PROJECT 10073 RECORD

1. DATE - TIME GROUP	2. LOCATION
18 November 65 19/0230Z	Terrace Park, Ohio
3. SOURCE Civilian	10. CONCLUSION Other (SEARCHLIGHT ON CLOUDS)
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION 20 - 60 Seconds	11. BRIEF SUMMARY AND AHALYSIS Object appeared as a bright, oval-shaped light. The object moved very rapidly to the East and then returned to its original position and disappeared. The object was 20 deg above the horizon. The night was very cloudy. Second hand report. Possible that two similar objects were observed. No mention of interval of disappearance. Form 164 sent.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE East, then West	
8. PHOTOS ☐ Yes ☒ No	
9. PHYSICAL EVIDENCE ☐ Yes ☒ No	

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

18 NOV

FTD (TDEW)
Wright-Patterson AFB, Ohio 45433
7 January 1966

[redacted]
Terrace Park, Ohio

Dear [redacted],

A review of our November 1965 sightings indicates there was insufficient information for a proper evaluation of your report. Would you please complete the attached FTD Form 164s and return them to our office in the envelope provided at your convenience.

Sincerely,

HECTOR QUINTANILLA, Jr, Major, USAF
Chief, Project Blue Book

OFFICIAL FILE COPY
Office of Record

18 Nov. 1965

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?

18 (Day) NOV (Month) 1965 (Year)

2. Time of day: 2130 (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] (Nearest Postal Address) TERRACE PARK (City or Town) OHIO (State or County)

5. How long was object in sight? (Total Duration) 0 (Hours) 0 (Minutes) 20-1 MINUTE (Seconds)

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

5.1 How was time in sight determined? CHILDREN'S STATEMENT

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:

100 BRIGHTER THAN A STAR WOULD APPEAR

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?

SPED AWAY TOWARD THE EAST VERY RAPIDLY, THEN WENT BACK TO ORIGINAL POSITION & 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:

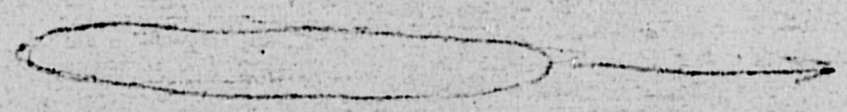
a. Sound NO

b. Color STARLIKE - BRIGHT 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?

4 MATCH HEADS - WIDTH
25 " " - LENGTH

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? FASTER THAN JET.

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? 5-10 MILES

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?

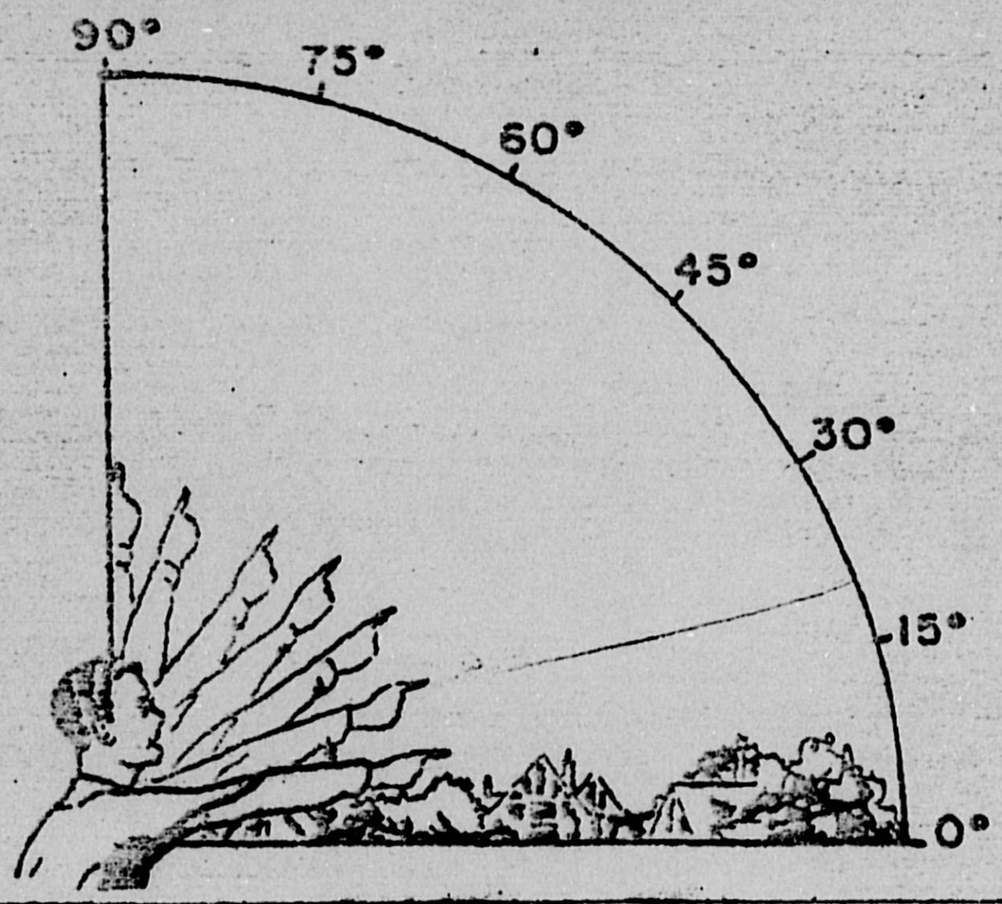
a. Eyeglasses	Yes	(No)	e. Binoculars	Yes	(No)
b. Sun glasses	Yes	(No)	f. Telescope	Yes	(No)
c. Windshield	Yes	(No)	g. Theodolite	Yes	(No)
d. Window glass	Yes	(No)	h. Other _____		

