

PROJECT 10073 RECORD CARD

<b>1. DATE</b> 14 October 1950	<b>2. LOCATION</b> Dayton, Ohio		<b>12. CONCLUSIONS</b> <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon  <input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft <input checked="" type="checkbox"/> Was Astronomical Meteor <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical  <input type="checkbox"/> Other _____ <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
<b>3. DATE-TIME GROUP</b> Local _____ GMT 15/0010Z	<b>4. TYPE OF OBSERVATION</b> <input type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar		
<b>5. PHOTOS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6. SOURCE</b> Civilian		
<b>7. LENGTH OF OBSERVATION</b> 30 seconds	<b>8. NUMBER OF OBJECTS</b> one	<b>9. COURSE</b> E to SE	
<b>10. BRIEF SUMMARY OF SIGHTING</b> Blue-green obj, appeared as a flame, changing brightness, size of a dime, traveling very fast. Nose turned red then obj disappeared.		<b>11. COMMENTS</b> Description is of a meteor.	

1220 1317

## U. S. AIR FORCE TECHNICAL INFORMATION SHEET

This questionnaire has been prepared so that you can give the U. S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes, and will be regarded as confidential material. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that, if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

19 OCTOBER 1958  
Day Month Year

2. Time of day:

3 44  
Hour Minutes

(Circle One): A.M. or P.M.

3. Time zone:

(Circle One): a. Eastern  
b. Central  
c. Mountain  
d. Pacific  
e. Other \_\_\_\_\_

(Circle One): a. Daylight Saving  
b. Standard

4. Where were you when you saw the object?

[REDACTED] DAYTON OHIO  
Nearest Postal Address City or Town State or Country

Additional remarks: ON ROOF OF HOUSE REPAIRING TV ANTENNA

5. Estimate how long you saw the object.

\_\_\_\_ Hours \_\_\_\_ Minutes 45 Seconds

5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.

a. Certain c. Not very sure  
b. Fairly certain d. Just a guess

6. What was the condition of the sky?

(Circle One): a. Bright daylight d. Just a trace of daylight  
b. Dull daylight e. No trace of daylight  
c. Bright twilight f. Don't remember

7. IF you saw the object during DAYLIGHT, TWILIGHT, or DAWN, where was the SUN located as you looked at the object?

(Circle One): a. In front of you d. To your left  
b. In back of you e. Overhead  
c. To your right f. Don't remember

8. IF you saw the object, at NIGHT, TWILIGHT, or DAWN, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight — pitch dark
- d. Don't remember

9. Was the object brighter than the background of the sky?

(Circle One):

a. Yes

b. No

c. Don't remember

10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile headlight?:

(Circle One) a. A mile or more away (a distant car)?

b. Several blocks away?

c. A block away?

d. Several yards away?

e. Other

11. Did the object:

(Circle One for each question)

- |   |                                      |                                     |            |
|---|--------------------------------------|-------------------------------------|------------|
| a. Appear to stand still at any time?           | Yes                                  | <input checked="" type="radio"/> No | Don't Know |
| b. Suddenly speed up and rush away at any time? | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | Don't Know |
| c. Break up into parts or explode?              | Yes                                  | <input checked="" type="radio"/> No | Don't Know |
| d. Give off smoke?                              | Yes                                  | <input checked="" type="radio"/> No | Don't Know |
| e. Change brightness?                           | Yes                                  | <input checked="" type="radio"/> No | Don't Know |
| f. Change shape?                                | Yes                                  | <input checked="" type="radio"/> No | Don't Know |
| g. Flicker, throb, or pulsate?                  | Yes                                  | <input checked="" type="radio"/> No | Don't Know |

12. Did the object move behind something at anytime, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

it moved behind: \_\_\_\_\_

13. Did the object move in front of something at anytime, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, than tell what

it moved in front of: \_\_\_\_\_

14. Did the object appear: (Circle One):

a. Solid?

b. Transparent?

c. Don't Know.

15. Did you observe the object through any of the following?

- |                 |     |                                     |               |      |                                     |
|-----------------|-----|-------------------------------------|---------------|------|-------------------------------------|
| a. Eyeglasses   | Yes | <input checked="" type="radio"/> No | e. Binoculars | Yes  | <input checked="" type="radio"/> No |
| b. Sun glasses  | Yes | <input checked="" type="radio"/> No | f. Telescope  | Yes  | <input checked="" type="radio"/> No |
| c. Windshield   | Yes | <input checked="" type="radio"/> No | g. Theodolite | Yes  | <input checked="" type="radio"/> No |
| d. Window glass | Yes | <input checked="" type="radio"/> No | h. Other      | None |                                     |

16. Tell in a few words the following things about the object.

- a. Sound NONE
- b. Color SILVERY <sup>OR WHITE</sup> LUMINESCENT

17. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

18. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
  - b. Like a bright star
  - c. Sharply outlined
  - d. Don't remember

e. Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. IF there was MORE THAN ONE object, then how many were there? 2  
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

25. Where were you located when you saw the object?  
(Circle One):

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane
- e. At sea
- f. Other \_\_\_\_\_

26. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. In open countryside?
- d. Flying near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other \_\_\_\_\_

