

PROJECT 10073 RECORD

1. DATE - TIME GROUP	2. LOCATION
16 October 16/1040Z	Fairborn, Ohio
3. SOURCE	10. CONCLUSION
Civilian	Astronomical (VENUS)
4. NUMBER OF OBJECTS	Venus at 10h 54.09 in East. This Astro Body in position of reported object with characteristics in the report. Case Evaluated
5. LENGTH OF OBSERVATION	as Venus.
1 Hour 20 Minutes	
6. TYPE OF OBSERVATION	Looked like 3 cell flashlight at 100 ft. Grew dimmer. Slow upward trend. Disappeared with dawn. No sound. Only light moving upward. Object in East.
7. COURSE	
8. PHOTOS	
<input type="checkbox"/> Yes	
<input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE	
<input type="checkbox"/> Yes	
<input checked="" type="checkbox"/> No	

FORM
FTD SEP 63 0-329 (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?	2. Time of day: <u>0540</u> —		
<u>16</u> Day	Hour		
<u>OCT</u> Month	Minutes		
<u>64</u> Year			
(Circle One): <input checked="" type="radio"/> A.M. or <input type="radio"/> P.M.			
3. Time Zone:	(Circle One): a. Eastern <input checked="" type="radio"/> b. Central <input checked="" type="radio"/> c. Mountain d. Pacific e. Other _____		
	(Circle One): a. Daylight Saving <input checked="" type="radio"/> b. Standard		
4. Where were you when you saw the object?	<u>Front</u> <u>Ohio</u>		
Nearest Postal Address	City or Town	State or County	
5. How long was object in sight? (Total Duration)	<u>1</u> Hours	<u>20</u> Minutes	— Seconds
a. Certain <input checked="" type="radio"/> b. Fairly certain	c. Not very sure d. Just a guess		
5.1 How was time in sight determined? <u>Wrist Watch</u>			
5.2 Was object in sight continuously?	Yes <input checked="" type="checkbox"/>	No _____	
6. What was the condition of the sky?			
DAY	NIGHT		
a. Bright b. Cloudy	<input checked="" type="radio"/> 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		

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:

STARTED AS 3 CELL FLASHLIGHT AT 100 FT. AND GREW DIMMER

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?
- 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. Flash or flicker?
- h. Disappear and reappear?

Yes	No	Don't know

SHOW UPWARD TREND

GOT DIMMER

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

As sun arose, the sky became too bright to distinguish object.

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: MOVED THROUGH BRANCHES OF TREE. IN OTHER WORDS, THE VIEW WAS PARTIALLY OBSCURED BY TREE.

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 SOUND

b. Color WHITE LIGHT

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?

THE LIGHT COULD NOT HAVE BEEN COVERED BY MATCH HEAD, AS IT WAS SLIGHTLY LARGER

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.



SIMPLY A ROUND
LIGHT MOVING
UPWARD

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 *I SAW IT*
- b. In a car
- c. Outdoors *WENT OUT & ST*
- 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

