

PROJECT 10073 RECORD

1. DATE - TIME GROUP 11 July 68	2. LOCATION South Zanesville, Ohio (1 Witness)
3. SOURCE Civilian	10. CONCLUSION Possible, Other: (LIGHTNING BUGS)
4. NUMBER OF OBJECTS See Letter	The observer was requested to complete a form 117 but has not done so as of 18 Oct 68. The observer is a young boy of 13. There is no evidence in the sighting to indicate the observer was not
5. LENGTH OF OBSERVATION Not Reported	11. BRIEF SUMMARY AND ANALYSIS observing lightning bugs.
6. TYPE OF OBSERVATION Ground-Visual	The observer and a friend were sleeping out, when several times they sighted ix a beam of light that appeared and disappeared. However when they shined their flashlight in the direction of the sighting they could not see anything.
7. COURSE Not Reported	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p style="text-align: center;">RETURN TO</p> <p style="text-align: center;">Director Aerospace Studies Inst ATTN: Archibald Branch Maxwell AFB, Alabama</p> <p style="text-align: right;">7-25-68 110</p> </div>
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

JUL 19 1968

Dear Mr. [REDACTED]

This will reply to your undated letter, in which you described your sighting of an unidentified flying object (UFO).

Without additional information, we cannot offer an explanation of what you saw. However, if you will complete the attached questionnaire and mail it in the inclosed envelope, our technical people at Wright-Patterson Air Force Base will be able to investigate further and make an evaluation.

Should you ever sight another UFO, please report it as soon as possible to the nearest Air Force base. Each base has a UFO investigator, who is in a better position to make an on-the-spot investigation, which usually results in a more accurate analysis.

In the meantime, you might be able to identify the sighting yourself by looking at the categories of objects often reported as UFOs in the Project Blue Book report we are inclosing.

Sincerely,

JAMES H. AIKMAN
Major, USAF
Chief, Civil Branch
Community Relations Division
Office of Information

Atcha

BB
FF117
Env.

Mr. [REDACTED]

South Zanesville, Ohio 43701

SAFDICC

Shelly

~~Search~~ cy = SAF-010
Combk cy = SAF-010
Reader cy = SAF-010
Activity cy = SAF-010
Stayback

Dear Sirs:

Last Thursday, a friend and I experienced a frightening experience. His name is [REDACTED] Lane, South Zanesville, Ohio. Send him the same return letter you send to me. We were camping out in a tent about two hundred (200) feet from the nearest house. We were sitting down outside the tent putting pieces of grass in-between our thumbs and blowing on them to make a loud shrilling kind of noise. We then at the next moment observed a very dim beam of light on the ground a few feet in front of us. We thought it was [REDACTED] rather with a flashlight shinning it down near us, but then remembered that [REDACTED] had the only flashlight of the family. We dove into the tent and grabbed out our flashlights and went back outside and shown them up against some trees wondering who showed that beam in front of us. I then saw the same thing happen again up in a tree (a dead tree with no leaves about 20 feet in the air. Then I showed my flashlight on the tree and there was nothing there. Steve saw the same when he was looking through a clearing through a bunch of trees shinning right in front of him not less than 15 feet in front of him. He showed his flashlight on the path of the mysterious beam only to experience the same thing I experienced, that nothing was behind the light and beam was nowhere in sight for the rest of the evening. We would like to know your opinion on what we saw.

yours truly,

[REDACTED]
[REDACTED]
South Zanesville, Ohio

P.S. Please write and tell us what this was.

Thank You

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AF3C)
WRIGHT-PATTERSON AIR FORCE BASE OHIO 45433



REPLY TO
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation , 11 July 1968

18 SEP 1968

TO: Mr. S [REDACTED]
[REDACTED]
South Zanesville, Ohio 43704

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 11 July 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.

DIRECTOR QUINTANILLA, Jr, Lt Colonel, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-R353

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 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 11 MONTH July YEAR 1962

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?
 HOUR _____ MINUTES _____ A.M. P.M.

