

PROJECT 10073 RECORD

1. DATE - TIME GROUP 8 Jan 68	2. LOCATION Hawaii
3. SOURCE Military	10. CONCLUSION Probable: Astro; JUPITER ✓ JH
4. NUMBER OF OBJECTS 1	
5. LENGTH OF OBSERVATION 2 hours 25 minutes	11. BRIEF SUMMARY AND ANALYSIS Observer saw an object that was like a landing light at approximately 10 miles. The object was first seen in the NE and during the observation seemed to rise vertically very slowly until at the end of the sighting it was at an ele. of approx 70 deg.
6. TYPE OF OBSERVATION Ground Visual	
7. COURSE unkown	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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



*8 Jan 68*

REPLY TO  
ATTN OF:

TDPT/UFO

JAN 25 1968

SUBJECT:

UFO Observation , 8 January 1968

TO:

SSgt Donald Ellis  
1957-1 Comm Detachment  
APO San Francisco 96305

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

*J*  
JAMES C. MANATT, Colonel, USAF  
Director of Production

1 Atch  
AF Form 117

## 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 8 MONTH Jan YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 10 MINUTES 45  A.M.  P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

9 Jan 68 HOUR 1 MINUTES 10  A.M.  P.M.

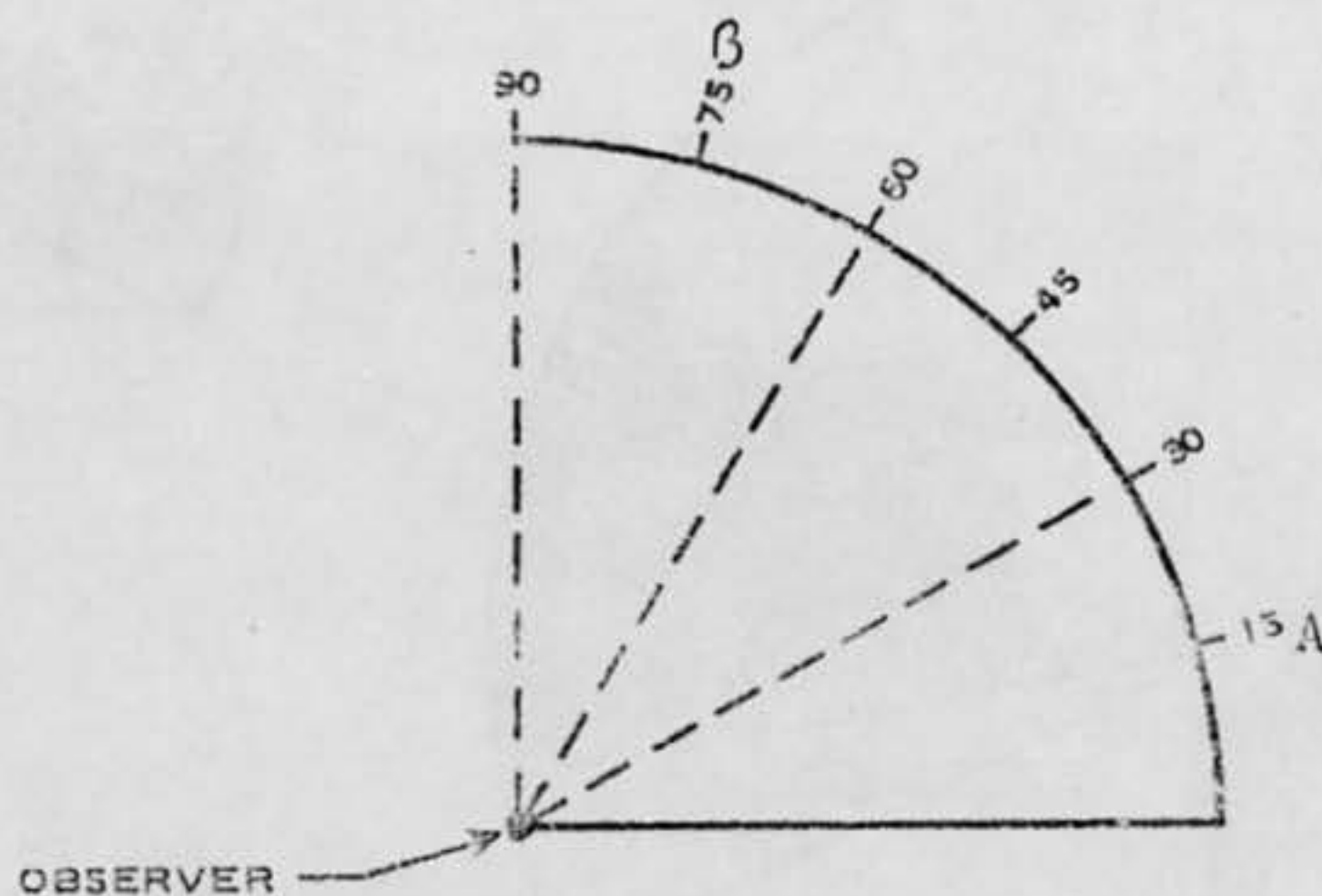
4. TIME/ZONE

 DAYLIGHT SAVINGS STANDARD EASTERN CENTRAL MOUNTAIN PACIFIC OTHER (Hawaiian)

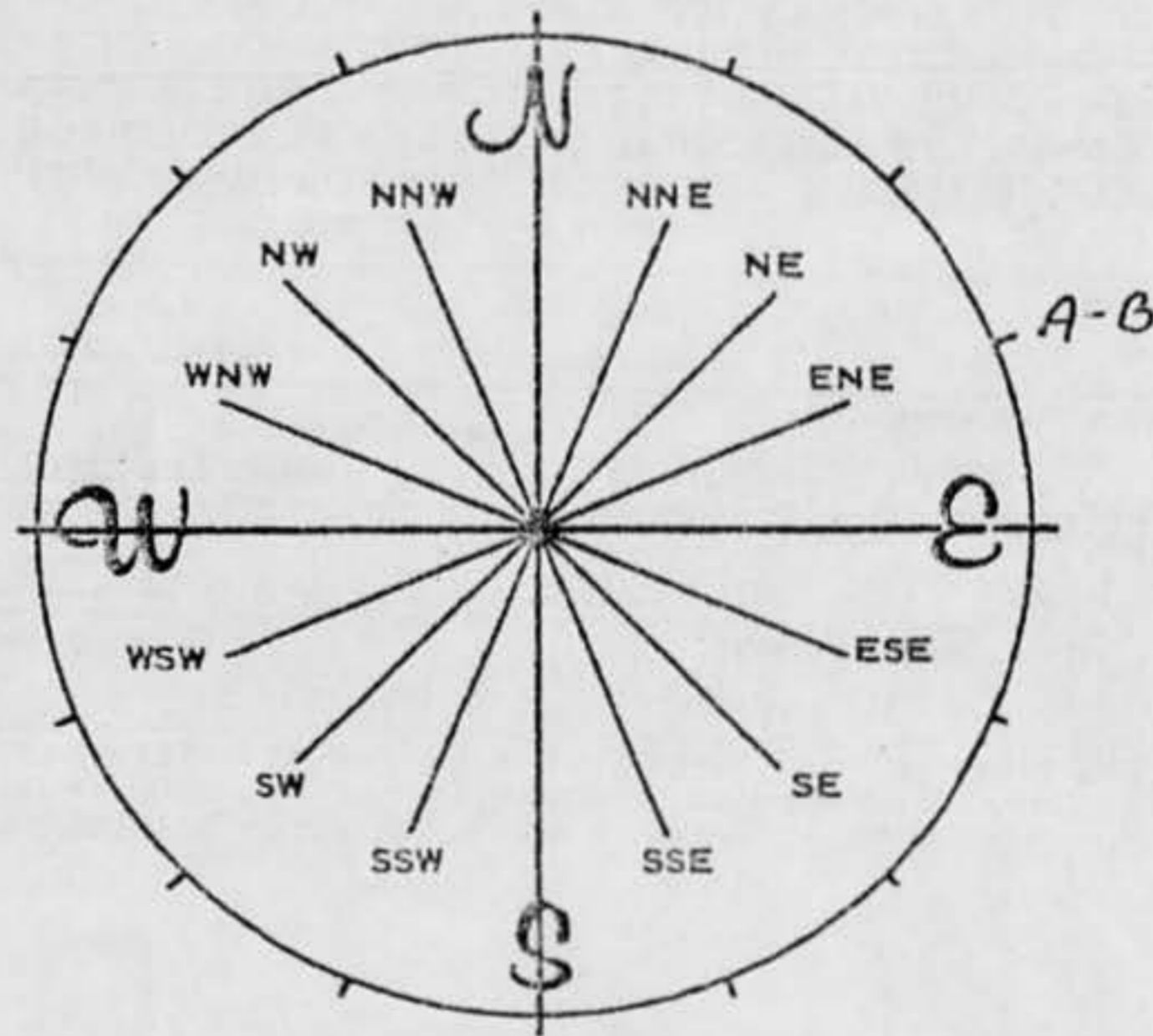
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE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

