

## PROJECT 10073 RECORD

|                                                                                                |  |                                                                                                                            |  |
|------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|--|
| 1. DATE - TIME GROUP<br>23 December 1968 23/1810<br>24/0210Z                                   |  | 2. LOCATION<br>Saratoga, California                                                                                        |  |
| 3. SOURCE<br>Civilian                                                                          |  | 10. CONCLUSION<br>Possible (AIRCRAFT)                                                                                      |  |
| 4. NUMBER OF OBJECTS<br>One                                                                    |  |                                                                                                                            |  |
| 5. LENGTH OF OBSERVATION<br>15 Minutes                                                         |  | 11. BRIEF SUMMARY AND ANALYSIS<br>The observer sighted bright pulsating white light that seemed to do "stunts" in the air. |  |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        |  |                                                                                                                            |  |
| 7. COURSE<br>SW to SSW                                                                         |  |                                                                                                                            |  |
| 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.

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

my mother AND I WERE DRIVING  
North-west ALONG Los Gatos - SARA  
-TOGA ROAD WHEN we first sighted  
the object. It was a Bright pulsa-  
-ting Light which seemed to  
do stunts in the air. We stopped  
of a stop light & I got out  
of the truck & watched the  
object until the light changed  
THEN WE DROVE Northeast ALONG  
Hiway 9 when the object started  
to zoom AWAY AT A 90° angle  
at a fast rate of speed, ABOUT  
500 to 600 mph THEN IT DISSAPEA-  
-Red through the clouds.

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



8 JAN 1969

REPLY TO  
ATTN OF:

TDPT (UFO)

SUBJECT:

UFO Observation, 23 Dec 1968

TO:

[REDACTED] Road  
Los Gatos, California 95030

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

9  
HECTOR QUINTANILLA, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

1 Atch  
AF Form 117 w/envelope

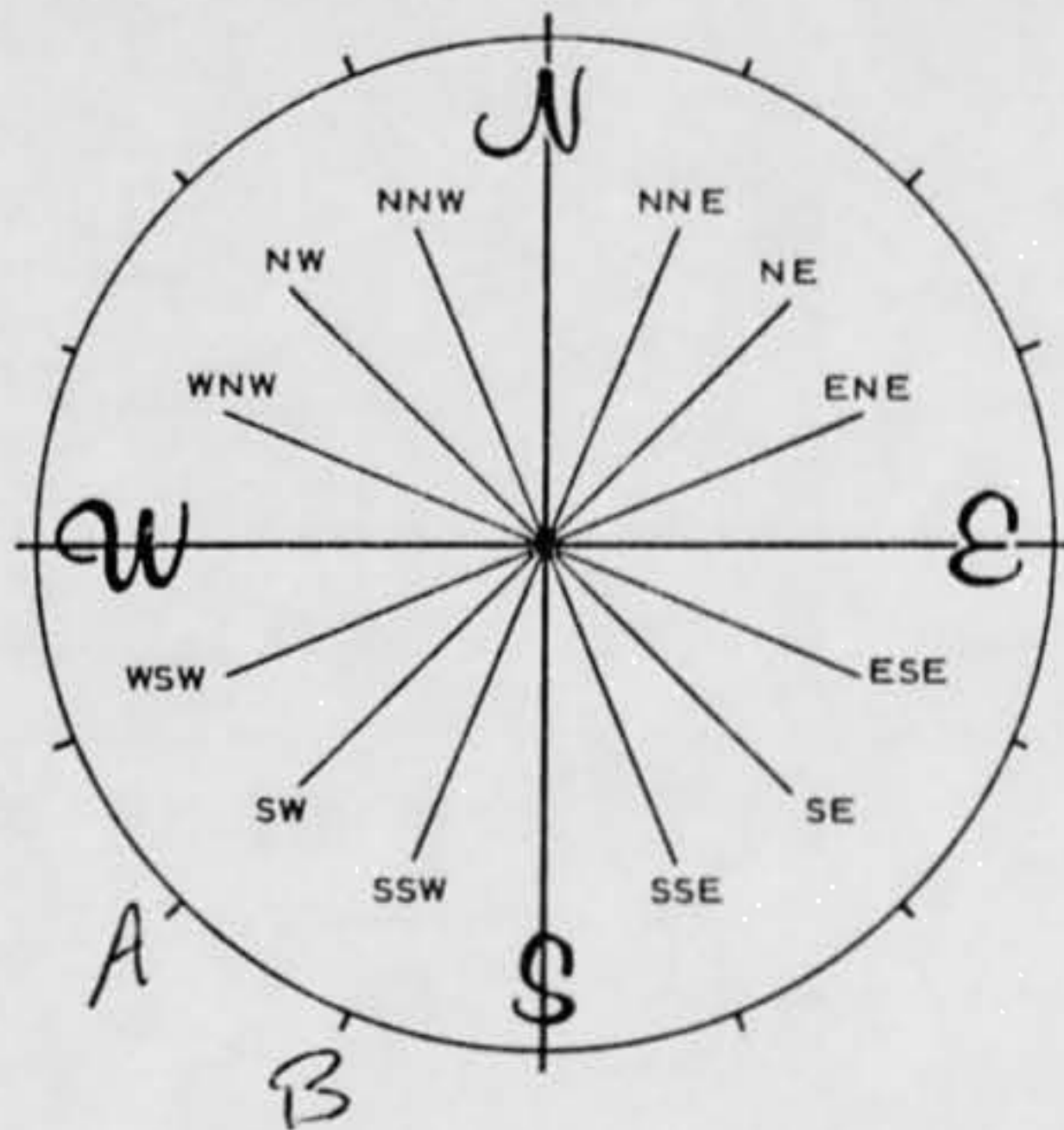
Dec 29 1968  
18330 BLACK R  
LOS GATOS  
CALIFORNIA  
95030

