

**PROJECT 10073 RECORD**

<b>1. DATE - TIME GROUP</b> 23 October 64 23/2330Z	<b>2. LOCATION</b> Oakwood, Ohio
<b>3. SOURCE</b> Civilian	<b>10. CONCLUSION</b> <del>Insufficient</del> (INSUFFICIENT DATA FOR EVALUATION)
<b>4. NUMBER OF OBJECTS</b> Two	
<b>5. LENGTH OF OBSERVATION</b> 20 - 30 Seconds	<b>11. BRIEF SUMMARY AND ANALYSIS</b>  Observation by amature photographer. Object like a match after the flare. No features visible. Light only. WX hazy. Two objects intersecting. Faster than B-52's. Observed overhead in flight from SW to NE. Same observation made later in the evening. Observation of objects like shooting stars.  COMMENTS: Possible Meteor observations although the duration reported was excessive and WX data indicated as hazy. Also possible a/c with afterburner. Speed reported faster than B-52 on takeoff, in conflict with reported duration. Likely meteor sighting but data insufficient for firm evaluation.
<b>6. TYPE OF OBSERVATION</b> Ground-Visual	
<b>7. COURSE</b> NE	
<b>8. PHOTOS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9. PHYSICAL EVIDENCE</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

23 OCT

FO

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?

23 Oct 64  
Day Month Year

2. Time of day: 16:30  
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?

- 2 objects  
Oakwood

Ohio

Nearest Postal Address

City or Town

State or County

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

20-30 sec.  
Hours Minutes Seconds

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

5.1 How was time in sight determined?

Estimated (amateur photographer)

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

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:

a match after initial flare

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 Couldn't see

13. Did the object:

(Circle One for each question)

- |                                                 |                                      |                                     |            |
|-------------------------------------------------|--------------------------------------|-------------------------------------|------------|
| a. Appear to stand still at any time?           | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| b. Suddenly speed up and rush away at any time? | Yes                                  | <input checked="" type="radio"/> 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?                      | <input checked="" type="radio"/> Yes | No                                  | Don't know |

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

*They met 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 None  
 b. Color None other than normal

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?

*all of it*

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? much faster than B-52 1/2 on take-off

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?

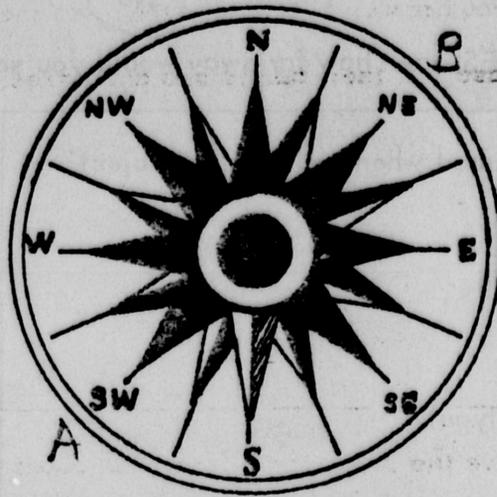
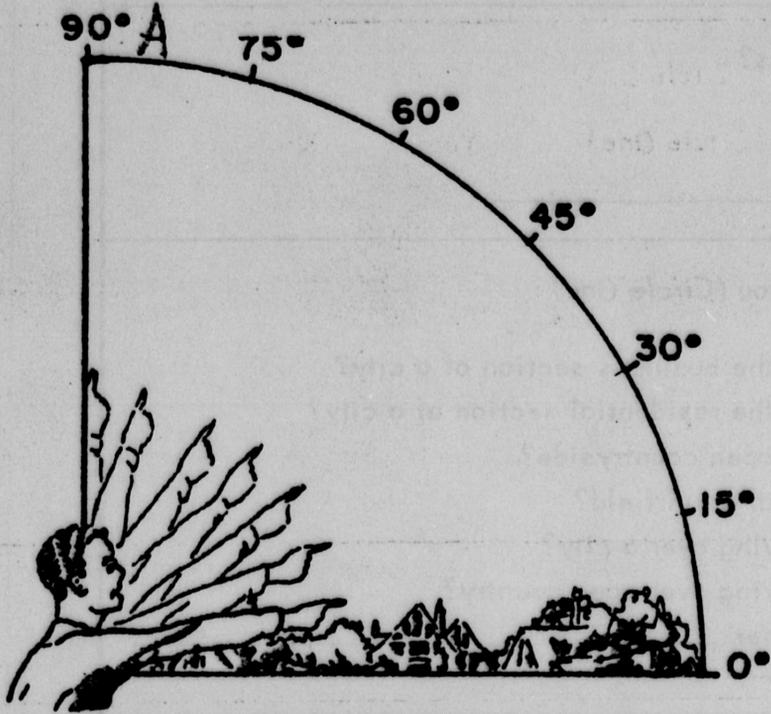
(Circle One)  Yes  No

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

- |                 |                                      |                          |               |                           |                          |
|-----------------|--------------------------------------|--------------------------|---------------|---------------------------|--------------------------|
| a. Eyeglasses   | <input checked="" type="radio"/> Yes | <input type="radio"/> No | e. Binoculars | <input type="radio"/> Yes | <input type="radio"/> No |
| b. Sun glasses  | <input type="radio"/> Yes            | <input type="radio"/> No | f. Telescope  | <input type="radio"/> Yes | <input type="radio"/> No |
| c. Windshield   | <input type="radio"/> Yes            | <input type="radio"/> No | g. Theodolite | <input type="radio"/> Yes | <input type="radio"/> No |
| d. Window glass | <input type="radio"/> Yes            | <input type="radio"/> No | h. Other      | _____                     |                          |

