

PROJECT 1073 RECORD

18 Mar 67	DATE	2. LOCATION DAYTON, OHIO
3. PLAN		10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION
4. NUMBER OF OBJECTS one		FTD Form 164 forwarded to witness; not returned after thirty days. Will re-evaluate if received.
5. LENGTH OF OBSERVATION 20 min		11. BRIEF SUMMARY AND ANALYSIS Information phoned into Duty Officer is sketchy. (See Case file)
6. TYPE OF OBSERVATION ground visual		
7. COURSE northeast		
8. PHOTOS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9. PHYSICAL EVIDENCE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

Dayton, Ohio 02152/1972a-18 Mar 67

James D. Dabbs

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



REPLY TO
ATTN OF: TDET/UFO

22 March 1967

SUBJECT: UFO Observation, 18 March 1967

TO:

Mr. [REDACTED]

Dayton, Ohio 45415

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

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?

18 MARCH 1967

Day

Month

Year

2. Time of day: 21 15
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?

[REDACTED]

Home or Post Office Address

DAYTON

City or Town

OHIO

State or County

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

20
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

N/A

16f

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. Transportation
- 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:

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:

- 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)

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:

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 No

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.

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

(Circle One) Yes No

STATIONARY

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
- b. Northeast
- c. East
- d. Southeast
- e. South
- f. Southwest
- g. West
- 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

