

# PROJECT 10073 RECORD

|                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. DATE - TIME GROUP<br>17 Jan 69 17/2330<br>18/0430Z                                          |  | 2. LOCATION<br>Bradenton, Florida                                                                                                                                                                                                                                                                                                                                                                        |  |
| 3. SOURCE<br>Civilian                                                                          |  | 10. CONCLUSION<br>Other: (UNRELIABLE REPORT)                                                                                                                                                                                                                                                                                                                                                             |  |
| 4. NUMBER OF OBJECTS<br>Three                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 5. LENGTH OF OBSERVATION<br>15 - 20 Minutes                                                    |  | 11. BRIEF SUMMARY AND ANALYSIS<br><br>SEE CASE FILE<br><br>COMMENTS: It would seem very strange if a 15 yr old boy could watch several disc shaped objects as strange as he reported for a period of 20 minutes and not make any attempt to get witnesses to the event. It would also seem strange if an object were as low as he reported, in a residential area, and be reported by only one observer. |  |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 7. COURSE<br>S - N                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 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 |  |                                                                                                                                                                                                                                                                                                                                                                                                          |  |

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

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

A. LIST THEIR NAMES AND ADDRESSES

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

NAME ~~REDACTED~~ MIDDLE NAME ~~REDACTED~~

#33505

AGE

15

☒

MALE

☐ FEMALE

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

I am a student at Bayshore ~~REDACTED~~ Junior High School, and an amateur astronomer.

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

NAME Wright Patterson Air Force Base DAY 19 MONTH January YEAR 69

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 11 MONTH February YEAR 69

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

The objects were seen at 11:30 p.m. moving from South to North. The main object ejected two smaller objects which circled the bigger object twice. One of the smaller objects came very close to the ground ahead of me, remained there for a few minutes, then went back up to rejoin its companion. After doing this the two small objects went inside the big object and then the big object shot straight up at a  $90^\circ$  angle and disappeared. The sighting lasted about 20 minutes, and the big object, before ejecting the smaller objects, turned red.

Letter enclosed.

17 Jan 69

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



REPLY TO  
ATTN OF: TDPT (UFO)

11 FEB 1969

SUBJECT: UFO Observation, 17 January 1969

TO: Mr. [REDACTED]  
Bradenton, Florida 33505

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

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

1 Atch  
AF Form 117 w/envelope

January 19, 1969

Dear Gentlemen:

I would like to report a sighting to you that occurred on the night of January 17, 1969 at 11:30 . I was outside in front of my house observing the constellations when from the south came a bright ball that appeared to be about the size of a quarter held out at arms length and about as bright as a cars headlight seen from two blocks away. When I first spotted the object it was at a 60 degree elevation from the horizon and moving towards the north at the same speed as an airplane seen at night.

It was moving towards the north when all of a sudden it stopped and hovered in the east. After remaining stationary for about a minute it turned an orange-red in color and ejected two oval objects, one behind the other, in succession from the objects right side. After doing this the object turned back to its original color, white, and continued to remain stationary. After the two oval objects were ejected they too remained motionless for a few seconds and then began circling the bigger object. After circling the bigger object twice the two smaller objects came back to their original position. One thing I failed to mention earlier was that the two small oval objects were about one-fifth the size than their bigger companion. After remaining in their original position for a few seconds one of the small oval objects began to increase in size, then I finally realized it was moving towards me.

