

## PROJECT 10073 RECORD

1. DATE - TIME GROUP 2 Jan 67 3/0310Z	2. LOCATION Indianapolis, Indiana 1 witness
3. SOURCE Civilian	10. CONCLUSION Aircraft(possible) ✓ <i>zvt</i>
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION 1 minute 30 seconds	11. BRIEF SUMMARY AND ANALYSIS Observer watched a blue disc colored object that went out of range then returned and finally disappeared again. The disc had red and white lights. The lights were brighter than a car headlight. The object was the size of a piper cub type aircraft. The witnesses's parents were with him at the time of the sighting; however, they did not see the object.
6. TYPE OF OBSERVATION Ground Visual	
7. COURSE NW	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



2 Jan 67

Indianapolis, Indiana

## 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?

Jan 2 67 Worn  
 Monday Jan 1 1967  
 Day Month Year

2. Time of day:

2200 10  
 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 City or Town State or County  
 Indianapolis Indiana Marion Co

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

0 1 30  
 Hours Minutes Seconds

- a. Certain  
 b. Fairly certain

- c. Not very sure  
 d. Just a guess

5.1 How was time in sight determined?

with a digital watch

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



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:

*It was brighter than a star, brighter than a light.*

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?           | <input checked="" type="radio"/> Yes | No                                  | Don't know |
| b. Suddenly speed up and rush away at any time? | <input checked="" type="radio"/> Yes | No                                  | Don't know |
| c. Break up into parts or explode?              | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| d. Give off smoke?                              | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| e. Change brightness?                           | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| f. Change shape?                                | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| g. Flash or flicker?                            | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| h. Disappear and reappear?                      | <input checked="" type="radio"/> Yes | No                                  | Don't know |



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

*Yes It went out of range by going behind some trees first, then it came back hovered about ten seconds and shot straight up 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:

*same trees*

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

*There was no audible sound*

b. Color

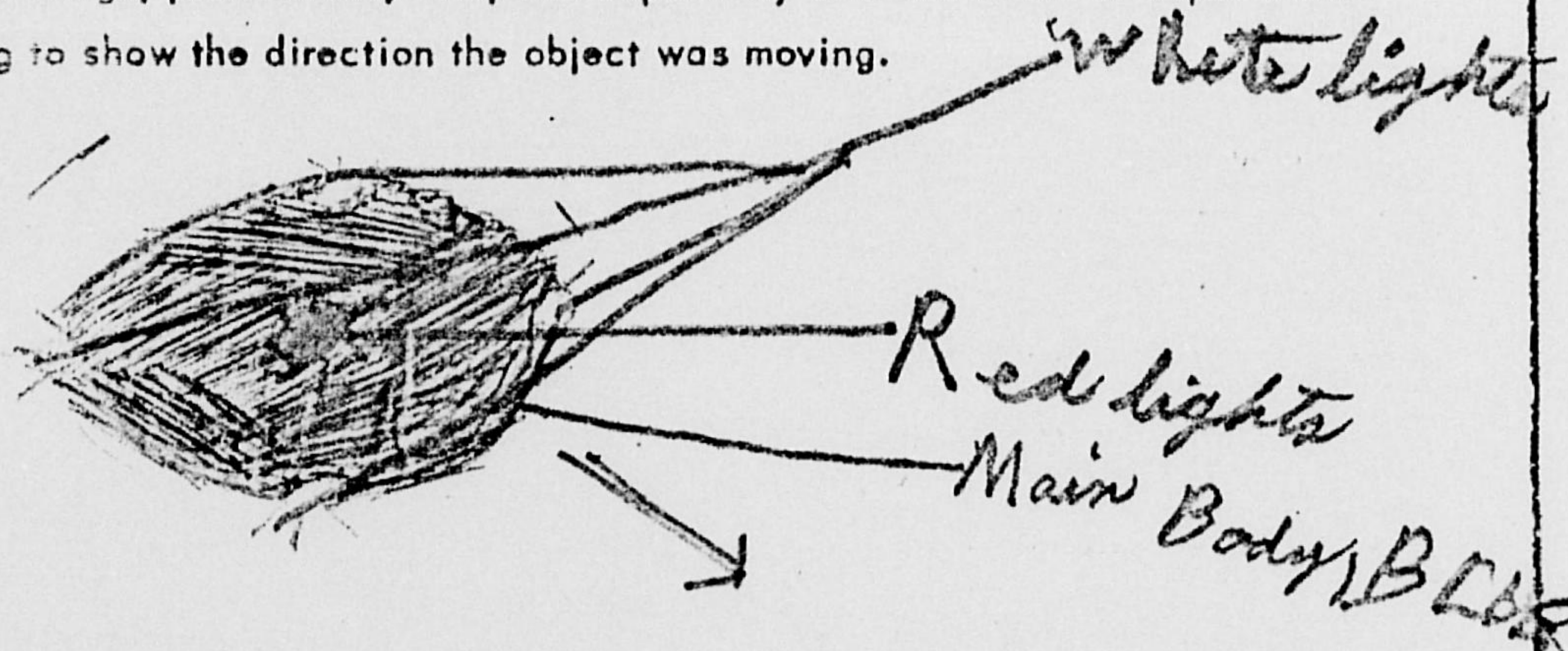
*Blue disk with red and white lights*

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 1/2 of the object*

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? \_\_\_\_\_

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? 1000 Feet

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?

