

PROJECT 10073 RECORD

1. DATE - TIME GROUP 26 August 65 27/0350Z	2. LOCATION Erie, Pennsylvania
3. SOURCE Civilian	10. CONCLUSION Astro (METEOR SHOWER) Meteors emanating from the Constellation DRACO. The annual chart of recurring meteors lists the DRACONIDS II as occurring from 29 August, 10 September.
4. NUMBER OF OBJECTS Four	11. BRIEF SUMMARY AND ANALYSIS Lights dimmer than stars observed in descending flight in the NW sky. Looked like fluorescent lights. Fuzzy or blurred. White or bluish grey color with small trailing portion. Disappeared suddenly. Four objects observed, one at a time during a 15 minute period. No regular interval.
5. LENGTH OF OBSERVATION 3 Seconds	
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE NW	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## 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?

26 AUG 1965

Day Month Year

2. Time of day:

2250 &amp; 2305 EDT

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?

[REDACTED]

ERIE

PAW

Nearest Postal Address

City or Town

State or County

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

Hours Minutes Seconds

3

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

5.1 How was time in sight determined?

ESTIMATED

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:

## Floridescens luteus bulb

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

• Other \_\_\_\_\_

13. Did the object:

- 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?

(Circle One for each question)

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

Just like shutting off a light

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 or Bluish Grey

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?

