

PROJECT 10073 RECORD

1. DATE - TIME GROUP 11/2040 EDT 11 Aug 69 12/0040Z	2. LOCATION Cincinnati, Ohio
3. SOURCE Civilian	10. CONCLUSION CONFIDENTIAL INSUFFICIENT DATA
4. NUMBER OF OBJECTS One (1)	
5. LENGTH OF OBSERVATION 30 minutes	11. BRIEF SUMMARY AND ANALYSIS Observer requested to complete an AF Fm 117 on 18 Aug 69, but has failed to do so as of 1 Dec 69.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE Seen in SW	
8. PHOTOS ☐ Yes ☒ No	
9. PHYSICAL EVIDENCE ☐ Yes ☒ No	

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? ☐ YES ☒ NO

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

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

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

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.

Appeared as a toy top with three lights

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.

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AF3C)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF:

TDPT (UFO)

18 AUG 1969

SUBJECT:

UFO Observation, 11 Aug 1969

TO:

Mr. G. [REDACTED]
[REDACTED]
Cincinnati, Ohio 45211

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

BUDGET BUREAU APPROVAL
NUMBER 21-2233

1. WHEN DID YOU SEE THE PHENOMENON?

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

4. TIME/ZONE

☐ DAYLIGHT SAVINGS☐ STANDARD

EASTERN

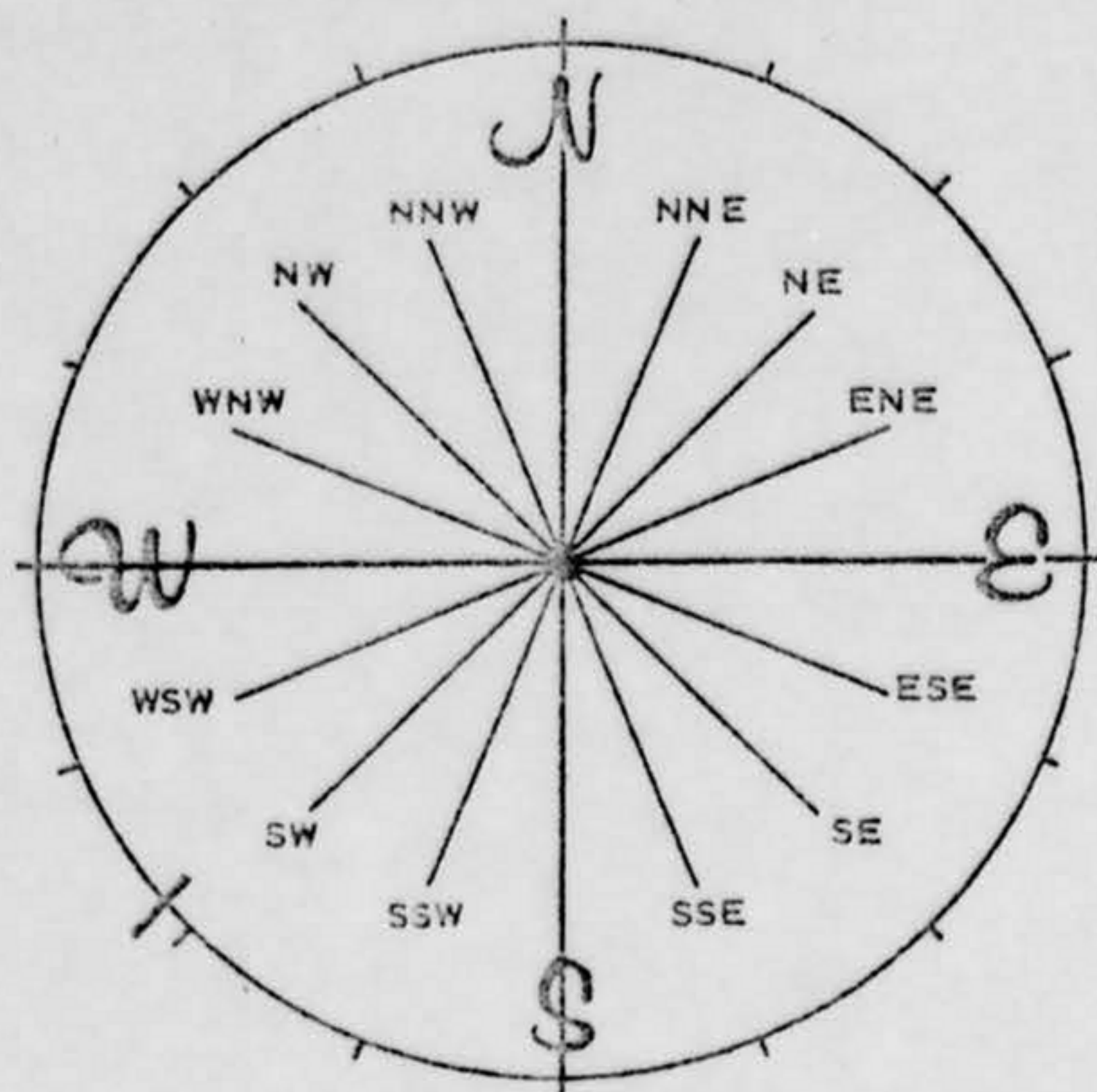
☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