Dear Sirs,

I would like to report a U.F.O. My mother and I sighted it on the 23rd of Dec. over Saratoga Calif. We live at  Rd Los Gatos, California. 95030. The object was a very, very bright, white pulsating light. It was star like in shape. The sighting lasted approx. 15 min. The object moved in a southwesterly direction. The object seemed to be doing stunts in the air. We sighted a similar object in June of 68. only the object was gold & it only stayed in sight for about 3 min then it sort of exploded & was gone but there was no sound of an explosion.

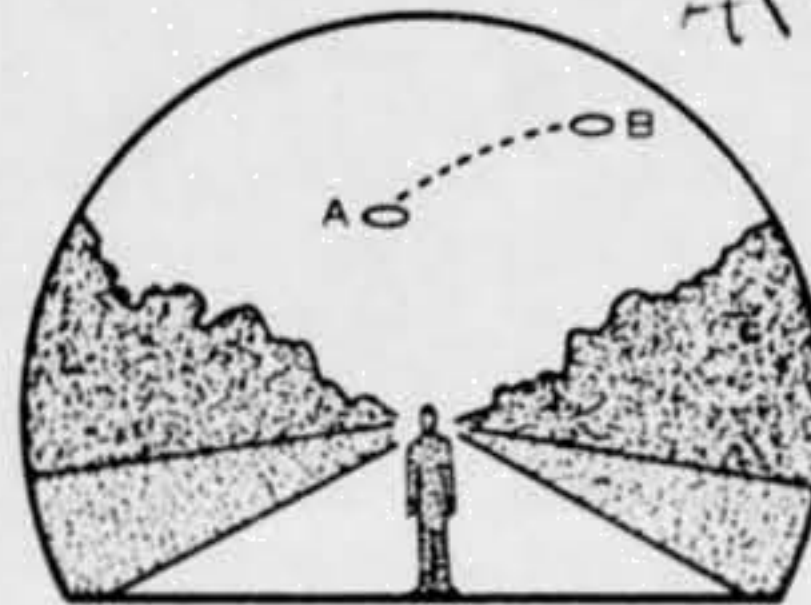
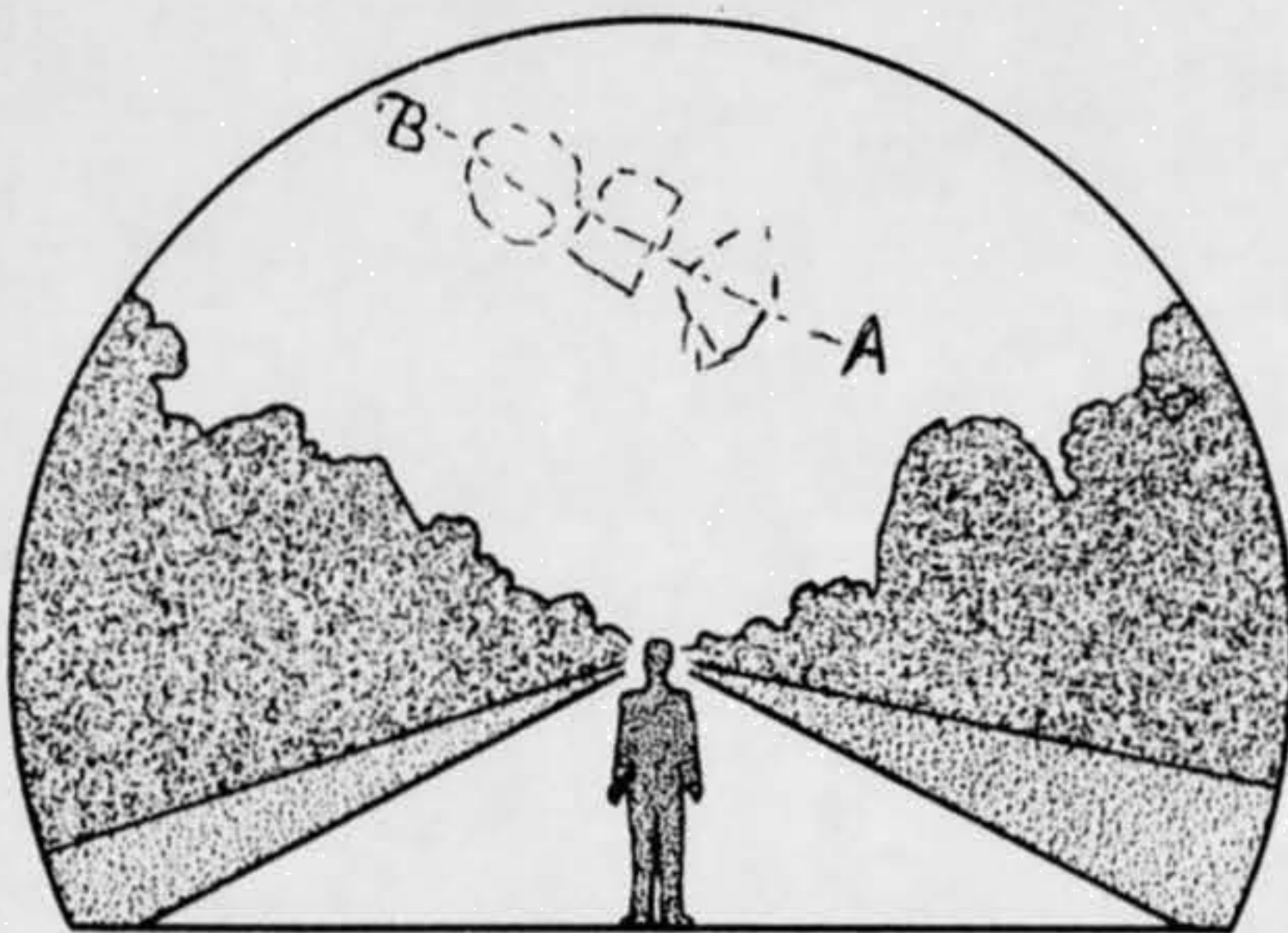
Very Truly

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.

OBJECT SEEMED TO DO MANEUVERS IN MID AIR.



## 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 23 MONTH DEC YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 6 MINUTES 10 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

