

## PROJECT 10073 RECORD

1. DATE - TIME GROUP 29 Oct 66 30/0330Z	2. LOCATION Springfield, Chio (Multiple)
3. SOURCE Civilian	10. CONCLUSION Possible (AIRCRAFT WITH AFTERBURNER) <i>JST</i>
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION 10 Seconds	11. BRIEF SUMMARY AND ANALYSIS Observers watched a semi-circle glow like a flame of a candle travel up diagonally toward the sky until it was out of sight. The object was larger than any falling star trail the witnessess have seen. No sound was heard during the observation.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE WSW	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

FORM  
F-1D SEP 63 0-329 (TDE) Previous editions of this form may be used.

Oct 66

FTD (TDETR) *hl*  
Wright-Patterson AFB, Ohio 45433  
31 October 1966

OFFICE OF THE CHIEF OF STAFF  
OFFICE OF RECORD

TDC-TR

Mrs. [REDACTED]

Springfield, Ohio 45503

Dear Mrs. [REDACTED]

Reference your unidentified observation of October 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,

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

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:

(Check one) a. Fuzzy or blurred  
b. Like a bright star  
c. Sharply outlined  
d. Don't remember

e. Other None None None None

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)

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?

29<sup>th</sup> Oct. 1966  
Day Month Year

2. Time of day:

10<sup>th</sup> 30  
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?

Nearest Postal Address

Sprinfield

Ill - Clark

City or Town State or County

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

Hours 1 Minutes 0 Seconds 0

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

5.1 How was time in sight determined? \_\_\_\_\_

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

20. Do you think you can estimate the speed of the object?

(Circle One) Yes

No

It moved very fast.

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.

My daughter observed it longer than I, and said there was a slight rounded impression on top of a saucer shaped base. I just saw the glow.

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

It went off diagonally toward the sky until it was out of sight.

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 None

b. Color Blazed like a candle light - light yellowish-orange

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and see 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?

A very small fraction of it. It was quite large - even from a distance, longer than any falling star trail I have ever seen.

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.



Fell to earth in the sky.

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.

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

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 \_\_\_\_\_  
b. Color \_\_\_\_\_

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?

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.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

N/C

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:

Mr. and Mrs.

He saw Mr. & Mrs.  
it first. Mr. & Mrs.

[REDACTED]  
Springfield, O.

[REDACTED]  
Springfield, O.

Plus 10 children who were there. [REDACTED]  
Springfield, O.

32. Please give the following information about yourself:

NAME \_\_\_\_\_

Last Name

First Name

Middle Name

ADDRESS \_\_\_\_\_

Street

Springfield

City

Zone

Ohio

State

TELEPHONE NUMBER \_\_\_\_\_

AGE 31

SEX F

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?

