

## PROJECT 10073 RECORD

1. DATE - TIME GROUP 8-11-67	2. LOCATION Varied Massapequa, New York
3. SOURCE Civilian	10. CONCLUSION
4. NUMBER OF OBJECTS Varied	INSUFFICIENT DATA FOR EVALUATION
5. LENGTH OF OBSERVATION None Stated	11. BRIEF SUMMARY AND ANALYSIS
6. TYPE OF OBSERVATION Ground Visual	SEE CASE FILE
7. COURSE None Stated	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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



REPLY TO  
ATTN OF: TDET/UFO

15 March 1967

SUBJECT: UFO Observation, 24 Feb 67

TO: Miss [REDACTED]  
[REDACTED]  
Massapequa, New York 11758

34 Feb 67  
Massapequa, NY

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

INSUFFICIENT DATA BECAUSE 164 WASN'T RECEIVED UNTIL LATE JUNE 1967.

[REDACTED]  
Massapequa, N.Y.  
Long Island  
Feb. 24, 1967  
1958

Dear Gatherer,

I know you might think we're crazy but every time about 5:30-6:00 on the following dates we've identified a dead fly which was missed, + I have seen about 2 or 3 rows of them in front of these houses had orange + gray colors, we think they might be some kind of

Jan. 6, 1967 Feb 10, 1967

Jan. 21, 1967 Feb 11, 1967

Jan. 27, 1967 Feb 24, 1967

I know it's hard to believe about these kind of things to you. We have seen them on the corner of our block, right near a stop sign + a school, our names are [REDACTED] [REDACTED] [REDACTED] X

We are in 5 grade Fairfield School age 10. Please answer us because we want to know what they are. Please we get kind of scared when we see them.

[REDACTED] and 164

[REDACTED]

ADDRESS IS 33

Albion College, 22 Albion  
Aug. 24, 1867

24 Feb 67



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## 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?

I sent all the dates in with  
gray letter.

2. Time of day: 6:30-7:00

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

Massapequa

N.Y. State

City or Town

State or County

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

0 3 0

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 my watch

5.2 Was object in sight continuously? Yes No

6. What was the condition of the sky?

usually  
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 objects:

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?

No

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: a cloud but then disappeared because it  
little lower down

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:

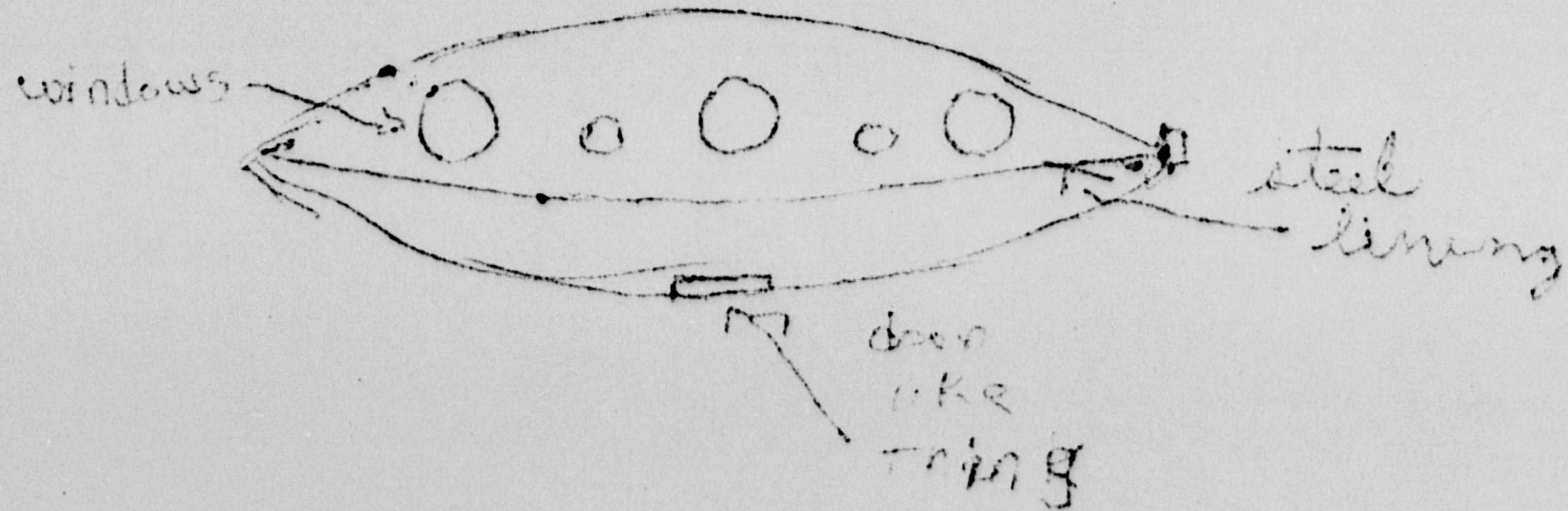
a. Sound like a giant vacuum  
 b. Color orange - gray Very dull

