|----------------------------------------------|--|---------------------------------------------|---------------------------------------------|
| A. SKY                                       |  | B. WEATHER                                  |                                             |
| <input type="checkbox"/> DAY                 |  | CUMULUS CLOUDS (Low fluffy)                 | FOG OR MIST                                 |
| <input type="checkbox"/> TWILIGHT            |  | CIRRUS CLOUDS (High fleecy or Herring-bone) | HEAVY RAIN                                  |
| <input checked="" type="checkbox"/> NIGHT    |  |                                             | LIGHT RAIN OR DRIZZLE                       |
| <input checked="" type="checkbox"/> CLEAR    |  | NIMBUS CLOUDS (Rain)                        | HAIL                                        |
| <input type="checkbox"/> PARTLY CLOUDY       |  | CUMULONIMBUS CLOUDS (Thunderstorms)         | SNOW OR SLEET                               |
| <input type="checkbox"/> COMPLETELY OVERCAST |  |                                             | <input checked="" type="checkbox"/> UNKNOWN |
|                                              |  | HAZE OR SMOG                                | 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             |  | BRIGHT MOONLIGHT         | NO MOONLIGHT                                |
| <input checked="" type="checkbox"/> A FEW |  | MOON WITH HALO           | <input checked="" type="checkbox"/> UNKNOWN |
| <input type="checkbox"/> MANY             |  | MOON HIDDEN BY CLOUDS    |                                             |
| <input type="checkbox"/> UNKNOWN          |  | 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 | OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU  | <input type="checkbox"/> TO YOUR LEFT  | UNKNOWN              |

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

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

The OBJECT HAD Lights on the front LIKE HEAD Lights or Landing lights. IT had a green flashing Light toward the middle or rear. I could not Tell any shape or size.

? see #16

| 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?

WE SAW THE LIGHT IN THE SKY.

A. HOW DID IT FINALLY DISAPPEAR?

IT WENT LOW AND OUT OF SIGHT IN THE SOUTH EAST

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.

MY ESTIMATE IS THAT THE OBJECT WAS THE SIZE  
OF A KC 135. I COULD ONLY TELL BY THE LIGHTS ON  
THE OBJECT.



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

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

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

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

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

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 3 miles

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

THE LIGHTS ON THE OBJECT WERE THE SAME AS  
ON A JET AIRCRAFT.

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?

A. LIST THEIR NAMES AND ADDRESSES

[REDACTED] 911th St

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME [REDACTED]

ADDRESS (Street, City, State and Zip Code) [REDACTED] NO. DALL 58701

TELEPHONE [REDACTED]

AGE 23

☒ MALE ☐ FEMALE

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

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

NAME N-1 FSC, BASE OPERATIONS DAY 24 MONTH OCT YEAR 68

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 28 MONTH OCT YEAR 68

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

we first saw the object to the east of us while we were traveling toward the site. It started moving south. WE ARRIVED AT THE SITE & THEN STARTED OBSERVING THE OBJECT FROM OUTSIDE THE TRUCK. IT WAS MOVING IN A LARGE CIRCULAR AREA TO THE SOUTH OF US. IT CAME WITHIN HEARING DISTANCE TWICE. THE SOUND WAS THAT OF JET ENGINES. IT WAS IN THIS SAME AREA FOR TWO OR THREE HOURS. WHEN WE LAST SAW IT, THE OBJECT WAS IN THE SOUTH EAST AND WENT LOW AND OUT OF SIGHT.





## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R358

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 23 MONTH OCT YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 2:30 MINUTES \_\_\_\_\_ ☐ A.M. ☒ P.M.

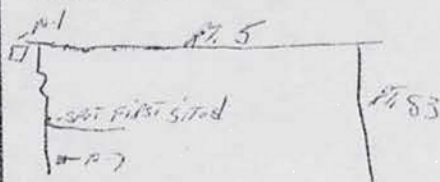
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 3:45 MINUTES \_\_\_\_\_ ☐ A.M. ☒ P.M.

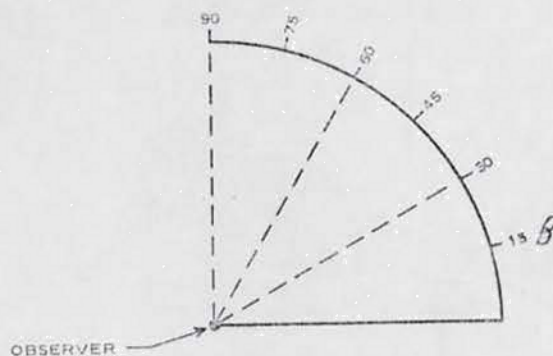
4. TIME/ZONE

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

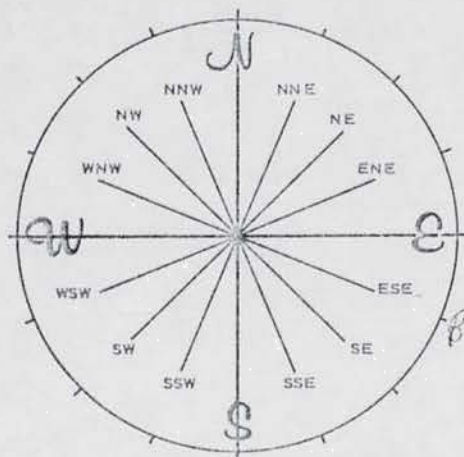
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE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



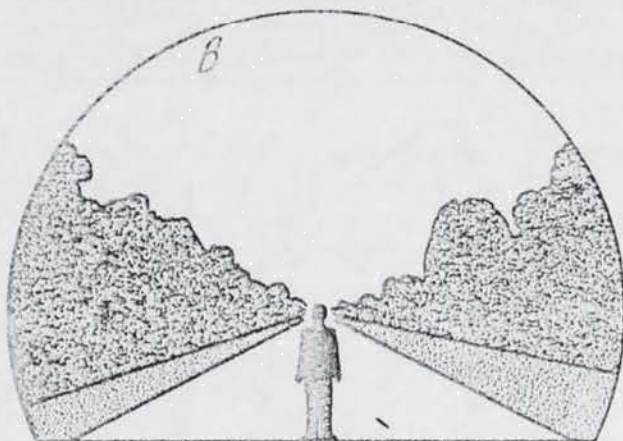
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



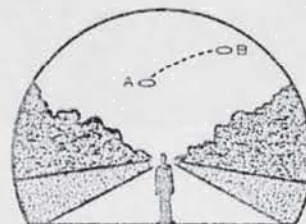
5A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



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.



*FACING South*



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)

|                                                                                                                                |                                                         |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| OUTDOORS                                                                                                                       | IN BUSINESS SECTION OF CITY                             |
| IN BUILDING                                                                                                                    | IN RESIDENTIAL SECTION OF CITY                          |
| <input checked="" type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input checked="" type="checkbox"/> AS PASSENGER | <input checked="" type="checkbox"/> IN OPEN COUNTRYSIDE |
| IN BOAT                                                                                                                        | NEAR AIRFIELD                                           |
| IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER                                            | FLYING OVER CITY                                        |
| OTHER                                                                                                                          | FLYING OVER OPEN COUNTRY                                |
|                                                                                                                                | OTHER                                                   |

A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:

|                                           |                                    |                                                                     |
|-------------------------------------------|------------------------------------|---------------------------------------------------------------------|
| WHAT DIRECTION WERE YOU MOVING?           |                                    | HOW FAST WERE YOU MOVING?                                           |
| <input checked="" type="checkbox"/> NORTH | <input type="checkbox"/> EAST      | 35 mph                                                              |
| <input checked="" type="checkbox"/> SOUTH | <input type="checkbox"/> WEST      | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?                |
| <input type="checkbox"/> NORTHEAST        | <input type="checkbox"/> SOUTHEAST | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> NORTHWEST        | <input type="checkbox"/> SOUTHWEST |                                                                     |

EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.  
*yes. object seemed to be observing us. when we stopped the object seemed never rested when we turned out headlights.*

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.  
*36 Ford Truck.  
 Flat Ground, Maple Road, windows up*

HOW MUCH OTHER TRAFFIC WAS THERE?  
*None*

DID YOU NOTICE ANY AIRPLANES? ☒ YES ☐ 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.  
*A B-52 WAS sent to the AREA to check out the sighting and was seen west of the object at first.*

9. HOW LONG WAS THE PHENOMENON IN SIGHT?

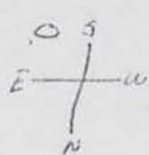
|                |                                                    |                                       |
|----------------|----------------------------------------------------|---------------------------------------|
| LENGTH OF TIME | CERTAIN OF TIME                                    | NOT VERY SURE                         |
| 1 1/2 hrs      | <input checked="" type="checkbox"/> FAIRLY CERTAIN | <input type="checkbox"/> JUST A GUESS |

HOW WAS TIME DETERMINED?  
*Watch*

WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? ☐ YES ☒ 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.  
*Object moved SE FIRST THEN WEST, THEN SE and out of sight then a few minutes later appeared in the SE again moving N, AT ONE TIME THE OBJECT CAME WITHIN ABOUT 1/2 MILE OF SITE THEN WAS HEADED SW THEN WENT EAST AND OUT OF SITE THEN REAPPEARED IN THE SE MOVED W THEN EAST THEN OUT OF SITE AND DID NOT REAPPEAR AGAIN AFTER THE B-52 MADE ITS FIRST PASS*



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 checked="" type="checkbox"/> NIMBUS CLOUDS (Rain)             | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE        |
| <input type="checkbox"/> CLEAR                    |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <input type="checkbox"/> HAIL                         |
| <input checked="" 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 checked="" type="checkbox"/> A FEW | <input checked="" type="checkbox"/> MOON WITH HALO        |
| <input type="checkbox"/> MANY             | <input checked="" 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 checked="" 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 checked="" 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.