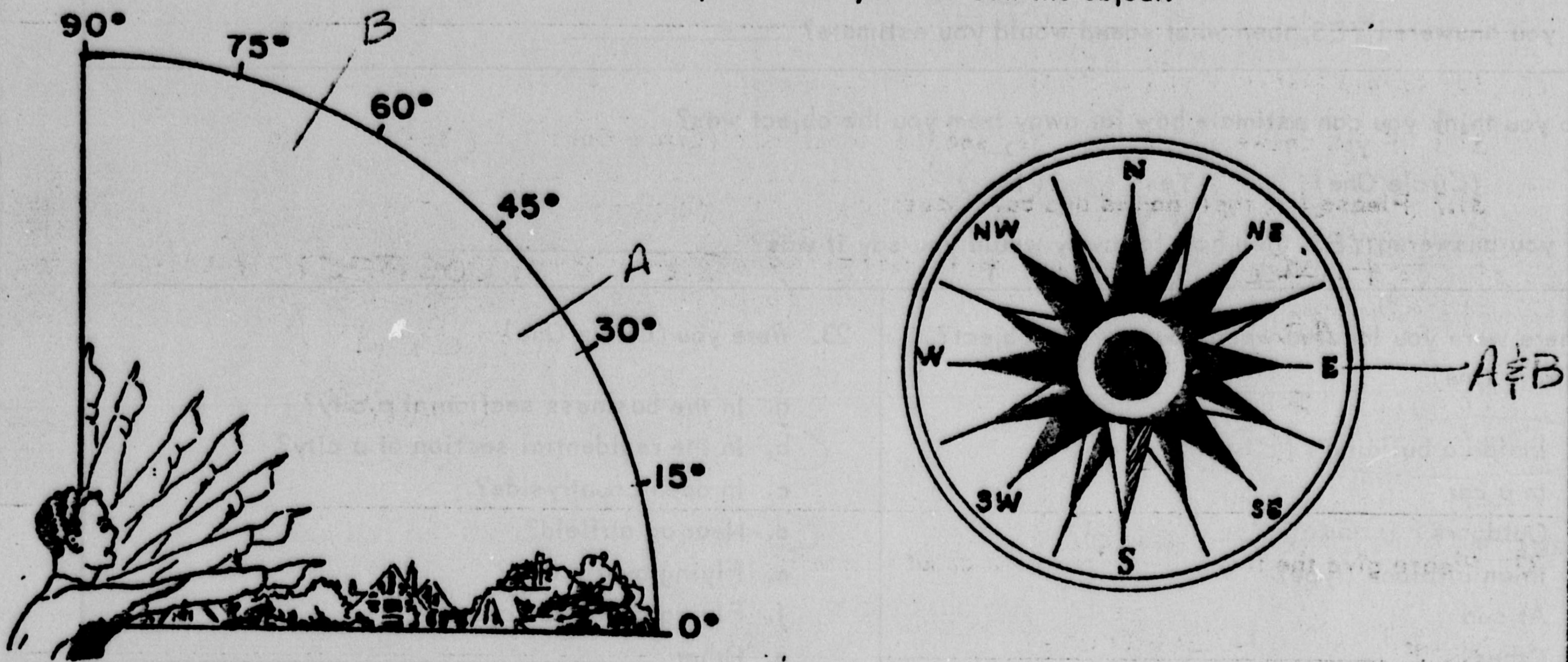
25. Did you observe the object through any of the following?

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	<input checked="" type="radio"/> Yes	No	h. Other	<i>FIRST OBSERVED THROUGH GLASS, THEN OUTDOORS</i>	

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 SIMPLY LIKE A VERY BRIGHT LIGHT IN
THE SKY.*

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? ONLY ONE

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.

NEVER

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] } FAIRBORN,
[REDACTED] [REDACTED] OHIO

32. Please give the following information about yourself:

NAME	[REDACTED]	[REDACTED]	M.
	Last Name	First Name	Middle Name
ADDRESS	[REDACTED]	FAIRBORN	OHIO
	Street	City	Zone
TELEPHONE NUMBER	[REDACTED]	AGE	SEX
		43	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?

16

OCT

64

Day

Month

Year

TELEPHONE CALL TO
FTD DUTY
OFFICER

34. Date you completed this questionnaire:

16 OCT 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.

THIS FORM COMPLETED BY
FTD DUTY OFFICER AS PER PHONE
CONVERSATION WITH MR. ROMIE.

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Day	Month	Year	Hour	Minutes	to 6 OCHOCK TO 630
			(Circle One):		<input checked="" type="radio"/> A.M. or <input type="radio"/> P.M.
3. Time Zone:			(Circle One): a. Daylight Saving b. Standard		
(Circle One): a. Eastern b. Central c. Mountain d. Pacific e. Other					
4. Where were you when you saw the object? [REDACTED]					
Nearest Postal Address		City or Town		State or County	
5. How long was object in sight? (Total Duration)			Hours	Minutes	Seconds
a. Certain			c. Not very sure		
b. Fairly certain			d. Just a guess		
5.1 How was time in sight determined? _____					
5.2 Was object in sight continuously?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	1
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		

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
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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):

b. Day

- 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
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- 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 objects:

ars? (Circle One):
Started flashlight 100'

12. The edges of the object were:

(Circle One): a. Fuzzy or blurred
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c. Other _____

13. Did the object:

(Circle One for each question)

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- e. Change brightness?
- f. Change shape?
- g. Flash or flicker?
- h. Disappear and reappear?

