

PROJECT 10073 RECORD

1. GROUP 27 November 67	2. LOCATION Mason, Texas (2 Witnesses)
3. SOURCE Civilian	10. CONCLUSION Possible (SATELLITES AND STARS) The observer and witness both stated that they saw the stationary object in the evening of the 25th and the morning of the 26th. The observer stated that common objects that would look like the observed objects would be a bright star or a satellite. Observer sighted <u>two bright lights</u> going from W to E. <u>One</u> continued and disappeared in the <u>E</u> and <u>one</u> stopped due North and remained in sight till dawn. COMMENTS CONT'D: It is felt that the moving objects were satellites and the stationary object was a star.
4. NUMBER OF OBJECTS Two	
5. LENGTH OF OBSERVATION 1 Hour, 2 Minutes	
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE W - E	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
Dr. [REDACTED]
[REDACTED]
Dallo (Jeta) -

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

[REDACTED]

ADDRESS (Street, City, State and Zip Code)

[REDACTED]

TELEPHONE (Area code and number)

[REDACTED]

AGE 66 MALE FEMALE

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

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON? *no one*

NAME _____ DAY _____ MONTH _____ YEAR _____

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 10 - MONTH Dec YEAR 67

U.S. AIR FORCE TECHNICAL INFORMATION

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

<p>1. When did you see the object?</p> <p align="center"><u>25</u> <u>Nov.</u> <u>1967</u> Day Month Year</p>	<p>2. Time of day: <u>5</u> <u>58</u> Hour Minutes</p> <p>(Circle One): <input checked="" type="radio"/> A.M. or P.M.</p>
<p>3. Time Zone:</p> <p>(Circle One): a. Eastern <input checked="" type="radio"/> b. Central c. Mountain d. Pacific e. Other _____</p> <p>(Circle One): a. Daylight Saving <input checked="" type="radio"/> b. Standard</p>	
<p>4. Where were you when you saw the object?</p> <p><u>18 Miles - S + 9 Miles West of - Mason</u> <u>Mason - Texas</u> Nearest Postal Address City or Town State or County</p>	
<p>5. How long was object in sight? (Total Duration) <u>about 1 hr.</u> Hours Minutes Seconds</p> <p><input checked="" type="radio"/> a. Certain c. Not very sure <input type="radio"/> b. Fairly certain d. Just a guess</p> <p>5.1 How was time in sight determined? <u>watch</u></p> <p>5.2 Was object in sight continuously? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>6. What was the condition of the sky?</p> <p>DAY NIGHT a. Bright <input checked="" type="radio"/> a. Bright + clear b. Cloudy b. Cloudy</p>	
<p>7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?</p> <p>(Circle One): a. In front of you d. To your left b. In back of you e. Overhead c. To your right f. Don't remember</p>	

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

B.1 STARS (Circle One):

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

B.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:

Brighter than a star - & about as bright as a satellite

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

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

NO -

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

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

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

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

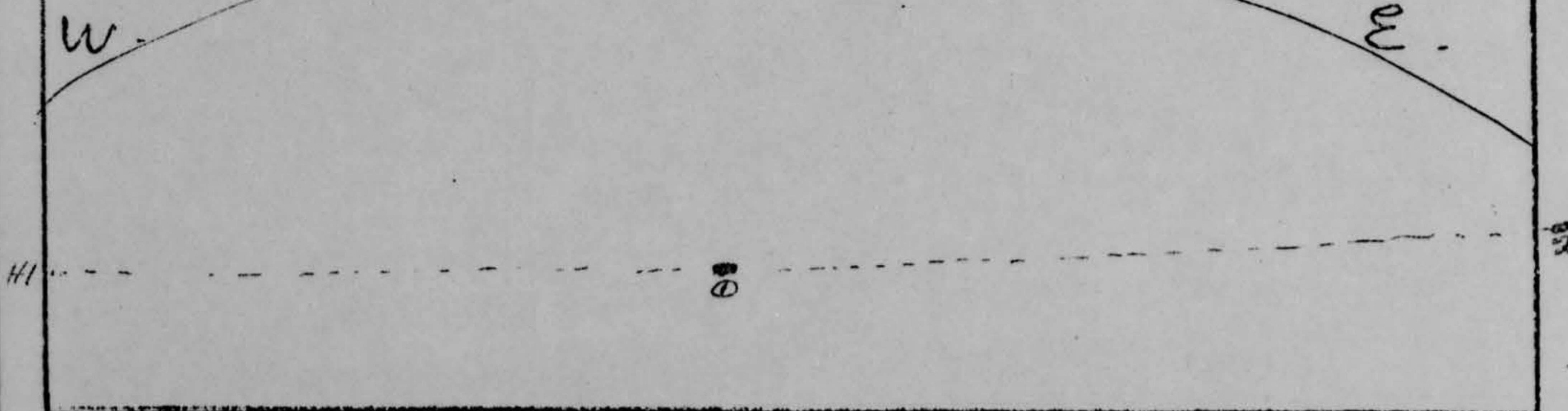
17. Tell in a few words the following things about the object:

- a. Sound none
- b. Color bluish 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?

all -

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? 17-20,000 Miles An Hr.
MPH