*FAIRLY VAST lights 1/2 mile FROM ROAD*

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 object appeared self-luminous like a big ball of white light that seemed to change to a dim green light then later to a dim amber color. It did seem to take on the appearance of a stingray fish.*

*Characteristic colors of Sirens*

| 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 fact that it was bigger than the two former yard lights which appeared at a distance.*

A. HOW DID IT FINALLY DISAPPEAR?

*The object just grew brighter in white light and came toward us.*

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.

*Could not tell*

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.

~~It~~ I was unable to make out  
any definite shape because the object put  
out such a bright light

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.

Obj covered larger than match head



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |
| EYEGLASSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CAMERA VIEWER                                                                                              |
| SUNGLASSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | BINOCULARS                                                                                                 |
| WINDSHIELD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TELESCOPE                                                                                                  |
| ✓ SIDE WINDOW OF VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | THEODOLITE                                                                                                 |
| WINDOWPANE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OTHER                                                                                                      |
| A. DO YOU ORDINARILY WEAR GLASSES? <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>100 mph</i>                                                                                                                                                                                                                                                                                                                                                                                                                     | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <i>10,000 ft</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.<br><i>When the object was first sighted it appeared to be in between two former ground lights which were a little smaller than the object grew brighter moving S.E.</i> |                                                                                                            |
| 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.<br><i>The noise &amp; sound was similar to that of a jet engine only more steady and at a lower pitch.</i>                                                                                                                                                                         |                                                                                                            |
| 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  
~~XXXXXXXXXX~~ *212*  
~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME ~~XXXXXXXXXX~~ MIDDLE NAME ~~XXXXXXXXXX~~  
 AGE ~~XXXXXXXXXX~~ (Zip Code) ~~XXXXXXXXXX~~  
 TELEPHONE ~~XXXXXXXXXX~~ (Number) ~~XXXXXXXXXX~~ N. OR S.  
 SEX ☒ MALE ☐ FEMALE

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

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?  
 NAME *Mr. N-1, FSR* DAY *23* MONTH *Oct.* YEAR *68*

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.  
 DAY *29* MONTH *Oct.* YEAR *68*

## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R138

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 24 MONTH OCT YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 0300 MINUTES 8 ☒ A.M. ☐ P.M.

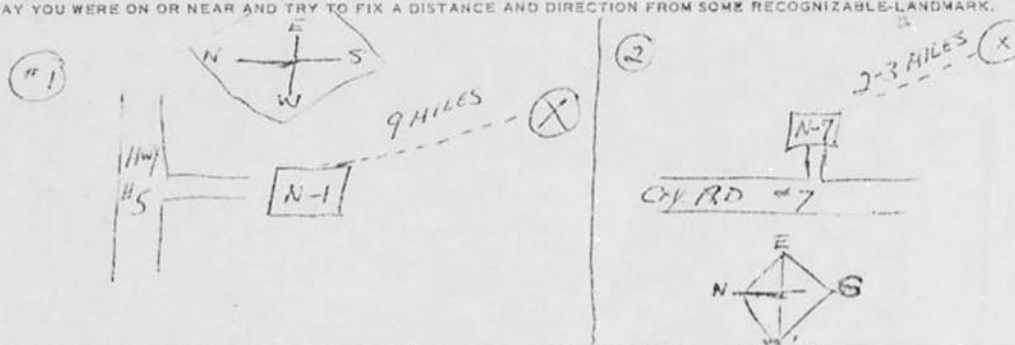
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 0500 MINUTES 18 ☒ A.M. ☐ P.M.

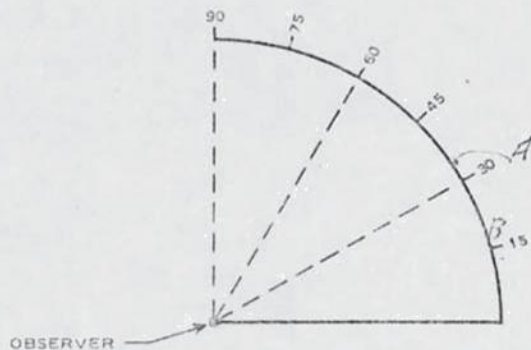
4. TIME/ZONE

☒ 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.

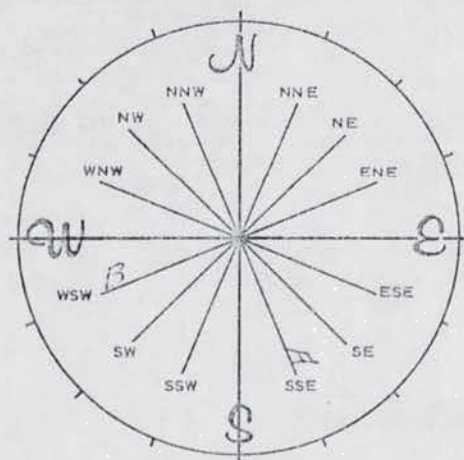


6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

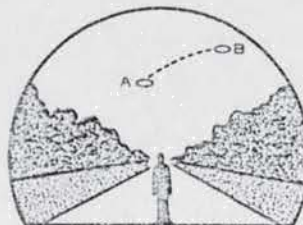
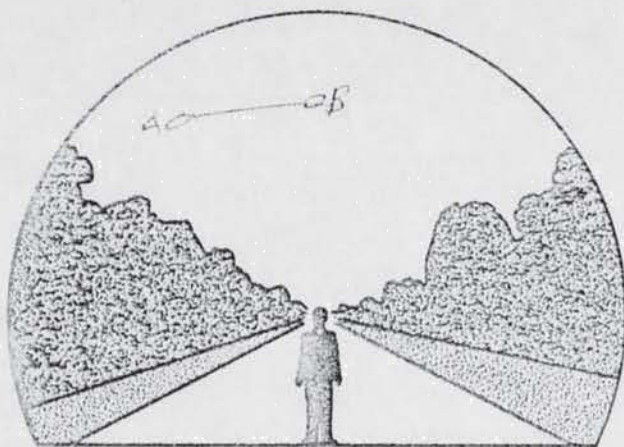




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



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



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)

|                                                                                            |  |  |                                |
|--------------------------------------------------------------------------------------------|--|--|--------------------------------|
| <input checked="" type="checkbox"/> OUTDOORS                                               |  |  |                                |
| IN BUILDING                                                                                |  |  | IN BUSINESS SECTION OF CITY    |
| IN CAR <input type="checkbox"/> AS DRIVER <input checked="" type="checkbox"/> AS PASSENGER |  |  | IN RESIDENTIAL SECTION OF CITY |
| IN BOAT                                                                                    |  |  | IN OPEN COUNTRYSIDE            |
| IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER        |  |  | NEAR AIRFIELD                  |
| OTHER                                                                                      |  |  | FLYING OVER CITY               |
|                                                                                            |  |  | FLYING OVER OPEN COUNTRY       |
|                                                                                            |  |  | OTHER                          |

A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:

|                                           |                                    |                                                                     |
|-------------------------------------------|------------------------------------|---------------------------------------------------------------------|
| WHAT DIRECTION WERE YOU MOVING?           |                                    | HOW FAST WERE YOU MOVING?                                           |
| <input checked="" type="checkbox"/> NORTH | <input type="checkbox"/> EAST      | 30 MPH                                                              |
| <input checked="" type="checkbox"/> SOUTH | <input type="checkbox"/> WEST      |                                                                     |
| <input type="checkbox"/> NORTHEAST        | <input type="checkbox"/> SOUTHEAST | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?                |
| <input type="checkbox"/> NORTHWEST        | <input type="checkbox"/> SOUTHWEST | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 3 AND 6.

NO

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.

4x4 TRUCK ~~RD.~~ RD. - WINDOWS OPENED OCCASIONALLY

HOW MUCH OTHER TRAFFIC WAS THERE?

DID YOU NOTICE ANY AIRPLANES? ☒ YES ☐ 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.

B-52 DIVERTED TO GENERAL AREA. FIRST SEEN AND HEARD APPROX. 35 MIN. AFTER FIRST SIGHTING OF OBJECT. OBJECT STAYED BASICALLY TO THE SOUTHEAST, WHILE B-52 WAS IN THE SOUTHWESTERLY POSITION.

9. HOW LONG WAS THE PHENOMENON IN SIGHT?

|                             |                                                    |                                       |
|-----------------------------|----------------------------------------------------|---------------------------------------|
| LENGTH OF TIME              | CERTAIN OF TIME                                    | NOT VERY SURE                         |
| APPROX. 2 HOURS ON AND OFF. | <input checked="" type="checkbox"/> FAIRLY CERTAIN | <input type="checkbox"/> JUST A GUESS |

HOW WAS TIME DETERMINED?

THE TIME MY TEAM STAYED OUT FROM DISPATCH AS SHOWN AFTER 53.

WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? ☐ YES ☒ NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.

NOT DUE TO OUR MOVEMENT, BUT THE BEHAVIOR PATTERN OF THE PHENOMENON. OBJECT APPEARED AS ORANGISH-RED LIGHTED, SEEMED TO SWITCH TO ALMOST COMPLETELY WHITE AND THERE WAS SOME GREEN. THIS PATTERN WAS NOT ALWAYS THE SAME AND AT CERTAIN TIMES A COMBINATION OF ALL COULD BE SEEN AT ONCE. OBJECT FIRST APPEARED TO HOVER THEN MOVE SLOWLY, SPEED UP, ALWAYS ALTERNATING IN COLOR. THEN LIGHTS WOULD VANISH, BUT RETURN SOME MINUTE LATER.

