

## PROJECT NOTES RECORD

1. DATE / TIME GROUP 26 JULY 66 27/0240Z	2. LOCATION Dayton, Ohio
3. SOURCE Civilian	10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION 1 Minute	11. BRIEF SUMMARY AND ANALYSIS SEE CASE
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE SW	
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.

Dayton, Ohio 26 Jul 66

✓  
FTD (TDETR)  
Wright-Patterson AFB, Ohio 45433  
27 July 1966

[REDACTED]  
Dayton, Ohio 45414

Dear [REDACTED]

Reference your unidentified observation of 26 July 1966 which you reported to the Duty Officer at Wright-Patterson AFB. The information in his report was 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,

④  
HECTOR QUINTANILLA, Jr, Major, USAF  
Chief, Project Blue Book

Received call at 2345 from man who  
wouldn't answer question or leave name. Also saw  
object at 45° angle from patio in North Dayton. Object  
was moving light.

### 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>2140</u> Hour _____ Minutes _____						
<u>26</u> Day <u>JULY</u> Month <u>66</u> Year	(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? <u>North Dayton</u>	Nearest Postal Address _____ City or Town _____ State or County _____						
5. How long was object in sight? (Total Duration) a. Certain b. Fairly certain c. Not very sure d. Just a guess	Hours _____ Minutes _____ Seconds _____						
5.1 How was time in sight determined? <u>guess</u>							
5.2 Was object in sight continuously? Yes <input checked="" type="checkbox"/> No _____							
6. What was the condition of the sky? <table><tr><td>DAY</td><td>NIGHT</td></tr><tr><td>a. Bright</td><td>a. Bright</td></tr><tr><td>b. Cloudy</td><td>b. Cloudy</td></tr></table>	DAY	NIGHT	a. Bright	a. Bright	b. Cloudy	b. Cloudy	<u>?</u>
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							

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

## 8.1 STARS (Circle One):

- a. Name
- b. A sign
- c. Money
- 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

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?

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

Over horizon

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 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?

Don't know

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.

round (spot)

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 single engine  
plane or 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?

