

PROJECT 10073 RECORD

1. DATE - TIME GROUP 17 Sept 66 2450Z	2. LOCATION Salt Lake City, Utah
3. SOURCE Civilian	10. CONCLUSION (other) INSUFFICIENT DATA FOR EVALUTION
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION Varied	11. BRIEF SUMMARY AND ANALYSIS SEE CASE
6. TYPE OF OBSERVATION Ground Visual	
7. COURSE Varied	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

FORM
FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.

8. IF you saw the object at NIGHT, 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. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

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

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

BRIGHT YELLOW HIGHWAY EXPRESSWAY LIGHT

12. The edges of the object were:

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

c. Other _____

13. 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? | 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 | <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. Flash or flicker? | Yes | <input checked="" type="radio"/> No | Don't know |
| h. Disappear and reappear? | Yes | <input checked="" type="radio"/> No | Don't know |

14. Did the object disappear while you were watching it? If so, how?

PASSED BEHIND SOME DISTANT TREES

15. Did the object move behind something at any time, particularly a cloud?

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

Some distant trees

16. Did the object move in front of something at any time, particularly a cloud?

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

17. Tell in a few words the following things about the object:

a. Sound

None

b. Color

Bright yellow.

Two persons standing with me and seeing it first said it was green at first.

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

19. 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.

Ball of fire

20. 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?

Reentry velocity

21. 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?

50-150 miles

22. 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 (type)
 e. At sea
 f. Other _____

23. 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. Near an airfield?
 e. Flying over a city?
 f. Flying over open country?
 g. Other _____