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

still see at day

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 nd

b. Color White

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?

Slightly larger

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

Unk.

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

Unk

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 150
- b. In a car
- c. Outdoors 4000
- d. In an airplane (type)
- e. At sea
- f. Other _____

23. Were you (Circle One)

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

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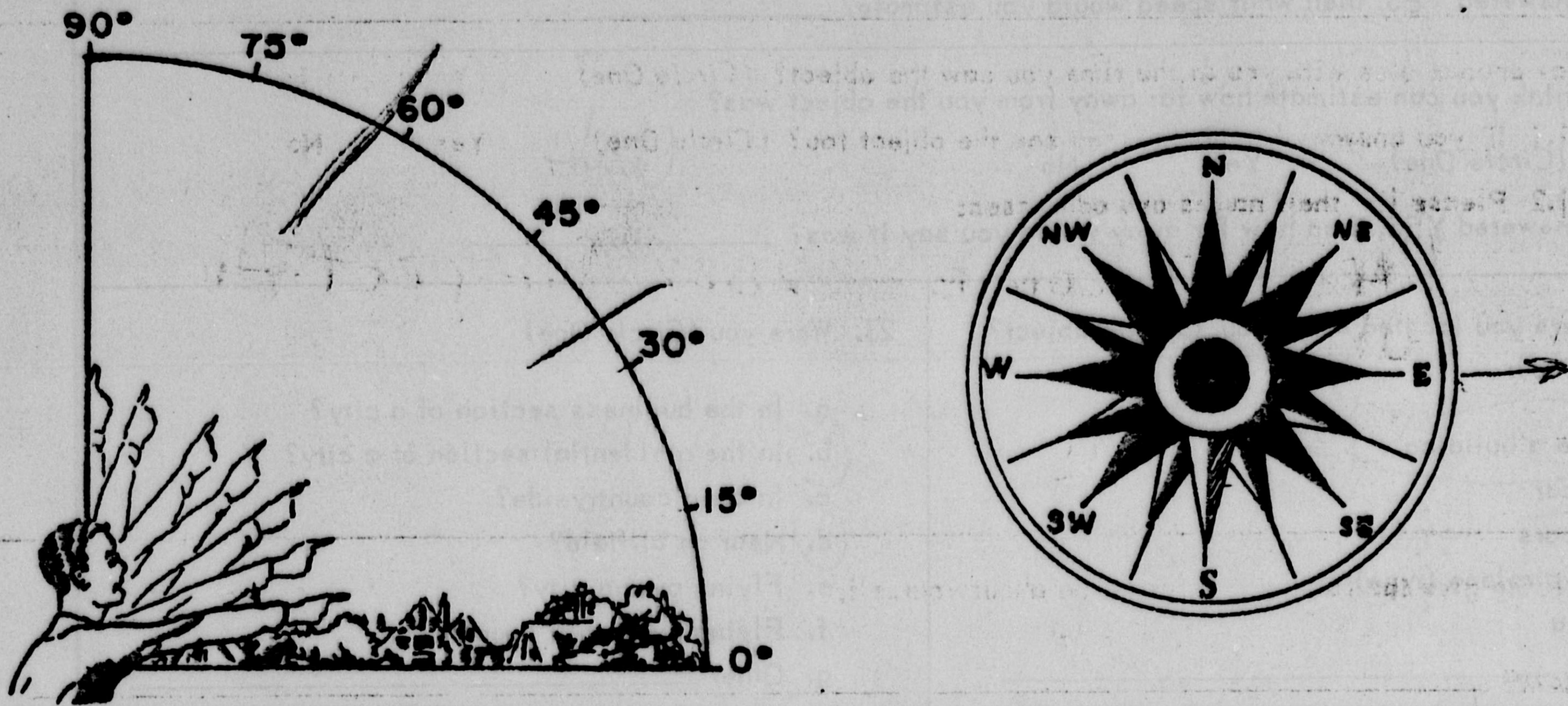
(Circle One) Yes No

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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]
[REDACTED]

3 children

32. Please give the following information about yourself:

NAME _____

Last Name

First Name

Middle Name

ADDRESS _____

Street

City

Zone

State

TELEPHONE NUMBER

AGE 43

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