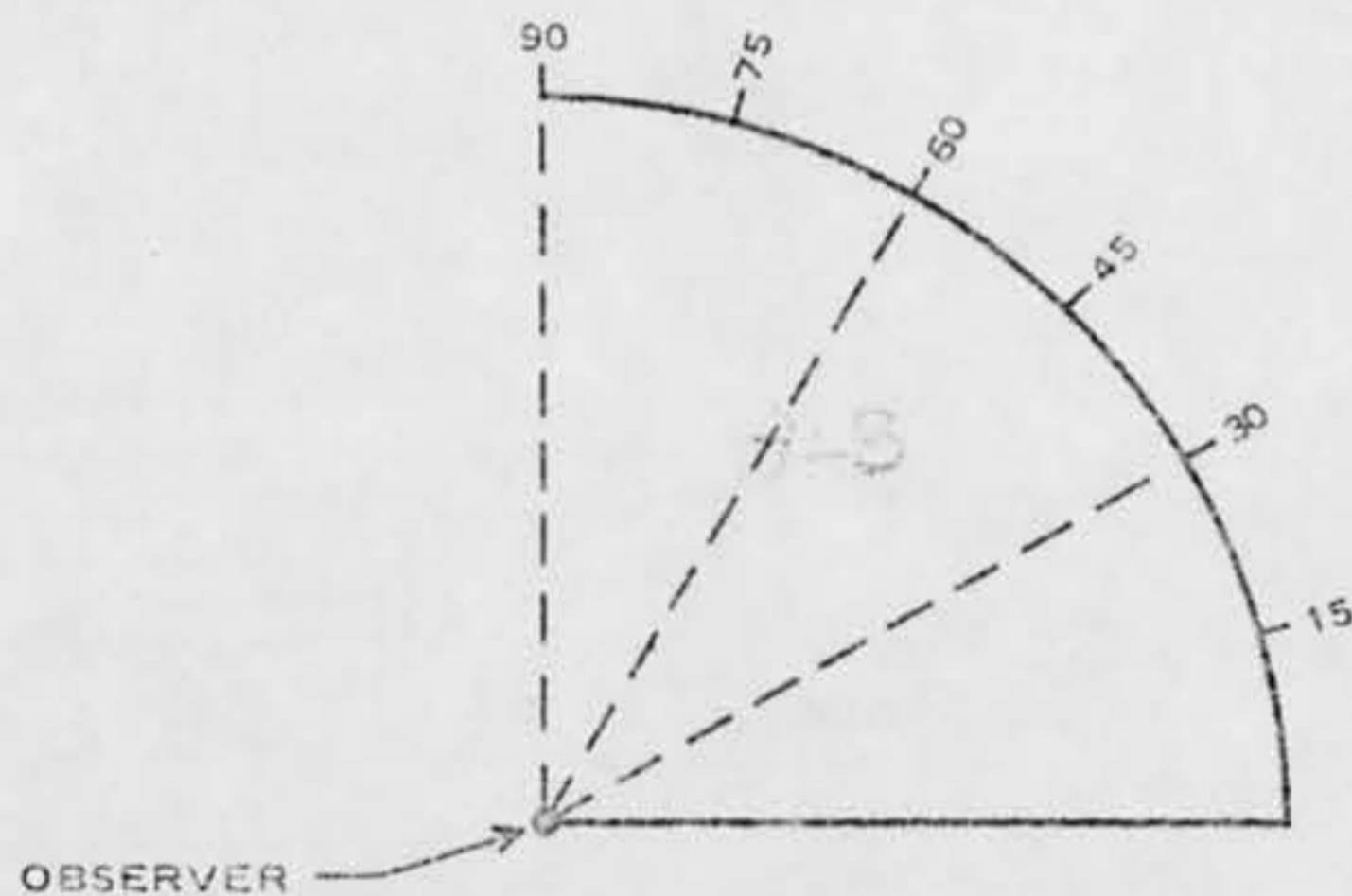
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?
 HOUR _____ MINUTES _____ A.M. P.M.

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.