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

24.1 What direction were you moving? (Circle One)

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

24.2 How fast were you moving? _____ miles per hour.

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

(Circle One) Yes No

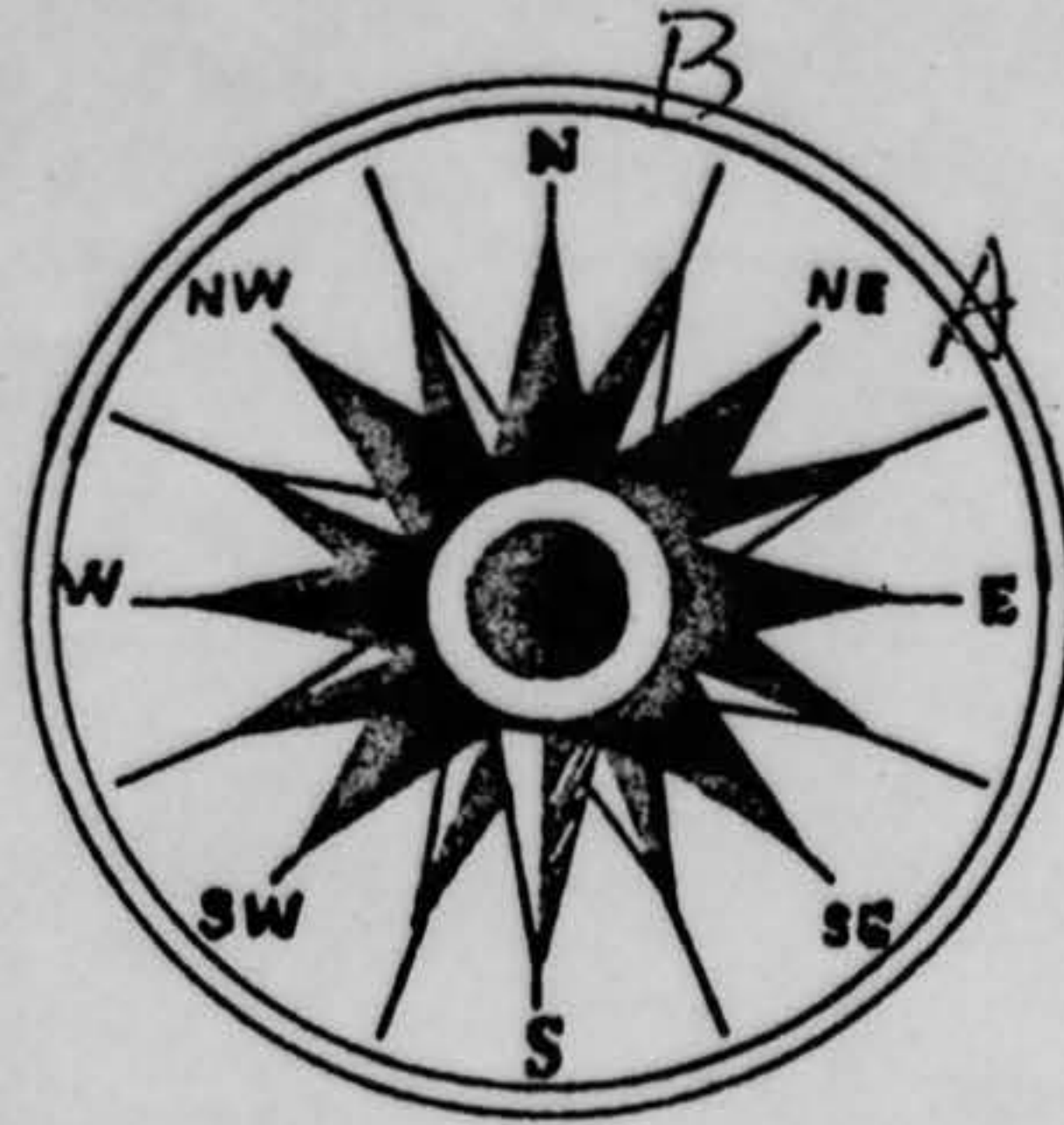
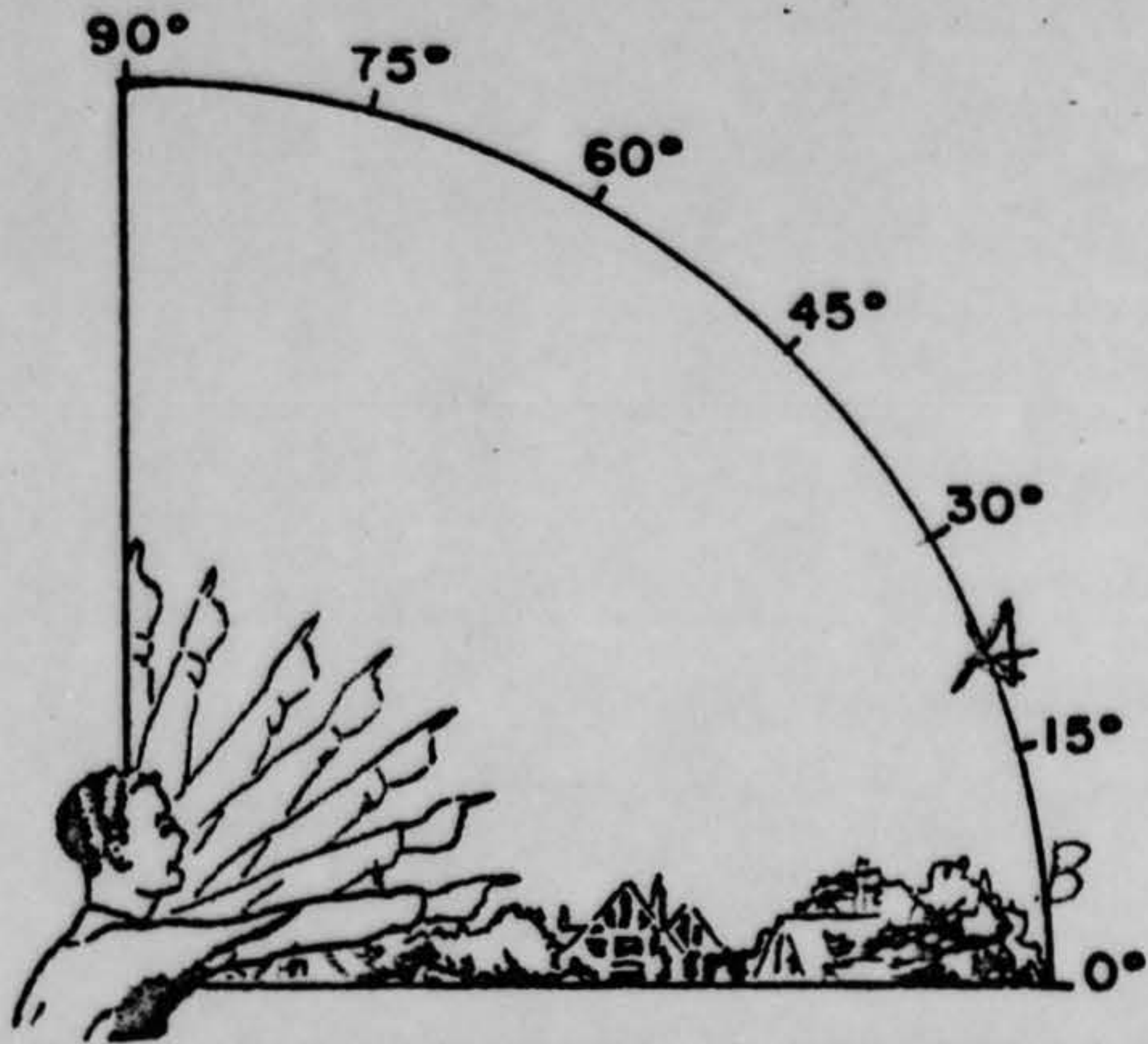
25. Did you observe the object through any of the following?