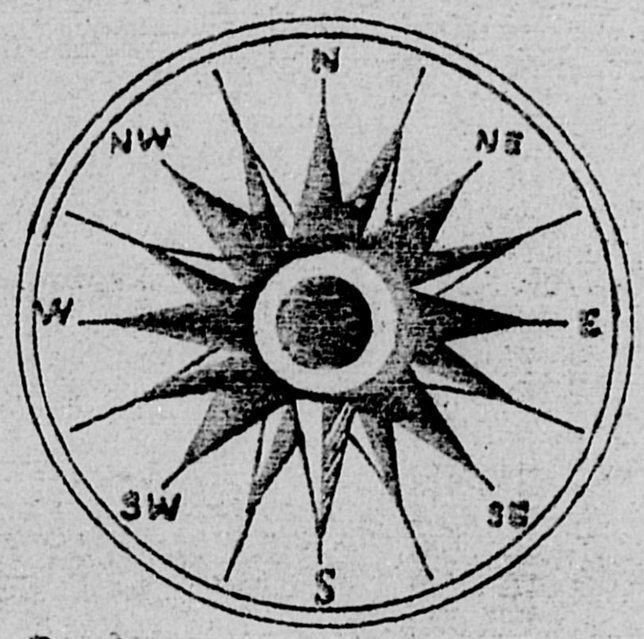
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

RAYS FROM SERVICE LIGHTS

BUT NO BEAM VISIBLE

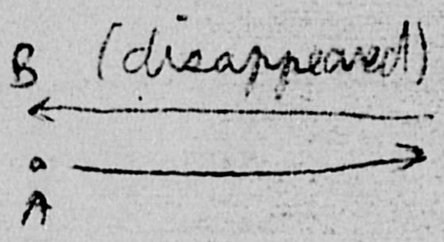
27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.





10-20°
ABOVE HORIZON

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? a/s

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:

[redacted]

32. Please give the following information about yourself:

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

ADDRESS [redacted] (Street) TERRACE PARK (City) ___ (Zone) OHIO (State)

TELEPHONE NUMBER [redacted] AGE 46 SEX M

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

RADAR (WWII)
OPERATOR

33. When and to whom did you report that you had seen the object? FTD OD-AL HQ MAJAND

~~NOV~~ 18 (Day) NOV (Month) 65 (Year)

34. Date you completed this questionnaire: 18 (Day) NOV (Month) 65 (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.

18 Nov

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?

