

## PROJECT 10073 RECORD

|                                                                                                |                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. DATE - TIME GROUP<br>26 November 1968 26/11/68 26/2340Z                                     | 2. LOCATION<br>Bismark, North Dakota                                                                                                                                                          |
| 3. SOURCE<br>Civilian                                                                          | 10. CONCLUSION<br>Possible SATELLITE<br>Possible BALLOON                                                                                                                                      |
| 4. NUMBER OF OBJECTS<br>One                                                                    | The north bound light could have been a satellite and the other could have been a lighted balloon.                                                                                            |
| 5. LENGTH OF OBSERVATION<br>6 Minutes                                                          | 11. BRIEF SUMMARY AND ANALYSIS<br>The observers sighted two moveing star-like light sources. One traveled north and one was traveling south. The light traveling south disappeared in the NE. |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        |                                                                                                                                                                                               |
| 7. COURSE<br>See Case                                                                          |                                                                                                                                                                                               |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |                                                                                                                                                                                               |
| 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.

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

J. [REDACTED] et, Bismarck ND 58501  
[REDACTED] street, Bismarck ND 58501

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

Rt. [REDACTED] Bismarck ND 58501 Box 198

TELEPHONE (Area code and number)

AGE

47

☒

MALE

☐ FEMALE

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

Airport traffic controller, Bismarck, ND. 27 years experience. Other observers are traffic controllers.

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

NAME Sgt Walter W. Lambert DAY 27 MONTH Nov YEAR 68

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 27 MONTH Nov 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.

## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 26 MONTH Nov YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 2300Z MINUTES 0041Z ☐ A.M. ☒ P.M.

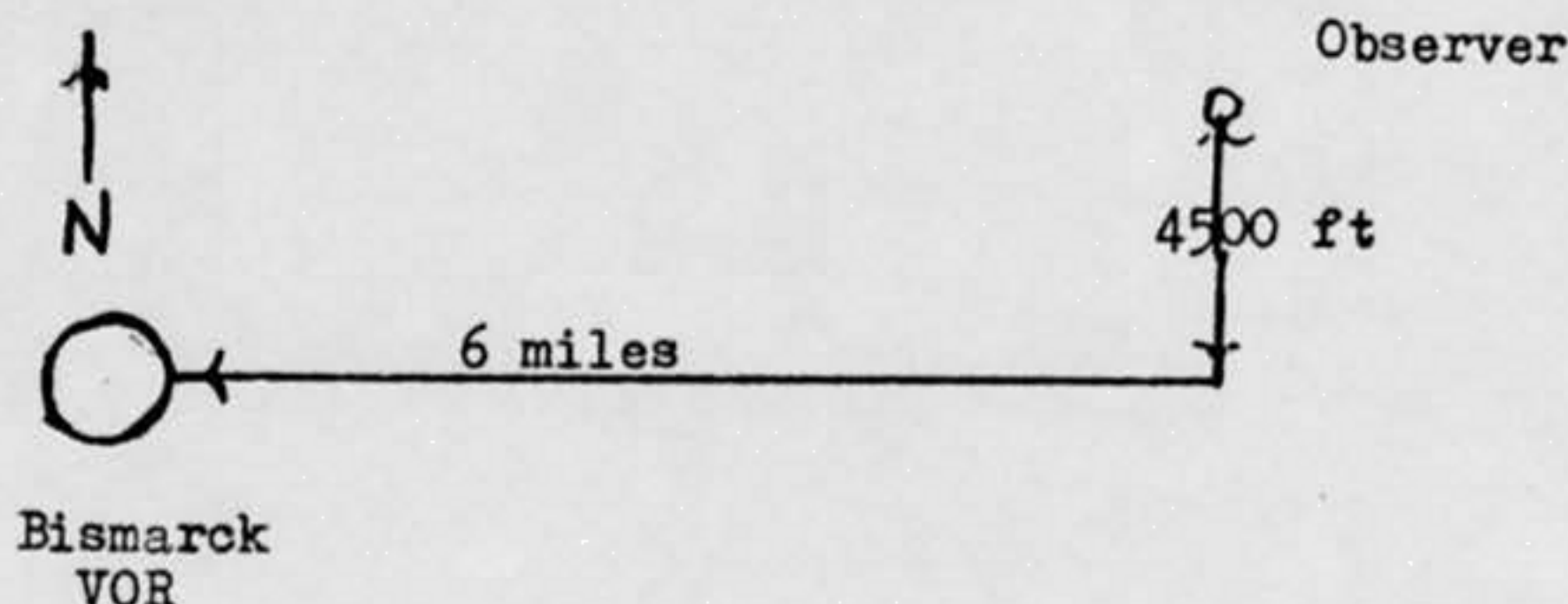
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 2300Z MINUTES 0043Z ☐ A.M. ☒ P.M.

