1. DATE - TIME GROUP	2. LOCATION
1 August 1964 0?/[illegible]Z	Dayton, Ohio
3. SOURCE Military	**10. CONCLUSION** PROBABLE AIRCRAFT Z ~~L~~ O The time indicated on report not the same time of UFO passing in area. Evaluated as a probable aircraft.
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION 1 1/2 Minutes	**11. BRIEF SUMMARY AND ANALYSIS** Reclassified to A Object ~~was~~ luminous disc. ~~Object was a light~~ dimmer than brightest star. It changed in brightness as it moved from W to E on a straight path in 1 1/2 min. As it disappeared it became dimmer. ~~Object was~~ bright yellowish color. Object appeard like an luminous balloon.
6. TYPE OF OBSERVATION Ground--Visual	
7. COURSE W to E	
8. PHOTOS ☐ Yes ☒ No	
9. PHYSICAL EVIDENCE ☐ Yes ☒ No	

FORM
FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.

1 Aug 64

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?

1 / August / 1964
Day / Month / Year

2. Time of day: 7 (Hour) 45 (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?

31 / Dayton / Ohio
Nearest Postal Address / City or Town / State or County

5. How long was object in sight? (Total Duration) 0 (Hours) 1 (Minutes) 30 (Seconds)

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

5.1 How was time in sight determined? Estimate

5.2 Was object in sight continuously? Yes ✓ No ____

6. What was the condition of the sky?

DAY
a. Bright
b. Cloudy

NIGHT
(a. Bright)
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

FORM
FTD OCT 62 164 This form supersedes FTD 164, Jul 61, which is obsolete.

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

A Little Disc

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:

Very Dull Moon

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

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

BECAME DIMMER AND DISAPPEARED

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:

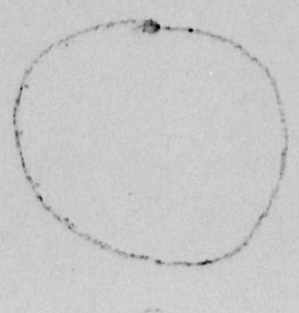
a. Sound NO

b. Color YELLOWISH (ORANGE)

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?

80% 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.



COLD BLUE GREEN DIFFUSED DISC.

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? Estimated Altitude 700 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
b. Northeast
c. East
d. Southeast
e. South
f. Southwest
g. West
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

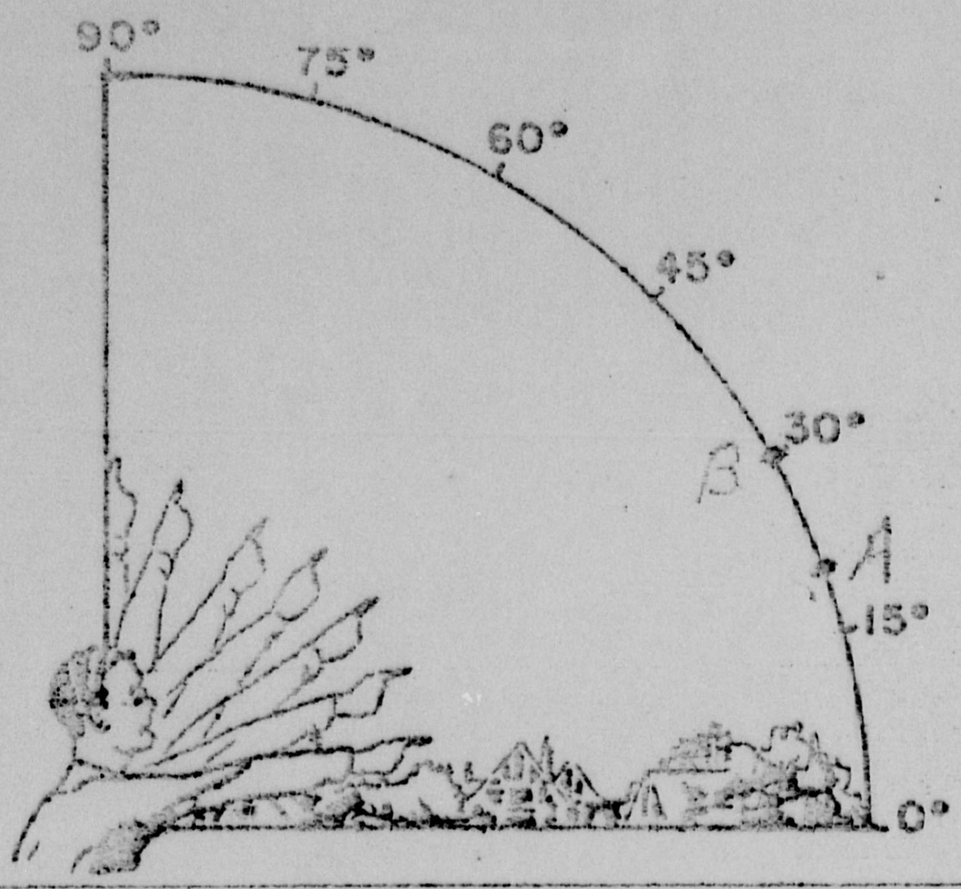
25. Did you observe the object through any of the following?