27. What were you doing at the time you saw the object, and how did you happen to notice it?

INSTALLING TV ANTENNA IN THE BACKYARD

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

28. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

28.1 What direction were you moving? (Circle One)

- |              |              |              |              |
|--------------|--------------|--------------|--------------|
| a. North     | c. East      | e. South     | g. West      |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

28.2 How fast were you moving? \_\_\_\_\_ miles per hour.

28.3 Did you stop at any time while you were looking at the object?

(Circle One)      Yes                      No

29. What direction were you looking when you first saw the object? (Circle One)

- |              |              |              |   |
|--------------|--------------|--------------|---|
| a. North     | c. East      | e. South     | <input checked="" type="radio"/> g. West      |
| b. Northeast | d. Southeast | f. Southwest | <input checked="" type="radio"/> h. Northwest |

30. What direction were you looking when you last saw the object? (Circle One)

- |   |              |              |   |
|---|--------------|--------------|---|
| <input checked="" type="radio"/> a. North | c. East      | e. South     | <input checked="" type="radio"/> g. West      |
| b. Northeast                              | d. Southeast | f. Southwest | <input checked="" type="radio"/> h. Northwest |

31. If you are familiar with bearing terms (angular direction), try to estimate the number of degrees the object was from true North and also the number of degrees it was upward from the horizon (elevation).

31.1 When it first appeared:

- a. From true North 280 degrees.
- b. From horizon 45 degrees.

31.2 When it disappeared:

- a. From true North 300 degrees.
- b. From horizon 30-40 degrees.

34. What were the weather conditions at the time you saw the object?

34.1 CLOUDS (Circle One)

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds
- e. Don't remember

34.2 WIND (Circle One)

- a. No wind
- b. Slight breeze
- c. Strong wind
- d. Don't remember

34.3 WEATHER (Circle One)

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

34.4 TEMPERATURE (Circle One)

- a. Cold
- b. Cool
- c. Warm
- d. Hot
- e. Don't remember

35. When did you report to some official that you had seen the object?

19      OCTOBER      1958  
 Day                      Month                      Year

36. Was anyone else with you at the time you saw the object?

(Circle One)  Yes       No

36.1 IF you answered YES, did they see the object too?

(Circle One)  Yes       No

36.2 Please list their names and addresses:

 WIFE

37. Was this the first time that you had seen an object or objects like this?

(Circle One)  Yes       No

37.1 IF you answered NO, then when, where, and under what circumstances did you see other ones?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

38. In your opinion what do you think the object was and what might have caused it?

39. Do you think you can estimate the speed of the object?

(Circle One) Yes No

IF you answered YES, then what speed would you estimate?

300-500 m.p.h.

40. Do you think you can estimate how far away from you the object was?

(Circle One) Yes No

IF you answered YES, then how far away would you say it was?

3000-5000 feet.

41. Please give the following information about yourself:

NAME

[Redacted Name Fields]

ADDRESS

[Redacted Address] DAYTON City OHIO State

TELEPHONE NUMBER

[Redacted Telephone Number]

What is your present job?

PRESIDENT OF HUNT-WILDE CORP.

Age

35

Sex

MALE

Please indicate any special educational training that you have had.

a. Grade school \_\_\_\_\_

b. High school \_\_\_\_\_

c. College \_\_\_\_\_

d. Post graduate \_\_\_\_\_

e. e. Technical school RADIO ENG.

(Type) \_\_\_\_\_

f. Other special training \_\_\_\_\_

42. Date you completed this questionnaire:

\_\_\_\_ Day \_\_\_\_ Month \_\_\_\_ Year

19 Oct 58

All operations offices were contacted but had nothing to report.  
Weather Service gave a report of a release @ 1230 hrs. but stated it had been  
a normal 90 min. flight.  
All other agencies gave a negative report.

C. L. Moore, Jr.  
Capt, USAF



## PROJECT 10073 RECORD CARD

1. DATE 21 October 1958	2. LOCATION Dayton, Ohio		12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon <input checked="" type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft <input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical <input type="checkbox"/> Other _____ <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
3. DATE-TIME GROUP Local _____ GMT 21/0510Z	4. TYPE OF OBSERVATION <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar		
5. PHOTOS <input type="checkbox"/> Yes <input type="checkbox"/> No	6. SOURCE Civilian		
7. LENGTH OF OBSERVATION 10 minutes	8. NUMBER OF OBJECTS two	9. COURSE South	
10. BRIEF SUMMARY OF SIGHTING  Two white trails of smoke appearing along the same line, very long, 2-3 inches wide. Two rpts.		11. COMMENTS  All evidence in this case points to a condensation trail left by a jet a/c at 40,000 ft <sup>0</sup> above.	

## U. S. AIR FORCE TECHNICAL INFORMATION SHEET -

This questionnaire has been prepared so that you can give the U. S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes, and will be regarded as confidential material. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that, if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

21 OCTOBER 1958  
Day Month Year

2. Time of day: 0010             
Hour Minutes

(Circle One):  A.M. or  P.M.

