

PROJECT 10573 RECORD

1. DATE - TIME GROUP 4 Nov 67 05/0100Z	2. LOCATION Davenport, Iowa (1 Witness)
3. SOURCE Civilian	10. CONCLUSION  INSUFFICIENT DATA FOR EVALUATION Present policy is the automatic classification of insufficient data to cases submitted 1 month or more after the observation. Even so it would still be the same classification since the observer is not sure of the case
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION 30 Minutes	
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE Not Reported	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11. BRIEF SUMMARY AND ANALYSIS  The observer sighted a dark object, red and blue lights. The object was seen in the NE.
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p><i>note: see 4 MAR 68 24 JUN 68</i></p>	

27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

the size of object  
position where it was  
~~seen~~ standing  
not quite sure  
just guessing

---

Thank you  
staff of project  
Blue Books  
for helping  
to ~~see~~ my  
sighting of  
puffin  
sawcs  
munting  
and stick  
with it  
for our  
country  
sake

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R238

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY not sure MONTH 11/12 YEAR 1967

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR \_\_\_\_\_ MINUTES \_\_\_\_\_  A.M.  P.M.

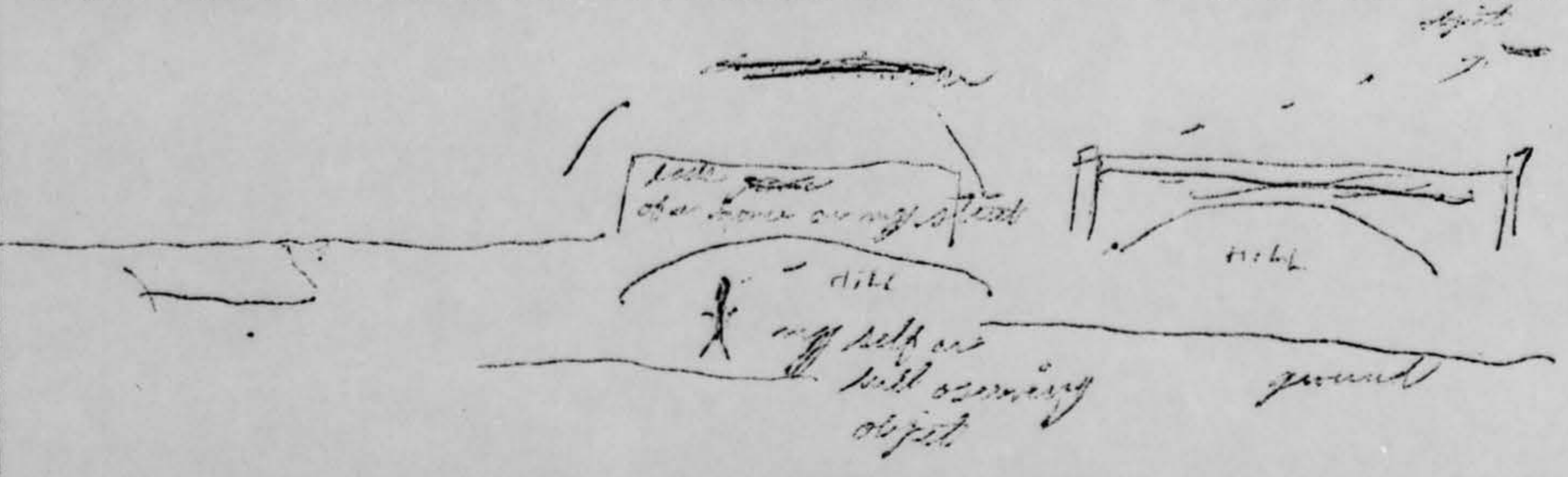
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 7:30 MINUTES 33  A.M.  P.M.