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

(Circle One) Yes No

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

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 Remote Ranch

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

24.1 What direction were you moving? (Circle One)

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

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

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

(Circle One) Yes No

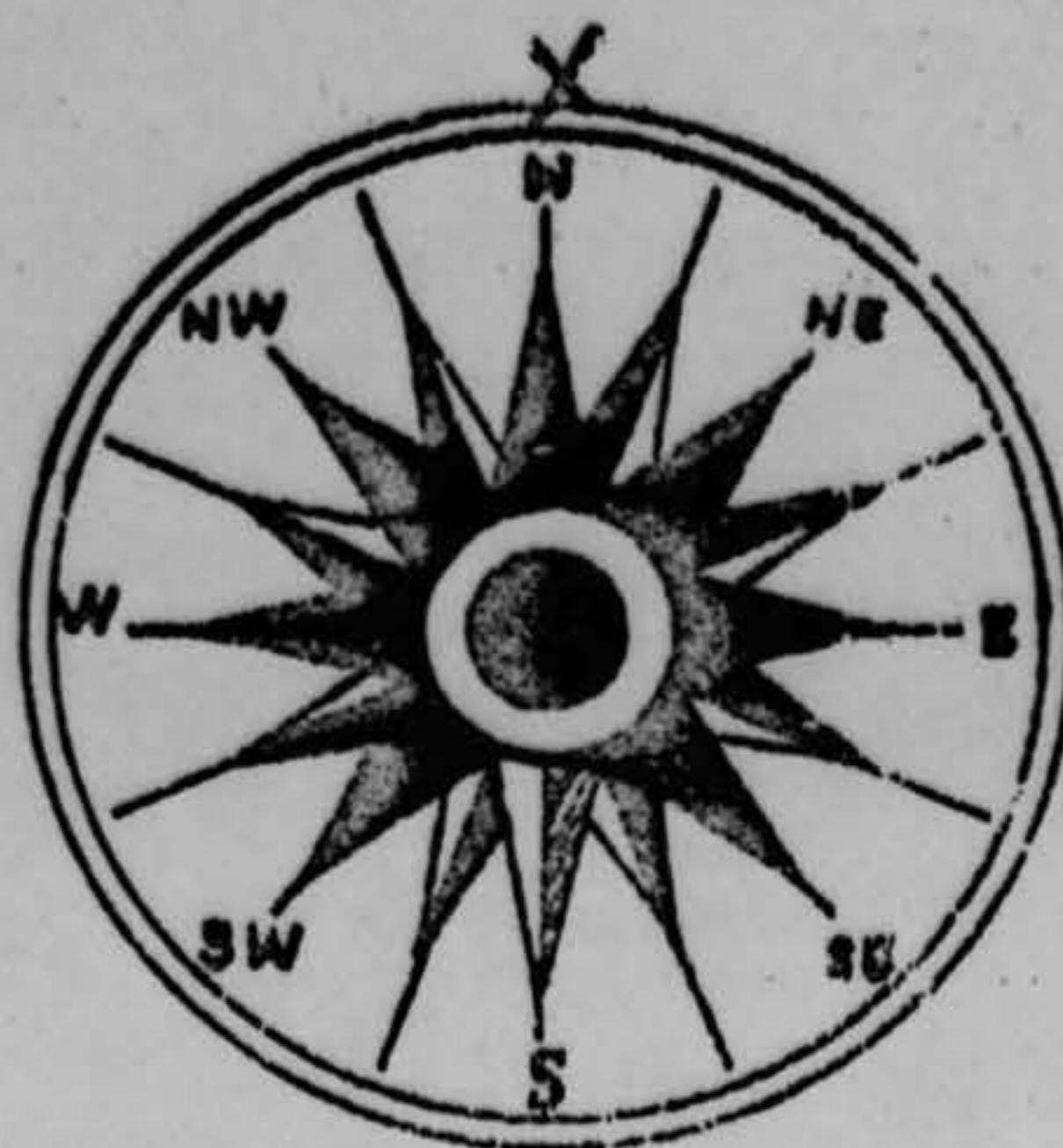
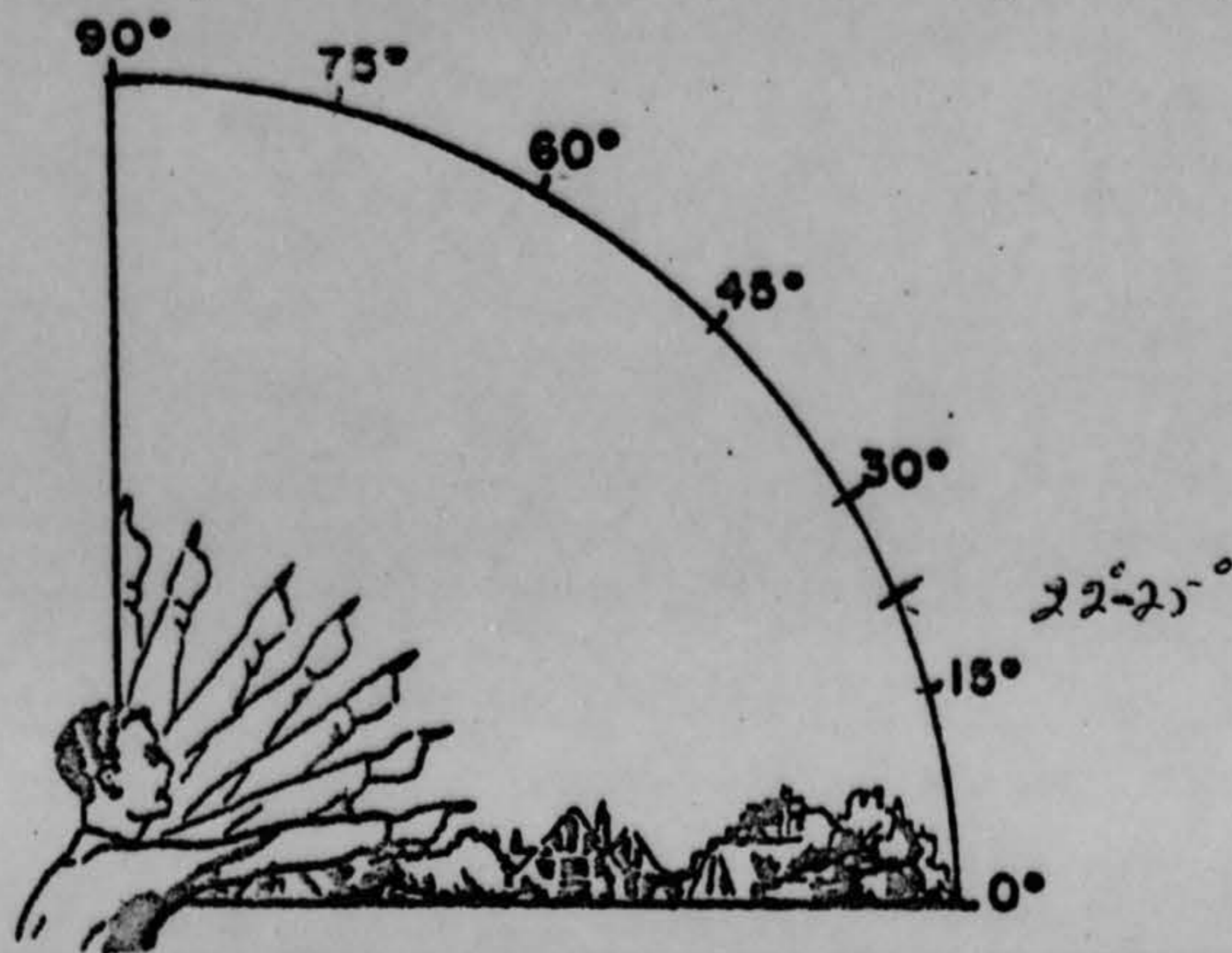
25. Did you observe the object through any of the following?

