

PROJECT 10073 RECORD

1. DATE - TIME GROUP 5 Jun 67	2. LOCATION DAYTON, OHIO
3. SOURCE Civilian	10. CONCLUSION  INSUFFICIENT DATA FOR EVALUATION
4. NUMBER OF OBJECTS unknown	
5. LENGTH OF OBSERVATION unknown	11. BRIEF SUMMARY AND ANALYSIS  S E E            C A S E            F I L E
6. TYPE OF OBSERVATION unknown	
7. COURSE unknown	
8. PHOTOS  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 Change from Red to Green to White

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

Moving very slowly

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

Area of WPAFB

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

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

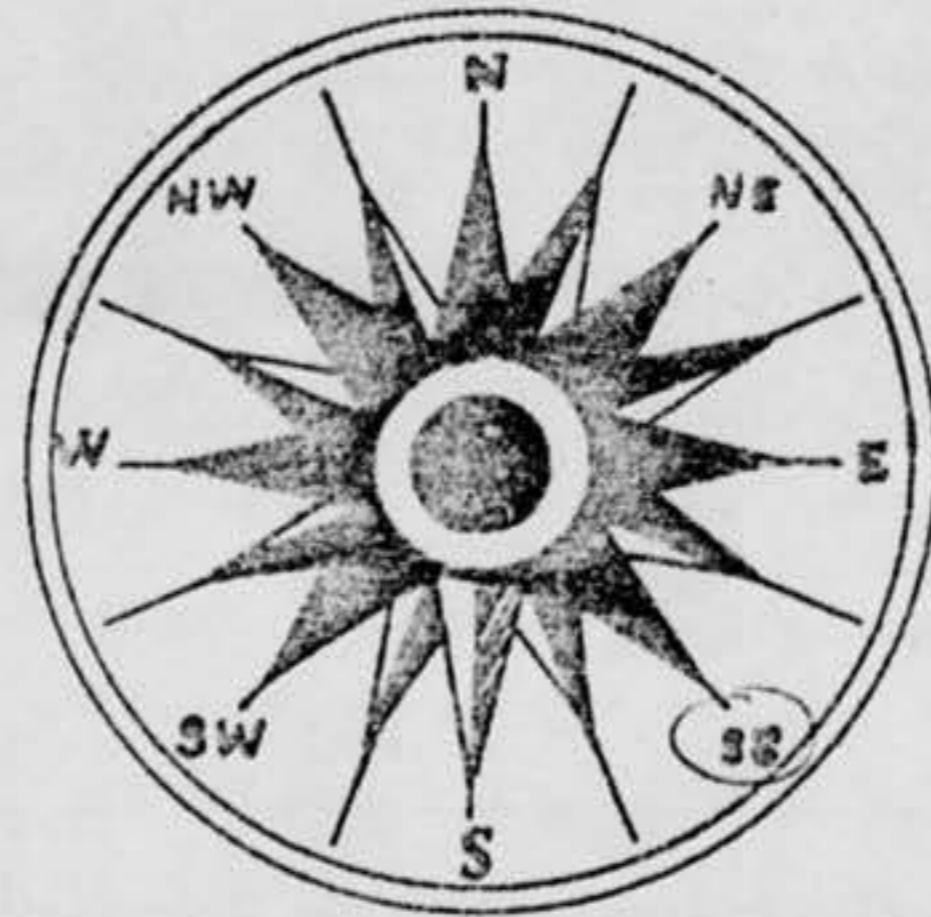
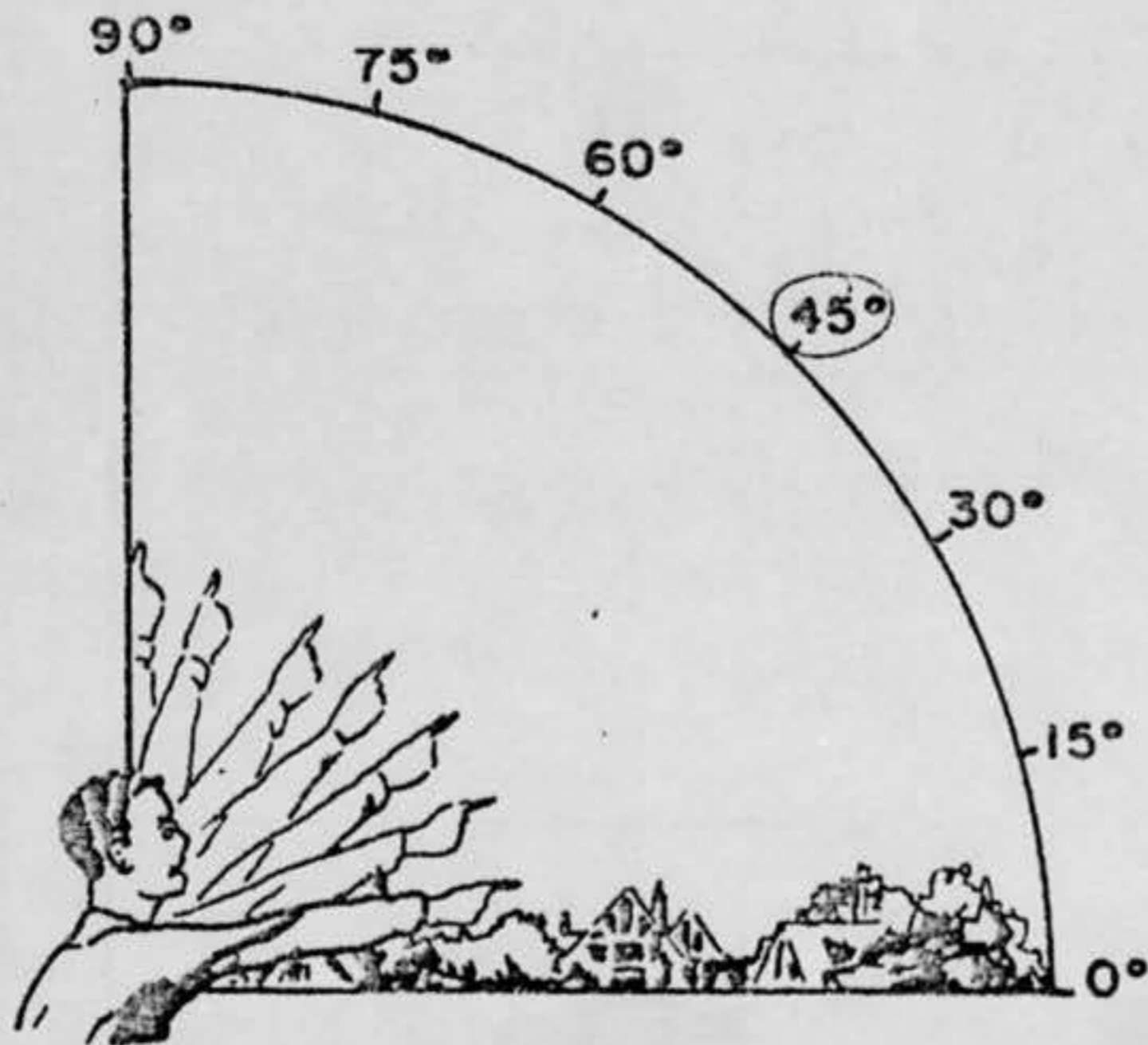
Yes

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.

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.

moving parallel to horizon  
left to right

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:

Mr & Mrs [REDACTED]

32. Please give the following information about yourself:

NAME [REDACTED] [REDACTED] [REDACTED]  
Last Name First Name Middle Name

ADDRESS [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
Street City Zone State

TELEPHONE NUMBER [REDACTED] AGE 25 SEX Female

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? Mr. T. J. VAIKORE

Day Month Year

01

NOTE:

14 JUNE 0200 Z

Reference UFO REPORT TAKEN  
2 days ago. UFO reported then

by [REDACTED]  
[REDACTED], DAYTON.

Same object seen by [REDACTED]  
on 14 June at ~0200 Z [REDACTED]

[REDACTED] Object was same  
color and in same position in  
sky as reported by Judy Hynes.

[REDACTED]  
[REDACTED]  
Dayton  
[REDACTED]

[REDACTED]  
45424

Duty Officer  
B. R. [REDACTED]

34. Date you completed this questionnaire:

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.

Second report on same object however first would provide no details  
Third report received same object

[REDACTED]

Dayton Ohio

45424

12 June 67

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



REPLY TO  
ATTN OF: TDET/UFO

SUBJECT UFO Observation, 12 June 1967

TO

[REDACTED]  
Dayton, Ohio 45424

JUN 21 1967

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 C

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

14 June 67



REPLY TO  
ATTN OF: TDET/UFO

SUBJECT: UFO Observation, 14 June 1967

JUN 21 1967

TO: Miss [REDACTED]  
[REDACTED] Court  
Dayton, Ohio 45424

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 cy

## PROJECT 10073 RECORD

1. DATE - TIME GROUP 12 June 67 13/0430Z	2. LOCATION Dayton, Ohio 3
3. SOURCE Civilian	10. CONCLUSION ASTRO (Mars) ✓
4. NUMBER OF OBJECTS 1	Mars was on an azimuth of 223 degrees, elevation of 30 degrees at time of sighting.
5. LENGTH OF OBSERVATION 2 hours, 10 minutes	11. BRIEF SUMMARY AND ANALYSIS Observer stated object resembled Venus in early evening. Object had a blue-white to reddish and even a greenish color. Object was fuzzy and appeared to have a pulsating motion to it.
6. TYPE OF OBSERVATION Ground Visual (BX-TX)	
7. COURSE South	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

ASTHO (MARS)  
-3

Az 223.0°  
El. 30 deg.