[REDACTED]

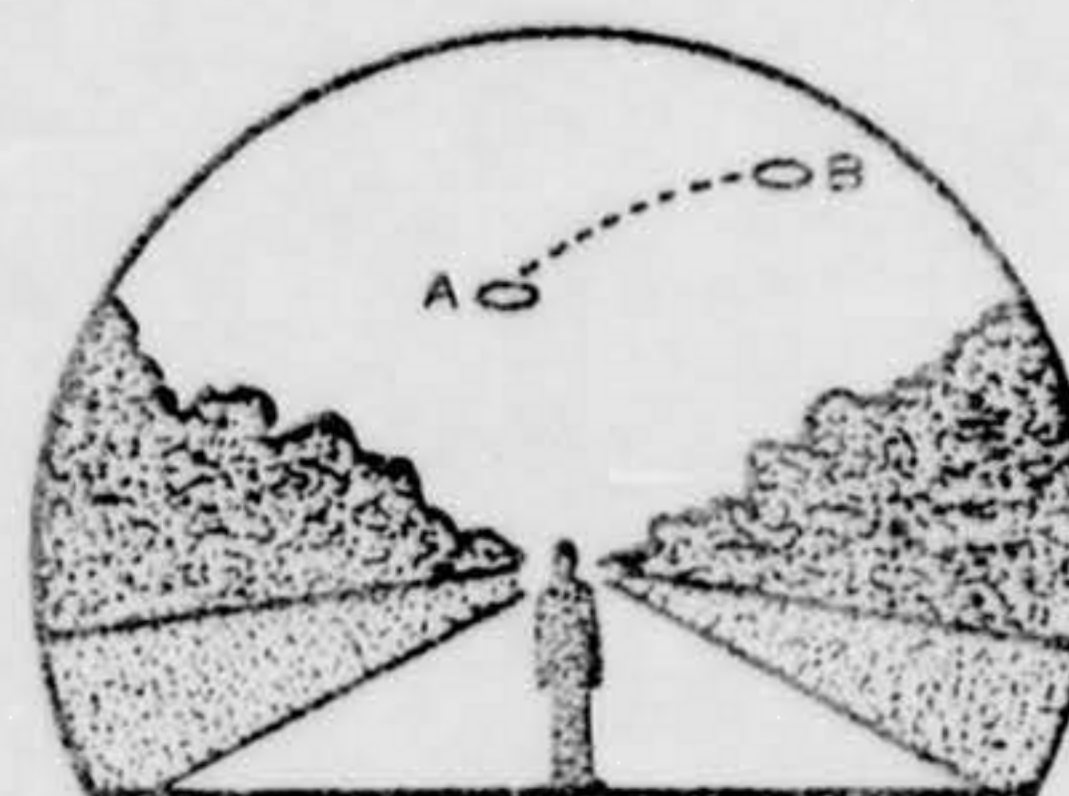
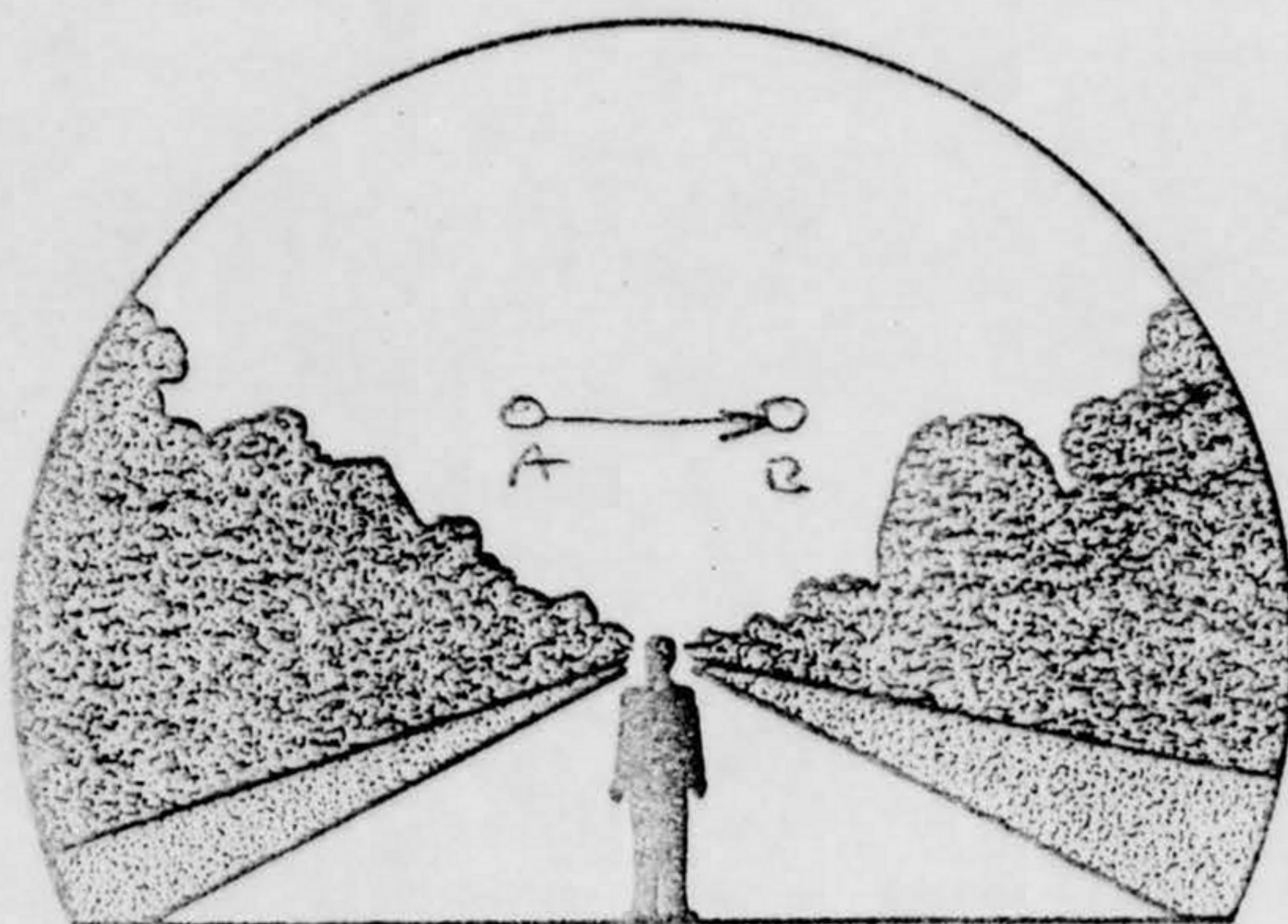
Cincinnati, Ohio