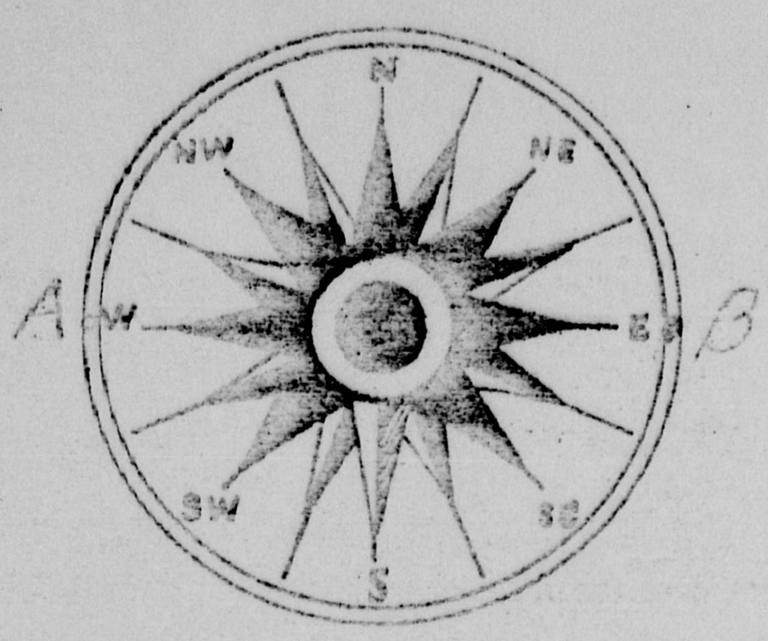
a. Eyeglasses	Yes	(No)	e. Binoculars	Yes	(No)
b. Sun glasses	Yes	No	f. Telescope	Yes	No
c. Windshield	Yes	No	g. Theodolite	Yes	No
d. Window glass	Yes	No	h. Other _____		

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.

Looked Like Luminous Balloon

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.

STUDENT PATH

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.

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:

[redacted] DAYTON 31, Ohio
[redacted] DAYTON 31, Ohio
[redacted] DAYTON 31, Ohio

32. Please give the following information about yourself:

NAME [redacted] (illegible)
Last Name First Name Middle Name

ADDRESS [redacted] DAYTON 31 Ohio
Street City Zone State

TELEPHONE NO. [redacted] AGE 27 SEX M

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

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

1 August 1949
Day Month Year

FBI Post Office and Tel. St Parkland

34. Date you completed this questionnaire: 1 (Day) August (Month) 1964 (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.

1. DATE - TIME GROUP 3 August 1964	2. LOCATION Dayton, Ohio
3. SOURCE Civilian	10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION
4. NUMBER OF OBJECTS Three	
5. LENGTH OF OBSERVATION Not Stated	11. BRIEF SUMMARY AND ANALYSIS Round silver object, divided into two objects that three, then disappeared. ~~In flight with U.F.O. object and interceptor.~~ Insufficient data to evaluate case. DURATION AND TIME NOTION SEQUENCE OMITTED
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE	
8. PHOTOS ☐ Yes ☒ No	
9. PHYSICAL EVIDENCE ☐ Yes ☒ No	

FORM
FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.

(3 Aug 64 OD)

3 Aug 64

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?

_____ Day _____ Month _____ Year

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?

_____ Nearest Postal Address _____ City or Town _____ State or County

5. How long was object in sight? (Total Duration) _____ Hours _____ Minutes _____ Seconds

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

5.1 How was time in sight determined? _____

5.2 Was object in sight continuously? Yes _____ 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

FORM
FTD OCT 62 164 This form supersedes FTD 164, Jul 61, which is obsolete.

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

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 _____

b. Color _____

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?

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.

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? _____

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?