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?  
12 6 67  
~~12~~ ~~6~~  
Day Month Year

2. Time of day: 11 30  
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] Dighton Ohio  
Nearest Postal Address City or Town State or County

5. How long was object in sight? (Total Duration) 2 10 the I want to be  
Hours Minutes Seconds

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

5.1 How was time in sight determined? Electric wrist watch periodically set to WWV

5.2 Was object in sight continuously? Yes X No \_\_\_\_\_

6. What was the condition of the sky?

DAY NIGHT  
a. Bright a. Bright  
b. Cloudy 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 d. To your left  
b. In back of you e. Overhead  
c. To your right f. Don't remember

*Insuff Data*

*5 June 67*

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



*5 June 67  
Dayton, Ohio*

REPLY TO  
ATTN OF

TDET/UFO

SUBJECT

UFO Observation, 5 June 1967

JUN 13 1967

TO:

Mr. [REDACTED]

Dayton, Ohio 45406

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*

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

1 Atch  
FTD Form 164 w/envelope

*TDET/UFO Official File #*

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:

*Venus in early evening this time of year*

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?                           | <input checked="" type="radio"/> Yes | No                                  | Don't know |
| f. Change shape?                                | <input checked="" type="radio"/> Yes | No                                  | Don't know |
| g. Flash or flicker?                            | <input checked="" type="radio"/> Yes | 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?

NOT THAT NIGHT

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 Blue-white to reddish to greenish

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? all of it

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? \_\_\_\_\_

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

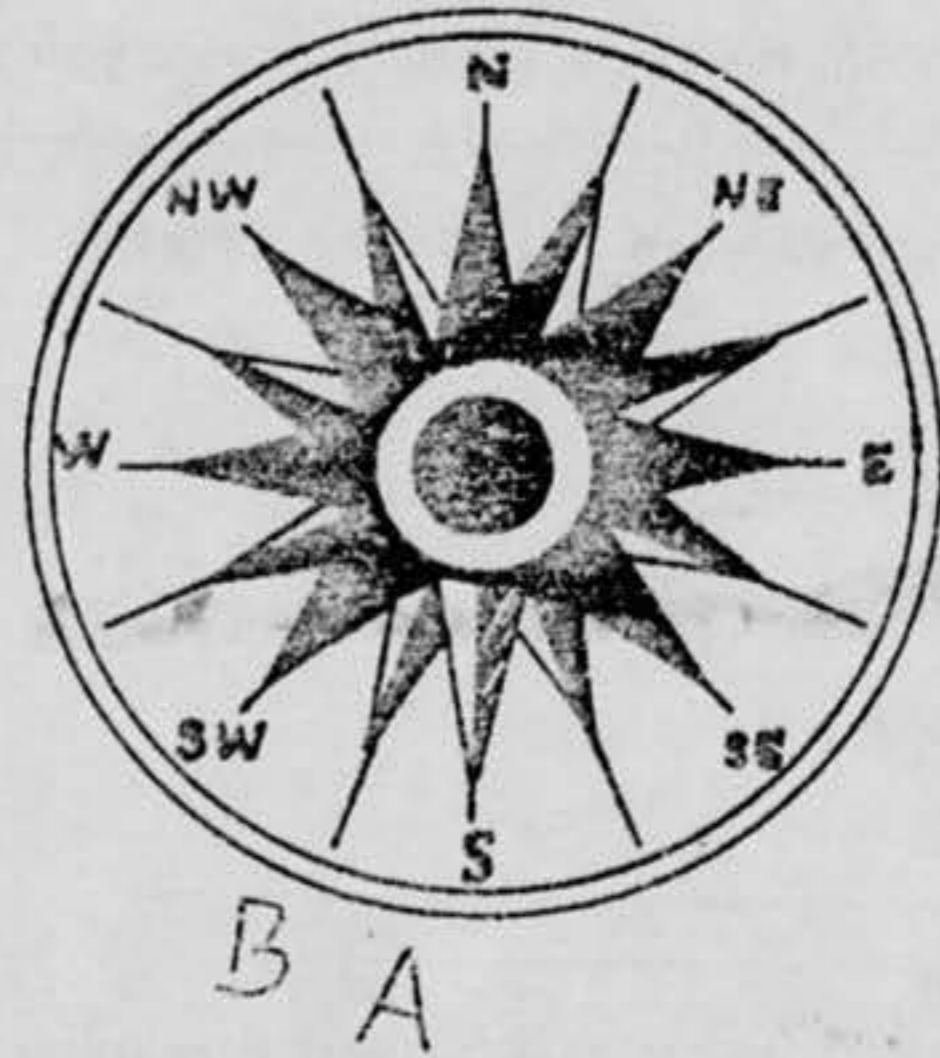
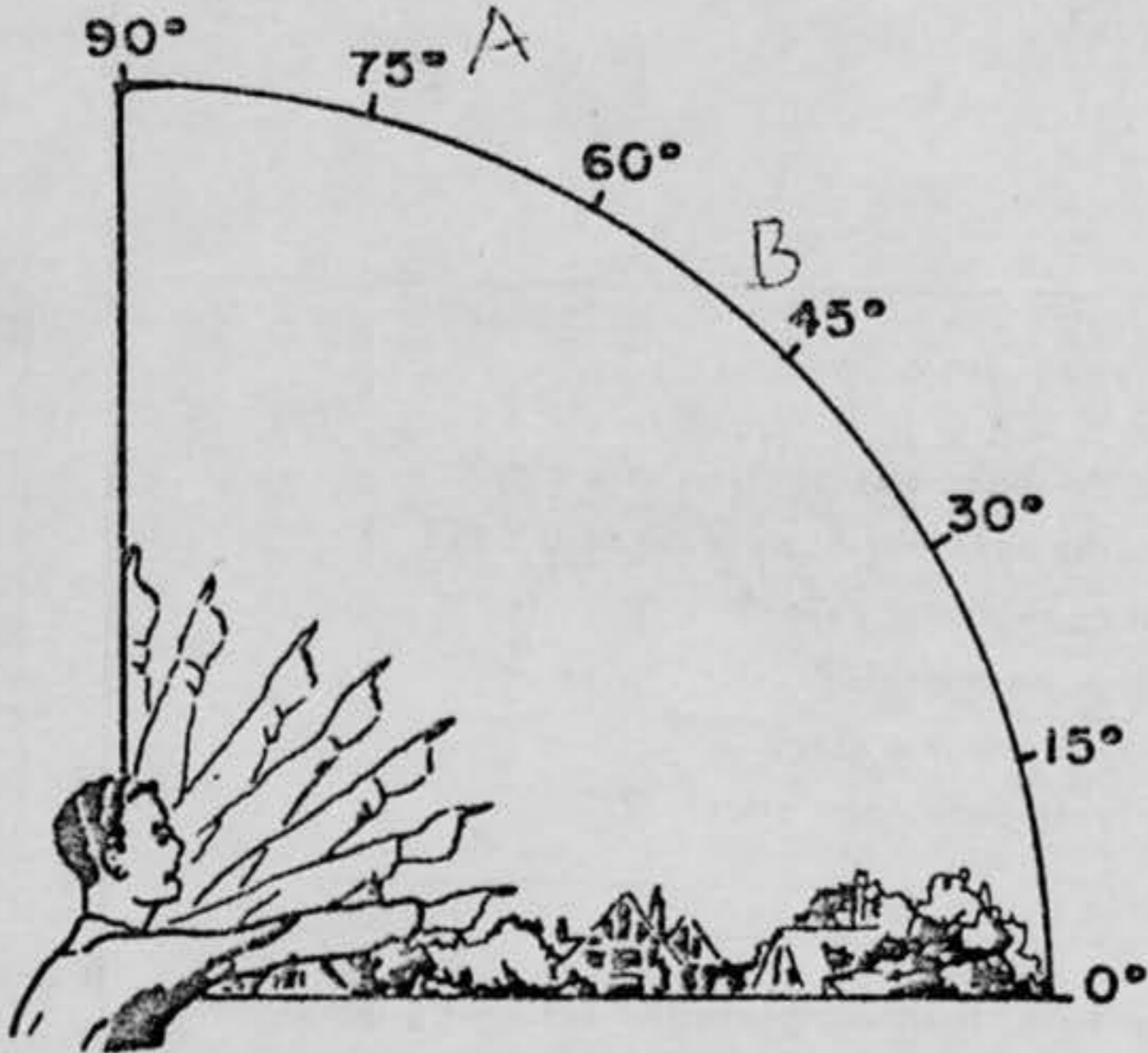
25. Did you observe the object through any of the following?

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

Venus but for the color changes & movement also at that time of night Venus is in the western sky and not visible from my back yard because of trees.

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.



*This is only part of the movement observed, it would be impossible to diagram all motions in this length of writing*

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.

