

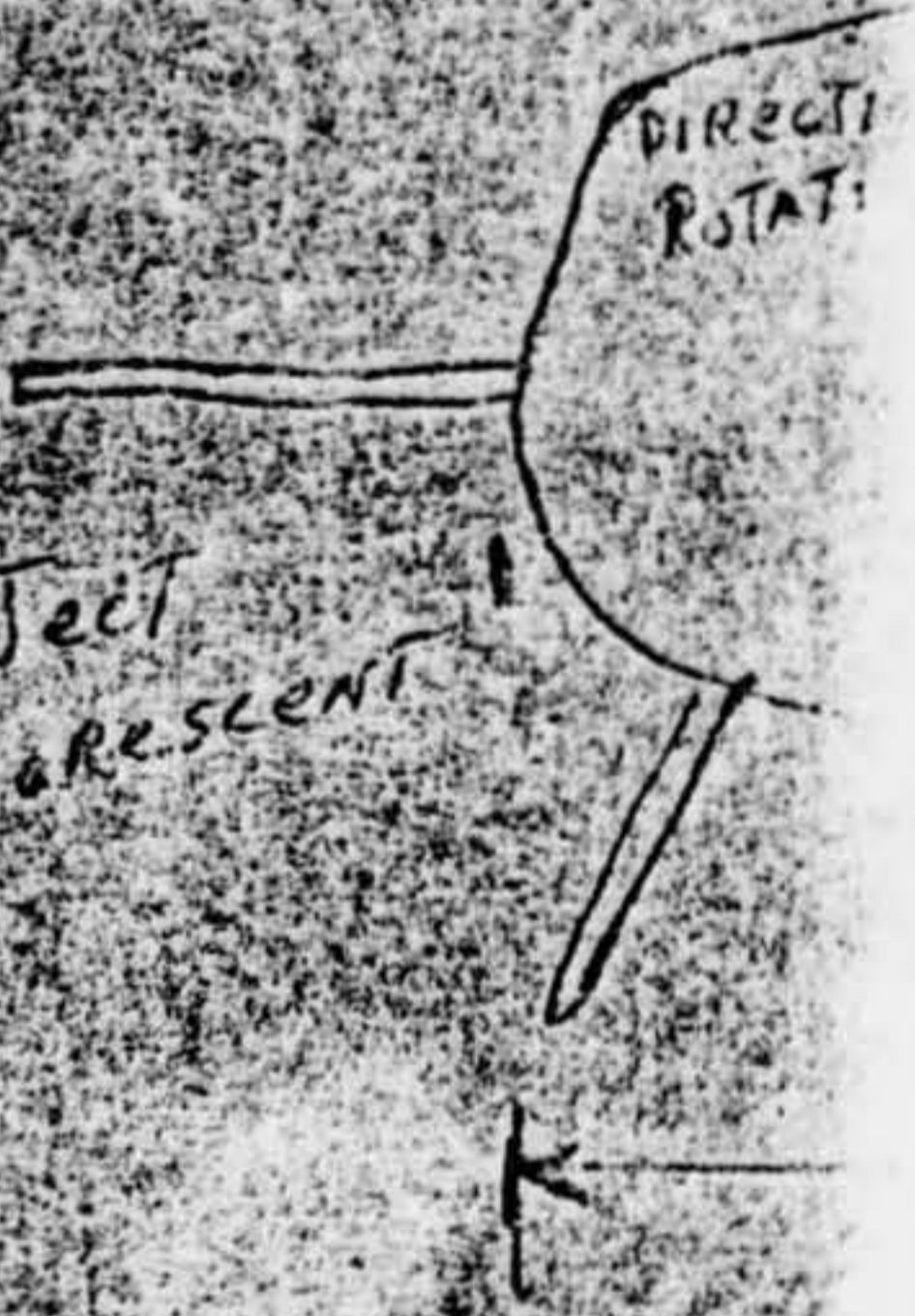
PROJECT 10073 RECORD

1. DATE : TIME GROUP 22 Mar 67 23/0320Z		2. LOCATION Wapello, Iowa		1 witness	
3. SOURCE Civilian		10. CONCLUSION UNIDENTIFIED			
4. NUMBER OF OBJECTS One					
5. LENGTH OF OBSERVATION 1 minutes ✓		11. BRIEF SUMMARY AND ANALYSIS SEE CASE FILE			
6. TYPE OF OBSERVATION Ground Visual					
7. COURSE South West-North					
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

blue
dyke

DIRECTI
ROTATI

ENTIRE OBJECT
HAD A PHOSPHORESCENT
GLOW.