30 Octobre 1966

Day

Month

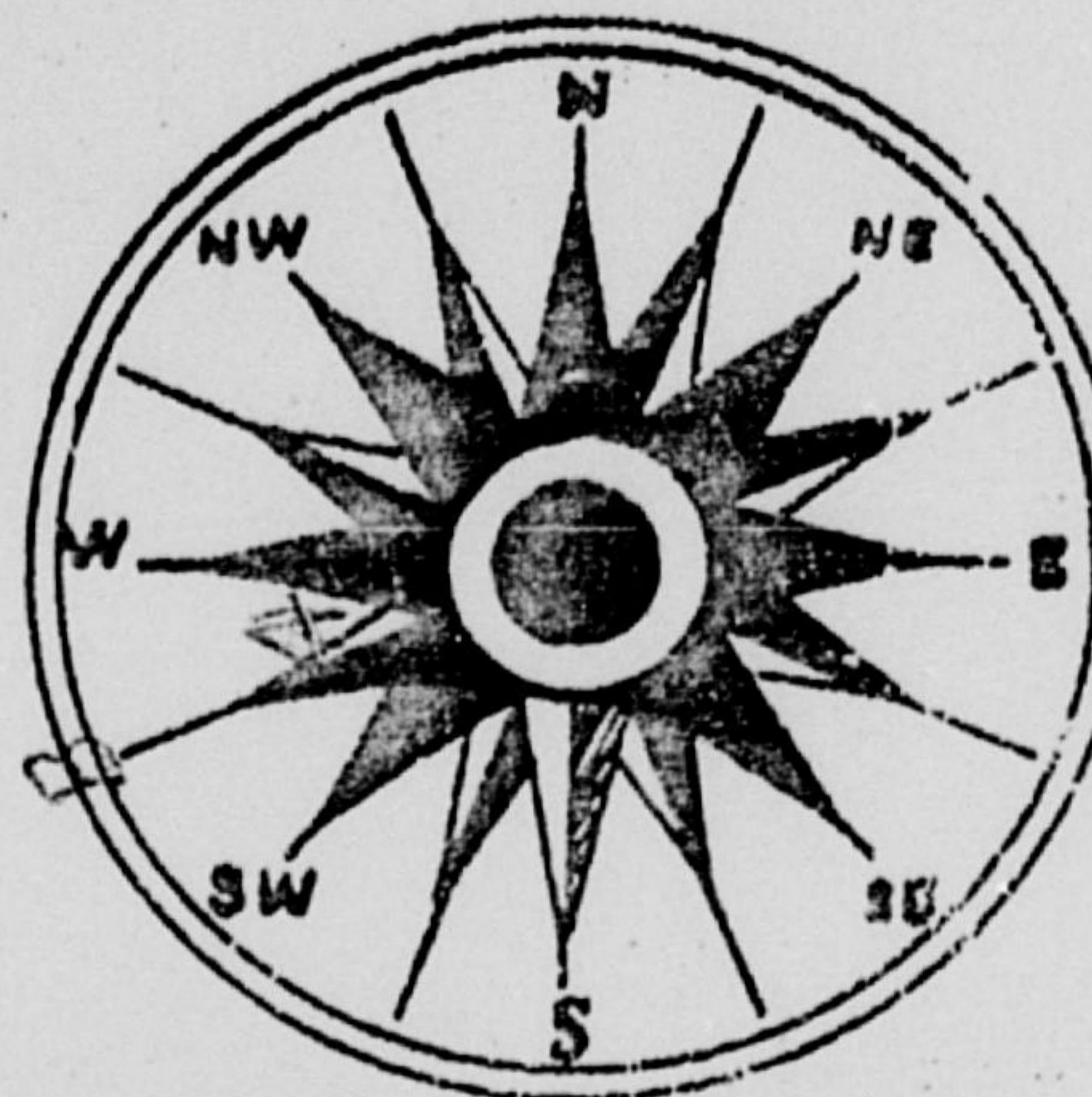
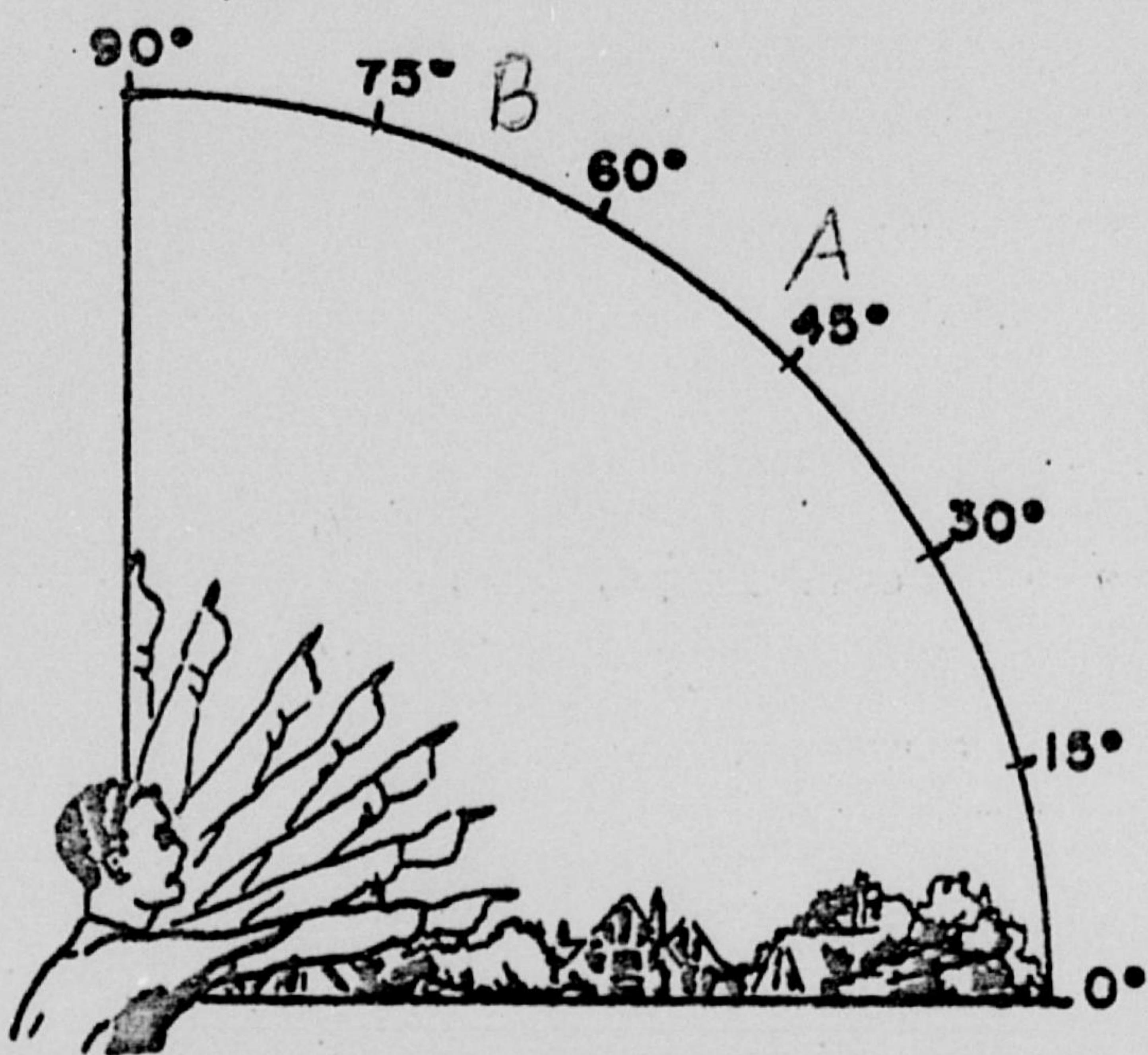
Year

