

4602D AISS UFOB LOG

REPORT NO.	DATE/TIME OF SIGHTING	RECD HQ 4602D
AISS-UFOB-421-55	31/1805Z Dec 55	3 Jan 56
LOCATION OF SIGHTING	LOGGED BY	
Bergen Park, Colorado	S/Sgt DeRudder	
MEANS RECD	ACTION	
Phone	Limited telephonic investigation	
INVES UNIT	DATE INVES ASSIGNED	ASSIGNING OFFICER
Hqs	3 Jan 56	Lt McEntee
DATE IR RECD HQ	DATE IR APPROVED	DATE IR TO ATIC
N/A	N/A	N/A
DATE OF FORM 5		
4 Jan 56		
COMMENTS		
As any possible leads were checked without results this sighting has been resolved as a:		
CONCLUSIONS		
POSSIBLE AIRCRAFT		

2602D AISS UPOB REPT

DATE-TIME GROUP 31/11/52 Dec 55

421  
Bergen Park, Colo

## U. S. AIR FORCE TECHNICAL INFORMATION SHEET

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, and will be regarded as confidential material. 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?

1105 AM 31 Dec 55  
Day Month Year  
1805Z

2. Time of day: \_\_\_\_\_

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?

Bergen Park, Colo

Nearest Postal Address

City or Town

State or Country

Additional remarks: \_\_\_\_\_

5. Estimate how long you saw the object.

Hours \_\_\_\_\_ Minutes \_\_\_\_\_ Seconds \_\_\_\_\_

2 minute total

5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.

a. Certain  
 b. Fairly certain

c. Not very sure  
d. Just a guess

6. What was the condition of the sky?

Clear

(Circle One):  a. Bright daylight  
b. Dull daylight  
c. Bright twilight

d. Just a trace of daylight  
e. No trace of daylight  
f. Don't remember

7. IF you saw the object during DAYLIGHT, TWILIGHT, or DAWN, 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

8. IF you saw the object at NIGHT, TWILIGHT, or DAWN, 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. Was the object brighter than the background of the sky?

(Circle One):

a. Yes

b. No

c. Don't remember

10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile headlight?:

(Circle One):

- a. A mile or more away (a distant car)?
- b. Several blocks away?
- c. A block away?
- d. Several yards away?
- e. Other \_\_\_\_\_

11. Did the object:

- a. Appear to stand still at any time?
- b. Suddenly speed up and rush away at any time?
- c. Break up into parts or explode?
- d. Give off smoke?
- e. Change brightness?
- f. Change shape?
- g. Flicker, throb, or pulsate?

(Circle One for each question)

<input checked="" type="radio"/> Yes	No	Don't Know
<input checked="" type="radio"/> Yes	No	Don't Know
Yes	No	Don't Know
Yes	No	Don't Know
Yes	No	Don't Know
Yes	No	Don't Know
Yes	No	Don't Know
Yes	No	Don't Know

12. Did the object move behind something at anytime, particularly a cloud?

(Circle One): Yes

No

Don't Know.

IF you answered YES, then tell what

it moved behind: \_\_\_\_\_

13. Did the object move in front of something at anytime, particularly a cloud?

(Circle One): Yes

No

Don't Know.

IF you answered YES, then tell what

it moved in front of: \_\_\_\_\_

14. Did the object appear: (Circle One):

a. Solid?

b. Transparent?

c. Don't Know.

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

- a. Eyeglasses Yes
- b. Sun glasses Yes
- c. Windshield Yes
- d. Window glass Yes

No  
 No  
 No  
 No

- e. Binoculars Yes
- f. Telescope Yes
- g. Theodolite Yes
- h. Other \_\_\_\_\_

No  
 No

16. Tell in a few words the following things about the object.

- a. Sound None (Behind jet)  
b. Color Cloudy white (like ac color)

17. 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.