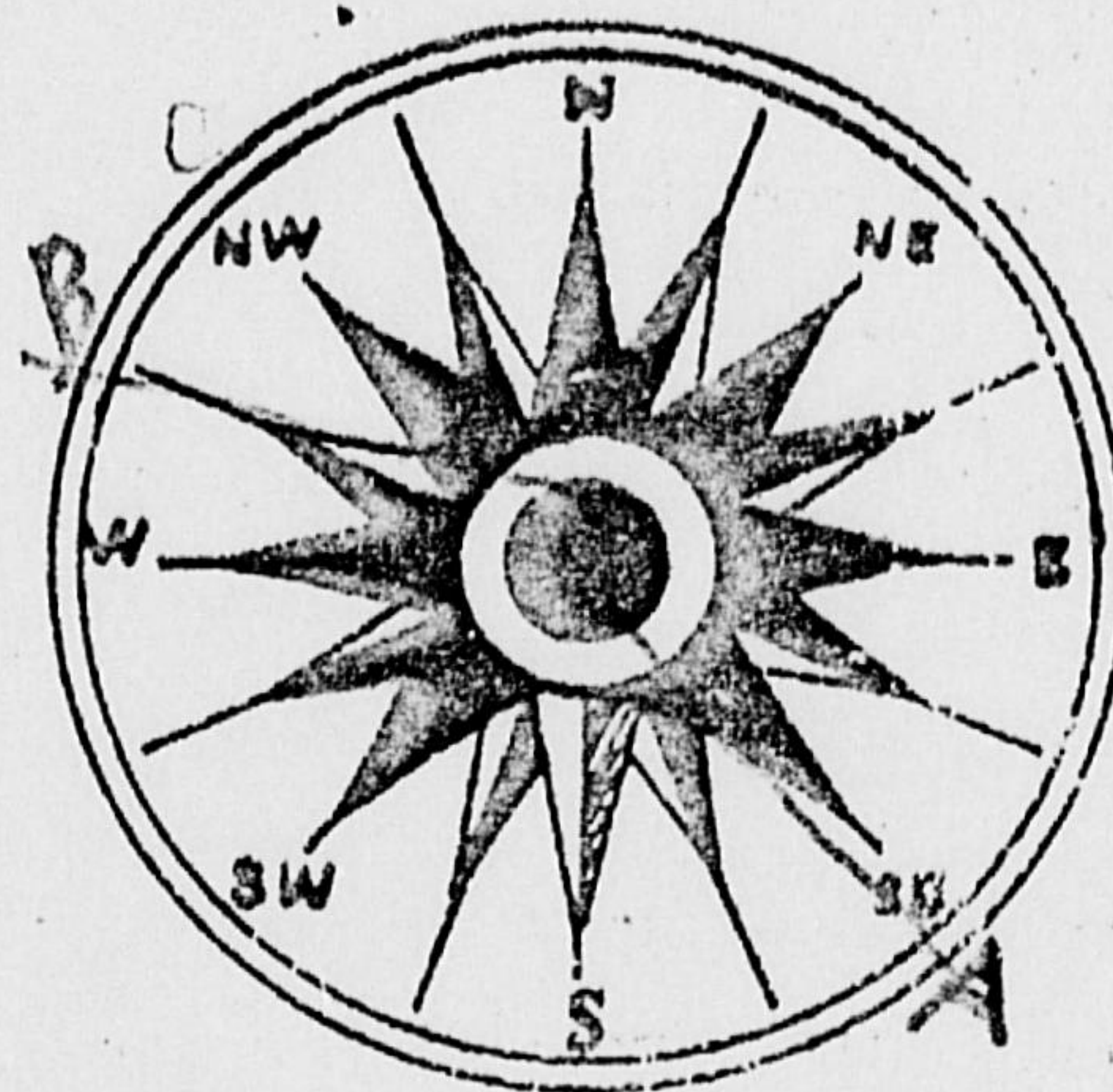
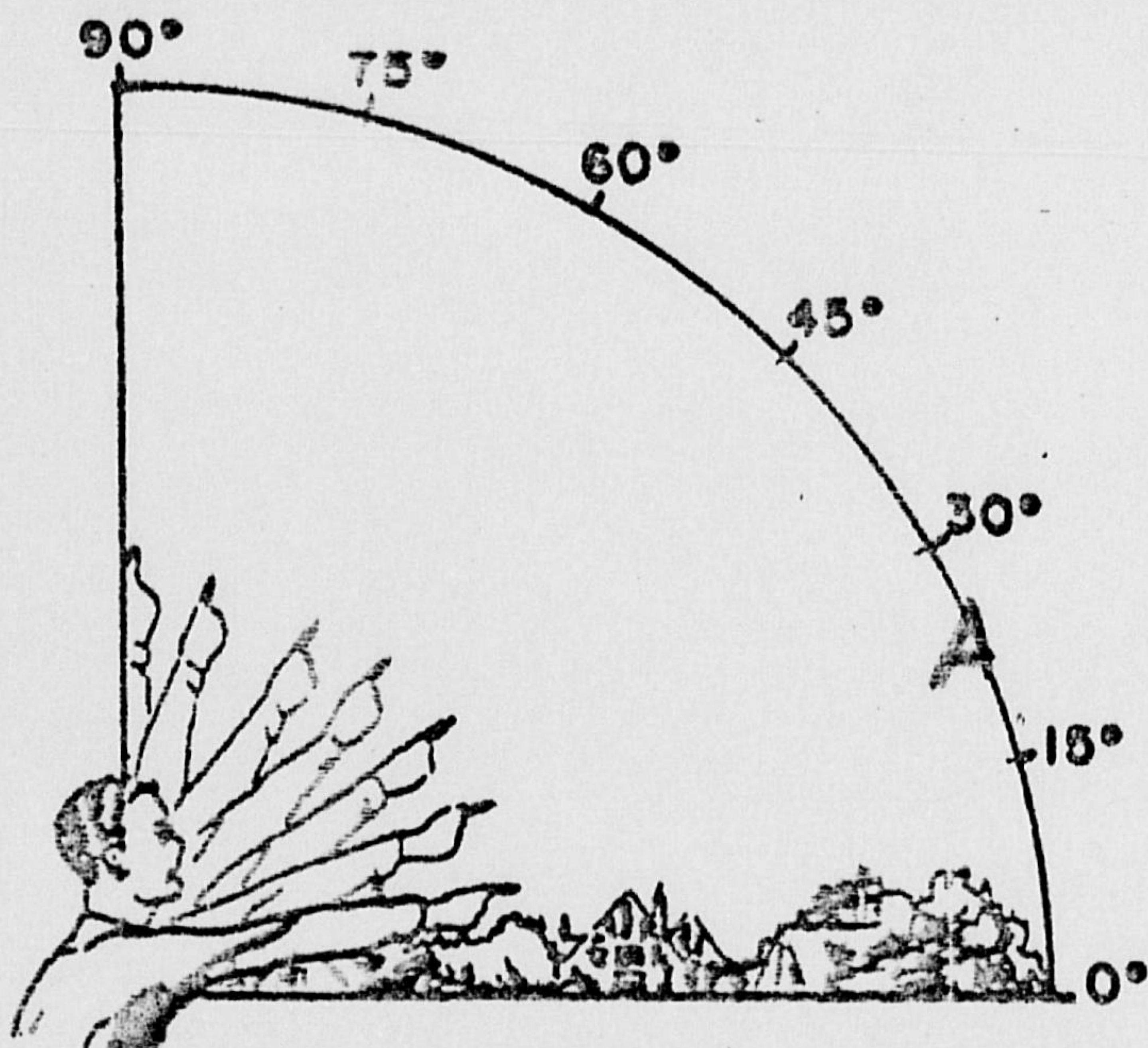
- |                 |            |    |               |       |    |
|-----------------|------------|----|---------------|-------|----|
| a. Eyeglasses   | Yes        | No | e. Binoculars | Yes   | No |
| b. Sun glasses  | Yes        | No | f. Telescope  | Yes   | No |
| c. Windshield   | Yes        | No | g. Theodolite | Yes   | No |
| d. Window glass | <u>Yes</u> | 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.