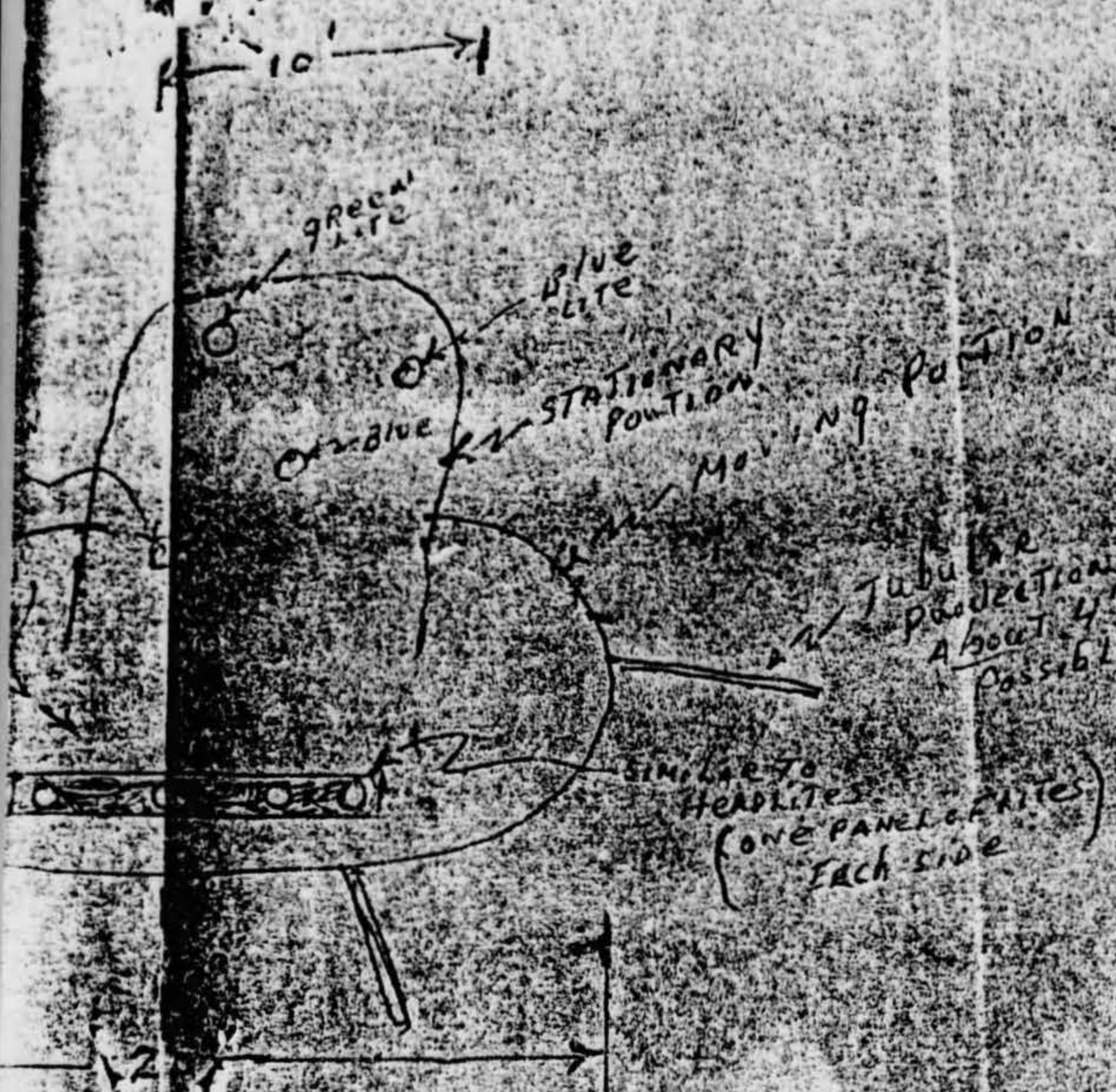
LOCATION OF
VIEWER



Block

UFO SIGHTING
10:20 PM ON
MARCH 22, 1960

~~XXXXXXXXXX~~
IN WAPELLO, I
OBJECT SEEN AT
DISTANCE OF \pm
2 BLOCKS. IN
APPROX. 30-4
LEAVING AT HIGH
IN A WESTERLY
NOT REPORTED
LOCALLY



Note - object more streamlined than above sketch.

[Signature]
Wapello

UFO SIGHTING 4
10:20 PM ON
MARCH 22, 1967 by
Douglas EUTSLER
IN WAPELLO, IOWA
OBJECT SEEN AT A
DISTANCE OF \pm -
2 BLOCKS. IN VIEW
APPROX 30-45 SEC.
LEAVING AT HIGH SPEED
IN A WESTERLY DIRECTION.
NOT REPORTED
LOCALLY

OBJECT MORE STREAMLINED
ABOVE SKETCH.