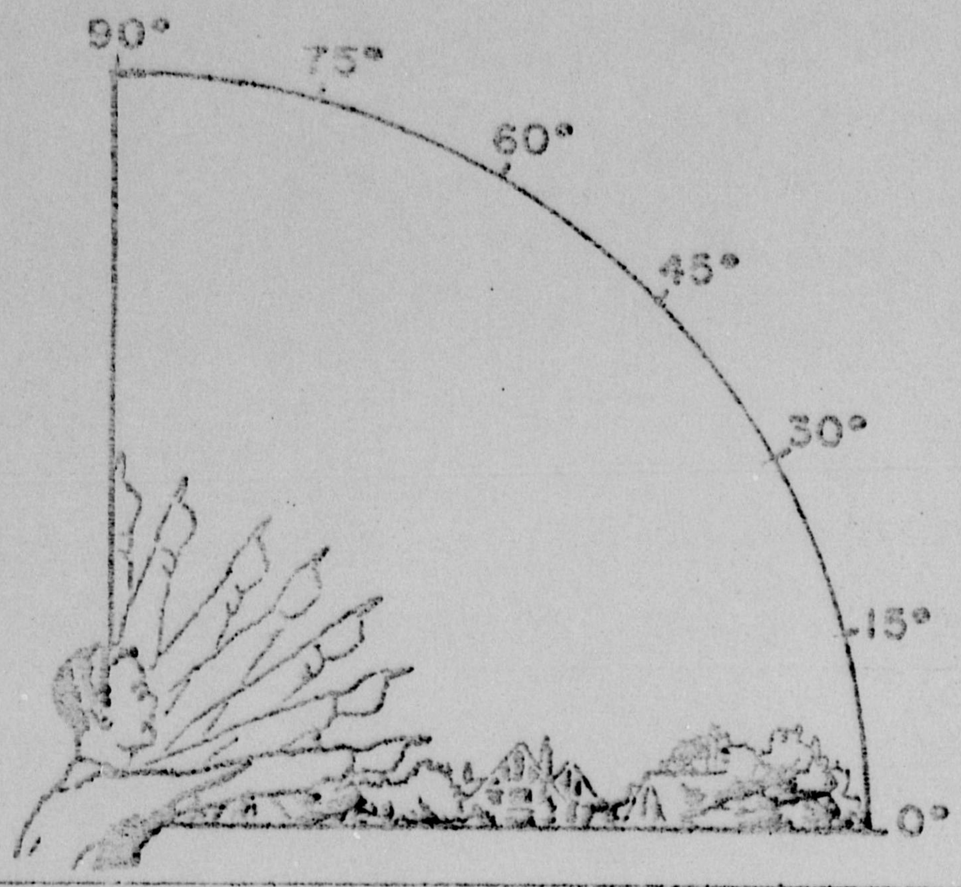
(Circle One) Yes No

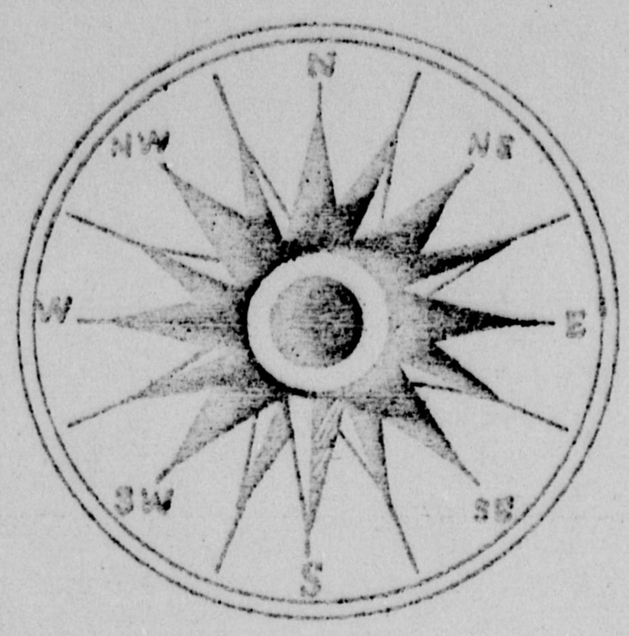
25. Did you observe the object through any of the following?

a. Eyeglasses	Yes	No	e. Binoculars	Yes	No
b. Sun glasses	Yes	No	f. Telescope	Yes	No
c. Windshield	Yes	No	g. Theodolite	Yes	No
d. Window glass	Yes	No	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.

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.