In Control Tower, looking East.

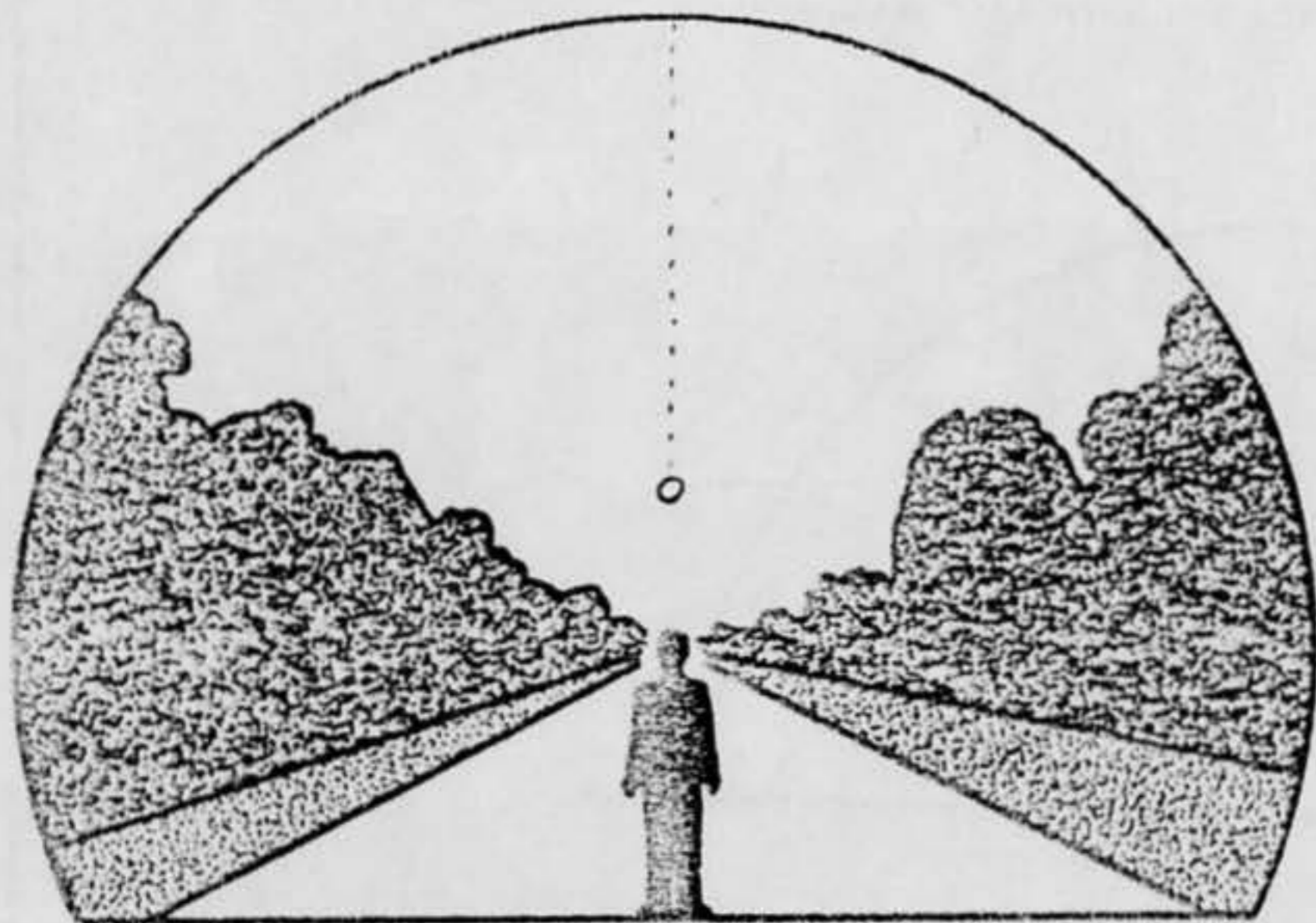
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



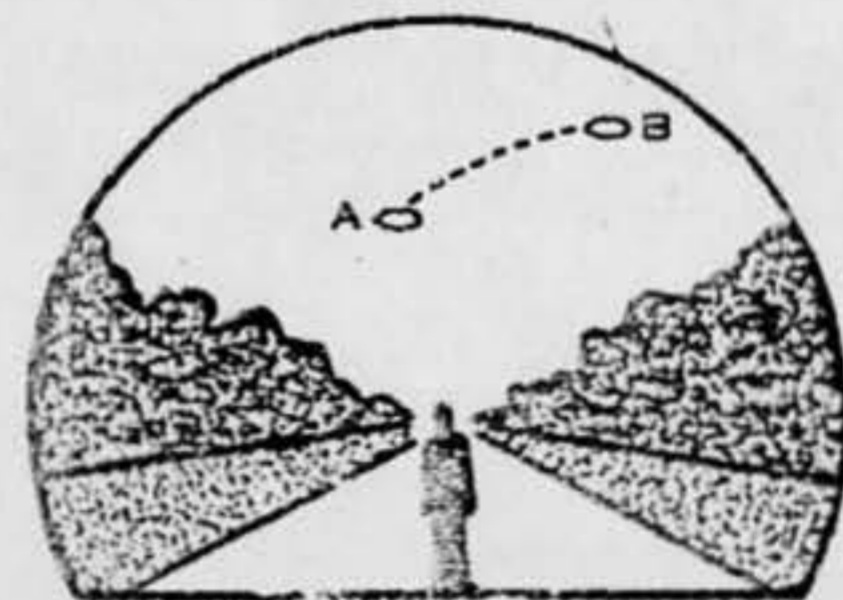
5A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



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.



FROM CONTROL TOWER  
85 FEET HIGH



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

<input type="checkbox"/>	OUTDOORS	<input type="checkbox"/>	IN BUSINESS SECTION OF CITY
X	IN BUILDING Airport Control Tower	<input type="checkbox"/>	IN RESIDENTIAL SECTION OF CITY
<input type="checkbox"/>	IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER	<input type="checkbox"/>	IN OPEN COUNTRYSIDE
<input type="checkbox"/>	IN BOAT	X	NEAR AIRFIELD
<input type="checkbox"/>	IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER	<input type="checkbox"/>	FLYING OVER CITY
<input type="checkbox"/>	OTHER	<input type="checkbox"/>	FLYING OVER OPEN COUNTRY
<input type="checkbox"/>		<input type="checkbox"/>	OTHER

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

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

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 type="checkbox"/>	CERTAIN OF TIME	<input type="checkbox"/>	NOT VERY SURE
Two hours and twenty five minutes.	X	FAIRLY CERTAIN	<input type="checkbox"/>	JUST A GUESS

HOW WAS TIME DETERMINED?