- | | | | | | |
|-----------------|-----|-------------------------------------|----------------|-----|-------------------------------------|
| 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 _____ | | |

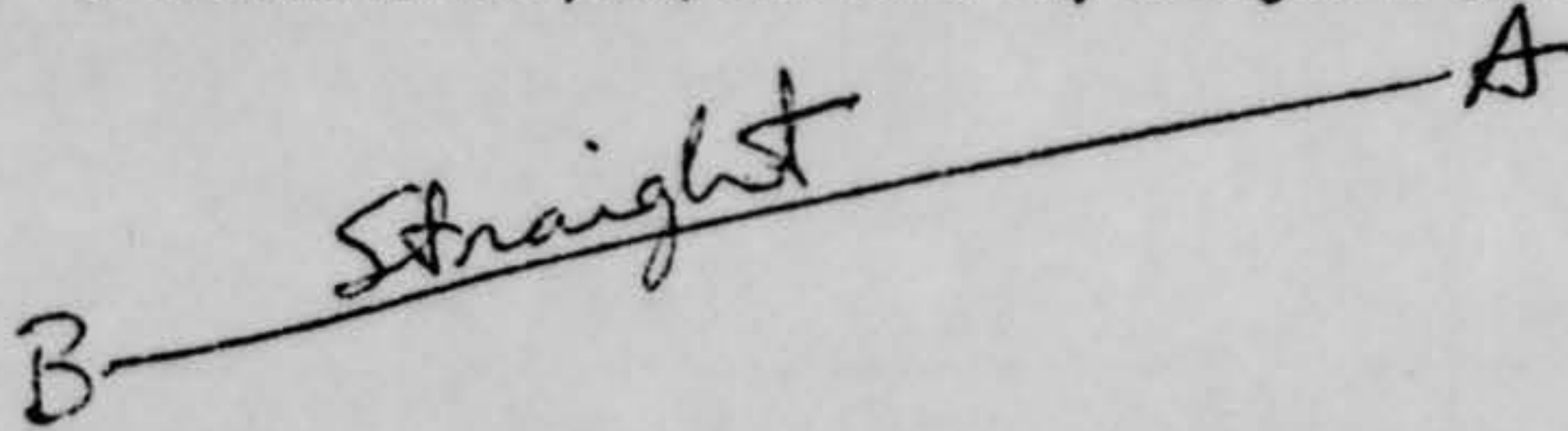
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

Meteor

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. 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.



29. 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.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

NEVER ANYTHING THIS FAST
THIS LOW.

31. Was anyone else with you at the time you saw the object? (Circle One) Yes No

31.1 IF you answered YES, did they see the object too? (Circle One) Yes No

31.2 Please list their names and addresses:

~~_____~~ SER - EXT ~~_____~~
~~_____~~ (Sp) - Springfield
~~_____~~ 1240 Selma Rd.

32. Please give the following information about yourself:

NAME ~~_____~~ ~~_____~~ ~~_____~~
Last Name First Name Middle Name
ADDRESS ~~_____~~ DR. FAIRBORN OHIO
Street City Zone State
TELEPHONE NUMBER ~~_____~~ AGE 42 SEX M

Indicate any additional information about yourself, including any special experience, which might be pertinent.

TECH DIRECTOR - TDF

33. When and to whom did you report that you had seen the object?

17 Sept 66
Day Month Year
LT FRAZEE

34. Date you completed this questionnaire:

17 Sept 66
Day Month Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

U.S. AIR FORCE TECHNICAL INFORMATION

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. 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.

<p>1. When did you see the object?</p> <p align="center"> <u>17</u> <u>SEP</u> <u>66</u> <small>Day Month Year</small> </p>	<p>2. Time of day: <u>8:00</u> _____ <small>Hour Minutes</small></p> <p>(Circle One): A.M. or P.M.</p>
<p>3. Time Zone:</p> <p>(Circle One): <input checked="" type="radio"/> a. Eastern <input type="radio"/> b. Central <input type="radio"/> c. Mountain <input type="radio"/> d. Pacific <input type="radio"/> e. Other _____</p> <p>(Circle One): a. Daylight Saving <input type="radio"/> b. Standard</p>	
<p>4. Where were you when you saw the object?</p> <p align="center"> <u>THIRD STREET</u> <u>DAYTON</u> <u>OHIO</u> <small>Nearest Postal Address City or Town State or County</small> </p>	
<p>5. How long was object in sight? (Total Duration) <u>0</u> <u>0</u> <u>4</u> <small>Hours Minutes Seconds</small></p> <p>a. Certain c. Not very sure <input checked="" type="radio"/> b. Fairly certain d. Just a guess</p> <p>5.1 How was time in sight determined? _____</p> <p>5.2 Was object in sight continuously? Yes <input checked="" type="checkbox"/> No _____</p>	
<p>6. What was the condition of the sky?</p> <p align="center"> <small>DAY</small> <small>NIGHT</small> <input type="radio"/> a. Bright <input checked="" type="radio"/> a. Bright <input type="radio"/> b. Cloudy <input type="radio"/> b. Cloudy </p>	
<p>7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?</p> <p>(Circle One): a. In front of you d. To your left <input type="radio"/> b. In back of you e. Overhead <input type="radio"/> c. To your right <input type="radio"/> f. Don't remember</p>	

8. IF you saw the object at NIGHT, 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. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

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

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

_____ Light BULB _____

12. 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 _____

13. 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? | 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 | <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. Flash or flicker? | Yes | <input checked="" type="radio"/> No | Don't know |
| h. Disappear and reappear? | Yes | <input checked="" type="radio"/> No | Don't know |

