

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 \_\_\_\_\_

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?
- 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?

Playing in my back yard when we noticed a strange light in the northeast.

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)

a. North	c. East	e. South	g. West
b. <u>Northeast</u>	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. <u>Northeast</u>	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).

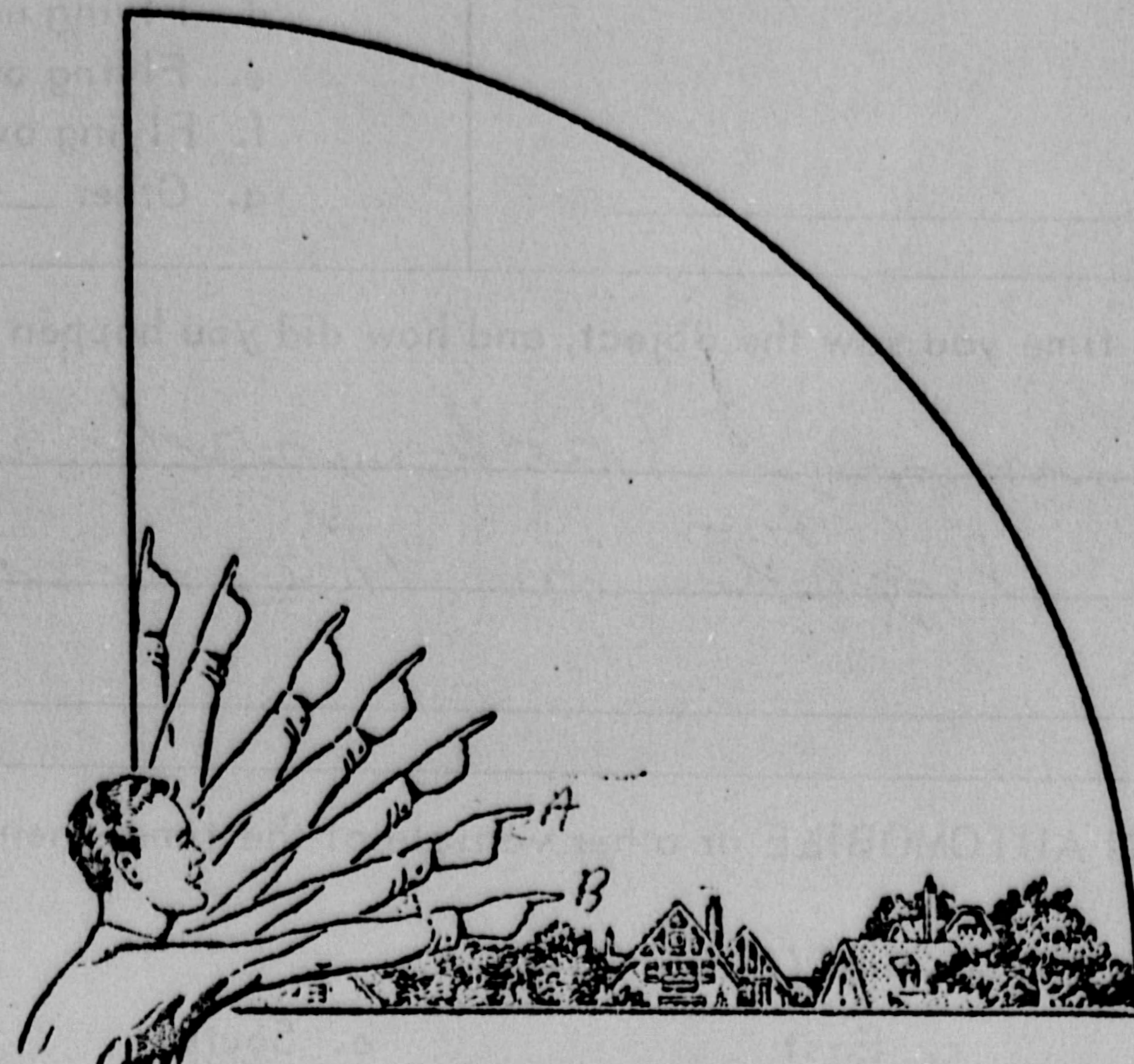
31.1 When it first appeared:

- a. From true North \_\_\_\_\_ degrees.
- b. From horizon \_\_\_\_\_ degrees.