454 Columbus, Ohio

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:

Mr. [redacted] Dayton, Ohio  
Miss [redacted] Dayton, Ohio

32. Please give the following information about yourself:

NAME [redacted] [redacted] [redacted]  
Last Name First Name Middle Name  
ADDRESS [redacted] DAYTON 45406 OHIO  
Street City Zone State  
TELEPHONE NUMBER [redacted] AGE 43 SEX M

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

F O detail 217 FA Bn C Battery 44 Inf Div  
ETO  
STUDENT PILOT APPROX 150 HRS LIGHT AIRCRAFT  
AMATEUR RADIO GENERAL CLASS W8WJL

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

12 6 67 OD at WPAFB  
Day Month Year dont remember his name

34. Date you completed this questionnaire:

6

Day

22

Month

67

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.

This object or a similar one was also sighted by me on the three nights following this sighting in the same area of the sky dates 6/13/67, 6/14/67 and 6/15/67, on the 14th we were visiting at the residence of Mr. & Mrs. [REDACTED] Sulphur Grove, we watched it also thru binoculars for about an hour, this evening after a display it disappeared into the western sky at great speed. Time about 9:05 to 10:15 P.M.

S. A. W.

6/22/67 Object again sighted about 11:20 P.M.

DAY-EST same segment of sky - same excitation motion - observed with 60 power refracting telescope on tripod at 60 power no definite shape except like so but fuzzy - seemed to be red & green but distinct seems to move in a pulsating motion or in bursts, no noise, no contrail, sky clear, moon at 50 approx at 12:40 AM 6/23/67 when I ceased to observe & went to bed. Object was still in sky at that time.

S. A. W.

13 June 67

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



REPLY TO  
ATTN OF: TDET/UFO

SUBJECT: UFO Observation, 13 June 1967

JUN 21 1967

TO:

Mr. [REDACTED]

[REDACTED]  
Dayton, Ohio 45406

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 CY

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?

13      JUNE      1967  
Day      Month      Year

2. Time of day: 0025  
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

Dayton

City or Town

Ohio

State or County

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

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

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

5.1 How was time in sight determined? estimated

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       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, 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:

~~Second mag~~ As bright as 1<sup>st</sup> Mag Star

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?

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 White light

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.

# UFO Report

Could Find no Forms  
in D.O. Area

1. Name [REDACTED]

2. Address (see below) [REDACTED]

3. Phone [REDACTED] 25406

Time: 1125 (first observed) 5 June 67

Duration: 15-20 minutes (1st appear. 8-9 min. then

faded for 3 to 4 min, & then reappeared) Faded out at end of observation

Location of observer:

→ 1 block S. of Fire Pike (in front of home at [REDACTED] mi E of Troutwood.

Location of UFO:

25° above horizon to the West, about 6 to 7 miles away.

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

Moves in sports

(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? \_\_\_\_\_

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?

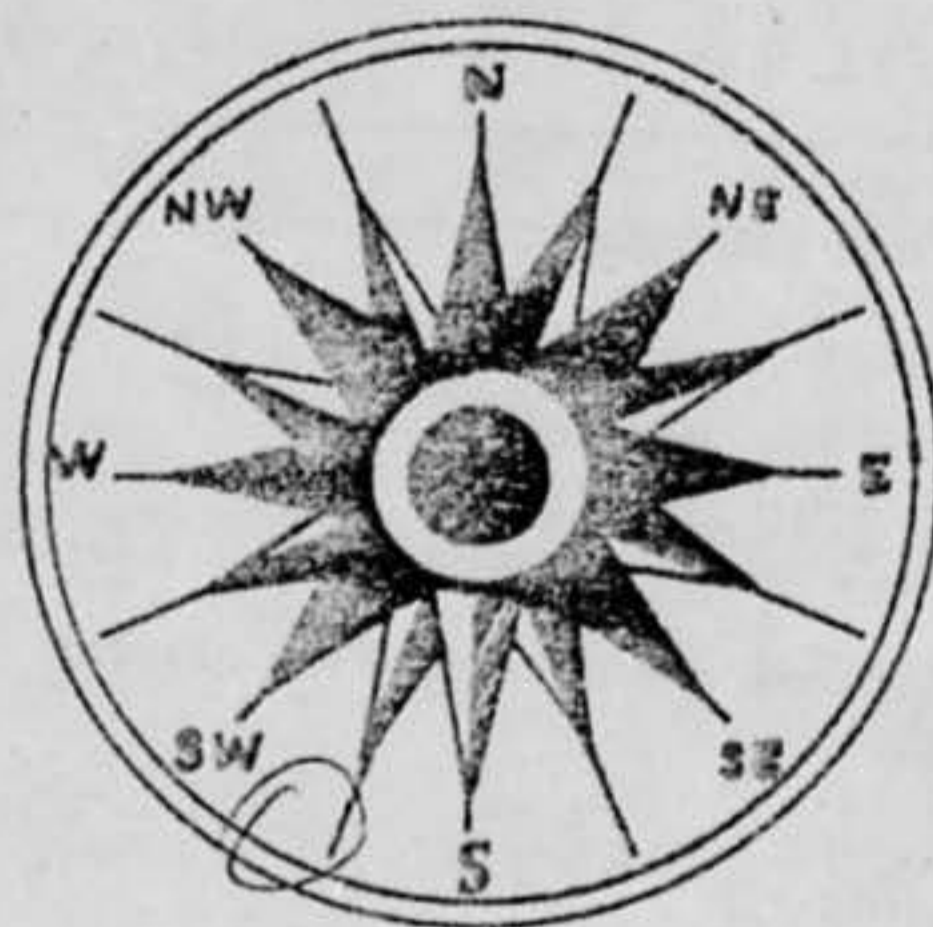
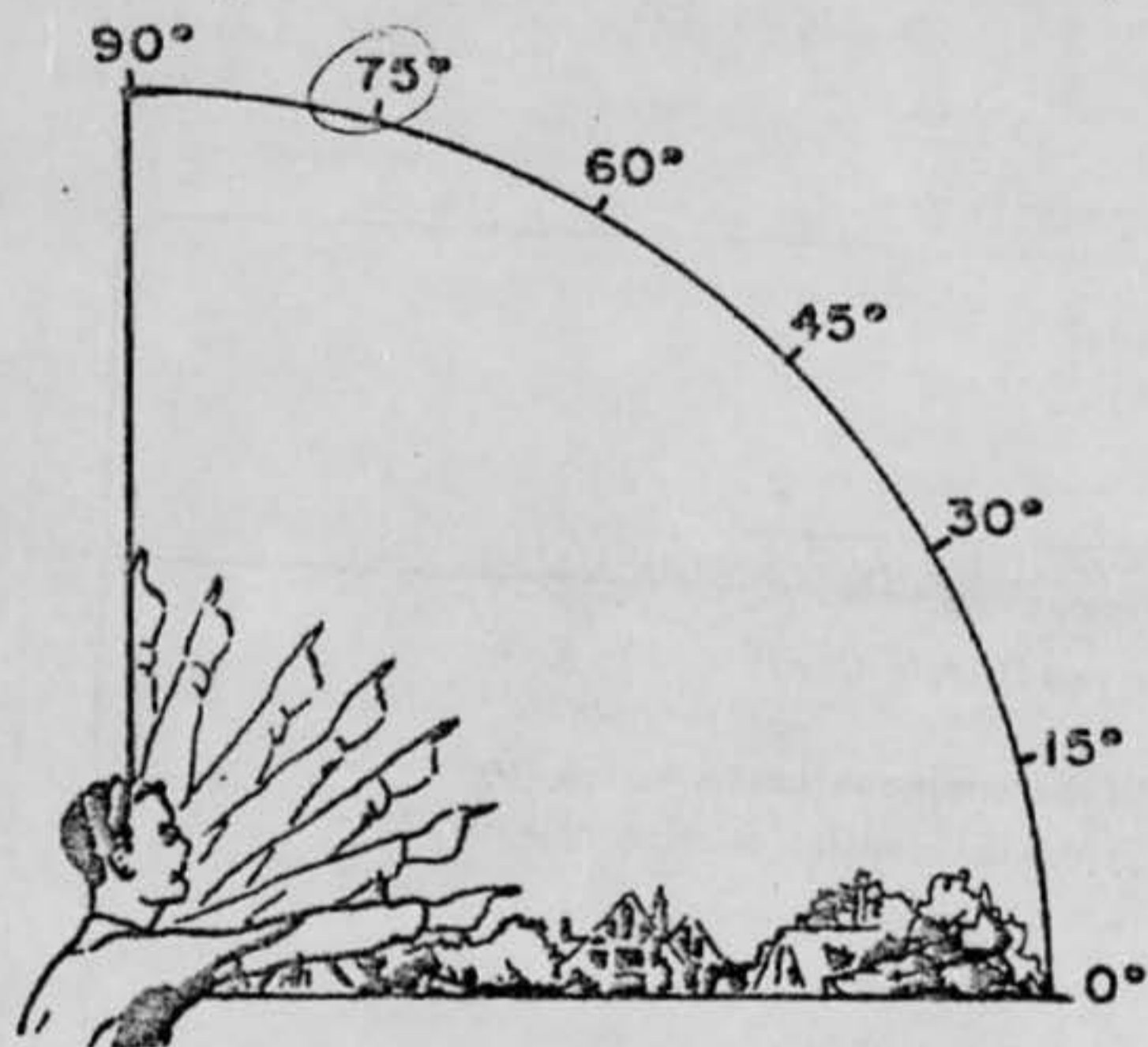
(Circle One) Yes  No

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

- |                 |     |    |  |     |    |
|-----------------|-----|----|--|-----|----|
| a. Eyeglasses   | Yes | No | <input checked="" type="radio"/> 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.

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.

