

## PROJECT 10073 RECORD

|                                                                                                |  |                                                                                                                                                            |  |
|------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. DATE - TIME GROUP<br>10/2105<br>10 February 69 11/0205Z                                     |  | 2. LOCATION<br>Dayton, Ohio                                                                                                                                |  |
| 3. SOURCE<br>Civilian                                                                          |  | 10. CONCLUSION<br>Probable Astro (METEOR)                                                                                                                  |  |
| 4. NUMBER OF OBJECTS<br>One                                                                    |  | A Fireball (meteor) was sighted at approx. the same time from an aircraft at 38.55 Deg N latitude and 86.21 Deg W longitude.                               |  |
| 5. LENGTH OF OBSERVATION<br>7 - 10 Seconds                                                     |  | 11. BRIEF SUMMARY AND ANALYSIS<br><br>The observer sighted a dull gold colored light that traveled from the northwest to the southwest in about 7 seconds. |  |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        |  |                                                                                                                                                            |  |
| 7. COURSE<br>Southerly                                                                         |  |                                                                                                                                                            |  |
| 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.

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.

*about the size of an eraser held at arms length.*

|                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.                                                                                                                                                                                       |                                                                                                    |
| EYEGASSES                                                                                                                                                                                                                                                                                                                                      | CAMERA VIEWER                                                                                      |
| SUNGLASSES                                                                                                                                                                                                                                                                                                                                     | BINOCULARS                                                                                         |
| WINDSHIELD                                                                                                                                                                                                                                                                                                                                     | TELESCOPE                                                                                          |
| SIDE WINDOW OF VEHICLE                                                                                                                                                                                                                                                                                                                         | THEODOLITE                                                                                         |
| WINDOWPANE                                                                                                                                                                                                                                                                                                                                     | OTHER                                                                                              |
| A. DO YOU ORDINARILY WEAR GLASSES? <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 _____                                                                                                                                                                                                                                                      | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE _____    |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. |                                                                                                    |
| <p>Walking the dog in backyard saw light in sky, walked out about 60 feet in backyard. Observed object for 7 to 10 seconds and it disappeared. Travelled from Northwest to Southwest from observers view.</p>                                                                                                                                  |                                                                                                    |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.                                                                                                            |                                                                                                    |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.                                                                                                                                                                              |                                                                                                    |

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

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

A. LIST THEIR NAMES AND ADDRESSES

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME FIRST NAME MIDDLE NAME







TEL 

AGE

33

☒

MALE

☐ FEMALE

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

Air Force AFIT STUDENT ENROLLED in graduate ENGINEERING  
 Program.

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

NAME \_\_\_\_\_ DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

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

Did not flicker, appeared to have same consistency of wing Lamp on aircraft, did not scream out like meteor velocity to great to be ~~an~~ aircraft to slow meteor.

# PROJECT 10073 RECORD

|                                                                                                |  |                                                        |  |
|------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|
| 1. DATE - TIME GROUP<br>18 Feb 69 18/1230<br>18/1730Z                                          |  | 2. LOCATION<br>Dayton, Ohio                            |  |
| 3. SOURCE<br>Civilian                                                                          |  | 10. CONCLUSION<br>Other (KITE)                         |  |
| 4. NUMBER OF OBJECTS<br>One                                                                    |  | Air Force investigators identified stimulus as a kite. |  |
| 5. LENGTH OF OBSERVATION<br>About 2 Hours                                                      |  | 11. BRIEF SUMMARY AND ANALYSIS                         |  |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        |  | SEE CASE FILE                                          |  |
| 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 |  |                                                        |  |

MEMO FOR RECORD

28 Feb 1969

SUBJECT: 18 Feb 1969 Sighting [REDACTED] (THURK)