By reference to clock.

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 object appeared to slowly fade and disappear, than return to it's original brilliance.

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"/>	CUMULUS CLOUDS (Low fluffy)	<input type="checkbox"/>	FOG OR MIST
<input type="checkbox"/>	TWILIGHT	<input type="checkbox"/>	CIRRUS CLOUDS (High fleecy or Herring-bone)	<input type="checkbox"/>	HEAVY RAIN
<input checked="" type="checkbox"/>	NIGHT	<input type="checkbox"/>	NIMBUS CLOUDS (Rain)	<input type="checkbox"/>	LIGHT RAIN OR DRIZZLE
<input checked="" type="checkbox"/>	CLEAR	<input type="checkbox"/>	CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/>	HAIL
<input type="checkbox"/>	PARTLY CLOUDY	<input type="checkbox"/>	HAZE OR SMOG	<input type="checkbox"/>	SNOW OR SLEET
<input type="checkbox"/>	COMPLETELY OVERCAST	<input type="checkbox"/>		<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"/>	BRIGHT MOONLIGHT	<input checked="" type="checkbox"/>	NO MOONLIGHT
<input checked="" type="checkbox"/>	A FEW	<input type="checkbox"/>	MOON WITH HALO	<input type="checkbox"/>	UNKNOWN
<input type="checkbox"/>	MANY	<input type="checkbox"/>	MOON HIDDEN BY CLOUDS	<input type="checkbox"/>	
<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>	PARTIAL (New or quarter)	<input type="checkbox"/>	

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.

All Control Tower cab lighting was turned off. The only light source was from the object and a few scattered stars.

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.

The object appeared self luminous white, round in shape, with no visible haze or tint.

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?	X		
	STAND STILL AT ANYTIME?		X	
	SUDDENLY SPEED UP AND RUN AWAY?		X	
	BREAK UP IN PARTS AND EXPLODE?		X	
	CHANGE COLOR?		X	
	GIVE OFF SMOKE?		X	
	CHANGE BRIGHTNESS?	X		
	CHANGE SHAPE?		X	
	FLASH OR FLICKER?		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?

SSgt Edgel E. Brown

A. HOW DID IT FINALLY DISAPPEAR?

It went out of sight as it passed over the Control Tower.

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.



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.

$\frac{1}{2}$  to  $\frac{2}{3}$  of the object would be covered by the match.

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

EYEGASSES		CAMERA VIEWER
SUNGLASSES	X	BINOCULARS 7 by 50
WINDSHIELD		TELESCOPE
SIDE WINDOW OF VEHICLE		THEODOLITE
X 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 unknown

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

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.

The landing light of an aircraft at approximately 15 miles.

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.

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

SSgt Edgel E. Brown, Box 958, 1957-1 Comm. Gp. Apo San Francisco 96305

SSgt Mark J. Magdefrau, Box 962, 1957-1 Comm. Gp. Apo San Francisco 96305

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

Ellis, Donald, Eugene

ADDRESS (Street, City, State and Zip Code)

Box 976, 1957-1 Comm. Gp. APO San Francisco 96305

TELEPHONE (Area code and number)

Ext 2539

AGE

24

MALE

FEMALE

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

Air Traffic Controller for five and one-half years.

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

NAME Honolulu ARTCC, Hawaii DAY 8 MONTH January YEAR 1968

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 12 MONTH February YEAR 1968

8 Jan 68

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



REPLY TO  
ATTN OF: TDPT (UFO)

JAN 25 1968

SUBJECT: UFO Observation , 8 January 1968

TO: SSgt Edgel Brown  
1957-1 Comm Detachment  
APO San Francisco 96305

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 8 January 1968 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.

HECTOR QUINTANILLA, Jr, Major, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

1 Atch  
AF Form 117 w/envelope

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

8 JANUARY 68



REPLY TO  
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation , 8 January 1968

TO: SSgt Mark Magefrau  
1956-1 Comm Detachment  
APO San Francisco 96305

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4  
DIRECTOR QUINTANILLA, Jr, Major, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

1 Atch  
AF Form 117 w/envelope

### SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

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1. WHEN DID YOU SEE THE PHENOMENON?

DAY 8 MONTH January YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 10 MINUTES 45  A.M.  P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