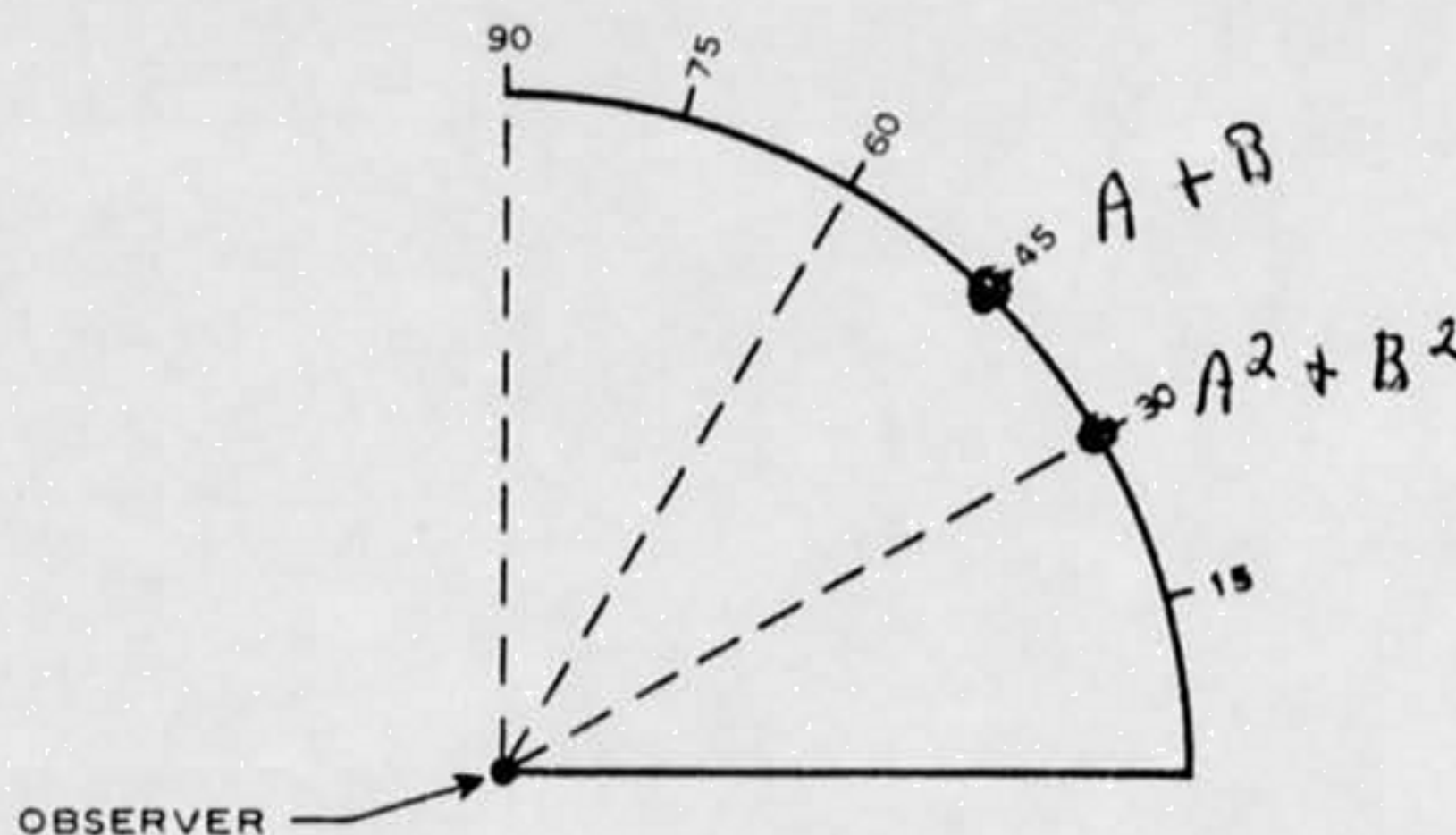
4. TIME/ZONE

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

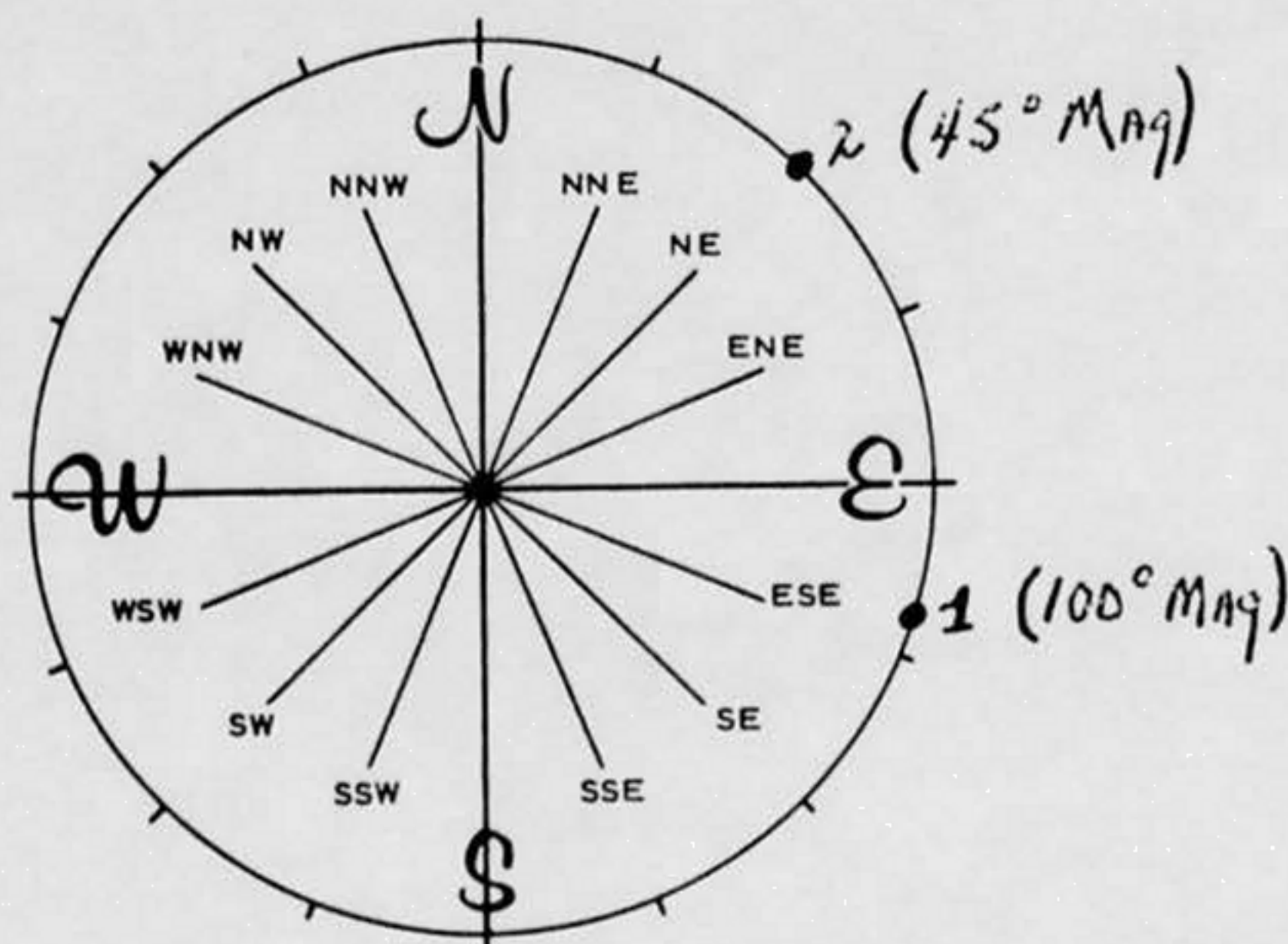
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE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