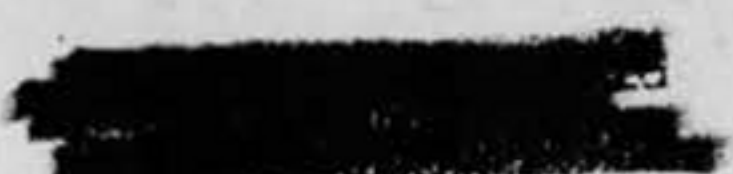
1. On 18 Feb 1969, Mr. [REDACTED] (Thurk) called TDPT (UFO) to report an object he was observing. He stated that while he was talking to us, the object rose about 1500 feet then dropped rapidly. He said the object looked like it was in the vicinity of Patterson Field.
2. Sgt. Jones called Sulphur Grove to see if there were any balloons launched around 1230-1315, and they (Sulphur Grove) said they launched their balloon about 1000-1030 hours and it came down about 1133 hours. It would have stayed up for about 90 min. maximum and then burst. Sgt. Jones asked them if the balloon could have been over the area where the observation (Woodman - Linden) was, and he said it probably would have been over that area because the winds were from the N-NE direction.
3. Sgt. Jones then called FAA (on base) and spoke with Mr. [REDACTED]. Sgt. Jones asked him if there were any aircraft in the air between 1230-1315 that could have been over Woodman and Linden at the approximate time of the sighting. Mr. [REDACTED] told him that there very definitely could have been because they were using Runway #5, and the aircraft were coming in from the SE to base then turning NE to Runway #5. He said their position would be from SE, SW positions.
4. FAA called TDPT (UFO) back to report a Cessna 185 on a photo mission. This plane was climbing to certain altitudes up to 23,000 feet, taking pictures, then coming back down. The Cessna was operating within a 5-mile radius of Patterson Field. FAA stated that there could have been flashes of light from the plane, but the plane did not have a strobe light.\* The radar position of the plane was 6 mi SW of Patterson with an easterly heading. We called Mr. [REDACTED] back to report the presence of the small Cessna aircraft doing work in the area. [REDACTED] stated that the Cessna was part of the project he was working and that he was not watching it. Lt. Marano and Sgt. Jones then went to [REDACTED]'s office in the Claypool Building and with binoculars identified the stimulus as a kite.

\*Strobe light - white flashing light used in place of red flashing light usually used on aircraft. Could be visible in daylight.

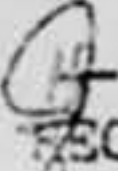
TDPT (UFO)/Lt Marano/sac/15 Apr 1969

15 APR 1969

UFO Observation, 10 Feb 1969

  
Layton, Ohio 45431

Reference your UFO sighting of 10 Feb 1969. We believe that you may have sighted a bright meteor called a fireball. Fireballs are rather rare and durations for some fireballs have been reported to be as long as 30 seconds although the most common is 1 to 2 seconds. A fireball was sighted at 9:09 p.m. EST by a member of the Volunteer Flight Officer Network who was flying at 35,000 ft. at 86° 21' West longitude and 38° 55' North latitude, and we believe you may have sighted the same meteor. Your report will be forwarded to Dr. Olivier of the American Meteor Society for documentation of the fireball sighting.

  
HECTOR QUINTANILLA, Jr, Lt Col, USAF  
Chief, Aerial Phenomena Branch  
Aerospace Technologies Division  
Production Directorate

TDPT (UFO) Official File Log

(1536)

DATE OF REPORT: 11 Feb 69

REPORT FORM

LONG. 086° 21' WEST 114° 06'  
LAT. 38° 55' NORTH

In conjunction with

Smithsonian Astrophysical Observatory's Re-Entry and Recovery Program

2° EAST M.K.

MONITOR - HOUSTON

1. Flight KLM-683 2. Date FEBR. 11 '69 3. Time 02.09.25 Z
4. Location (DME and radial reading from a VOR or longitude and latitude)  
89 DME EVANSVILLE / RADIAL 048° MAGN.
5. Plane heading TRUE 240° magnetic 238° 6. Altitude 35,000 FT.
7. Crew names and addresses witnessing event  
[REDACTED]
8. Estimate degrees right or left of plane heading and elevation (in degrees) above horizon of object when first sighted 10° R / 25°
9. Estimate degrees right or left of plane heading and elevation (in degrees) above horizon of object when last sighted 15° R / 15°
10. Apparent brightness: A. Too bright to look at \_\_\_\_\_  
B. As bright as full moon \_\_\_\_\_  
C. As bright as Venus ✓
11. Duration of sighting 3/4"
12. Break up noted and/or color noted BLUE-WHITE.  
Was this a predicted re-entry? \_\_\_\_\_ yes \_\_\_\_\_ no

To list additional information, please use the reverse side.

Date: FEBR 11 69

Signature [REDACTED]

If, for any reason, you wish not to be identified with whatever sighting you made, please indicate so underneath your signature.

Put in journal envelope after use

10 Feb 69

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



REPLY TO  
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation, 10 February 1969

TO:

[REDACTED]  
Dayton, Ohio 45431

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

*Duty Officer Ept*

AFR 80-17(C1)

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, 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 10 MONTH FEB YEAR 1969

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 05 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 05.5 ☐ A.M. ☒ P.M.