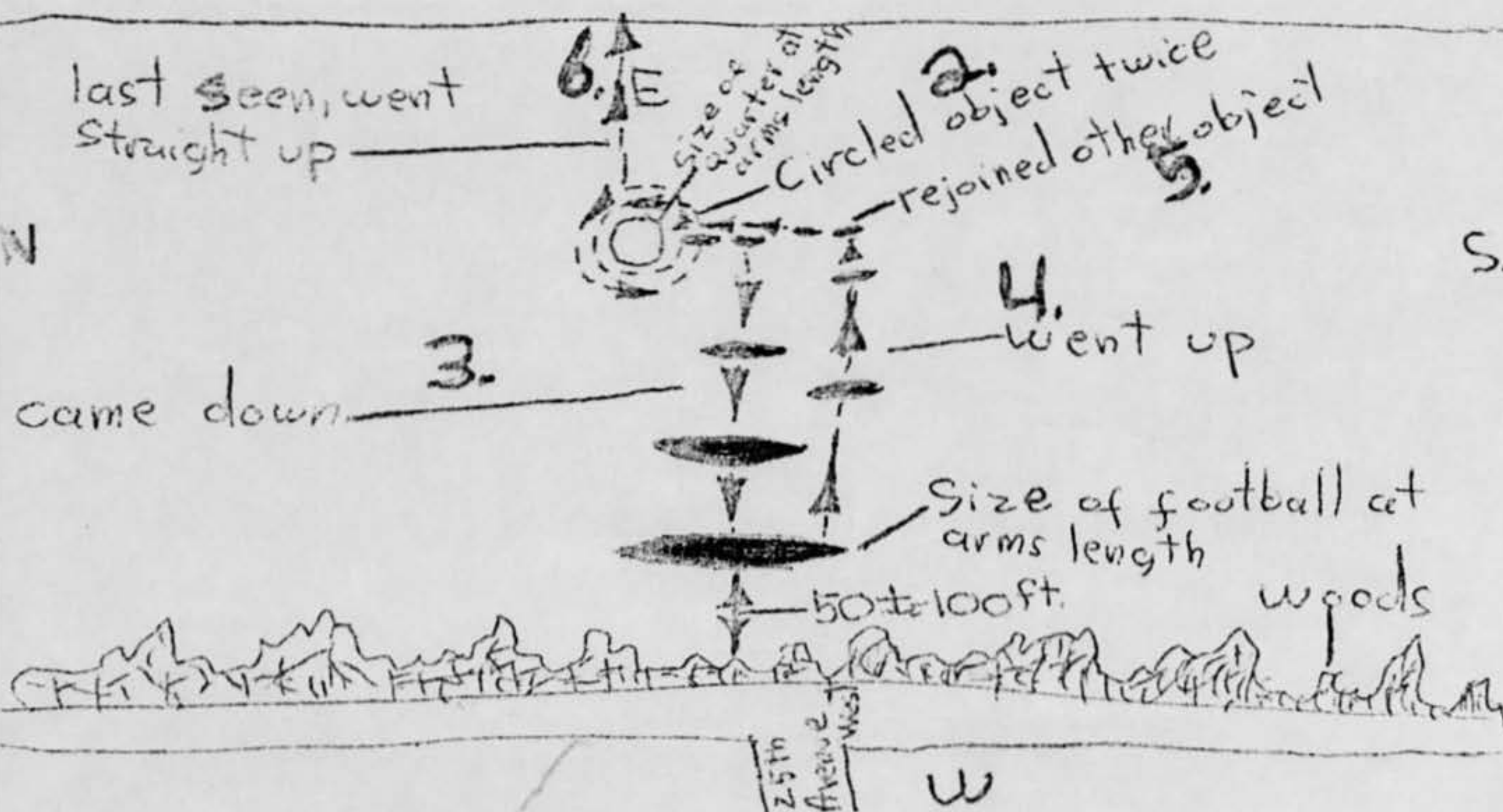
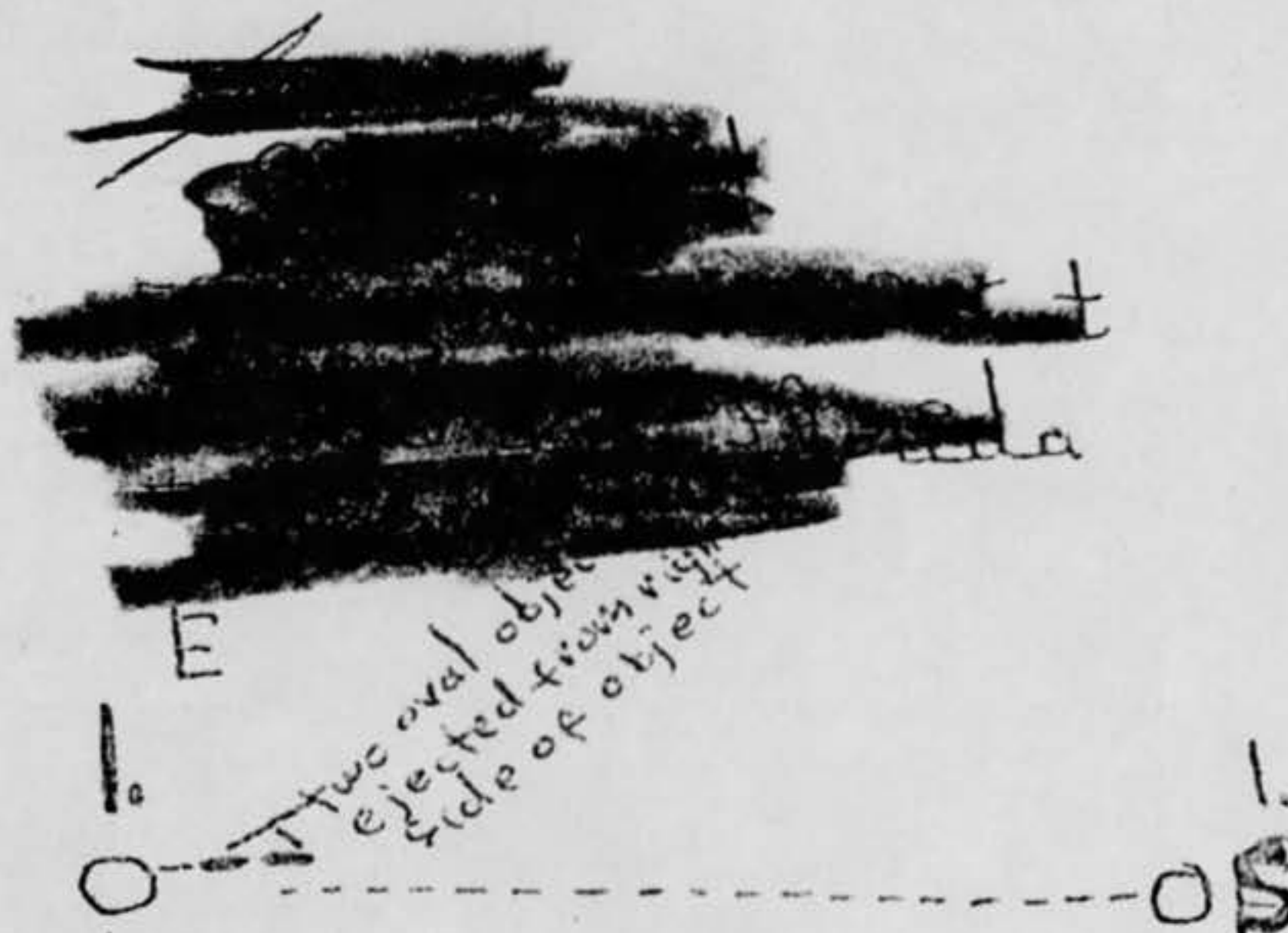
About half a block down the street from my house are some woods, and this object hovered from 50-100ft. above these woods. In all it took the object from 1 to 2 minutes to move from its position in the sky to its position above the woods. Now the object has increased to the size of a football held out at arms length and was bright enough to illuminate the area with a soft white glow. While the object was hovering I could hear a faint humming sound, like the sound that a swarm of bees make. After hovering over the woods for at least five minutes it went back to rejoin the other smaller companion which seemed to be waiting for this other to return. After regaining its original position in the sky the two small objects went inside the bigger object and remaining motionless for a few more seconds it shot straight up and disappeared into the night sky.