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

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

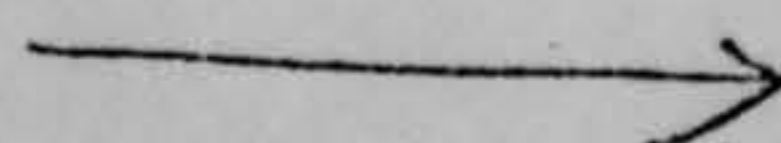
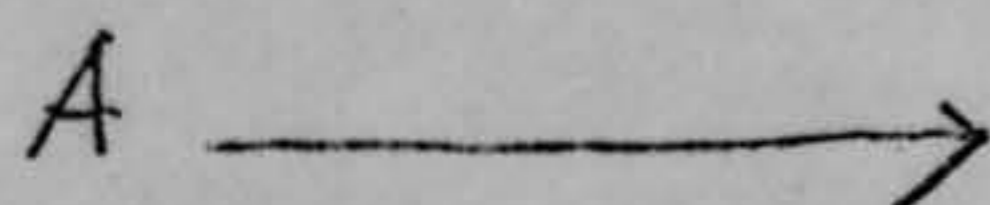
a satellite

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.

West

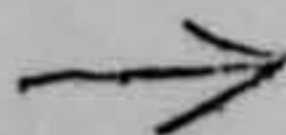


B-

29. IF there was MORE THAN ONE object, then how many were there? 2

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

W.
A-



W.
B-

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

I have seen Satellites pass over head & they would be with description of these object

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]
[Redacted]
Dallas Texas -

32. Please give the following information about yourself:

NAME *[Redacted]* *[Redacted]* *[Redacted]*
Last Name First Name Middle Name
ADDRESS *[Redacted]* *Dallas* *15* *Texas*
Street City Zone State
TELEPHONE NUMBER *[Redacted]* AGE *42* SEX *M*

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

physician - have some knowledge in physics

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

27 *Nov* *67*
Day Month Year

FBI - USAF
11-27-67

34. Date you completed this questionnaire:

12-1-67

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.

At 5:58 I saw two lights in the sky going from west to east. The objects were apart approximately, when my arms were held out and my index fingers were extended the index fingers were about $1\frac{1}{2}$ inches apart when each finger obliterated one object. I would judge the speed to be in excess of that of satellites that I have observed in the past. When the second object came to a stop I imagine the object came to a stop from the regular motion in a very short space. One might even state that it was an abrupt stop and the color seemed to change from a bluish blue-white to a reddish color and then back to a blue white. The other object kept on going. About 25 minutes before we saw another object that we took to be a satellite in the south also going from a west to east direction, the direction of this object seemed to be west to south east.