18 (Day) Nov (Month) 1965 (Year)

2. Time of day: 9 (Hour) 00 (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) Terrace Park (City or Town) Ohio (State or County)

5. How long was object in sight? (Total Duration) 0 (Hours) 3 (Minutes) 0 (Seconds)

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

5.1 How was time in sight determined? Estimation

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

FTD FORM 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:

looked like spotlight playing on the clouds but we took

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?

yes. But did not reappear

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: the clouds

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

a. Sound no sound heard

b. Color yellow (bright)

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?

I can't answer this question.

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? faster than any jet

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? 5 to 10 mi.

22. Where were you located when you saw the object? (Circle One):

a. (Inside a building)
b. In a car } two places
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

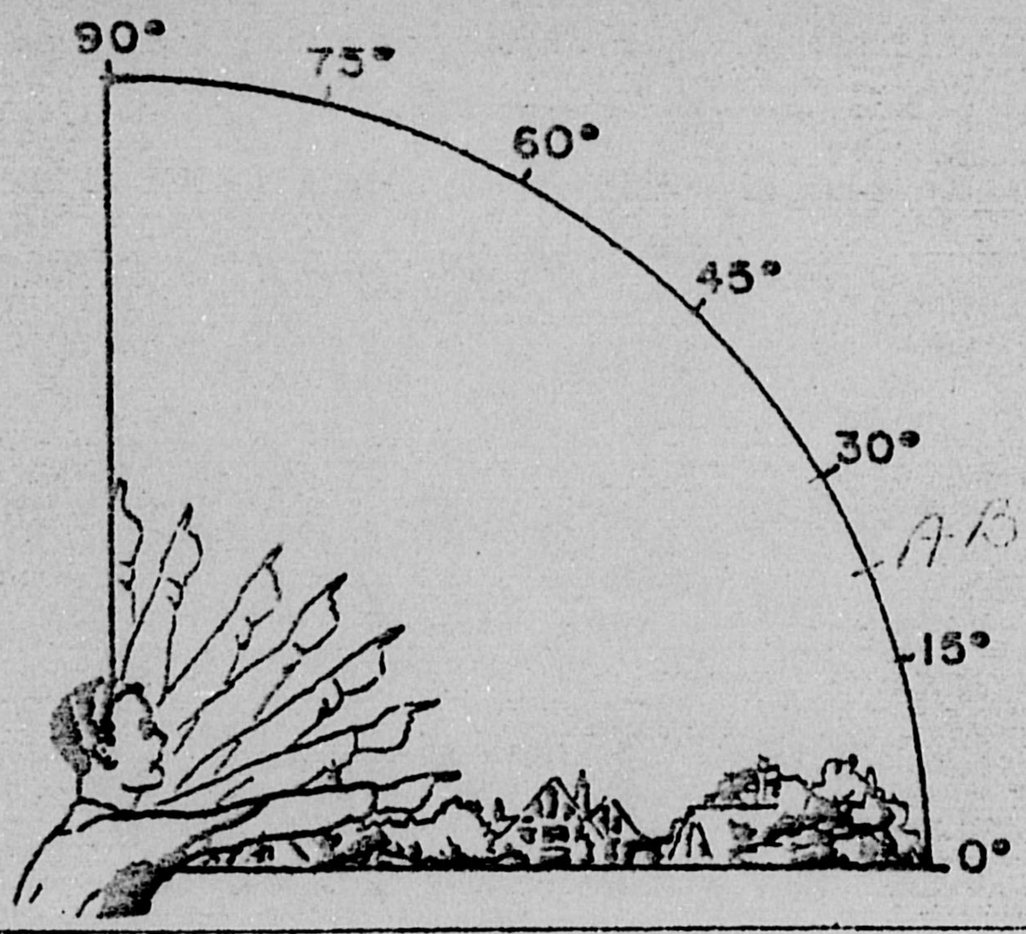
25. Did you observe the object through any of the following?