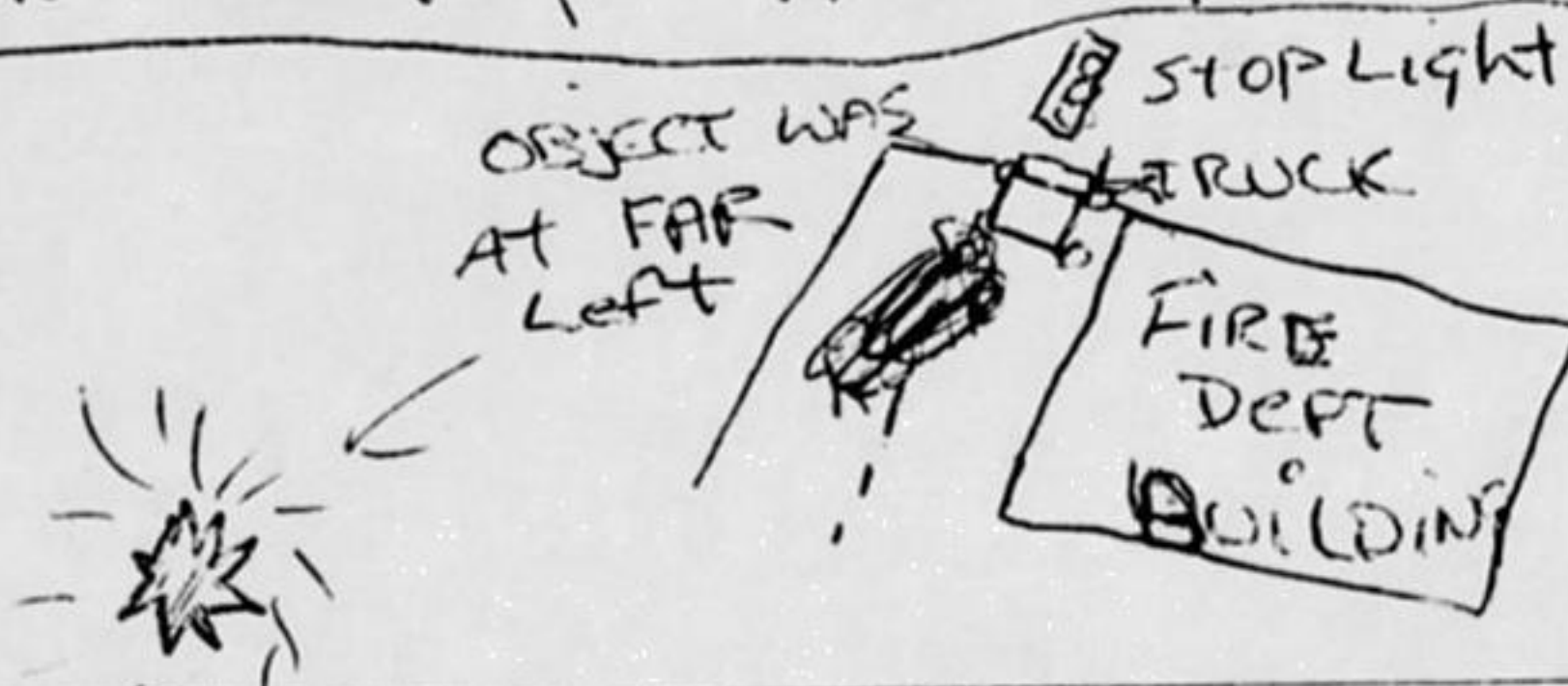
HOUR 6 MINUTES 25 ☐ A.M. ☒ P.M.

4. TIME ZONE

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