Ad. home

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



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



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
☒	OUTDOORS		IN BUSINESS SECTION OF CITY
☐	IN BUILDING		IN RESIDENTIAL SECTION OF CITY
☐	IN CAR	☐ AS DRIVER ☐ AS PASSENGER	IN OPEN COUNTRYSIDE
☐	IN BOAT		NEAR AIRFIELD
☐	IN AIRPLANE	☐ AS PILOT ☐ AS PASSENGER	FLYING OVER CITY
☐	OTHER		FLYING OVER OPEN COUNTRY
☐			OTHER
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
☐	NORTH	☐	EAST
☐	SOUTH	☐	WEST
☐	NORTHEAST	☐	SOUTHEAST
☐	NORTHWEST	☐	SOUTHWEST
		DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?	
		☐ YES ☐ NO	
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? ☒ YES ☐ NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
20 min Before			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME	30 min	☒	CERTAIN OF TIME
		☐	FAIRLY CERTAIN
		☐	NOT VERY SURE
		☐	JUST A GUESS
HOW WAS TIME DETERMINED?			
clock			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? ☒ YES ☐ NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			

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?

Only one

11. CONDITIONS (Check appropriate blocks.)

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

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

(1) STARS		(2) MOON			
☐	NONE	☐	BRIGHT MOONLIGHT	☐	NO MOONLIGHT
☐	A FEW	☐	MOON WITH HALO	☒	UNKNOWN
☐	MANY	☐	MOON HIDDEN BY CLOUDS	☐	
☐	UNKNOWN	☐	PARTIAL (<i>New or quarter</i>)	☐	

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

☐	IN FRONT OF YOU	☐	TO YOUR RIGHT	☐	OVERHEAD (Near noon)
☐	IN BACK OF YOU	☐	TO YOUR LEFT	☒	UNKNOWN

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

Sun

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.