While this incident was going on did neither of the three objects blink or flicker. The condition of the sky was cloudless and clear and I didn't notice if there was a moon or not. There were no other objects in the sky at the time. And the entire incident lasted from fifteen to twenty minutes. There weren't any unusual flight characteristics made by the objects or

any sharp right angle turns. Enclosed is a sketch of what I saw. If you need any more information than that which I enclosed in this letter to help you evaluate what I saw please let me know because I am quite puzzled at what I saw and I would like to find out what it is that I really witnessed.

Your reply to this letter will be greatly appreciated.

Sincerely,



Dear Gentlemen:

Please excuse my delay in returning your questionnaire. If you come up with any idea as to what I saw please let me know as soon as possible. I am quite puzzled as to what I saw, and I would like to find out once and for all what it is that I really ~~observed~~ observed.

Sincerely,

~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~

P.S. If you need any more information than that which is enclosed please let me know. Thank you very much for the literature you gave me, it is coming in very handy.

## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R253

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

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 17 MONTH 1 YEAR 69

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 11 MINUTES 30 ☐ A.M. ☒ P.M.

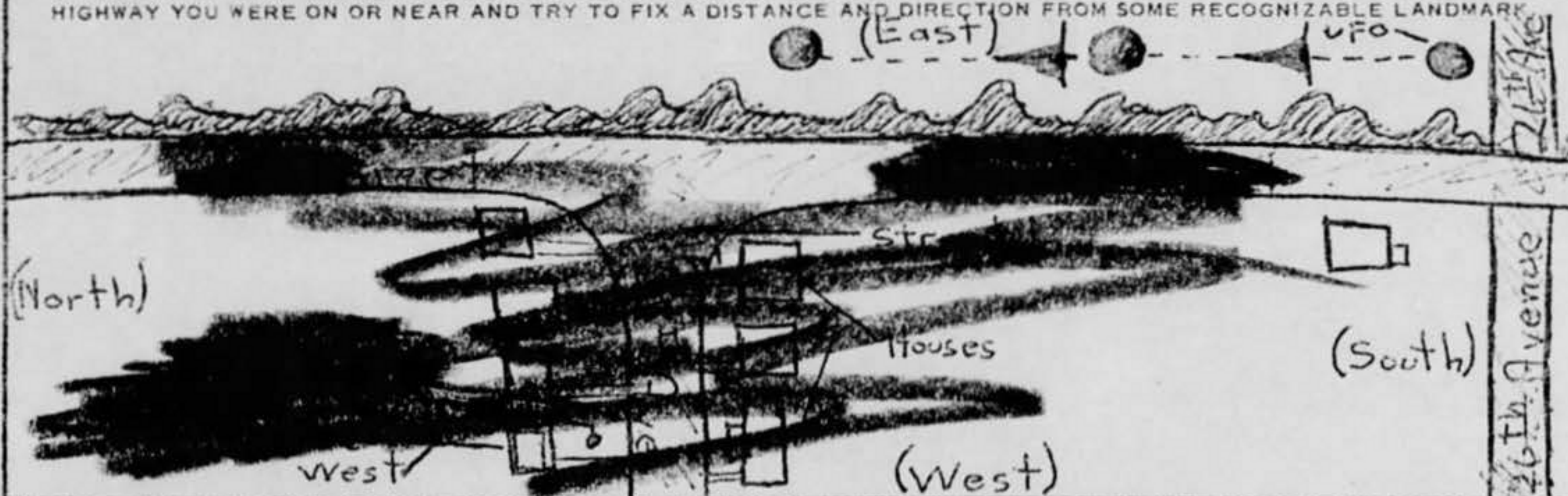
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 11 MINUTES 45 ☐ A.M. ☒ P.M.