Douglas Eutsler
206 Jackson
Wapello, Iowa

unidentified

22 MAR 67

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



REPLY TO
ATTN OF: TDET/UFO

6 March 1967

Wapello, Iowa

SUBJECT: UFO Observation, 22 March 1967

TO: [Redacted]
Wapello, Iowa

Reference your unidentified observation. The information which we have received is not sufficient for a scientific evaluation. Request you complete the attached FTD Form 164 and return it in the envelope provided. Thank you for reporting your observation to the Air Force.

JAMES C. MANATT, Colonel, USAF
Director of Technology and Subsystems

1 Atch
FTD Form 164 w/envelope

TDET/UFO OFFICIAL FILE COPY

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.

1. When did you see the object?

~~22~~ 22 MARCH 1967
Day Month Year

2. Time of day: 10 20
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?

~~_____~~
Nearest Postal Address

WAPELLO

City or Town

IOWA (Louisiana)

State or County

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

Hours

Approx 1
Minutes

Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined? ESTIMATION

5.2 Was object in sight continuously?

Yes

No _____

6. What was the condition of the sky?

DAY

a. Bright

b. Cloudy

NIGHT

a. Bright

b. Cloudy

7. IF you saw the object during DAYLIGHT, 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, 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:

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? | <input checked="" type="radio"/> Yes | No | Don't know |
| b. Suddenly speed up and rush away at any time? | <input checked="" type="radio"/> Yes | 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?

Left at high rate of speed to So-So. west

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: _____

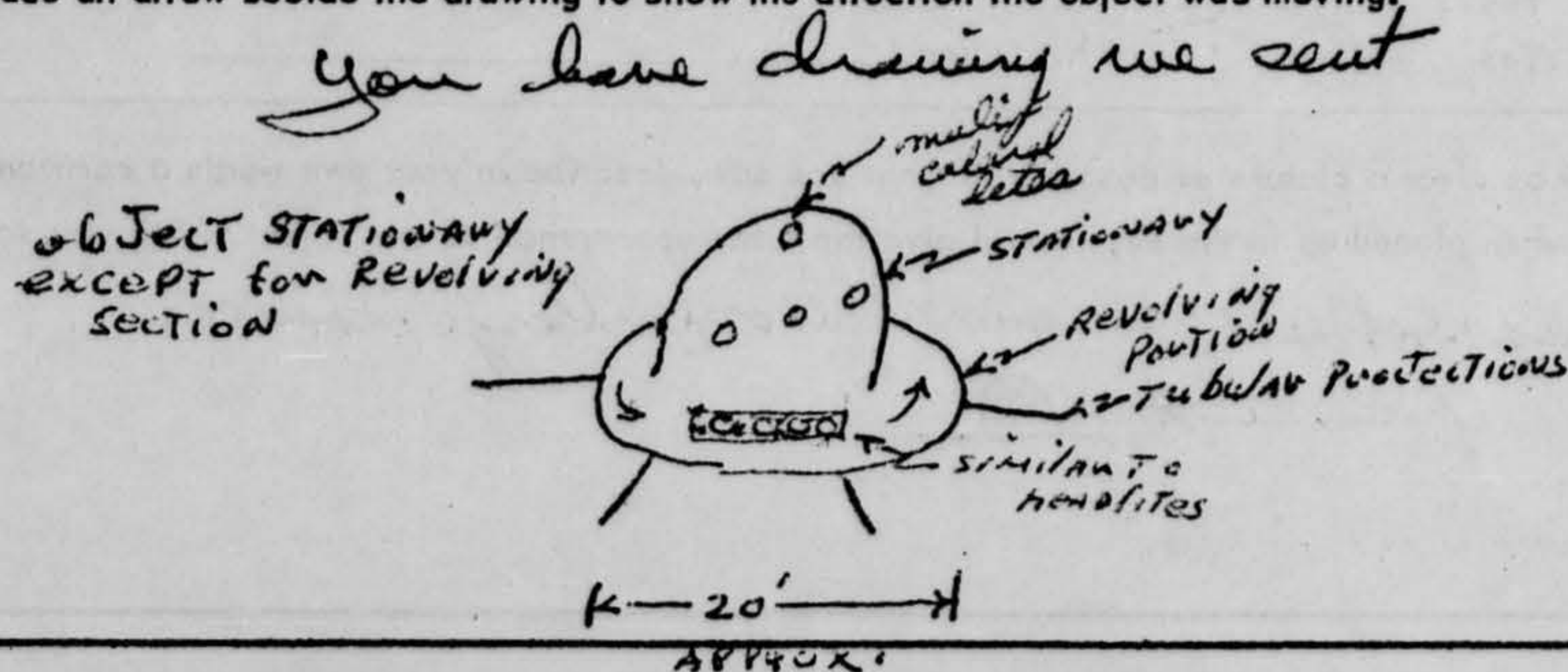
17. Tell in a few words the following things about the object:

a. Sound *none*
 b. Color *Phosphorescent*

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?