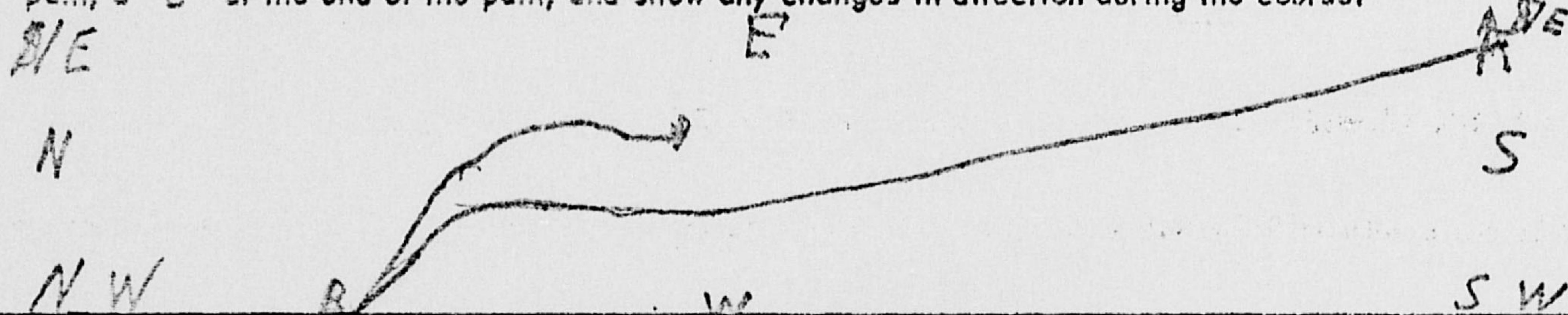
*I know of nothing that would give the appearance of the object.*



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



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:

444

Last Name

**First Name**

Middle Name

**ADDRESS**

**Street**

City

Zona

**Stato**

TELEPHONE NUMBER

AGE

SEX

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:

1 Feb 1967  
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.

*Size: The size of a pipe. Cup*

*No other information*



2 Jan 67

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF: TDET/UFO

30 January 1967

SUBJECT: UFO Observation, 2 Jan 67

TO: Mr. [REDACTED]  
[REDACTED]ey  
Indianapolis, Indiana 46227

Reference your unidentified observation. The information which we have received is not sufficient for a scientific evaluation. Request you complete the attached FTD Form 164 and return it in the envelope provided. Thank you for reporting your observation to the Air Force.

JAMES C. MANATT, Colonel, USAF  
Director of Technology and Subsystems

1 Atch  
FTD Form 164 w/envelope

10071070 Official File Copy







Time \ Place of Sighting: 10:10 P.M.