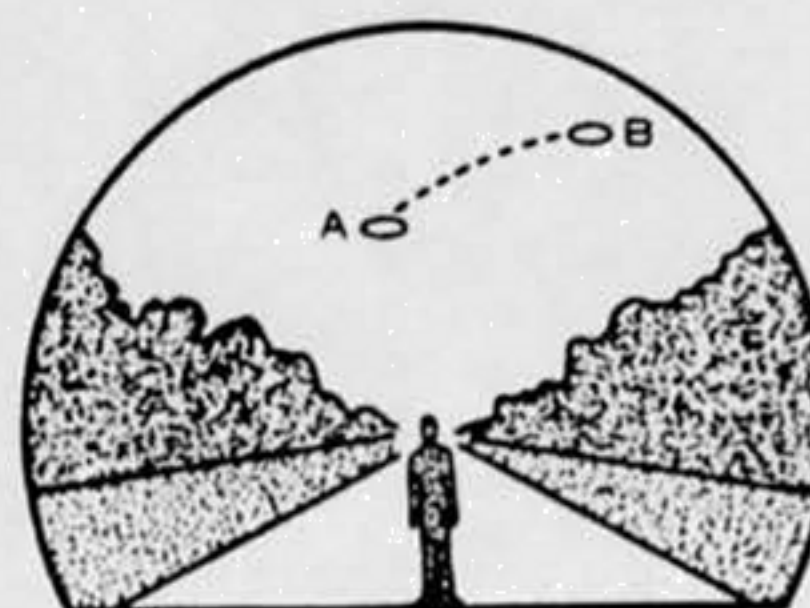
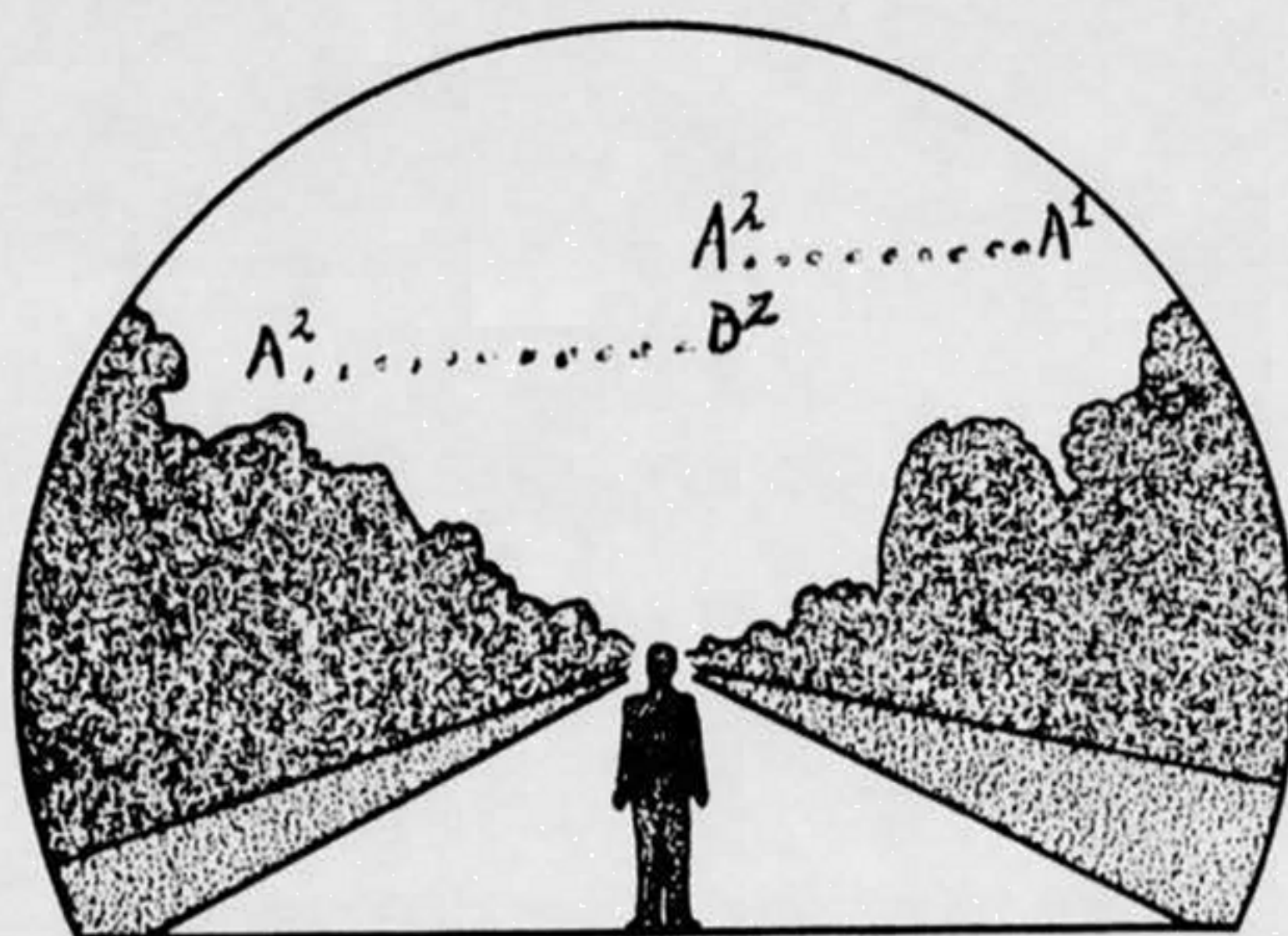
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



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.)                                                                                                                                                                                                                     |           |                                                                                                                             |               |
| 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                                                                                                               |               |
| XX IN AIRPLANE <input checked="" type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                              |           | FLYING OVER CITY                                                                                                            |               |
| OTHER                                                                                                                                                                                                                                                                                          |           | XX 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                                                                                                                                                                                                                                                                                          | XX EAST   | 100 K                                                                                                                       |               |
| SOUTH                                                                                                                                                                                                                                                                                          | WEST      | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |               |
| NORTHEAST                                                                                                                                                                                                                                                                                      | SOUTHEAST |                                                                                                                             |               |
| NORTHWEST                                                                                                                                                                                                                                                                                      | 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.                                                                                                                   |           |                                                                                                                             |               |
| Cessna 150                                                                                                                                                                                                                                                                                     |           |                                                                                                                             |               |
| HOW MUCH OTHER TRAFFIC WAS THERE?                                                                                                                                                                                                                                                              |           |                                                                                                                             |               |
| 3 Aircraft                                                                                                                                                                                                                                                                                     |           |                                                                                                                             |               |
| 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.                       |           |                                                                                                                             |               |
| One on ground, one North and 1 Northwest.                                                                                                                                                                                                                                                      |           |                                                                                                                             |               |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?                                                                                                                                                                                                                                                       |           |                                                                                                                             |               |
| LENGTH OF TIME                                                                                                                                                                                                                                                                                 |           | XX CERTAIN OF TIME                                                                                                          | NOT VERY SURE |
| 1 1/2 to 2 minutes                                                                                                                                                                                                                                                                             |           | FAIRLY CERTAIN                                                                                                              | JUST A GUESS  |
| HOW WAS TIME DETERMINED?                                                                                                                                                                                                                                                                       |           |                                                                                                                             |               |
| Was on letdown from VOR on a 3 minutes leg                                                                                                                                                                                                                                                     |           |                                                                                                                             |               |
| 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?