The object was placed in position at 6.00 A.M. and at such a time perhaps military observers were eating or changing shifts and the approach of dawn would be in their favor if such a positioning was to be secretive.

I might add that the object was in the same place Saturday evening, Sunday Morning and I also thought I saw it in place on Sunday evening but a light cloud cover was forming so this is a factor to be considered on Sunday evening sighting.

LGM

CONRAY[®]
(meglumine iothalamate
60% injection)

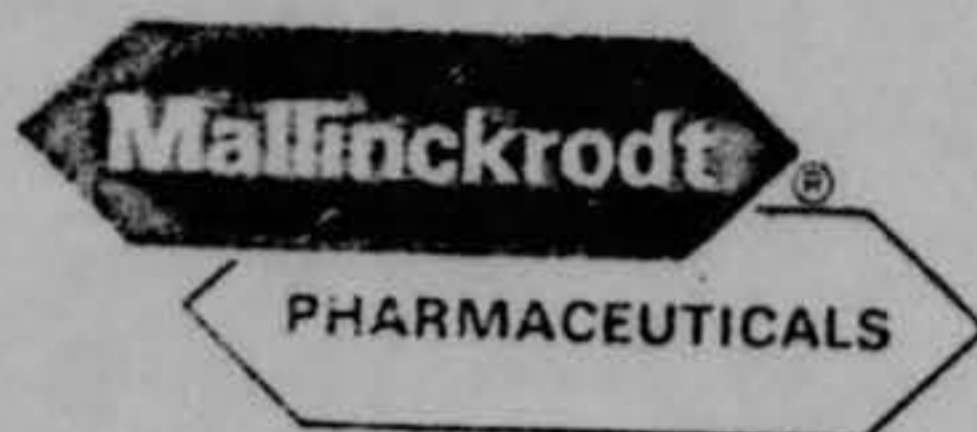
CONRAY-400[®]
(sodium iothalamate
66.8% injection)

Angio-CONRAY[®]
(sodium iothalamate
80% injection)

Dear Sir:

12-1-67

I am interested in the
disposition of the matter
and would appreciate
any information concerning the
incident that you might be
able to convey to me -



Mallinckrodt Chemical Works • St. Louis, Mo. 63160

SAFOICC/B. Perlich/BP/76526/28 Nov 67

Dear [REDACTED]:

We are forwarding a sighting form for you to fill out in regard to your unidentified flying object sighting which took place 18 miles south of Mason, Texas on November 27, 1967.

Please complete all questions on the inclosed form and mail to Wright-Patterson Air Force Base, Ohio. A self addressed envelope is inclosed for your convenience.

Sincerely,

DAVID L. STILES
Lt Colonel, USAF
Chief, Civil Branch
Community Relations Division
Office of Information

Attachment

[REDACTED]
Dallas, Texas 75200

SAFOICC

FTD-164

mailed 11-28-67

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

25
27-7-20-67
Mason, Tex.



REPLY TO
ATTN OF: TDPT/UFO


SUBJECT: UFO Observation, ²⁵ 27 November 1967

DEC 5 1967

TO:

~~██████████~~
██████████
Dallas, Texas 75214

Your name has been given to the Aerial Phenomena Branch (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 27 November 1967 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

 JAMES C. MANATT, Colonel, USAF
Director of Production

1 Atch
AF Form 117

~~Mason, Texas~~ 99° long 31° lat.

25/1215 (E-2) 119 long 30 lat (N-S)
at 1152 paguasa at 85 long 30° lat.

Also see 2 Dec 67

[Handwritten signature]

The following report was submitted to SAFOII (Colonel ~~Tucci~~) by Dr. ~~_____~~ of Dallas, Texas on November 27, 1967. Dr. ~~_____~~ sighted a UFO while on a hunting trip at Fredericksburg, which is approximately 18 miles south of Mason, Texas.

Saturday morning (Nov. 25, 1967), we were on a deer stand (approximately 15 to 20 feet above the ground). We arrived there about 5:00 PM. While looking into the sky, we saw two flying objects. They looked like two lights and were shining in a northerly direction from the west. They moved in a straight line to a due north position and stopped. One light became a stationary object. The second became stronger. It went from a yellow to a blue-white color and blinked like a star.

At 6:00 it went into a position in front of the other light. The other light went off in an easterly direction.

It was a clear, cold night.

The remaining light stayed there until nothing else could be seen in the sky in the daylight.

At about 2:00 in the morning, we heard a whirring sound and a column of light appeared at the window. It was a soft bluish light and remained there for about four minutes.

~~_____~~
~~_____~~
Dallas, Texas
~~_____~~

*COSAC
INFORMATION OFFICE
STEMMINS EXPRESSWAY
DALLAS
9 W MASON ON
RD TO FREDERICKSBURG
19 S of Mason.*

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

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, IAW 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 25 MONTH 11 YEAR 1967

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 5 MINUTES 58 A.M. P.M.