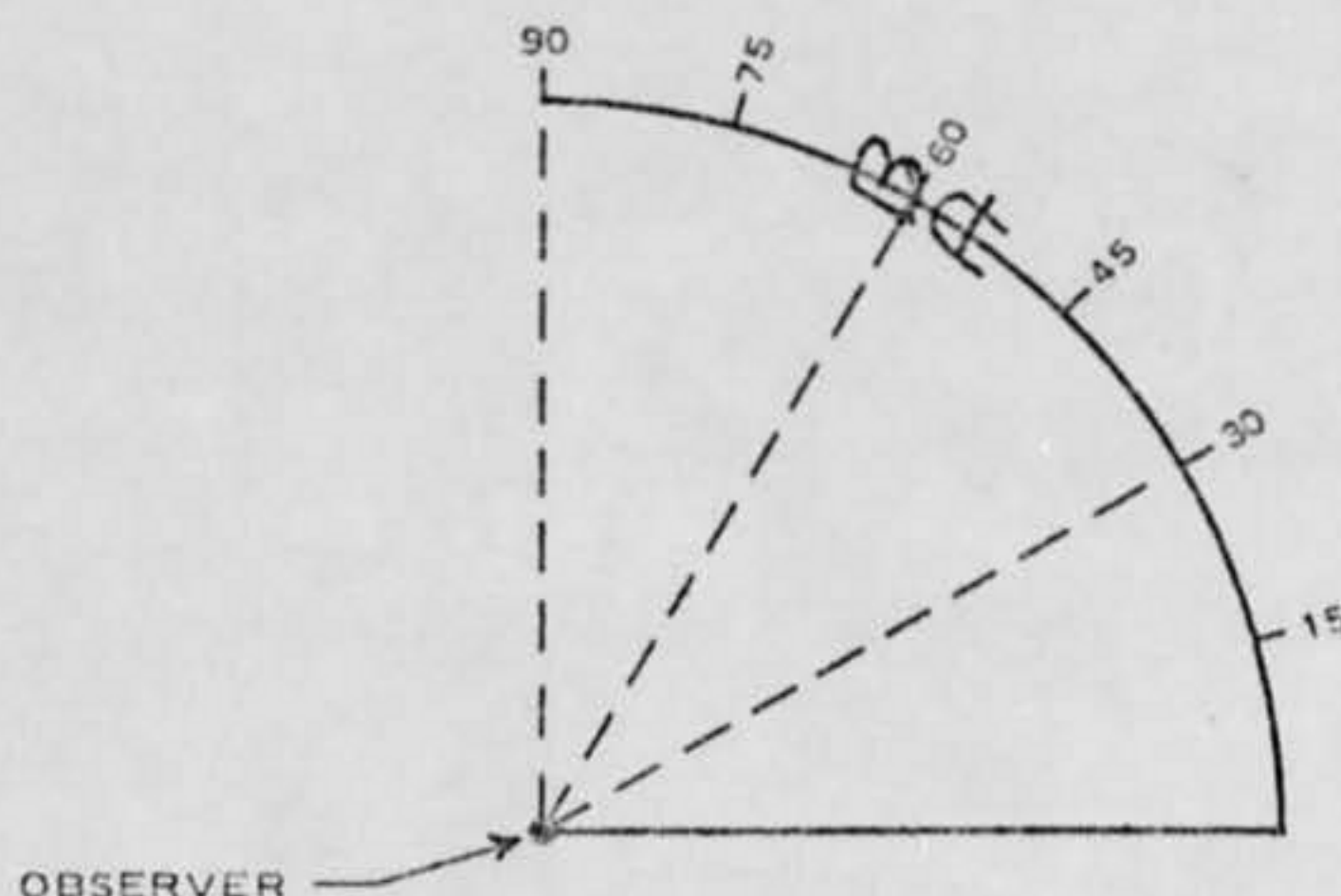
4. TIME/ZONE

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

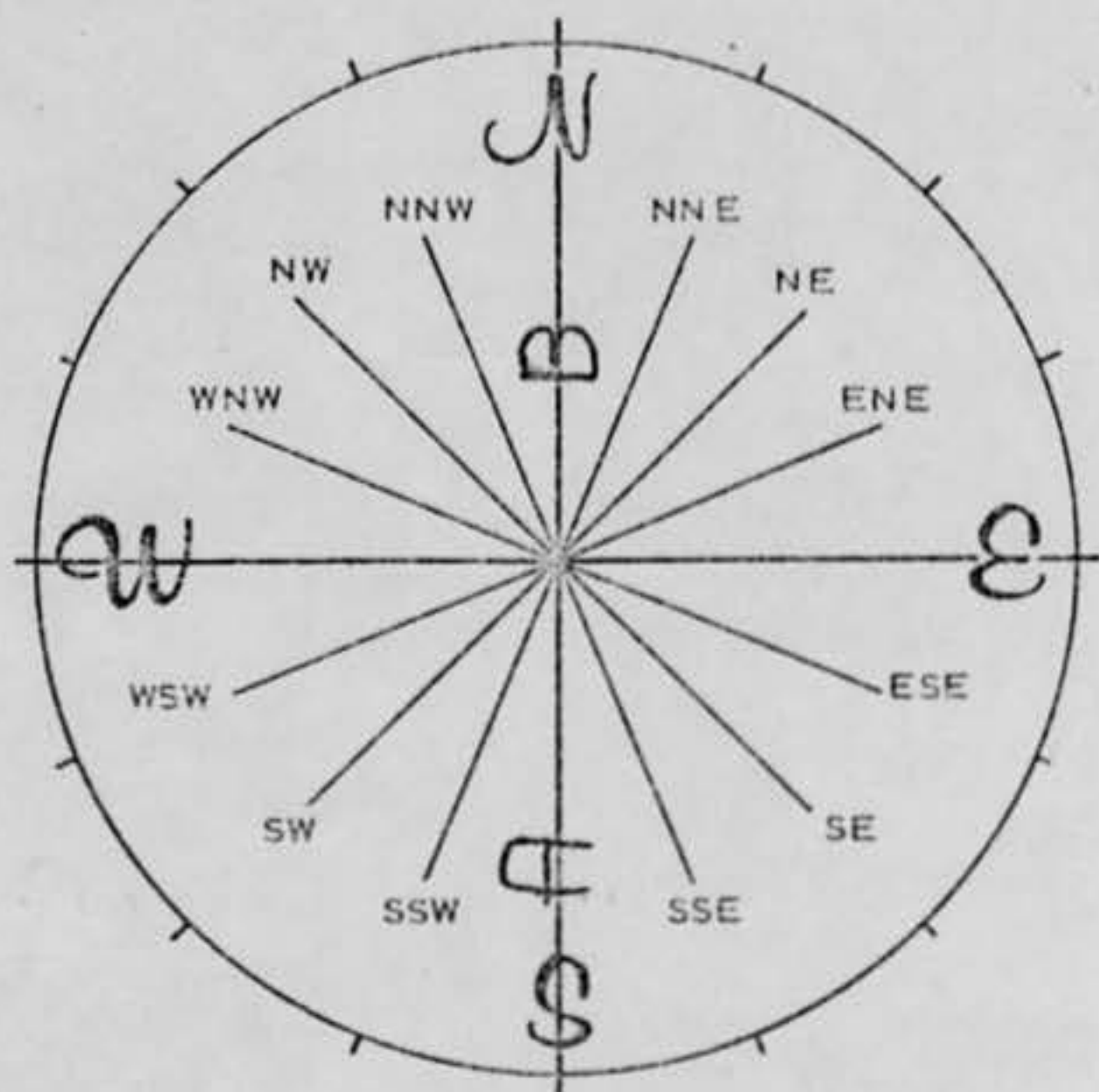
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE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



