

PROJECT 10073 RECORD

1. DATE - TIME GROUP 1425Z	2. LOCATION SEVEN HILLS, OHIO <span style="float: right;">1</span>
3. SOURCE CIVILIAN	10. CONCLUSION OTHER (POSSIBLE REFLECTION OF SUNLIGHT FROM AIRCRAFT)
4. NUMBER OF OBJECTS ONE	
5. LENGTH OF OBSERVATION TEN TO FIFTEEN SECONDS	11. BRIEF SUMMARY AND ANALYSIS THE OBSERVER SIGHTED A SILVER DISC SHAPED OBJECT THAT TRAVELED NORTH AND WAS SEEN FOR ABOUT TEN SECONDS.  COMMENTS: THE OBSERVER DOES NOT REALLY SAY OR INDICATE THE ARC OF SKY COVERED BUT ONLY SAYS THAT IT DISAPPEARED BEHIND A HOUSE. THE OBSERVER IS ONLY ABOUT FIVE TO TEN MILES FROM THE CLEVELAND HOPKINS AIRPORT. NO ONE REPORTED ANY SIMILAR SIGHTING TO THE SEVEN HILLS POLICE DEPARTMENT. ALL THIS PLUS THE SHORT DURATION WOULD INDICATE THAT THE OBSERVER MAY HAVE SEEN THE REFLECTION OF SUNLIGHT FROM AN AIRCRAFT.
6. TYPE OF OBSERVATION GROUND VISUAL	
7. COURSE NORTH	
8. PHOTOS <input type="checkbox"/> Yes XXXX No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes XXX No	

20 July 68

ADPT (UFO) Lt Col Quintanilla/70916/mhs/29 Aug 68

30 AUG 1968

UFO Observation, 20 July 1968

Seven Hills Police Department  
Seven Hills, Ohio 44131

1. The Aerial Phenomena Office is in receipt of an unidentified flying object (UFO) report from Seven Hills, Ohio which occurred on 20 July 1968 at 1025 am, EDT.
2. The observer stated that he sighted a bright silver colored disc. The object was reportedly at about 300 ft altitude, traveled to the north and was visible for approximately ten seconds.
3. Did you receive any reports of unusual objects for this date? We would appreciate your comments as to a possible cause for this sighting.
4. Thank you for your assistance on this matter.

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

1 Atch  
self-addressed envelope

RECEIVED OFFICIAL MAIL ROOM

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



REPLY TO  
ATTN OF: TDPT (UFO)

5 AUG 1968

SUBJECT: UFO Observation, 20 July 1968

TO:

[REDACTED]  
Seven Hills, Ohio 44131

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.

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

1 Atch  
AF Form 117 w/envelope

Suburb of Cleveland  
At 5-10 mi from Cleveland Hopkins Airport

C. R. NAWALANIEC  
Chief of Police  
524-4424



DIVISION OF POLICE  
7247 Broadview Road  
Cleveland, Ohio 44128  
524-4423

*City of Seven Hills*

CUYAHOGA COUNTY, OHIO

September 5, 1968

Hector Quintanilla, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate  
Wright Patterson AFB, Ohio 45433

RE: UFO observation  
July 20, 1968

Dear Sir:

We regret to report that we have no information concerning unusual flying objects on the above date.

As to a possible cause for the above mentioned incident, we again must inform you that we have no information as to what the object could have been.

We are sorry that we could not be of more help to your office.

Sincerely,

*C. R. Nawalaniec*  
C. R. Nawalaniec  
Chief of Police

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

8.1 STARS (Circle One):

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

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

12. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
  - b. Like a bright star
  - c. Sharply outlined
  - d. Don't remember

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

13. Did the object:

(Circle One for each question)

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

U.S. AIR FORCE TECHNICAL INFORMATION

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

1. When did you see the object?

20 July 1968  
Day Month Year

2. Time of day: 10 25  
Hour Minutes

(Circle One): A.M. or P.M.

3. Time Zone:

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

(Circle One): a. Daylight Saving  
b. Standard

4. Where were you when you saw the object?

[Redacted] Avenue Cleveland Ohio  
Nearest Postal Address City or Town State or County

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

0 0 10  
Hours Minutes Seconds

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

5.1 How was time in sight determined? Counting off seconds

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

6. What was the condition of the sky?

- DAY NIGHT  
a. Bright a. Bright  
b. Cloudy b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

- (Circle One): a. In front of you  
b. In back of you  
c. To your right  
d. To your left  
e. Overhead  
f. Don't remember

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

(Circle One) Yes No

IF you answered YES, then what speed would you estimate? \_\_\_\_\_

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

(Circle One) Yes No

IF you answered YES, then how far away would you say it was? 300-400 ft.