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

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:

32. Please give the following information about yourself:

[redacted] [redacted]
Last Name First Name Middle Name

ADDR[redacted] Dayton
Street City Zone State

TELEPHONE NU[redacted] AGE _____ SEX M

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

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

_____ _____ _____
Day Month Year

sighted -
Round - silver object - [illegible]

divided into two objects - then three -
then disappeared -

1. DATE - TIME GROUP 1/ August 4 25/0700Z	2. LOCATION Dayton, Ohio
3. SOURCE Civilian	10. CONCLUSION UFO's SIGHTED (Case #1) Description, Speed and Direction of Object, and as Seen. Duration of Sighting.
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION 5 Minutes	11. BRIEF SUMMARY AND ANALYSIS Object Bright Light, Star Like, Larger than Star. Speed of the object was fast & jet, no sound. Object seemed to stop & go in different directions.
6. TYPE OF OBSERVATION Ground-Visual	ECHO I AT 0215 = 70° N 167° N → NE
7. COURSE S to N	ECHO I AT 0215 = 30° N 140° N → NE
8. PHOTOS ☐ Yes ☒ No	DURATION OF SIGHTING NOT IN ACCORD WITH REPORTED AS JET A/C.
9. PHYSICAL EVIDENCE ☐ Yes ☒ No	

FORM
FTD SEP 63 D-329 (TDE) Previous editions of this form may be used.

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?

14 (Day) Aug (Month) 47 (Year)

2. Time of day: 21 (Hour) 10 (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] (Nearest Postal Address) Dayton (City or Town) Ohio (State or County)

5. How long was object in sight? (Total Duration) _____ (Hours) 5 (Minutes) _____ (Seconds)

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

5.1 How was time in sight determined? Judgment

5.2 Was object in sight continuously? Yes ✓ No _____

6. What was the condition of the sky?

DAY
a. Bright
b. Cloudy

NIGHT
a. Bright
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

FORM FTD OCT 62 164 This form supersedes FTD 164, Jul 61, which is obsolete.

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

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

No

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:

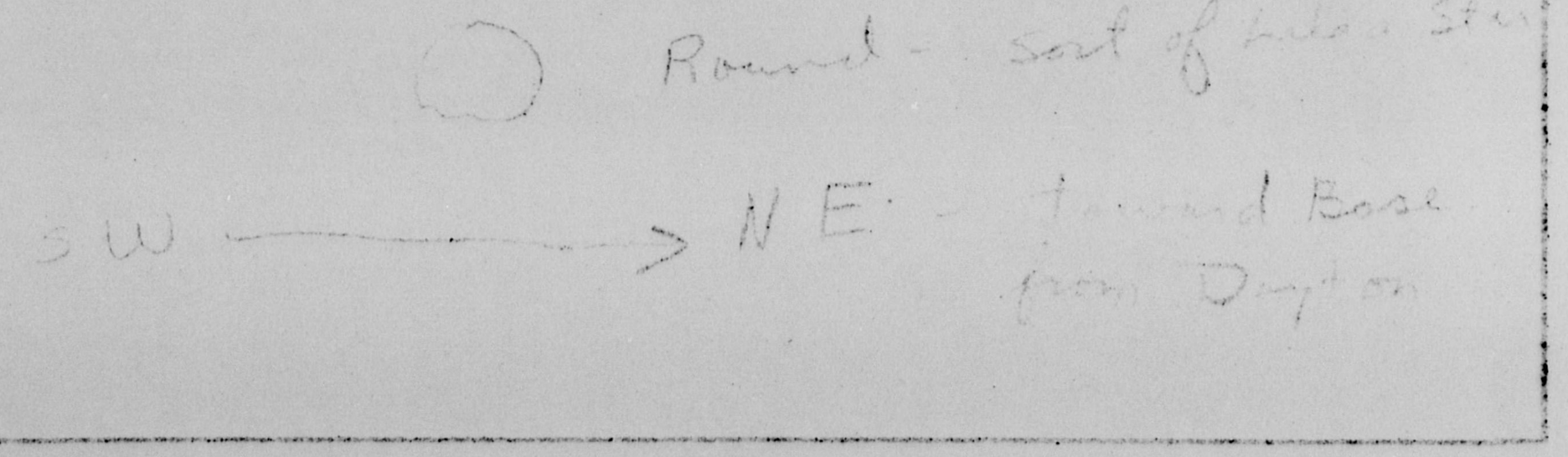
a. Sound None

b. Color Bright white star

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?

3/4

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.