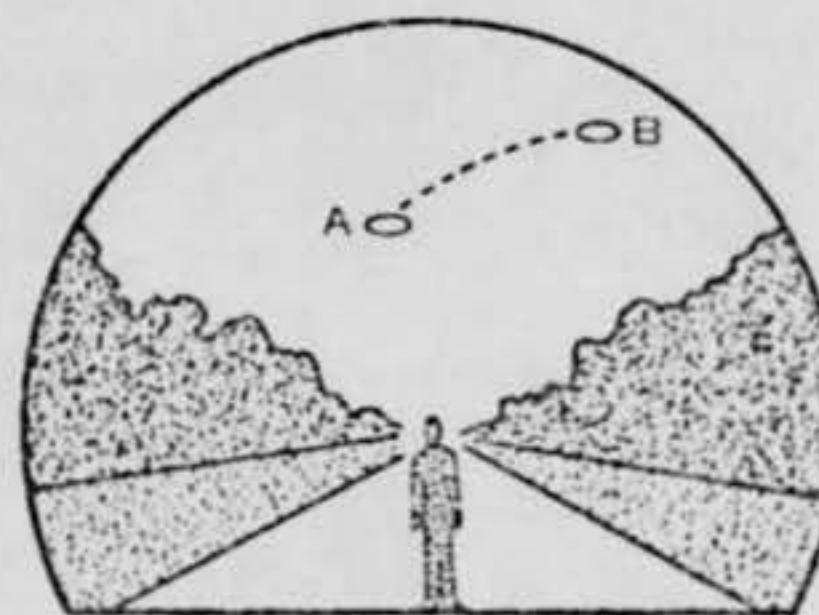
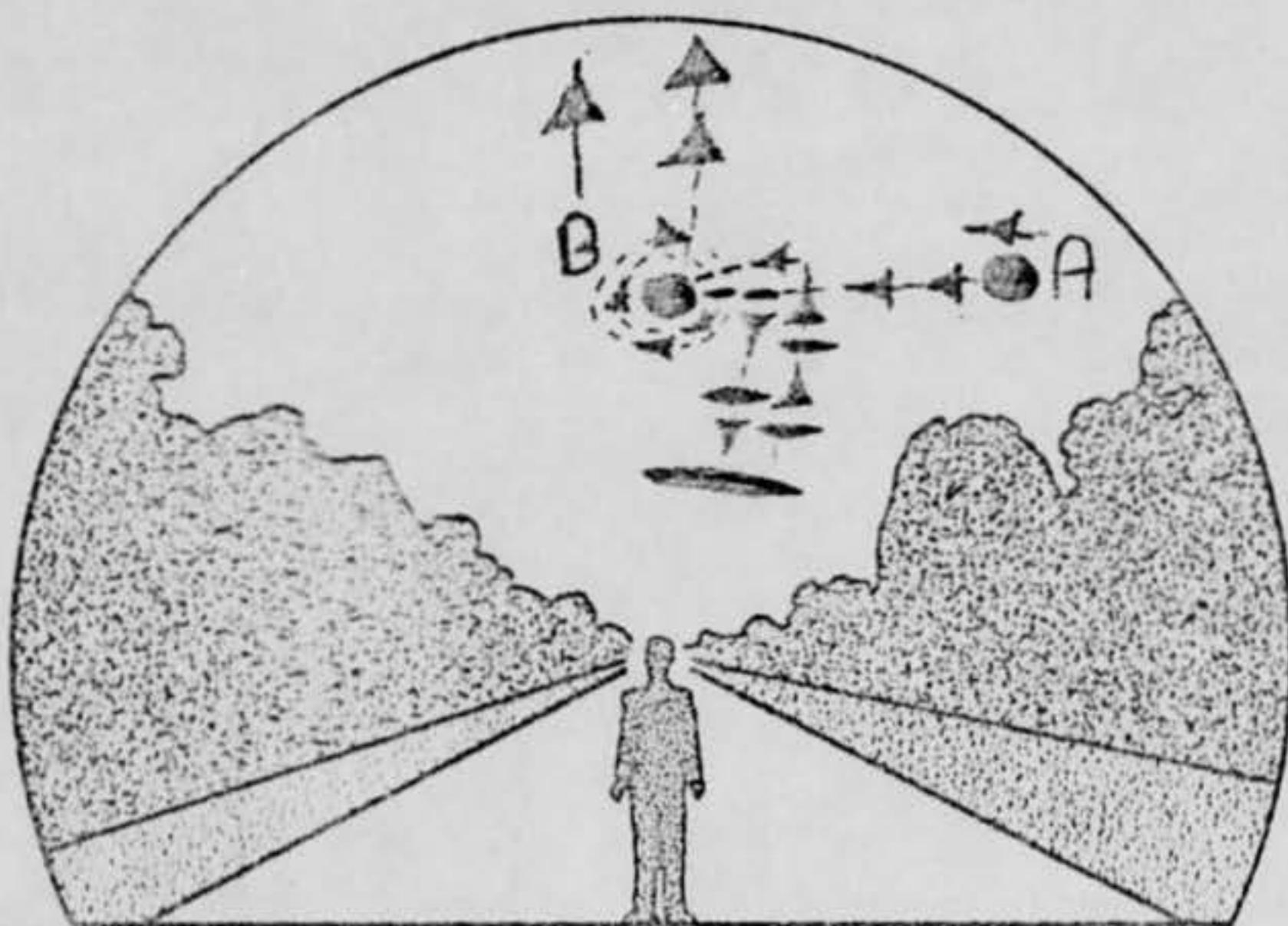
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