From a house at ~~XXXXXXXXXXXXXXXXXXXX~~

June 29/1967, Indianapolis, Indiana

Duration: About 2 minutes

Number of Observers: One

Observer Reliability: Fair

Number of Objects: One

Type of Observer: A 14 year old boy

Shape: Light Blue disk shape with a bright white light on Top and a red light on the back. (Blue of disk was like a blue fluorescent ~~light~~ light bulb)

Dimensions: About 40' diameter X 20' thick

Color: (see shape)

Sound: None

Altitude: From About 1000' to an unknown height.

Tactics: The UFO flew in at a high rate of speed from the Southwest and came to the West, circled around, came back, hovered over a parking lot for about 1 minute then straight up it shot out of sight.

Speed: Faster than a B-52 Jet.

SEND

164



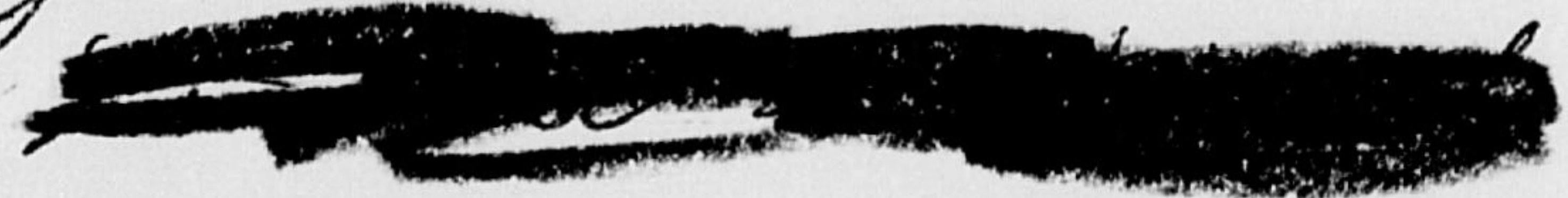
Project Bluebook Information Office  
DeFor

Washington, D.C. 20330

Dear Sirs,

I am enclosing a photograph  
of myself along with the report  
on the U.F.O. that I on the night  
of Jan. 2, 1967.

Sincerely

A thick, black horizontal bar used to redact the signature of the sender.

P.S. I myself think that  
The Air Force should go into  
a deeper study of The U.F.O.  
phenomenon.



## PROJECT 10073 RECORD

1. DATE - TIME GROUP 12 Jan 67 12/1145Z	2. LOCATION Indianapolis, Indiana multiple
3. SOURCE Civilian	10. CONCLUSION Astro(Altair) <i>Possibly. Just</i>
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION 10 minutes	11. BRIEF SUMMARY AND ANALYSIS  Observers watched a unidentified light in the eastern sky that was flashing and changing colors. The object just vanished when it began to get light. The object did not move across the sky or move to the right or left very much. One observer said that when the lights would go out you could see a round disc. The object mainly hovered over some tree tops.  The description is consistent with that of an observation of an astronomical body. Altair was rising just prior to the sun and was directly in the east at an elevation of 15 degrees at the time of the sighting.
6. TYPE OF OBSERVATION Ground Visual	
7. COURSE Basically Stationary	
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.



12 January 67  
Indianapolis, Indiana

On 12 January 1967 Mrs. [REDACTED] Road, Indianapolis, Indiana called. At 0645 this morning her children were waiting for school bus when they and she noticed an unidentified object in sky. The light flashed on and off real slow. It stayed there for about ten minutes. It just finally hovered way. It went real real slow. The lights went on and off. Lights were reddish and green. Thumb would have covered object. There were houses across the street. I was looking into the East. Could see it moving away then it just went out of sight. Just kind of vanished. Didn't move across the sky. Didn't move <sup>FAR</sup> to right or left. When it started to turn light the object left. Sun wasn't quite up yet. Lt. Marley asked if she would complete a FTD Form 164 and she agreed that she would. Form 164 was forwarded to Mrs. [REDACTED] on 13 Jan 67

Altair at 15 deg el  
on 900 Az

46240  
Zig



# 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?

12 1 67  
Day Month Year

2. Time of day: 6:45  
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?

RD  
Nearest Postal Address

Indpls  
City or Town

Indiana 1/6240  
State or County

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

10  
Hours Minutes Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. ~~Just a guess~~

5.1 How was time in sight determined?

By clock

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



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 *Early AM*  
 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

*When the lights went off you could see round disc.*

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:

*as a headlight on car.*

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



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

*It vanished slowly away.*

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 *There was no sound.*

b. Color *Bright green & red signals all around.*

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 quite understand"*

*The wick of a birthday candle*

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? \_\_\_\_\_

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? 1/2 block

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 In my house

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 suburb with fields next door.

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?