14. Did the object disappear while you were watching it? If so, how?

NO

15. Did the object move behind something at any time, particularly a cloud?

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

16. Did the object move in front of something at any time, particularly a cloud?

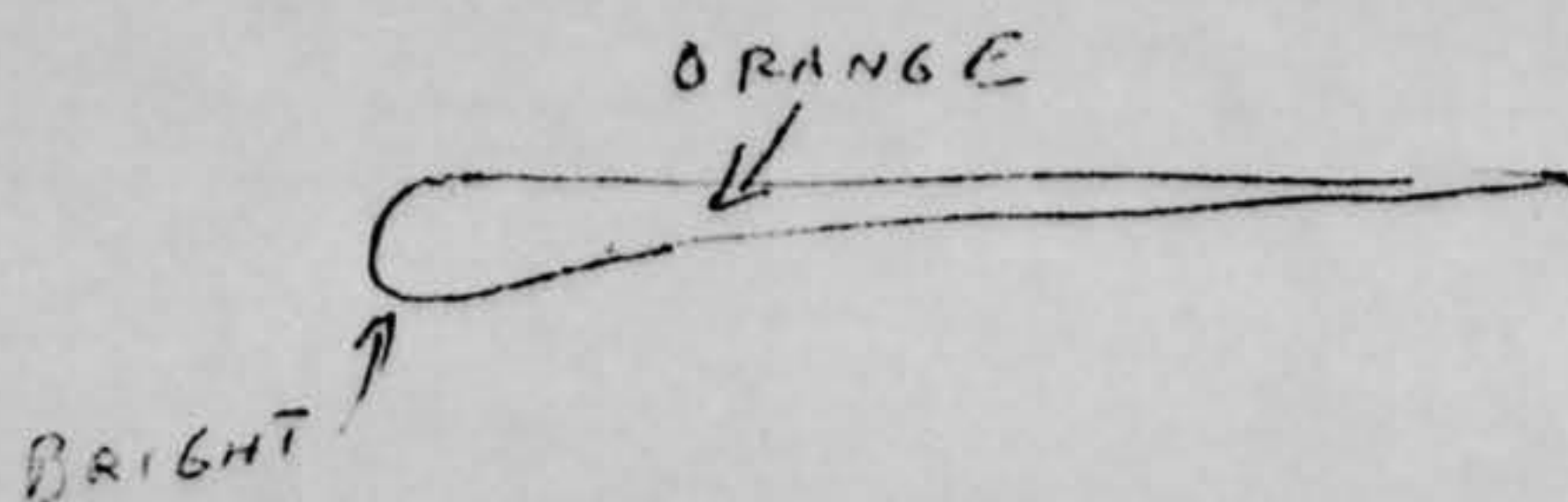
(Circle One): Yes No Don't Know. IF you answered YES, then tell what in front of: _____

17. Tell in a few words the following things about the object:

- a. Sound _____
 b. Color ORANGE FLAMING TAIL

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

19. 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.



20. 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? 800-900 mph

21. 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? 2 miles

22. 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 (type)

e. At sea

f. Other _____

23. 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. Near an airfield?

e. Flying over a city?

f. Flying over open country?