Unknown

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

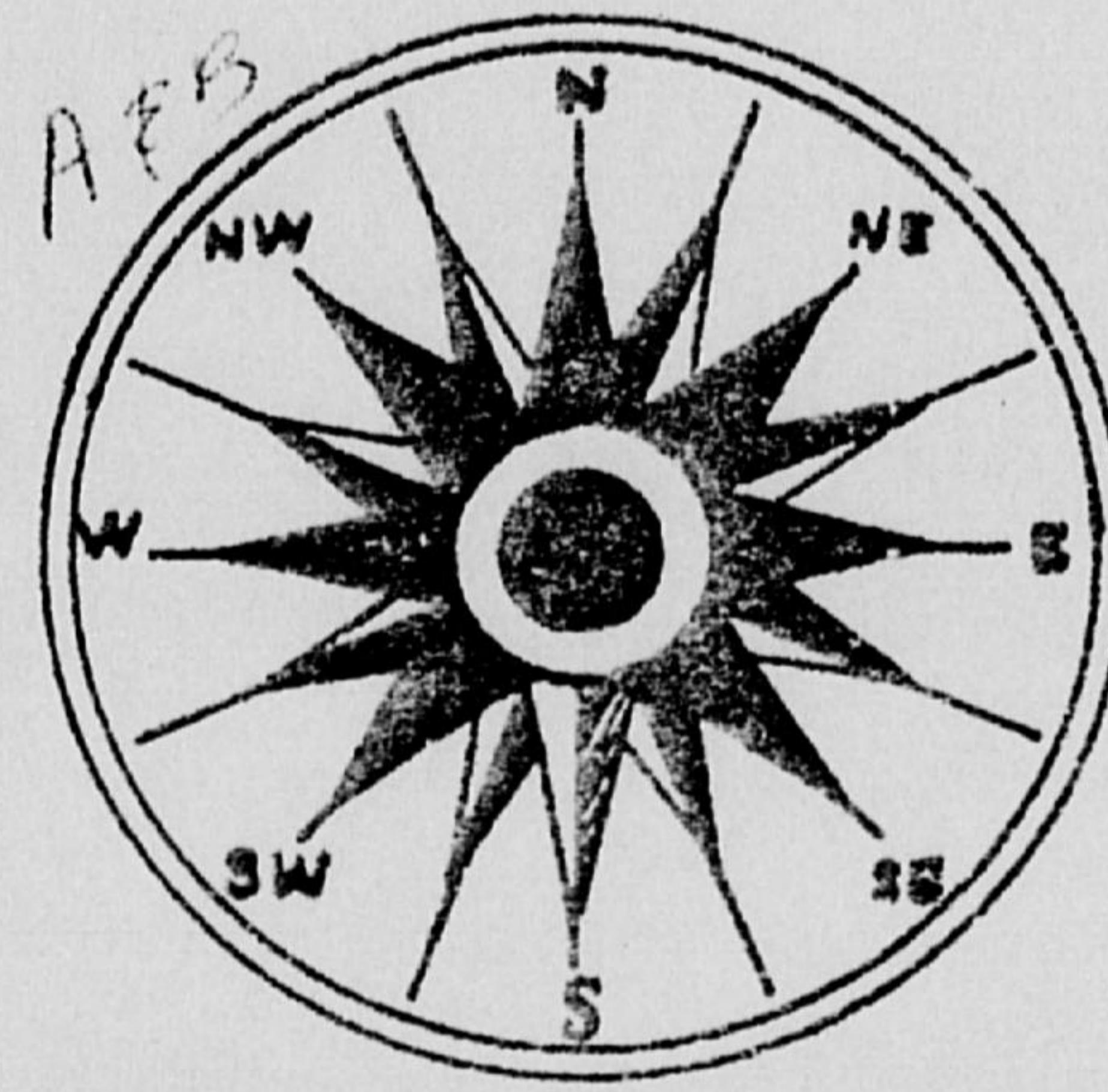
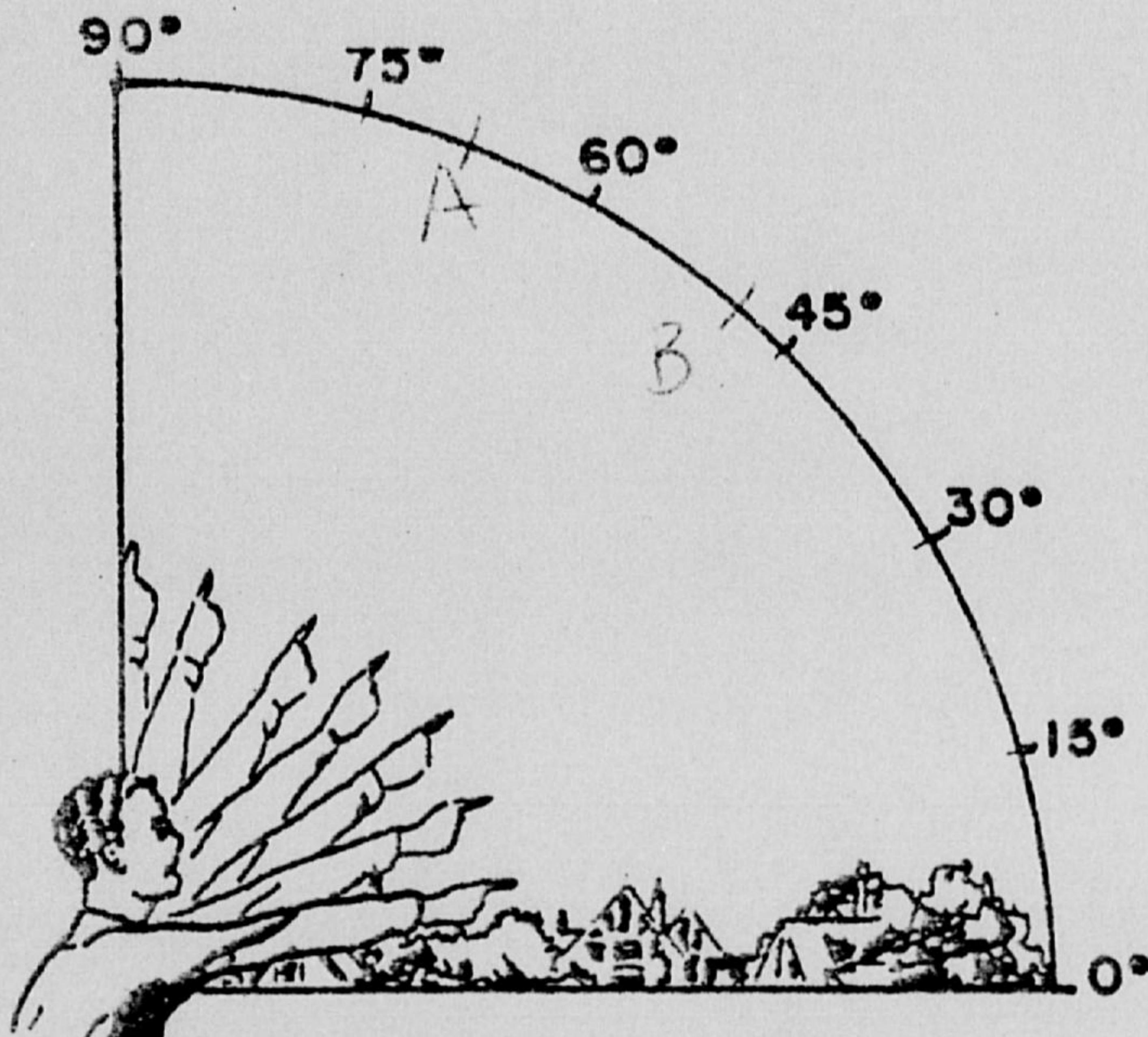
25. Did you observe the object through any of the following?

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

Cut about 8" or 10" off a baseball  
bat ~~Leave~~ the heavy end and this  
is about it like like

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? one at a time  
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

all together

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)

31.1 IF you answered YES, did they see the object too? (Circle One)

31.2 Please list their names and addresses:

[REDACTED]

Same address as item 32

AGE 33 Male Own plane

32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE 22

SEX M

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

AF ROTC training 3 years

flew in T-33 Jet

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

Day

Month

Year