about 1/8 to 1/4

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? 1 To 2 blocks

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

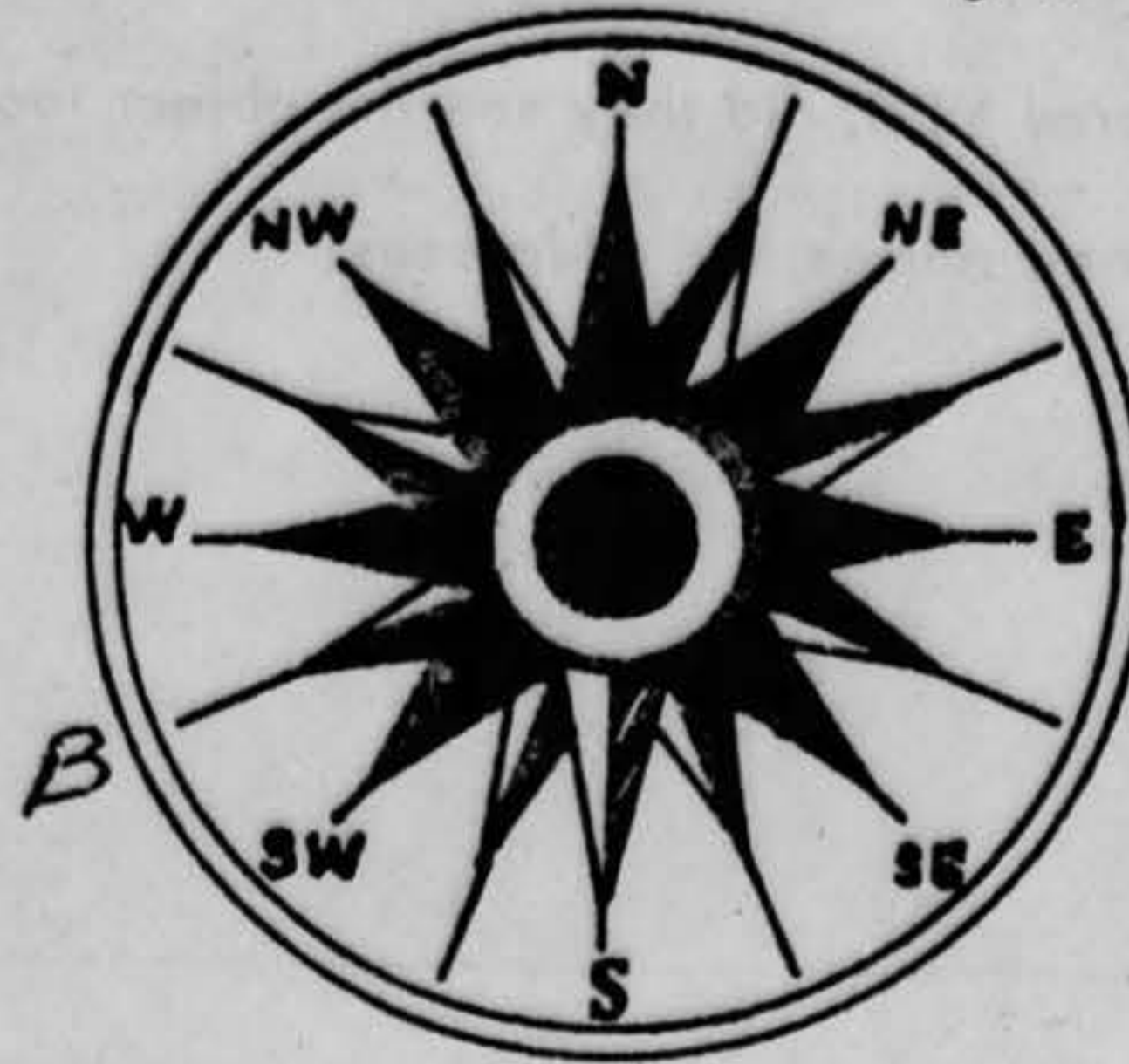
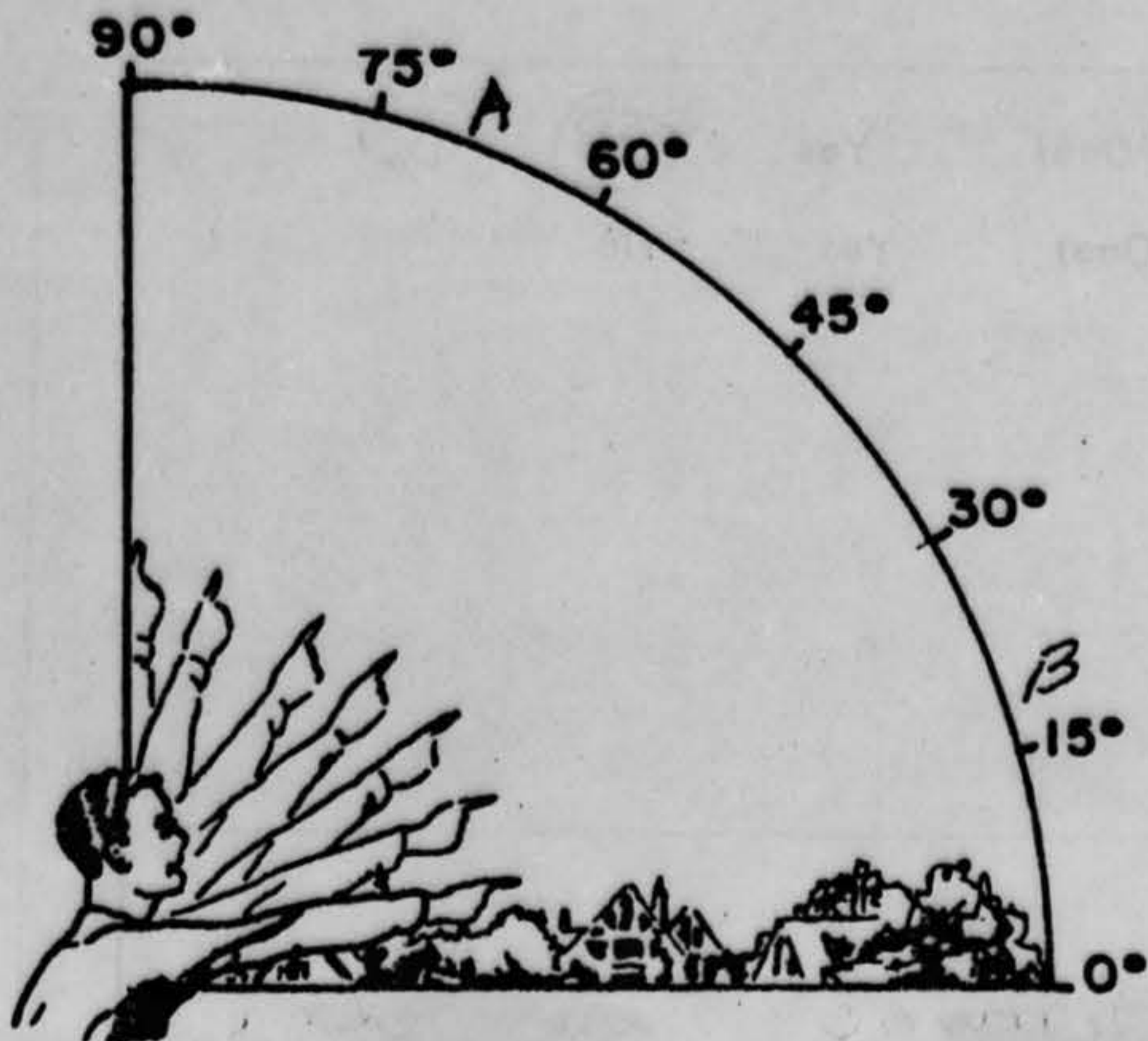
25. Did you observe the object through any of the following?

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

handleless coffee cup inverted over large saucer
i.e. → 

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.



A at near 75° angle, up

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.

A - object stationary with only bottom part revolving
0 → → → straight so-souwest

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.

no

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] WA Pella IOWA
Street City Zone State

TELEPHONE NUMBER _____ AGE 15 SEX M

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

NO SPECIAL EXPERIENCE OR INTEREST

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

22 MARCH 1967
Day Month Year

NO OFFICIAL REPORT MADE
ONLY ADVISED MEMBERS OF
FAMILY.

34. Date you completed this questionnaire:

9 APRIL 1967
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.

nothing not covered in preceding other than a very wierd feeling at seeing this object.