g. Other _____

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

24.1 What direction were you moving? (Circle One)

a. North

c. East

e. South

g. West

b. Northeast

d. Southeast

f. Southwest

h. Northwest

24.2 How fast were you moving? _____ miles per hour.

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

(Circle One) Yes No

25. 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

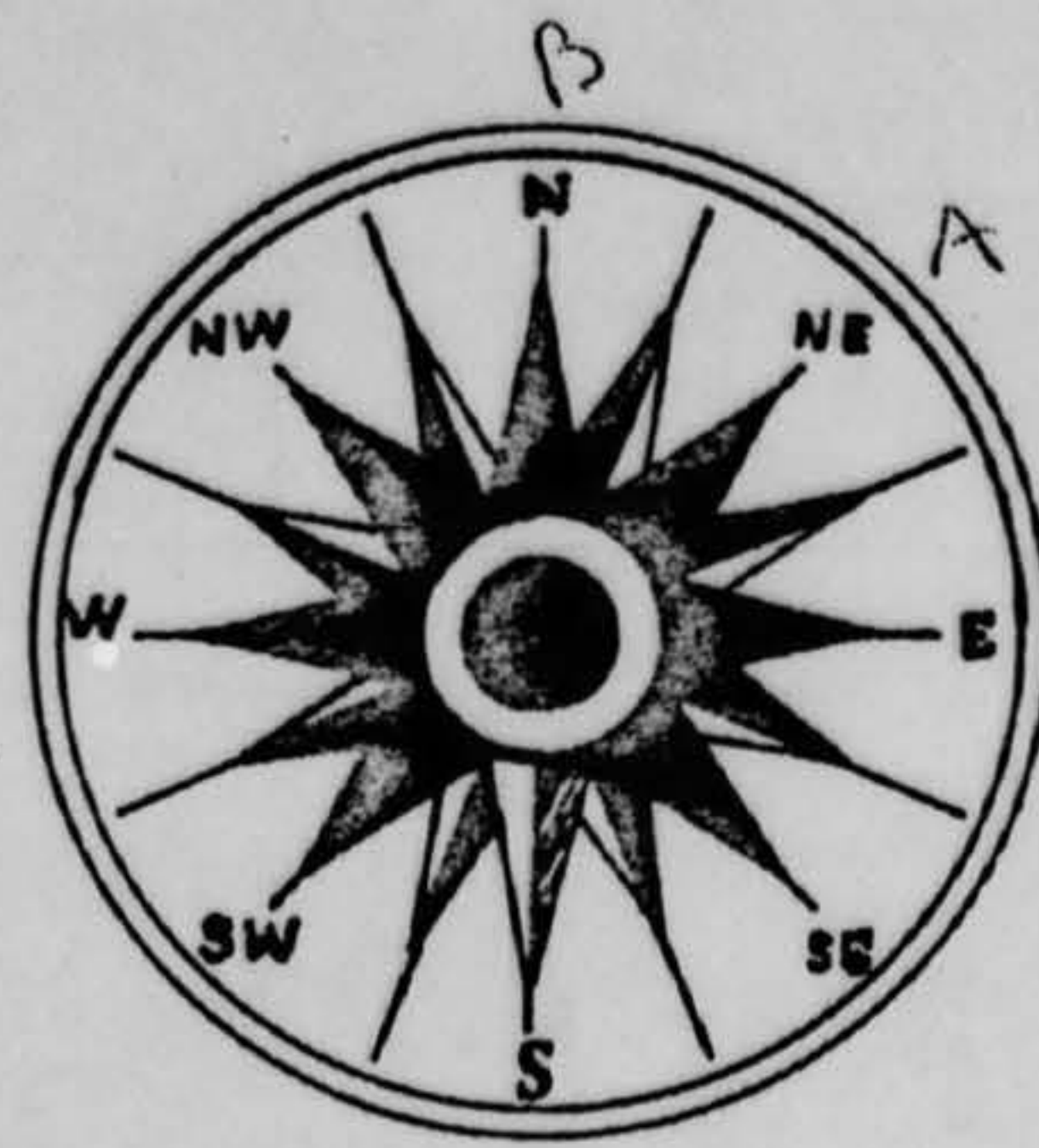
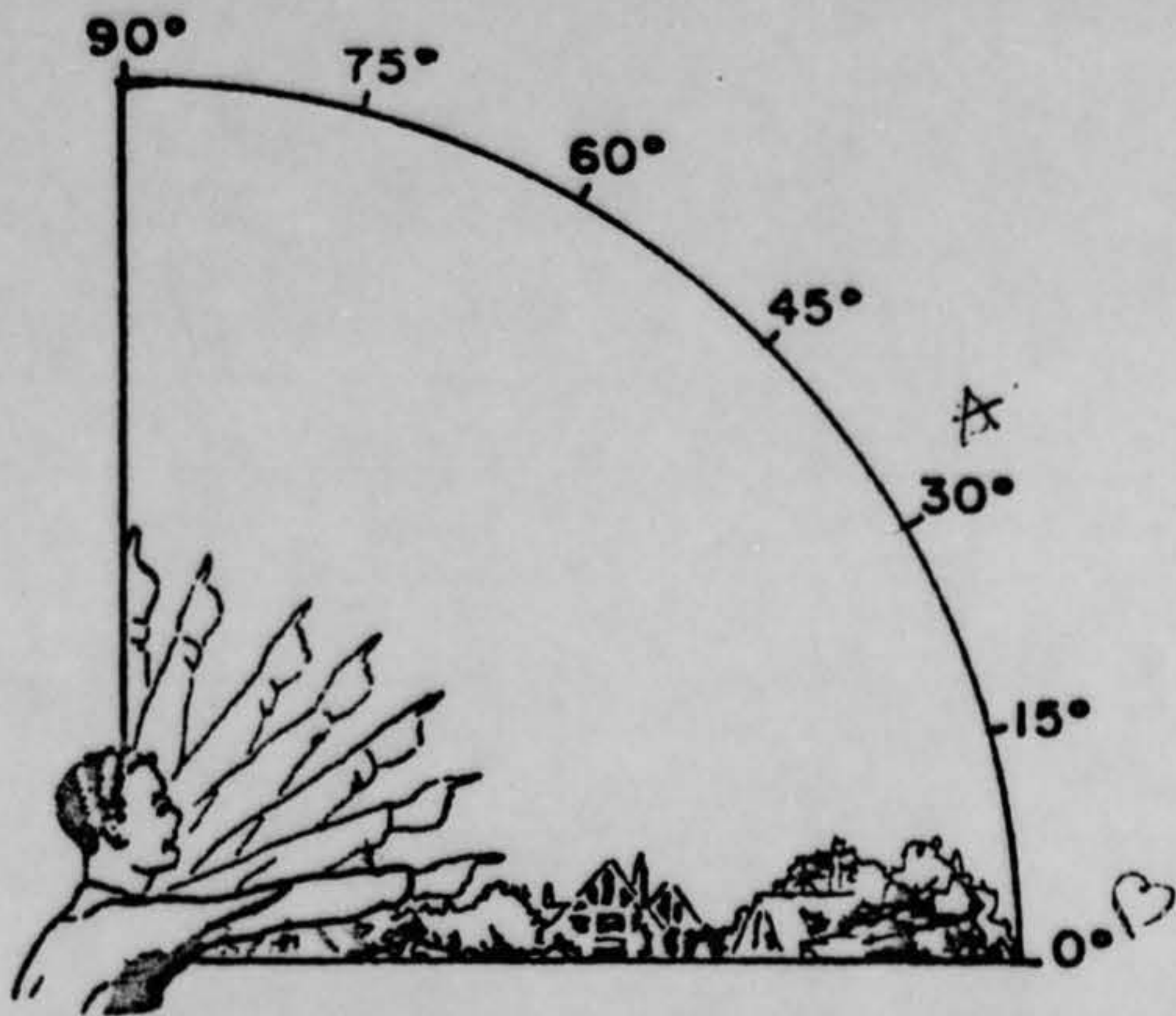
No

h. Other _____

26. In order that you can give as clear a picture as possible of what you saw, 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.