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



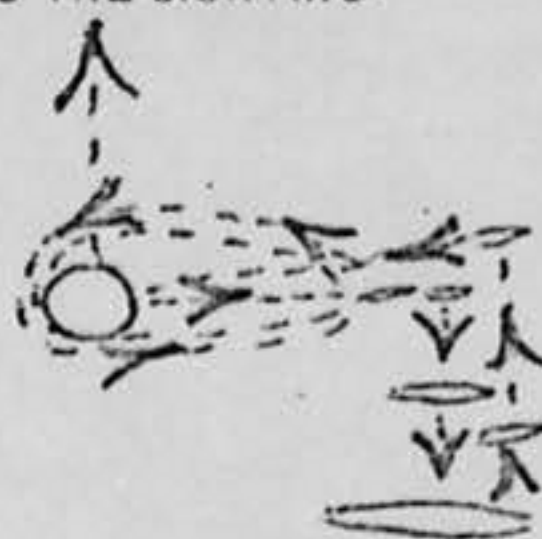
7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN. AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED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



|                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| B. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                       |  |
| <input checked="" type="checkbox"/> OUTDOORS<br><input type="checkbox"/> IN BUILDING<br><input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER<br><input type="checkbox"/> IN BOAT<br><input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER<br><input type="checkbox"/> OTHER | <input checked="" type="checkbox"/> IN BUSINESS SECTION OF CITY<br><input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY<br><input type="checkbox"/> IN OPEN COUNTRYSIDE<br><input type="checkbox"/> NEAR AIRFIELD<br><input type="checkbox"/> FLYING OVER CITY<br><input type="checkbox"/> FLYING OVER OPEN COUNTRY<br><input type="checkbox"/> OTHER |                                                                                                                                                                       |  |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                       |  |
| WHAT DIRECTION WERE YOU MOVING?                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                     | HOW FAST WERE YOU MOVING?                                                                                                                                             |  |
| NORTH                                                                                                                                                                                                                                                                                                                                                                                  | EAST                                                                                                                                                                                                                                                                                                                                                                | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><div style="text-align: right;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO         </div> |  |
| SOUTH                                                                                                                                                                                                                                                                                                                                                                                  | WEST                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                       |  |
| NORTHEAST                                                                                                                                                                                                                                                                                                                                                                              | SOUTHEAST                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                       |  |
| NORTHWEST                                                                                                                                                                                                                                                                                                                                                                              | SOUTHWEST                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                       |  |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                       |  |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                       |  |
| HOW MUCH OTHER TRAFFIC WAS THERE?                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                       |  |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                       |  |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                       |  |
| LENGTH OF TIME                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> CERTAIN OF TIME<br><input checked="" type="checkbox"/> FAIRLY CERTAIN                                                                                                                                                                                                                                                           | <input type="checkbox"/> NOT VERY SURE<br><input type="checkbox"/> JUST A GUESS                                                                                       |  |
| 15-20 minutes                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                       |  |
| HOW WAS TIME DETERMINED? When I went outdoors it was 11:30, Then when I went back indoors I looked at the clock and it was about 11:45                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                       |  |
| 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?

there were 3 phenomenon



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

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

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

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

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

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

The major source of illumination was a street lamp which was about half a block away.