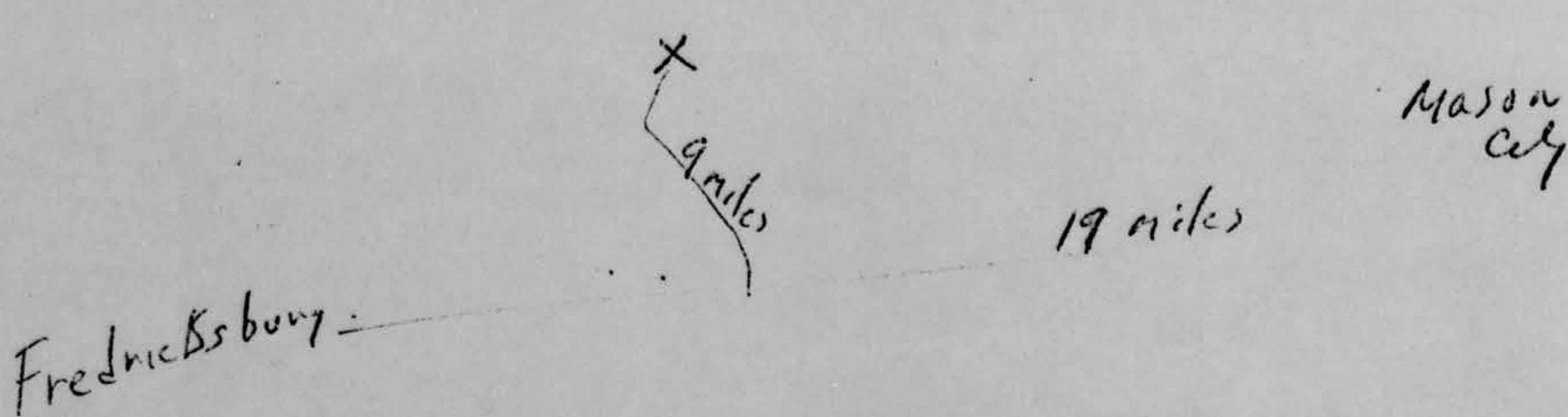
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 7 MINUTES 00 A.M. P.M.