SCINTILLATION  
AUGUST 1955

B-52 reported first as being  
view of the ground. They were  
not looking at the same thing



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?

WHEN FIRST DISPATCHED TO N-7 ANOTHER OBJECT EXACTLY THE SAME APPEARED OUT OF THE EAST AND HAD PICKED UP SPEED IN A PATH MOVING TOWARDS THE OTHER. NEVER DID SEE THE TWO JOIN OR MEET AS THE SECOND ONE DISAPPEARED AND NO LONGER COULD BE SEEN.

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"/> HAZE OR SMOG                                | <input type="checkbox"/> SNOW OR SLEET         |  |
| <input type="checkbox"/> COMPLETELY OVERCAST |                                                                      | <input checked="" type="checkbox"/> UNKNOWN    |  |
|                                              |                                                                      | <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"/> A FEW | <input checked="" type="checkbox"/> NO MOONLIGHT  |
| <input type="checkbox"/> MANY             | <input type="checkbox"/> MOON WITH HALO           |
| <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.

HEADLIGHTS, SITE LIGHTS. UNKNOWN.

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.

OBJECT WAS SELF LUMINOUS WITH GLOWING ORANGE-RED, WHITE GREENISH ALTERNATING AND AT TIMES COMBINATIONS COULD BE SEEN. OBJECT APPEARED RATHER SOLID, ALTHOUGH NOT VERY WIDE AND SLENDER IN SHAPE. EDGES WERE FUZZY. LIGHTS WERE MUCH TOO BRIGHT TO DETERMINE EXACT SHAPE. THIS OBJECT APPEARED MUCH BRIGHTER THAN A STAR.

SIGHTING WAS 5. AM 07-66



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

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

OTHER PERSONS HAD BROUGHT IT TO MY ATTENTION. ALTHOUGH I HADN'T SEEN IT IMMEDIATELY THEY GAVE A GOOD ESTIMATE OF LOCATION. WHEN IT RE-APPEARED 3 OR 4 MINUTES LATER IT WAS QUITE BRIGHT AND GRADUALLY WEAKENED.

A. HOW DID IT FINALLY DISAPPEAR?

PRIOR TO RETURN TO N-1 IT CAUGHT OUR ATTENTION AGAIN, THIS TIME WSW IN LOCATION. IT HAD APPEARED AS BEFORE STARTING BRIGHT ORANGE-RED, TO WHITE AND FINALLY GREEN. THE OBJECT WAS STATIONARY AT THE TIME AND APPEARED APPROX. 1,000 FT ABOVE GROUND. THE GREEN LIGHT STARTED TO DIMINISH SLOWLY 'TILL NO LONGER SEEN.

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.

JUST PRIOR TO OUR SIGHTING THE DIVERTED B-52 IN THE WSW THE OBJECT HAD DESCENDED GRADUALLY AND FOR 1 MINUTE OR 2 HAD APPEARED TO BE OBSTRUCTED BY TREES.

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.



AS PREVIOUSLY STATED, ALTHOUGH OBJECT APPEARED TO BE SOLID MATTER THE ILLUMINATION RENDERED ~~NO~~ LOGICAL SHAPE TO BE DETERMINED.

IT HAD APPEARED QUITE SLIM AND NOT VERY WIDE.

(1E.)



THE OBJECT APPEARED TO MOVE MORE WESTERLY EACH TIME? BUT NEVER COULD BE SEEN IN THE WESTERLY DIRECTION UNTIL THE LAST AND FINAL ILLUMINATIONS AT 05:10 LASTING UNTIL APPROX. 05:18 WHEN IT COULD NO LONGER BE SEEN.

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.

OFF-HAND I'D SAY THAT CLOSE TO ONE-HALF WOULD BE 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.

|                                                            |               |
|------------------------------------------------------------|---------------|
| <input checked="" type="checkbox"/> EYEGLASSES             | CAMERA VIEWER |
| <input type="checkbox"/> SUNGLASSES                        | BINOCULARS    |
| <input checked="" type="checkbox"/> WINDSHIELD             | TELESCOPE     |
| <input checked="" type="checkbox"/> SIDE WINDOW OF VEHICLE | THEODOLITE    |
| <input type="checkbox"/> 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 Approx 700-800 mph 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 7-8 miles

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

AS TO THE ALTERNATING ILLUMINATION, PARTICULARLY THE WHITE, IT APPEARED AS TWO OR THREE AUTOMOBILE HEADLIGHTS. WHEN THE B-52 HAD FLOWN IN ITS SEARCH IT HAD BEEN USING ITS LANDING LIGHTS WHICH WERE QUITE SIMILAR IN NATURE. AS TO AVOID CONFUSION BETWEEN THE PLANE AND THE OBJECT BASE OPS HAD POINTED OUT WHERE AND WHEN WE SAW THE B-52. MUST ADD THAT THE B-52'S ENGINES COULD BE EASILY HEARD WHILE THE UFO MADE NO SOUNDS TO BE HEARD AT ABOUT THE SAME DISTANCE.

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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO.                                                                                   |           |                                          |                                 |
| A. LIST THEIR NAMES AND ADDRESSES<br><div style="background-color: black; height: 20px; width: 100%;"></div> <div style="background-color: black; height: 20px; width: 100%;"></div> <div style="background-color: black; height: 20px; width: 100%;"></div> <p style="text-align: center; margin-top: 10px;">ANOTHER</p> |           |                                          |                                 |
| 24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF                                                                                                                                                                                                                                                                         |           |                                          |                                 |
| LAST NAME, FIRST NAME, MIDDLE NAME<br><div style="background-color: black; height: 20px; width: 100%;"></div>                                                                                                                                                                                                             |           |                                          |                                 |
| ADDRESS (Street, City, State and Zip Code)<br><div style="background-color: black; height: 20px; width: 100%;"></div> No. DAK. 58701                                                                                                                                                                                      |           |                                          |                                 |
| TELEPHONE (Area code and number)<br><div style="background-color: black; height: 20px; width: 100%;"></div>                                                                                                                                                                                                               | AGE<br>21 | <input checked="" type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
| INDICATE ADDITIONAL INFORMATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.<br><div style="text-align: center; padding: 20px;"> <p>(MISSILE) SECURITY POLICEMAN</p> <p>742 SMS - "NOVEMBER FLIGHT"</p> <p>(SECURITY ALERT TEAM MEMBER)</p> </div>                                                                          |           |                                          |                                 |
| 25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?<br>NAME <u>SGT JAMES F BOND</u> DAY <u>24</u> MONTH <u>OCT</u> YEAR <u>68</u>                                                                                                                                                                   |           |                                          |                                 |
| 26. DATE YOU COMPLETED THIS QUESTIONNAIRE.<br>DAY <u>25</u> MONTH <u>OCT</u> YEAR <u>68</u>                                                                                                                                                                                                                               |           |                                          |                                 |

THE OBJECT HAD VARIOUS  
MANUEVERS WHICH OCCURED BASICALLY  
IN ONE GENERAL AREA. IT  
STAYED PRETTY WELL S.S.E. OF  
THE LAUNCH FACILITY BUT HAD  
SEVERAL TIMES STARTED NORTHWARD  
AND WESTWARD ALWAYS RETURNING  
TO ITS PREVIOUS (SSE) POSITION.  
FOR SOME REASON IT APPEARED TO  
BE TRYING TO TRAVEL WEST BUT  
WE NEVER DID SEE IT TAKE THE  
DIRECT PATH. WHEN THE B-52  
FLOW IN THE VICINITY (SSE) IT WAS  
NO LONGER SEEN IN THAT LOCATION, <sup>WHEN</sup>  
THE PLANE HAD STARTED TO TRAVEL  
TO THE BASE AND AFTER IT WAS  
OUT OF SIGHT WE HAD ALSO  
STARTED BACK TO ~~THE~~ N-1. OUR  
ATTENTION WAS AGAIN CAUGHT  
WHEN IT APPEARED APPROX.  
5 MILES DUE WEST WHERE IT  
REMAINED UNTIL IT FINALLY  
DISAPPEARED ABOUT 15 MINUTES  
AFTERWARDS.

## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-K253

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 24 MONTH OCT YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 0300 MINUTES 05 ☒ A.M. ☐ P.M.

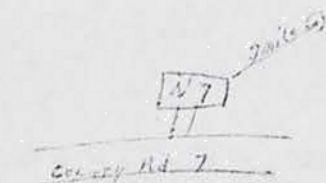
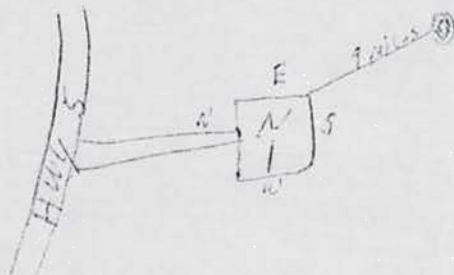
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 0500 MINUTES 15 ☒ A.M. ☐ P.M.

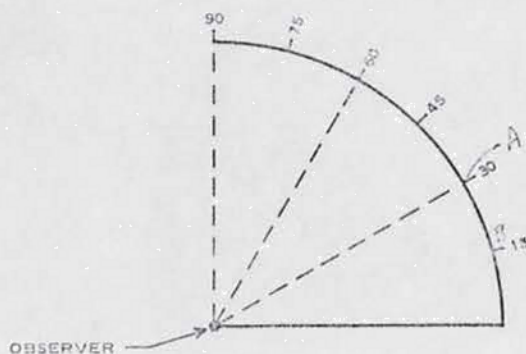
4. TIME/ZONE

☒ 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.