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 parking lot

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



b. Sun glasses

Yes



c. Windshield

Yes



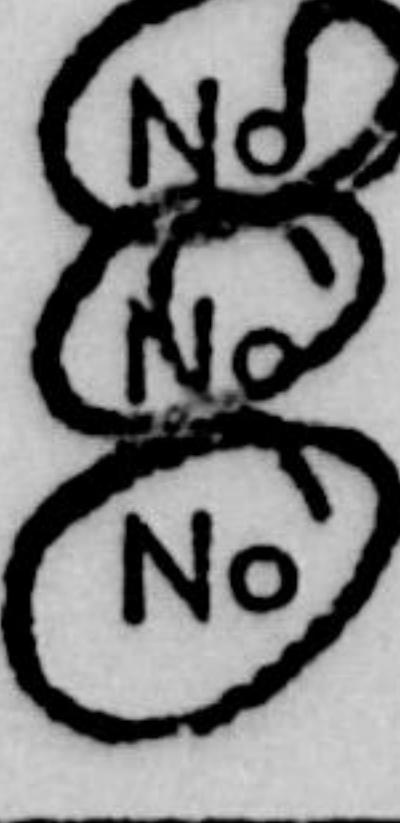
d. Window glass

Yes



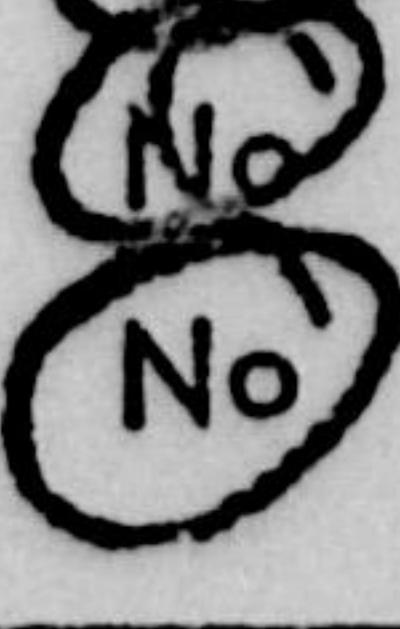
e. Binoculars

Yes



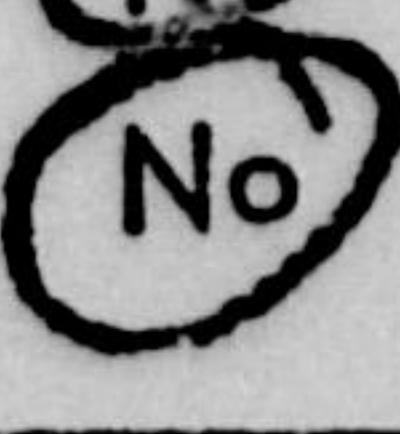
f. Telescope

Yes



g. Theodolite

Yes

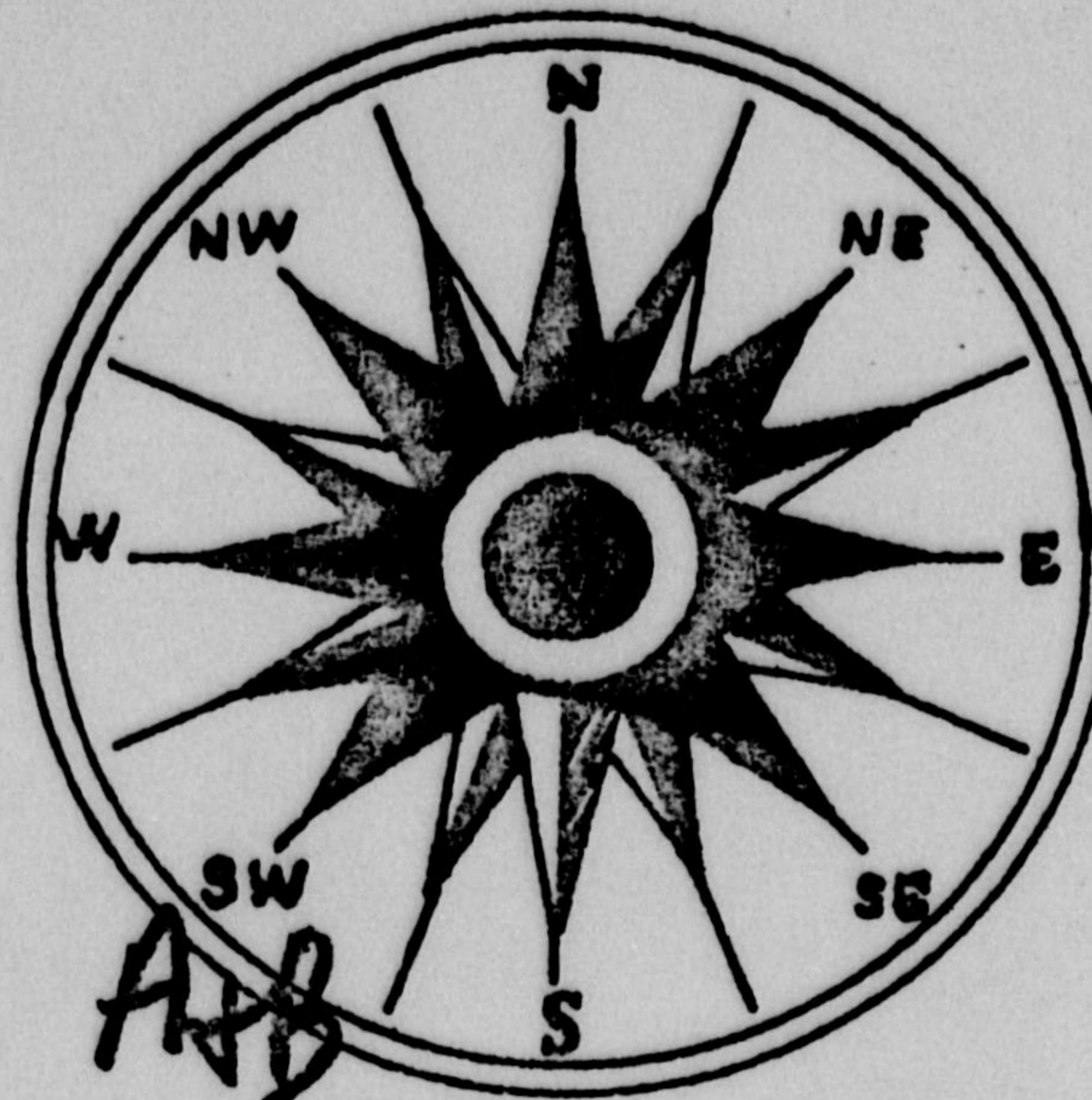
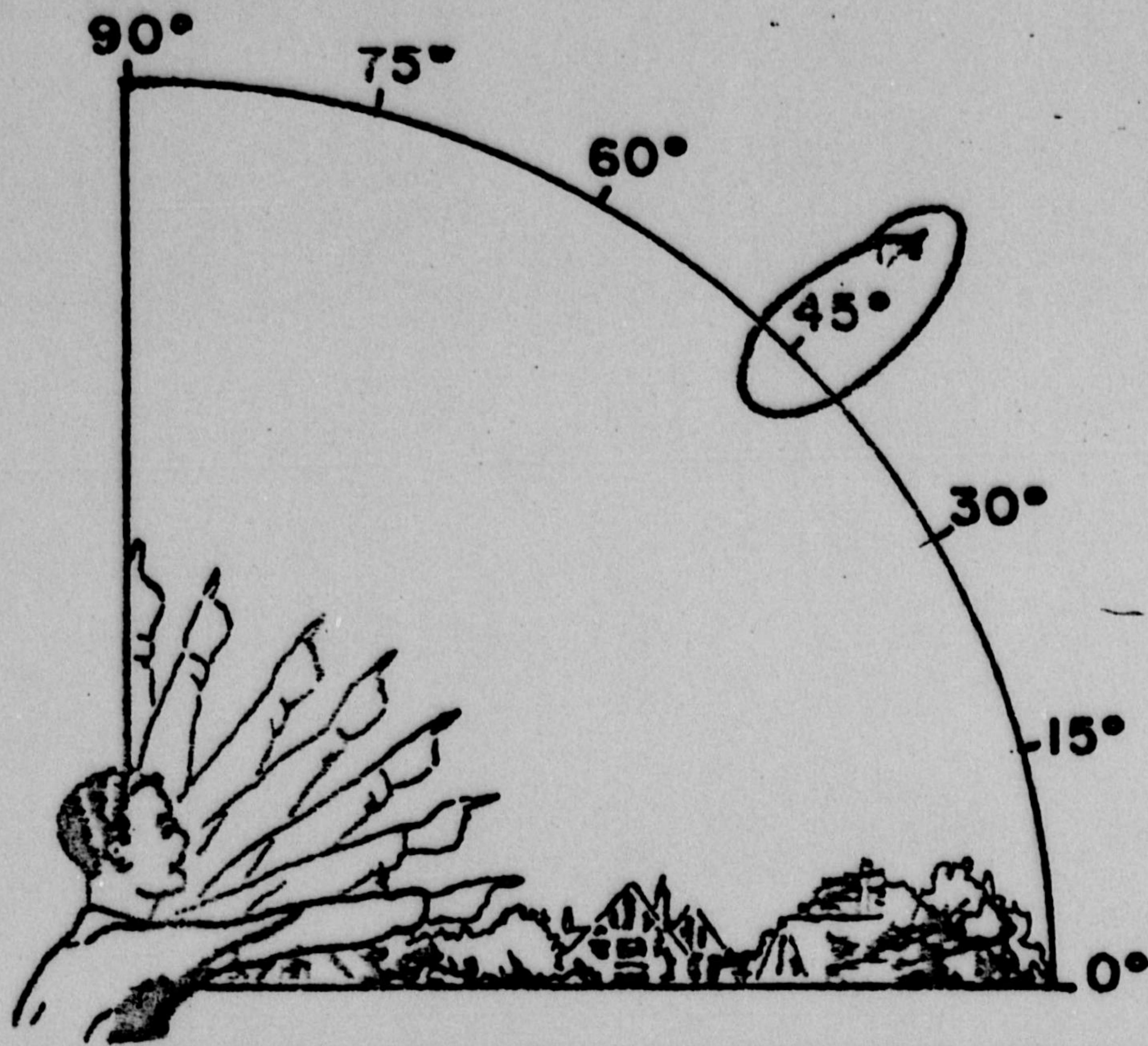


h. Other \_\_\_\_\_

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.

*never saw anything like it.*

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*

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.

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:

Two others.

32. Please give the following information about yourself:

NAME \_\_\_\_\_  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_  
Dayton  
TELEPHONE NUMBER \_\_\_\_\_ AGE 24 SEX M 45414

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 \_\_\_\_\_

34. Date you completed this questionnaire:

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.

Hung up.