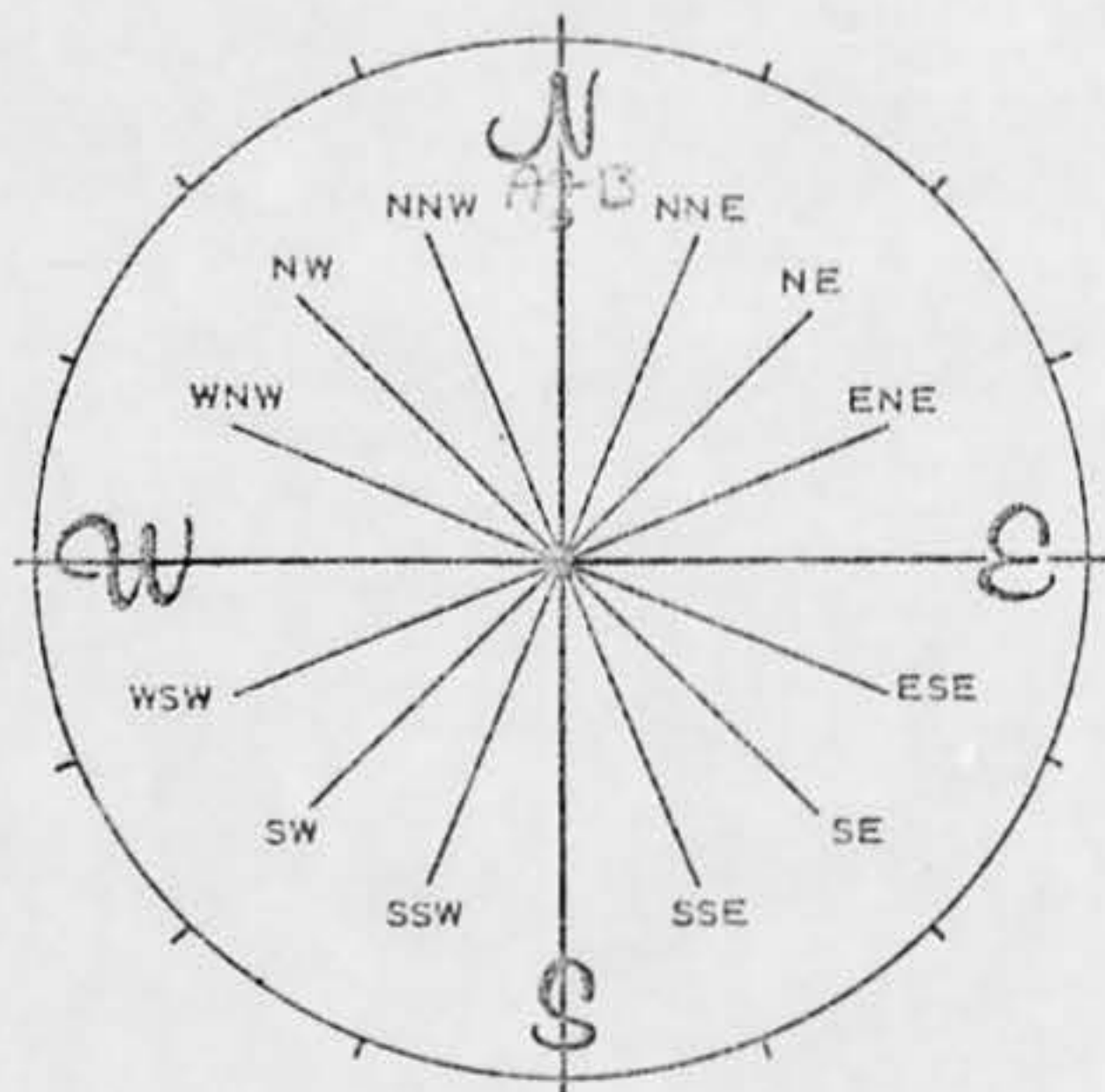


6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

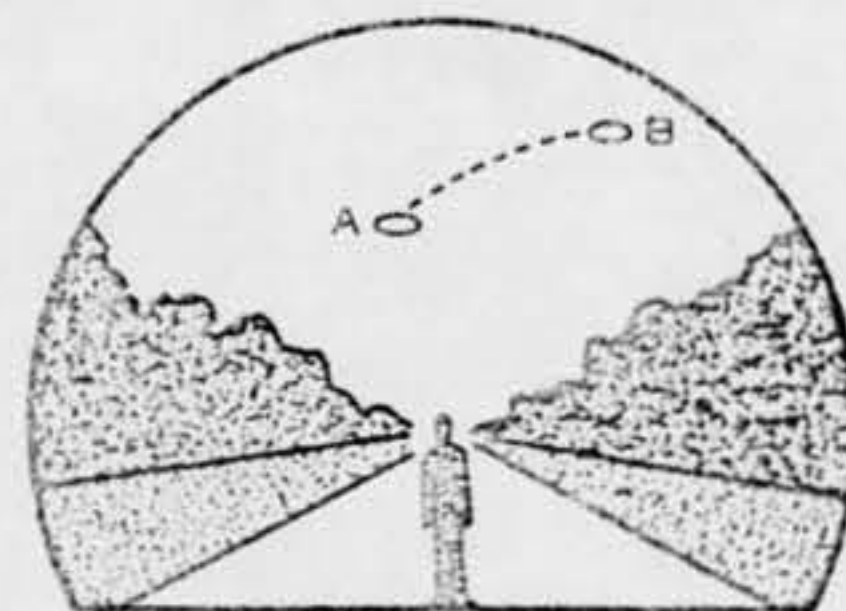
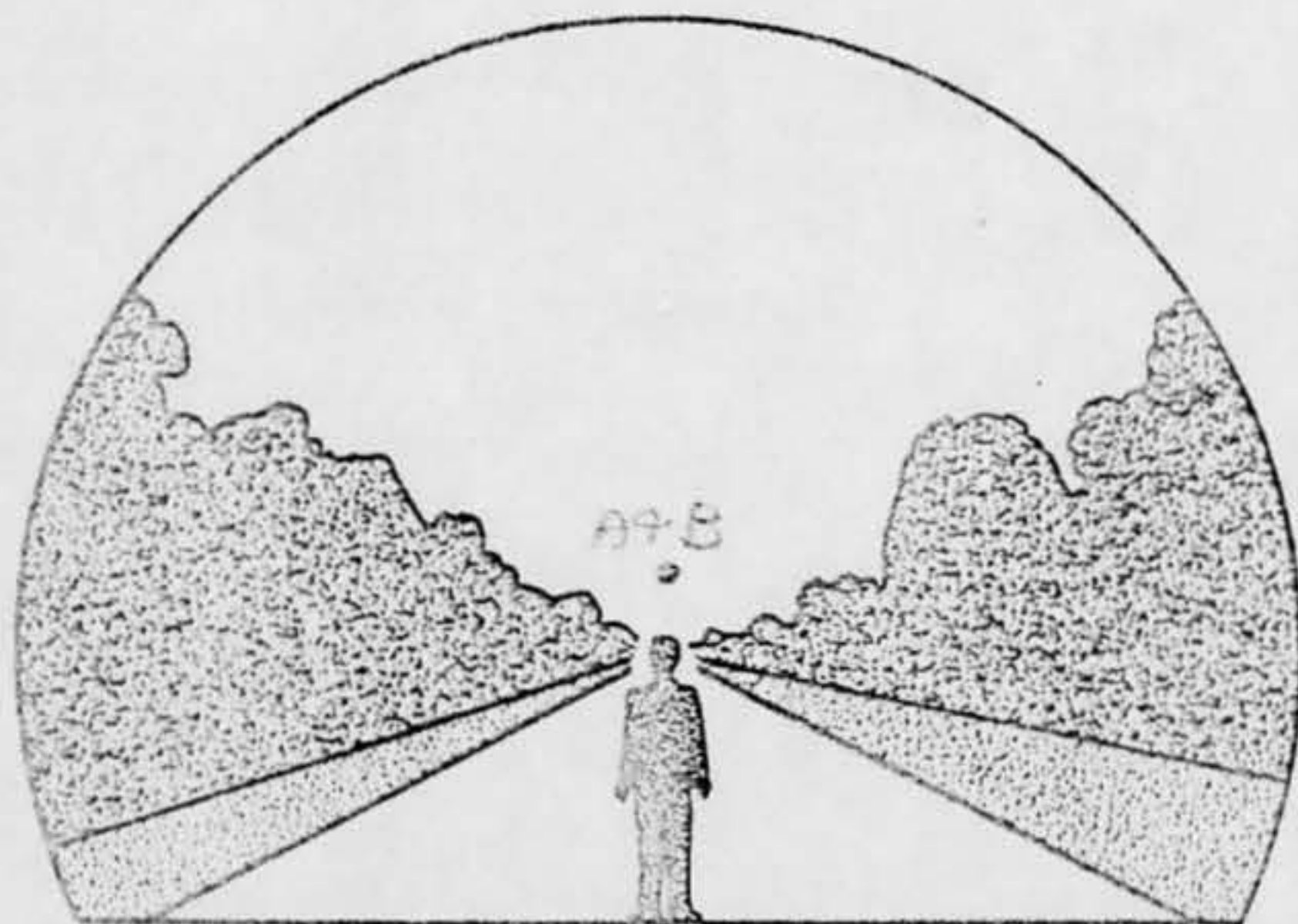


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6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



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	<input checked="" type="checkbox"/>	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
		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.

9. HOW LONG WAS THE PHENOMENON IN SIGHT?

LENGTH OF TIME <i>about 1 1/2 minutes</i>	CERTAIN OF TIME	NOT VERY SURE
	FAIRLY CERTAIN	<input checked="" type="checkbox"/> JUST A GUESS

HOW WAS TIME DETERMINED?
By just a guess

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.
To the behavior of the phenomenon. It just vanished.

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

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

I saw a dim light 200 ft of air. We got up to investigate the light and that's when we saw the other sightings.

A. HOW DID IT FINALLY DISAPPEAR?

It vanished. Like someone turning off a light.

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.

#1

#2



#3



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.

all of it

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	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. NO MOVEMENT 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE. 150 FT

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 first object was very dim almost like a ~~beam~~ flashlight which the batteries were almost empty.

The second object looked like a circle of light coming from a flashlight except ~~there~~ there was no beam of light was shown anywhere on the ground.

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.

22. 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
[REDACTED] TS [REDACTED]
[REDACTED]

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME [REDACTED] 2

ADDRESS (Street, City, State, and Zip Code) [REDACTED] South [REDACTED] 43701

TELEPHONE (Area code and number) [REDACTED] AGE 13 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?
NAME _____ DAY _____ MONTH _____ YEAR 1968

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.
DAY 22 MONTH _____ YEAR 1968