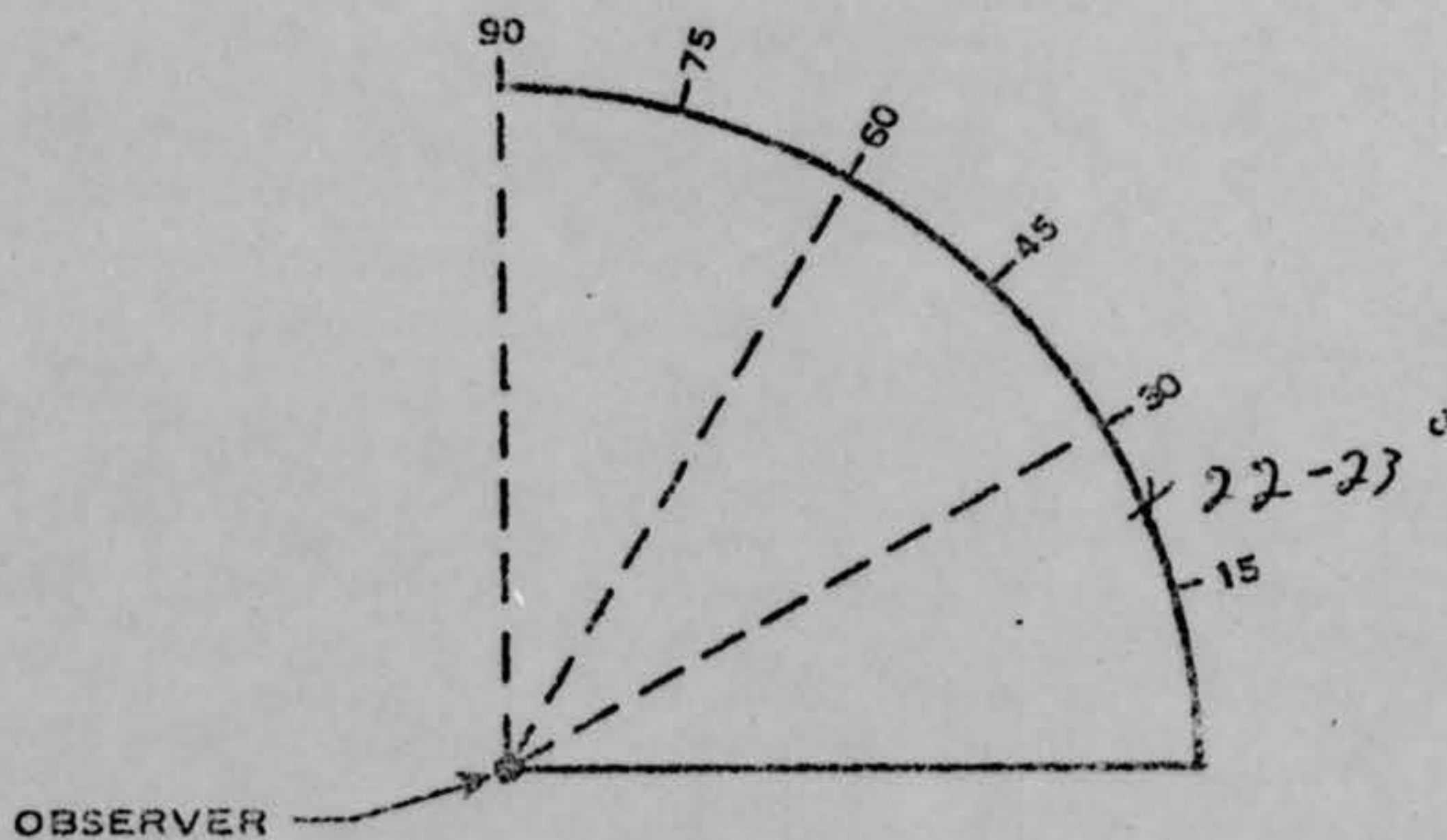
4. TIME/ZONE

DAYLIGHT SAVINGS STANDARD
 EASTERN CENTRAL MOUNTAIN PACIFIC OTHER

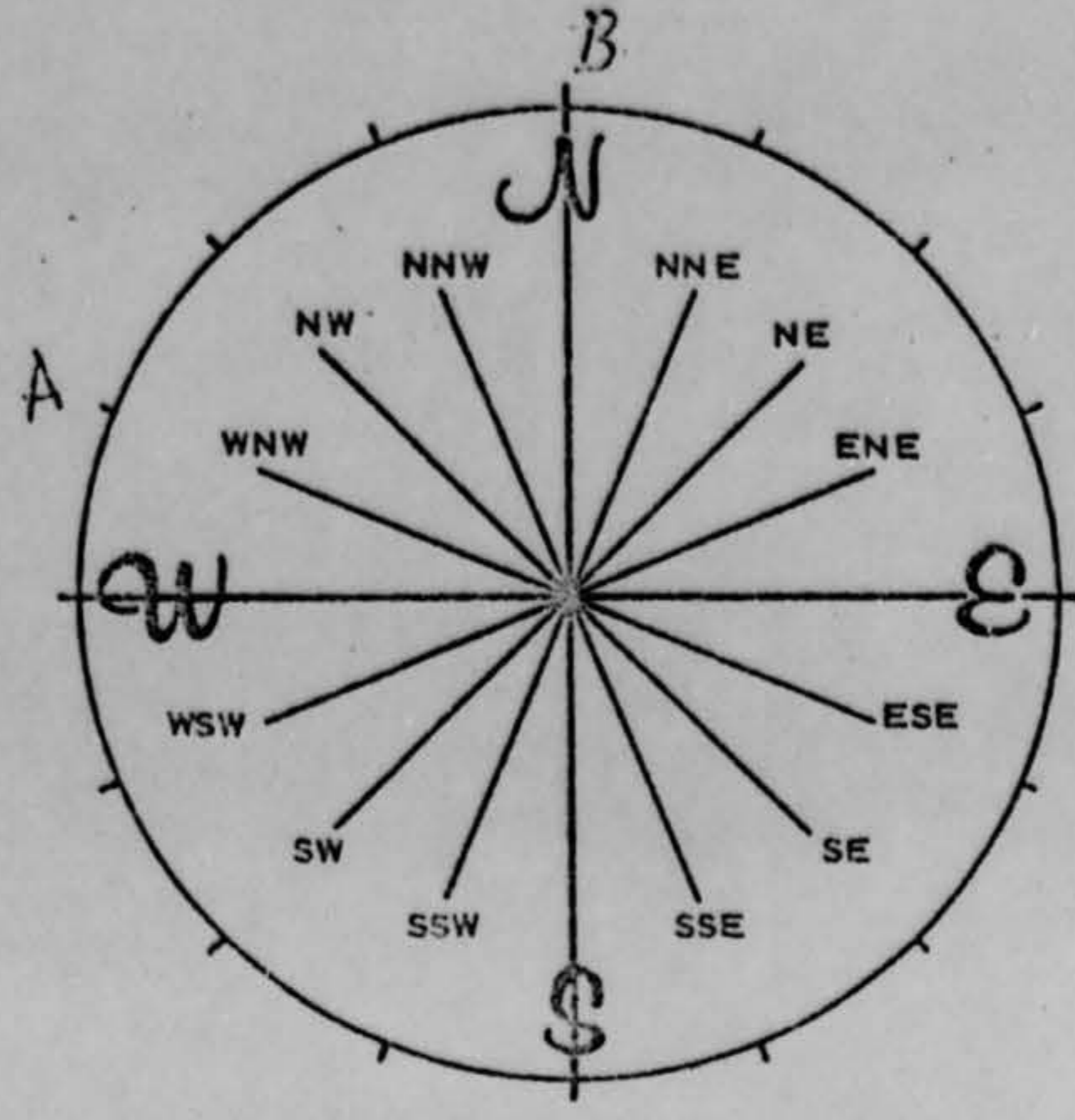
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE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