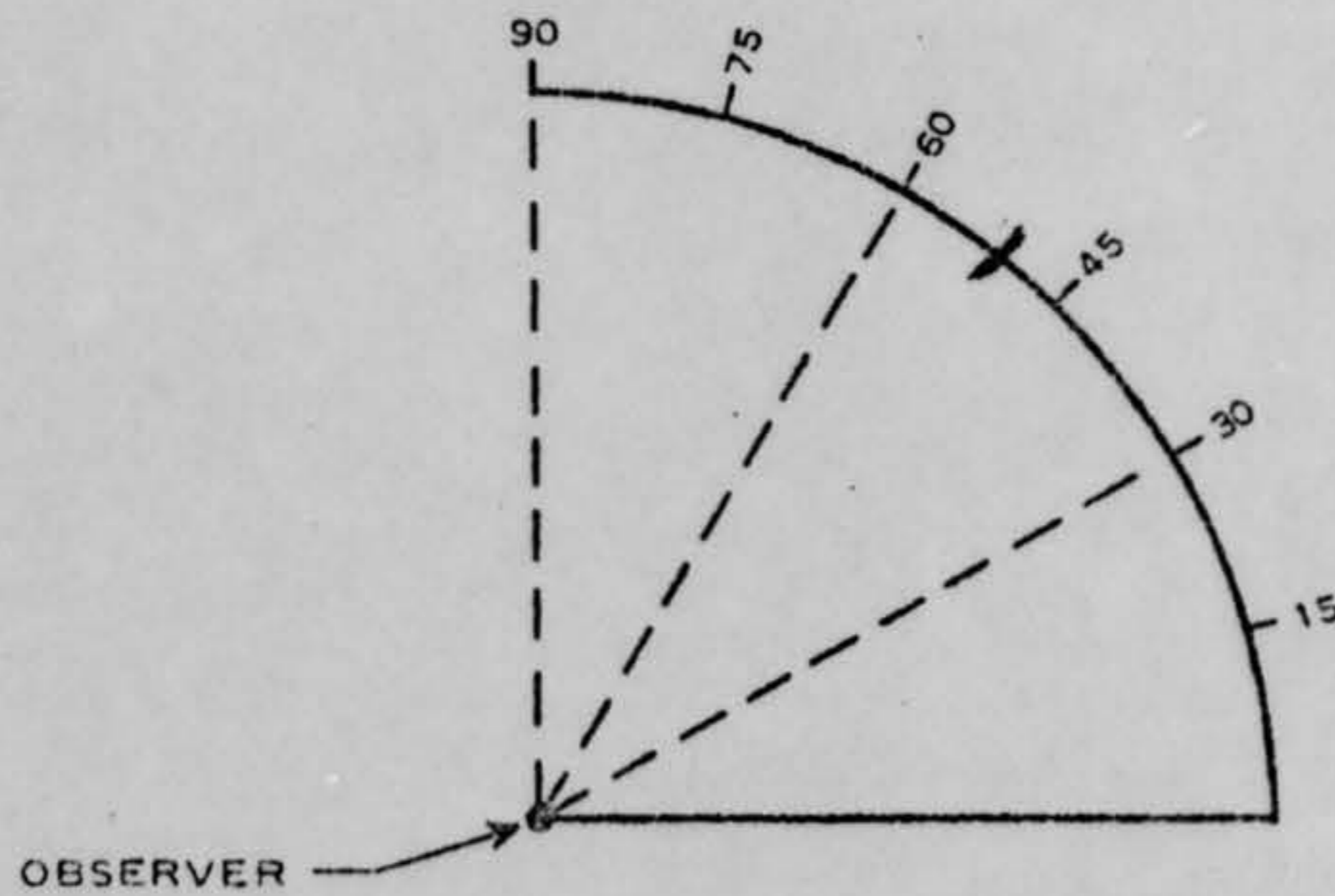
4. TIME ZONE

DAYLIGHT SAVINGS  STANDARD  
 EASTERN  CENTRAL  MOUNTAIN  PACIFIC  OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