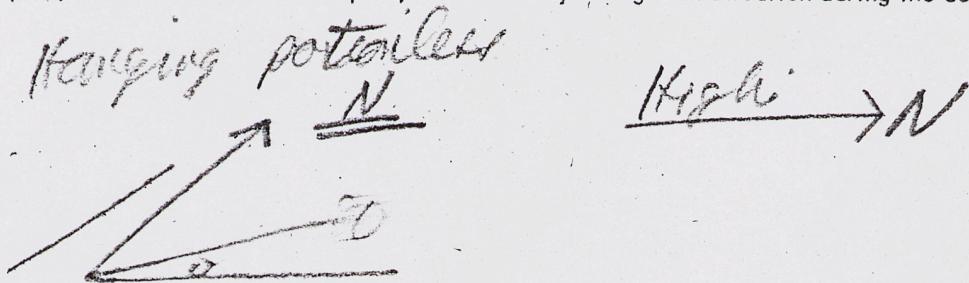
*Too far away  
round*

18. 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

20. 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.



21. IF POSSIBLE, try to guess or estimate what the real size of the object was in its longest dimension.  
about 1/2 feet.

22. How large did the object or objects appear as compared with one of the following objects held in the hand and at about arm's length?

(Circle One):

- |                  |                  |
|------------------|------------------|
| a. Head of a pin | g. Silver dollar |
| b. Pea           | h. Baseball      |
| c. Dime          | i. Grapefruit    |
| d. Nickel        | j. Basketball    |
| e. Quarter       | k. Other _____   |
| f. Half dollar   |                  |

- 22.1 (Circle One of the following to indicate how certain you are of your answer to Question 22.

- |                   |                  |
|-------------------|------------------|
| a. Certain        | c. Not very sure |
| b. Fairly certain | d. Uncertain     |

23. How did the object or objects disappear from view? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

24. In order that you can give as clear a picture as possible of what you saw, we would like for you to imagine that you could construct the object that you saw. Of what type material would you make it? How large would it be, and what shape would it have? 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.

Aluminum

25. 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
- e. At sea
- f. Other \_\_\_\_\_

Working at  
church

26. 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. Flying near an airfield?  Open Mts
- e. Flying over a city?
- f. Flying over open country?
- g. Other \_\_\_\_\_

27. What were you doing at the time you saw the object, and how did you happen to notice it?

Jet attacked alien

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

28.1 What direction were you moving? (Circle One)

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

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

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

(Circle One) Yes No

29. What direction were you looking when you first saw the object? (Circle One)

- |   |              |              |              |
|---|--------------|--------------|--------------|
| <input checked="" type="radio"/> a. North | c. East      | e. South     | g. West      |
| b. Northeast                              | d. Southeast | f. Southwest | h. Northwest |

30. What direction were you looking when you last saw the object? (Circle One)

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

31. If you are familiar with bearing terms (angular direction), try to estimate the number of degrees the object was from true North and also the number of degrees it was upward from the horizon (elevation).

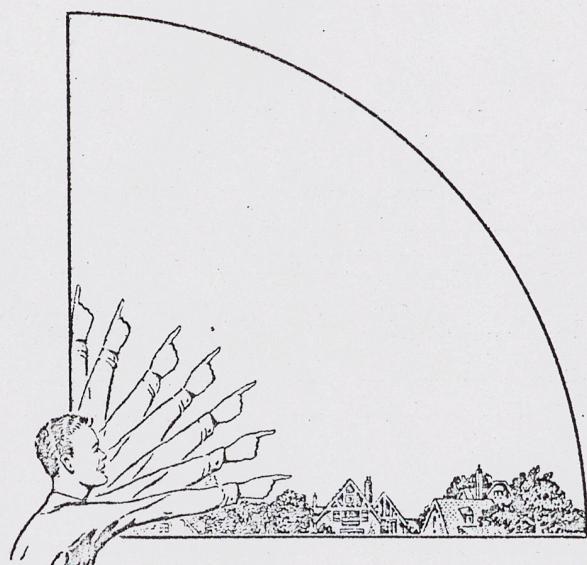
31.1 When it first appeared:

- a. From true North 8 degrees.
- b. From horizon 8 degrees.

