

## PROJECT 10073 RECORD

1. DATE - TIME GROUP 16 August 65 17/0330Z	2. LOCATION Cleveland, Ohio
3. SOURCE Civilian	10. CONCLUSION SATELLITE
4. NUMBER OF OBJECTS One	Sighting characteristic of Satellite observation. ECHO II over area at the time of the report but heading NE and not SE as the report states. Possible other Satellite, possible error in report-
5. LENGTH OF OBSERVATION 3 Minutes	11. BRIEF SUMMARY AND ANALYSIS Object in sight for about three minutes. Shaped like a bean and had about the same brightness as a bright star, except that it was larger. Appeared as a light only no details. Color of white flame. No tail or sound. Looked like a glowing bean. Observed at 15 deg elevation in the SE. Flight was straight directions and included up and down motion at regular intervals. ECHO II over area at same time in flight to the NE at 54 deg elevation.
6. TYPE OF OBSERVATION Ground-Visual	ing the direction of flight.
7. COURSE SE	
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.

17/0330Z - CLEVELAND OHIO

SATURDAY

16 17/0330Z

## 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>1030</u>	
<u>16 th</u> Day	Hour	
<u>Aug</u> Month	Minutes	
<u>65</u> Year		
	(Circle One): A.M. or <input checked="" type="radio"/> P.M.	
3. Time Zone: (Circle One): a. Eastern b. Central c. Mountain d. Pacific e. Other _____	(Circle One): a. Daylight Saving b. Standard	
<u>110</u> Nearest Postal Address	City or Town	State or County
Cleveland 28 Ohio		
4. Where were you when you saw the object?		
5. How long was object in sight? (Total Duration)	<u>about 3</u>	
	Hours	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?		
5.2 Was object in sight continuously?	Yes <input checked="" type="radio"/>	No _____
6. What was the condition of the sky?		
DAY a. Bright b. Cloudy	NIGHT <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	<u>N/A</u>

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:

Same as a lit cigarette

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 like a beam

13. Did the object:

(Circle One for each question)

a. Appear to stand still at any time?	Yes	<input type="radio"/> No	Don't know
b. Suddenly speed up and rush away at any time?	Yes	<input type="radio"/> No	Don't know
c. Break up into parts or explode?	Yes	<input type="radio"/> No	Don't know
d. Give off smoke?	Yes	<input type="radio"/> No	Don't know
e. Change brightness?	Yes	<input type="radio"/> No	Don't know
f. Change shape?	Yes	<input type="radio"/> No	Don't know
g. Flash or flicker?	Yes	<input type="radio"/> No	Don't know
h. Disappear and reappear?	Yes	<input type="radio"/> 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 it moved in front of: \_\_\_\_\_

17. Tell in a few words the following things about the object:

a. Sound None

b. Color white flame

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?

Cover about  $\frac{1}{2}$  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