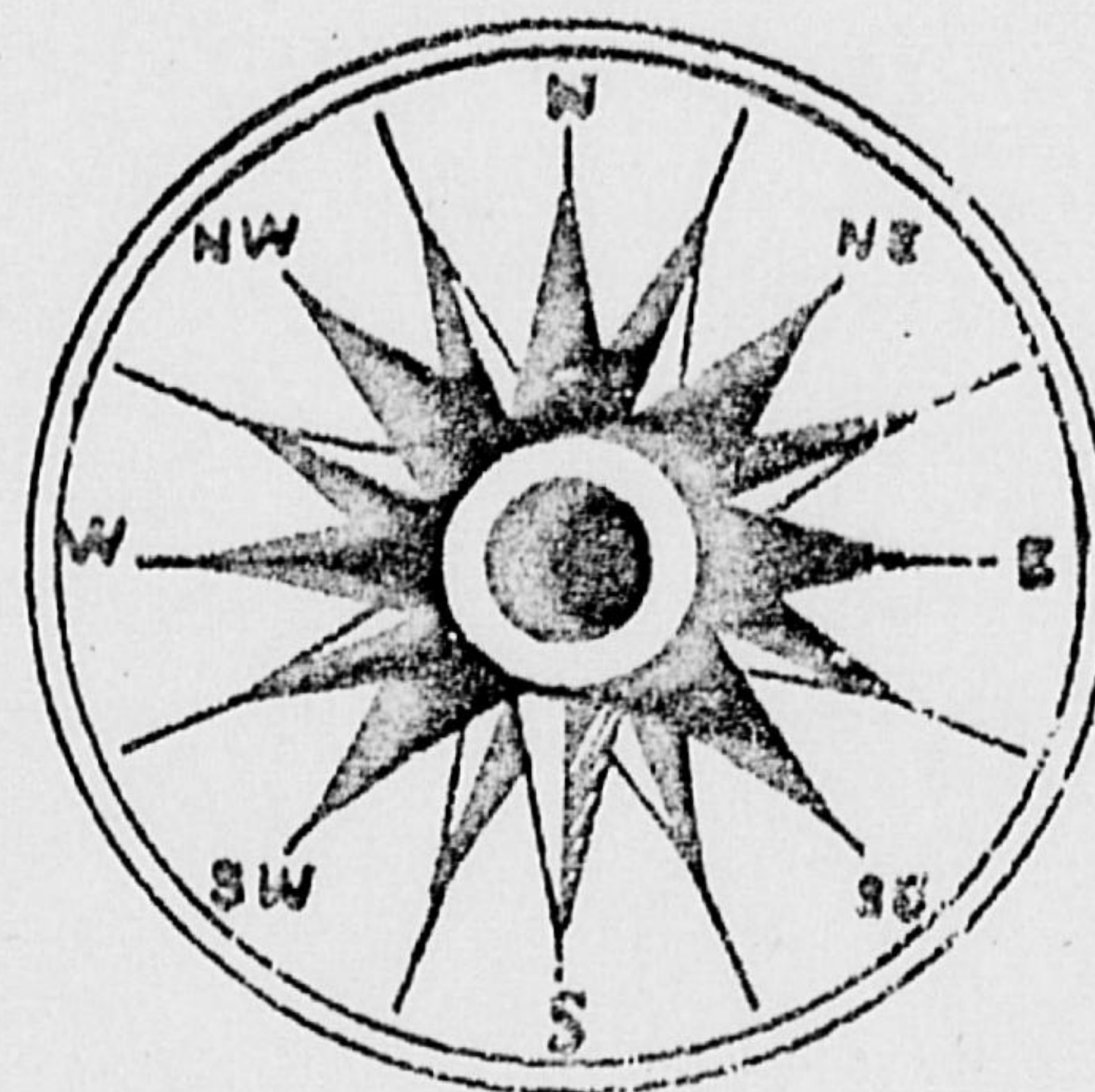
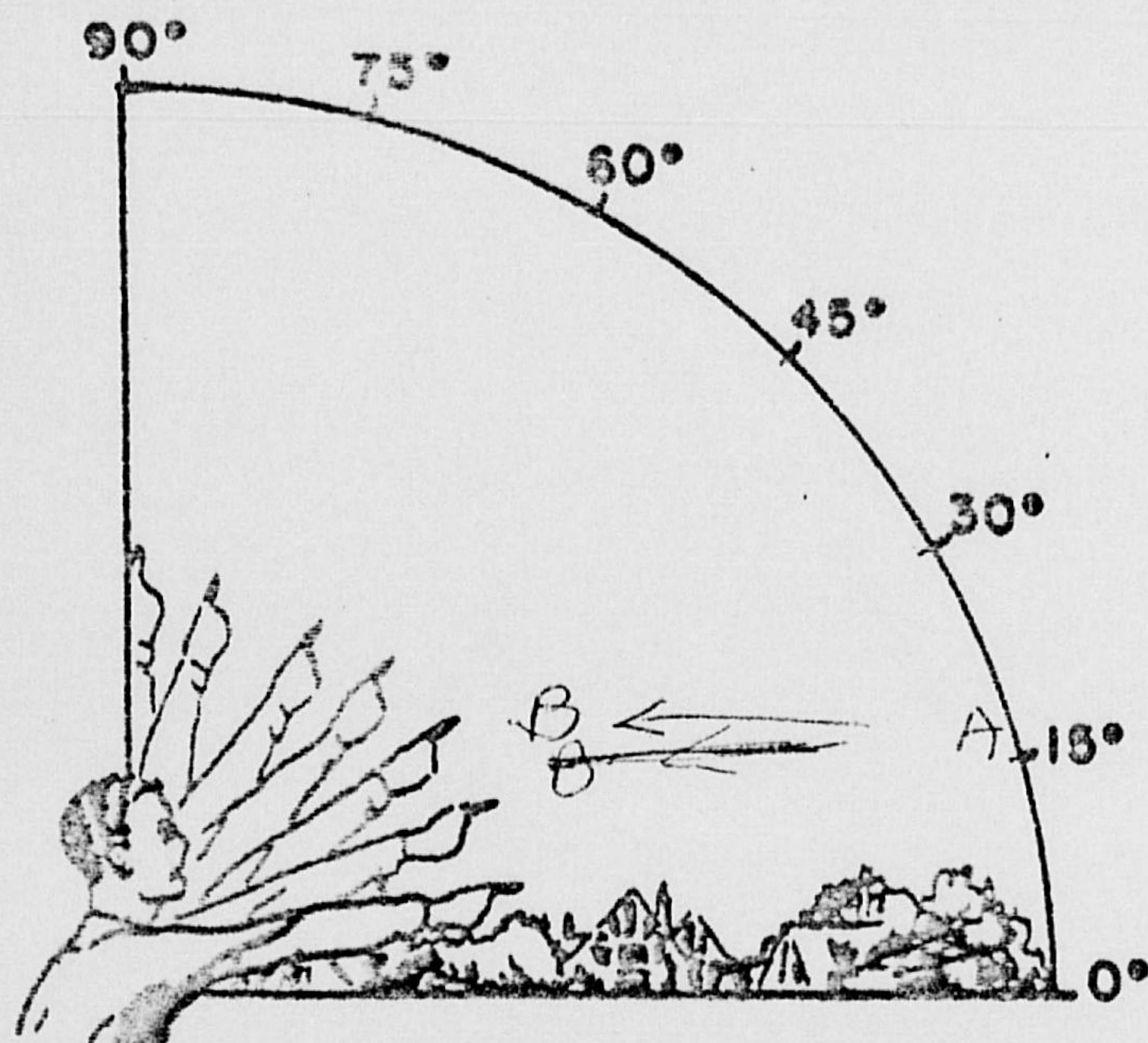
- |                 |     |    |               |       |    |
|-----------------|-----|----|---------------|-------|----|
| a. Eyeglasses   | Yes | No | e. Binoculars | Yes   | No |
| b. Sun glasses  | Yes | No | f. Telescope  | Yes   | No |
| c. Windshield   | Yes | No | g. Theodolite | Yes   | No |
| 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