3. Time zone:

(Circle One):  a. Eastern  
 b. Central  
 c. Mountain  
 d. Pacific  
 e. Other \_\_\_\_\_

(Circle One):  a. Daylight Saving  
 b. Standard

4. Where were you when you saw the object?

ON AIRWAY ROAD NEAR DAYTON OHIO  
Nearest Postal Address RUNWAY City or Town State or Country

Additional remarks: \_\_\_\_\_

5. Estimate how long you saw the object. — 10 —  
Hours Minutes Seconds

5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.

a. Certain   c. Not very sure  
b. Fairly certain  d. Just a guess

6. What was the condition of the sky?

(Circle One): a. Bright daylight  d. Just a trace of daylight  
 b. Dull daylight  e. No trace of daylight  
 c. Bright twilight  f. Don't remember

7. IF you saw the object during DAYLIGHT, TWILIGHT, or DAWN, where was the SUN located as you looked at the object?

(Circle One): a. In front of you  d. To your left  
 b. In back of you  e. Overhead  
 c. To your right  f. Don't remember

8. IF you saw the object, at NIGHT, TWILIGHT, or DAWN, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight — pitch dark
- d. Don't remember

9. Was the object brighter than the background of the sky?

- (Circle One):  a. Yes      b. No      c. Don't remember

10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile headlight?:

- (Circle One) a. A mile or more away (a distant car)?  
 b. Several blocks away?  
 c. A block away?      ?  
 d. Several yards away?  
 e. Other

11. Did the object:

(Circle One for each question)

- |   |                                      |                                     |                                  |
|---|--------------------------------------|-------------------------------------|----------------------------------|
| a. Appear to stand still at any time?           | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | <input type="radio"/> Don't Know |
| b. Suddenly speed up and rush away at any time? | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't Know |
| c. Break up into parts or explode?              | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't Know |
| d. Give off smoke?                              | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't Know |
| e. Change brightness?                           | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | <input type="radio"/> Don't Know |
| f. Change shape?                                | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't Know |
| g. Flicker, throb, or pulsate?                  | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't Know |

12. Did the object move behind something at anytime, particularly a cloud?

- (Circle One): Yes       No ?      Don't Know.      IF you answered YES, then tell what it moved behind: \_\_\_\_\_  
MENTIONED IT LOOKED AS IF IT MOVED BEHIND MOON

13. Did the object move in front of something at anytime, particularly a cloud?

- (Circle One): Yes      No       Don't Know      IF you answered YES, than tell what it moved in front of: \_\_\_\_\_

14. Did the object appear: (Circle One): a. Solid?      b. Transparent?       c. Don't Know.

15. Did you observe the object through any of the following?

- |                 |                                      |                                     |                |     |                                     |
|-----------------|--------------------------------------|-------------------------------------|----------------|-----|-------------------------------------|
| a. Eyeglasses   | Yes                                  | <input checked="" type="radio"/> No | e. Binoculars  | Yes | <input checked="" type="radio"/> No |
| b. Sun glasses  | Yes                                  | <input checked="" type="radio"/> No | f. Telescope   | Yes | <input checked="" type="radio"/> No |
| c. Windshield   | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | g. Theodolite  | Yes | <input checked="" type="radio"/> No |
| d. Window glass | Yes                                  | <input checked="" type="radio"/> No | h. Other _____ |     |                                     |

*Milton*

U. S. AIR FORCE TECHNICAL INFORMATION SHEET

This questionnaire has been prepared so that you can give the U. S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes, and will be regarded as confidential material. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that, if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

14 Oct 1958  
Day Month Year

2. Time of day:

7 10  
Hour Minutes

(Circle One): A.M. or P.M.

3. Time zone:

(Circle One): a. Eastern  
b. Central  
c. Mountain  
d. Pacific  
e. Other \_\_\_\_\_

(Circle One): a. Daylight Saving  
b. Standard

4. Where were you when you saw the object?

~~\_\_\_\_\_~~ Dayton Ohio  
Nearest Postal Address City or Town State or Country

Additional remarks: \_\_\_\_\_

5. Estimate how long you saw the object.

\_\_\_\_\_ Hours \_\_\_\_\_ Minutes 30 Seconds

5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.

a. Certain c. Not very sure  
b. Fairly certain d. Just a guess.

6. What was the condition of the sky?

(Circle One): a. Bright daylight  
b. Dull daylight  
c. Bright twilight  
d. Just a trace of daylight  
e. No trace of daylight DAWN  
f. Don't remember

7. IF you saw the object during DAYLIGHT, TWILIGHT, or DAWN, where was the SUN located as you looked at the object?

(Circle One): a. In front of you  
b. In back of you  
c. To your right SE  
d. To your left  
e. Overhead  
f. Don't remember

16. Tell in a few words the following things about the object.

a. Sound NONE

b. Color WHITE

17. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

18. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
  - b. Like a bright star
  - c. Sharply outlined
  - d. Don't remember

e. Other TRAIL OF SMOKE

19. IF there was MORE THAN ONE object, then how many were there? YES (Two)  
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

THE TWO APPEARED ALONG THE SAME LINE

20. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

21. IF POSSIBLE, try to guess or estimate what the real size of the object was in its longest dimension.  
 \_\_\_\_\_ feet. NO

22. How large did the object or objects appear as compared with one of the following objects held in the hand and at about arm's length?

(Circle One):

- a. Head of a pin
- b. Pea
- c. Dime
- d. Nickel
- e. Quarter
- f. Half dollar

- g. Silver dollar
- h. Baseball
- i. Grapefruit
- j. Basketball
- k. Other

WIDTH OF STREAK

2-3 INCHES WIDE

VERY LONG

22.1 (Circle One of the following to indicate how certain you are of your answer to Question 22.)