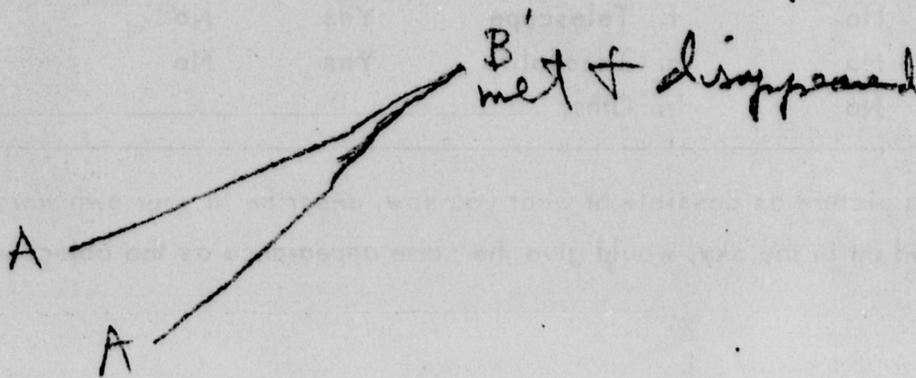
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

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? 2  
 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 except later at 9:20 PM

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:

NAME [REDACTED] [REDACTED] [REDACTED]  
Last Name First Name Middle Name

ADDRESS [REDACTED] [REDACTED] 6 Ohio  
City Zone State

TELEPHONE NUMBER [REDACTED] AGE 59 SEX Male

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



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

Just a light  
like a shooting star

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 |

*just disappeared*

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

yes - like a shooting star

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 like a match

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?

would have covered it easily

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

*faster than a B-52 in the pattern*

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

*about the same dist as from residence to helicopter hovering over Pres. Johnson cemetery in Dayton*

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

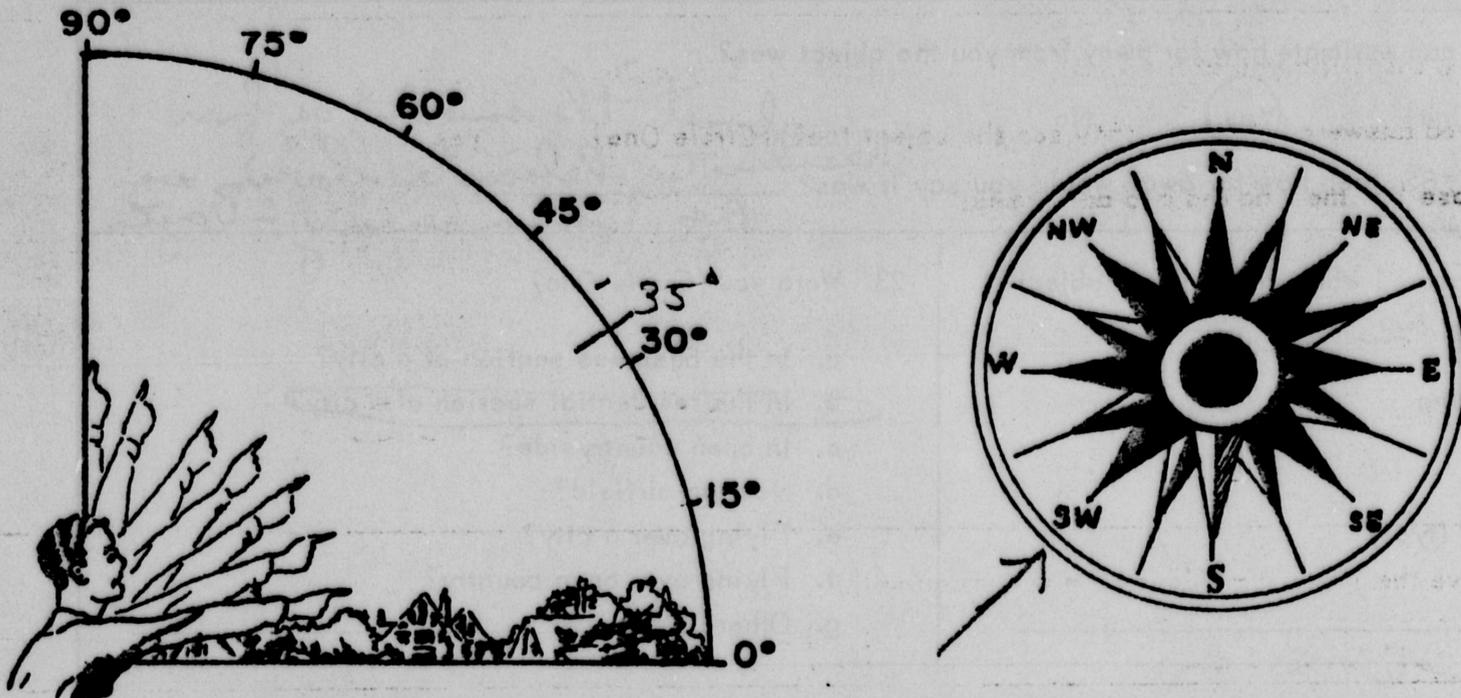
No

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

- |                                                |     |    |                |     |    |
|------------------------------------------------|-----|----|----------------|-----|----|
| <input checked="" type="radio"/> 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 _____ |     |    |

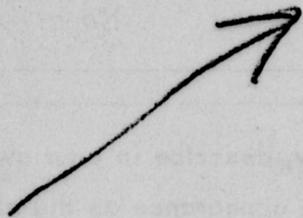
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28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

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.

earlier tonight at 1830 per other report  
the man doesn't drink

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:

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

ADDRESS [redacted] Dayton 6 OR  
Street City Zone State

TELEPHONE NUMBER [redacted] AGE 59 SEX male

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