4. TIME ZONE

☐ DAYLIGHT SAVINGS

☐ STANDARD

☒ EASTERN

☐ CENTRAL

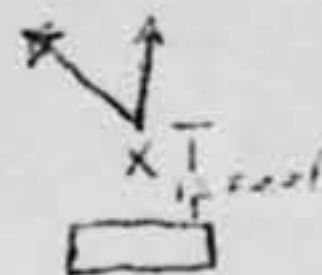
☐ MOUNTAIN

☐ 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.

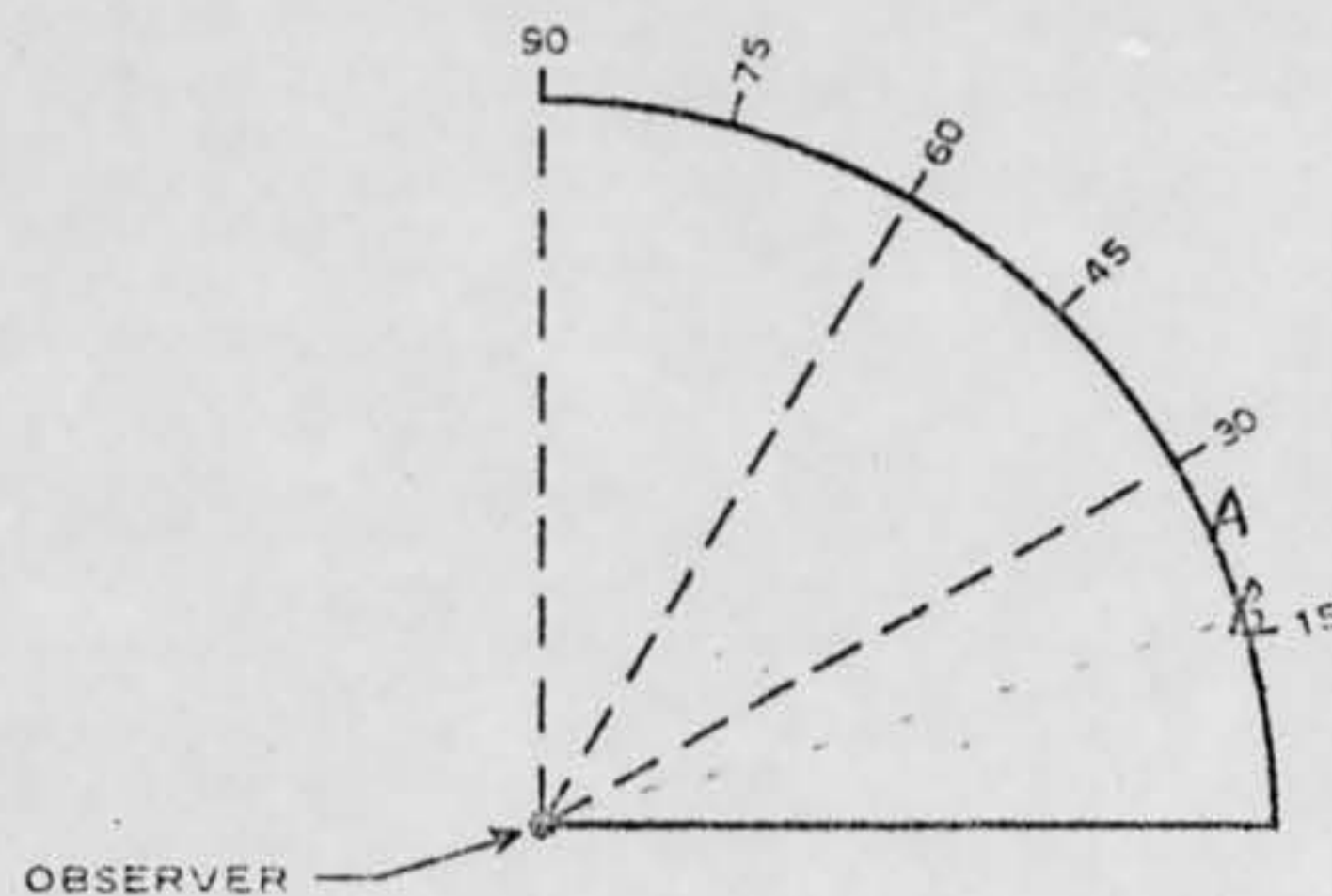
5323 Cobble Drive



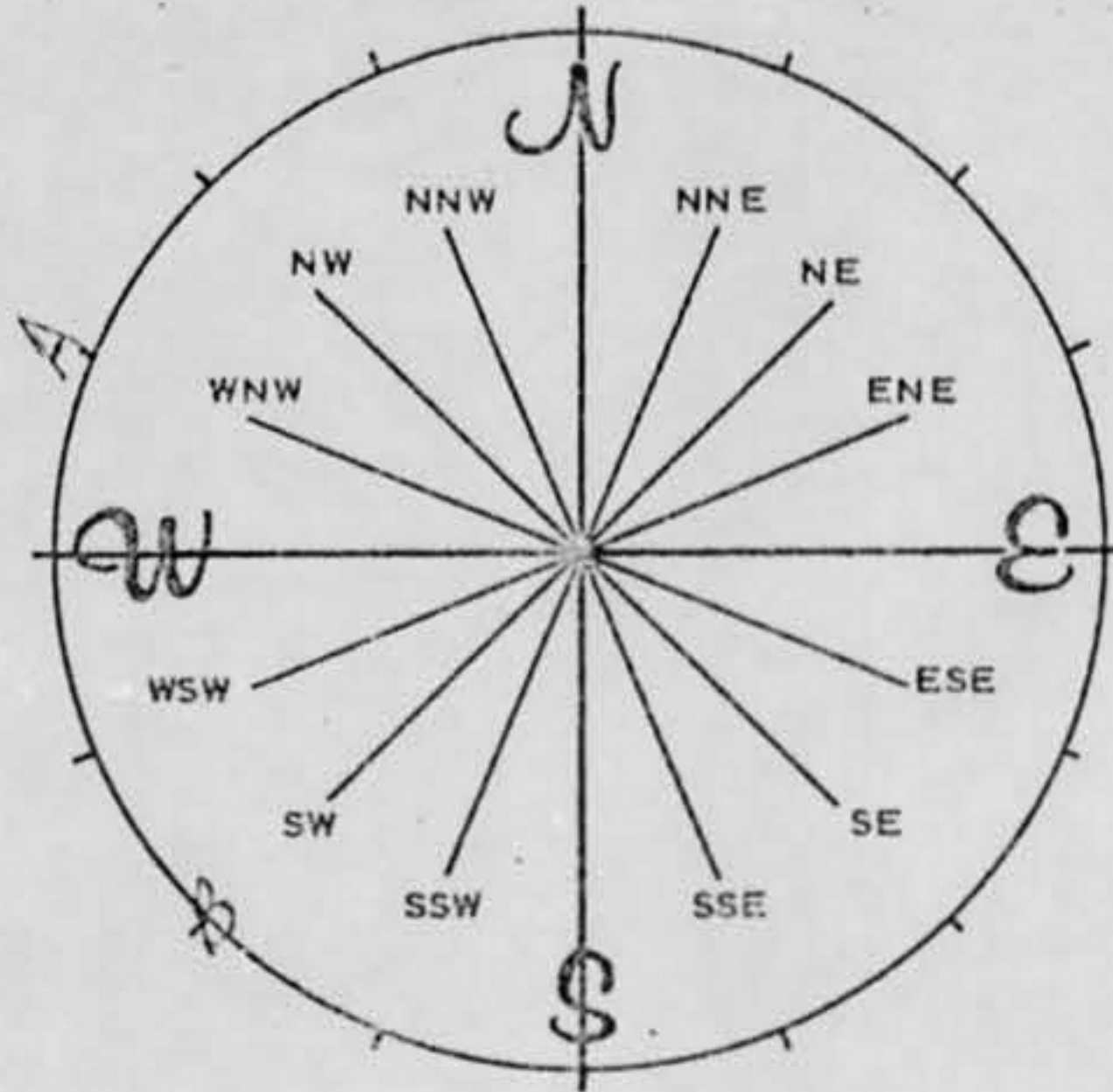
2105