- a. Certain
- b. Fairly certain

- c. Not very sure
- d. Uncertain

23. How did the object or objects disappear from view?

DID NOT SEE

24. In order that you can give as clear a picture as possible of what you saw, we would like for you to imagine that you could construct the object that you saw. Of what type material would you make it? How large would it be, and what shape would it have? Describe in your own words a common object or objects which when placed up in the sky would give the same appearance as the object which you saw.

SMOKE

WHAT FORM?

25. Where were you located when you saw the object?  
(Circle One):

- a. Inside a building  
 b. In a car  
 c. Outdoors  
 d. In an airplane  
 e. At sea  
 f. Other \_\_\_\_\_

26. Were you (Circle One)

- a. In the business section of a city?  
 b. In the residential section of a city?  
 c. In open countryside?  
 d. Flying near an airfield?  
 e. Flying over a city?  
 f. Flying over open country?  
 g. Other \_\_\_\_\_

27. What were you doing at the time you saw the object, and how did you happen to notice it?

RIDING

JUST NOTICED

28. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

28.1 What direction were you moving? (Circle One)

- a. North                      c. East                      e. South                       g. West  
 b. Northeast                d. Southeast                f. Southwest                h. Northwest

28.2 How fast were you moving? 50-60 miles per hour.

28.3 Did you stop at any time while you were looking at the object?

(Circle One)      Yes       No

29. What direction were you looking when you first saw the object? (Circle One)

- a. North                      c. East                      e. South                      g. West  
 b. Northeast                d. Southeast                 f. Southwest                h. Northwest

30. What direction were you looking when you last saw the object? (Circle One)

- a. North                      c. East                      e. South                      g. West  
 b. Northeast                d. Southeast                 f. Southwest                h. Northwest

31. If you are familiar with bearing terms (angular direction), try to estimate the number of degrees the object was from true North and also the number of degrees it was upward from the horizon (elevation).

31.1 When it first appeared:

- a. From true North \_\_\_\_\_ degrees.  
 b. From horizon \_\_\_\_\_ degrees.

31.2 When it disappeared:

- a. From true North \_\_\_\_\_ degrees.  
 b. From horizon \_\_\_\_\_ degrees.

34. What were the weather conditions at the time you saw the object?

34.1 CLOUDS (Circle One)

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds
- e. Don't remember

34.2 WIND (Circle One)

- a. No wind
- b. Slight breeze
- c. Strong wind
- d. Don't remember

34.3 WEATHER (Circle One)

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

34.4 TEMPERATURE (Circle One)

- a. Cold
- b. Cool
- c. Warm
- d. Hot
- e. Don't remember

35. When did you report to some official that you had seen the object?

21 Day      OCT Month      58 Year

REPORTED DIRECTLY TO  
ATTC. FRIEND WHO  
WORKS AT GENTILE TOLD  
HER TO CALL (SEE 36.2)

36. Was anyone else with you at the time you saw the object?

(Circle One)  Yes      No

36.1 IF you answered YES, did they see the object too?

(Circle One)  Yes      No

36.2 Please list their names and addresses:

[REDACTED]

(DID NOT KNOW NUMBER)

37. Was this the first time that you had seen an object or objects like this?

(Circle One)  Yes      No

37.1 IF you answered NO, then when, where, and under what circumstances did you see other ones?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

38. In your opinion what do you think the object was and what might have caused it?

DON'T KNOW  
LOOKED LIKE A "SKYWRITER"  
FIRST THOUGHT THAT'S WHAT IT WAS



39. Do you think you can estimate the speed of the object?

(Circle One) Yes  No

IF you answered YES, then what speed would you estimate? \_\_\_\_\_ m.p.h.

40. Do you think you can estimate how far away from you the object was?

(Circle One) Yes  No

IF you answered YES, then how far away would you say it was? \_\_\_\_\_ feet.

41. Please give the following information about yourself:

NAME \_\_\_\_\_ (MRS) \_\_\_\_\_  
Last Name First Name Middle Name

ADDRESS \_\_\_\_\_ DAYTON \_\_\_\_\_ OHIO \_\_\_\_\_  
Street City Zone State

TELEPHONE NUMBER \_\_\_\_\_

What is your present job? NONE

Age 19 Sex F

Please indicate any special educational training that you have had.

- a. Grade school  \_\_\_\_\_
- b. High school DID NOT FINISH H.S. (Type) \_\_\_\_\_
- c. College (TRAINED BY DOCTOR FOR NURSING) \_\_\_\_\_
- d. Post graduate MODELING SCHOOL \_\_\_\_\_
- e. e. Technical school \_\_\_\_\_
- f. Other special training VOCAL LESSONS. \_\_\_\_\_

42. Date you completed this questionnaire:

21 Day OCT Month 58 Year

**U. S. AIR FORCE TECHNICAL INFORMATION SHEET**  
(SUMMARY DATA)

In order that your information may be filed and coded as accurately as possible, please use the following space to write out a short description of the event that you observed. You may repeat information that you have already given in the questionnaire, and add any further comments, statements, or sketches that you believe are important. Try to present the details of the observation in the order in which they occurred. Additional pages of the same size paper may be attached if they are needed.