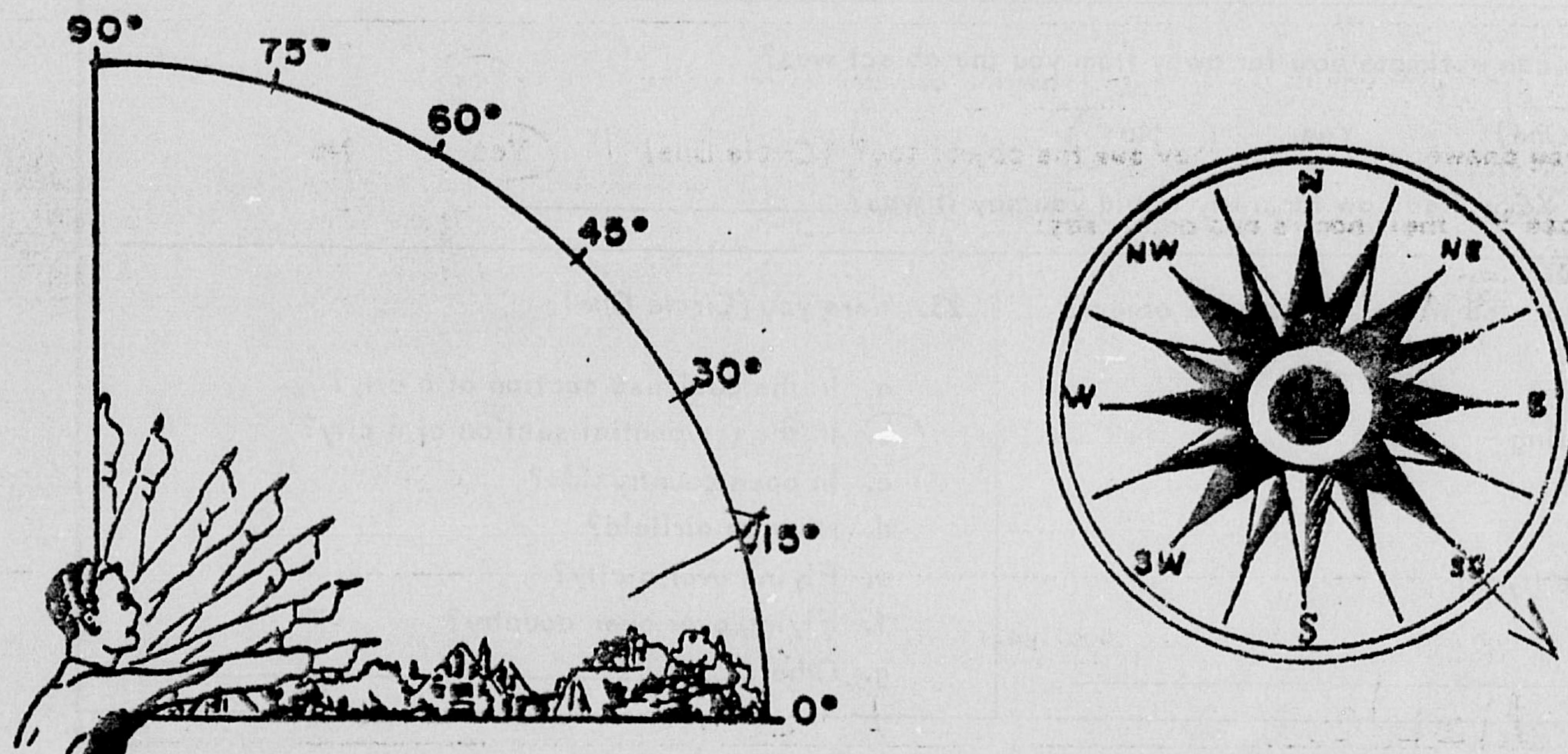
25. Did you observe the object through any of the following?

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 _____		

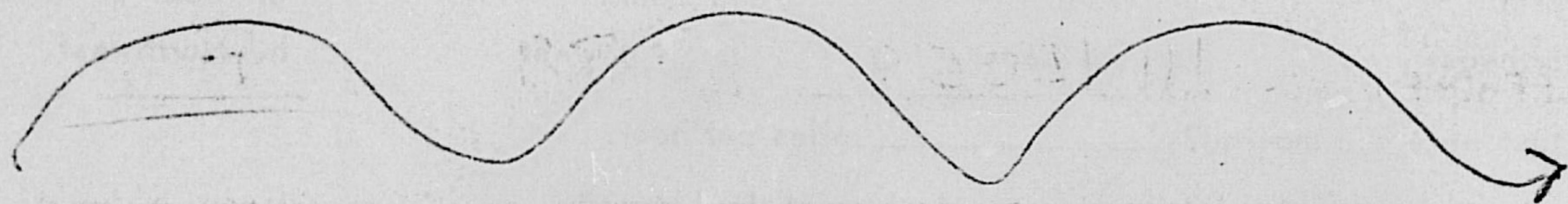
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

Like a beam glowing

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.

Thought saw one similar 1 wk ago

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] Jr

32. Please give the following information about yourself:

NAME

[REDACTED] \_\_\_\_\_

Last Name

[REDACTED] \_\_\_\_\_

First Name

[REDACTED] \_\_\_\_\_

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE

39

SEX

F

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