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~~ didn't do experiment

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. (wasn't 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? 17 yards

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 near a camel

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 just near a camel

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?

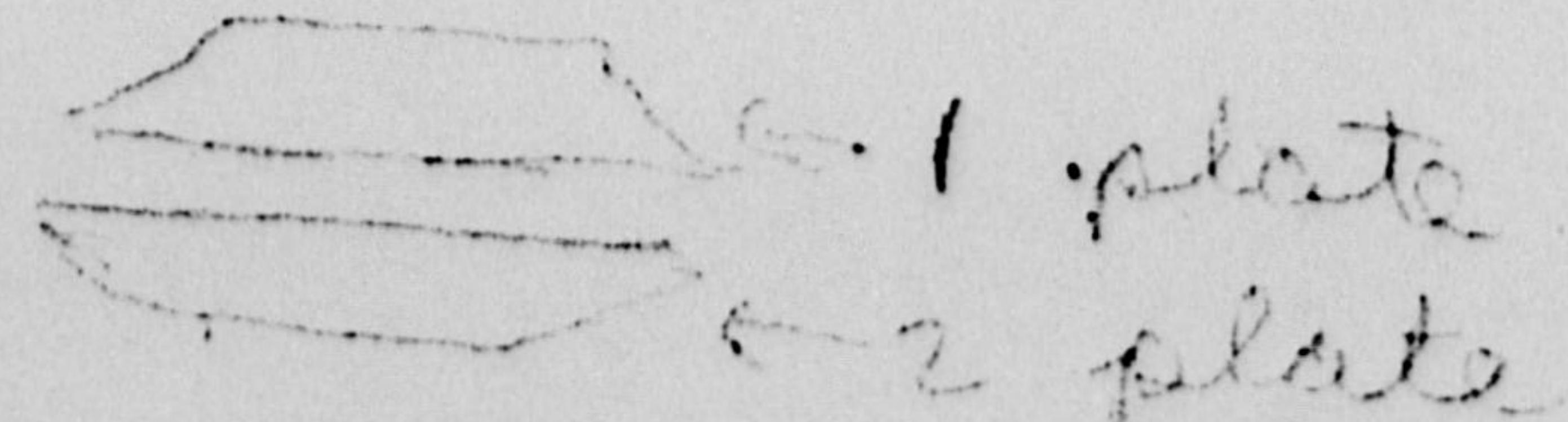
(Circle One) Yes  No

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

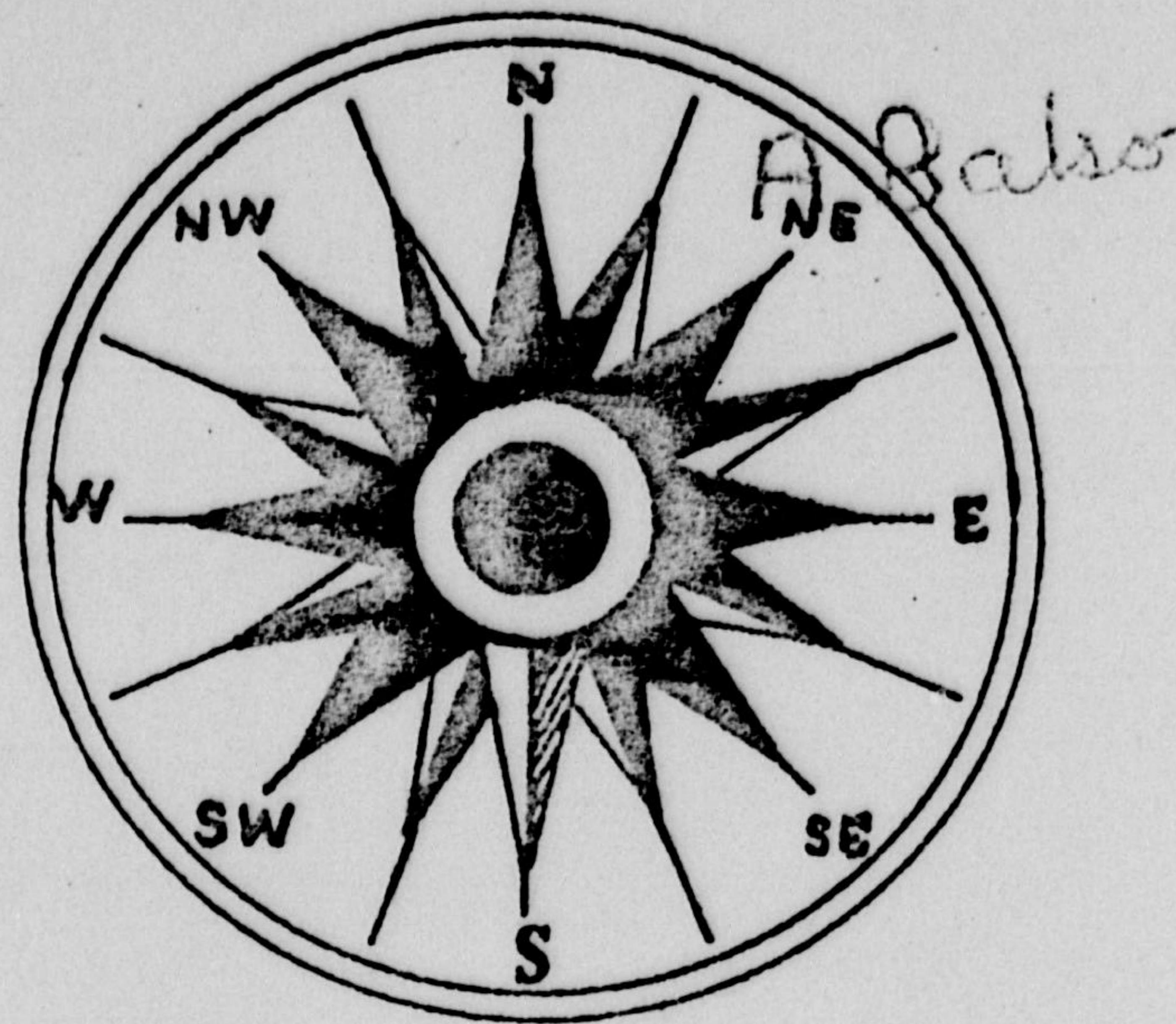
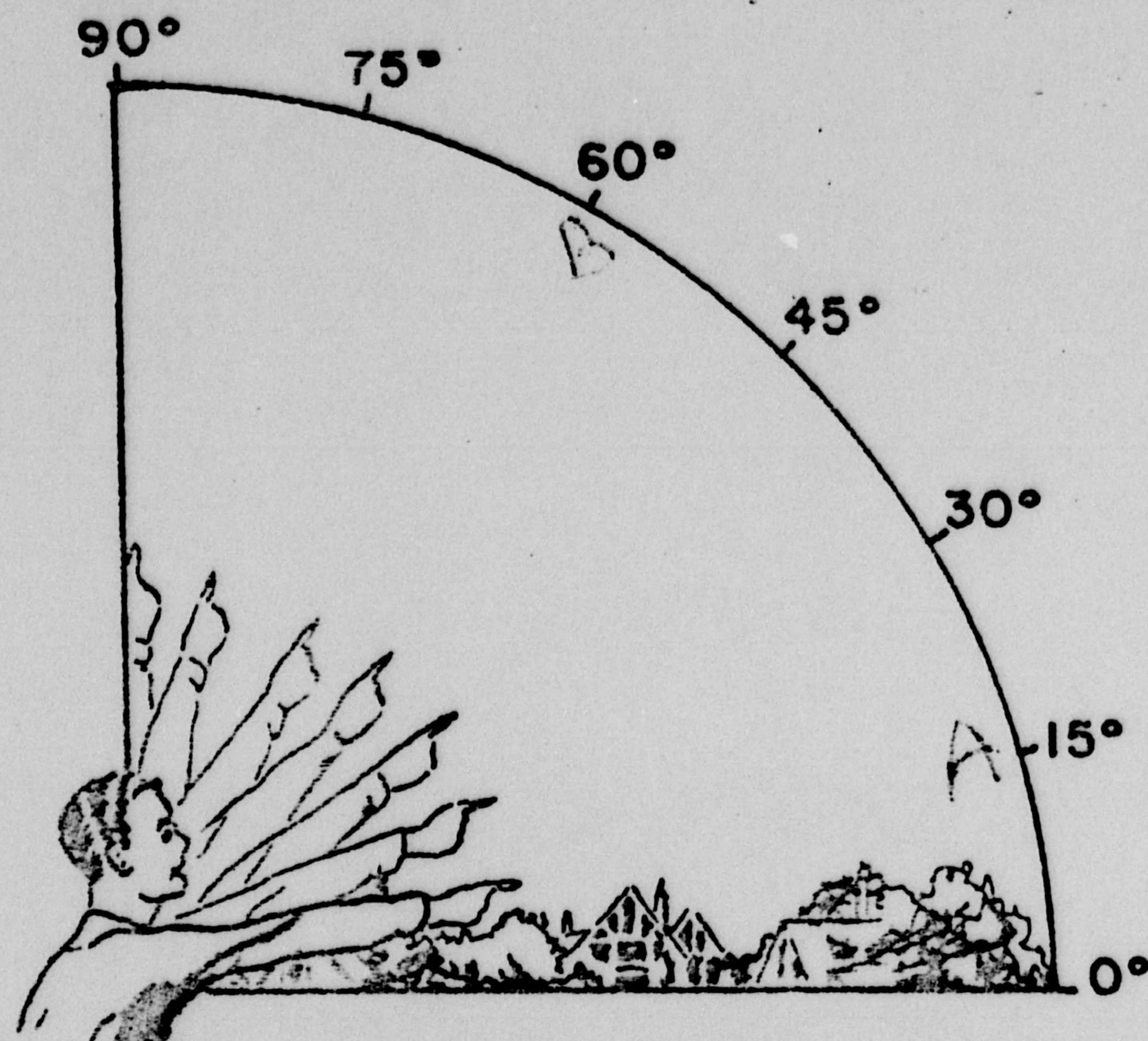
a. Eyeglasses	Yes	<input checked="" type="radio"/> No <input type="radio"/>	e. Binoculars	Yes <input checked="" type="radio"/>	No <input type="radio"/>
b. Sun glasses	Yes	<input checked="" type="radio"/> No <input type="radio"/>	f. Telescope	Yes <input checked="" type="radio"/>	No <input type="radio"/>
c. Windshield	Yes	<input checked="" type="radio"/> No <input type="radio"/>	g. Theodolite	Yes <input checked="" type="radio"/>	No <input type="radio"/>
d. Window glass	Yes	<input checked="" type="radio"/> No <input type="radio"/>	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.

two large plates on top of each other



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? 1 (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,

Yes *seen a canal (I put dates on original letter & have forgotten others.)*

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]*

*Massapequa  
N.Y.*

32. Please give the following information about yourself:

NAME

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE

SEX

*N.Y.*

*11258 N.Y.S.*

*[REDACTED]*

*[REDACTED]*

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?

*I 16*

*Feb.*

*1967*

*I think*

Day

Month

Year

*my parents.  
but they still  
don't believe me!)*

34. Date you completed this questionnaire:

24 June 1962

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.

Whenever I've seen the ~~street~~  
~~street~~ object the stop sign we were  
near start wiggling a little.