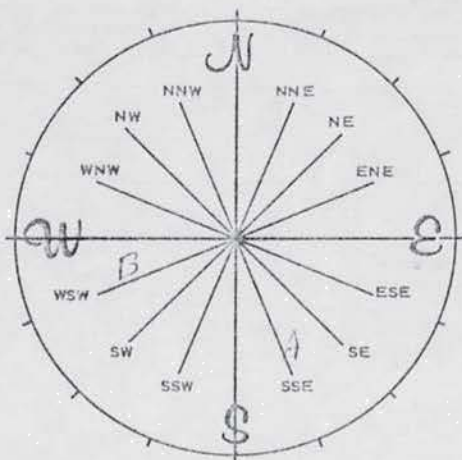


6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

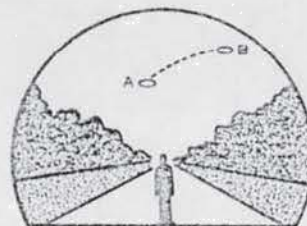
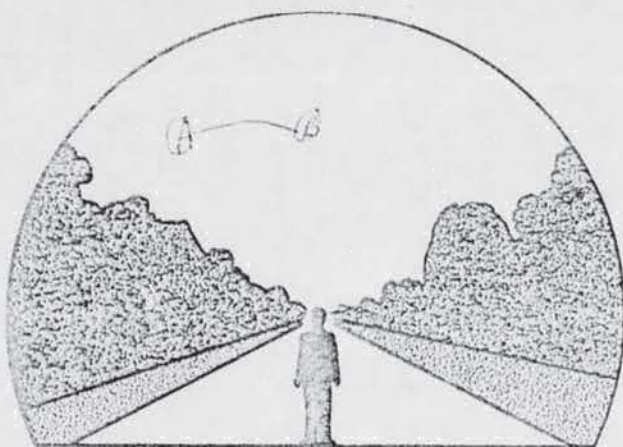




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



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



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)

|                                                                                            |                                     |                                |
|--------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> OUTDOORS                                               |                                     | IN BUSINESS SECTION OF CITY    |
| IN BUILDING                                                                                |                                     | IN RESIDENTIAL SECTION OF CITY |
| IN CAR <input checked="" type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER | <input checked="" type="checkbox"/> | IN OPEN COUNTRYSIDE            |
| IN BOAT                                                                                    |                                     | NEAR AIRFIELD                  |
| IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER        |                                     | FLYING OVER CITY               |
| OTHER                                                                                      |                                     | FLYING OVER OPEN COUNTRY       |
|                                                                                            |                                     | OTHER                          |

A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:

|                                           |                                    |                                                                     |
|-------------------------------------------|------------------------------------|---------------------------------------------------------------------|
| WHAT DIRECTION WERE YOU MOVING?           |                                    | HOW FAST WERE YOU MOVING?                                           |
| <input type="checkbox"/> NORTH            | <input type="checkbox"/> EAST      | 35 MPH                                                              |
| <input checked="" type="checkbox"/> SOUTH | <input type="checkbox"/> WEST      | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?                |
| <input type="checkbox"/> NORTHEAST        | <input type="checkbox"/> SOUTHEAST | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> NORTHWEST        | <input type="checkbox"/> SOUTHWEST |                                                                     |

EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.

NO

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.

4/4 Truck [redacted] Rd - windows down occasionally

HOW MUCH OTHER TRAFFIC WAS THERE?

None

DID YOU NOTICE ANY AIRPLANES? ☒ YES ☐ 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.

B-52 bomber heard approximately 45 minutes after seeing UFO. B-52 West and much higher than UFO.

9. HOW LONG WAS THE PHENOMENON IN SIGHT?

|                |                                                    |               |
|----------------|----------------------------------------------------|---------------|
| LENGTH OF TIME | CERTAIN OF TIME                                    | NOT VERY SURE |
| Approx 2 hours | <input checked="" type="checkbox"/> FAIRLY CERTAIN | JUST A GUESS  |

HOW WAS TIME DETERMINED?

AF from 53 shows when dispatched. Keep continued radio transmission.

WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? ☐ YES ☒ 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.

Our movement had no relationship with appearing & disappearing of UFO. UFO seemed to assume a stationary position at first. Then a hovering position. It would then speed up. The Reddish orange light never changing white and occasionally Green.



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?

when enroute to N-7 Another object appeared (same as previous)  
They seemed to get pretty close at one time  
And all of a sudden one disappeared.

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"/> | HAZE OR SMOG                                | <input type="checkbox"/>            | SNOW OR SLEET         |
| <input type="checkbox"/>            | COMPLETELY OVERCAST | <input type="checkbox"/> |                                             | <input checked="" type="checkbox"/> | UNKNOWN               |
| <input type="checkbox"/>            |                     | <input type="checkbox"/> |                                             | <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"/> A FEW | <input checked="" type="checkbox"/> NO MOONLIGHT  |
| <input type="checkbox"/> MANY             | <input type="checkbox"/> MOON WITH HALO           |
| <input type="checkbox"/> UNKNOWN          | <input type="checkbox"/> MOON HIDDEN BY CLOUDS    |
|                                           | <input type="checkbox"/> PARTIAL (New or quarter) |
|                                           | <input type="checkbox"/> UNKNOWN                  |

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.

Head Lights, Lights A Land Facility.

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 Lights were Redish orange - changing to white  
And green. Lights were self-luminous and very  
bright. size + shape hard to distinguish.

see characteristic colors of stars



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

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

A MAINTANCE TEAM WORKING AT November 7  
CALLED over RADIO.

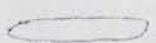
A. HOW DID IT FINALLY DISAPPEAR?

THE LAST I SAW OF IT. IT APPEARED TO BE  
HOVERING OVER THE GROUND APPROXIMATELY 1000 FT ABOVE GROUND.  
YOU COULD SEE A GREEN LIGHT FOR ABOUT 15 MINUTES.  
THE LIGHT SEEM TO BE GETTING SMALLER UNTILL YOU COULDN'T SEE IT.

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.

RIGHT BEFORE THE B-50 WAS SEEN. THE UFO  
OCCURRED GRADUALLY BEHIND WHAT COULD HAVE BEEN TREES  
HAD TO SAY ABOUT THERE'S IT WAS SO DARK.

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.

I Never could distinguish the shape because of the  
Bright Light. However it seemed to be shaped as  
A weaver . This is the best description  
I can give, but I am not completely sure of the shape.

East  Alternating West

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.

Estimating  $\frac{1}{3}$  would be covered by 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.

|                                                            |               |
|------------------------------------------------------------|---------------|
| <input checked="" type="checkbox"/> EYEGLASSES             | CAMERA VIEWER |
| <input type="checkbox"/> SUNGLASSES                        | BINOCULARS    |
| <input checked="" type="checkbox"/> WINDSHIELD             | TELESCOPE     |
| <input checked="" type="checkbox"/> SIDE WINDOW OF VEHICLE | THEODOLITE    |
| <input type="checkbox"/> 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 30 to 180 mph 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 21-50 mi.

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.

3 CARS with Bright Lights All over them.

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?

A. LIST THEIR NAMES AND ADDRESSES

*AIC [REDACTED] Pls see above with [REDACTED] Name not known*  
*AIC [REDACTED]*  
*Sgt. [REDACTED]*

24. THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME  
 [REDACTED]

ADDRESS (Street, City, State and Zip Code)  
*Albion AFB MO. DAK 59701*

TELEPHONE (Area number)  
 [REDACTED]

AGE *20* ☒ MALE ☐ FEMALE

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

*Security Policeman*  
*742nd Sns - November Flight*  
*Security Alert Team Leader*

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

NAME *Sgt. James Board* DAY *24* MONTH *OCT* YEAR *68*

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY *25* MONTH *OCT* YEAR *68*

## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-2258

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 24 MONTH OCT YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 0300 MINUTES 08 ☒ A.M. ☐ P.M.

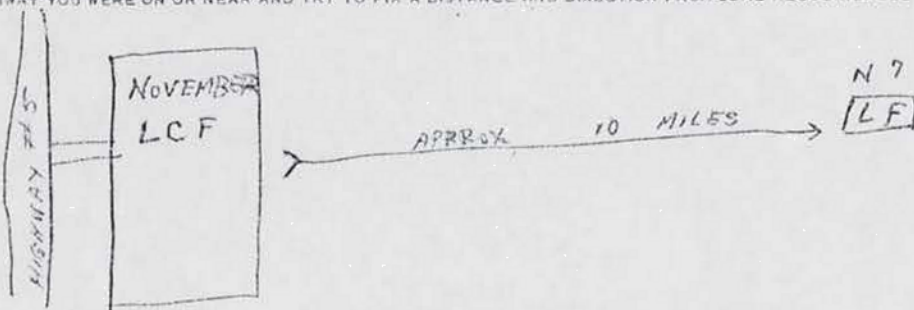
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 0500 MINUTES 00 ☒ A.M. ☐ P.M.

