

PROJECT 10070 RECORD	
1. DATE - TIME GROUP 9 July 66 09/0900Z	2. LOCATION Hamilton, Ohio
3. SOURCE Civilian	10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION Not Reported	11. BRIEF SUMMARY AND ANALYSIS SEE CASE
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE NE	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Ritterhouse, Charles 9 Jul 66

FTD (TDETR)/H
Wright-Patterson AFB, Ohio 45433
12 August 1966

[REDACTED]
[REDACTED]
Hamilton, Ohio 45013

Dear Mr. [REDACTED],

Reference your unidentified observation of 9 July 1966. The information which we have received is not sufficient for evaluation. Request you complete the attached FTD Form 164 and return it in the envelope provided.

We wish to thank you for reporting your observation to the Air Force.

Sincerely,

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

FTD (TDETR)/HC
Wright-Patterson AFB, Ohio 45433
12 August 1966

[REDACTED]
Hamilton, Ohio 45013

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TDETR
Office of Record

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:

- 3 MAGNITUDE

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?

<input checked="" type="radio"/> Yes	No	Don't know
Yes	<input checked="" type="radio"/>	Don't know
Yes	<input checked="" type="radio"/>	Don't know
Yes	<input checked="" type="radio"/>	Don't know
<input checked="" type="radio"/> Yes	No	Don't know
<input checked="" type="radio"/> Yes	No	Don't know
<input checked="" type="radio"/> Yes	No	Don't know
<input checked="" type="radio"/> Yes	No	Don't know

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>0400</u> Hour _____ Minutes _____		
<u>09</u> Day	<u>07</u> Month	<u>1966</u> Year	(Circle One): <u>A.M.</u> or <u>P.M.</u>
3. Time Zone: (Circle One): <u>a</u> Eastern b. Central c. Mountain d. Pacific e. Other _____	(Circle One): <u>a</u> . Daylight Saving <u>b</u> Standard		
4. Where were you when you saw the object? [REDACTED] _____			
Nearest Postal Address	<u>HAMILTON</u> City or Town	<u>OHIO</u> State or County	
5. How long was object in sight? (Total Duration) Hours _____ Minutes _____ Seconds _____			
<u>a</u> . Certain b. Fairly certain	c. Not very sure d. Just a guess <u>IN VIEW DURING CALL</u>		
5.1 How was time in sight determined?			
5.2 Was object in sight continuously?	Yes _____ <u>No</u> _____		
6. What was the condition of the sky? DAY a. Bright b. Cloudy			
NIGHT a. Bright <u>b</u> . 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			

(Send 164)

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

FADES OUT

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: PROBEY CLOUD

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 NO -

b. Color YELLOWISH OR ORANGE

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?

COULD NOT DO IT WTS ABOUT TWICE SIZE OF VENUS

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.

POINT SOURCE

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? Rising 20/10 min

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) N/A

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

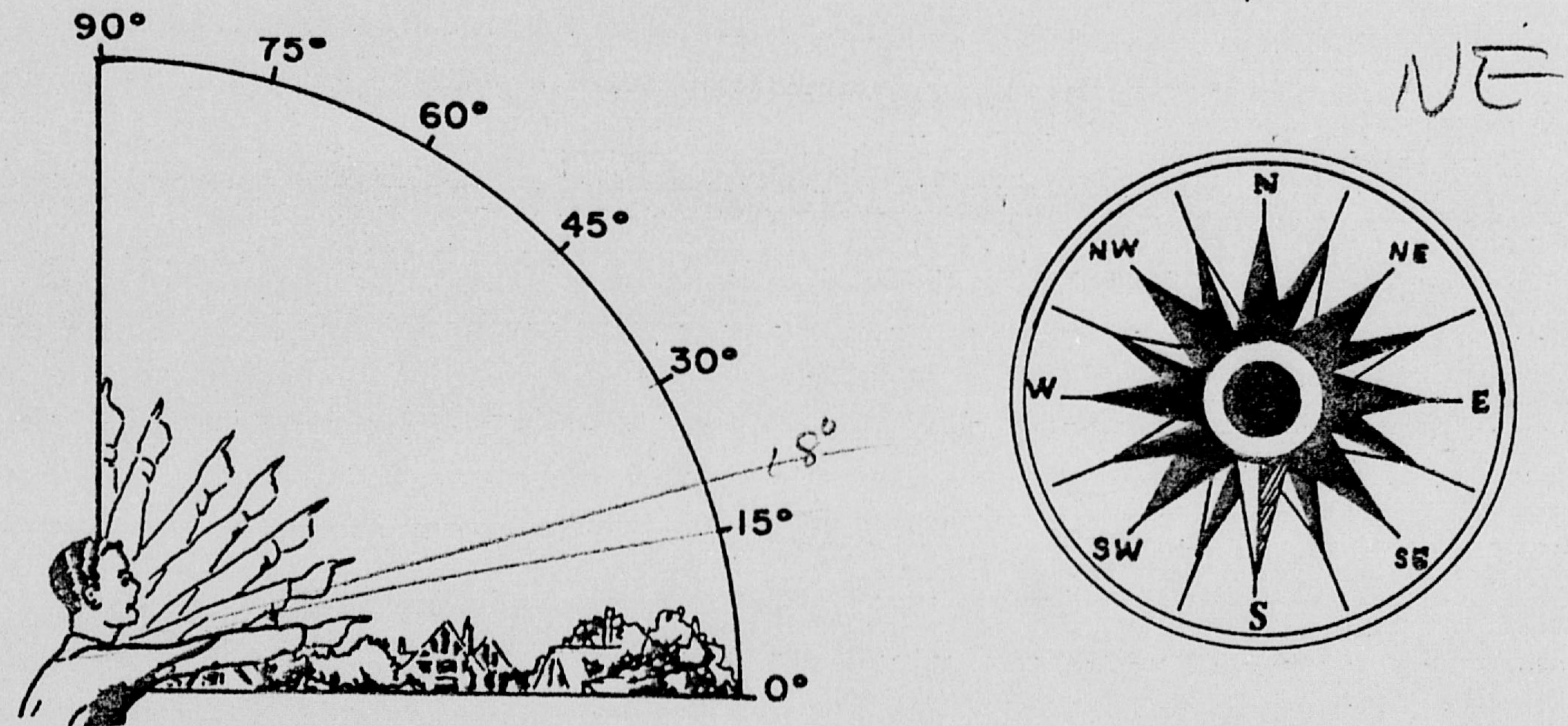
25. Did you observe the object through any of the following?

a. Eyeglasses	Yes	No	e. Binoculars	<input checked="" type="radio"/> 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.

APPEARED as a PERCENTAGE CIRCULAR DISK

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? MA
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:

*HAMILTON OHIO
45013*

32. Please give the following information about yourself:

NAME *[REDACTED]* *[REDACTED]*
Last Name *[REDACTED]* First Name *[REDACTED]* Middle Name *[REDACTED]*
ADDRESS *[REDACTED]* *HAMILTON* *OHIO*
Street *[REDACTED]* City *[REDACTED]* Zone *[REDACTED]* State *[REDACTED]* *45013*
TELEPHONE NUMBER *[REDACTED]* AGE *19* 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 *[REDACTED]* Month *[REDACTED]* Year *[REDACTED]*

FTD Duty Officer