22. Where were you located when you saw the object?

(Circle One):

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane (type) \_\_\_\_\_
- e. At sea
- f. Other \_\_\_\_\_

23. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other \_\_\_\_\_

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

24.1 What direction were you moving? (Circle One)

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

24.2 How fast were you moving? \_\_\_\_\_ miles per hour.

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

(Circle One) Yes No

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

- |                 |            |           |               |       |           |
|-----------------|------------|-----------|---------------|-------|-----------|
| a. Eyeglasses   | <u>Yes</u> | No        | a. Binoculars | Yes   | <u>No</u> |
| b. Sun glasses  | Yes        | <u>No</u> | f. Telescope  | Yes   | <u>No</u> |
| c. Windshield   | Yes        | <u>No</u> | g. Theodolite | Yes   | <u>No</u> |
| d. Window glass | Yes        | <u>No</u> | 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 small silver coin, or a glass lens might have the same appearance.

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

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

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

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

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

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

a. Sound The object had no sound.

b. Color Mainly a bright silver, the edge of the object had a black band on it.

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?

Just about 3/4 of the object would have been covered

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.





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

No

31. Was anyone else with you at the time you saw the object? (Circle One)

Yes

No

31.1 IF you answered YES, did they see the object too? (Circle One)

Yes

No

31.2 Please list their names and addresses:

no yes

32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

Seven Hills

City

31

Zone

Ohio 44131

State

TELEPHONE NUMBER

AGE

14

SEX

Male

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

I am very interested in aircraft, and feel I can identify a good number of them. The object which I saw was not like any aircraft I had ever seen, live, pictured or otherwise.