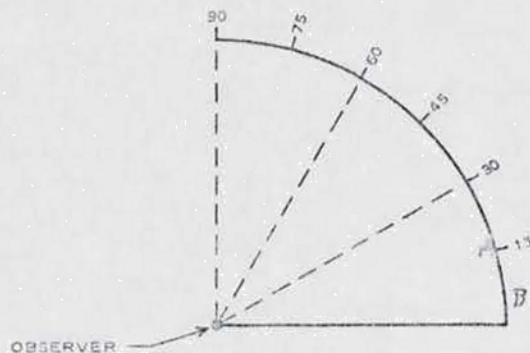
4. TIME/ZONE

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

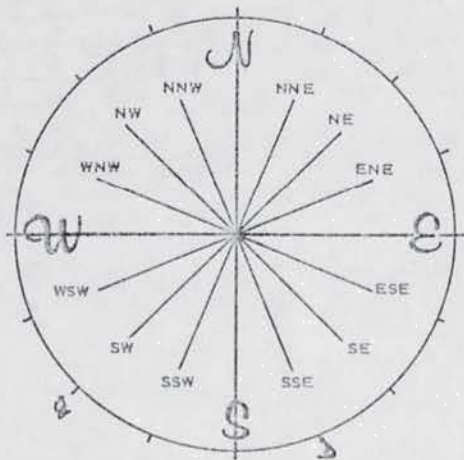
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE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



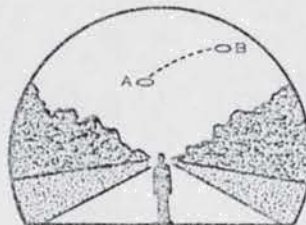
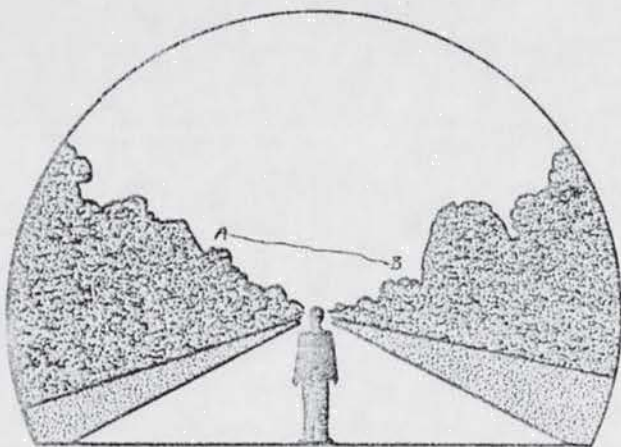
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



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



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

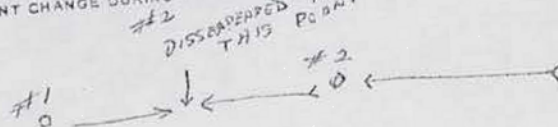




|                                                                                                                                                                                                                                                                                                |                                                                                     |                                                          |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                     |                                                                                     |                                                          |                                |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                            | OUTDOORS                                                                            |                                                          | IN BUSINESS SECTION OF CITY    |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                       | IN BUILDING                                                                         |                                                          | IN RESIDENTIAL SECTION OF CITY |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                       | IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER     | <input checked="" type="checkbox"/>                      | IN OPEN COUNTRYSIDE            |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                       | IN BOAT                                                                             |                                                          | NEAR AIRFIELD                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                       | IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER |                                                          | FLYING OVER CITY               |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                       | OTHER                                                                               |                                                          | FLYING OVER OPEN COUNTRY       |
|                                                                                                                                                                                                                                                                                                |                                                                                     |                                                          | OTHER                          |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:                                                                                                                                                                                                                                           |                                                                                     |                                                          |                                |
| WHAT DIRECTION WERE YOU MOVING?                                                                                                                                                                                                                                                                |                                                                                     | HOW FAST WERE YOU MOVING?                                |                                |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                       | NORTH                                                                               | <input type="checkbox"/>                                 | EAST                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                       | SOUTH                                                                               | <input type="checkbox"/>                                 | WEST                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                       | NORTHEAST                                                                           | <input type="checkbox"/>                                 | SOUTHEAST                      |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                       | NORTHWEST                                                                           | <input type="checkbox"/>                                 | SOUTHWEST                      |
|                                                                                                                                                                                                                                                                                                |                                                                                     | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?     |                                |
|                                                                                                                                                                                                                                                                                                |                                                                                     | <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                                                                                                                                                                                                                                                                                 |                                                                                     | <input checked="" type="checkbox"/>                      | CERTAIN OF TIME                |
| 2 <sup>PM</sup> 26. MINUTES                                                                                                                                                                                                                                                                    |                                                                                     | <input type="checkbox"/>                                 | NOT VERY SURE                  |
|                                                                                                                                                                                                                                                                                                |                                                                                     | <input type="checkbox"/>                                 | FAIRLY CERTAIN                 |
|                                                                                                                                                                                                                                                                                                |                                                                                     | <input type="checkbox"/>                                 | JUST A GUESS                   |
| HOW WAS TIME DETERMINED?                                                                                                                                                                                                                                                                       |                                                                                     |                                                          |                                |
| BY AN DIGIT DAY CLOCK                                                                                                                                                                                                                                                                          |                                                                                     |                                                          |                                |
| 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. |                                                                                     |                                                          |                                |
| MOVEMENT OF PHENOMENON.                                                                                                                                                                                                                                                                        |                                                                                     |                                                          |                                |

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?

TWO



#2 WAS IN VIEW FOR ONLY ABOUT THREE MINUTES.

CONDITIONS (Check appropriate blocks.)

| 11. SKY             |  | D. CUMULUS CLOUDS (Low fluffy)              |  | WEATHER               |  |
|---------------------|--|---------------------------------------------|--|-----------------------|--|
| DAY                 |  | CIRRUS CLOUDS (High fleecy or Herring-bone) |  | FOG OR MIST           |  |
| TWILIGHT            |  | NIMBUS CLOUDS (Rain)                        |  | HEAVY RAIN            |  |
| NIGHT               |  | CUMULONIMBUS CLOUDS (Thunderstorms)         |  | LIGHT RAIN OR DRIZZLE |  |
| CLEAR               |  | HAZE OR SMOG                                |  | HAIL                  |  |
| PARTLY CLOUDY       |  |                                             |  | SNOW OR SLEET         |  |
| COMPLETELY OVERCAST |  |                                             |  | UNKNOWN               |  |
|                     |  |                                             |  | NONE OF THE ABOVE     |  |

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

| (1) STARS |  | (2) MOON                 |              |
|-----------|--|--------------------------|--------------|
| NONE      |  | BRIGHT MOONLIGHT         |              |
| A FEW     |  | MOON WITH HALO           |              |
| MANY      |  | MOON HIDDEN BY CLOUDS    |              |
| UNKNOWN   |  | PARTIAL (New or quarter) |              |
|           |  |                          | NO MOONLIGHT |
|           |  |                          | UNKNOWN      |

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

|                 |               |                      |
|-----------------|---------------|----------------------|
| IN FRONT OF YOU | TO YOUR RIGHT | OVERHEAD (Near noon) |
| IN BACK OF YOU  | TO YOUR LEFT  | 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.

TOWN OF MOHAW  
DISTANCE TO MAJOR LIGHT SOURCE WAS ABOUT 4 MILES.

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.

1. OBJECT WAS LIGHT, BUT SHAPE COULDN'T BE DETERMINED.
2. APPEARED TO BE SELF LUMINOUS.
3. APPEARED TO BE SOLID.
4. EDGES APPEARED TO BE FUZZY.
5. APPEARED AS A POINT OF LIGHT.



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

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

ATTENTION WAS FIRST CALLED BY A MAINTENANCE  
TEAM AT THE LAUNCH FACILITY.

A. HOW DID IT FINALLY DISAPPEAR?

APPEARED TO LAND AND SLOWLY CHANGED  
TO A DIM GREEN, AFTER ABOUT 15 MINUTES IT  
DISAPPEARED. (GRADUALLY).

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.

NO SHAPE COULD BE SEEN AND IT MOVED  
IN DIRECTIONS INDICATED BELOW.



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

A MATCH HEAD WOULD HAVE BEEN COVERED.

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 <u>NONE</u> |

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 CALC.  
NOT ESTIMATE.

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 10-12  
MILES

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

OBJECT APPEARED ABOUT THE SAME AS LANDING LIGHTS ON AIRCRAFT (B-52 DIVERTED TO AREA) EXCEPT FOR FLASHING RED LIGHTS ON B-52. THE OBJECT ACTED LIKE A HELICOPTER IN FLIGHT.

21. DID YOU NOTICE ANY ODDOR, 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION.<br><div style="text-align: center;">             OF THE COAST OF ALASKA + OKINAWA.<br/>             (1956) (1965)         </div>                           |  |           |                                                                          |
| 23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO.                                                                                       |  |           |                                                                          |
| A. LIST THEIR NAMES AND ADDRESSES<br><div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">             AIC. [REDACTED]<br/>             AIC. [REDACTED]           </div> <div style="width: 60%;">             (562ND SPS. MINOT AFB)<br/>             (11 " " " " )           </div> </div> |  |           |                                                                          |
| 24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF                                                                                                                                                                                                                                                                             |  |           |                                                                          |
| LAST NAME, FIRST NAME, MIDDLE NAME<br>[REDACTED]                                                                                                                                                                                                                                                                              |  |           |                                                                          |
| ADDRESS (Street, City, State and Zip Code)<br>[REDACTED] WAY MAFO. NORTH DAKOTA 58701                                                                                                                                                                                                                                         |  |           |                                                                          |
| TELEPHONE (Area code and number)<br>[REDACTED]                                                                                                                                                                                                                                                                                |  | AGE<br>30 | <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.<br><br>SECURITY Police MAN                                                                                                                                                                                                    |  |           |                                                                          |
| 25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?<br>NAME SSGT UNDERHILL (WSC) DAY 14 MONTH OCT YEAR 68                                                                                                                                                                                               |  |           |                                                                          |
| 26. DATE YOU COMPLETED THIS QUESTIONNAIRE.<br>DAY 26 MONTH OCT YEAR 68                                                                                                                                                                                                                                                        |  |           |                                                                          |



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R253

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 24 MONTH oct YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 02 MINUTES 30 ☒ A.M. ☐ P.M.