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

The phenomenon appeared to give off its own light. Throughout the entire occurrence I only noticed two colors, white and red. The objects seemed very solid and the edges were sharp. The main object was round and the two small objects were ovals. The only object I can compare it with that was in my field of view would be a street lamp about half a block away from my house. It made a slight noise, like that of a swarm of bees. The smaller objects circled the bigger object twice. Then one of them came down and hovered over some woods. After doing that it went back up, rejoined its companion, and the both of them went into the ~~smaller~~ bigger craft which took off straight up.

| 13.                             | DID THE PHENOMENON | YES |
|---------------------------------|--------------------|-----|
| MOVE IN A STRAIGHT LINE?        |                    | ✓   |
| STAND STILL AT ANYTIME?         |                    | ✓   |
| SUDDENLY SPEED UP AND RUN AWAY? |                    | ✓   |
| BREAK UP IN PARTS AND EXPLODE?  |                    | ✓   |
| CHANGE COLOR?                   |                    | ✓   |
| GIVE OFF SMOKE?                 |                    | ✓   |
| CHANGE BRIGHTNESS?              |                    | ✓   |
| CHANGE SHAPE?                   |                    | ✓   |
| FLASH OR FLICKER?               |                    | ✓   |
| DISAPPEAR AND REAPPEAR?         |                    | ✓   |
| SPIN LIKE A TOP?                |                    | ✓   |
| MAKE A NOISE?                   |                    | ✓   |
| FLUTTER OR WOBBLE?              |                    | ✓   |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

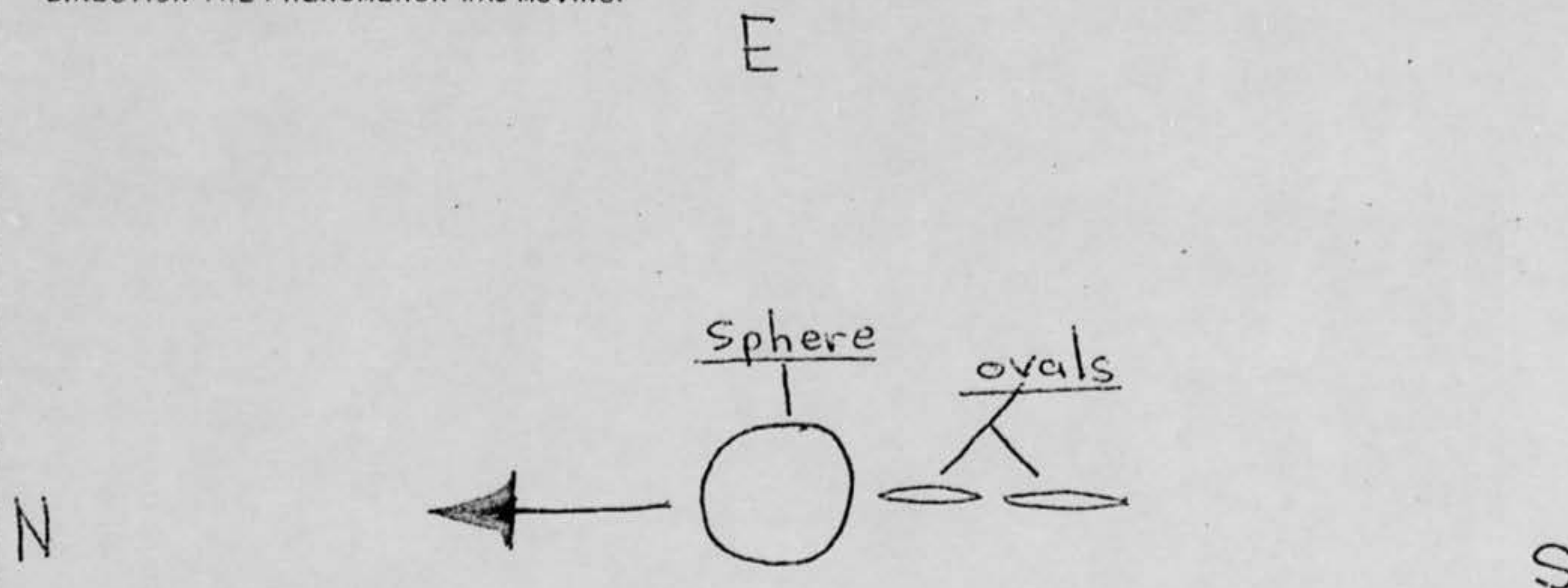
Nothing really drew my attention to it, I was just observing the constellations and I turned around and it was there.

A. HOW DID IT FINALLY DISAPPEAR?

It shot straight up at a 90° angle

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

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



No noticeable protrusions or vapor trails

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.

I am not very <sup>good</sup> ~~good~~ in judging size, but I would guess that about  $\frac{1}{3}$  of the ~~object~~ object would have been covered by the match head.

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

EYEGLASSES

SUNGLASSES

WINDSHIELD

SIDE WINDOW OF VEHICLE

WINDOWPANE

CAMERA VIEWER

BINOCULARS

TELESCOPE

THEODOLITE

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 50-60 mph

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 200 miles

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

A baseball is the only object that can compare with the one I saw, except that the object that I saw glowed and I didn't notice any stitches that a baseball has.

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.

There was a slight noise. It sounded like the kind of noise that a swarm of bees make

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