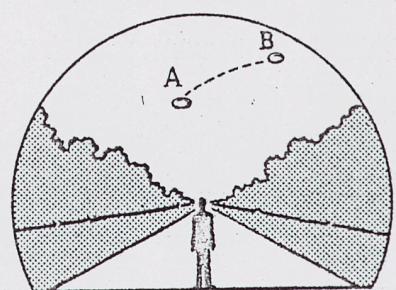
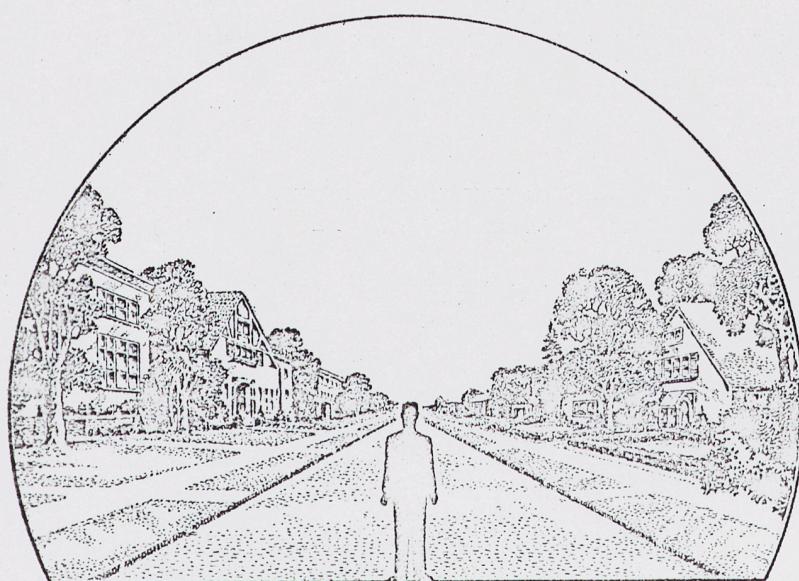
31.2 When it disappeared:

- a. From true North 8 degrees.
- b. From horizon 10 degrees.

32. 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.



33. In the following larger sketch place an "A" at the position the object was when you *first* saw it, and a "B" at its position when you *last* saw it. Refer to smaller sketch as an example of how to complete the larger sketch.



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

34.1 CLOUDS (Circle One)

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds
- e. Don't remember

34.2 WIND (Circle One)

- a. No wind
- b. Slight breeze
- c. Strong wind
- d. Don't remember

partly fine West

34.3 WEATHER (Circle One)

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

34.4 TEMPERATURE (Circle One)

- a. Cold
- b. Cool
- c. Warm
- d. Hot
- e. Don't remember

55°

35. When did you report to some official that you had seen the object?

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

36. Was anyone else with you at the time you saw the object?

(Circle One)  Yes No

36.1 IF you answered YES, did they see the object too?

(Circle One)  Yes No

36.2 Please list their names and addresses:

Mr.

Phone

Golden, Col.  
Thru Golden

37. Was this the first time that you had seen an object or objects like this?

(Circle One)  Yes No

37.1 IF you answered NO, then when, where, and under what circumstances did you see other ones?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

38. In your opinion what do you think the object was and what might have caused it?

No explanation

Not A/C

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

(Circle One)  Yes  NoIF you answered YES, then what speed would you estimate? 1000 m.p.h.

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

(Circle One)  Poss  NoIF you answered YES, then how far away would you say it was? 10,000 feet.

41. Please give the following information about yourself:

NAME \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ADDRESS \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

What is your present job? \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Please indicate any special educational training that you have had.

- |                  |   |                           |                 |
|------------------|---|---------------------------|-----------------|
| a. Grade school  | <input checked="" type="checkbox"/>             | e. e. Technical school    | _____           |
| b. High school   | <input checked="" type="checkbox"/>             | (Type)                    | _____           |
| c. College       | <input checked="" type="checkbox"/> Civil Engin | f. Other special training | Weacher Officer |
| d. Post graduate | _____   |                           | Air Force       |

42. Date you completed this questionnaire:

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

U. S. AIR FORCE TECHNICAL INFORMATION SHEET  
(SUMMARY DATA)

In order that your information may be filed and coded as accurately as possible, please use the following space to write out a short description of the event that you observed. You may repeat information that you have already given in the questionnaire, and add any further comments, statements, or sketches that you believe are important. Try to present the details of the observation in the order in which they occurred. Additional pages of the same size paper may be attached if they are needed.