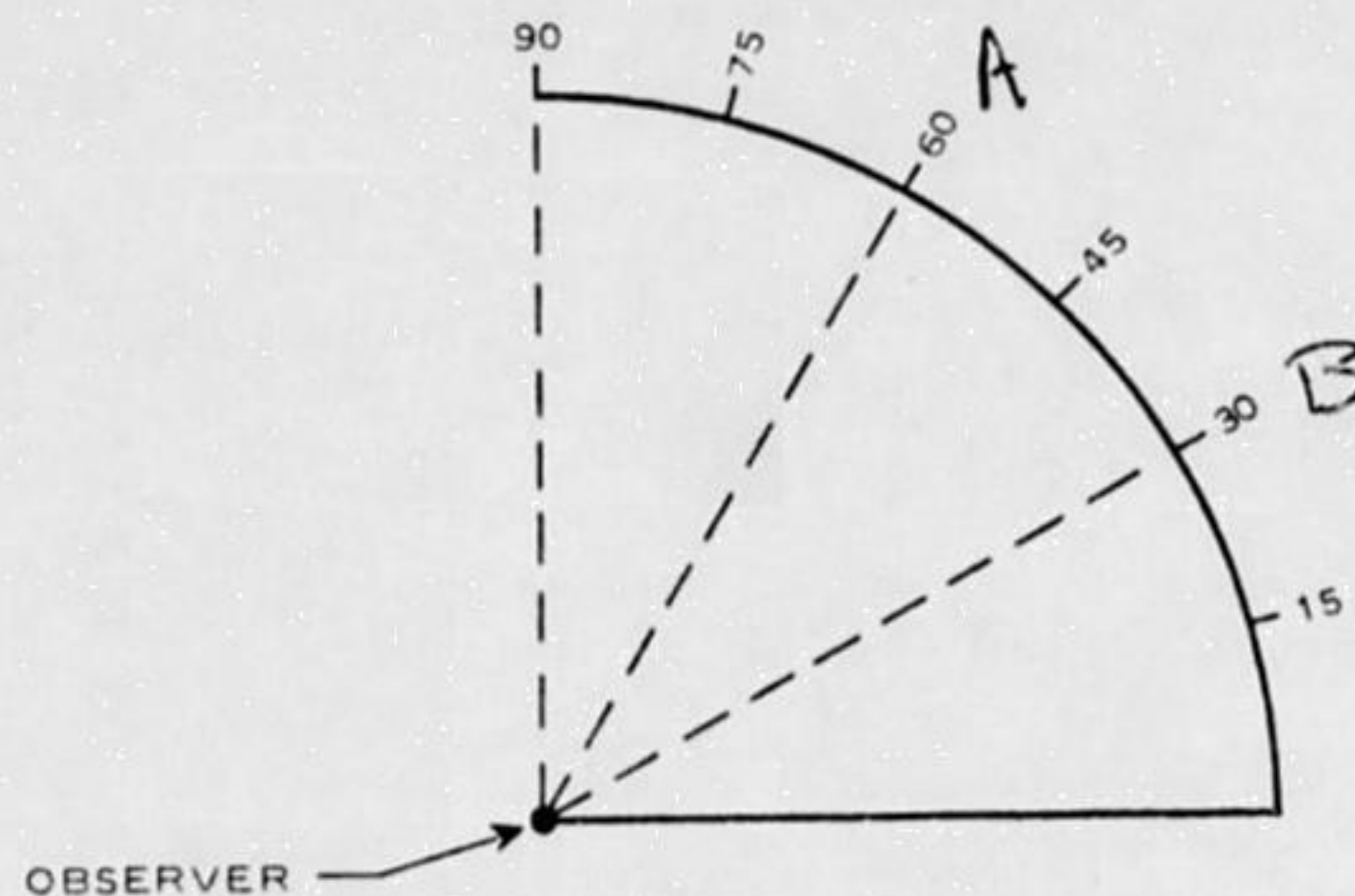
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE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