Bright object with orange tail

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. 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.

STRAIGHT LINE

29. IF there was MORE THAN ONE object, then how many were there? NO
 Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

SEVERAL TIMES ALWAYS AT A DISTANCE
(METEORS)

31. Was anyone else with you at the time you saw the object? (Circle One) Yes No

31.1 IF you answered YES, did they see the object too? (Circle One) Yes No

31.2 Please list their names and addresses:

32. Please give the following information about yourself:

NAME [Redacted] [Redacted] [Redacted]
Last Name First Name Middle Name

ADDRESS [Redacted] DR DAYTON OH 14
Street City Zone State

TELEPHONE NUMBER [Redacted] AGE 33 SEX M
BUSINESS - [Redacted]

Indicate any additional information about yourself, including any special experience, which might be relevant

33. When and to whom did you report that you had seen the object? FTD DUTY OF

18 SEP 66
Day Month Year

34. Date you completed this questionnaire:

13 SEP 66
Day Month Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

Two aerial phenomena were reported. The first event was seen widely in the Northeast U.S. Due to the limited number of FTD forms 164, and to communication with Lt. Marley, general comments only were taken from the following observers: (2 reports of this event included)

[redacted] Ave., Dayton

[redacted] Fairborn

[redacted] Dr., Dayton

[redacted] Union City

[redacted] Road, Xenia

[redacted], Phila., Pa.

See

[redacted], New Carlisle

[redacted] Edge City, Ind. 47327

The second event was reported indirectly. Reporting time was 0415Z/18 Sep. Sighting individuals were:

[redacted] & 9th East
Salt Lake City, Utah [redacted] 74105

[redacted]
Salt Lake City, Utah [redacted] 74105

The only available data from reporting individual indicated that the object was greenish(say the observers).

17 Sept. '66
D. Huff Date

FTD (TDETR) *hl*
Wright-Patterson AFB, Ohio 45433
19 September 1966

~~████████████████████~~
~~████████████████████~~
Salt Lake City, Utah 84105

Dear Mrs. ~~██████████~~

Reference your unidentified observation of 17 September 1966. The information which we have received is not sufficient for evaluation. Request you complete the attached FTD Form 164 and return it in the envelope provided.

We wish to thank you for reporting your observation to the Air Force.


Sincerely,

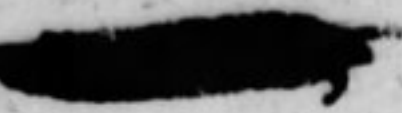
HECTOR QUINTANILLA, Jr, Major, USAF
Chief, Project Blue Book

OFFICIAL FILE COPY

TDETR
Office of Record

FTD (TDETR) *hl*
Wright-Patterson AFB, Ohio 45433
19 September 1966


Salt Lake City, Utah 84105

Dear Mrs. 

Reference your unidentified observation of 17 September 1966.
The information which we have received is not sufficient for
evaluation. Request you complete the attached FTD Form 164
and return it in the envelope provided.

We wish to thank you for reporting your observation to the
Air Force.

Sincerely,

HECTOR QUINTANILLA, Jr, Major, USAF
Chief, Project Blue Book

OFFICIAL FILE COPY

TDETR
Office of Record

8. IF you saw the object at NIGHT, 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. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

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

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor

d. As a light *several*
e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. ^{much} Brighter
- b. Dimmer

- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

Almost sun-bright

12. The edges of the object were:

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

c. Other _____

13. Did the object:

(Circle One for each question)

- a. Appear to stand still at any time?
- b. Suddenly speed up and rush away at any time?
- c. Break up into parts or explode?
- d. Give off smoke?
- e. Change brightness? *decreased*
- f. Change shape?
- g. Flash or flicker?
- h. Disappear and reappear?

<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know
<input checked="" type="radio"/> Yes	No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know

14. Did the object disappear while you were watching it? If so, how?

yes, like a fire going out.

15. Did the object move behind something at any time, particularly a cloud?

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

16. Did the object move in front of something at any time, particularly a cloud?

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

17. Tell in a few words the following things about the object:

- a. Sound None
 b. Color Red & yellow

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

19. 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.