NAME \_\_\_\_\_  
(Please Print)

(Do Not Write in This Space)

CODE:

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Type jet F-10  
Wing tanks

T-33

6138 Oct  
Belvoir 3-3611

BROWNING 7-0350

Form A

## U. S. AIR FORCE TECHNICAL INFORMATION SHEET

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, and will be regarded as confidential material. 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?  31 Dec 55 Day Month Year			2. Time of day: <u>1030 MST</u> Hour Minutes (Circle One): A.M. or P.M.
3. Time zone: (Circle One): a. Eastern b. Central <u>c. Mountain</u> d. Pacific e. Other			
4. Where were you when you saw the object?  <u>Bergen Park, Colo.</u> Nearest Postal Address      City or Town      State or Country Additional remarks: _____			
5. Estimate how long you saw the object. <u>TWO</u> Hours Minutes Seconds			
5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.  a. Certain <u>b. Fairly certain</u> c. Not very sure d. Just a guess			
6. What was the condition of the sky?  <u>Scattered clouds</u> (Circle One): a. Bright daylight b. Dull daylight c. Bright twilight d. Just a trace of daylight e. No trace of daylight f. Don't remember			
7. If you saw the object during DAYLIGHT, TWILIGHT, or DAWN, 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 <u>e. Overhead, f. Left.</u> f. Don't remember  <u>above - left</u>			

8. IF you saw the object at NIGHT, TWILIGHT, or DAWN, 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. Was the object brighter than the background of the sky?

(Circle One):

a. Yes

b. No

c. Don't remember

Like A/C

10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile headlight?:

~~Not at all~~

(Circle One)  a. A mile or more away (a distant car)?

- b. Several blocks away?
- c. A block away?
- d. Several yards away?
- e. Other

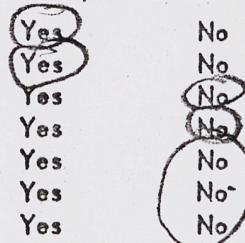
~~Very far~~

11. Did the object:

*almost stationary*

(Circle One for each question)

- a. Appear to stand still at any time?
- b. Suddenly speed up and rush away at any time?
- c. Break up into parts or explode?
- d. Give off smoke?
- e. Change brightness?
- f. Change shape?
- g. Flicker, throb, or pulsate?



Don't Know  
Don't Know  
Don't Know  
Don't Know  
Don't Know  
Don't Know  
Don't Know

12. Did the object move behind something at anytime, particularly a cloud?

(Circle One): Yes  No

Don't Know.

IF you answered YES, then tell what it moved behind:

13. Did the object move in front of something at anytime, particularly a cloud?

(Circle One): Yes  No

Don't Know.

IF you answered YES, then tell what it moved in front of:

14. Did the object appear: (Circle One):

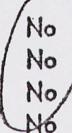
a. Solid?

b. Transparent?

c. Don't Know.

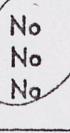
15. Did you observe the object through any of the following?

- a. Eyeglasses Yes
- b. Sun glasses Yes
- c. Windshield Yes
- d. Window glass Yes



- e. Binoculars
- f. Telescope
- g. Theodolite
- h. Other

Yes  
Yes  
Yes



16. Tell in a few words the following things about the object.

- a. Sound None  
b. Color Silver

17. 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.

*Circular, compact*

18. The edges of the object were:

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

*too far away to tell*

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

19. IF there was MORE THAN ONE object, then how many were there? 1

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

20. 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.

21. IF POSSIBLE, try to guess or estimate what the real size of the object was in its longest dimension.  
About 40 feet.

22. How large did the object or objects appear as compared with one of the following objects *held in the hand* and at about arm's length?

(Circle One):

- |  |                  |
|--|------------------|
| a. Head of a pin                           | g. Silver dollar |
| b. Pea                                     | h. Baseball      |
| c. Dime                                    | i. Grapefruit    |
| <input checked="" type="radio"/> d. Nickel | j. Basketball    |
| e. Quarter                                 | k. Other _____   |
| f. Half dollar                             |                  |

22.1 (Circle One of the following to indicate how certain you are of your answer to Question 22.