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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] Last Name [redacted] First Name [redacted] Middle Name [redacted]

ADDRESS [redacted] Street [redacted] City 95406 Zone State

TELEPHONE NUMBER [redacted] AGE 43 SEX Male

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

Extremely intelligent individual (MD) seem to know what he was talking about

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

Day Month Year

OD

34. Date you completed this questionnaire:

\_\_\_\_\_ 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.

## PROJECT 10075 RECORD

1. TIME GROUP Jun 67 17/0430Z	2. LOCATION Dayton, Ohio (3 Witnesses)
3. OCCASION Civilian	10. CONCLUSION SATELLITE (Echo I) ✓ <i>jet</i>
4. NUMBER OF OBJECTS 1	ECHO I was passing South of Dayton at 0339Z (1139L) on a NE heading at time of sighting.
5. LENGTH OF OBSERVATION 15-20 minutes	11. BRIEF SUMMARY AND ANALYSIS  Observer stated that the object appeared to <sup>be</sup> a light. Object was compared in light brightness to that of a planet. Object disappeared or went behind clouds. Object had no distinct sound of its own. Color: Greenish-yellow compared to moon and planets.
6. TYPE OF OBSERVATION Ground Visual	
7. COURSE SE - NE	
8. PHOTOS Yes X No	
9. PHYSICAL EVIDENCE Yes X No	

FORM

10075 (10075) Previous editions of this form may be used.

Satellite (Echo I)

Echo I was passing south  
of Dayton at 0339Z (1139L)  
in a NE heading

16 June 67

17/0430Z

Dayton, Ohio

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?

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

2. Time of day:

23      30  
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?

Greenwich - St. Johns Ave., Dayton  
Nearest Postal Address      City or Town      State or County

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

\_\_\_\_\_      15-20      \_\_\_\_\_  
Hours      Minutes      Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined? \_\_\_\_\_

WATCH

5.2 Was object in sight continuously? Yes X 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

*Something vague behind the light.*

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

*Planets*

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

*Lighted balloon*

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

13. 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 checked="" type="radio"/> Yes | <input checked="" type="radio"/> No | <input type="radio"/> Don't know |
| c. Break up into parts or explode?              | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | <input type="radio"/> Don't know |
| d. Give off smoke? <i>Vapor trail</i>           | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | <input type="radio"/> Don't know |
| e. Change brightness?                           | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No | <input type="radio"/> Don't know |
| f. Change shape?                                | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No | <input type="radio"/> Don't know |
| g. Flash or flicker?                            | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No | <input type="radio"/> Don't know |
| h. Disappear and reappear?                      | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No | <input type="radio"/> Don't know |

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

Yes. Faded or went behind clouds

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 NO  
b. Color Greenish-yellow compared to moon + planets

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 same size as 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? 75° in 15 mins

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? \_\_\_\_\_

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

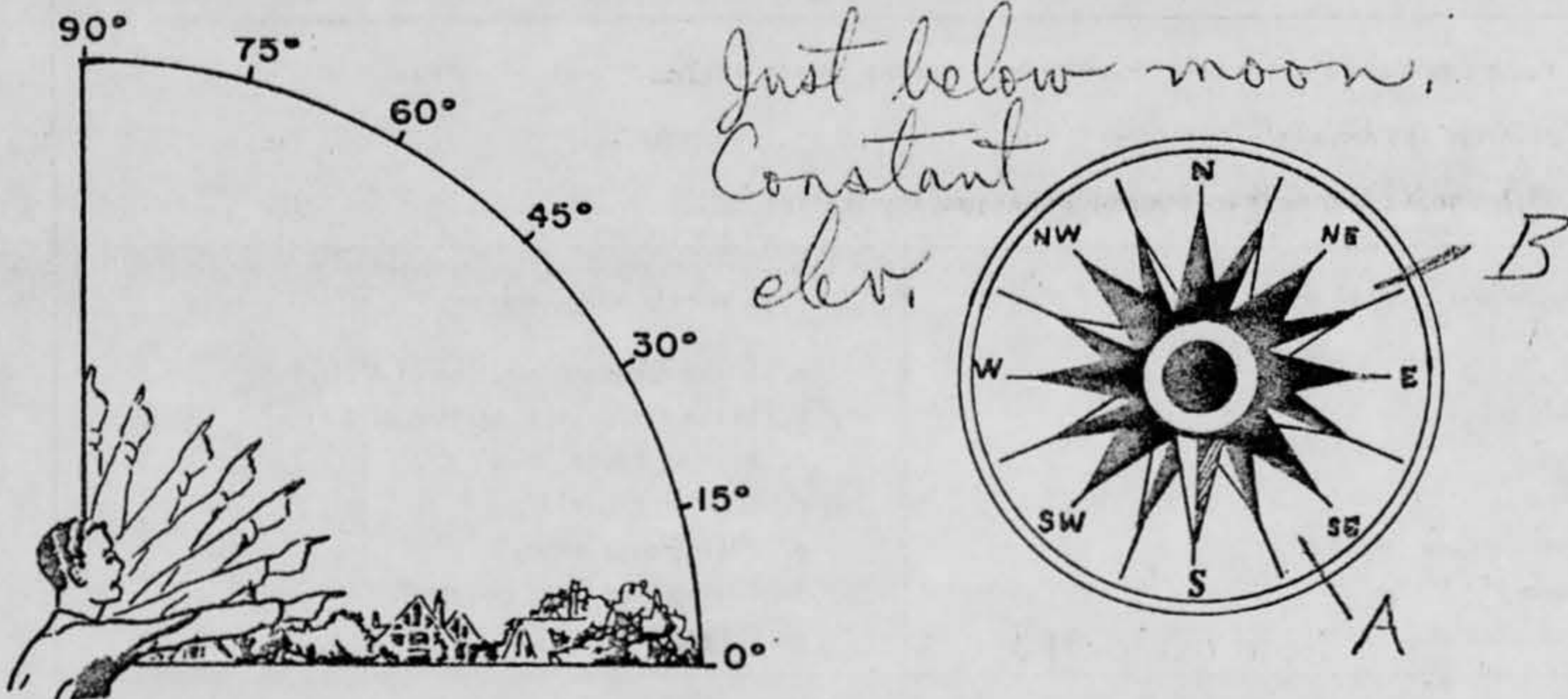
25. Did you observe the object through any of the following?

- |                 |     |    |               |       |    |
|-----------------|-----|----|---------------|-------|----|
| 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.

Lighted balloon

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.

### Desc. of Object

1. Outline blurry (as though surrounded by haze or smoke)
2. Circular
3. Lower half had a red cast, upper half & blurry rim were white.
4. Brightest object in the sky.
5. Appeared about  $1\frac{1}{2}$  to 2" in Dia.
6. Was observed through binoculars

### Cond. of Sky

1. Slight Haze - Scattered Clouds
2. Some stars
3. ~~Dark~~

SEND  
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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] [REDACTED] DAYTON  
Street City Zone State

TELEPHONE NUMBER [REDACTED] AGE \_\_\_\_\_ SEX M  
45406

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?

16 June 67  
Day Month Year

SDO - FTD Maj. Dolan

ETR

Satellite (Echo I) Echo I was passing south of Dayton at 0339Z (1139L) on ENE heading

16 June 67

17/0441Z

Dayton, Ohio

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?

16 Jun 67  
Day Month Year

2. Time of day:

11 45  
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?

Home  
Nearest Postal Address City or Town State or County

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

10  
Hours Minutes Seconds

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

5.1 How was time in sight determined? Watch

5.2 Was object in sight continuously? Yes X No

6. What was the condition of the sky?

DAY NIGHT  
a. Bright b. Cloudy  
a. Bright b. Cloudy LITTLE CLOUDS

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

*With a tail*

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?           | 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 type="radio"/> No            | Don't know |

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

Yes, Disappeared behind clouds

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

NO

b. Color

Same as bright star

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?

Same size as north star.

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?