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

22

Day

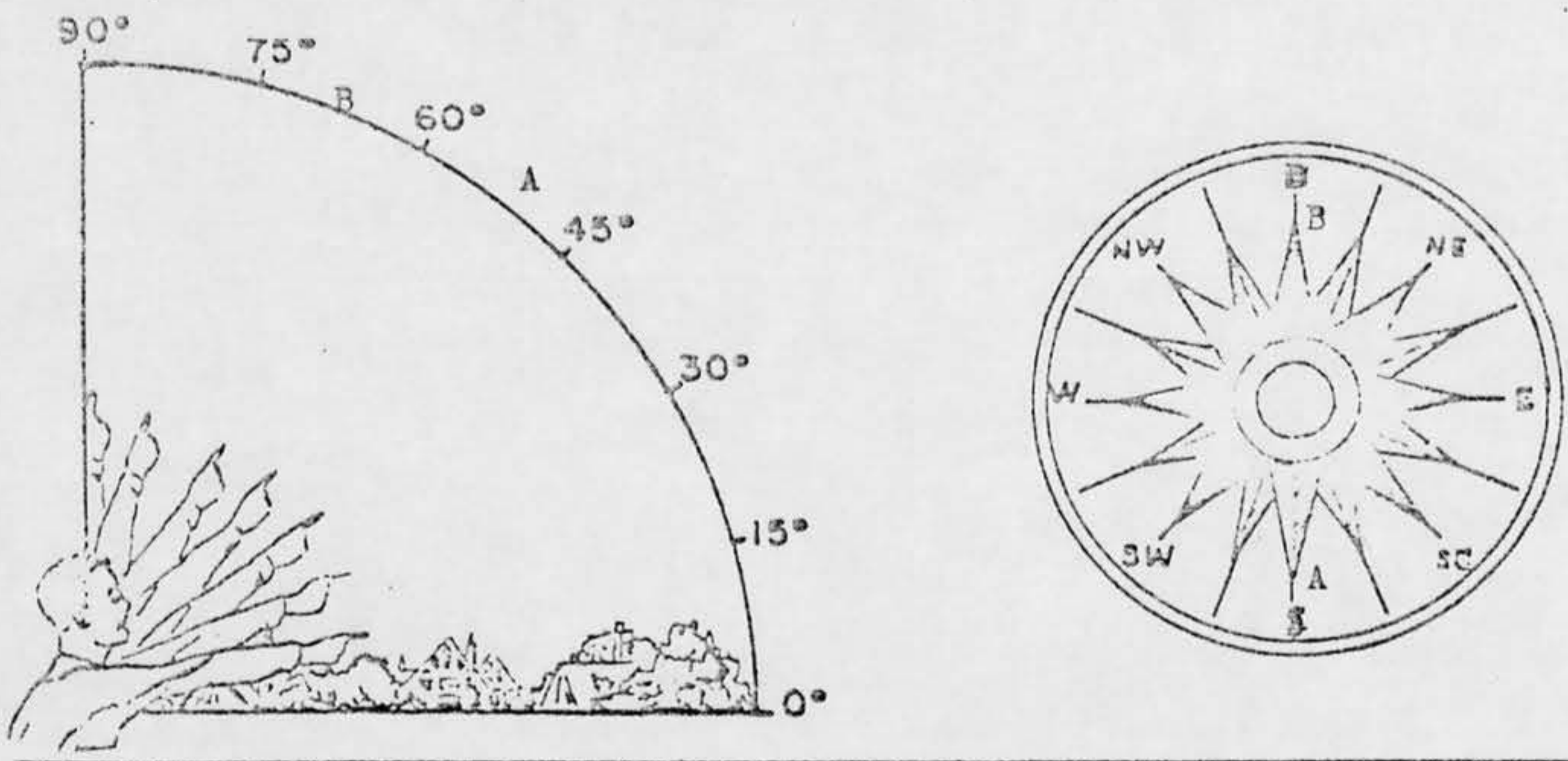
July

Month

1963

Year

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it. Place an "A" on the compass when you first saw it. Place a "B" on the