- Someone at WFAFB -

I didn't get the right  
dept. so gave who ever it

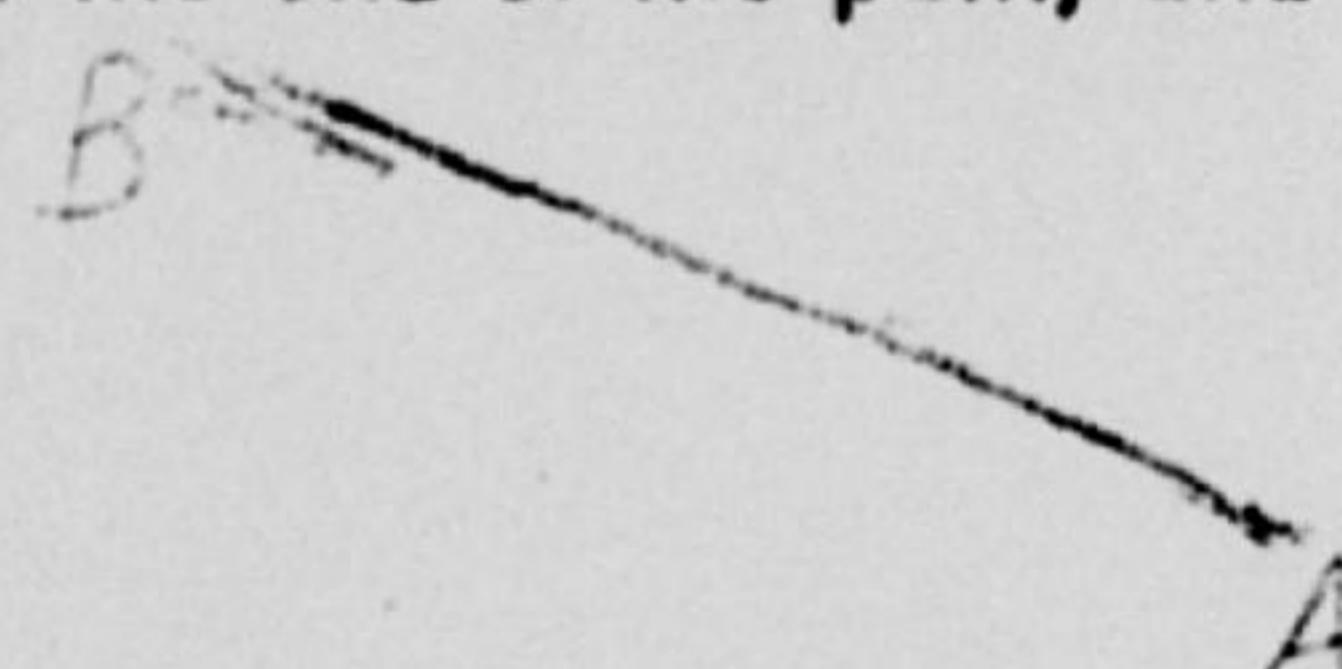
was the message & asked him to relay it to your  
office.

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.



I was standing here.

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? \_\_\_\_\_

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

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.