9 January 1968 HOUR 1 MINUTES 10  A.M.  P.M.

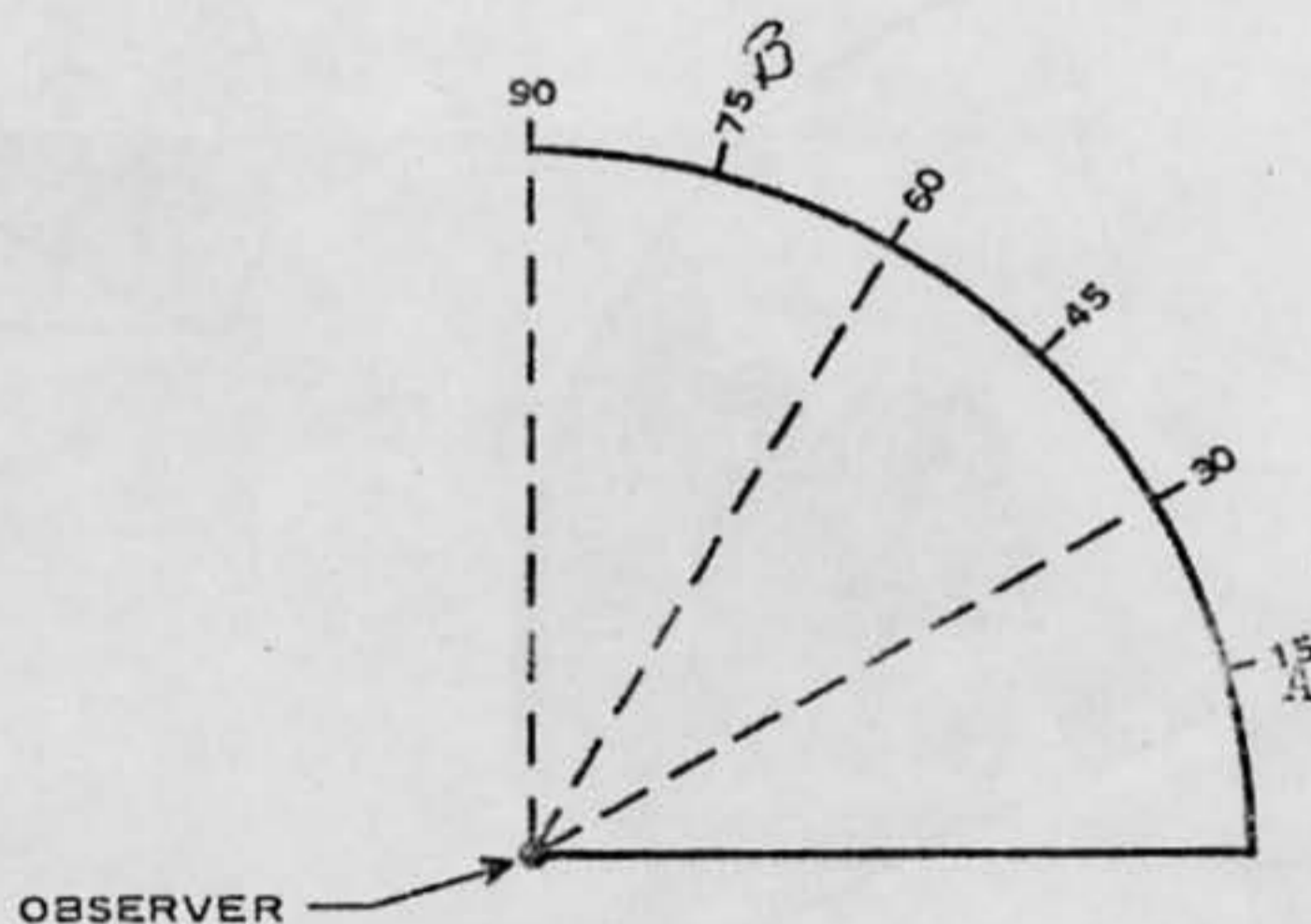
4. TIME/ZONE

DAYLIGHT SAVINGS  STANDARD  
 EASTERN  CENTRAL  MOUNTAIN  PACIFIC  OTHER (Hawaiian)

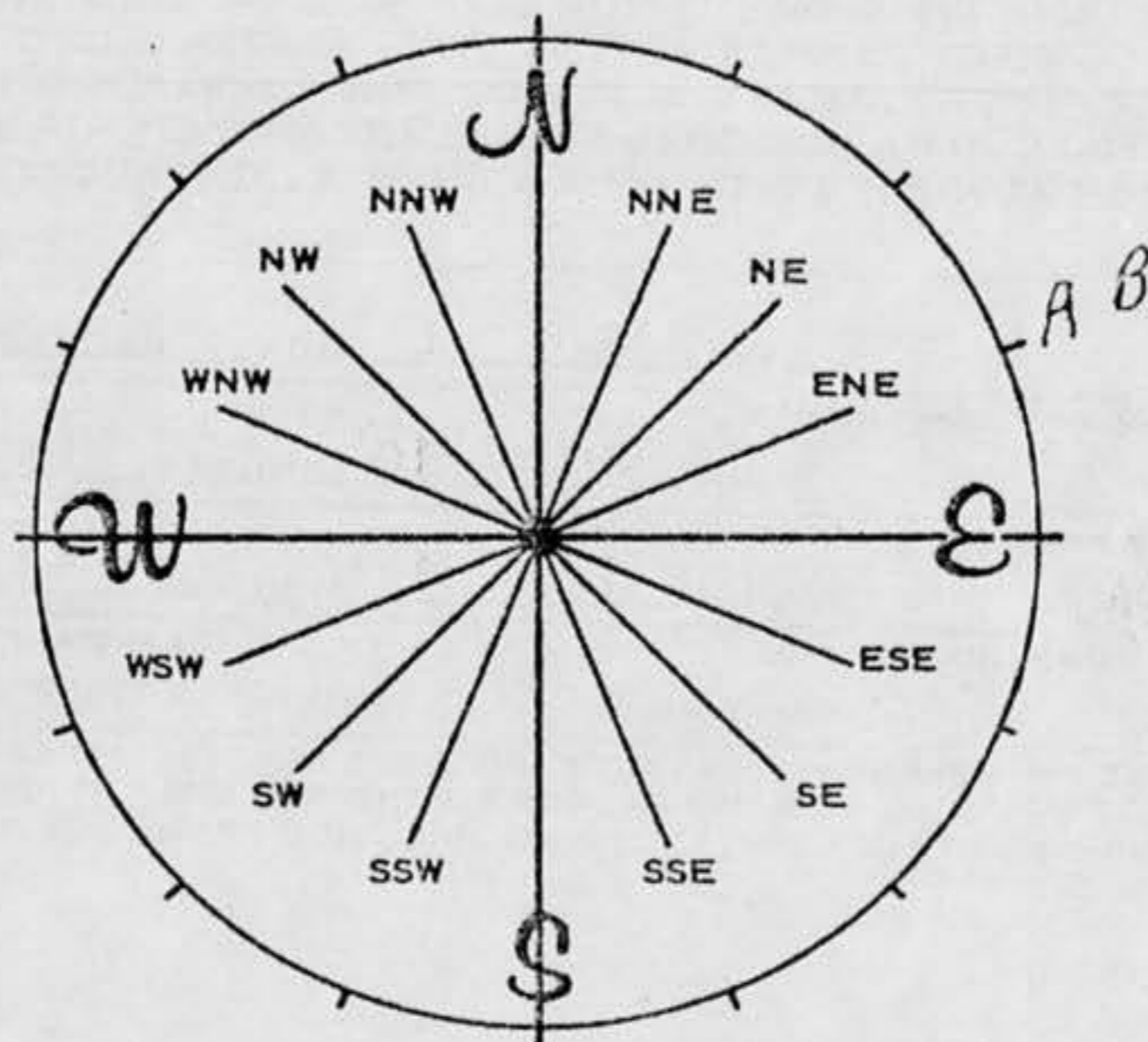
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In Control Tower, looking east.