*Faster than  
W-P planes.*

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? \_\_\_\_\_

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

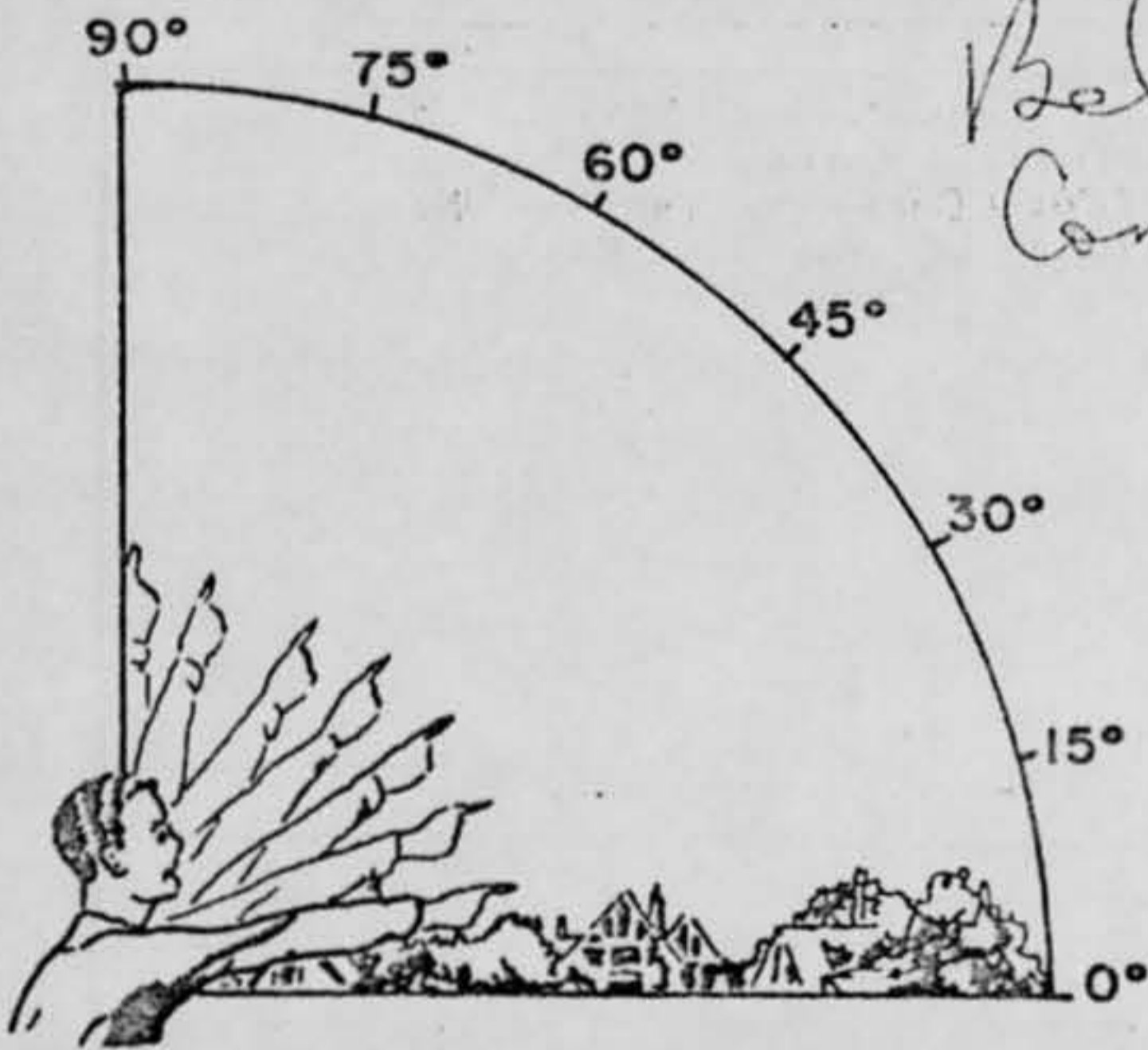
No

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

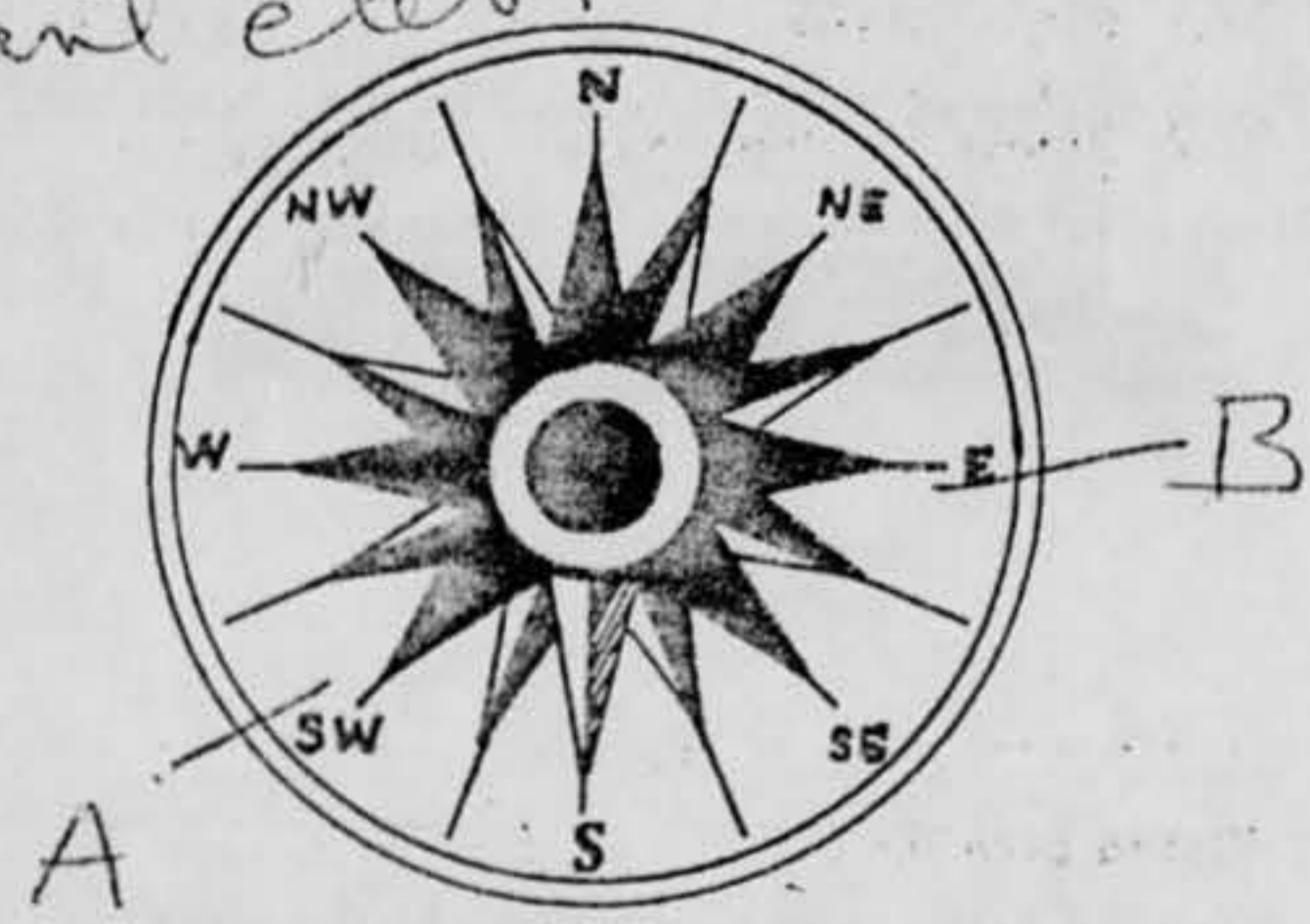
- |                 |     |    |               |                                      |    |
|-----------------|-----|----|---------------|--------------------------------------|----|
| a. Eyeglasses   | Yes | No | e. Binoculars | <input checked="" type="radio"/> Yes | No |
| b. Sun glasses  | Yes | 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.

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.



*Below moon somewhat.  
Constant elev.*



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.

same location. 13 and 15 June 67.

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:

[REDACTED]

32. Please give the following information about yourself:

MRS. [REDACTED]  
NAME \_\_\_\_\_

Last Name First Name Middle Name

[REDACTED] DAYTON 45424  
ADDRESS \_\_\_\_\_  
Street City Zone State

TELEPHONE NUMBER \_\_\_\_\_ AGE \_\_\_\_\_ SEX F

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

PROJECT 10073 RECORD

<b>1. DATE - TIME GROUP</b> 20 Jun 67 21/030Z	<b>2. LOCATION</b> Dayton, Ohio
<b>3. SOURCE</b> Civilian	<b>10. CONCLUSION</b> SATELLITE (Echo I) ✓ <i>not</i>
<b>4. NUMBER OF OBJECTS</b> 1	Echo I was at 78W - 35N at 0259Z traveling in a NE direction at time of sighting.
<b>5. LENGTH OF OBSERVATION</b> 20 minutes	<b>11. BRIEF SUMMARY AND ANALYSIS</b> Observer stated when she observed it just by eye sight, object resembled a bright star, then she viewed object through a telescope and it resembled an oval gray star. Object flew in a straight path until it past through 2 stars and then it appeared to make a slight turn to the south.
<b>6. TYPE OF OBSERVATION</b> Ground Visual (TX-BX)	
<b>7. COURSE</b> SW-E	
<b>8. PHOTOS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9. PHYSICAL EVIDENCE</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

# SATELLITE (ECHO I)

ECHO I OVER 78W AT 0259Z  
35N TRAVELING NE.

## 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?

JUNE 20 1967  
Day MONTH Month DAY Year

2. Time of day: 11 -  
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? In back yard

Wayne and Wyoming  
Nearest Postal Address

Wayton  
City or Town

Ohio, Mont.  
State or County

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

20  
Hours Minutes Seconds

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

5.1 How was time in sight determined? check clock when sighted + after

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 *that evening star*
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

*By eye sight like a large bright star, by scope oval Gray like star*

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 *by scope oval Gray (no brightness) 60 in. m.*

13. Did the object:

(Circle One for each question)

- |   |     |           |            |
|---|-----|-----------|------------|
| a. Appear to stand still at any time?           | Yes | <u>No</u> | Don't know |
| b. Suddenly speed up and rush away at any time? | Yes | <u>No</u> | Don't know |
| c. Break up into parts or explode?              | Yes | <u>No</u> | Don't know |
| d. Give off smoke?                              | Yes | <u>No</u> | Don't know |
| e. Change brightness?                           | Yes | <u>No</u> | Don't know |
| f. Change shape?                                | Yes | <u>No</u> | Don't know |
| g. Flash or flicker?                            | Yes | <u>No</u> | Don't know |
| h. Disappear and reappear?                      | Yes | <u>No</u> | Don't know |

Motiv - appeared to be somewhat flower (5 to 80) on second appearance.