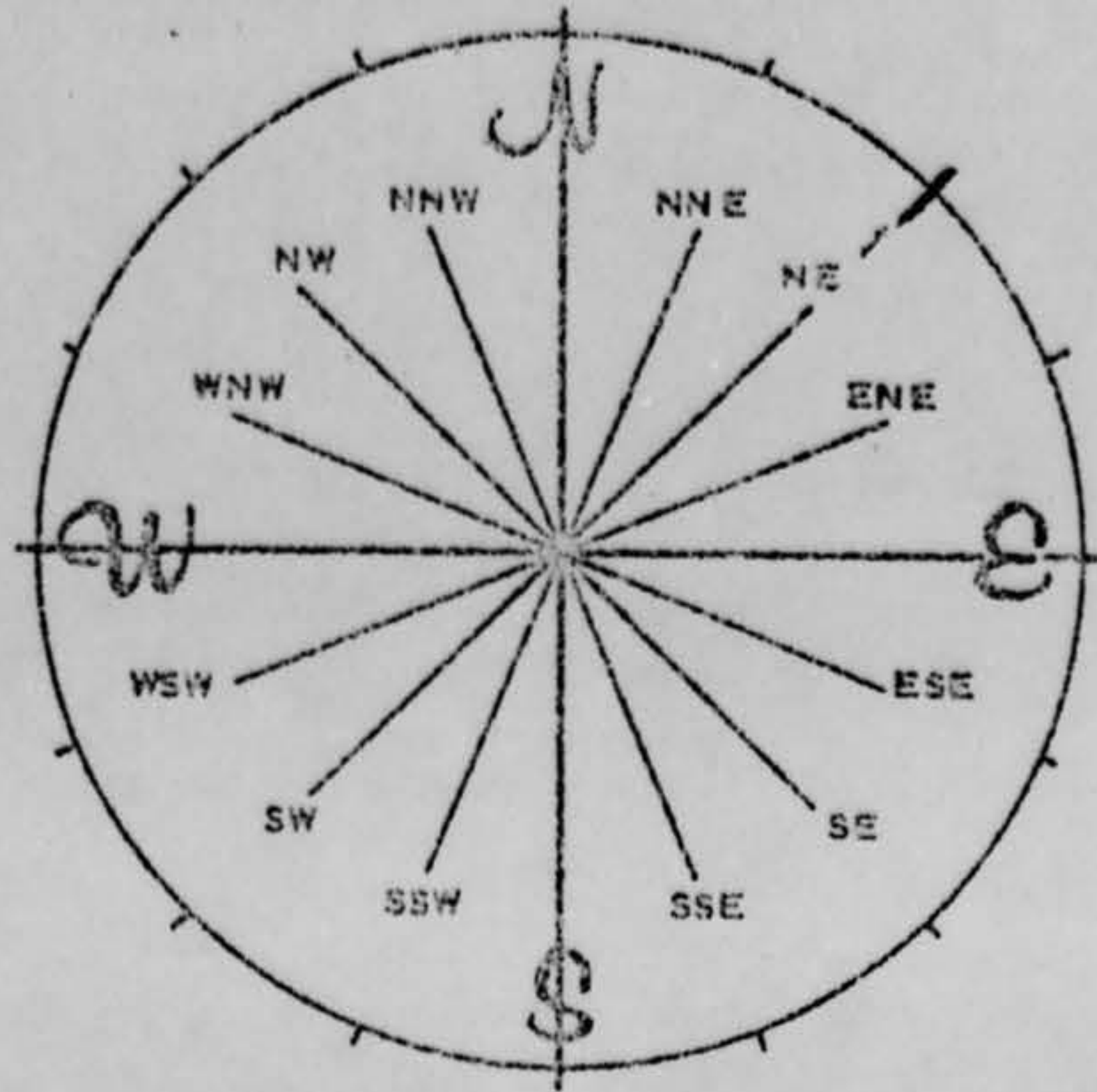


6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