NAME \_\_\_\_\_  
(Please Print)

(Do Not Write in This Space)

SIGNATURE \_\_\_\_\_

CODE:

DATE \_\_\_\_\_

SOURCE STATED THAT IT LOOKED LIKE A  
"SKY WRITER" AND SHE THOUGHT THAT WAS WHAT  
IT WAS. HOWEVER, IT LINGERED. SHE SAID IT  
WAS A LONG STREAK, BRIGHT.

FROM THE BOTTOM OF 3<sup>RD</sup> ST, SHE SAID  
IT LOOKED LIKE THE STREAK WAS GOING INTO  
THE MIDDLE OF DAYTON, BUT EARLIER, WHEN  
FIRST SIGHTED IT LOOKED LIKE IT WAS  
POINTING AT THE VICINITY OF HER HOME.  
(THAT GENERAL DISTRICT)

ORIGINALLY CALLED TO FIND OUT WHAT  
THE OBJECT. GAVE INTERVIEW FREELY.

REPORTING OFFICER HAD BEEN OUT OF BUILDING  
PREVIOUSLY, HAD NOT NOTICED STREAK BUT COMMENTED  
THAT WEATHER WAS CLEAR, NO CLOUDS WERE NOTED.

THE FOLLOWING AGENCIES WERE CONTACTED.

PATTERSON FIELD OPERATIONS. T-33 HAD DEPARTED AROUND THE TIME OF SIGHTING, BUT PROBABLY WOULD HAVE NOT BEEN AT CONTRAIL ALTITUDE AT TIME OF SIGHTING HOWEVER, SEVERAL PERSONNEL SAW IT, AND AN INTERVIEW WAS OBTAINED FROM ONE PRESENT. (SEE ATTACHED ATIC FORM 164)

WRIGHT FIELD OPERATIONS: NO INFORMATION

CAA CONTROL NO OPERATIONS

DAYTON APPROACH CONTROL: NO INFORMATION.

(2 JETS DEPARTED 0021 AND 0039 BUT INTERVIEW WAS BEING TAKEN BY THIS TIME) SUGGESTED IT COULD BE AN AIRCRAFT UNDER ATC CONTROL OR ON VFR.

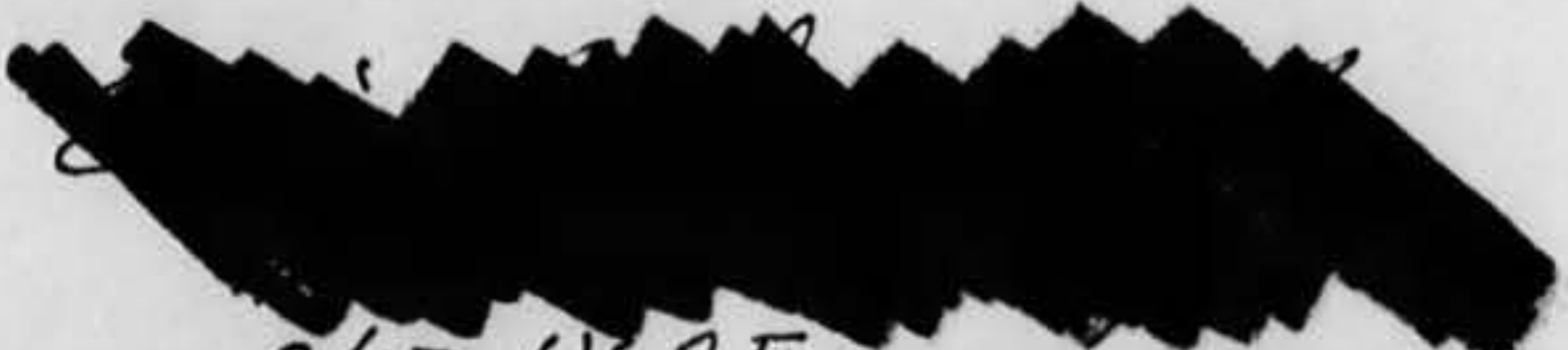
FLIGHT SERVICE - NO INFORMATION

U.S. WEATHER SERVICE. SENT BALOON AT 1228.

WINDS	14,000	S & SE
	40,000	NW
	60,000	SHIFTING TO NORTH

ALL WINDS LIGHT AND SHIFTING  
BALOON TRACK. FROM WEATHER BUREAU, OVER VANDALIA, DOUBLING BACK TO WPAFB,

56<sup>th</sup> FIGHTER SQ. } NO ANSWER  
FLIGHT TEST WADC }

  
2/LT USAF  
ATIC STAFF DUTY OFFICER

## U. S. AIR FORCE TECHNICAL INFORMATION SHEET

This questionnaire has been prepared so that you can give the U. S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes, and will be regarded as confidential material. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that, if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

21 Day    OCT Month    58 Year

2. Time of day: ABOUT MIDNIGHT  
Hour                      Minutes

(Circle One):    A.M.    or    P.M.