Never have I seen 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.

A - Hovered ————— B few seconds to leave -

29. IF there was MORE THAN ONE object, then how many were there? one object in all  
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] Rd. - Age 13.  
[Redacted] Rd. - 11 years  
[Redacted] Rd. 8 years  
[Redacted] Rd. 6 years

32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE

SEX

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?

12  
Day

1  
Month

67  
Year

Municipal  
Airport



34. Date you completed this questionnaire:

18 Jan. 67  
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.

When the lights went off & on they flickered  
& went slow motion.  
It hovered over a tree top.



# PROJECT 10073 RECORD

1. DATE - TIME GROUP 12 Jan 67 13/0040Z	2. LOCATION Indianapolis, Indiana (1 witness)
3. SOURCE Civilian	10. CONCLUSION BALLOON(Hot Air)
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION 4 minutes	11. BRIEF SUMMARY AND ANALYSIS An observer stated that he saw an object that appeared to be brighter than a star. He said the object was yellow like the flame of a candle. The edge of the object was fuzzy and blurred. The object disappeared behind a store buliding. The object appeared to moving in a south to southeast direction.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE South-Southeast	
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.



Balloon (Hot Air)  
Indianapolis, Indiana

OD 12 Jan 67

### 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?

12 Jan 67  
Day Month Year

2. Time of day: 1940

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

City or Town

State or Country

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

Hours

Minutes

Seconds

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



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:

*brighter than head lights of a airplane landing*

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 *outline behind light*

13. Did the object:

(Circle One for each question)

- |   |                                      |                                     |   |
|---|--------------------------------------|-------------------------------------|---|
| a. Appear to stand still at any time?           | Yes                                  | No                                  | <input checked="" type="radio"/> Don't know |
| b. Suddenly speed up and rush away at any time? | Yes                                  | <input checked="" type="radio"/> No | Don't know                                  |
| c. Break up into parts or explode?              | Yes                                  | <input checked="" type="radio"/> No | Don't know                                  |
| d. Give off smoke?                              | Yes                                  | <input checked="" type="radio"/> No | Don't know                                  |
| e. Change brightness?                           | Yes                                  | <input checked="" type="radio"/> No | Don't know                                  |
| f. Change shape?                                | Yes                                  | <input checked="" type="radio"/> No | Don't know                                  |
| g. Flash or flicker?                            | Yes                                  | <input checked="" type="radio"/> No | Don't know                                  |
| h. Disappear and reappear?                      | <input checked="" type="radio"/> Yes | No                                  | Don't know                                  |



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

yes lost behind store building

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:

Buildings blocked his view of it

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:

armed path with airplane

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

a. Sound

None

b. Color

yellowish (flame of candle)

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?

$\frac{1}{2}$  covered by head of a 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 protrusions



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?

*low ~ 150 MPH*

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?