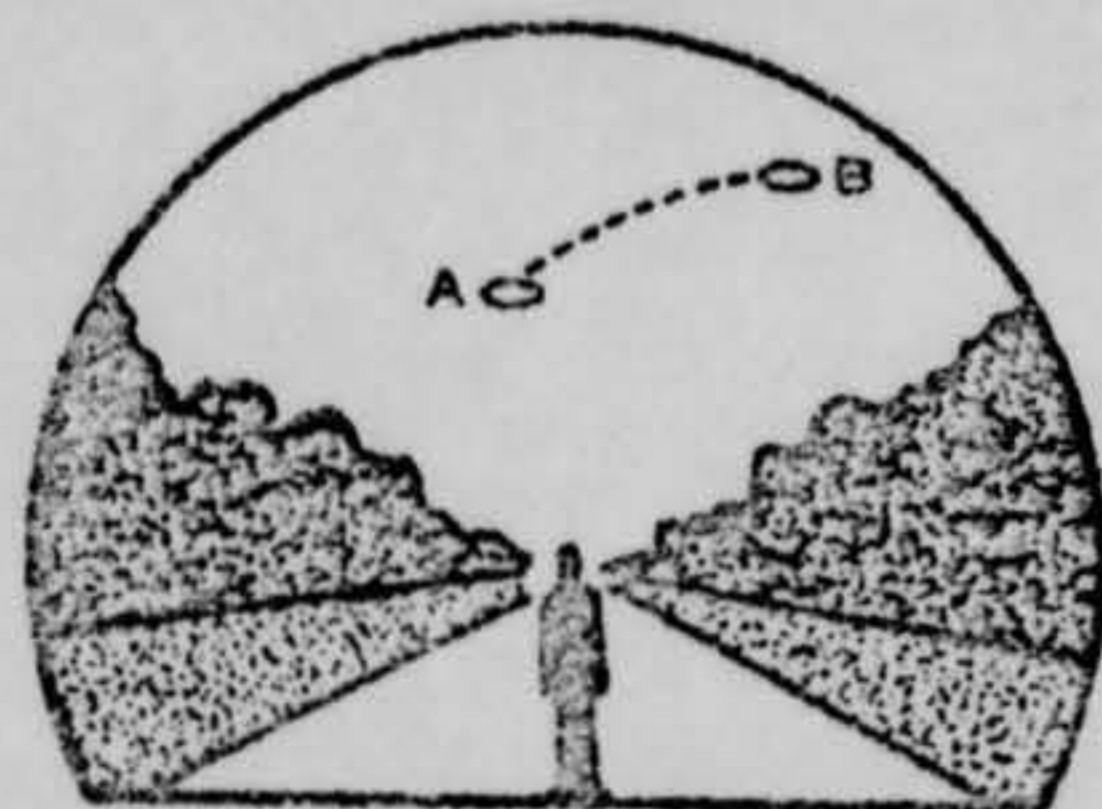
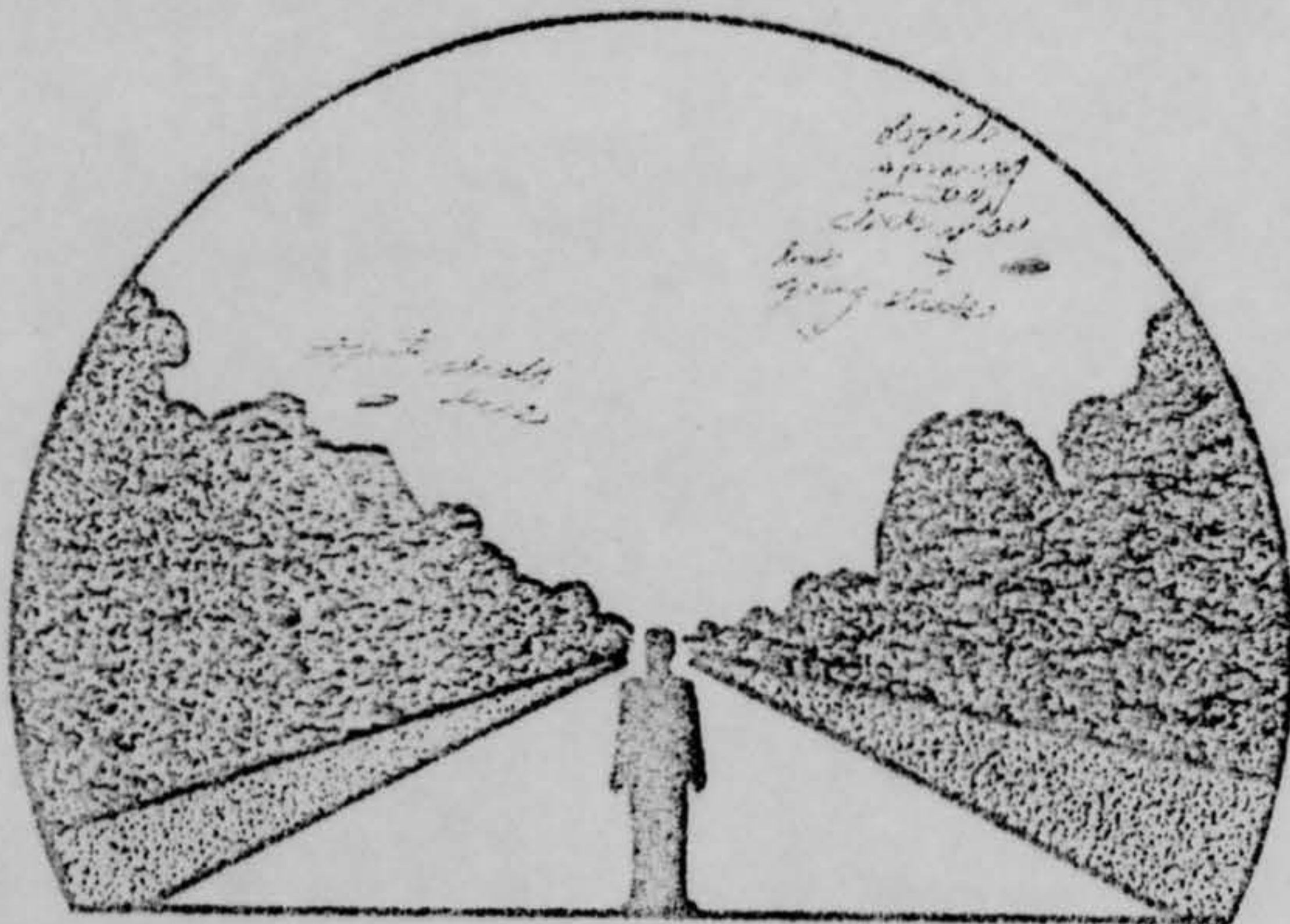