Saratoga Calif. nearest address was 14380 which is  
THE SARATOGA FIRE DEPT. BUILDING



WE STOPPED AT  
THE LIGHT & GOT  
OUT OF THE TRUCK  
FOR A moment  
to look at object

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.



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

11. CONDITIONS (Check appropriate blocks.)

| A. SKY                              |                     | B. WEATHER                          |                                                      |                          |                       |
|-------------------------------------|---------------------|-------------------------------------|------------------------------------------------------|--------------------------|-----------------------|
| <input type="checkbox"/>            | DAY                 | <input type="checkbox"/>            | CUMULUS CLOUDS ( <i>Low fluffy</i> )                 | <input type="checkbox"/> | FOG OR MIST           |
| <input type="checkbox"/>            | TWILIGHT            | <input type="checkbox"/>            | CIRRUS CLOUDS ( <i>High fleecy or Herring-bone</i> ) | <input type="checkbox"/> | HEAVY RAIN            |
| <input type="checkbox"/>            | NIGHT               |                                     |                                                      | <input type="checkbox"/> | LIGHT RAIN OR DRIZZLE |
| <input type="checkbox"/>            | CLEAR               | <input checked="" type="checkbox"/> | NIMBUS CLOUDS ( <i>Rain</i> )                        | <input type="checkbox"/> | HAIL                  |
| <input type="checkbox"/>            | PARTLY CLOUDY       | <input type="checkbox"/>            | CUMULONIMBUS CLOUDS ( <i>Thunderstorms</i> )         | <input type="checkbox"/> | SNOW OR SLEET         |
| <input checked="" type="checkbox"/> | COMPLETELY OVERCAST |                                     |                                                      | <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 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 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 type="checkbox"/> | IN FRONT OF YOU | <input type="checkbox"/> | TO YOUR RIGHT | <input type="checkbox"/> | OVERHEAD (Near noon) |
| <input type="checkbox"/> | IN BACK OF YOU  | <input type="checkbox"/> | TO YOUR LEFT  | <input type="checkbox"/> | UNKNOWN              |