11 Feb 69 0205Z

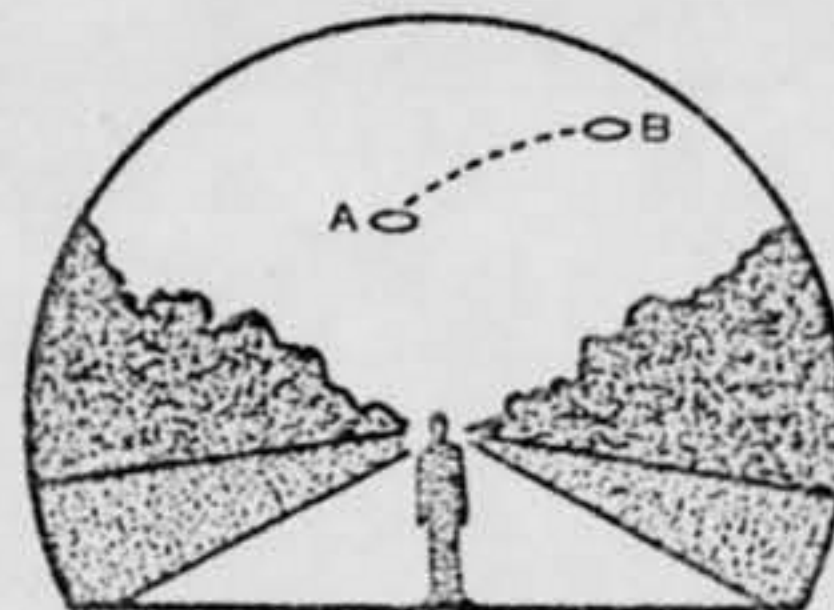
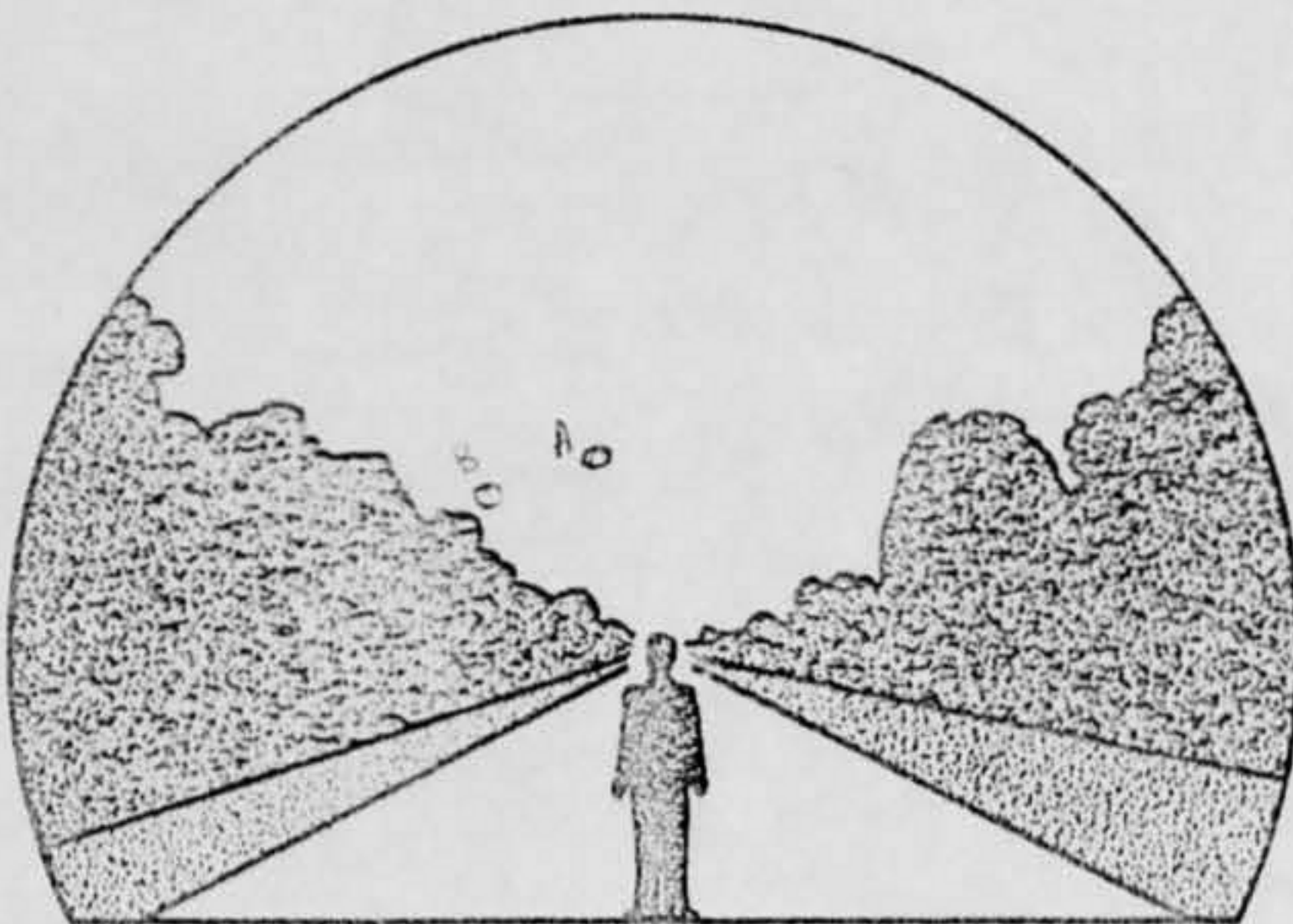
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