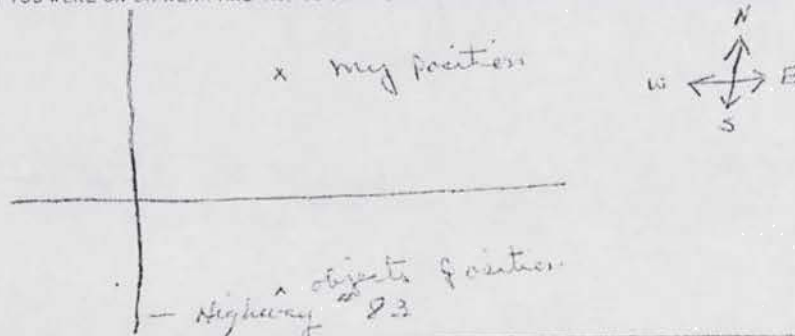
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 04 MINUTES 15 ☒ A.M. ☐ P.M.

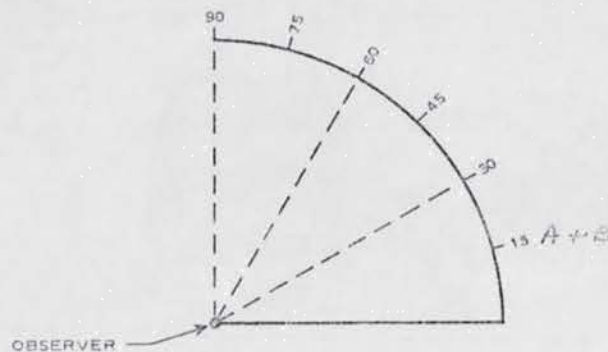
4. TIME/ZONE

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

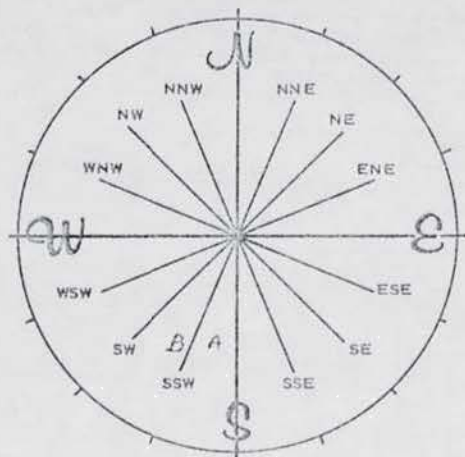
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE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



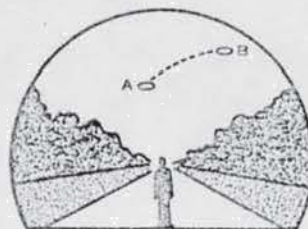
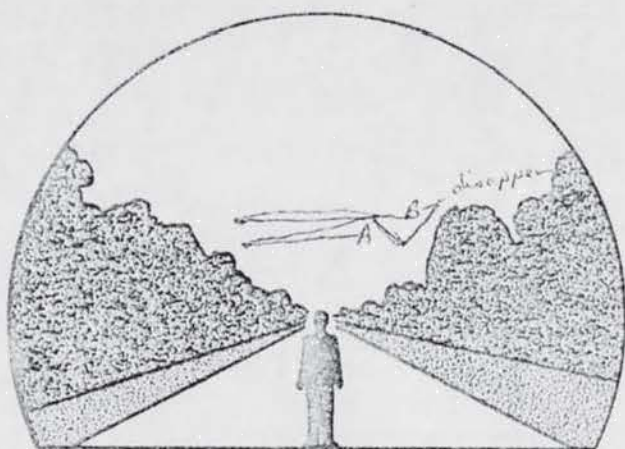
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



5A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



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



| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                     |                                                                                     |                                                          |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|-----------|
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                            | OUTDOORS                                                                            | IN BUSINESS SECTION OF CITY                              |           |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                            | IN BUILDING                                                                         | IN RESIDENTIAL SECTION OF CITY                           |           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                       | IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER     | IN OPEN COUNTRYSIDE                                      |           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                       | IN BOAT                                                                             | NEAR AIRFIELD                                            |           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                       | IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER | FLYING OVER CITY                                         |           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                       | OTHER                                                                               | FLYING OVER OPEN COUNTRY                                 |           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                       |                                                                                     | OTHER                                                    |           |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:                                                                                                                                                                                                                                           |                                                                                     |                                                          |           |
| WHAT DIRECTION WERE YOU MOVING?                                                                                                                                                                                                                                                                |                                                                                     | HOW FAST WERE YOU MOVING?                                |           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                       | NORTH                                                                               | <input type="checkbox"/>                                 | EAST      |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                       | SOUTH                                                                               | <input type="checkbox"/>                                 | WEST      |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                       | NORTHEAST                                                                           | <input type="checkbox"/>                                 | SOUTHEAST |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                       | NORTHWEST                                                                           | <input type="checkbox"/>                                 | SOUTHWEST |
|                                                                                                                                                                                                                                                                                                |                                                                                     | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?     |           |
|                                                                                                                                                                                                                                                                                                |                                                                                     | <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                                                                                                                                                                                                                                                                                 | CERTAIN OF TIME                                                                     | NOT VERY SURE                                            |           |
| <i>off and on 1 hr 15 minutes</i>                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/>                                                 | <input type="checkbox"/>                                 |           |
| HOW WAS TIME DETERMINED?                                                                                                                                                                                                                                                                       | FAIRLY CERTAIN                                                                      | JUST A GUESS                                             |           |
| <i>clock</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. |                                                                                     |                                                          |           |
| <p><i>This was not due to my movement but the movement of the phenomenon.</i></p> <p><i>The movement was steady and smooth rising slightly. It would disappear completely at times then at times would just fade or dim.</i></p> <p style="text-align: right;"><i>clouds obscuring</i></p>     |                                                                                     |                                                          |           |



|                                                                                                                                                                                                                                                                                                |                                                                                     |                                                          |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                     |                                                                                     |                                                          |                                |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                            | OUTDOORS                                                                            |                                                          | IN BUSINESS SECTION OF CITY    |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                            | IN BUILDING                                                                         |                                                          | 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                      |
|                                                                                                                                                                                                                                                                                                | NORTHWEST                                                                           |                                                          | SOUTHWEST                      |
|                                                                                                                                                                                                                                                                                                |                                                                                     | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?     |                                |
|                                                                                                                                                                                                                                                                                                |                                                                                     | <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                                                                                                                                                                                                                                                                                 |                                                                                     | CERTAIN OF TIME                                          | NOT VERY SURE                  |
|                                                                                                                                                                                                                                                                                                | <i>off and on 1 hr 15 minutes</i>                                                   | <input checked="" type="checkbox"/>                      | <input type="checkbox"/>       |
|                                                                                                                                                                                                                                                                                                |                                                                                     | FAIRLY CERTAIN                                           | JUST A GUESS                   |
| HOW WAS TIME DETERMINED?                                                                                                                                                                                                                                                                       |                                                                                     |                                                          |                                |
| <i>clock</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. |                                                                                     |                                                          |                                |
| <p><i>This was not due to my movement but the movement of the phenomenon.</i></p> <p><i>The movement was steady and smooth rising slightly. It would disappear completely at times then at times would just fade or dim.</i></p> <p style="text-align: right;"><i>close observing</i></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 checked="" 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 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 checked="" type="checkbox"/> COMPLETELY OVERCAST | <input checked="" type="checkbox"/> NONE OF THE ABOVE                | <input type="checkbox"/> UNKNOWN               |  |

| C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON? |                                                   |                                                  |  |
|--------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------|--|
| (1) STARS                                                                                  |                                                   | (2) MOON                                         |  |
| <input checked="" 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 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? <input type="checkbox"/> YES <input type="checkbox"/> 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.

*Society, & Lighting*

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 appeared to me to be of a reddish, burnt orange I saw it fade and change as a star might twinkled. I also noticed a slight hint of green. Burnt orange (reddish) was the dominant color. The object appeared as though a star would appear on the horizon (a large star). No edges were visible from my position.

*Sixth brightest celestial obj. in sky at the time*



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

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

I was notified it had been seen in an adjacent sector. I alerted my sentry. The object was first seen in the southern part of my area by a posted sentry. I directed my gaze south of my position & saw the object (about 15 minutes after my sentry sighted it).

A. HOW DID IT FINALLY DISAPPEAR?

It was visible one moment & just vanished!

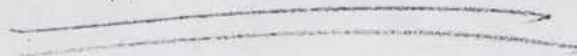
B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☐ YES ☒ NO. IF "YES," DESCRIBE.



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.

E ←      •      → W

*It appeared star like!*



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.

*unknown*

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

|                                                |               |
|------------------------------------------------|---------------|
| EYEGLASSES                                     | CAMERA VIEWER |
| SUNGLASSES                                     | BINOCULARS    |
| WINDSHIELD                                     | TELESCOPE     |
| SIDE WINDOW OF VEHICLE                         | THEODOLITE    |
| <input checked="" type="checkbox"/> 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 15 KTS

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 20 Miles

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

The object resembled the planet Mars as it is white  
fading on the horizon. It was similar in color and  
size. One difference was that it would fade (color) from  
view.

21. DID YOU NOTICE ANY ODDOR, 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

AIC ~~██████████~~ Bks ~~██████████~~ Minot AFB W.A.  
AIC ~~██████████~~ Bks ~~██████████~~ Minot AFB N.D.  
(PHONE EXT. 244)

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME ~~██████████~~

ADDRESS (Street, City, State and Zip Code) ~~██████████~~ Minot AFB N.D. 58701

TELEPHONE (Area code and number) (587) ~~██████████~~ AGE 27 ☒ MALE ☐ FEMALE

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

(USAF)  
SSgt - Security Police - Flight Security Controller

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

(WSC)  
NAME TGT Bowles DAY 24 MONTH Oct YEAR 62

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 26 MONTH Oct YEAR 65



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-2258

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 24 MONTH OCT YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 04 MINUTES 30 ☒ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 04 MINUTES 35 ☒ A.M. ☐ P.M.