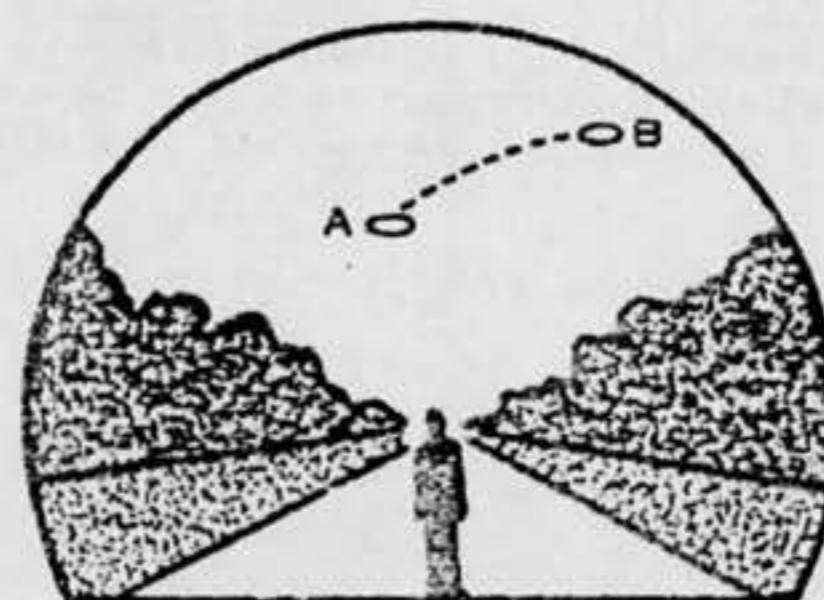
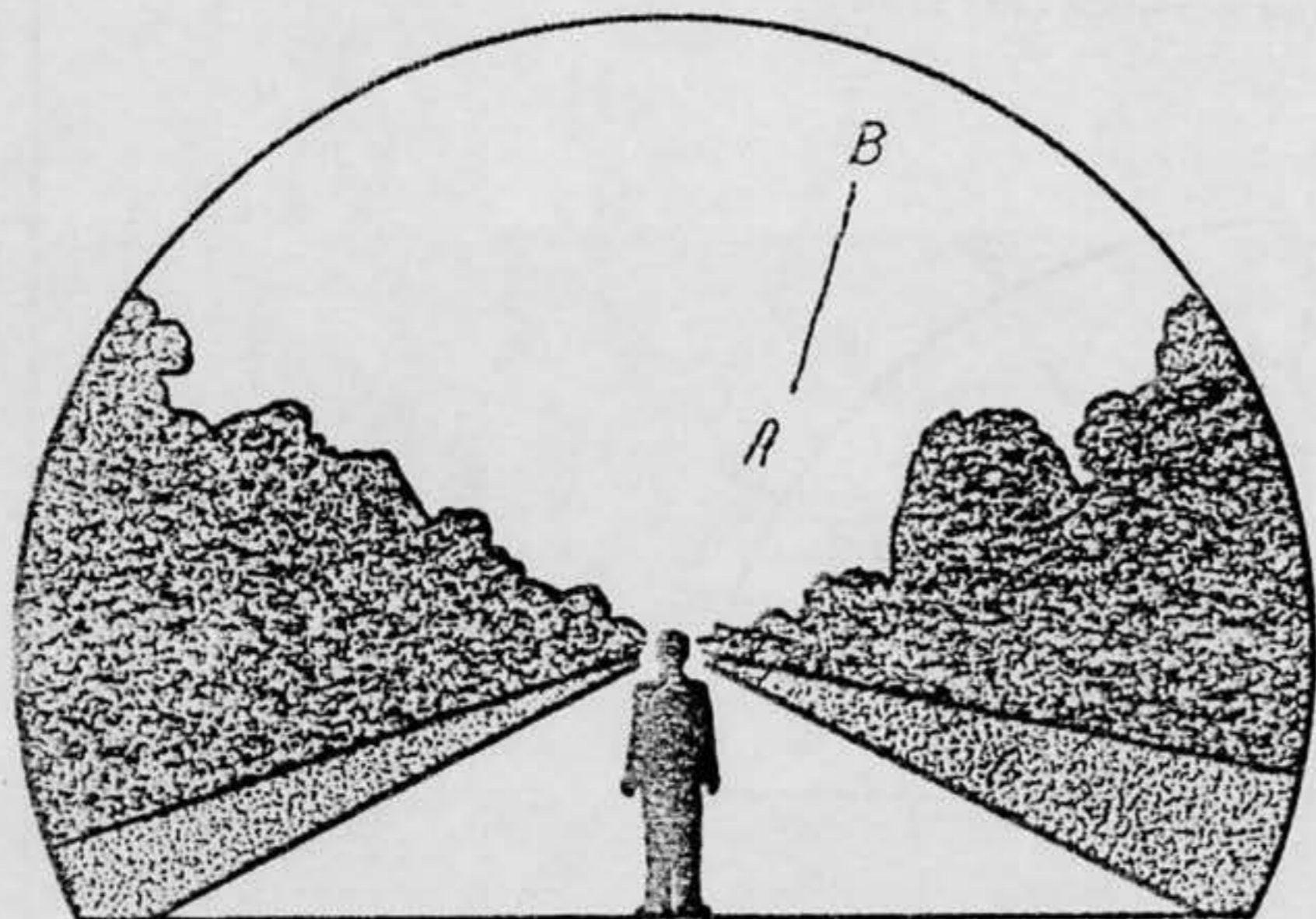
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



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.



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

<input type="checkbox"/>	OUTDOORS	<input type="checkbox"/>	IN BUSINESS SECTION OF CITY
<input checked="" type="checkbox"/>	IN BUILDING	<input type="checkbox"/>	IN RESIDENTIAL SECTION OF CITY
<input type="checkbox"/>	IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER	<input type="checkbox"/>	IN OPEN COUNTRYSIDE
<input type="checkbox"/>	IN BOAT	<input checked="" type="checkbox"/>	NEAR AIRFIELD
<input type="checkbox"/>	IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER	<input type="checkbox"/>	FLYING OVER CITY
<input type="checkbox"/>	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?	
<input type="checkbox"/>	NORTH	<input type="checkbox"/>	EAST
<input type="checkbox"/>	SOUTH	<input type="checkbox"/>	WEST
<input type="checkbox"/>	NORTHEAST	<input type="checkbox"/>	SOUTHEAST
<input type="checkbox"/>	NORTHWEST	<input type="checkbox"/>	SOUTHWEST
		DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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 type="checkbox"/>	CERTAIN OF TIME	<input type="checkbox"/>	NOT VERY SURE
two hours and twenty five minutes	<input checked="" type="checkbox"/>	FAIRLY CERTAIN	<input type="checkbox"/>	JUST A GUESS

HOW WAS TIME DETERMINED?  
by reference to clock.

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.

Disappeared intermittently, probably due to clouds. However, no clouds were visible with the naked eye.

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"/>	CUMULUS CLOUDS (Low fluffy)	<input type="checkbox"/>	FOG OR MIST
<input type="checkbox"/>	TWILIGHT	<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"/>	LIGHT RAIN OR DRIZZLE
<input checked="" type="checkbox"/>	CLEAR	<input type="checkbox"/>	NIMBUS CLOUDS (Rain)	<input type="checkbox"/>	HAIL
<input type="checkbox"/>	PARTLY CLOUDY	<input type="checkbox"/>	CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/>	SNOW OR SLEET
<input type="checkbox"/>	COMPLETELY OVERCAST	<input type="checkbox"/>		<input type="checkbox"/>	UNKNOWN
<input type="checkbox"/>		<input type="checkbox"/>	HAZE OR SMOG	<input checked="" 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"/>	BRIGHT MOONLIGHT	<input checked="" type="checkbox"/>	NO MOONLIGHT
<input checked="" type="checkbox"/>	A FEW	<input type="checkbox"/>	MOON WITH HALO	<input type="checkbox"/>	UNKNOWN
<input type="checkbox"/>	MANY	<input type="checkbox"/>	MOON HIDDEN BY CLOUDS	<input type="checkbox"/>	
<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>	PARTIAL (New or quarter)	<input type="checkbox"/>	

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.

We were on duty in the Control Tower. When we noticed the phenomena, we turned all lights off. There was very little illumination present.

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.

It was a round object and white in color. It appeared solid and was neither sharp or fuzzy. It was very bright compared to the few stars around it.

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?	X		
	STAND STILL AT ANYTIME?		X	
	SUDDENLY SPEED UP AND RUN AWAY?		X	
	BREAK UP IN PARTS AND EXPLODE?		X	
	CHANGE COLOR?		X	
	GIVE OFF SMOKE?		X	
	CHANGE BRIGHTNESS?	X		
	CHANGE SHAPE?		X	
	FLASH OR FLICKER?		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?

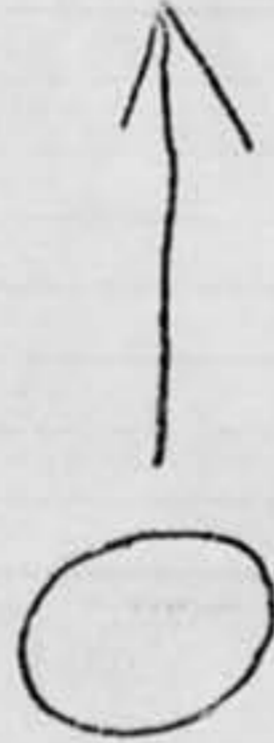
The brightness of the object.

A. HOW DID IT FINALLY DISAPPEAR?

We stopped watching it when the object went out of view over top the Control Tower.

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.



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.

*The match head would have covered approximately two thirds of the object.*

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

EYEGASSES		CAMERA VIEWER
SUNGLASSES	X	BINOCULARS 7 by 50
WINDSHIELD		TELESCOPE
SIDE WINDOW OF VEHICLE		THEODOLITE
X 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 Unknown.

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

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.

Landing light of an aircraft in excess of ten miles.

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.