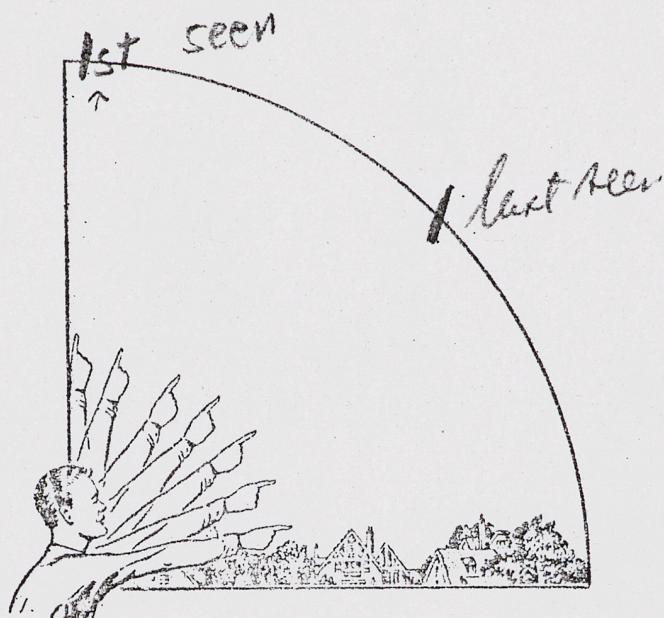
- |                   |                  |
|-------------------|------------------|
| a. Certain        | c. Not very sure |
| b. Fairly certain | d. Uncertain     |

23. How did the object or objects disappear from view? From distance

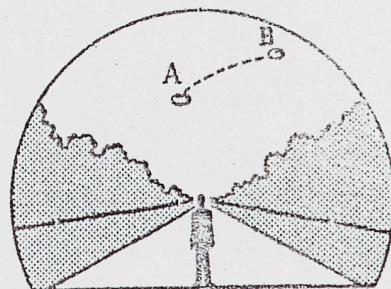
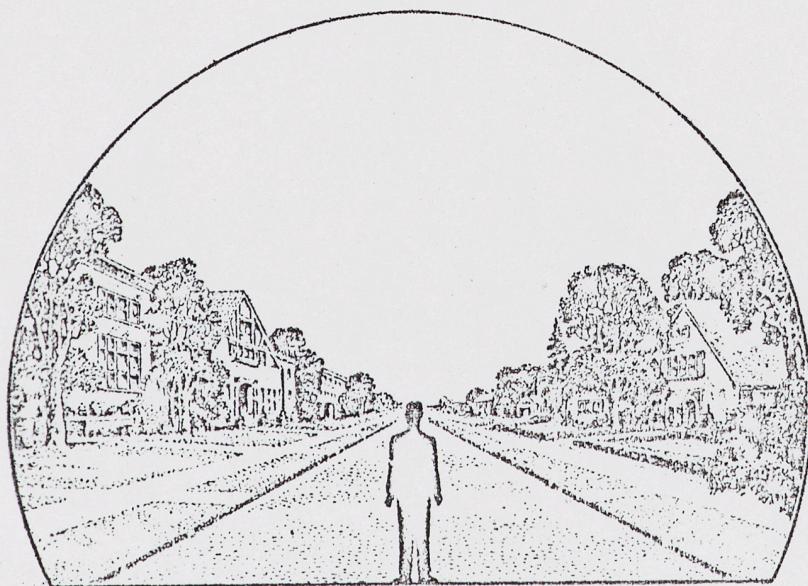
24. In order that you can give as clear a picture as possible of what you saw, we would like for you to imagine that you could construct the object that you saw. Of what type material would you make it? How large would it be, and what shape would it have? Describe in your own words a common object or objects which when placed up in the sky would give the same appearance as the object which you saw.