3. Time zone:

(Circle One):  a. Eastern  
 b. Central  
 c. Mountain  
 d. Pacific  
 e. Other \_\_\_\_\_

(Circle One):  a. Daylight Saving  
 b. Standard

4. Where were you when you saw the object?

FLIGHT LINE, PATTERSON FIELD  
Nearest Postal Address                      City or Town                      State or Country

Additional remarks: \_\_\_\_\_

5. Estimate how long you saw the object. \_\_\_\_\_ Hours    10 Minutes    \_\_\_\_\_ Seconds

5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.

a. Certain  
 b. Fairly certain

c. Not very sure  
 d. Just a guess

6. What was the condition of the sky?

(Circle One):  a. Bright daylight  
 b. Dull daylight  
 c. Bright twilight

d. Just a trace of daylight  
 e. No trace of daylight  
 f. Don't remember

7. IF you saw the object during DAYLIGHT, TWILIGHT, or DAWN, where was the SUN located as you looked at the object?

(Circle One):  a. In front of you  
 b. In back of you  
 c. To your right

d. To your left  
 e. Overhead  
 f. Don't remember

8. IF you saw the object, at NIGHT, TWILIGHT, or DAWN, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight — pitch dark
- d. Don't remember

9. Was the object brighter than the background of the sky?

(Circle One):

- a. Yes
- b. No
- c. Don't remember

10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile headlight?:

(Circle One) a. A mile or more away (a distant car)?

- b. Several blocks away?
- c. A block away?
- d. Several yards away?
- e. Other

11. Did the object:

(Circle One for each question)

- |   |                                      |                                     |            |
|---|--------------------------------------|-------------------------------------|------------|
| a. Appear to stand still at any time?           | Yes                                  | No                                  | Don't Know |
| b. Suddenly speed up and rush away at any time? | Yes                                  | <input checked="" type="radio"/> No | Don't Know |
| c. Break up into parts or explode?              | Yes                                  | <input checked="" type="radio"/> No | Don't Know |
| d. Give off smoke?                              | Yes                                  | No                                  | Don't Know |
| e. Change brightness?                           | Yes                                  | <input checked="" type="radio"/> No | Don't Know |
| f. Change shape? <i>SPREAD</i>                  | <input checked="" type="radio"/> Yes | No                                  | Don't Know |
| g. Flicker, throb, or pulsate?                  | Yes                                  | <input checked="" type="radio"/> No | Don't Know |

12. Did the object move behind something at anytime, particularly a cloud?

(Circle One):

- Yes
- No
- Don't Know.

IF you answered YES, then tell what

it moved behind: \_\_\_\_\_

13. Did the object move in front of something at anytime, particularly a cloud?

(Circle One):

- Yes
- No
- Don't Know.

IF you answered YES, then tell what

it moved in front of: \_\_\_\_\_

14. Did the object appear: (Circle One):

a. Solid?

*WHITE SMOKE*  
b. Transparent?

c. Don't Know.

15. Did you observe the object through any of the following?

- |                 |     |                                     |                |     |                                     |
|-----------------|-----|-------------------------------------|----------------|-----|-------------------------------------|
| a. Eyeglasses   | Yes | <input checked="" type="radio"/> No | e. Binoculars  | Yes | <input checked="" type="radio"/> No |
| b. Sun glasses  | Yes | <input checked="" type="radio"/> No | f. Telescope   | Yes | <input checked="" type="radio"/> No |
| c. Windshield   | Yes | <input checked="" type="radio"/> No | g. Theodolite  | Yes | <input checked="" type="radio"/> No |
| d. Window glass | Yes | <input checked="" type="radio"/> No | h. Other _____ |     |                                     |

16. Tell in a few words the following things about the object.

a. Sound NONE

b. Color WHITE

17. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

18. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
  - b. Like a bright star
  - c. Sharply outlined
  - d. Don't remember

e. Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. IF there was MORE THAN ONE object, then how many were there? \_\_\_\_\_  
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

No

8. IF you saw the object, at NIGHT, TWILIGHT, or DAWN, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight — pitch dark
- d. Don't remember

9. Was the object brighter than the background of the sky?

(Circle One):  a. Yes      b. No      c. Don't remember

10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile <sup>Brighter</sup> headlight?

- (Circle One)
- a. A mile or more away (a distant car)?
  - b. Several blocks away?
  - c. A block away?
  - d. Several yards away?
  - e. Other

11. Did the object:

- Blue green - dim then bright then front turn red*
- (Circle One for each question)
- |   |                                      |                                     |            |
|---|--------------------------------------|-------------------------------------|------------|
| a. Appear to stand still at any time?           | Yes                                  | <input checked="" type="radio"/> No | Don't Know |
| b. Suddenly speed up and rush away at any time? | Yes                                  | No                                  | Don't Know |
| c. Break up into parts or explode?              | Yes                                  | No                                  | Don't Know |
| d. Give off smoke?                              | Yes                                  | No                                  | Don't Know |
| e. Change brightness?                           | <input checked="" type="radio"/> Yes | No                                  | Don't Know |
| f. Change shape?                                | Yes                                  | No                                  | Don't Know |
| g. Flicker, throb, or pulsate?                  | Yes                                  | No                                  | Don't Know |

12. Did the object move behind something at anytime, particularly a cloud?

(Circle One): Yes  No      Don't Know.      IF you answered YES, then tell what it moved behind: \_\_\_\_\_

13. Did the object move in front of something at anytime, particularly a cloud?

(Circle One): Yes  No      Don't Know.      IF you answered YES, then tell what it moved in front of: \_\_\_\_\_

14. Did the object appear: (Circle One):  a. Solid?      b. Transparent?       c. Don't Know.

15. Did you observe the object through any of the following?

- |                 |     |    |               |                  |    |
|-----------------|-----|----|---------------|------------------|----|
| a. Eyeglasses   | Yes | No | e. Binoculars | Yes              | No |
| b. Sun glasses  | Yes | No | f. Telescope  | Yes              | No |
| c. Windshield   | Yes | No | g. Theodolite | Yes              | No |
| d. Window glass | Yes | No | h. Other      | <u>Eyes only</u> |    |

20. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

21. IF POSSIBLE, try to guess or estimate what the real size of the object was in its longest dimension.  
\_\_\_\_\_ feet.