Two objects. See Item 7.

11. CONDITIONS (Check appropriate blocks.)

| A. SKY                              |                     | B. WEATHER               |                                                      |                          |                       |
|-------------------------------------|---------------------|--------------------------|------------------------------------------------------|--------------------------|-----------------------|
| <input type="checkbox"/>            | DAY                 | <input type="checkbox"/> | CUMULUS CLOUDS ( <i>Low fluffy</i> )                 | <input type="checkbox"/> | FOG OR MIST           |
| <input type="checkbox"/>            | TWILIGHT            | <input type="checkbox"/> | CIRRUS CLOUDS ( <i>High fleecy or Herring-bone</i> ) | <input type="checkbox"/> | HEAVY RAIN            |
| <input checked="" type="checkbox"/> | NIGHT               | <input type="checkbox"/> |                                                      | <input type="checkbox"/> | LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> | CLEAR               | <input type="checkbox"/> | NIMBUS CLOUDS ( <i>Rain</i> )                        | <input type="checkbox"/> | HAIL                  |
| <input type="checkbox"/>            | PARTLY CLOUDY       | <input type="checkbox"/> | CUMULONIMBUS CLOUDS<br>( <i>Thunderstorms</i> )      | <input type="checkbox"/> | SNOW OR SLEET         |
| <input type="checkbox"/>            | COMPLETELY OVERCAST | <input type="checkbox"/> |                                                      | <input type="checkbox"/> | UNKNOWN               |
| <input type="checkbox"/>            |                     | <input type="checkbox"/> | HAZE OR SMOG                                         | <input 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"/> | NO MOONLIGHT |
| <input checked="" type="checkbox"/> | A FEW   | <input type="checkbox"/>            | MOON WITH HALO                                                | <input type="checkbox"/> | UNKNOWN      |
| <input type="checkbox"/>            | MANY    | <input checked="" type="checkbox"/> | MOON HIDDEN BY CLOUDS                                         |                          |              |
| <input type="checkbox"/>            | UNKNOWN |                                     | PARTIAL ( <i>New or quarter</i> ) $\frac{1}{4} - \frac{1}{2}$ |                          |              |

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

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

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

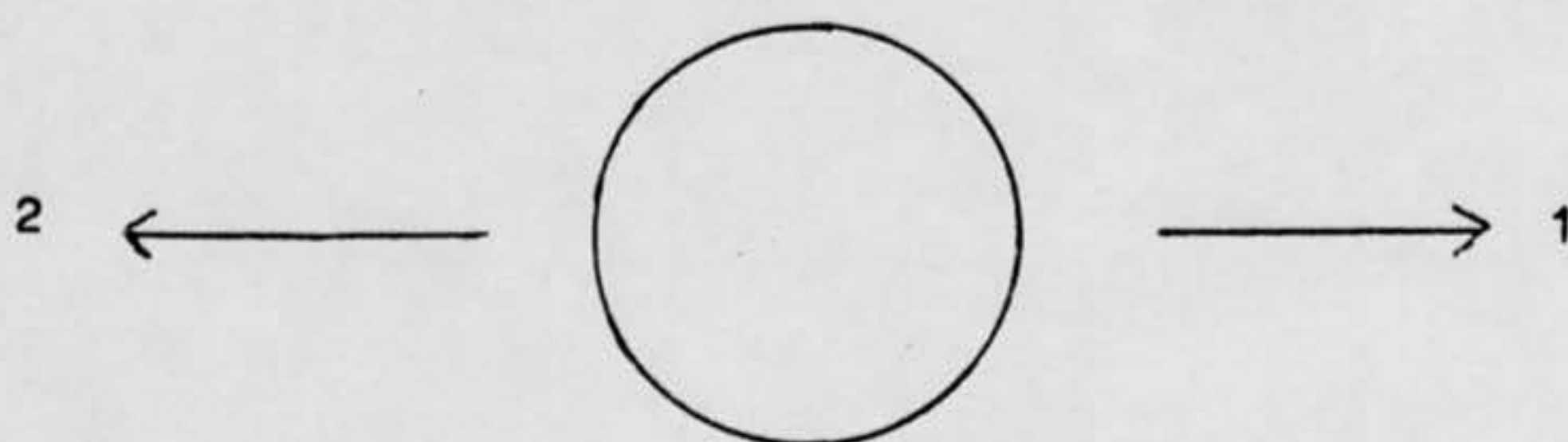
None (Cockpit red lights on)

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.

Objects bright whit, self luminous, solid, sharp edged, round. About the same brightness of a bright star, possibly a bit smaller.

| 13.                                                                                                      | DID THE PHENOMENON             | YES | NO | UNKNOWN |
|----------------------------------------------------------------------------------------------------------|--------------------------------|-----|----|---------|
| MOVE IN A STRAIGHT LINE?                                                                                 |                                | X   |    |         |
| STAND STILL AT ANYTIME?                                                                                  | (Answers are for both objects) |     | 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?                                                          |                                |     |    |         |
| Radio call from tower.                                                                                   |                                |     |    |         |
| A. HOW DID IT FINALLY DISAPPEAR?                                                                         |                                |     |    |         |
| Lost sight of them when aircraft turned.                                                                 |                                |     |    |         |
| B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME? |                                |     |    |         |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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.