compass where you last saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



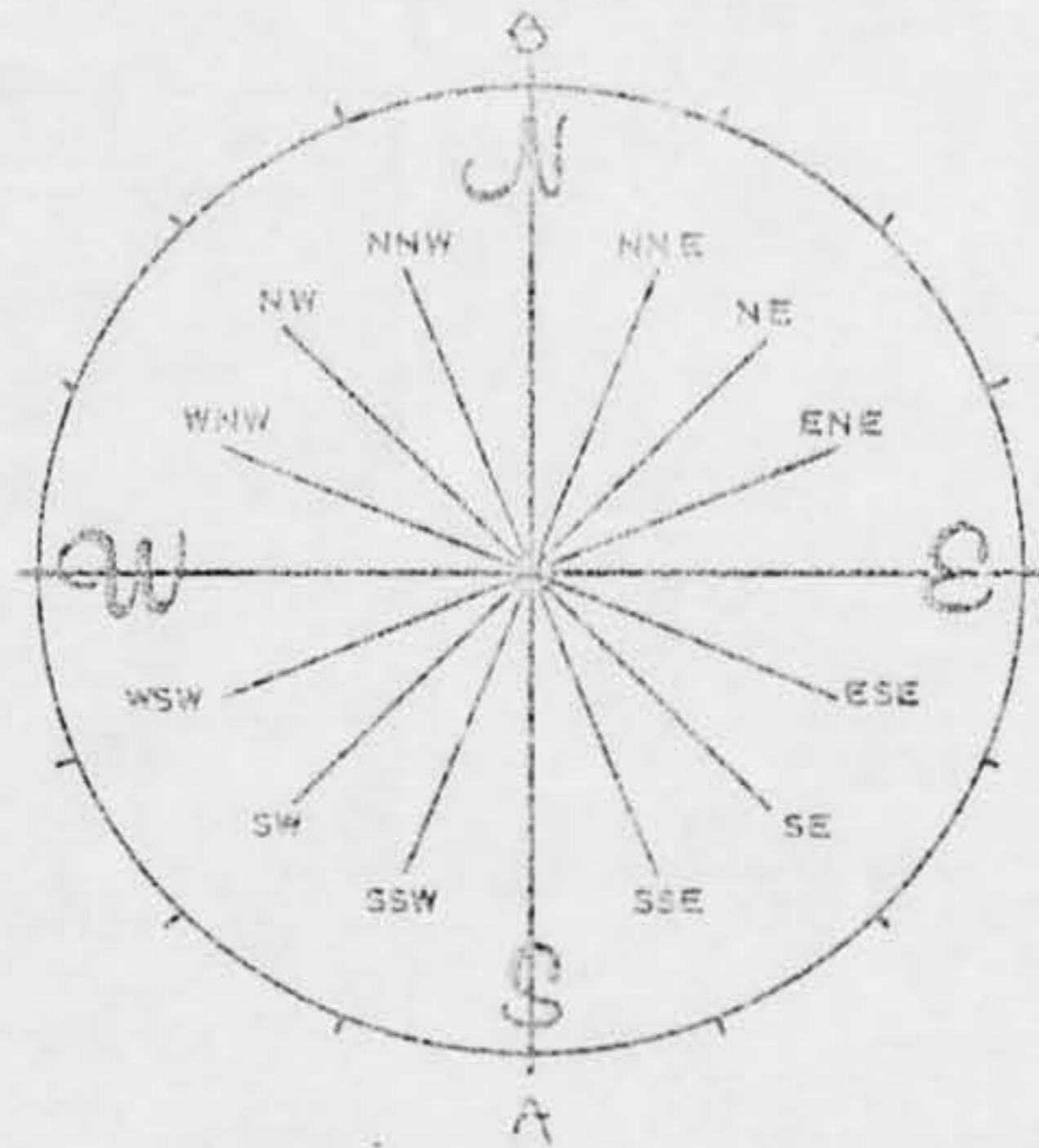
29. IF there was MORE THAN ONE object, then how many were there? \_\_\_\_\_  
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