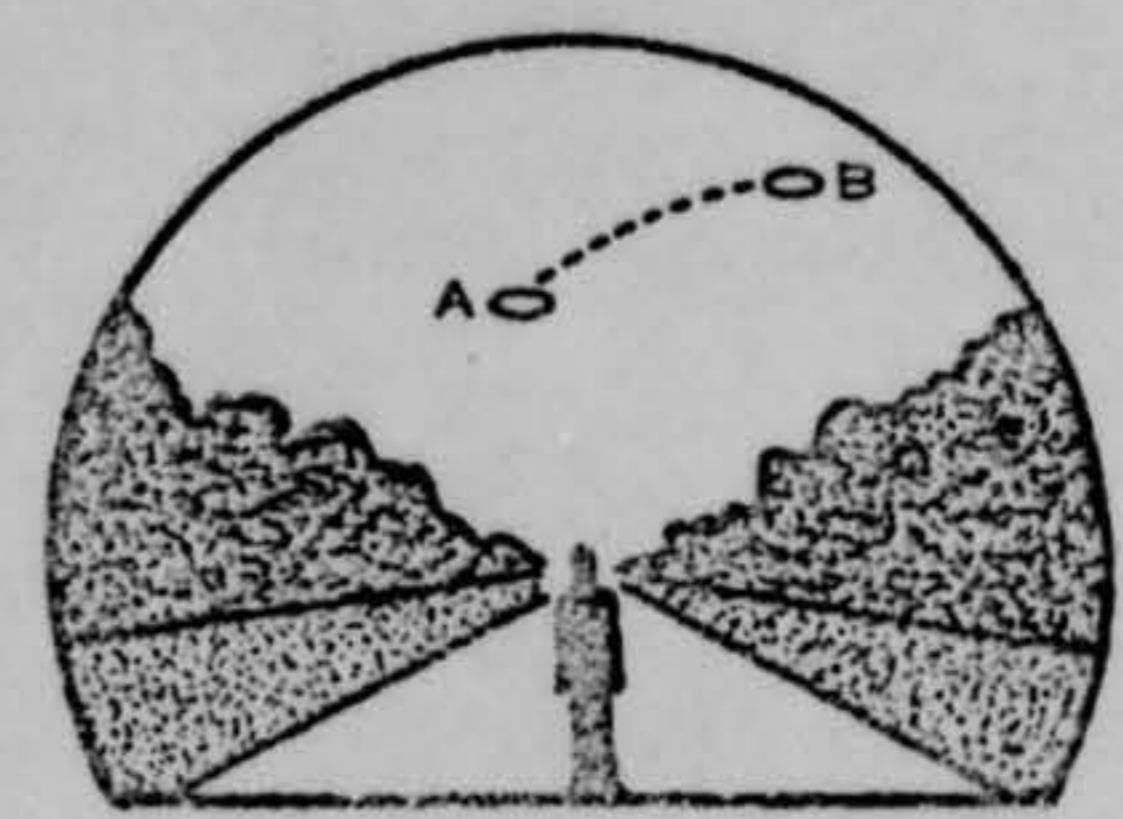
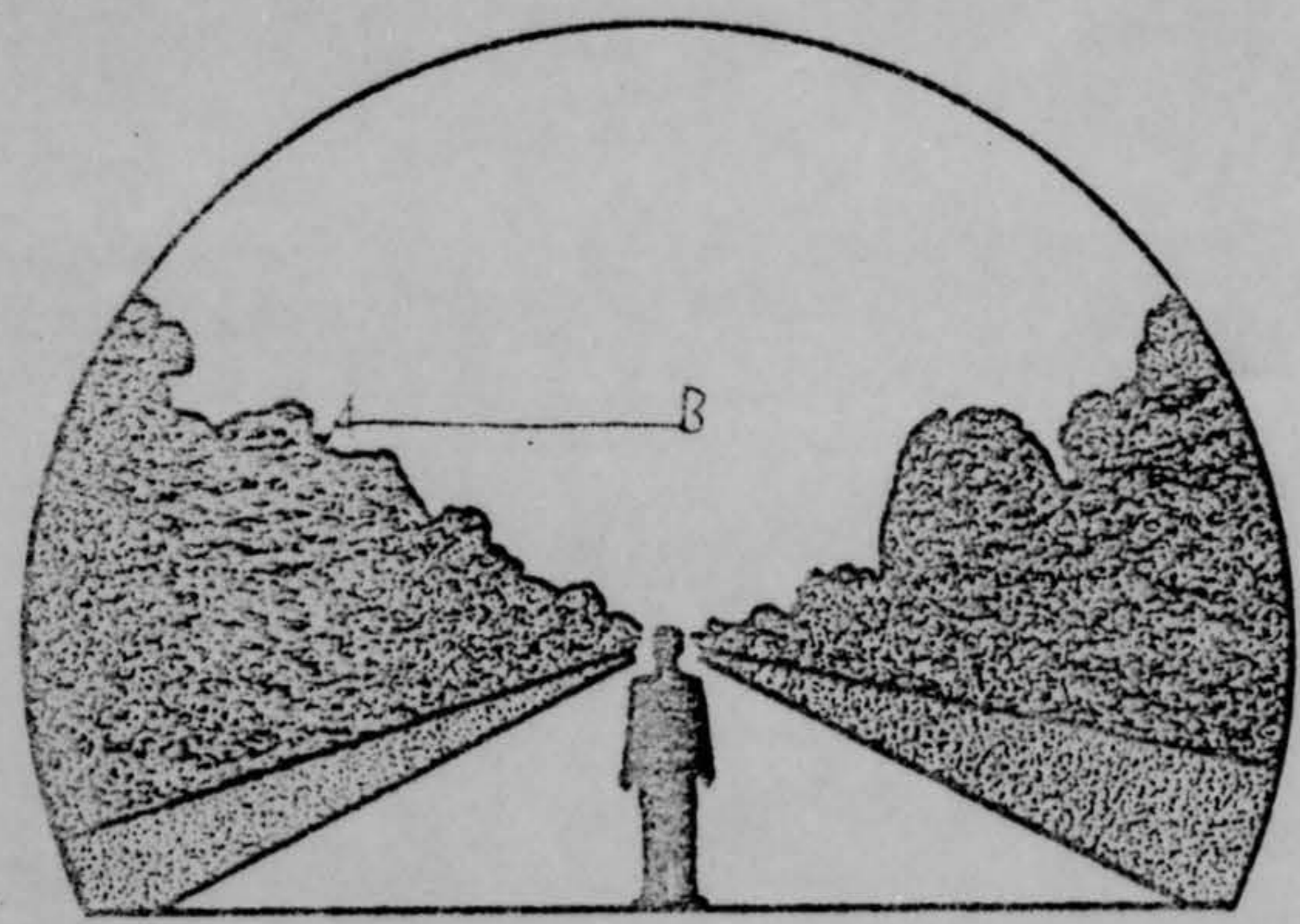
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