Completely Covered

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             | Clear      |  | CAMERA VIEWER |
|                                                            | SUNGLASSES |  | BINOCULARS    |
| <input checked="" type="checkbox"/> WINDSHIELD             | Aircraft   |  | TELESCOPE     |
| <input checked="" type="checkbox"/> SIDE WINDOW OF VEHICLE | Aircraft   |  | THEODOLITE    |
|                                                            | WINDOWPANE |  | OTHER         |

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

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

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

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

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.

looked like satellite  
\* Path across sky was faster than echo satellite.

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.

Looked like satellite

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

A. LIST THEIR NAMES AND ADDRESSES

[REDACTED] student pilot.

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

[REDACTED], Bismarck, ND

TELEPHONE (Area code and number)

AGE

51

☒

MALE

☐ FEMALE

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

Pilot for 30 yrs.

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

NAME VOLLIE E. GRIFFIN, Major, USAF DAY 27 MONTH Nov YEAR 68

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 27 MONTH Nov YEAR 68

DEPARTMENT OF THE AIR FORCE  
DETACHMENT 14, HQ ICEG (SAC)  
BISMARCK RBS, NORTH DAKOTA 58502



REPLY TO  
ATTN OF: RBSD

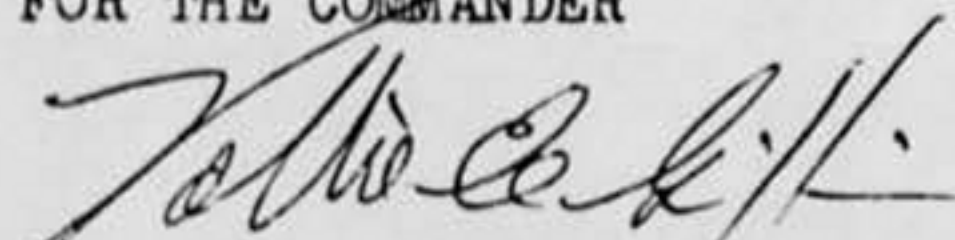
DEC 5 1968

SUBJECT: Unidentified Flying Objects

TO: FTD (FDETR)

Herewith are two reports on a UFO sighting made on 26 Nov 68 as required by AFR 80-17.

FOR THE COMMANDER

  
VOLLIE E. GRIFFIN, Major, USAF  
Electronic Warfare Officer

2 Atch  
a/s

*Peace . . . . is our Profession*

MAILING  
TIL CHRISTMAS

## UFOs Seen Northeast Of Capital

Three Bismarck Airport control tower personnel, an airplane pilot from the Capital City and others were mystified Tuesday night after sighting unidentified flying objects northeast of Bismarck.

Jack Wilhelm of the Bismarck Airport control tower said he and two other personnel, Jack Reeves and John Fishcer, sighted two round, white-colored objects about the size of a large star about 5:40 p.m.

They tipped off Robert Watts of Capital Aviation, who was flying a student in the vicinity of the airport, and they too witnessed the UFOs, describing them in terms identical to the control tower reports.

Wilhelm and Watts said an Air force radar system based at Great Falls, Mont., picked up "foreign objects" at the time, positioning the UFOs about 85 miles northeast of Bismarck.

There were indications that the Air Force was being called in to further investigate the sightings.

Wilhelm said his tower received "a rash of calls" last week Tuesday from citizens who reported somewhat similar objects at about the same time of night in the same approximate location. He said those reports claimed sound emanated from the objects—"sound something like they never heard before".

No sounds were heard Tuesday night.

Wilhelm said the two ob-  
See UFOs Page 3

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The procedures pertain to

## UFOs . . .

Continued from Page 1

Wilhelm said the changes in speed and direction of movement discounted the likelihood of the UFOs being stars.

He noted the objects were foreign to the airport control tower as well as to the Great Falls radar system, since they were not listed on flight plans.

Watts discounted the possibility of the objects being airplanes or normal orbiting objects. He said they traveled considerably faster than aircraft, and, because of the speed and direction changes, could not be normal, unmanned satellites.

jects "didn't act like stars" because one traveled north and the other south for a period. Then, he said, the object traveling south reversed course and moved to what appeared to be a short distance from the other.

The two objects then hovered close together for a few seconds and "after that they just disappeared," said Wilhelm. He said that in a "split second" they disappeared in an northeasterly direction.

Before the two objects joined, one was positioned about 45 degrees above the horizon, while the other was 30 degrees above the horizon. The lower object moved up to join the higher, said Wilhelm.

Watts gave a similar description of the objects, except he noted he did not witness the two objects disappearing.

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## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R258

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

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 26 MONTH Nov YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 2300Z MINUTES 0040Z ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 2300Z MINUTES 0046Z ☐ A.M. ☒ P.M.