*no clues unknown how  
he got the form.*

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



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



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)

OUTDOORS <i>Side of a house on road</i>	<input checked="" type="checkbox"/>	IN BUSINESS SECTION OF CITY
IN BUILDING	<input type="checkbox"/>	IN RESIDENTIAL SECTION OF CITY
IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER	<input type="checkbox"/>	IN OPEN COUNTRYSIDE
IN BOAT	<input type="checkbox"/>	NEAR AIRFIELD
IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER	<input type="checkbox"/>	FLYING OVER CITY
OTHER	<input type="checkbox"/>	FLYING OVER OPEN COUNTRY
	<input type="checkbox"/>	OTHER

A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:

WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?
NORTH	EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO
SOUTH	WEST	
NORTHEAST	SOUTHEAST	
NORTHWEST	SOUTHWEST	

EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.

DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.

HOW MUCH OTHER TRAFFIC WAS THERE?

DID YOU NOTICE ANY AIRPLANES?  YES  NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.

*ground sighting* *707 jet over field*  
*starts jet 700 ft from flight*

9. HOW LONG WAS THE PHENOMENON IN SIGHT?

LENGTH OF TIME	CERTAIN OF TIME	NOT VERY SURE
<i>30 minutes</i>	FAIRLY CERTAIN	<i>30 min</i> JUST A GUESS

HOW WAS TIME DETERMINED?

WAS THE PHENOMENON IN SIGHT CONTINUOUSLY?  YES  NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.

*object seemed to be moving forward but in a spiraling motion moving counter clockwise had three light on top which showed spinning motion very gradual light size 30 ft in diameter gusty wind*

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?



11. CONDITIONS (Check appropriate blocks.)

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

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

(1) STARS		(2) MOON	
<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> BRIGHT MOONLIGHT	<input checked="" type="checkbox"/> NO MOONLIGHT	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> A FEW	<input type="checkbox"/> MOON WITH HALO	<input type="checkbox"/> MOON HIDDEN BY CLOUDS	<input type="checkbox"/> PARTIAL (New or quarter)
<input type="checkbox"/> MANY			
<input type="checkbox"/> UNKNOWN			

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

<input type="checkbox"/> IN FRONT OF YOU	<input type="checkbox"/> TO YOUR RIGHT	<input type="checkbox"/> OVERHEAD (Near noon)
<input type="checkbox"/> IN BACK OF YOU	<input type="checkbox"/> TO YOUR LEFT	<input type="checkbox"/> UNKNOWN