An M/C (possibly from vandalism) appeared to fly near the object.

Other observers:

① [REDACTED]  
(H.S. Senior)

② [REDACTED] (son of witness)  
③ [REDACTED] (wife " )

SATELLITE (ECHO I)

ECHO I OVER 78W AT 0259Z  
35 N TRAVELING NE.

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?

JUNE 20 1967  
Day Month Month Day Year

2. Time of day: 11 -  
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?

In back yard

Wayne and Wyoming  
Nearest Postal Address

Wayton  
City or Town

Ohio, Mont.  
State or County

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

20  
Hours Minutes Seconds

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

5.1 How was time in sight determined?

check clock when sighted + after

5.2 Was object in sight continuously?

Yes X 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

14. Did the object disappear while you were watching it? If so, how? *No, only when left out of sight*

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 *to high for sound.*

b. Color *in 60 m m scope Gray oval, by eye bright shiny star form.*

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?

*a bit larger than the end of stick*

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.



*Past through 2 stars in S-W and straight toward air line pattern where airplane take off to our home, it seemed to turn slightly after it left the 2 stars. They sit due (S) of the big dipper handle.*

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

(Circle One)

Yes

No

*took approximate 15 min to pass over*

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

*lower than the stars*

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

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

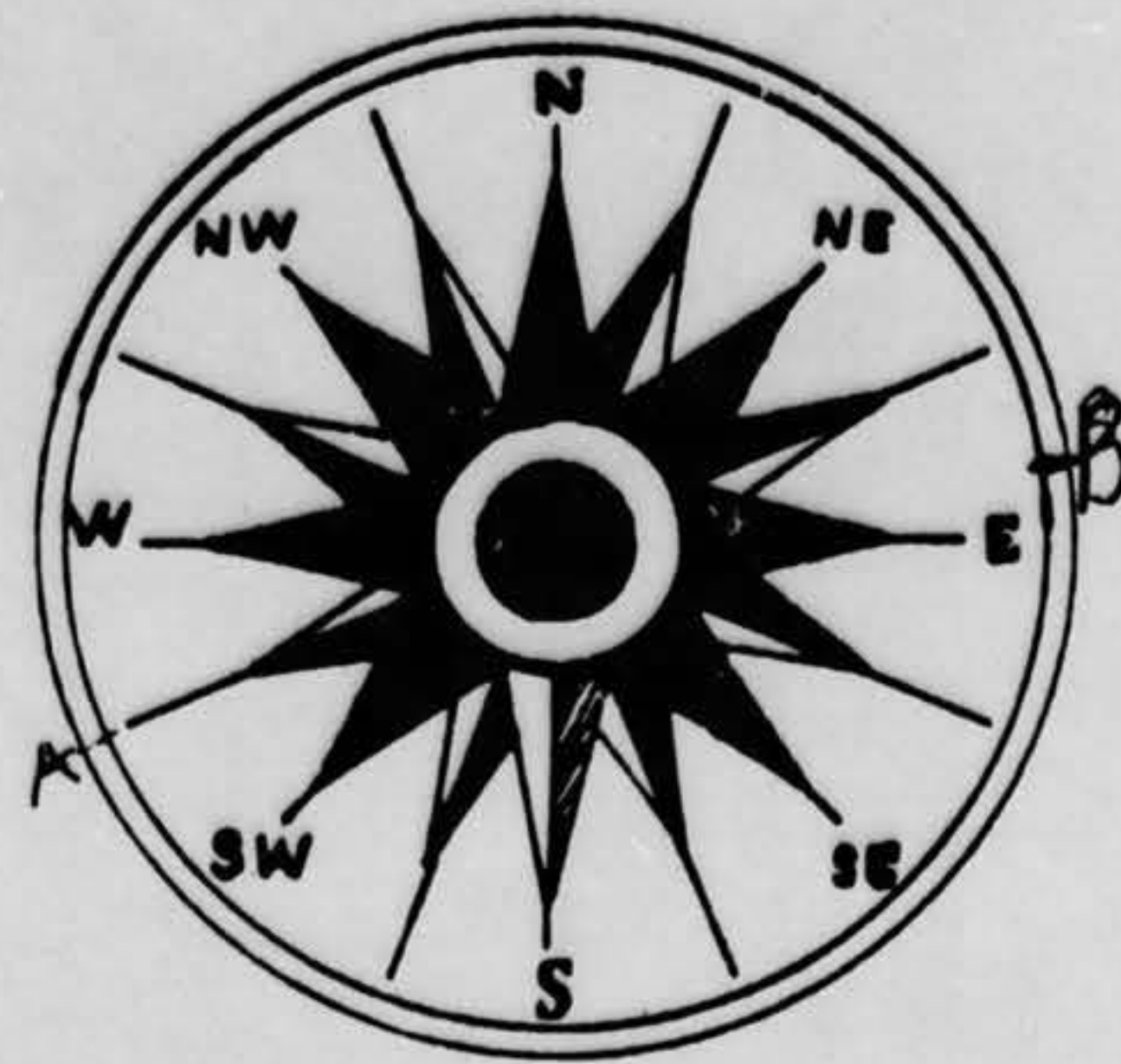
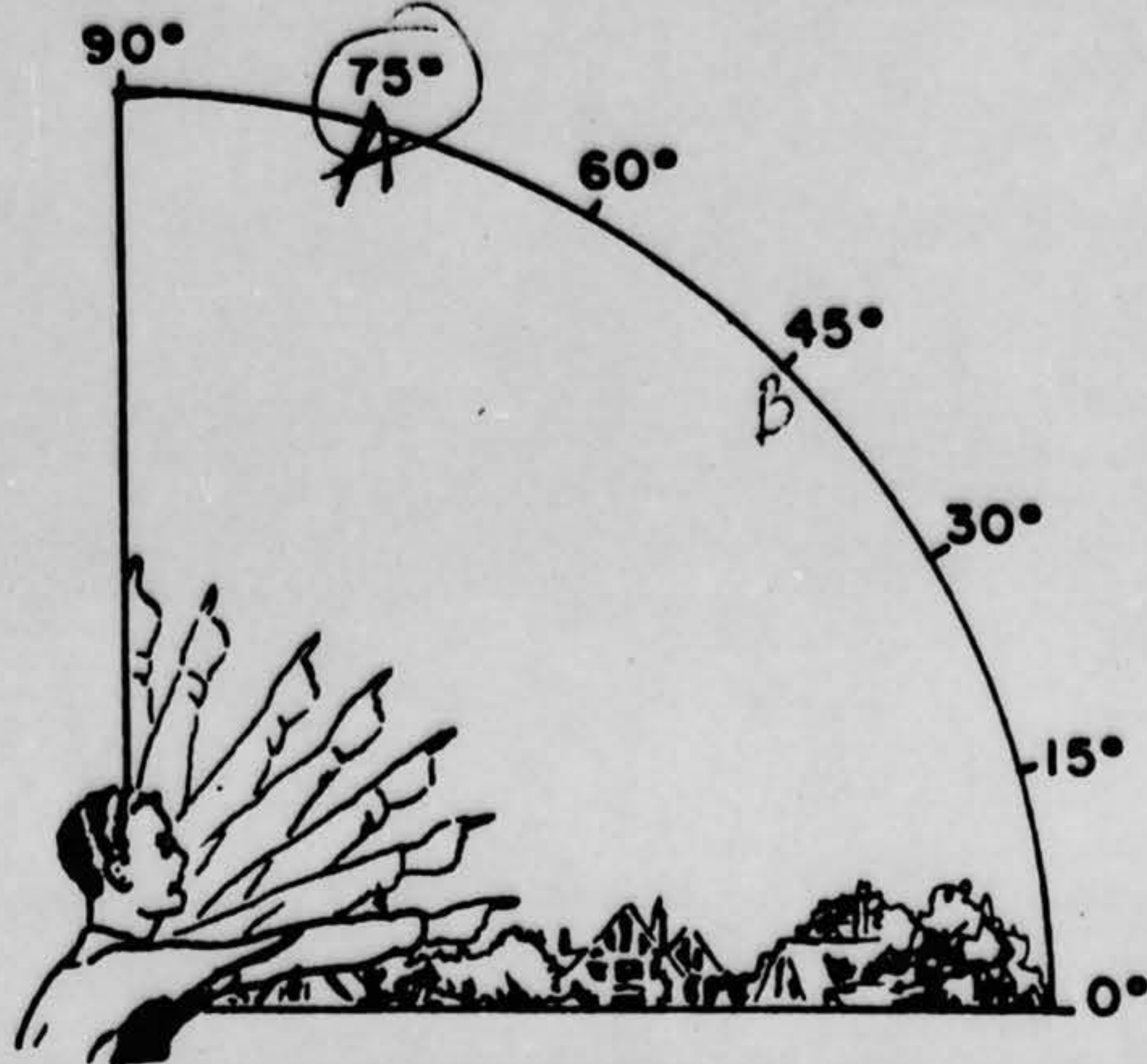
No

h. Other \_\_\_\_\_

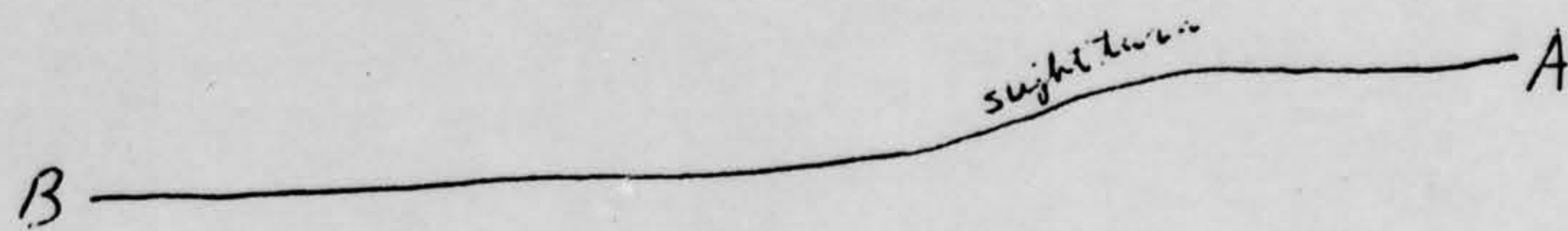
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