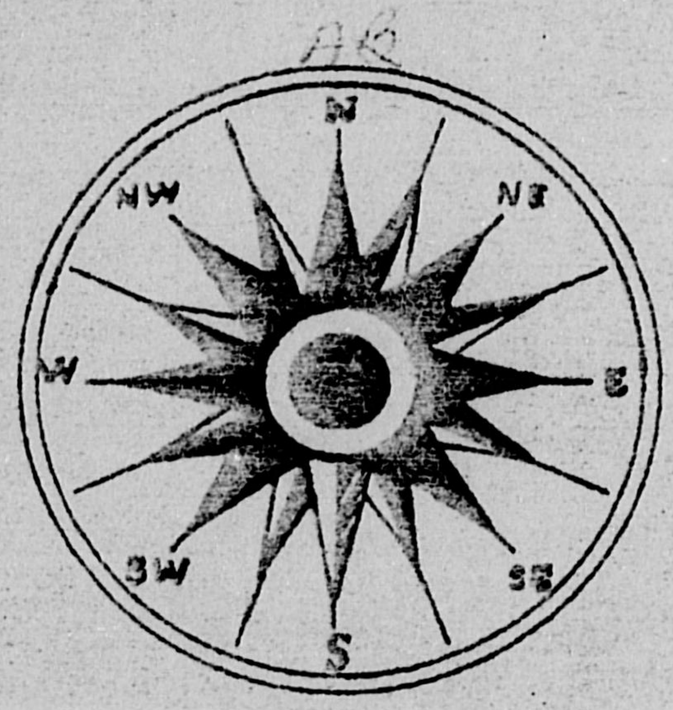
a. Eyeglasses	Yes	(No)	e. Binoculars	Yes	(No)
b. Sun glasses	Yes	(No)	f. Telescope	Yes	(No)
c. Windshield	Yes	(No)	g. Theodolite	Yes	(No)
d. Window glass	(Yes)	No	h. Other _____		

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.

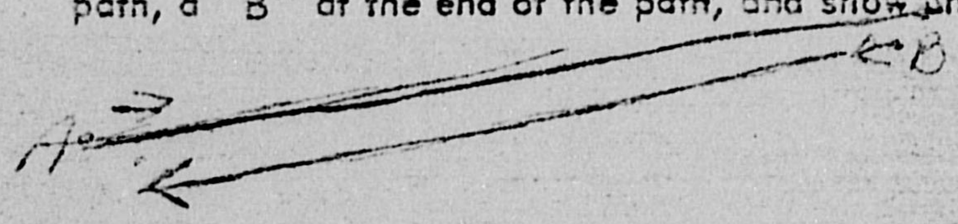
a very bright light (no ray)

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

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] Parkersburg, Ohio 45774

[redacted]

32. Please give the following information about yourself:

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

ADDRESS [redacted] (Street) Terrace Park (City) — (Zone) Ohio (State)

TELEPHONE NUMBER [redacted] AGE 10 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?

18 (Day) Nov (Month) 1965 (Year)

Wright-Patterson AFB

34. Date you completed this questionnaire: 8 (Day) Jan (Month) 1966 (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.

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?

Nov (18) / Day — Nov / Month — 1965 / Year

2. Time of day: 8 / 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?

[redacted] / Nearest Postal Address — Terrace Park / City or Town — Ohio / State or County

5. How long was object in sight? (Total Duration) _____ Hours — 15 Minutes — _____ Seconds

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

5.1 How was time in sight determined? Television Program — Clown

5.2 Was object in sight continuously? Yes ____ No X

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

FTD FORM 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

NO STARS OUT.

11.1 Compare brightness to some common object:

BRIGHT CIGAR SHAPE - WITH SATURN RINGS

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?

YES - AFTER IT HAD SHOT ACROSS SKY AND BACK TO ITS ORIGINAL POSITION.

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: SEEMED IN FRONT OF CLOUDS.

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

a. Sound ALONE

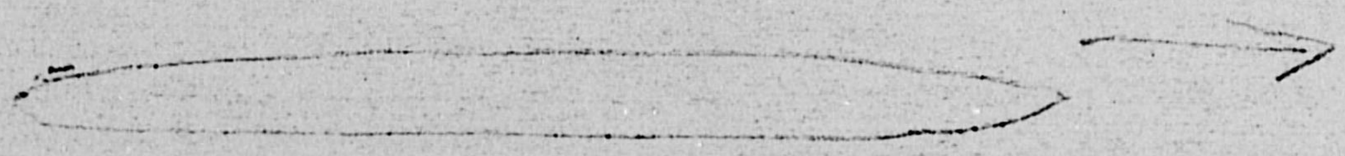
b. Color BRIGHT - WHITE GLOW.