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

SSgt Magdefrau, Mark J. Box 962, 1957-1 Comm. Gp. APO San Francisco 96305

SSgt Ellis, Donald E. Box 976, 1957-1 Comm. Gp. Apo San Francisco 96305

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

Brown, Edgel, Eugene

ADDRESS (Street, City, State and Zip Code)

Box 958, 1957-1 Comm. Gp. APO San Francisco 96305

TELEPHONE (Area code and number)

Ext. 2539

AGE

24

MALE

FEMALE

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

An Air Force Air Traffic Controller for the past five years.

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

NAME SSgt Donald E. Ellis DAY 8 MONTH January YEAR 1968

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 12 MONTH February YEAR 1968

*Please protect this copy*

*8 Jan 68*

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ZNR UUUUU

P 091245Z JAN 68

FM 326TH AIR DIVISION KUNIA HAWAII

TO RUWMFVA/HQ ADC ENT AFB COLORADO

RUEDFIA/FTD WRIGHT PATTERSON AFB OHIO

RUEFHQA/CSAF WASHINGTON DC

RUEFHQA/OSAF WASHINGTON DC

RUWJSCA/UNIVERSITY OF COLORADO BOLDER COLORADO

BT

UNCLAS/UFO/FTD FOR TDETR, CSAF FOR AFRDC, OSAF FOR SAF-OI, UNIVERSITY OF COLORADO ATTN: DR. CONDON.

A. DESCRIPTION OF THE OBJECT:

- (1) SHAPE-PERFECTLY ROUND
- (2) SIZE-APPROXIMATE SIZE OF A DIME
- (3) COLOR-PURE WHITE
- (4) NUMBER-ONE
- (5) FORMATION- NONE
- (6) DISCERNIBLE FEATURES OR DETAILS-BRIGHTNESS SIMILAR TO PEN LIGHT HELD IN FRONT OF FACE AT ARMS LENGHT BUT NOT AS BRIGHT
- (7) TAIL, TRAIL, OR EXHAUST, INCLUDING ITS SIZE-NONE

*See above & witness a  
Sgt [Signature] 117*

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*8/ 2245 local 15° elev. 090 az*  
*9/ 0100 local 45° elev. 090 az*

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(8) SOUND-NONE

PAGE 2 RUHHBDA 6211 UNCLAS

(9) OTHER PERTINENT OR UNUSUAL FEATURES-WEATHER PERSONNEL OBSERVED OBJECT THROUGH THEODOLITE, DEFINITELY NOT A STAR. NO SHADE OR TINT.

B. DISCRIPTION OF COURSE OF OBJECT:

(1) ONE OF TOWER PERSONNEL NOTICED OBJECT AND CALLED OTHERS ATTENTION TO IT

(2) 15 DEGREES ABOVE HORIZON 090 DEGREES FROM JOHNSTON ISLAND.

(3) STILL VISIBLE AT 09/0928Z OBJECT WAS APPROXIMATELY 45 DEGREES ABOVE THE HORIZON AT SAME AZIMUTH

(4) OBJECT CLIMBED RAPIDLY, VARIED INTENSITY FROM BRIGHT TO DIM AND ALSO ZIG-ZAGGED FROM SIDE TO SIDE LIKE A HELICOPTER

(5) STILL VISIBLE AT 09/1100Z

(6) FROM 09/0845Z AND STILL VISIBLE AT 09/1100Z. 2 HRS. 15 MINS.

C. MANNEL OF OBSERVATION:

(1) GROUND VISUAL

(2) BINOCULARS AND THODOLITE

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## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-2332

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 8 MONTH Jan YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 10 MINUTES 45  A.M.  P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

9 Jan 68 HOUR 1 MINUTES 10  A.M.  P.M.

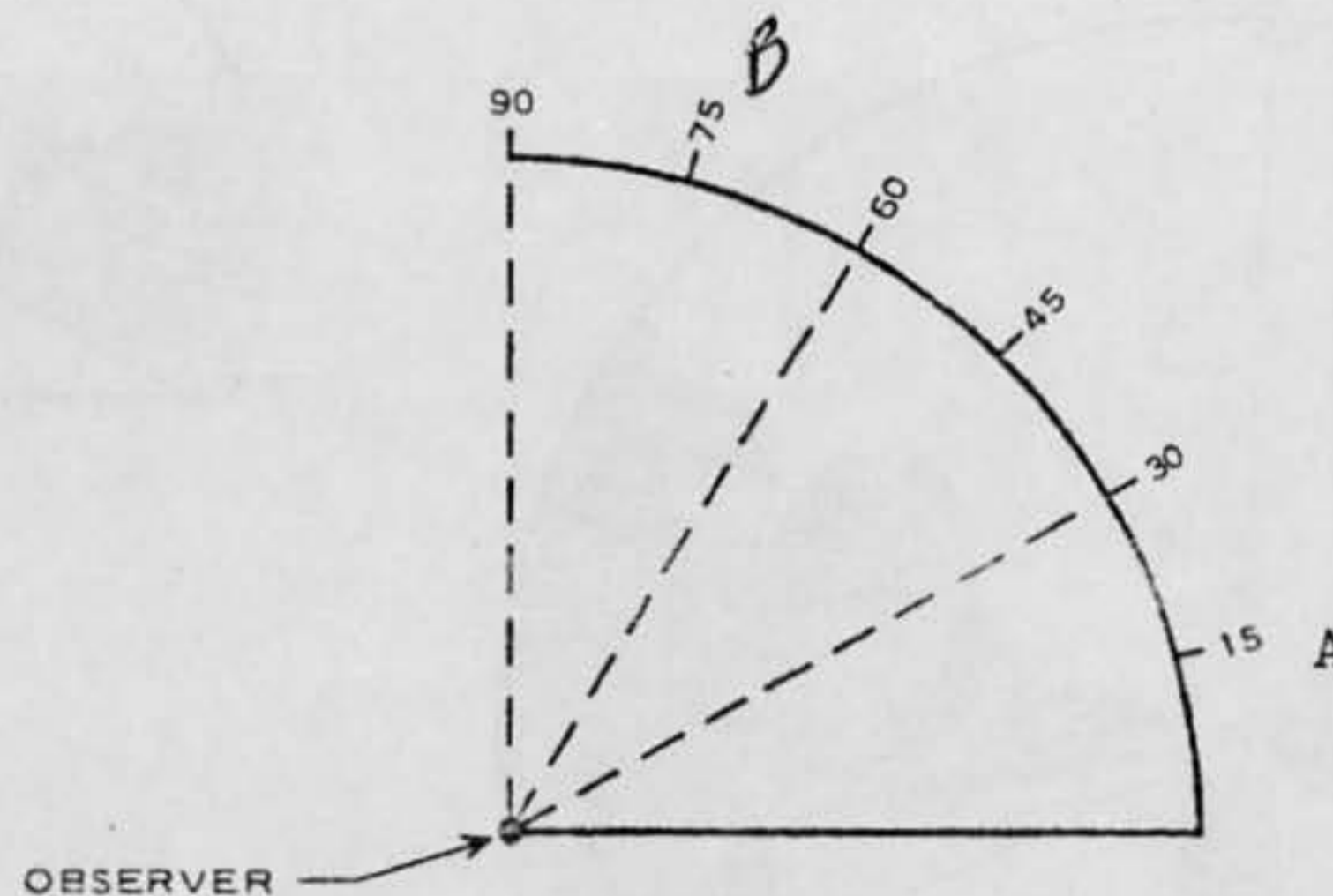
4. TIME/ZONE

 DAYLIGHT SAVINGS  STANDARD  
 EASTERN  CENTRAL  MOUNTAIN  PACIFIC  OTHER (Hawaiian)

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.

In Control Tower, facing East.

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.