34. Date you completed this questionnaire:

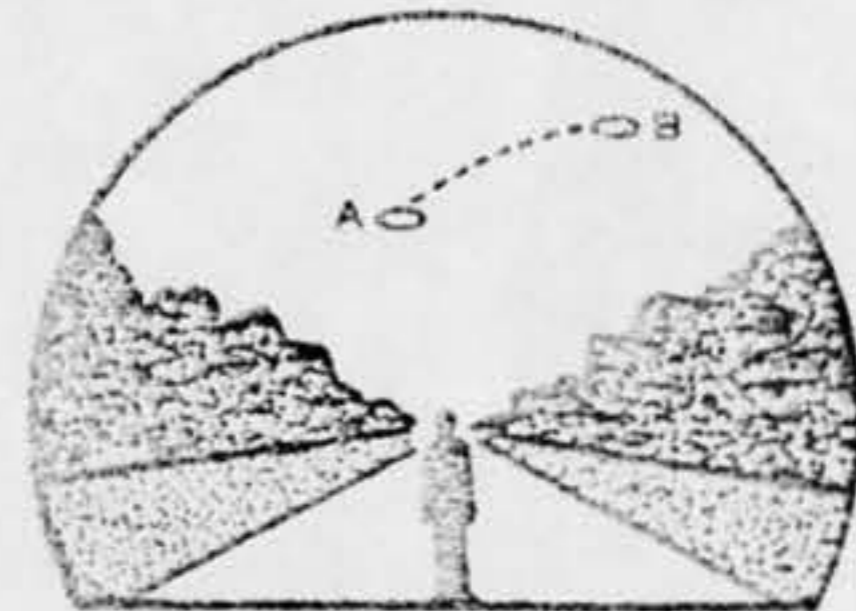
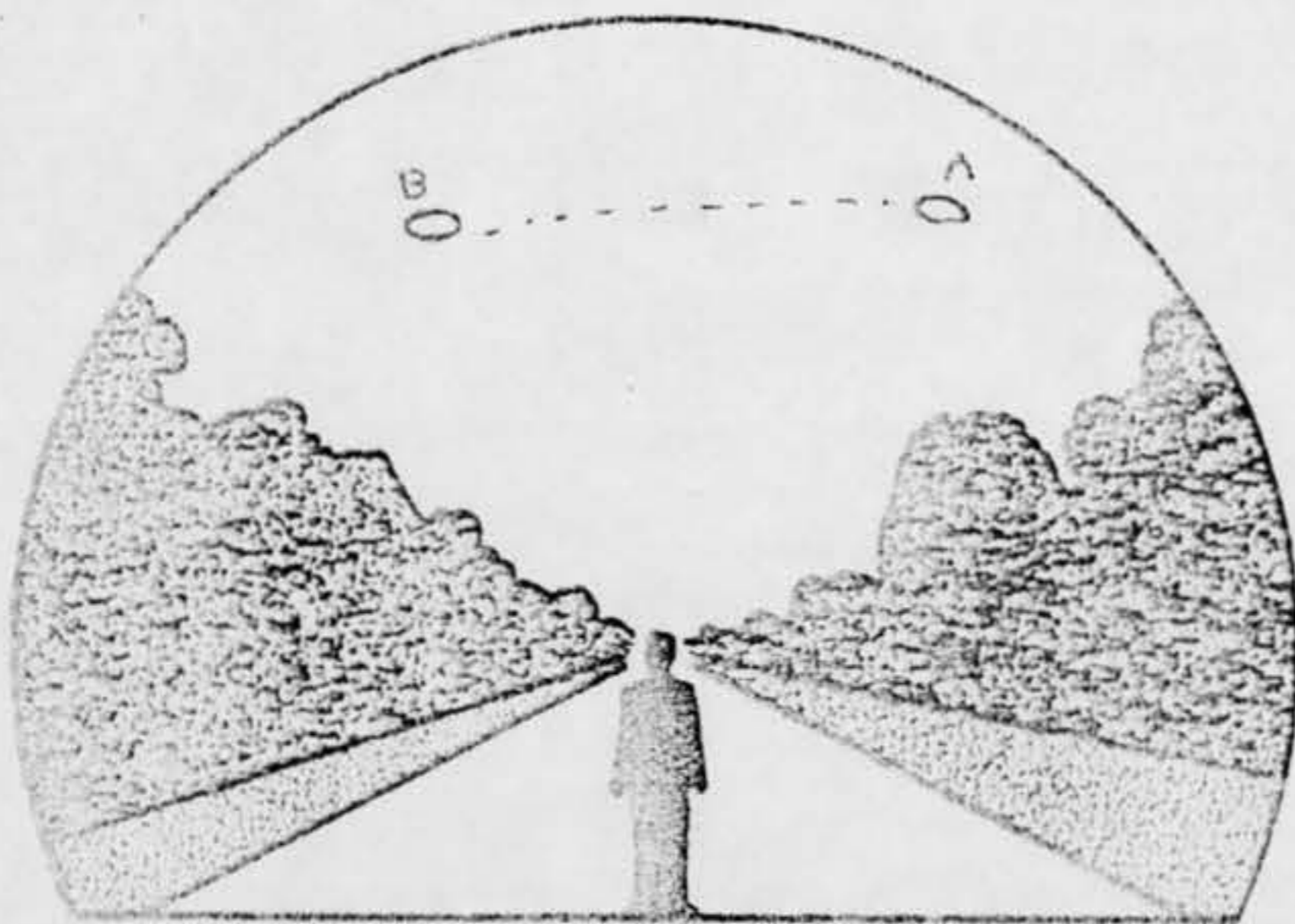
21      July      1968  
Day      Month      Year