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?

WIDTH - TWICE AS MUCH AS HEAD
LENGTH. TEN TO TWENTY TIMES AS HEAD.
(COMPARED WITH A BOOK MATCH)

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.



NO TRAILS

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? 5-10 MILES.

22. Where were you located when you saw the object?
(Circle One): — Two Places

(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 SUBURBAN AREA. NEAR OPEN COUNTRY.

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

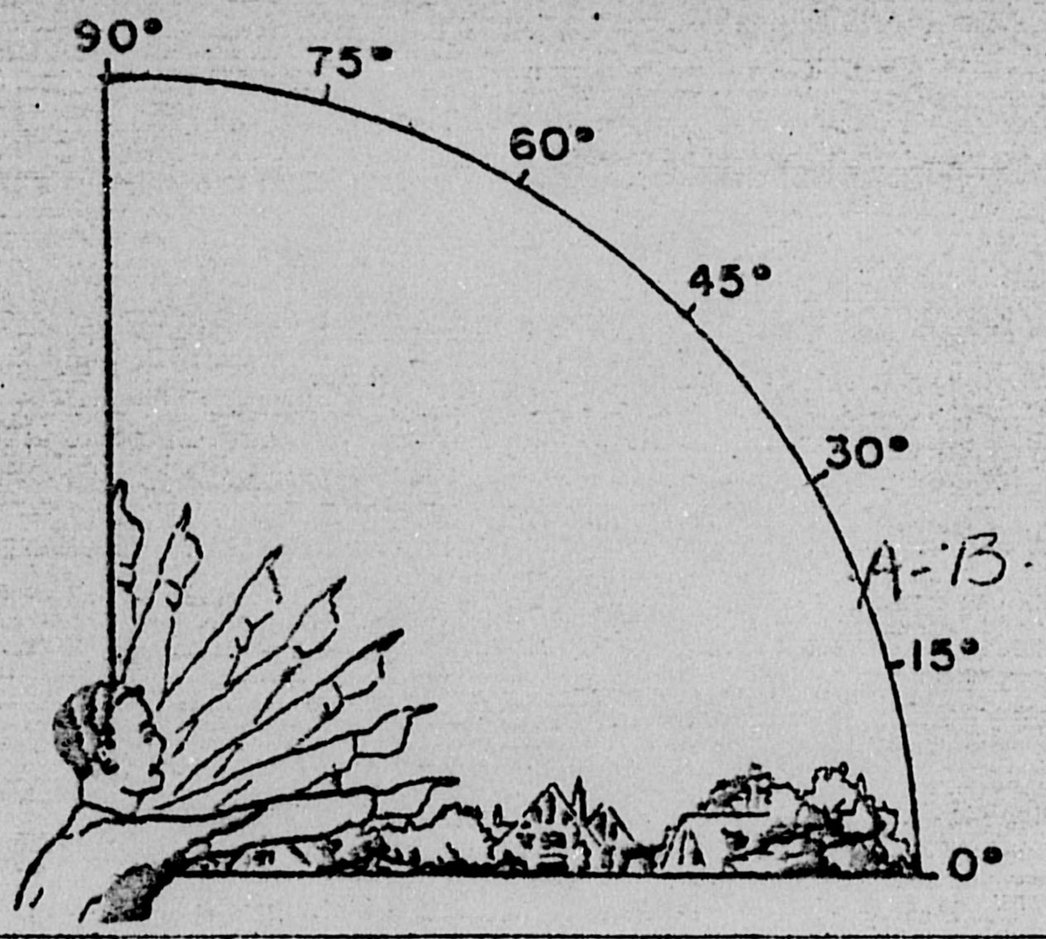
25. Did you observe the object through any of the following?

