

PROJECT 10073 RECORD

1. DATE - TIME GROUP 24 July 66 24/0645Z	2. LOCATION Medway, Ohio
3. SOURCE Civilian	10. CONCLUSION Possible (AIRCRAFT) ✓ <i>not</i>
4. NUMBER OF OBJECTS 3	Description is consistent with that of an aircraft.
5. LENGTH OF OBSERVATION 10 Minutes	11. BRIEF SUMMARY AND ANALYSIS Observer noted object that was round at all times, followed by two smaller dots. Object was like a 25 watt bulb about 50 feet overhead.
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	

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

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.

<p>1. When did you see the object?</p> <p style="margin-top: 10px;"> <u>24</u> <u>July</u> <u>1966</u> Day Month Year </p>	<p>2. Time of day: <u>1</u> <u>45</u> Hour Minutes</p> <p style="margin-top: 10px;"> (Circle One): <input checked="" type="radio"/> A.M. <input type="radio"/> or <input type="radio"/> P.M. </p>		
<p>3. Time Zone:</p> <p style="margin-top: 10px;"> (Circle One): <input checked="" type="radio"/> a. Eastern <input type="radio"/> b. Central <input type="radio"/> c. Mountain <input type="radio"/> d. Pacific <input type="radio"/> e. Other _____ </p> <p style="margin-top: 10px;"> (Circle One): <input checked="" type="radio"/> a. Daylight Saving <input checked="" type="radio"/> b. Standard </p>			
<p>4. Where were you when you saw the object?</p> <p style="margin-top: 10px;"> Nearest Postal Address: <u>MEDWAY</u> City or Town: <u>OHIO</u> State or County: _____ </p>			
<p>5. How long was object in sight? (Total Duration)</p> <p style="margin-top: 10px;"> <u>0</u> <u>10</u> <u>—</u> Hours Minutes Seconds </p> <p style="margin-top: 10px;"> a. Certain <input checked="" type="radio"/> b. Fairly certain c. Not very sure d. Just a guess </p>			
<p>5.1 How was time in sight determined? <u>Radio time checks.</u></p> <p>5.2 Was object in sight continuously? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>			
<p>6. What was the condition of the sky?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> DAY <input type="radio"/> a. Bright <input type="radio"/> b. Cloudy </td> <td style="width: 50%; text-align: center;"> NIGHT <input checked="" type="radio"/> a. Bright <input type="radio"/> b. Cloudy </td> </tr> </table>		DAY <input type="radio"/> a. Bright <input type="radio"/> b. Cloudy	NIGHT <input checked="" type="radio"/> a. Bright <input type="radio"/> b. Cloudy
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<p>7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?</p> <p style="margin-top: 10px;"> (Circle One): <input type="radio"/> a. In front of you <input type="radio"/> b. In back of you <input type="radio"/> c. To your right <input type="radio"/> d. To your left <input type="radio"/> e. Overhead <input type="radio"/> f. Don't remember </p>			

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

- c. Other _____
- _____
- _____
- _____

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?	<input checked="" type="radio"/> 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?

Yes

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:

Clouds and stars

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

a. Sound

b. Color

of a light bulb.

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?

About half.

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.

It was round at all times.
Two smaller dots followed
it, moving fast.

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

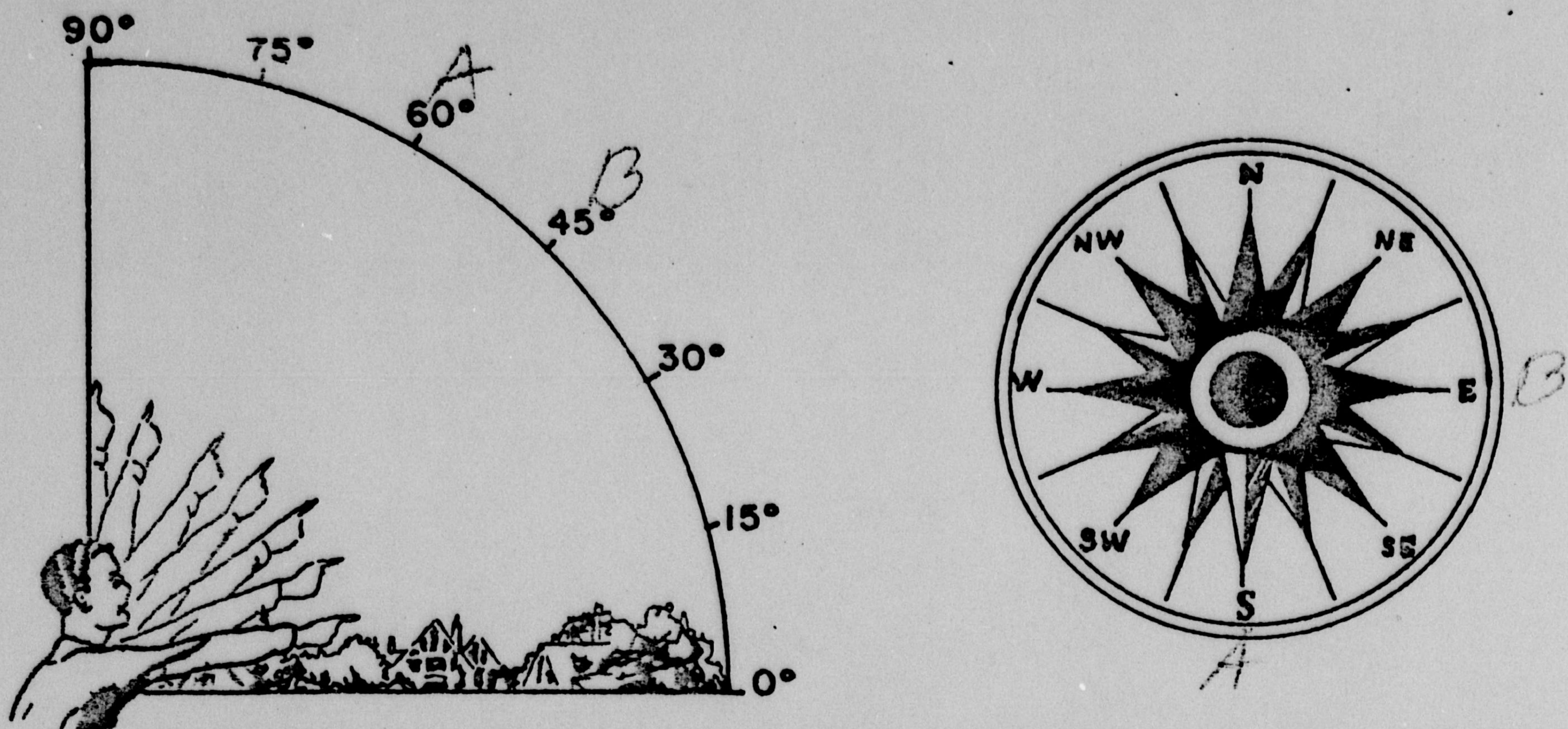
No

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.

*a 25 watt bulb about 50
feet over head.*

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.

straight line, south to east

29. IF there was MORE THAN ONE object, then how many were there? 3
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:

32. Please give the following information about yourself:

NAME _____

Last Name

First Name

Middle Name

ADDRESS _____

Street

City

Zone

State

TELEPHONE NUMBER _____

AGE

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?

25

July

66

Day

Month

Year

Project Blue Book

34. Date you completed this questionnaire:

28 July 66

Day

Month

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.