Appeared light (reflective)

Solid, sharp edges

Not like other objects

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

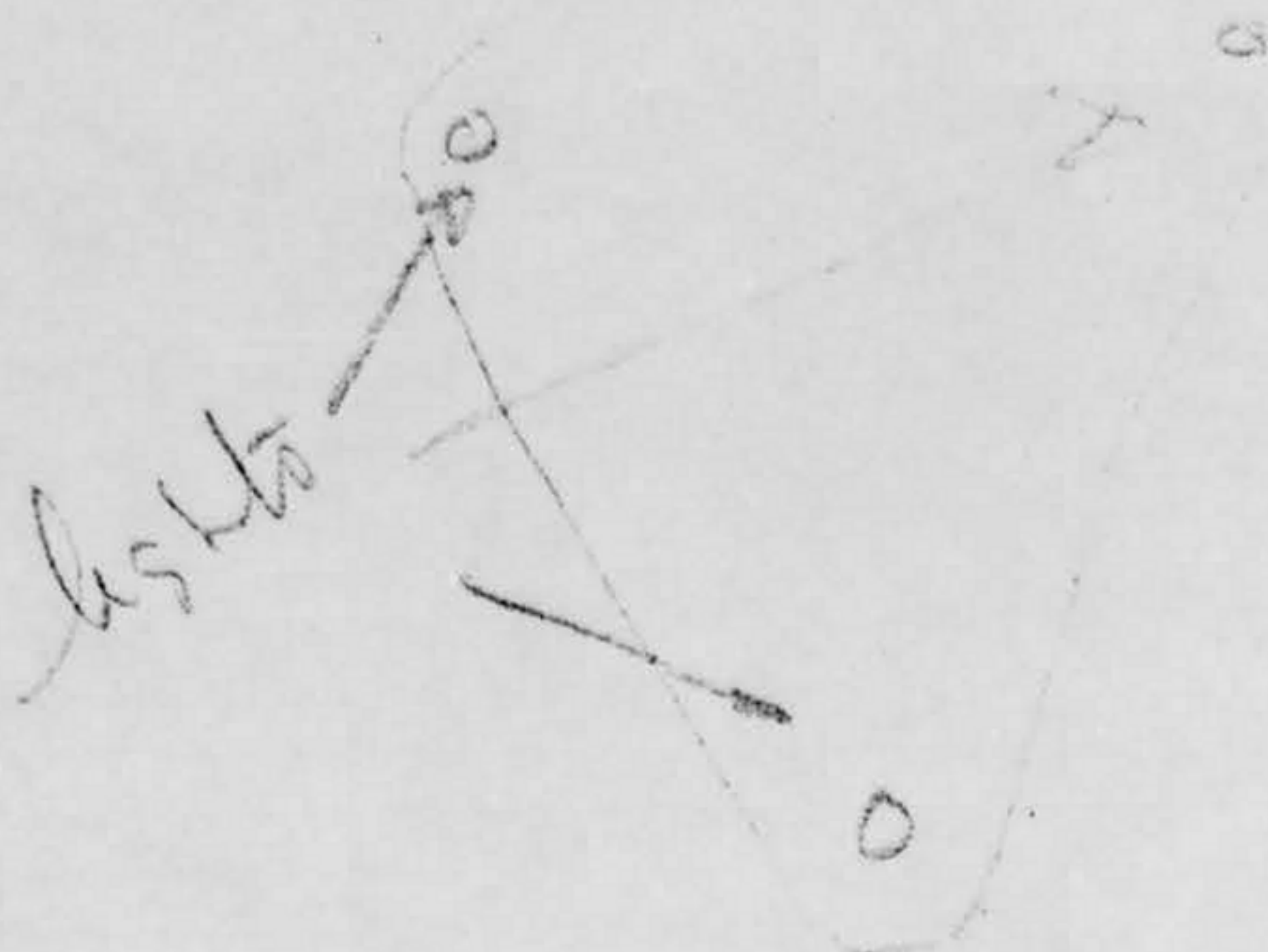
14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

A. HOW DID IT FINALLY DISAPPEAR?

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☐ YES ☒ NO. IF "YES," DESCRIBE.

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



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

Did not know

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 					
ADDRESS (Street, City, State and Zip Code) 					
TELEPHONE (Area code and number) 		AGE 34	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> ☒ MALE </td> <td style="width: 50%; text-align: center;"> ☐ FEMALE </td> </tr> </table>	☒ MALE	☐ FEMALE
☒ MALE	☐ FEMALE				
INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.					
25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?					
NAME _____ DAY _____ MONTH _____ YEAR _____					
26. DATE YOU COMPLETED THIS QUESTIONNAIRE.					
DAY _____ MONTH _____ YEAR _____					