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? Approx [illegible]

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? Quite high

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
b. Northeast
c. East
d. Southeast
e. South
f. Southwest
g. West
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

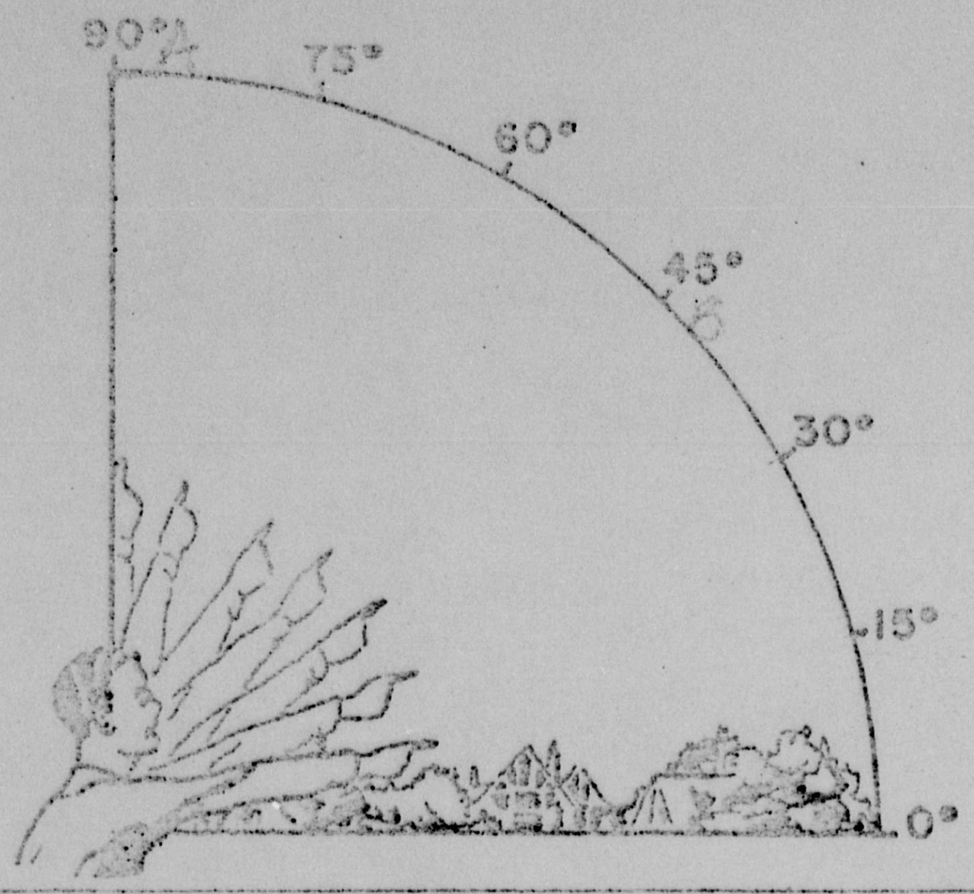
25. Did you observe the object through any of the following?

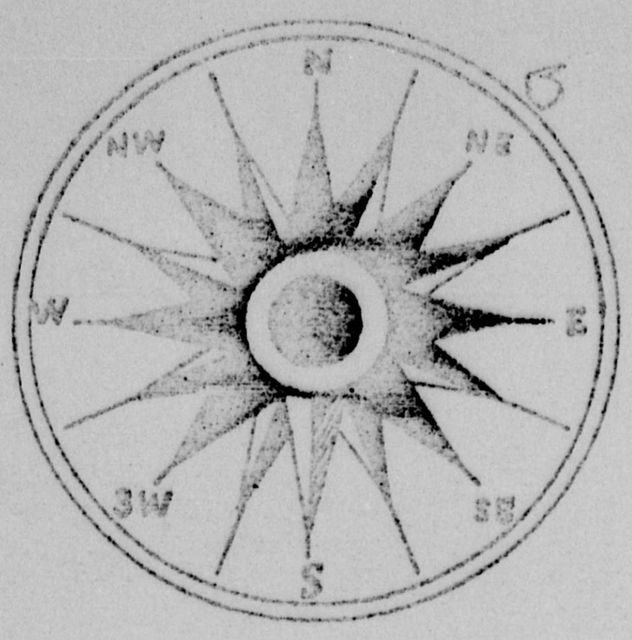
a. Eyeglasses	Yes	No	e. Binoculars	Yes	No
b. Sun glasses	Yes	No	f. Telescope	Yes	No
c. Windshield	Yes	No	g. Theodolite	Yes	No
d. Window glass	Yes	No	h. Other _____		

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.

STAR

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.

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:

Mrs [redacted] Josephine Ave Dayton

Approx 12 People

32. Please give the following information about yourself:

NAME [redacted] Mrs [redacted]
Last Name First Name Middle Name

ADDRESS [redacted] St Dayton Ohio
Street City Zone State

TELEPHONE NUMBER [redacted] AGE 23 SEX Female

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

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

14 Aug 52
Day Month Year

Wilbur Patterson OD

34. Date you completed this questionnaire: 12 Dec 64
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.