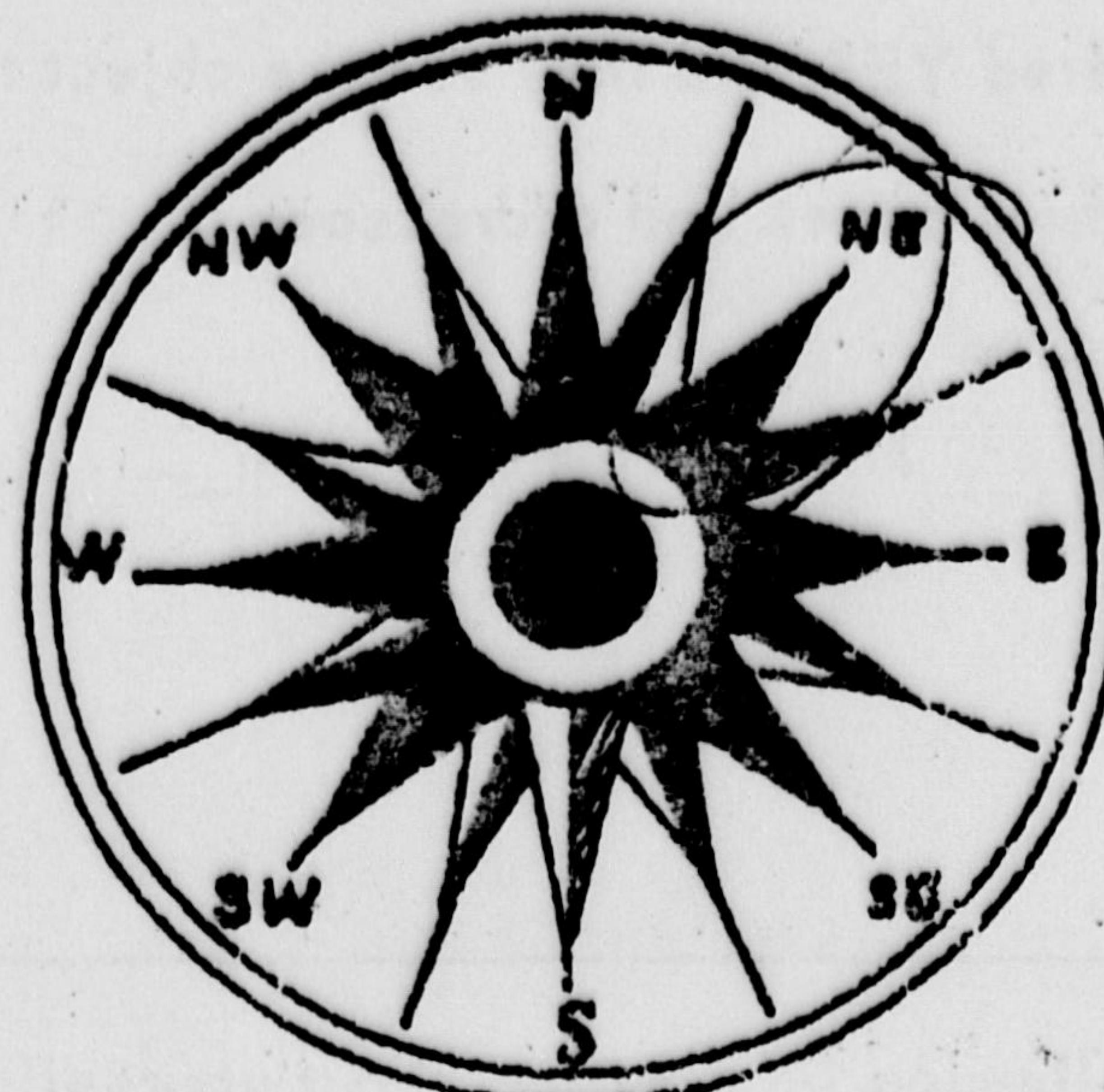
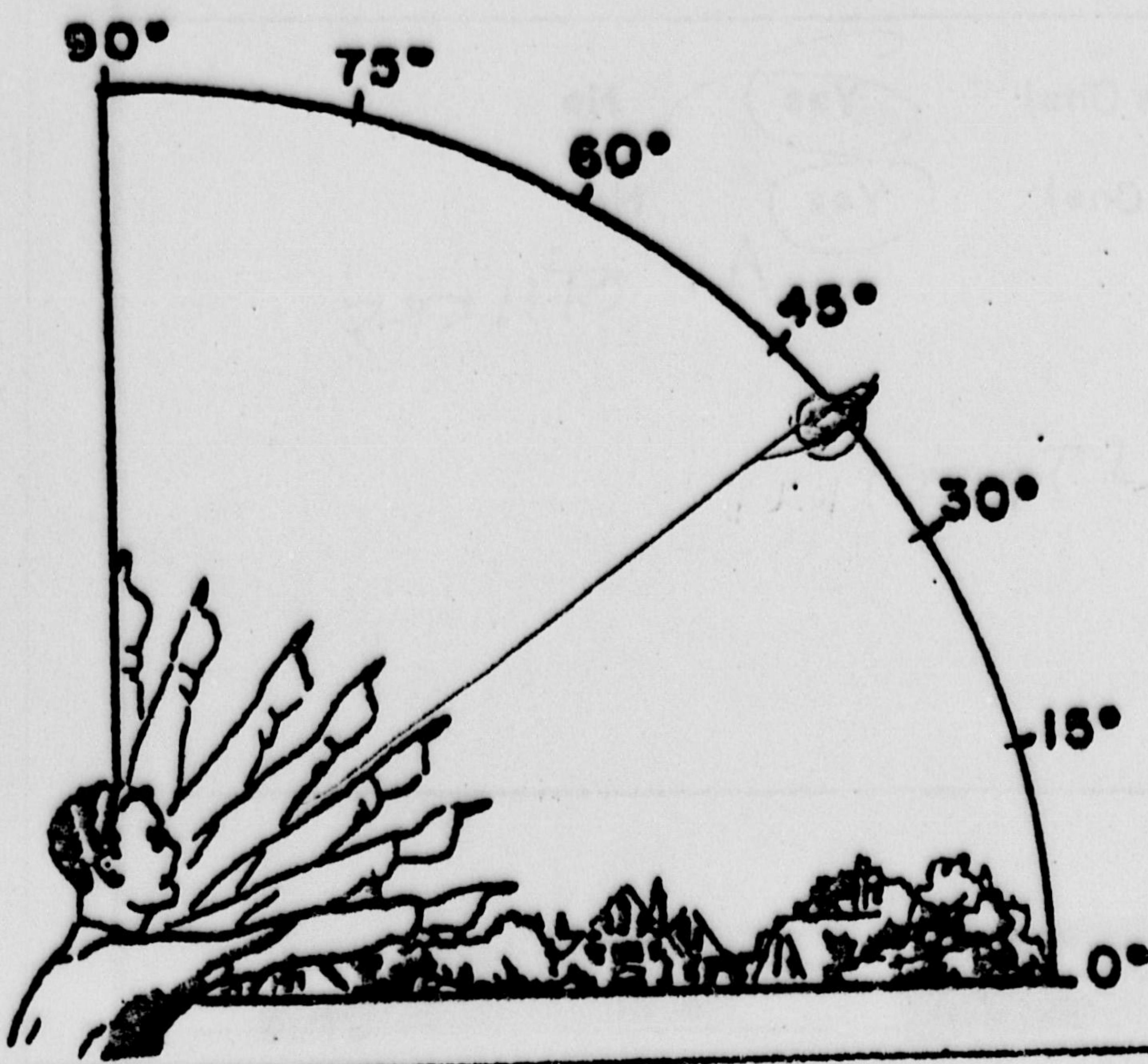
N/A

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

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

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.

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

YES 1914

31. Was anyone else with you at the time you saw the object? (Circle One)

31.1 IF you answered YES, did they see the object too? (Circle One)

31.2 Please list their names and addresses:

~~ROB~~

NEIGHBOR ACROSS STREET

Yes No

Yes No

4 OTHERS

32. Please give the following information about yourself:

NAME Last Name

First Name

Middle Name

ADDRESS Street City Zone State

TELEPHONE NUMBER AGE 51 SEX M

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

4 Sept

Object appeared to be trailed by a tail that looked like smoke

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.