20. 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? _____

21. 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? 5 or 6 miles north

22. 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 (type) _____
- e. At sea
- f. Other _____

23. 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. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

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

24.1 What direction were you moving? (Circle One)

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

24.2 How fast were you moving? _____ miles per hour.

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

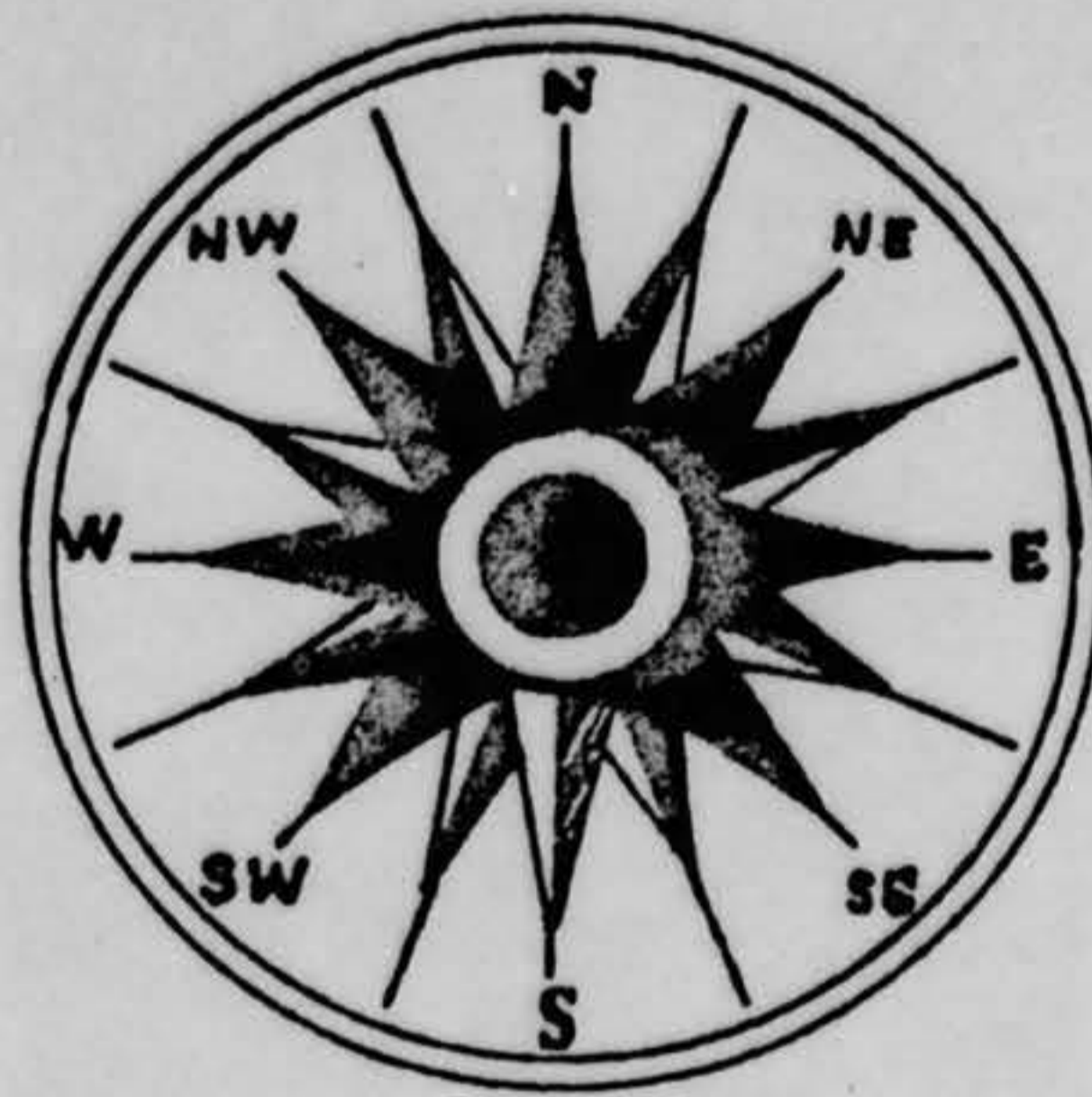
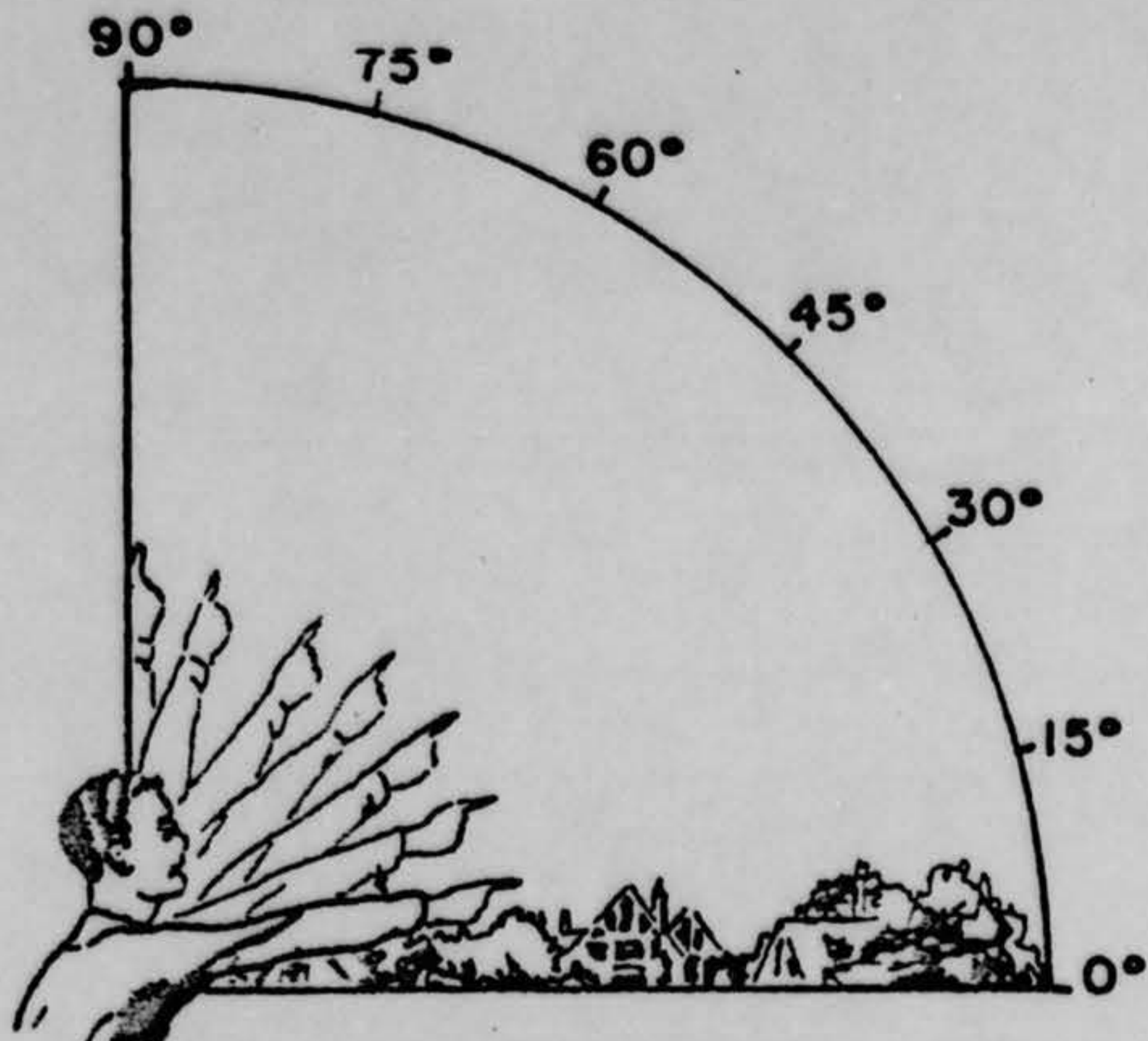
(Circle One) Yes No