22. How large did the object or objects appear as compared with one of the following objects held in the hand and at about arm's length?

(Circle One):

- a. Head of a pin  
b. Pea  
c. Dime  
d. Nickel  
e. Quarter  
f. Half dollar

- g. Silver dollar  
h. Baseball  
i. Grapefruit  
j. Basketball  
k. Other \_\_\_\_\_

WIDTH

- 22.1 (Circle One of the following to indicate how certain you are of your answer to Question 22.)

- a. Certain  
b. Fairly certain

- c. Not very sure  
d. Uncertain

23. How did the object or objects disappear from view? FADED AWAY

24. In order that you can give as clear a picture as possible of what you saw, we would like for you to imagine that you could construct the object that you saw. Of what type material would you make it? How large would it be, and what shape would it have? Describe in your own words a common object or objects which when placed up in the sky would give the same appearance as the object which you saw.

COTTON

L-SHAPED TRAIL OF WHITE SMOKE,  
VERY WHITE



25. Where were you located when you saw the object?  
(Circle One):

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane
- e. At sea
- f. Other \_\_\_\_\_

26. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. In open countryside?
- d. Flying near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other FLIGHT LINE

27. What were you doing at the time you saw the object, and how did you happen to notice it?

GLANCED UP

28. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

28.1 What direction were you moving? (Circle One)

- |              |              |              |              |
|--------------|--------------|--------------|--------------|
| a. North     | c. East      | e. South     | g. West      |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

28.2 How fast were you moving? \_\_\_\_\_ miles per hour.

28.3 Did you stop at any time while you were looking at the object?

(Circle One)      Yes      No

29. What direction were you looking when you first saw the object? (Circle One)

- |              |              |   |              |
|--------------|--------------|---|--------------|
| a. North     | c. East      | <input checked="" type="radio"/> e. South | g. West      |
| b. Northeast | d. Southeast | f. Southwest                              | h. Northwest |

30. What direction were you looking when you last saw the object? (Circle One)

- |              |              |   |              |
|--------------|--------------|---|--------------|
| a. North     | c. East      | <input checked="" type="radio"/> e. South | g. West      |
| b. Northeast | d. Southeast | f. Southwest                              | h. Northwest |

31. If you are familiar with bearing terms (angular direction), try to estimate the number of degrees the object was from true North and also the number of degrees it was upward from the horizon (elevation).

31.1 When it first appeared:

- a. From true North 45 degrees.
- b. From horizon - degrees.

31.2 When it disappeared:

- a. From true North - degrees.
- b. From horizon - degrees.

34. What were the weather conditions at the time you saw the object?

34.1 CLOUDS (Circle One)

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds
- e. Don't remember

34.2 WIND (Circle One)

- a. No wind
- b. Slight breeze
- c. Strong wind
- d. Don't remember

34.3 WEATHER (Circle One)

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

34.4 TEMPERATURE (Circle One)

- a. Cold
- b. Cool
- c. Warm
- d. Hot
- e. Don't remember

35. When did you report to some official that you had seen the object?

\_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

36. Was anyone else with you at the time you saw the object?

(Circle One)  Yes  No

36.1 IF you answered YES, did they see the object too?

(Circle One)  Yes  No

36.2 Please list their names and addresses:

" 2 COLONELS "

37. Was this the first time that you had seen an object or objects like this?

(Circle One) Yes   No

37.1 IF you answered NO, then when, where, and under what circumstances did you see other ones?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

38. In your opinion what do you think the object was and what might have caused it?

JET VAPOR TRAIL

39. Do you think you can estimate the speed of the object?

(Circle One) Yes  No

IF you answered YES, then what speed would you estimate? \_\_\_\_\_ m.p.h.

40. Do you think you can estimate how far away from you the object was?

(Circle One) Yes  No

IF you answered YES, then how far away would you say it was? \_\_\_\_\_ feet.

41. Please give the following information about yourself:

NAME \_\_\_\_\_  
Last Name First Name Middle Name

ADDRESS \_\_\_\_\_  
Street City Zone State

TELEPHONE NUMBER \_\_\_\_\_

What is your present job? DRIVER (CIVILIAN PERSONNEL)

Age 35 Sex M

Please indicate any special educational training that you have had. NONE

- |                        |                                 |
|------------------------|---------------------------------|
| a. Grade school _____  | e. e. Technical school _____    |
| b. High school _____   | (Type) _____                    |
| c. College _____       | f. Other special training _____ |
| d. Post graduate _____ | _____                           |

42. Date you completed this questionnaire:

21 OCT 58  
Day Month Year

16. Tell in a few words the following things about the object.

a. Sound \_\_\_\_\_

b. Color Blue-green then nose turned red  
then disappeared

17. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

*as described*  
*indeterminate*

18. The edges of the object were:

(Circle One)

- a. Fuzzy or blurred
- b. Like a bright star
- c. Sharply outlined
- d. Don't remember

*like flame*

e. Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

19. IF there was MORE THAN ONE object, then how many were there? Only one

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

20. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

21. IF POSSIBLE, try to guess or estimate what the real size of the object was in its longest dimension. \_\_\_\_\_ feet.