*any star of the same size would do as well if they were moving.*

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. *Not before*  
*but since* June 22 = 11:15 *some pattern*  
 June 27 = 11:00 *1/2 inch north of spot*  
*They ran same direction* July 4 10:50 *change course through big dips.*  
 July 7 10:55 *N-E to S-W - crossed their path at 11:00*  
 July 8 10:15 *NW to SE*  
 10:20 *NW to S-E*

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:  
 [Redacted] (son) same address  
 [Redacted] (son) same address  
 [Redacted] (son) same address  
 Mike [Redacted] watch through telescope with me.

32. Please give the following information about yourself:

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

ADDRESS [Redacted] Dayton 10 Ohio  
Street City Zone State

TELEPHONE NUMBER [Redacted] AGE 33 SEX F

Indicate any additional information about yourself, including any special experience, which might be pertinent.  
*No experience, just received ~~telescope~~ telescope the 20th and we been very much interested since. The only experience I had was when I was young watching airplanes on Air Force Plane watch at school in Germantown. to identify the planes. Civil air patrol.*

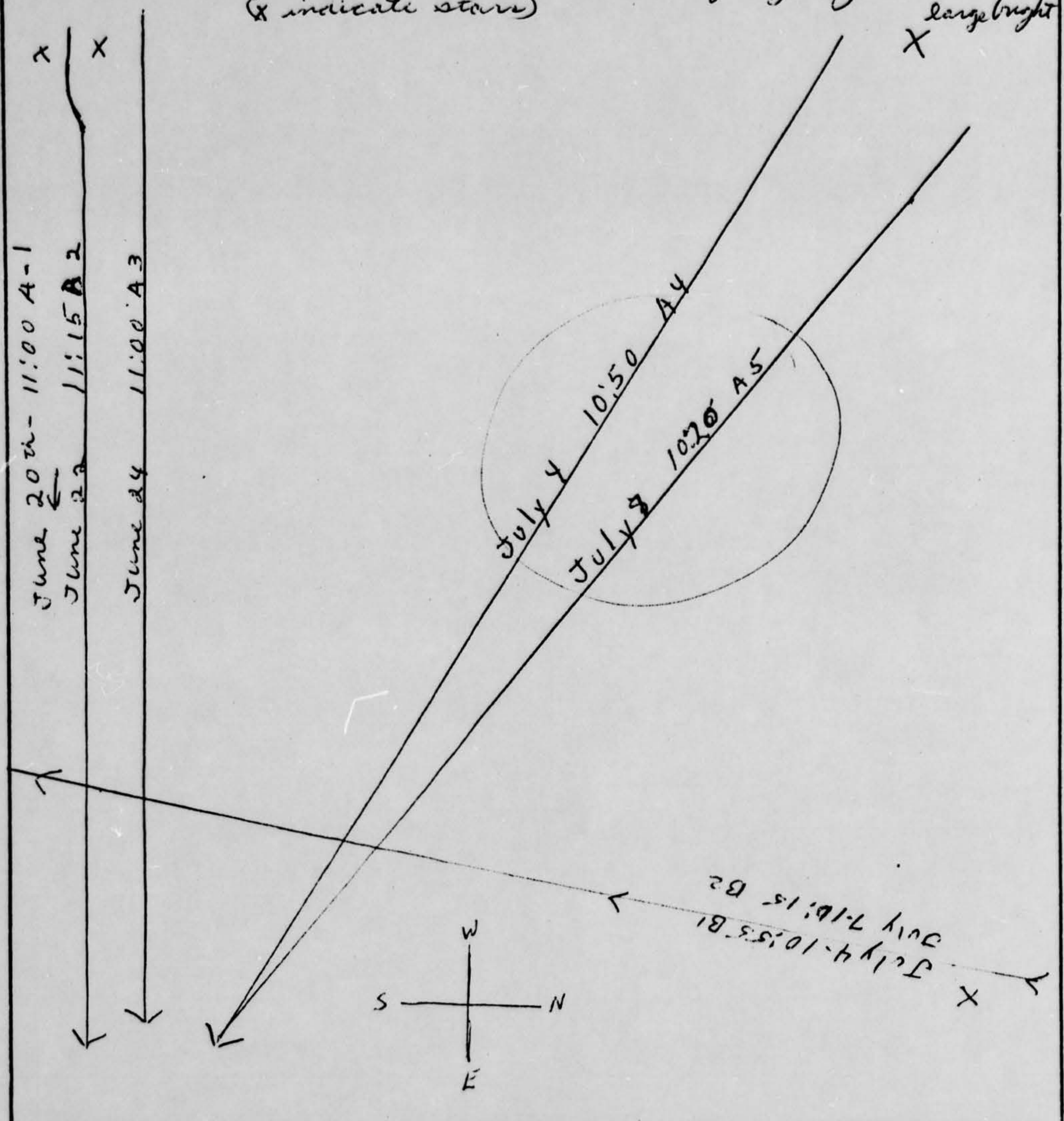
33. When and to whom did you report that you had seen the object?  
 20 June 1966 at 11:20 to Wright  
Day Month Year  
 Patterson Air Force Base.

34. Date you completed this questionnaire:

12 July 1966  
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.

*Chart of sighting -*  
*(X indicate stars)*



Dayton, Ohio

20 June 67

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



REPLY TO  
ATTN OF TDET/UFO

11 July 67

SUBJECT UFO Observation 20 June 67

TO:

~~██████████~~  
~~██████████~~  
Dayton, Ohio

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.

*J. C. Manatt, Col. USAF*  
JAMES C. MANATT, Colonel, USAF  
Director of Technology and Subsystems

1 Atch  
FTD Form 164 w/envelope

Bigdipper sits in circle on chart -  
 (an one sighting a plane came from  
 south to the object. The object stopped  
 till plane bypassed and then continued  
 on.)