*1 to 1 1/2 mile*

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

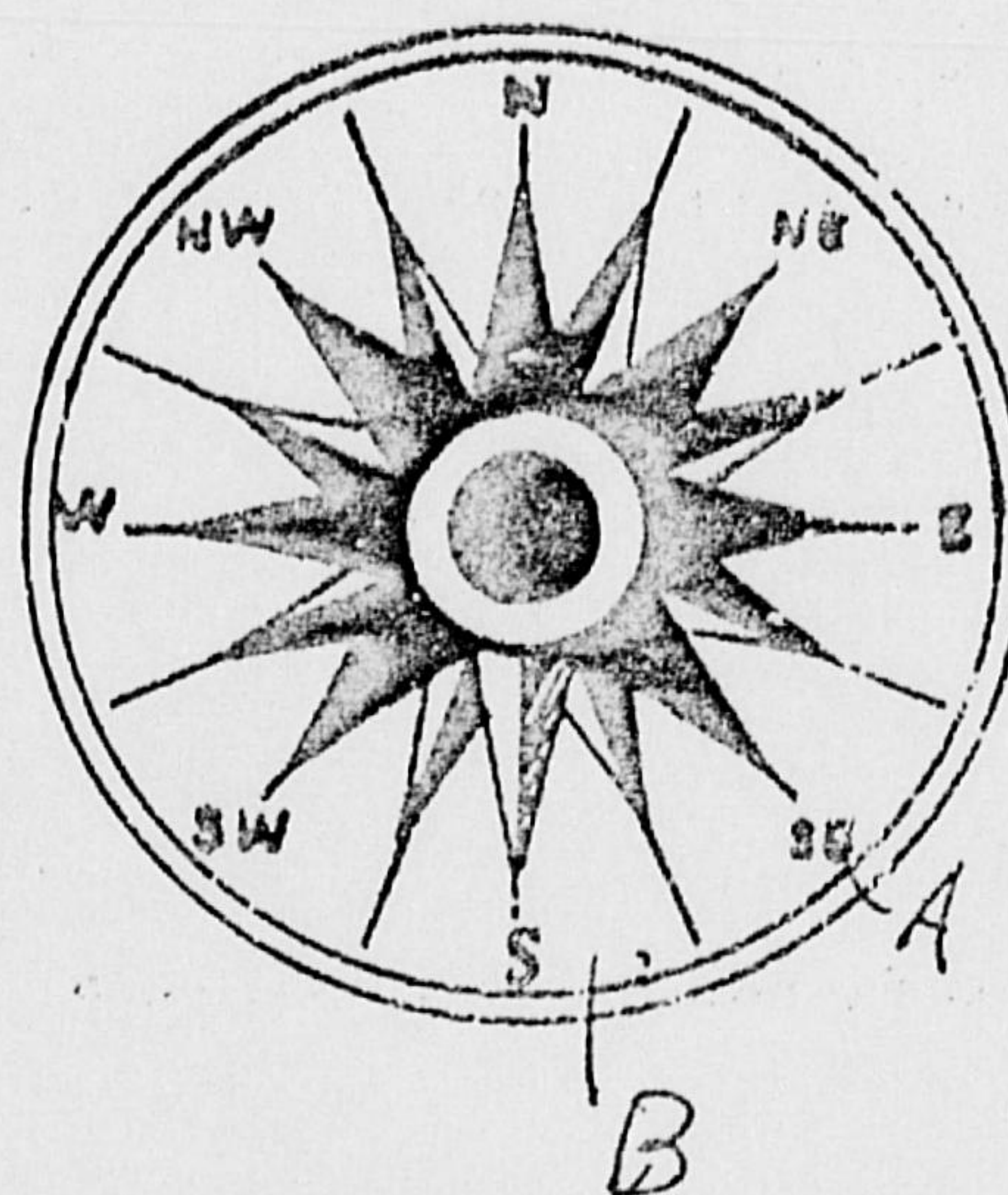
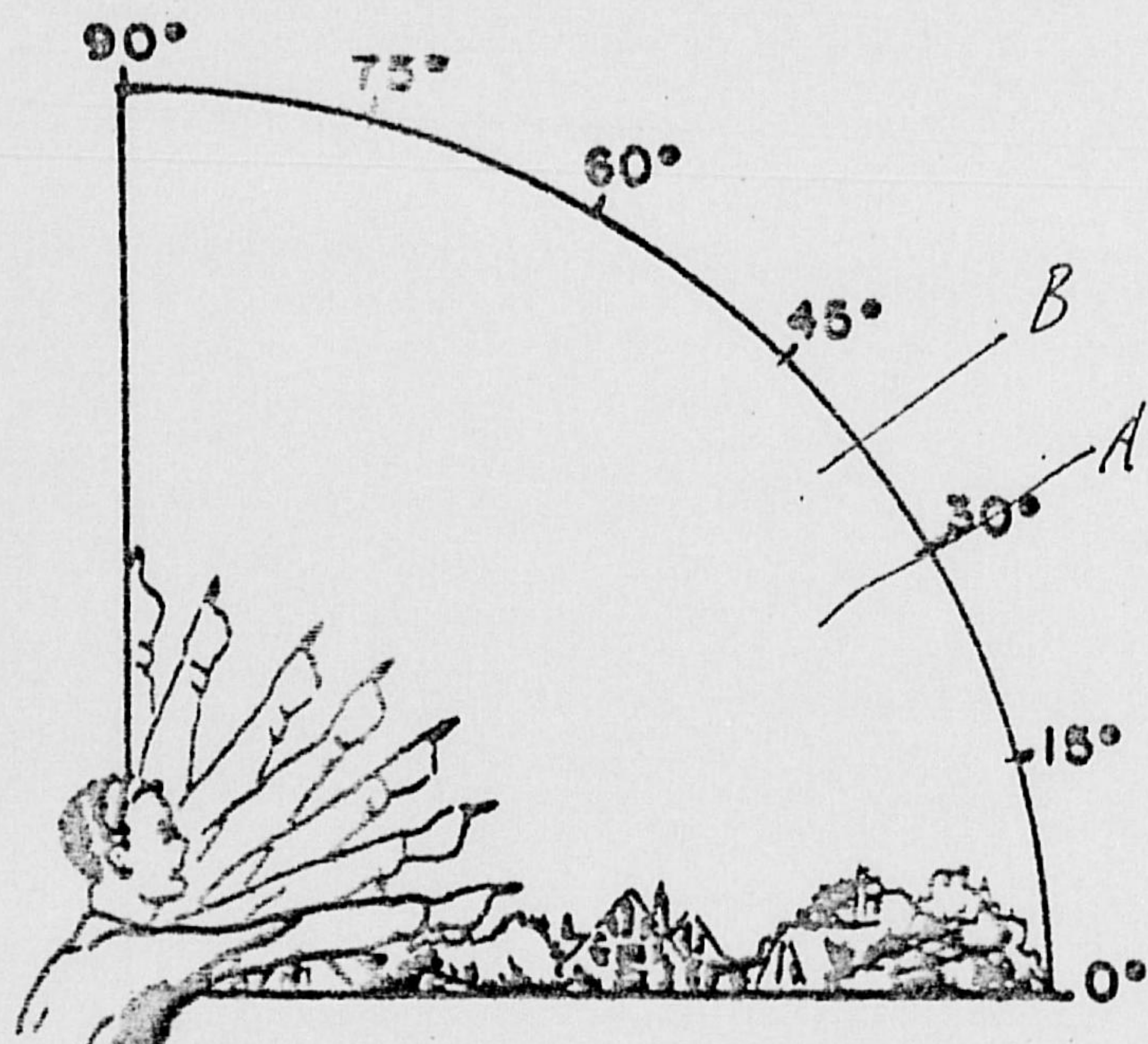
h. Other \_\_\_\_\_