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

THE OBJECT WAS ONLY SOURCE OF Light in SKY

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 WAS A VERY VERY bright white light. THE SHAPE OF A STAR WITH SHARP EDGES. IT WAS ABOUT THE SIZE OF A WOODEN MATCH HEAD AT ARMS length. The object seemed to Be self ~~luminous~~ LUMINOUS

|                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                                                     |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------|---------------------------------------|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                                                                                                                            |                                    |                                                                     |                                       |
| OUTDOORS                                                                                                                                                                                                                                                                                                                                                                                              |                                    | <input checked="" type="checkbox"/> 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                    | IN OPEN COUNTRYSIDE                   |
| IN BOAT                                                                                                                                                                                                                                                                                                                                                                                               |                                    | NEAR AIRFIELD                                                       |                                       |
| IN AIRPLANE                                                                                                                                                                                                                                                                                                                                                                                           |                                    | <input type="checkbox"/> AS PILOT                                   | <input type="checkbox"/> AS PASSENGER |
| 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?                                           |                                       |
| NORTH                                                                                                                                                                                                                                                                                                                                                                                                 | EAST                               | 40 MPH                                                              |                                       |
| SOUTH                                                                                                                                                                                                                                                                                                                                                                                                 | WEST                               | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?                |                                       |
| <input checked="" type="checkbox"/> NORTHEAST                                                                                                                                                                                                                                                                                                                                                         | SOUTHEAST                          | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                                       |
| 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. CHEVROLET PICK UP TRUCK WINDOWS WERE DOWN                                                                                                                                                                                |                                    |                                                                     |                                       |
| HOW MUCH OTHER TRAFFIC WAS THERE? ALL MOST 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.                                                                                                                              |                                    |                                                                     |                                       |
| 6:20 PM THE <del>PLANE</del> WAS IN VICINITY OF UFO. AIRPLANE                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                     |                                       |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?                                                                                                                                                                                                                                                                                                                                                              |                                    |                                                                     |                                       |
| LENGTH OF TIME                                                                                                                                                                                                                                                                                                                                                                                        |                                    | CERTAIN OF TIME                                                     | NOT VERY SURE                         |
| 15 min                                                                                                                                                                                                                                                                                                                                                                                                |                                    | <input checked="" type="checkbox"/> FAIRLY CERTAIN                  | JUST A GUESS                          |
| HOW WAS TIME DETERMINED? WRIST WATCH                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                                                     |                                       |
| 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. BECAUSE OF OUR MOVEMENT THE OBJECT FLASHED ON AND OFF WHEN OBJECT <del>FLASHED</del> FLASHED IT MOVED, |                                    |                                                                     |                                       |

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.

IS WHERE IT ENDED

OBJECT HAD  
MANY PROTRUSIONS



WHERE  
IT  
STARTED



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.

THE MATCH HEAD  
COVERED THE HOLE OBJECT

| 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?  |     |    |         |
|     | CHANGE COLOR?                   |     |    |         |
|     | GIVE OFF SMOKE?                 |     |    |         |
|     | CHANGE BRIGHTNESS?              |     |    |         |
|     | CHANGE SHAPE?                   |     |    |         |
|     | FLASH OR FLICKER?               | X   |    |         |
|     | DISAPPEAR AND REAPPEAR?         |     |    |         |
|     | SPIN LIKE A TOP?                |     |    |         |
|     | MAKE A NOISE?                   |     |    |         |
|     | FLUTTER OR WOBBLE?              |     |    |         |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

IT'S BRIGHTNESS & WHEN IT FLASHED  
ON & OFF

A. HOW DID IT FINALLY DISAPPEAR?

IT went up into the clouds  
A A 90° angle & AT A fast rate  
of speed

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.

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION.  
JUNE OF 68 ABOUT FIVE miles IN BACK  
OF MY HOUSE ABOUT 7:30 PM

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] ROAD  
LOS GATOS, CALIFORNIA 95030

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME  
[REDACTED]

ADDRESS (Street, City, State and Zip Code)  
[REDACTED] ROAD, LOS GATOS, CALIFORNIA 95030

TELEPHONE (Area code and number)  
[REDACTED]

AGE  
15

☒ 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?  
PROJECT BLUE BOOK  
NAME Wright Patterson AFB DAY 24 MONTH DEC YEAR 1968

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.  
DAY 13 MONTH JAN YEAR 69

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

|                                                 |                                        |
|-------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> EYEGLASSES             | <input type="checkbox"/> CAMERA VIEWER |
| <input type="checkbox"/> SUNGLASSES             | <input type="checkbox"/> BINOCULARS    |
| <input checked="" type="checkbox"/> WINDSHIELD  | <input type="checkbox"/> TELESCOPE     |
| <input type="checkbox"/> SIDE WINDOW OF VEHICLE | <input type="checkbox"/> THEODOLITE    |
| <input type="checkbox"/> WINDOWPANE             | <input type="checkbox"/> 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 150 mph

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 1/2 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.

STAR

A very large pulsating

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.