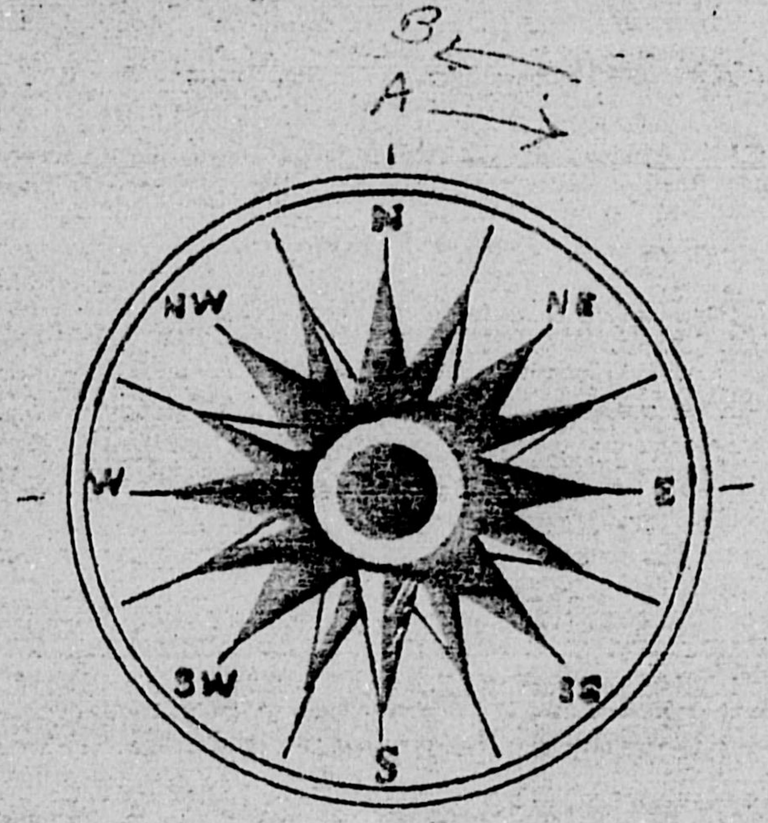
a. Eyeglasses	Yes	No	e. Binoculars	Yes	No
b. Sun glasses	Yes	No	f. Telescope	Yes	No
c. Windshield	Yes	No	g. Theodolite	Yes	No
d. Window glass	(Yes)	No	h. Other PORTER TABLE LAMP (WINDOW PANEL IN OPEN)		

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.

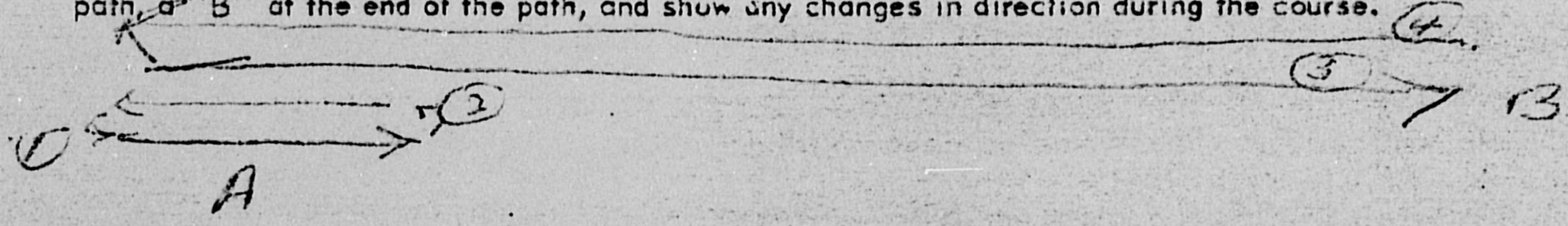
TWO PAPER PLATES - TOGETHER - CONVEX SIDE DOWN.

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 ONLY

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.

NONE - SEEN BEFORE -

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] TERRACE PARK, O.

[redacted] TERRACE PARK, O

32. Please give the following information about yourself:

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

ADDRESS [redacted] (Street) TERRACE PARK (City) 45174 (Zone) OHIO (State)

TELEPHONE NUMBER [redacted] AGE 12 SEX MALE

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

I HAVE READ SEVERAL ARTICLES ON U.F.O.'S. I HAVE ALSO COMMERCIAL PHONE SEVERAL TIMES.

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

18 (Day) Nov. (Month) 1965 (Year) WRIGHT PATTERSON AIR FORCE BASE.

34. Date you completed this questionnaire: 8 (Day) JAN (Month) 1961 (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.