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

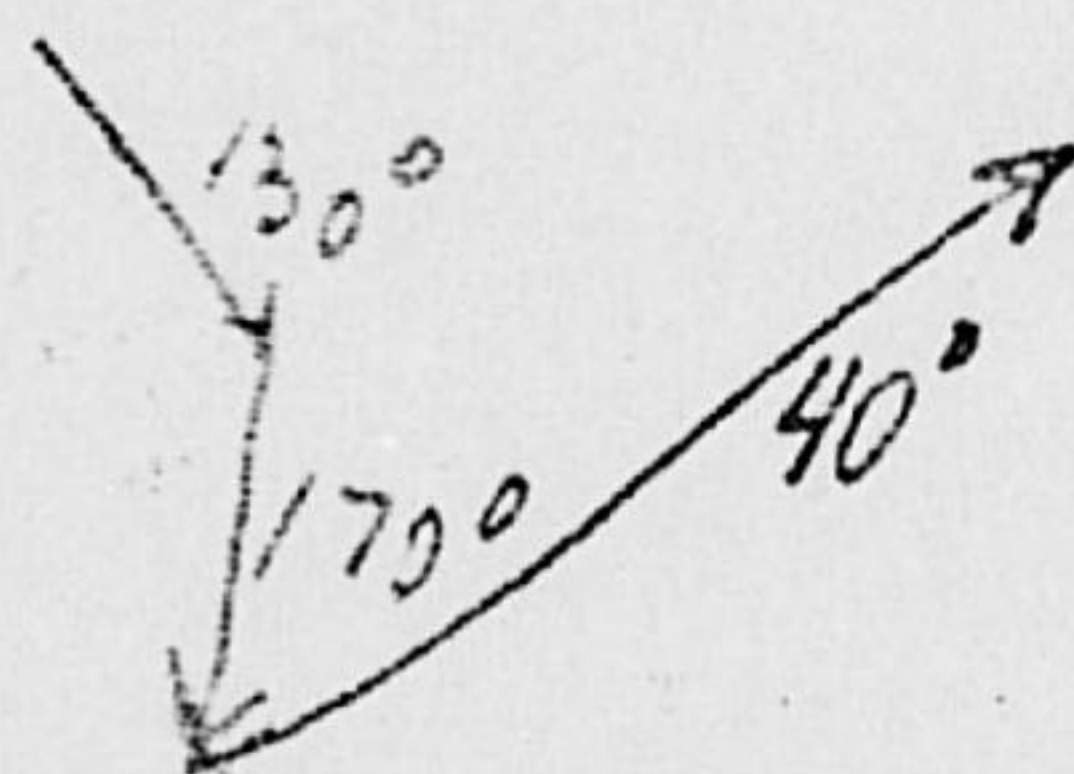
*tail of a flare on a balloons*



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? NA  
 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:

NO

32. Please give the following information about yourself:

NAME [REDACTED] [REDACTED] [REDACTED]  
 Last Name First Name Middle Name  
 ADDRESS [REDACTED] [REDACTED] INDIANA  
 Street City Zone State  
 TELEPHONE NUMBER [REDACTED] AGE 40 SEX M

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

Professional land surveyor and Engineer.

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

13 Jan 67  
 Day Month Year



34. Date you completed this questionnaire:

13  
Day

Jan  
Month

67  
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.

*None*