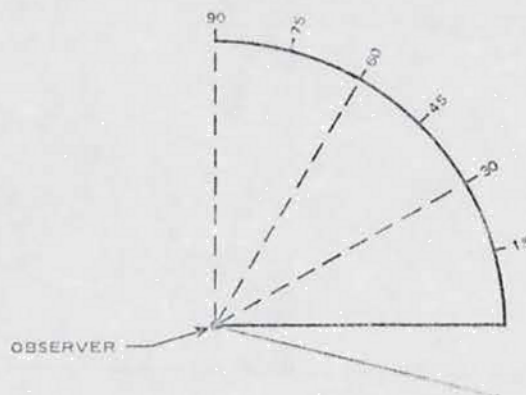
4. TIME/ZONE

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

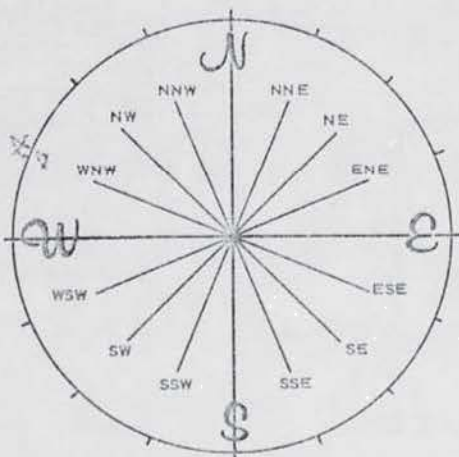
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE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

*northeast of minto AFB, N.D., 10 miles at  
an altitude of 3200 ft MSL.*

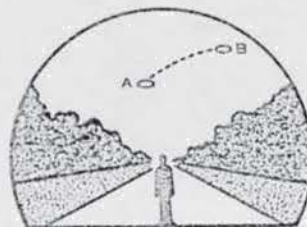
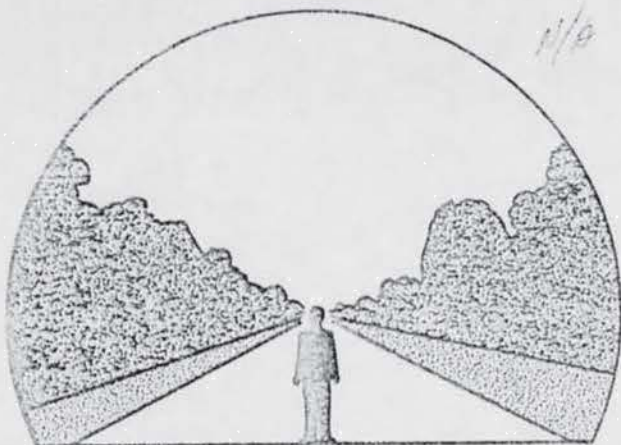
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



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



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



|                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                                                  |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                     |                                                                                    |                                                                                                                  |                          |
| OUTDOORS                                                                                                                                                                                                                                                                                       |                                                                                    | IN BUSINESS SECTION OF CITY                                                                                      |                          |
| IN BUILDING                                                                                                                                                                                                                                                                                    |                                                                                    | IN RESIDENTIAL SECTION OF CITY                                                                                   |                          |
| IN CAR                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER           | IN OPEN COUNTRYSIDE                                                                                              |                          |
| IN BOAT                                                                                                                                                                                                                                                                                        |                                                                                    | NEAR AIRFIELD                                                                                                    |                          |
| <input checked="" type="checkbox"/> IN AIRPLANE                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER | FLYING OVER CITY                                                                                                 |                          |
| OTHER                                                                                                                                                                                                                                                                                          |                                                                                    | <input checked="" type="checkbox"/>                                                                              | FLYING OVER OPEN COUNTRY |
|                                                                                                                                                                                                                                                                                                |                                                                                    | <input checked="" 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                                                                                                                                                                                                                                                                                 |                                                                                    | CERTAIN OF TIME                                                                                                  | NOT VERY SURE            |
| 5 mins                                                                                                                                                                                                                                                                                         |                                                                                    | <input checked="" type="checkbox"/> FAIRLY CERTAIN                                                               | JUST A GUESS             |
| HOW WAS TIME DETERMINED?                                                                                                                                                                                                                                                                       |                                                                                    |                                                                                                                  |                          |
| by clock                                                                                                                                                                                                                                                                                       |                                                                                    |                                                                                                                  |                          |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. |                                                                                    |                                                                                                                  |                          |
|                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                                                  |                          |



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

N/A

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 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 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 checked="" type="checkbox"/> NO MOONLIGHT  |
| <input checked="" type="checkbox"/> MANY | <input type="checkbox"/> MOON WITH HALO           |
| <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? N/A

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

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

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

As I turned on to downwind leg in the traffic pattern I saw a bright orange ball of light at my one o'clock position. It appeared to be about 15 miles away, and either on the ground or just slightly above the ground. The light remained stationary as we flew toward it. I turned onto base leg about one mile to the south of the light and was above it. The light did not move during this time.

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

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*The unusually bright light & lead never seen at night in this area.*

A. HOW DID IT FINALLY DISAPPEAR?

*It turned the aircraft to position it for final landing.*

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.

*Orange ball  
of light*



*A very dim ring  
of soft white light.*

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                                                                                              |
| <input checked="" type="checkbox"/> WINDSHIELD <i>B-52H</i>                                                                                                                                                                                                                                                                                    | 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>NONE</i>                                                                                                                                                                                                                                                | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <i>15 mi.</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>It looked like a miniature sun placed on the ground, below the aircraft.</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.                                                                                                            |                                                                                                         |
| <p>A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.</p> <p><i>Unknown.</i></p>                                                                                                                                                |                                                                                                         |

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  
*Capt. Bradford Lanyon*

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME *[REDACTED]*

ADDRESS *[REDACTED]* *MINOT AFB, N.D.*

AGE *37* ☒ MALE ☐ FEMALE

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

*Occupation - Pilot with 13 years flying experience*

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?  
*BASE OPERATIONS*  
NAME *MINOT AFB, N.D.* DAY *24* MONTH *OCT* YEAR *1968*

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.  
DAY *30* 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.

*See Page 4*



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R 012014Z

FM AFSSO FTD

TO SSO SAC

ZEM

UNCLAS E F T O TDPT

TO COL PULLEN SSO SAC. FROM LT COL QUINTANILLA

REFERENCE OUR TELECON WITH REGARDS TO MINOT AFB UFO'S. IT IS MY FEELINGS, AFTER REVIEWING PRELIMINARY INFORMATION SUBMITTED BY MONOT, THAT UFO PAINTED BY B-52 ON RADAR AND ALSO OBSERVED VISUALLY BY IP AND PERSONNEL ON GROUND IS MOST PROBABLY A PLASMA OF THE BALL-LIGHTNING CLASS. PLASMAS OF THIS TYPE WILL PAINT ON RADAR AND ALSO AFFECT SOME ELECTRONIC EQUIPMENT AT CERTAIN FREQUENCIES. PLASMAS ARE NOT UNCOMMON, HOWEVER, THEY ARE UNIQUE AND EXTREMELY DIFFICULT TO DUPLICATE IN THE LABORATORY. ALSO BECAUSE OF TIME DURATIONS, FEEL STRONGLY THAT SOME SECURITY GUARDS AND MAINTENANCE CREW WERE OBSERVING SOME FIRST MAGNITUDE CELESTIAL BODIES WHICH WERE GREATLY MAGNIFIED BY THE INVERSION LAYER AND HAZE WHICH WAS PRESENT AT MINOT DURING THE TIME OF THE UFO OBSERVATIONS.

DO NOT CONSIDER THE PHYSICAL VIOLATION OF THE LOCK AS BEING RELATED IN ANY WAY WITH UFO'S.

I CONSIDER THE UFO REPORTS AS FAIRLY ROUTINE, EXCEPT FOR THE PLASMA OBSERVATION WHICH IS INTERESTING FROM A SCIENTIFIC POINT OF VIEW.

WE WILL STUDY THIS REPORT IN MORE DETAIL WHEN WE RECEIVE THE RAW DATA FROM MINOT.

315

NNNN

7 DT 1  
UFO

RECEIVED

7 NOV 68 16 17z

AFSSO FTD

ZCZCNKA488RAA765

RR YSNKAH

DE YSNKRA 16 3121548

R 071540Z

FM SSO SAC

TO AFSSO FTD/TDP/TDPT/TDPI

ZEM

UNCLAS E F T O DDI

REFERENCE YOUR TDPT MESSAGE REGARDING MINOT AFB  
UFO. SAC COMMANDER AND STAFF ARE EXTREMELY INTERESTED  
IN THIS ITEM. REQUEST A COPY OF YOUR REPORT OF THIS  
INCIDENT BE FORWARDED THIS HEADQUARTERS AS SOON AS  
POSSIBLE. IF ANY DIFFICULTY IS  
ENCOUNTERED SECURING RAW DATA OR ASSISTANCE FROM  
MINOT. PLEASE ADVISE. YOUR EXPEDITIOUS HANDLING OF  
THIS INCIDENT IS APPRECIATED.

090

TDP  
ACTION TDPT  
INFO TDPI

MEMO FOR THE RECORD

8 November 1968

Subj: Minot AFB Sightings

On 8 November 1968, in the afternoon, several calls were placed to Col Werlich at Minot AFB at 897-1850 ext 3020 and 2231. However, we could not get an answer. Lt Marano wanted to ask him about the weather radar.