21 JUNE 67

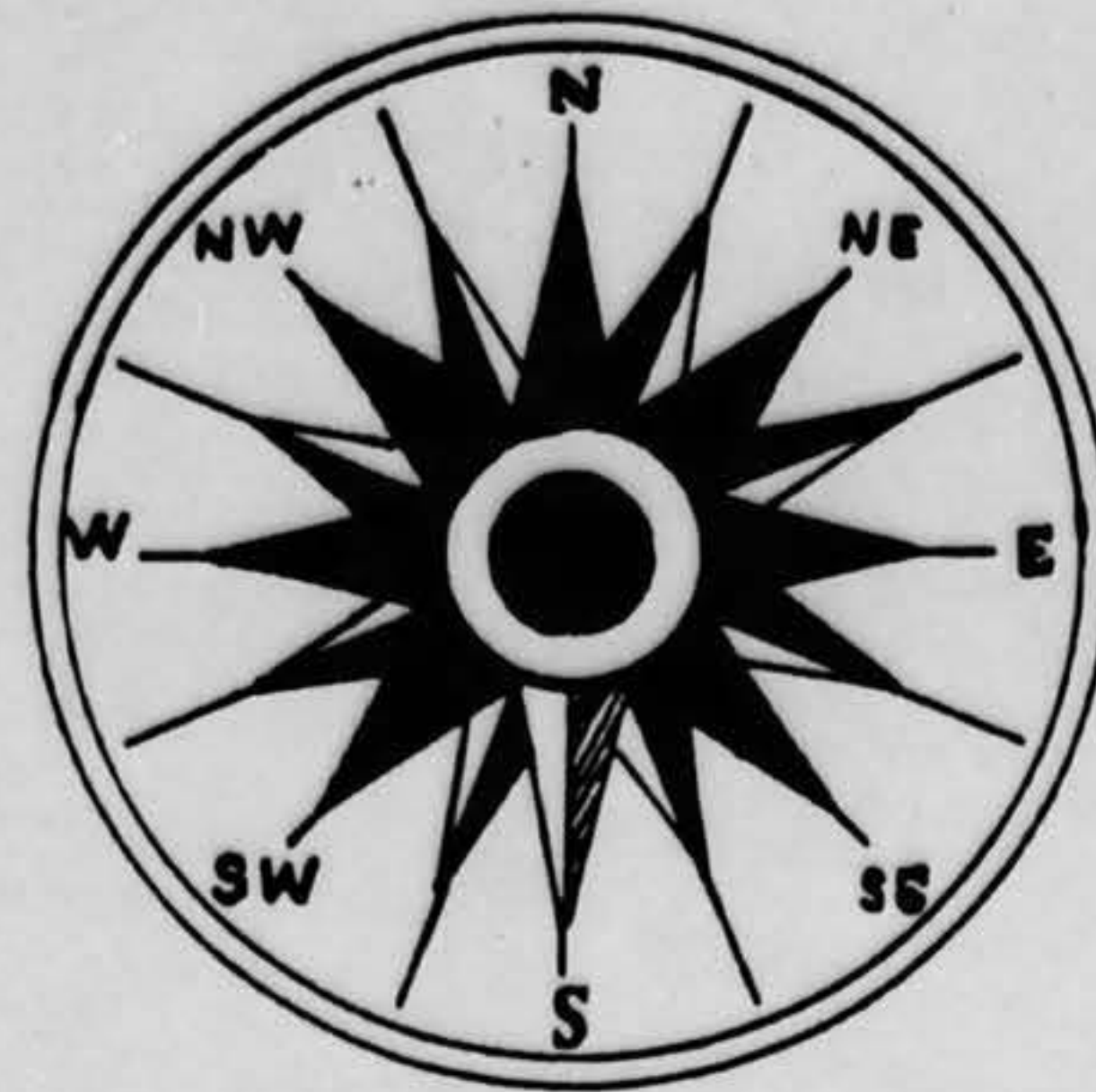
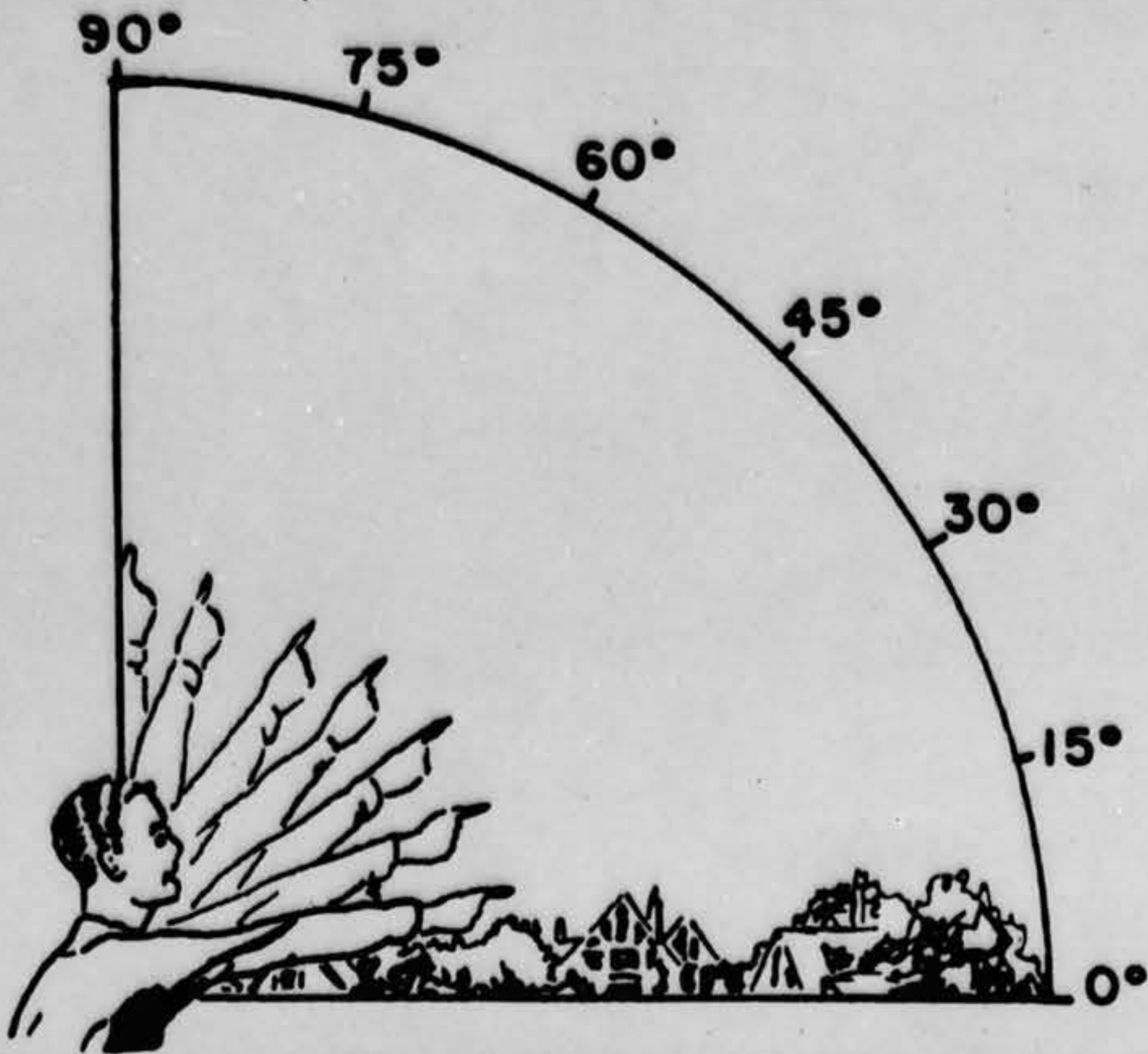
0300Z

ECHO I

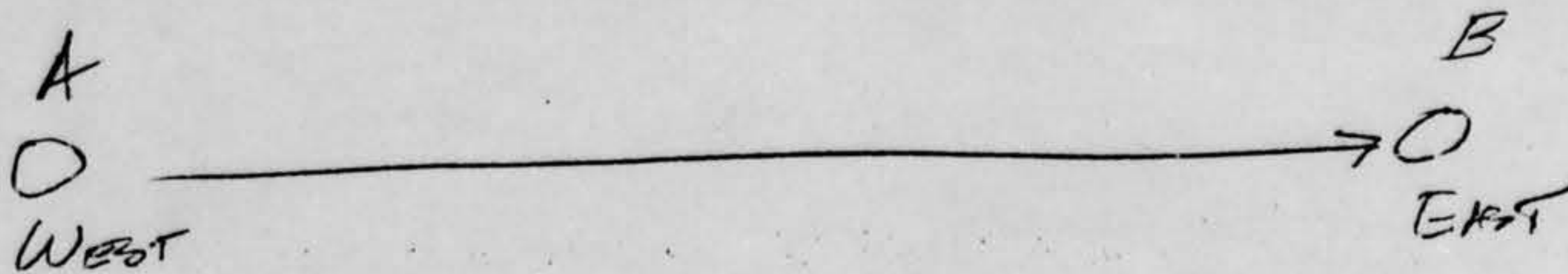
0243	113.
20	45
<u>0263</u>	<u>  68</u>
0303Z	

0243	113
16	35
<u>0259Z</u>	<u>  78W</u>
	35N

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.



**PROJECT 10073 RECORD**

<b>1. DATE - TIME GROUP</b> 12 Jun 67	<b>2. LOCATION</b> Dayton, Ohio <span style="float: right;">3</span>
<b>3. SOURCE</b> Civilian	<b>10. CONCLUSION</b> INSUFFICIENT DATA FOR EVALUATION Send form 161. to observer over 30 days ago, and not re- turned as of this date, sight re-evaluated when returned.
<b>4. NUMBER OF OBJECTS</b> 1	
<b>5. LENGTH OF OBSERVATION</b> 1 hour	<b>11. BRIEF SUMMARY AND ANALYSIS</b> S E E C A S E F I L E
<b>6. TYPE OF OBSERVATION</b> Ground Visual (BX)	
<b>7. COURSE</b> Southeast	
<b>8. PHOTOS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9. PHYSICAL EVIDENCE</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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: *clouds*

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 *Fading light.*

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?

*no available*

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.

*O round.*

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? \_\_\_\_\_

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 | <input checked="" type="radio"/> 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.

*Round fading object.*

01D

### 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?  <u>20</u> <u>6</u> <u>67</u> Day      Month      Year	2. Time of day: <u>2300</u> <u>—</u> Hour      Minutes  (Circle One):      A.M.      or <u>P.M.</u>
---	--

3. Time Zone:

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

4. Where were you when you saw the object?

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

5. How long was object in sight? (Total Duration)      not available  
    Hours      Minutes      Seconds

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

5.1 How was time in sight determined?      n.a.

5.2 Was object in sight continuously?      Yes \_\_\_\_\_      No ✓

6. What was the condition of the sky?

DAY	NIGHT
a. Bright	a. Bright
b. Cloudy	<u>b</u> 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      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, 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 | <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. Flash or flicker?                            | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | <input type="radio"/> Don't know |
| h. Disappear and reappear?                      | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | <input type="radio"/> Don't know |

34. Date you completed this questionnaire:

20      June      67  
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.

*None.*



*Insupp. Data*

*12 June 67*

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



REPLY TO  
ATTN OF: TDET/UFO

SUBJECT: UFO Observation, 12 June 1967

JUN 21 1967

TO: Mis [REDACTED]  
[REDACTED]  
Dayton, Ohio 45424

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

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? 2. Time of day: 2130 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 Dayton City or Town Ohio State or County

5. How long was object in sight? (Total Duration) 1 Hours Minutes Seconds a. Certain b. Fairly certain c. Not very sure d. Just a guess 5.1 How was time in sight determined? estimated 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?                           | <input checked="" type="radio"/> Yes | No                                  | Don't know |
| f. Change shape?                                | <input checked="" type="radio"/> Yes | No                                  | Don't know |
| g. Flash or flicker?                            | <input checked="" type="radio"/> Yes | No                                  | Don't know |
| h. Disappear and reappear?                      | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No | Don't know |