<p>25. Where were you located when you saw the object? (Circle One):</p> <p>a. Inside a building  b. In a car  c. Outdoors  d. In an airplane  e. At sea  f. Other _____</p>	<p>26. Were you (Circle One)</p> <p>a. In the business section of a city?  b. In the residential section of a city?  c. In open countryside?  d. Flying near an airfield?  e. Flying over a city?  f. Flying over open country?  g. Other _____</p>								
<p>27. What were you doing at the time you saw the object, and how did you happen to notice it?</p> <p>_____</p> <p>_____</p> <p>_____</p>									
<p>28. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:</p> <p>28.1 What direction were you moving? (Circle One)</p> <table border="0"> <tr> <td>a. North</td> <td>c. East</td> <td>e. South</td> <td>g. West</td> </tr> <tr> <td>b. Northeast</td> <td>d. Southeast</td> <td>f. Southwest</td> <td>h. Northwest</td> </tr> </table> <p>28.2 How fast were you moving? _____ miles per hour.</p> <p>28.3 Did you stop at any time while you were looking at the object?  (Circle One) Yes _____ No _____</p>		a. North	c. East	e. South	g. West	b. Northeast	d. Southeast	f. Southwest	h. Northwest
a. North	c. East	e. South	g. West						
b. Northeast	d. Southeast	f. Southwest	h. Northwest						
<p>29. What direction were you looking when you first saw the object? (Circle One)</p> <table border="0"> <tr> <td>a. North</td> <td>c. East</td> <td>e. South</td> <td>g. West</td> </tr> <tr> <td>b. Northeast</td> <td>d. Southeast</td> <td>f. Southwest</td> <td>h. Northwest</td> </tr> </table>		a. North	c. East	e. South	g. West	b. Northeast	d. Southeast	f. Southwest	h. Northwest
a. North	c. East	e. South	g. West						
b. Northeast	d. Southeast	f. Southwest	h. Northwest						
<p>30. What direction were you looking when you last saw the object? (Circle One)</p> <table border="0"> <tr> <td>a. North</td> <td>c. East</td> <td>e. South</td> <td>g. West</td> </tr> <tr> <td>b. Northeast</td> <td>d. Southeast</td> <td>f. Southwest</td> <td>h. Northwest</td> </tr> </table>		a. North	c. East	e. South	g. West	b. Northeast	d. Southeast	f. Southwest	h. Northwest
a. North	c. East	e. South	g. West						
b. Northeast	d. Southeast	f. Southwest	h. Northwest						
<p>31. If you are familiar with bearing terms (angular direction), try to estimate the number of degrees the object was from true North and also the number of degrees it was upward from the horizon (elevation).</p> <p>31.1 When it first appeared:</p> <p>a. From true North _____ degrees.  b. From horizon _____ degrees.</p> <p>31.2 When it disappeared:</p> <p>a. From true North _____ degrees.  b. From horizon _____ degrees.</p>									

32. 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.



33. In the following larger sketch place an "A" at the position the object was when you *first* saw it, and a "B" at its position when you *last* saw it. Refer to smaller sketch as an example of how to complete the larger sketch.



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

34.1 CLOUDS (Circle One)

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds
- e. Don't remember

34.2 WIND (Circle One)

- a. No wind
- b. 5light breeze
- c. Strong wind
- d. Don't remember

*Fill West.*

34.3 WEATHER (Circle One)

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

34.4 TEMPERATURE (Circle One)

- a. Cold
- b. Cool
- c. Warm
- d. Hot
- e. Don't remember

*55° F*

35. When did you report to some official that you had seen the object?

Day	Month	Year
-----	-------	------

36. Was anyone else with you at the time you saw the object?

(Circle One) Yes No

36.1 IF you answered YES, did they see the object too?

(Circle One) Yes No

36.2 Please list their names and addresses:

37. Was this the first time that you had seen an object or objects like this?

(Circle One) Yes No

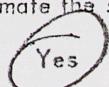
37.1 IF you answered NO, then when, where, and under what circumstances did you see other ones?

38. In your opinion what do you think the object was and what might have caused it?

*Could be high flying A/C* Don't know  
*Similar to A/C*

39. 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?

1st speed of ordnance plane  
increase over jet  
No m.p.h.

40. 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?

Higher  
40,000  
slightly smaller

feet.

41. Please give the following information about yourself:

NAME \_\_\_\_\_

Last Name

First Name

Middle Name

ADDRESS \_\_\_\_\_

Street

City

Zone

State

TELEPHONE NUMBER \_\_\_\_\_

What is your present job? Not employed, missionaryAge 27Sex M

Please indicate any special educational training that you have had.

a. Grade school ✓b. High school ✓c. College 2 yrs business

d. Post graduate \_\_\_\_\_

e. e. Technical school \_\_\_\_\_

(Type) \_\_\_\_\_

f. Other special training \_\_\_\_\_

42. Date you completed this questionnaire: \_\_\_\_\_

Day

Month

Year

**U. S. AIR FORCE TECHNICAL INFORMATION SHEET**  
**(SUMMARY DATA)**

In order that your information may be filed and coded as accurately as possible, please use the following space to write out a short description of the event that you observed. You may repeat information that you have already given in the questionnaire, and add any further comments, statements, or sketches that you believe are important. Try to present the details of the observation in the order in which they occurred. Additional pages of the same size paper may be attached if they are needed.

NAME _____ <small>(Please Print)</small>	(Do Not Write in This Space) CODE: _____
SIGNATURE _____	
DATE _____	