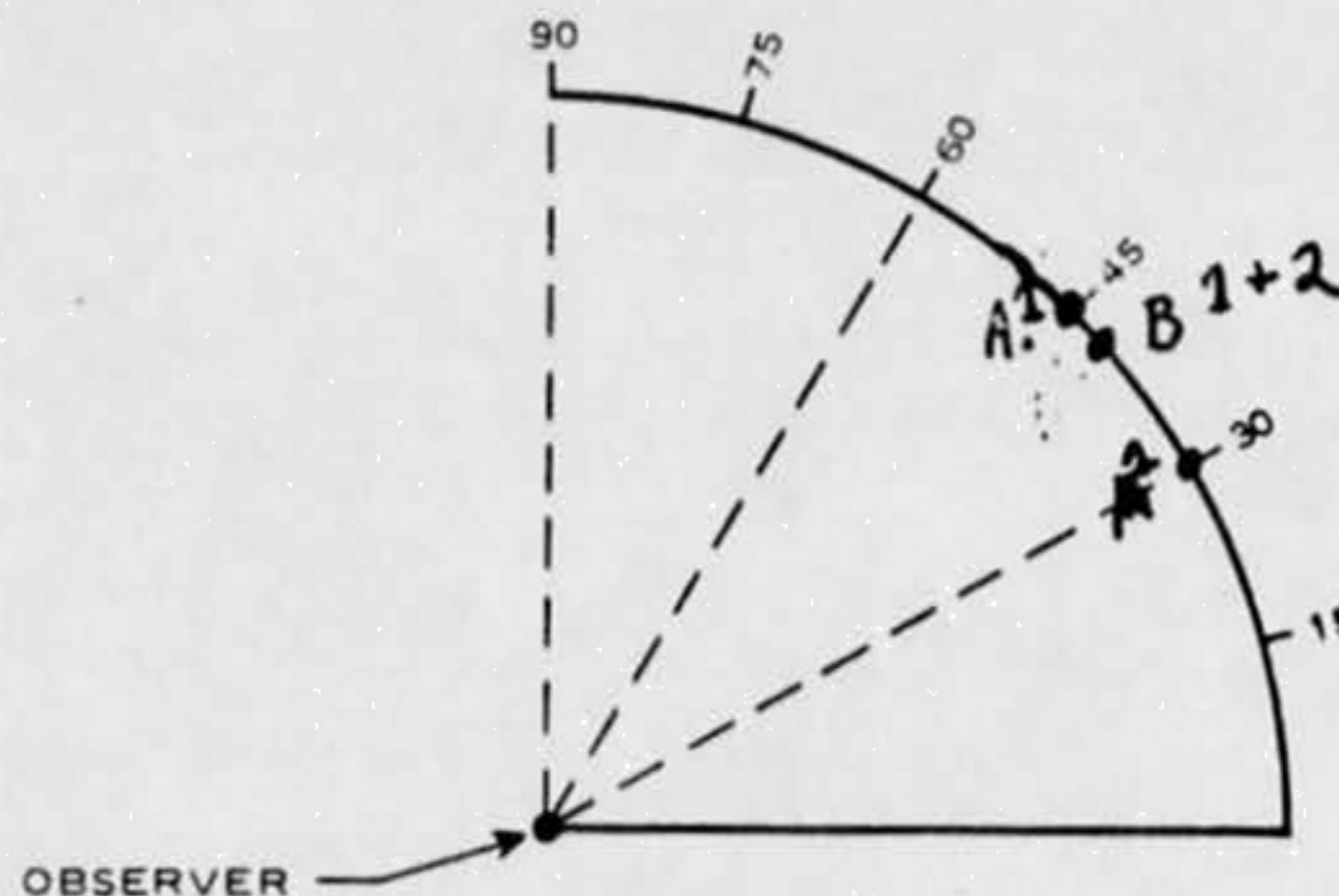
4. TIME / ZONE

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

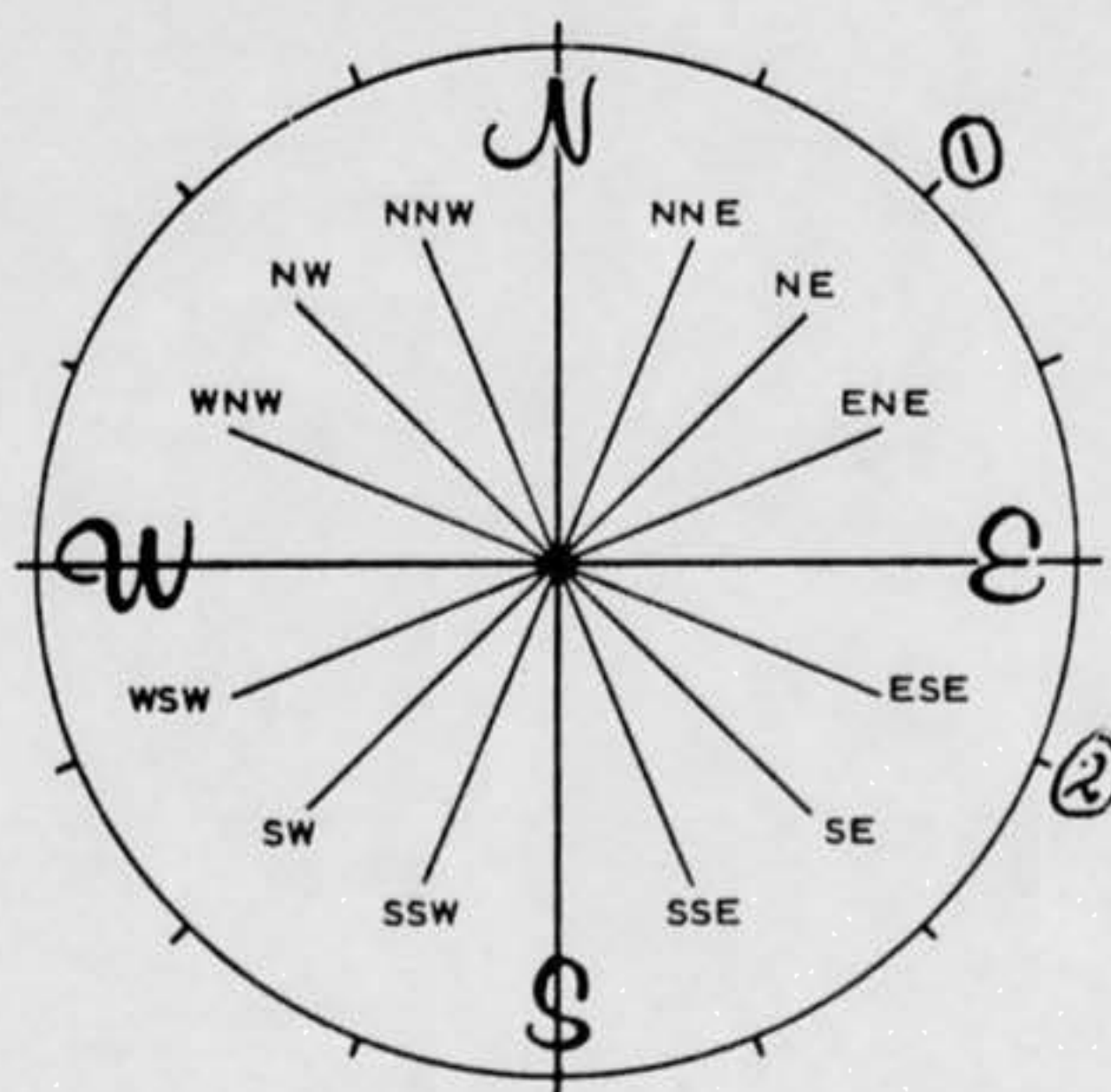
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE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

In control tower B, Bismarck Airport, ND.