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

*sun was setting*

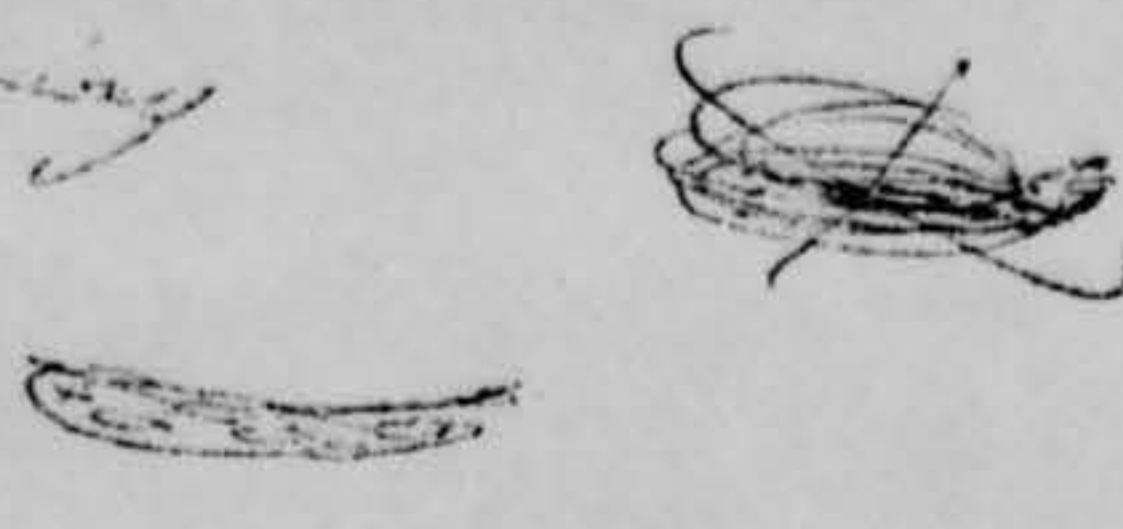
12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

*object was darker than stars lights  
 were self luminous, lights were  
 size seen when light pulse much blue. object solid  
 edges were sharp. no object looks  
 like coin with its edges*

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?			
	STAND STILL AT ANYTIME?	<i>for at least 45 minutes</i>	X	
	SUDDENLY SPEED UP AND RUN AWAY?		X	
	BREAK UP IN PARTS AND EXPLODE?		X	
	CHANGE COLOR?		X	
	GIVE OFF SMOKE?		X	
	CHANGE BRIGHTNESS?	<i>light seem bright light seem faint</i>	X	
	CHANGE SHAPE?		X	
	FLASH OR FLICKER?	<i>flashing</i>	X	
	DISAPPEAR AND REAPPEAR?		X	
	SPIN LIKE A TOP?		X	
	MAKE A NOISE?		X	
	FLUTTER OR WOBBLE?		X	

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*alt spinning motion and its strange appearance*



A. HOW DID IT FINALLY DISAPPEAR?

*alt moved to back out of sight over the horizon*

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
 YES  NO. IF "YES," DESCRIBE.

*yes it moved above a tree then hovered for 2 minutes then sped out of sight total minutes was five seconds till out of sight*

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



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

Don't know  
but I think  
it was  
30 feet dia diameter  
just a ball



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

EYEGLASSES	CAMERA VIEWER
SUNGLASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER <i>myopia eye Dept</i>

A. DO YOU ORDINARILY WEAR GLASSES?  YES  NO      B. DO YOU USE READING GLASSES?  YES  NO

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

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE *low level* \_\_\_\_\_

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

*jet plane  
was about the  
size of 1107 seen  
at that  
distance*

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY?  YES  NO. IF "YES," DESCRIBE.

*boys on ~~the~~ on this street began to  
look back loudly  
with bodies held up  
my handstand rather would work  
and lot of stunts on it.*

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE.  YES  NO.  
IF "YES," DESCRIBE.

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE?  YES  NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON?  YES  NO. IF "YES," DID THEY SEE IT TOO?  YES  NO.

A. LIST THEIR NAMES AND ADDRESSES

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

TELEPHONE (Area code and number)

AGE 18  MALE  FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

*was by at bishop's safe  
coming home when spotted  
light*

*For information  
please let me know  
how my report  
came out.  
please write me  
at home address  
if you want more  
information  
please contact  
me at with  
glad to cooperate  
A. Kelly*

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME [REDACTED] DAY [REDACTED] MONTH 11/1967 YEAR 1967

26. DATE YOU COMPLETED THIS QUESTIONNAIRE DAY [REDACTED] MONTH [REDACTED] YEAR 1968