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.)

<input checked="" type="checkbox"/> OUTDOORS			IN BUSINESS SECTION OF CITY
IN BUILDING			IN RESIDENTIAL SECTION OF CITY
IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER			IN OPEN COUNTRYSIDE
IN BOAT			NEAR AIRFIELD
IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER			FLYING OVER CITY
OTHER			FLYING OVER OPEN COUNTRY
<i>on Deer Stand - 18 feet high</i>			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 EFFECTS 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.

9. HOW LONG WAS THE PHENOMENON IN SIGHT?

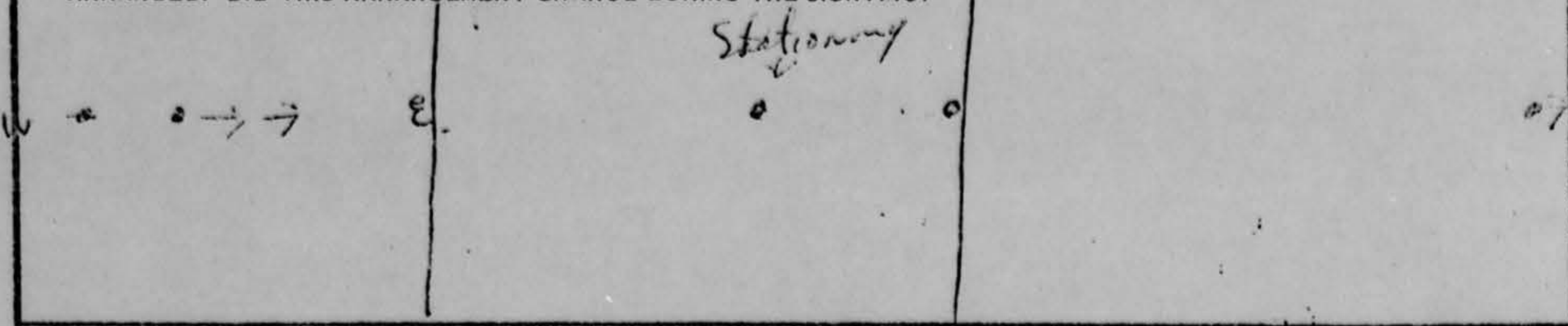
LENGTH OF TIME	<input checked="" type="checkbox"/> CERTAIN OF TIME	<input type="checkbox"/> NOT VERY SURE
<i>5:58 AM to 7:00 AM -</i>	<input type="checkbox"/> FAIRLY CERTAIN	<input type="checkbox"/> JUST A GUESS

HOW WAS TIME DETERMINED?
watch

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.

the objects went from West to East and the second object became stationary at due North the first object continued to travel East -

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

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

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

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

stars - Moon - late on Dawn (Sun)

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.

Bright light - brighter than a star - too far away to judge size

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?	✓		
	STAND STILL AT ANYTIME?	✓		
	SUDDENLY SPEED UP AND RUN AWAY?		✓	
	BREAK UP IN PARTS AND EXPLODE?		✓	
	CHANGE COLOR?	✓		
	GIVE OFF SMOKE?		✓	
	CHANGE BRIGHTNESS?	✓		
	CHANGE SHAPE?		✓	
	FLASH OR FLICKER?		✓	
	DISAPPEAR AND REAPPEAR?		✓	
	SPIN LIKE A TOP?		✓	
	MAKE A NOISE?		✓	
	FLUTTER OR WOBBLE?		✓	

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

I. Moving lights - High into sky going in a straight line at a set distance & this was maintained during the course & duration of observation

A. HOW DID IT FINALLY DISAPPEAR?

one object stopped in position & it stayed until we left the area to go home. It is still there for all I know - the second object went from sight at about 6:02 or 6:03 AM. It appeared on the on 11-25-67 pm - 11-26-67 AM & I thought we saw it on 11-26-67

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.

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.

Just two bright lights -

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. *yes*

covered object -

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

<input checked="" type="checkbox"/> EYEGLASSES		CAMERA VIEWER
SUNGLASSES		BINOCULARS
WINDSHIELD		TELESCOPE
SIDE WINDOW OF VEHICLE		THEODOLITE
WINDOWPANE		OTHER

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

17-20,000 mph

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE

11,000

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.

Bright Star - was Satellite

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

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