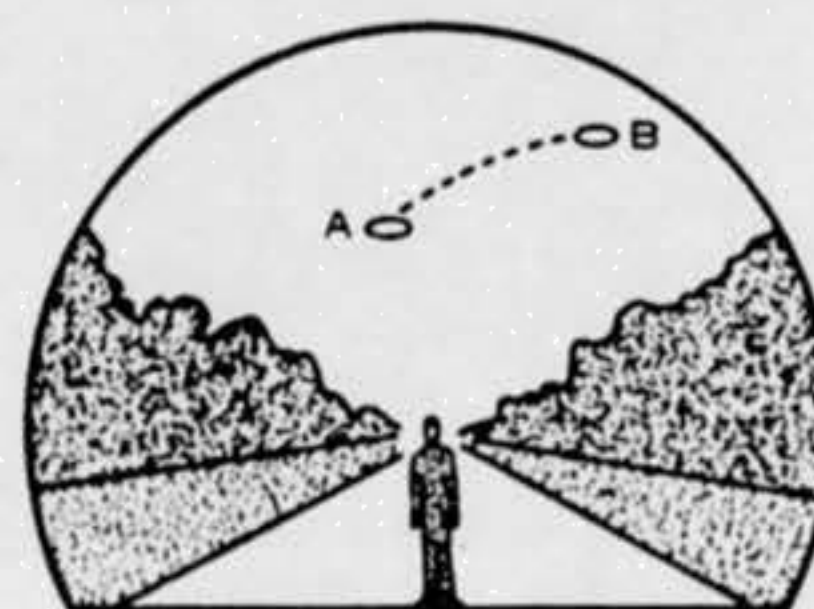
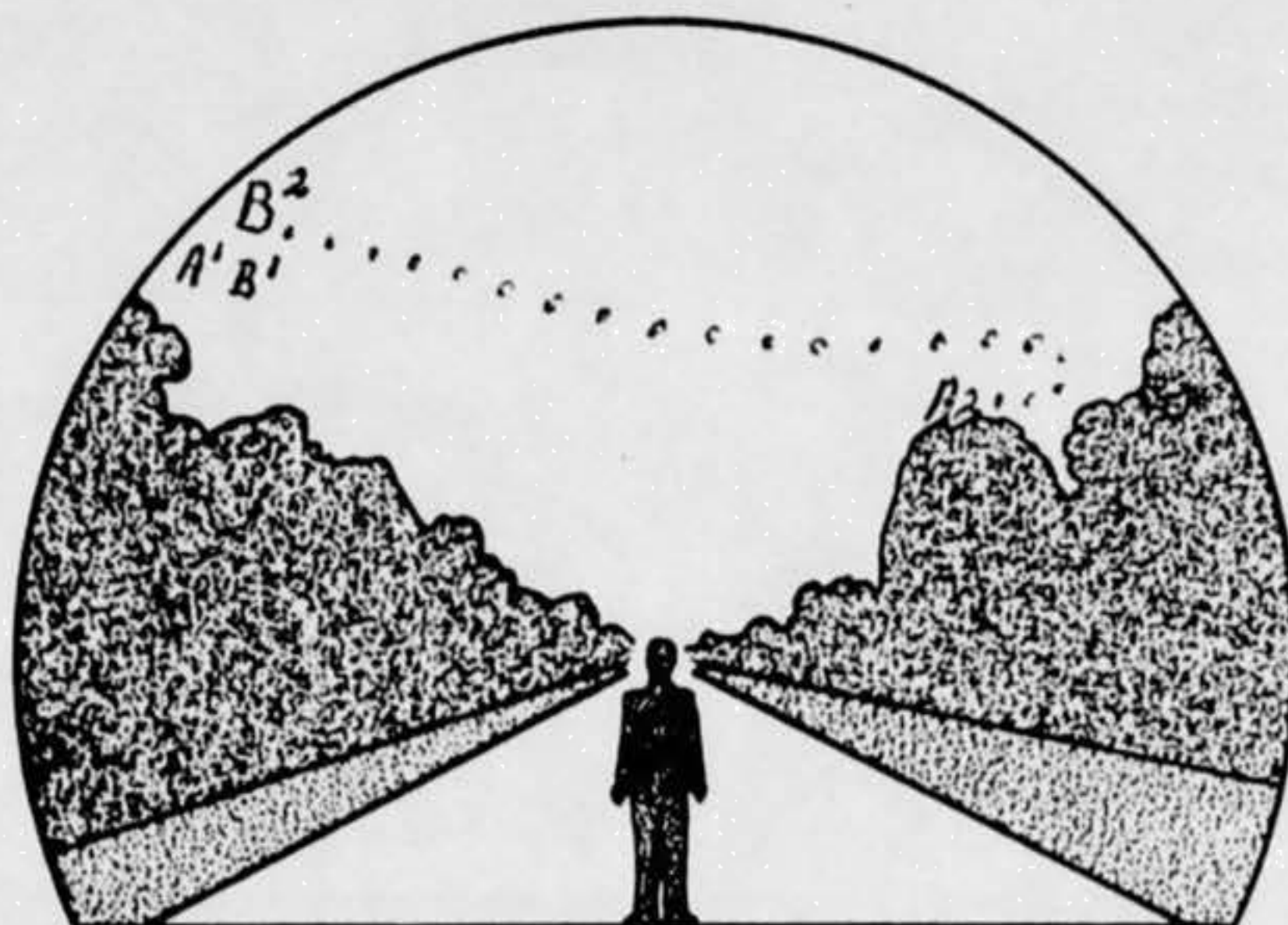
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