22. How large did the object or objects appear as compared with one of the following objects held in the hand and at about arm's length?

(Circle One):

- a. Head of a pin
- b. Peg
- c. Dime
- d. Nickel
- e. Quarter
- f. Half dollar
- g. Silver dollar
- h. Baseball
- i. Grapefruit
- j. Basketball
- k. Other \_\_\_\_\_

22.1 (Circle One of the following to indicate how certain you are of your answer to Question 22.

- a. Certain
- b. Fairly certain
- c. Not very sure
- d. Uncertain

23. How did the object or objects disappear from view? seemed to burn out

24. In order that you can give as clear a picture as possible of what you saw, we would like for you to imagine that you could construct the object that you saw. Of what type material would you make it? How large would it be, and what shape would it have? Describe in your own words a common object or objects which when placed up in the sky would give the same appearance as the object which you saw.

25. Where were you located when you saw the object?  
(Circle One):

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane
- e. At sea
- f. Other on street

26. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. In open countryside?
- d. Flying near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other \_\_\_\_\_

27. What were you doing at the time you saw the object, and how did you happen to notice it?

brightness

28. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

28.1 What direction were you moving? (Circle One)

- a. North
- b. Northeast
- c. East
- d. Southeast
- e. South
- f. Southwest
- g. West
- h. Northwest

28.2 How fast were you moving? \_\_\_\_\_ miles per hour.

28.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

29. What direction were you looking when you first saw the object? (Circle One)

- a. North
- b. Northeast
- c. East
- d. Southeast
- e. South
- f. Southwest
- g. West
- h. Northwest

30. What direction were you looking when you last saw the object? (Circle One)

- a. North
- b. Northeast
- c. East
- d. Southeast
- e. South
- f. Southwest
- g. West
- h. Northwest

31. If you are familiar with bearing terms (angular direction), try to estimate the number of degrees the object was from true North and also the number of degrees it was upward from the horizon (elevation).

31.1 When it first appeared:

- a. From true North \_\_\_\_\_ degrees.
- b. From horizon 45° degrees.

31.2 When it disappeared:

- a. From true North \_\_\_\_\_ degrees.
- b. From horizon 15° degrees.

34. What were the weather conditions at the time you saw the object?

34.1 CLOUDS (Circle One)

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds
- e. Don't remember

34.2 WIND (Circle One)

- a. No wind
- b. Slight breeze
- c. Strong wind
- d. Don't remember

34.3 WEATHER (Circle One)

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

34.4 TEMPERATURE (Circle One)

- a. Cold
- b. Cool
- c. Warm
- d. Hot
- e. Don't remember

35. When did you report to some official that you had seen the object?

\_\_\_\_\_ Day          \_\_\_\_\_ Month          \_\_\_\_\_ Year

36. Was anyone else with you at the time you saw the object?

(Circle One) Yes          No

36.1 IF you answered YES, did they see the object too?

(Circle One) Yes          No

36.2 Please list their names and addresses:

Son ~~\_\_\_\_\_~~ (15 years)  
~~\_\_\_\_\_ address~~

37. Was this the first time that you had seen an object or objects like this?

(Circle One) Yes          No

37.1 IF you answered NO, then when, where, and under what circumstances did you see other ones?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

38. In your opinion what do you think the object was and what might have caused it?

suggest satellite  
Definitely not meteor

39. Do you think you can estimate the speed of the object?

(Circle One) Yes  No

IF you answered YES, then what speed would you estimate? very fast m.p.h.

40. Do you think you can estimate how far away from you the object was?

(Circle One) Yes  No

IF you answered YES, then how far away would you say it was? Very high feet.

41. Please give the following information about yourself:

NAME [Redacted] Last Name First Name Middle Name

ADDRESS [Redacted] Street City Dayton Zone 9 State Ohio

TELEPHONE NUMBER [Redacted]

What is your present job? Field employee

Age \_\_\_\_\_ Sex M

Please indicate any special educational training that you have had.

- a. Grade school \_\_\_\_\_
- b. High school \_\_\_\_\_
- c. College \_\_\_\_\_
- d. Post graduate \_\_\_\_\_
- e. e. Technical school Mech Engr.  
(Type) \_\_\_\_\_
- f. Other special training \_\_\_\_\_

42. Date you completed this questionnaire:

\_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year



## PROJECT 10073 RECORD CARD

1. DATE 19 October 1958	2. LOCATION Dayton, Ohio		12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon  <input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input checked="" type="checkbox"/> Possibly Aircraft  <input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical  <input type="checkbox"/> Other _____ <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
3. DATE-TIME GROUP Local <u>3:44 PM</u> GMT <u>19/2044Z</u>	4. TYPE OF OBSERVATION <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar		
5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. SOURCE Civilian		
7. LENGTH OF OBSERVATION 45 seconds	8. NUMBER OF OBJECTS two	9. COURSE W to NW	
10. BRIEF SUMMARY OF SIGHTING Two sharply outlined silver or white translucent objs, traveling approximately 300-500 miles per hour.		11. COMMENTS This was possibly an a/c sight.	