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

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

26. In order that you can give as clear a picture as possible of what you saw, 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.

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. 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.

29. 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.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

31. Was anyone else with you at the time you saw the object? (Circle One) Yes No

31.1 IF you answered YES, did they see the object too? (Circle One) Yes No

31.2 Please list their names and addresses:

32. Please give the following information about yourself:

NAME [Redacted] [Redacted] [Redacted]
Last Name First Name Middle Name

ADDRESS 72 [Redacted] Centerville [Redacted] Ohio
Street City Zone State

TELEPHONE NUMBER [Redacted] AGE 15 SEX Male

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

Day Month Year

34. Date you completed this questionnaire:

17 Sep 66
Day Month Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

Observer indicated that the object was similar to what one might expect from an explosion in mid-air.

U.S. AIR FORCE TECHNICAL INFORMATION

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. 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.

<p>1. When did you see the object?</p> <p style="text-align: center;"> <u>17</u> <u>Sept</u> <u>1966</u> <small>Day Month Year</small> </p>	<p>2. Time of day: <u>1950±2</u></p> <p style="text-align: center;"><small>Hour Minutes</small></p> <p>(Circle One): A.M. or <u>P.M.</u></p>
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3. Time Zone:

(Circle One): <input checked="" type="radio"/> a. Eastern <input type="radio"/> b. Central <input type="radio"/> c. Mountain <input type="radio"/> d. Pacific <input type="radio"/> e. Other _____	(Circle One): <input type="radio"/> a. Daylight Saving <input checked="" type="radio"/> b. Standard
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4. Where were you when you saw the object?

<u>PARKING LOT - TWIN BASE</u>	<u>W - PAFB OHIO</u>	
<small>Nearest Postal Address</small>	<small>City or Town</small>	<small>State or County</small>
<u>GOLF CLUB</u>	<u>1</u>	

5. How long was object in sight? (Total Duration) _____

Hours Minutes Seconds

3±2

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

5.1 How was time in sight determined? ESTIMATE

5.2 Was object in sight continuously? Yes No _____

6. What was the condition of the sky?

DAY <input type="radio"/> a. Bright <input type="radio"/> b. Cloudy	NIGHT <input checked="" type="radio"/> a. Bright <input type="radio"/> b. Cloudy
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7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One):

<input type="radio"/> a. In front of you <input type="radio"/> b. In back of you <input type="radio"/> c. To your right	<input type="radio"/> d. To your left <input type="radio"/> e. Overhead <input type="radio"/> f. Don't remember
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