TDPT (UFO)

13 NOV 1963

UFO Observation, 24 October 1963

Special Security Office (SAC)

1. Reference SSO message #715442, with regards to evaluations of UFO reports from Minot AFB. The following conclusions have been reached after a thorough study of the data submitted to the Foreign Technology Division. The ground visual sightings appear to be of the star Sirius and the B-52 which was flying in the area. The B-52 radar contact and the temporary loss of UHF transmission could be attributed to a plasma similar to ball lightning. The air visual from the B-52 could be the star Vega which was on the horizon at the time, or it could be a light on the ground, or possibly a plasma. The physical violation of the lock of OSCAR 7 does not seem to be related to UFOs in any way.

2. No further investigation by the Foreign Technology Division is contemplated. For your information we are attaching a copy of the sequence of events, a resume of the sightings and a discussion of the background information.

FOR THE COMMANDER

WALTER QUINTANILLA, Jr., Lt Colonel, USAF  
Chief, Aerial Phenomena Branch  
Aerospace Technologies Division  
Production Directorate

3 Atch  
1. Sequence of Events  
2. Resume of Sightings  
3. Discussion of Background  
w/3 Atch

Cy to: USAF (SAFOICC)

862 Combat Support Group  
Minot AFB, North Dakota

TDPT (UFO) OFFICIAL FILE CY

# SEQUENCE OF EVENTS

0030 Airman Isley sighted light in the east (117)

0230 A1C O'Conner sighted bright light (117)

SSgt Smith sighted bright star light (117)

0308 SSgt Bond, A1C Adams, A1C Jablonski sighted light in SSE  
(Ltr fm Lt Col Werlich & 117s)

0320 SSgt Smith, A1C Bajgiar, A1C Vennedall sight UFO  
(Ltr fm Lt Col Werlich)

0324 SSgt Wagla, A1C Allis, A1C Derr sight UFO  
(Ltr fm Lt Col Werlich)

0325 SSgt Halko, A1C Jenkins, A1C Richardson sight UFO  
(Ltr fm Lt Col Werlich)

0335 B-52 on heading 290° asked to look for orange light 15 to  
16 miles at 1 o'clock position (reply affirmative?)  
"A/C roger I see a . . . (garbled)" (Transcript from tape)

0345 A1C O'Conner no longer sees light (117)

0352 B-52 in haze. Weathers radar places object three miles at  
1 o'clock. B-52 cannot see. (Transcript of tape)

0358 B-52 loses transmission to tower. (Transcript of tape)

between  
0400-0402 B-52 regains ability to transmit. (Transcript of tape)

0406:15 B-52 scope photos start (scope photo)

0406:51 B-52 scope photos end (scope photo)

0413 Controller tells 52 that missile site personnel advise  
that they don't see anything any more.

0415 SSgt Smith last sighted light (117)

0417 A/C requests final to touchdown at 0440 (Transcript of tape)

Atch #1

0428 A/C on final for landing (Transcript of tape)  
0435 Pilot turns on base leg for final landing and is observing  
unidentified orange light. (Transcript of tape)  
0500 SSgt Bond no longer sees light (117)  
0518 ALC Adams no longer sees light (117)  
ALC Jablonski no longer sees light (117)



# RESUME

Airman Isley stated that he observed the object from 0030 to 0430, for  $3\frac{1}{2}$  to 4 hours. It was seen south of his position, first being seen in the east and disappearing in the southeast. The lights looked like the lights of a jet aircraft and it came within hearing distance twice. The sound was that of jet engines. During the period of observation it went out of sight a few times and then reappeared. At one time he sighted two objects. Also sighted B-52 on its first pass.

A1C O'Conner, who was with Airman Isley, stated that he saw the UFO from 0230 to 0345 hours. (No explanation for conflict in duration.) The light was seen moving in various directions in the southern skies. The object appeared as a self-luminous big ball of white light that seemed to change to a green light, then later to a dim amber color. Heard a noise similar to that of a jet aircraft. A B-52 in the area was asked to check out the sighting and was seen west of the object. The object did not appear again after the B-52 made its first pass (52 made pass at about 0335 hours).

A1C Jablonski, who was dispatched by SSgt Bond to November 1 with Airman Isley and A1C O'Conner, reported that he sighted the object for two hours off and on. The object was self luminous with glowing orange-red, white, and greenish alternating and at times

MC #2

combinations could be seen. When first dispatched, sighted another object exactly the same as that which appeared out of the east and moved toward the other. A B-52 was diverted to the general area. First seen and heard about 35 minutes after first sighting of object. Object stayed basically to the southeast, while B-52 was in southwesterly position.

A1C Adams, who was dispatched with A1C Jablonski, also stated that he sighted the object for about two hours in the southern skies. The UFO seemed to assume a stationary position, first in a hovering position, then it would speed up. The reddish orange light kept changing white and occasionally green. B-52 bomber heard approximately 45 minutes after seeing UFO. B-52 west and much higher than UFO.

SSgt Bond sighted the object in the southern skies for two hours twenty-six minutes. The UFO appeared as a point of light. It appeared about the same as landing lights on the B-52 which was diverted to the area, except for the flashing red lights on the B-52.

SSgt Smith sighted the UFO from 0230 to 0415 hours. It was seen primarily in the south-southwest off and on for 1 hour 15 minutes. The object appeared as though a star would appear on the horizon on a clear night. The phenomenon appeared to be a reddish burnt orange. SSgt Smith saw it fade and change as a star might twinkle.

He also noticed a slight hint of green. The object resembled the planet Mars, in color and size, as it rises on the horizon.

Major Partin, the pilot of the B-52, visually sighted an unidentified light from 0430 till 0435 hours local. It appeared as a bright orange ball of light about 15 miles away in the west-northwest, and was either on the ground or slightly above the ground. The light remained stationary as he flew toward it. He turned onto base leg about one mile south of the light and was above it. The light did not move during this time.

No detailed information was submitted to this office relative to the sightings of ALC Bajgiar, ALC Vennedall, SSgt Wagla, ALC Allis, ALC Derr, SSgt Halko, ALC Jenkins, and ALC Richardson. Nor was any information submitted with regards to the possible visual observation by aircraft at 0335 hours local, radar paint by weathers radar at 0352, or exact time when the B-52 first entered the area of the sightings.



#### DISCUSSION OF BACKGROUND INFORMATION

Weather conditions were such that there was haze and scattered clouds in the area of the sighting. There was also a temperature inversion at the 2 - 5,000 ft altitude level. Stars could be seen and this was indicated in all the AF Forms 117 submitted to Wright-Patterson Air Force Base.

##### A.

1. Sirius was the brightest astronomical object in the skies during the period of the sightings. It has a stellar magnitude of -1.58, has characteristic colors of blue-red-white-green, and would have been visible in the southeastern sky during most of the sightings. (See Atch #1)

2. The scintillation of Sirius would have been increased by the temperature inversion.

3. Common celestial objects when seen through haze are often misinterpreted. (See Atch #2)

4. Clouds passing in front of the star would have caused it to disappear and then reappear.

5. Stationary lights when seen against a black background can appear to move. This process is called autokinesis. (See Atch #3)

##### B.

1. Initial report indicated a simultaneous ground visual and air visual at about 0335 local. This was not substantiated by the pilot's form 117. The pilot indicated he sighted an unidentified light at about 0435 local.

Atch #3

2. The B-52 arrived in the area on a 50 nautical mile radius clearance and began various maneuvers including a vertical "S" pattern. This took place at almost the same time as the first ground sighting. It is entirely possible that the initial sighting and the subsequent activities of the object were in fact the B-52 accomplishing upper airwork. Later sightings of bright lights and flashing green and white lights, accompanied by a low jet engine sound, correlate with the B-52 making a VOR penetration, low approach, and missed approach. Portions of the maneuver are accomplished with the aircraft landing lights on. The haze layered cloud conditions could have diffused light sources and made identification difficult (ref TWX from Lt Col Werlich).

3. At 0435 local, the pilot of the B-52 sighted a bright light in the west-northwest on or near the ground. At 0435 Vega was on the horizon at azimuth 345 degrees.

C.

1. Plasmas can effect electrical equipment and can also be painted on radar.

2. Plasmas, such as ball lightning, can occur in clear weather as well as stormy weather.

3. Plasmas, such as ball lightning, can be seen visually and appear as a fiery ball. The most common colors are red, orange, yellow, blue and white.

4. Aurora Borealis is quite often seen from Minot AFB at this time of the year and is an electrical atmospheric phenomenon.

AT 0300 hours local 24 October 1968

|            | AZIMUTH | ELEVATION |
|------------|---------|-----------|
| Regulus    | 78      | 10        |
| Capella    | 85      | 80        |
| Castor     | 88      | 50        |
| Pollux     | 91      | 45        |
| Procyon    | 112     | 30        |
| Betelgeuse | 138     | 47        |
| Sirius     | 138     | 28        |
| Rigel      | 158     | 35        |
| Aldebaran  | 164     | 60        |
| Aries      | 235     | 48        |
| Deneb      | 315     | 22        |
| Vega       | 331     | 4         |

AT 0400 HOURS LOCAL, 24 OCTOBER 1968

|            |     |                    |
|------------|-----|--------------------|
| Mars       | 83  | at horizon         |
| Jupiter    | 82  | just below horizon |
| Regulus    | 89  | 20                 |
| Capella    |     | 90                 |
| Castor     | 91  | 58                 |
| Pollux     | 106 | 55                 |
| Procyon    | 126 | 37                 |
| Sirius     | 152 | 24                 |
| Betelgeuse | 159 | 50                 |
| Rigel      | 175 | 35                 |
| Aldebaran  | 190 | 80                 |
| Aries      | 251 | 47                 |
| Deneb      | 324 | 15                 |
| Vega       | 341 | at horizon         |

Atch 3-1



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