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(3) N/A

D. TIME AND DATE OF SIGHTING:

(1) 09/0845Z JAN 1968 (2245 LOCAL TIME)

(2) NIGHT

PAGE 3 RUHHBDA 6211 UNCLAS

E. LOCATION OF OBSERVERS: JOHNSTON ISLAND CONTROL TOWER

F. IDENTIFYING INFORMATION ON OBSERVERS:

(1) CIVILIAN-ROBERT JOHNSON, AGE-27, ADDRESS-JOHNSTON ISLAND  
WEATHER BUREAU, APO-(96305), EDUCATION-12 YRS, RELIABILITY-  
UNKNOWN

(2) MILITARY-DONALD ELLIS, S/SGT, 1957-1 COMM. DETACHMENT, APO  
96305, CONTROL TOWER TECHNICIAN, RELIABILITY-UNKNOWN.

EDGEL BROWN, S/SGT, 1957-1 COMM. DETACHMENT, APO 96305  
CONTROL TECHNICIAN, RELIABILITY-UNKNOWN.

MARK MAGDEFRAU, S/SGT, 1956-1 COMM. DETACHMENT, APO 96305  
CONTROL TOWER TECHNICIAN, RELIABILITY-UNKNOWN

G. WEATHER AND WINDS ALOFT CONDITIONS: AT TIME AND PLACE OF SIGHTINGS.

(1) CLEAR

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(2) SURFACE	060/14	PLUS25C
6,000	045/16	PLUS12C
10,000	040/07	MINUS06C
16,000	190/06	MINUS22C
20,000	280/22	MINUS33C
30,000	250/53	MINUS41C
50,000	265/45	MINUS73C

PAGE 4 RUHHBOA 6211 UNCLAS

80,000	115/07	MINUS51C
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(3) CEILING-NONE

(4) VISIBILITY- 15 MILES

(5) AMOUNT OF CLOUD COVER- SCATTERED

(6) NONE

(7) SEE 2 ABOVE

H. NONE

I. NONE

J. NONE

K. DUTY CONTROLLER, ROBERT J. MURPHY JR., CAPT. USAF, 326 AIR DIVISION.

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POSSIBLE ANALYSIS INDICATES PLANET JUPITER.

UFO

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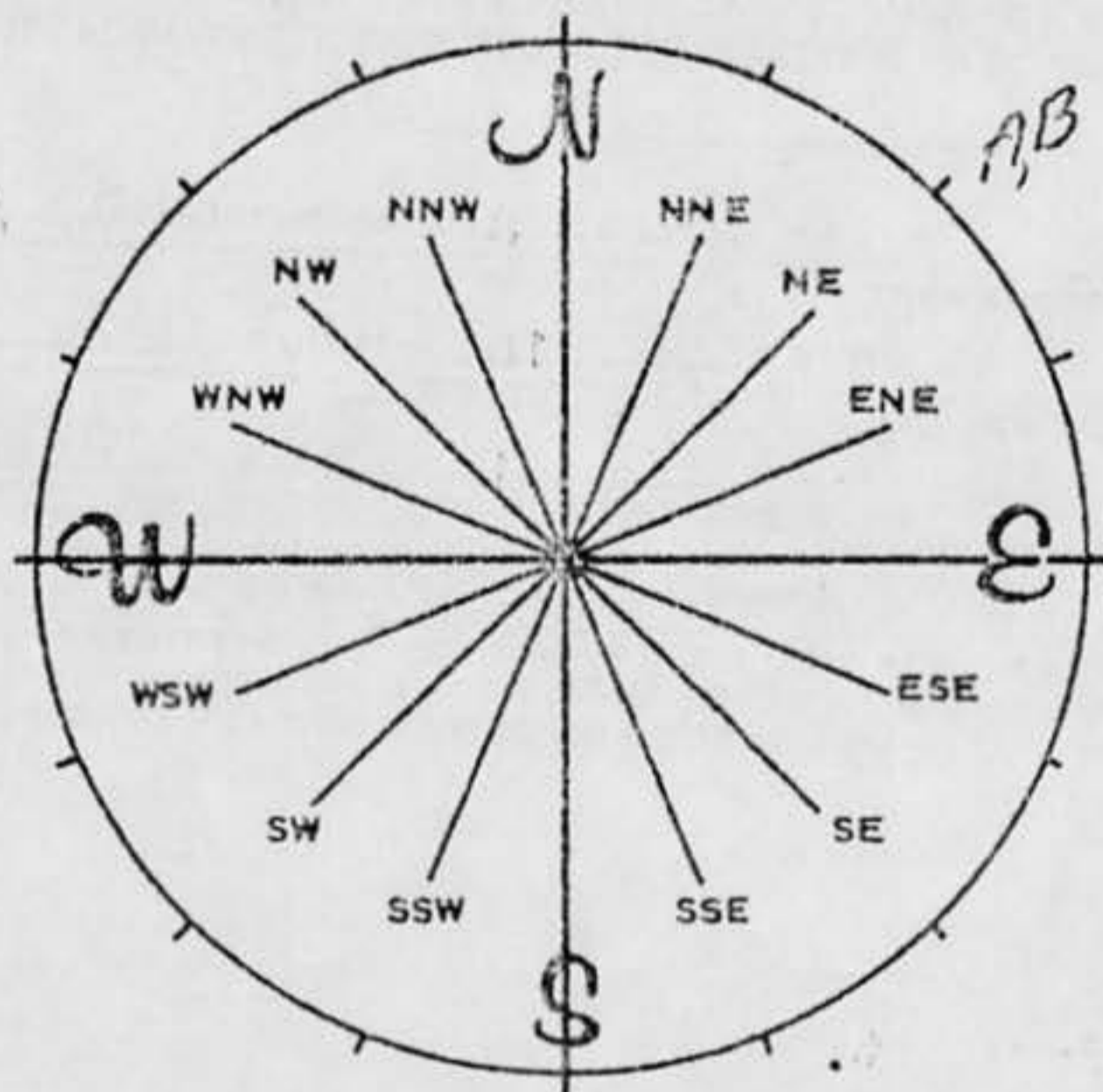
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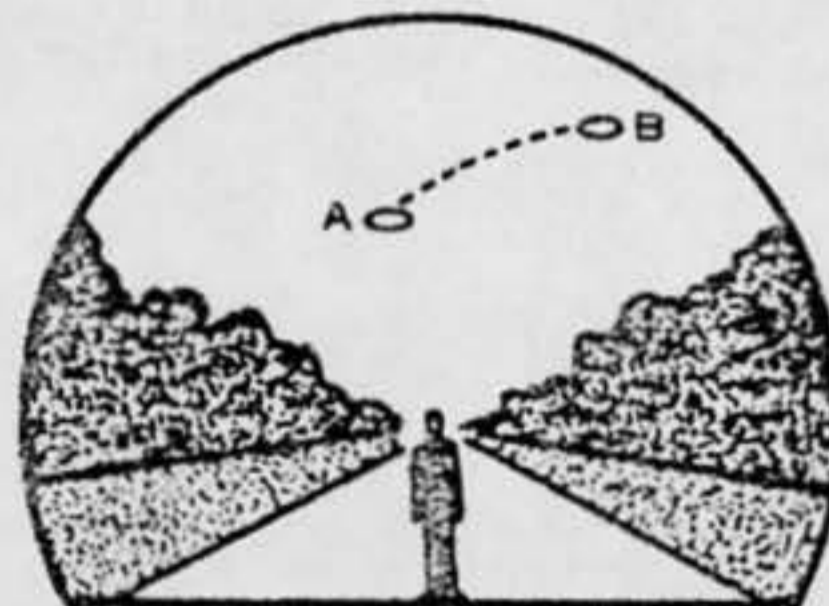
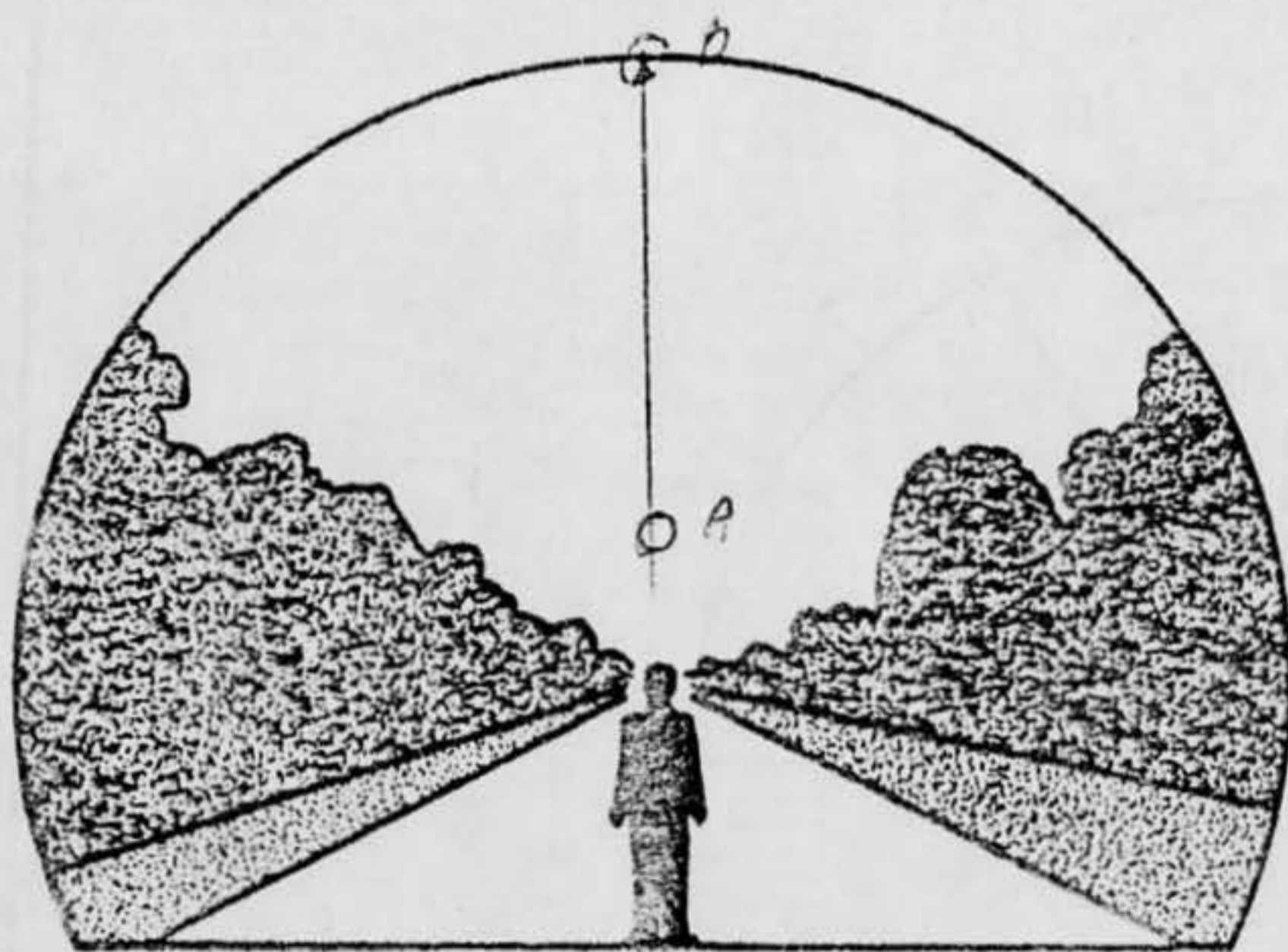
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5A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