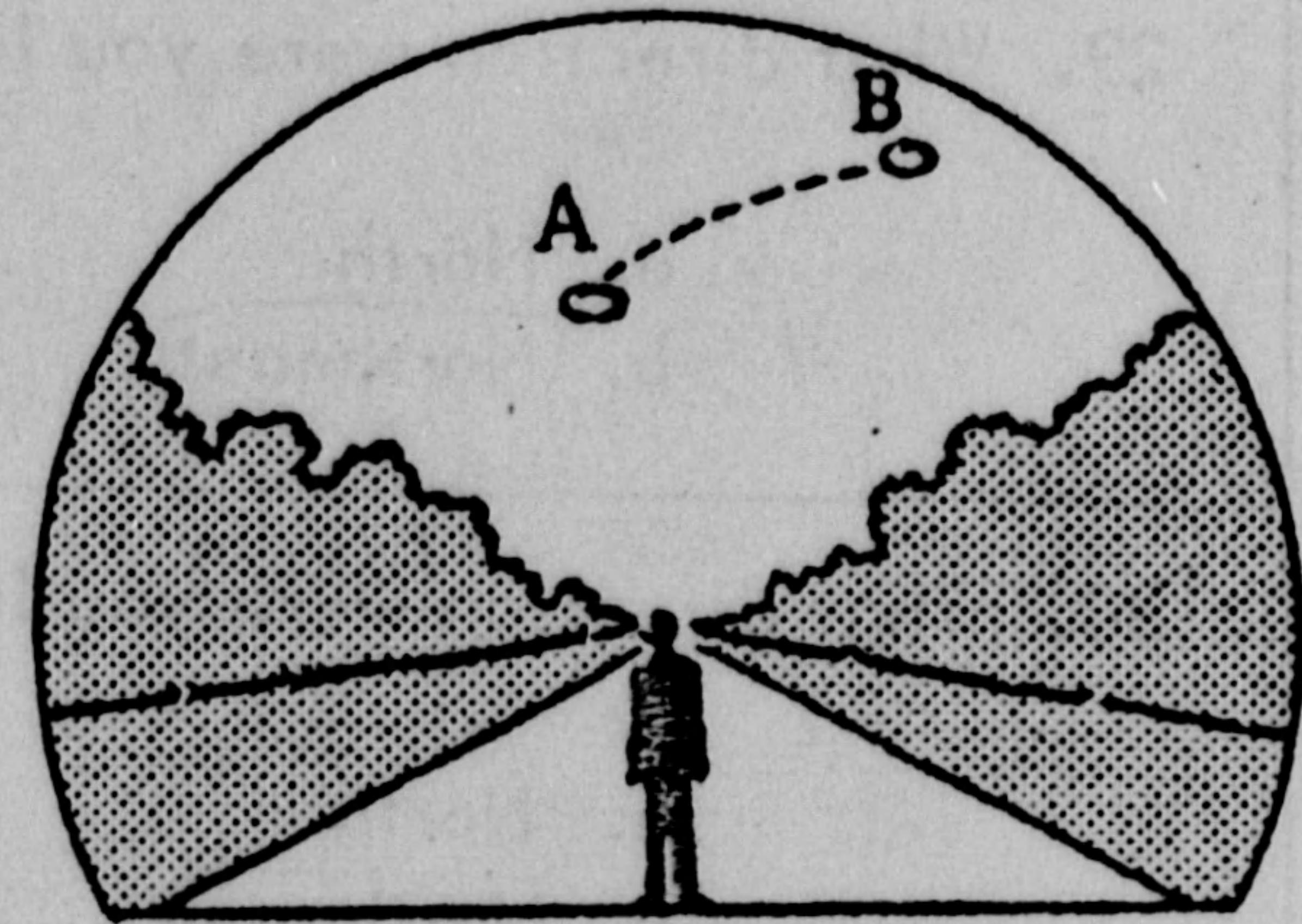
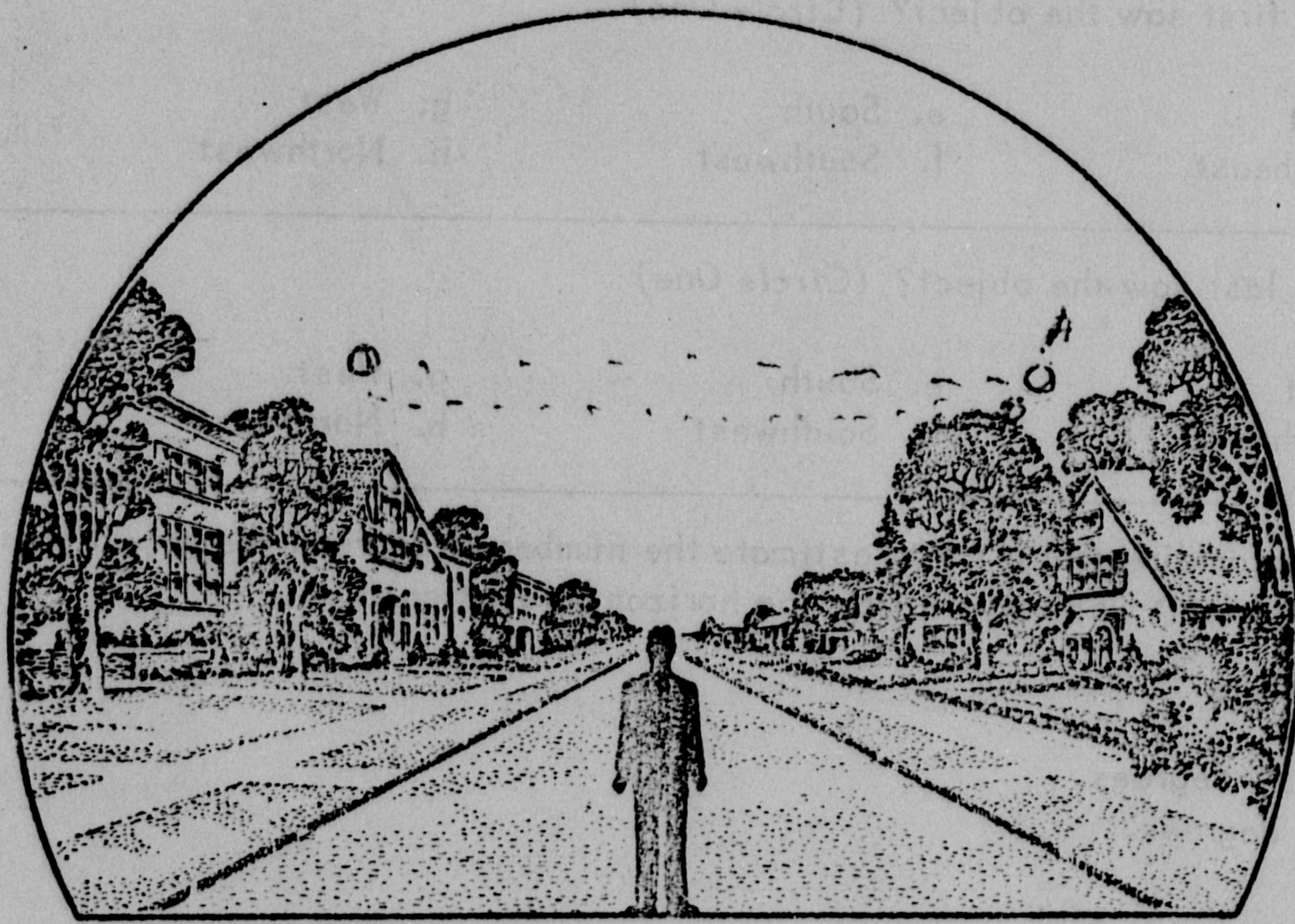
31.2 When it disappeared:

- a. From true North \_\_\_\_\_ degrees.
- b. From horizon \_\_\_\_\_ 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

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

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

30

01

60

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:

Cincinnati 36, Ohio

Cincinnati 36, Ohio

Cincinnati 36, Ohio

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?

I have sent the report in

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

We don't know but it was an airplane or balloon.

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?

1000 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?

Two feet. miles

41. Please give the following information about yourself:

NAME ██████████  
Last Name ██████████

██████████

██████████

ADDRESS ██████████ Street cincinnati City 36 Zone Ohio State

TELEPHONE NUMBER ██████████

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

Age 13 Sex Male

Please indicate any special educational training that you have had.

a. Grade school	<u>7th grade</u>	e. e. Technical school	<u>_____</u>
b. High school	<u>_____</u>	(Type)	<u>_____</u>
c. College	<u>_____</u>	f. Other special training	<u>_____</u>
d. Post graduate	<u>_____</u>		<u>_____</u>

42. Date you completed this questionnaire:

31 Day 5 Month 60 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 \_\_\_\_\_  
(I-18630-17111)

*(Do Not Write in This Space)*

CODE:

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_