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.



|                                                                                                                                                                                                                                                                                                |                                                     |                                                                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------|--|
| D. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                     |                                                     |                                                                     |  |
| <input checked="" type="checkbox"/> OUTDOORS                                                                                                                                                                                                                                                   | IN BUSINESS SECTION OF CITY                         |                                                                     |  |
| IN BUILDING                                                                                                                                                                                                                                                                                    | IN RESIDENTIAL SECTION OF CITY                      |                                                                     |  |
| IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                                                | IN OPEN COUNTRYSIDE                                 |                                                                     |  |
| IN BOAT                                                                                                                                                                                                                                                                                        | NEAR AIRFIELD                                       |                                                                     |  |
| IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                                            | FLYING OVER CITY                                    |                                                                     |  |
| OTHER                                                                                                                                                                                                                                                                                          | FLYING OVER OPEN COUNTRY                            |                                                                     |  |
|                                                                                                                                                                                                                                                                                                | OTHER                                               |                                                                     |  |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:                                                                                                                                                                                                                                           |                                                     |                                                                     |  |
| WHAT DIRECTION WERE YOU MOVING?                                                                                                                                                                                                                                                                |                                                     | HOW FAST WERE YOU MOVING?                                           |  |
| <input checked="" type="checkbox"/> NORTH                                                                                                                                                                                                                                                      | EAST                                                | NOT MOVING                                                          |  |
| SOUTH                                                                                                                                                                                                                                                                                          | WEST                                                | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?                |  |
| 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.                                                                                                                                                                                                                          |                                                     |                                                                     |  |
| 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.                                                                                                                   |                                                     |                                                                     |  |
| FLAT TERRAIN                                                                                                                                                                                                                                                                                   |                                                     |                                                                     |  |
| HOW MUCH OTHER TRAFFIC WAS THERE?                                                                                                                                                                                                                                                              |                                                     |                                                                     |  |
| NONE                                                                                                                                                                                                                                                                                           |                                                     |                                                                     |  |
| 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.                       |                                                     |                                                                     |  |
| 3. HOW LONG WAS THE PHENOMENON IN SIGHT?                                                                                                                                                                                                                                                       |                                                     |                                                                     |  |
| LENGTH OF TIME                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> CERTAIN OF TIME | NOT VERY SURE                                                       |  |
| APPROX 7 to 10 SECONDS                                                                                                                                                                                                                                                                         | 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. |                                                     |                                                                     |  |

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

| 11. CONDITIONS (Check appropriate blocks.)   |  |                                                                      |                                                       |
|----------------------------------------------|--|----------------------------------------------------------------------|-------------------------------------------------------|
| A. SKY                                       |  | B. WEATHER                                                           |                                                       |
| <input type="checkbox"/> DAY                 |  | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                 | <input type="checkbox"/> FOG OR MIST                  |
| <input type="checkbox"/> TWILIGHT            |  | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN                   |
| <input checked="" type="checkbox"/> NIGHT    |  | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                        | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE        |
| <input checked="" type="checkbox"/> CLEAR    |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <input type="checkbox"/> HAIL                         |
| <input type="checkbox"/> PARTLY CLOUDY       |  |                                                                      | <input type="checkbox"/> SNOW OR SLEET                |
| <input type="checkbox"/> COMPLETELY OVERCAST |  | <input type="checkbox"/> HAZE OR SMOG                                | <input type="checkbox"/> UNKNOWN                      |
|                                              |  |                                                                      | <input checked="" type="checkbox"/> NONE OF THE ABOVE |

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

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

Building Lights, Reflection of other lights on distance buildings

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.

golden in color, no evident trail. Self luminous, dull in color  
solid. oval in shape. No other description

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

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*Incidentally saw a light in sky*

A. HOW DID IT FINALLY DISAPPEAR?

*Just saw it and it disappeared*

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.