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		IN BUSINESS SECTION OF CITY
X	IN BUILDING <u>Control Tower</u>		IN RESIDENTIAL SECTION OF CITY
	IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER		IN OPEN COUNTRYSIDE
	IN BOAT	X	NEAR AIRFIELD
	IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER		FLYING OVER CITY
	OTHER		FLYING OVER OPEN COUNTRY
			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? <input type="checkbox"/> YES <input type="checkbox"/> 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	CERTAIN OF TIME	NOT VERY SURE	
<u>Two hours and twenty five minutes</u>	X FAIRLY CERTAIN	JUST A GUESS	
HOW WAS TIME DETERMINED?			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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.			
<p>Appeared to be rising vertically very slowly, and periodically would change in intensity. Always returning to it's original brightness.</p>			

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"/> CUMULUS CLOUDS (Low fluffy)	<input type="checkbox"/> FOG OR MIST
<input type="checkbox"/> TWILIGHT		<input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herringbone)	<input type="checkbox"/> HEAVY RAIN
<input checked="" type="checkbox"/> NIGHT		<input type="checkbox"/> NIMBUS CLOUDS (Rain)	<input type="checkbox"/> LIGHT RAIN OR DRIZZLE
<input checked="" type="checkbox"/> CLEAR		<input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> HAIL
<input type="checkbox"/> PARTLY CLOUDY		<input type="checkbox"/> HAZE OR SMOG	<input type="checkbox"/> SNOW OR SLEET
<input type="checkbox"/> COMPLETELY OVERCAST			<input type="checkbox"/> UNKNOWN
			<input checked="" 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"/> BRIGHT MOONLIGHT	<input checked="" type="checkbox"/> NO MOONLIGHT
<input checked="" type="checkbox"/> A FEW		<input type="checkbox"/> MOON WITH HALO	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> MANY		<input type="checkbox"/> MOON HIDDEN BY CLOUDS	
<input type="checkbox"/> UNKNOWN		<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"/> 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.

While in Control Tower and there was very little illumination present.

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.

It was a round object, white in color. It was neither sharp nor fuzzy and it appeared brighter than the stars present.

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?	X		
	STAND STILL AT ANYTIME?		X	
	SUDDENLY SPEED UP AND RUN AWAY?		X	
	BREAK UP IN PARTS AND EXPLODE?		X	
	CHANGE COLOR?		X	
	GIVE OFF SMOKE?		X	
	CHANGE BRIGHTNESS?	X		
	CHANGE SHAPE?		X	
	FLASH OR FLICKER?		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?

Pointed out to me by the Controller on duty.

## A. HOW DID IT FINALLY DISAPPEAR?

Object went out of view when passing over top the Tower.

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.

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

EYEGASSES		CAMERA VIEWER
SUNGLASSES	X	BINOCULARS 7 X 50
WINDSHIELD		TELESCOPE
SIDE WINDOW OF VEHICLE		THEODOLITE
X 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 unknown

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

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.

Landing light of aircraft at night in excess of ten miles.

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.

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

Ssgt Edgel E. Brown, Box 958, 1957-1 Comm. Gp. Apo San Francisco 96305

Ssgt Donald E. Ellis, Box 976, 1957-1 Comm. Gp. Apo San Francisco 96305

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

Magdefrau, Mark, John

ADDRESS (Street, City, State and Zip Code)

Box 962, 1957-1 Comm. Gp. Apo San Francisco 96305

TELEPHONE (Area code and number)

Ext 2539

AGE

31

MALE

FEMALE

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

11 years Air Traffic Control experience.

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

NAME Honolulu ARTCC, Hawaii DAY 8 MONTH January YEAR 1968

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 12 MONTH February YEAR 1968