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.

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.



SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 11-2153

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 20 MONTH July YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 10 MINUTES 25  A.M.  P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 10 MINUTES 25 + 10  A.M.  P.M.

4. TIME / ZONE

DAYLIGHT SAVINGS

STANDARD

EASTERN

CENTRAL

MOUNTAIN

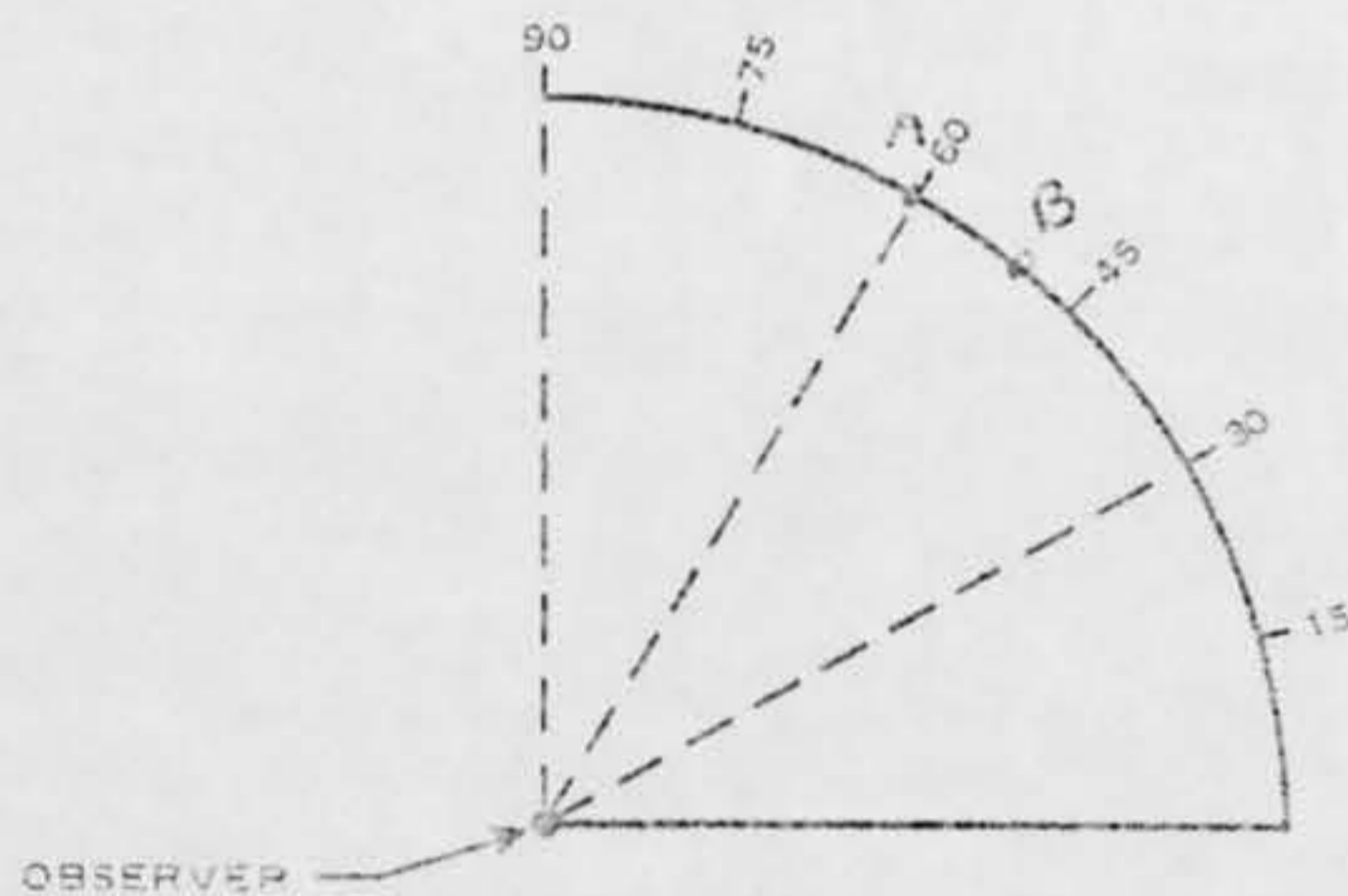
PACIFIC

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.



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?

only one

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

12. 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		BRIGHT MOONLIGHT	NO MOONLIGHT
<input type="checkbox"/> A FEW		MOON WITH HALO	UNKNOWN
<input type="checkbox"/> MANY		MOON HIDDEN BY CLOUDS	
<input type="checkbox"/> UNKNOWN		PARTIAL (New or quarter)	

13. 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 checked="" type="checkbox"/> TO YOUR RIGHT	OVERHEAD (Near moon)
<input type="checkbox"/> IN BACK OF YOU	<input type="checkbox"/> TO YOUR LEFT	UNKNOWN

14. 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.

Seen

15. 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.

A silver-colored disk, it did reflect light. It was, in my opinion, a solid object. The edges of the object were sharply defined.

The only thing I could compare it with is the small silver ball on the top of our cars Radio Antenna.

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

<input checked="" type="checkbox"/> OUTDOORS			IN BUSINESS SECTION OF CITY
IN BUILDING		<input checked="" type="checkbox"/>	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
			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	CERTAIN OF TIME	NOT VERY SURE
10 - 15 seconds	<input checked="" type="checkbox"/> FAIRLY CERTAIN	JUST A GUESS

HOW WAS TIME DETERMINED?  
Method of counting to myself i.e. 1000-1, 1000-2 etc.

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.

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?

I suddenly looked up, saw  
 a movement, and sighted the object.

## A. HOW DID IT FINALLY DISAPPEAR?

It went behind a house, and  
 I did not see it after that.

## 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.

Approximately  $\frac{3}{4}$  of the object would be covered by the match.

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, Code)

TELEPHONE (Area code and number)

AGE 14  MALE  FEMALE

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

I have a fairly good <sup>of Aircraft</sup> knowledge and I feel that the object I saw could not be explained as any U.S. Aircraft.

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

NAME Project Blue Book DAY 22 MONTH July YEAR 1965

26. DATE YOU COMPLETED THIS QUESTIONNAIRE. DAY 6 MONTH August YEAR 1965

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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>Very Fast</u>	19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>300 ft</u>
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.	
<p>A silver coin, when placed in the Air might give the same impression. The Rim of the coin would not coincide, and the thickness would not be the same, but the general disk shape would be outstanding.</p>	
21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.	
A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.	