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            |
| X                                                                                                                                                                                                                                                                                                                                                                          | IN BUILDING <u>Control tower</u>                                                    |                                                                                                                      | IN RESIDENTIAL SECTION OF CITY         |
|                                                                                                                                                                                                                                                                                                                                                                            | IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER     |                                                                                                                      | IN OPEN COUNTRYSIDE                    |
|                                                                                                                                                                                                                                                                                                                                                                            | IN BOAT                                                                             | X                                                                                                                    | NEAR AIRFIELD                          |
|                                                                                                                                                                                                                                                                                                                                                                            | IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER |                                                                                                                      | FLYING OVER CITY                       |
|                                                                                                                                                                                                                                                                                                                                                                            | OTHER                                                                               |                                                                                                                      | FLYING OVER OPEN COUNTRY               |
|                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                                                                                                      | OTHER                                  |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:                                                                                                                                                                                                                                                                                                                       |                                                                                     |                                                                                                                      |                                        |
| WHAT DIRECTION WERE YOU MOVING?                                                                                                                                                                                                                                                                                                                                            |                                                                                     | HOW FAST WERE YOU MOVING?                                                                                            |                                        |
| <input type="checkbox"/> NORTH                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> EAST                                                       | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO |                                        |
| <input type="checkbox"/> SOUTH                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> WEST                                                       |                                                                                                                      |                                        |
| <input type="checkbox"/> NORTHEAST                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> SOUTHEAST                                                  |                                                                                                                      |                                        |
| <input type="checkbox"/> NORTHWEST                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> SOUTHWEST                                                  |                                                                                                                      |                                        |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.<br>N/A                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                                                                      |                                        |
| 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.<br>N/A                                                                                                                                                                                        |                                                                                     |                                                                                                                      |                                        |
| HOW MUCH OTHER TRAFFIC WAS THERE?<br>N/A                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                                                                                      |                                        |
| 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.<br>1 aircraft on ground taxiing near tower, one flying near VOR, low and left of object number 2. |                                                                                     |                                                                                                                      |                                        |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                                                                                      |                                        |
| LENGTH OF TIME                                                                                                                                                                                                                                                                                                                                                             |                                                                                     | <input checked="" type="checkbox"/> CERTAIN OF TIME                                                                  | <input type="checkbox"/> NOT VERY SURE |
| 5 1/2 to 7 minutes                                                                                                                                                                                                                                                                                                                                                         |                                                                                     | <input type="checkbox"/> FAIRLY CERTAIN                                                                              | <input type="checkbox"/> JUST A GUESS  |
| HOW WAS TIME DETERMINED?<br>24 hour clock in tower                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                                                                                      |                                        |
| 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?

See item 7.

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 checked="" type="checkbox"/> TWILIGHT |  | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herringbone) | <input type="checkbox"/> HEAVY RAIN            |
| <input type="checkbox"/> NIGHT               |  |                                                                     | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> CLEAR    |  | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                       | <input type="checkbox"/> HAIL                  |
| <input type="checkbox"/> PARTLY CLOUDY       |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)        | <input type="checkbox"/> SNOW OR SLEET         |
| <input type="checkbox"/> COMPLETELY OVERCAST |  |                                                                     | <input type="checkbox"/> UNKNOWN               |
|                                              |  | <input type="checkbox"/> HAZE OR SMOG                               | <input type="checkbox"/> NONE OF THE ABOVE     |

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

| (1) STARS                                |                                     | (2) MOON                                          |                                       |
|------------------------------------------|-------------------------------------|---------------------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> NONE |                                     | <input type="checkbox"/> BRIGHT MOONLIGHT         | <input 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 checked="" type="checkbox"/> | <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.

None

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.

Brighter than most stars, possibly a little larger. Seemed self-luminous. Shape appeared to be round light, fuzzy edges.

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

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

Was watching for air traffic, saw northbound object, then saw southbound object.

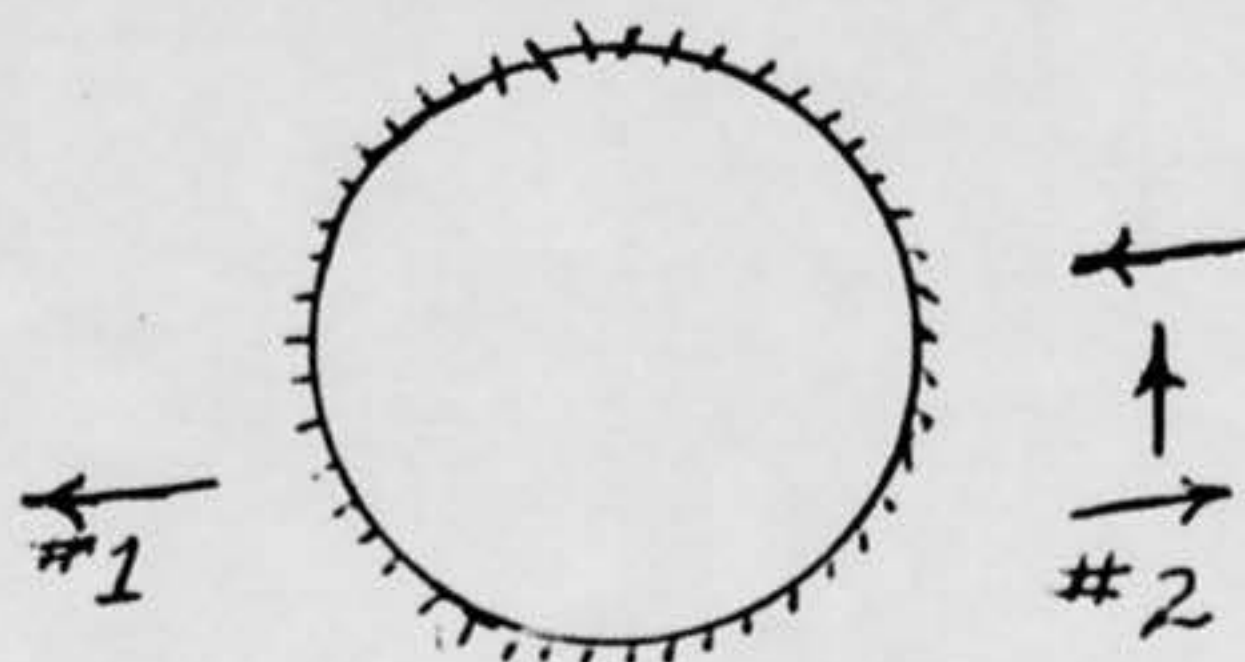
## A. HOW DID IT FINALLY DISAPPEAR?

With sudden burst of speed both objects disappeared into NE.

## 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.

100 per cent.

|                                                                                                                                                                                                                                                                                                                                                                                            |                        |                                                                                                       |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.                                                                                                                                                                                                                                   |                        |                                                                                                       |                                |
|                                                                                                                                                                                                                                                                                                                                                                                            | EYEGLASSES             |                                                                                                       | CAMERA VIEWER                  |
|                                                                                                                                                                                                                                                                                                                                                                                            | SUNGLASSES             | <input checked="" type="checkbox"/>                                                                   | BINOCULARS <u>B&amp;L 7X50</u> |
|                                                                                                                                                                                                                                                                                                                                                                                            | 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 <u>0-200 K</u>                                                                                                                                                                                                                                                                                         |                        | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>4 NM</u> |                                |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.<br><u>Like a bright star, steady light.</u> |                        |                                                                                                       |                                |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.                                                                                                                                                        |                        |                                                                                                       |                                |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.                                                                                                                                                                                                                          |                        |                                                                                                       |                                |