

## PROJECT 10073 RECORD

|                                                                                                |                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. DATE - TIME GROUP<br>24 Jan 68 25/0130Z                                                     | 2. LOCATION<br>Annapolis, Maryland (1 Witness)                                                                                                                                                                                                                                                                                        |
| 3. SOURCE<br>Civilian                                                                          | 10. CONCLUSION<br>Probable Other: (REFLECTION OF SEARCHLIGHT)                                                                                                                                                                                                                                                                         |
| 4. NUMBER OF OBJECTS<br>Multiple                                                               |                                                                                                                                                                                                                                                                                                                                       |
| 5. LENGTH OF OBSERVATION<br>1 1/2 Hour                                                         | 11. BRIEF SUMMARY AND ANALYSIS<br>Observer sighted numerous white or silver fuzzy elliptical lights. The light would just appear in the sky move along like a plane and disappear over the bay. Then another would appear at the spot where the light was first seen and again disappear over the bay.                                |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        |                                                                                                                                                                                                                                                                                                                                       |
| 7. COURSE<br>E                                                                                 | COMMENTS: The Annapolis Police Dept received no reports of unusual object or lights on this night. A cold front with light rain and snow showers was moving just off the coast in the early morning hours of 24 Jan 68. It is felt that the observer was watching a search light reflecting off of clouds associated with this front. |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |                                                                                                                                                                                                                                                                                                                                       |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                       |

KOVEL

# POLICE DEPARTMENT



ANNAPOLIS, MARYLAND

May 8, 1968

ANTHONY W. HOWES  
CHIEF OF POLICE



PHONE 266-7700  
266-3100

Department of the Air Force  
Headquarters Foreign Technology Div.  
Wright-Patterson Air Force Base  
Ohio 45433

Attn: Chief Aerial Phenomena Office

Re: UFO Observation, 24 Jan. 1968

Gentlemen:

In answer to your letter of May 6, 1968, please be advised that we have not had any reports of flying objects being sighted in the Annapolis area.

Very truly yours,

  
B. Kalnoske  
Deputy Chief

24 Jan 68

TDPT (UFO) Lt Col Quintanilla/70916/mhs/3 May 68

6 MAY 1968

UFO Observation, 24 January 1968

Annapolis Police Department  
Annapolis, Maryland 21401

1. The Aerial Phenomena Office is in receipt of an unidentified flying object (UFO) report from Annapolis, Maryland, which occurred on 24 January 1968, at approximately 8:30 pm to 10 pm, EST.
2. For 1½ hours the witness watched round white objects that traveled roughly eastward and disappeared over the Bay. The objects would disappear to the East after three to five minutes, then re-appear in the original position and repeat the flight. The observer stated that the Bay Police received hundreds of reports.
3. Did you receive any reports of unusual objects for this date? We would appreciate your comments as to a possible cause for this sighting.
4. Thank you for your assistance on this matter.

#  
DIRECTOR QUINTANILLA, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

TDPT (UFO) OFFICIAL FILE CY

DEPARTMENT OF THE AIR FORCE  
ENVIRONMENTAL TECHNICAL APPLICATIONS CENTER (MAC)  
BLDG 159 NAVY YARD ANNEX, WASHINGTON, DC 20333



REPLY TO  
ATTN OF: ETAC/EAD (SSgt Dunham)

31 May 68

SUBJECT: Request for Weather Data

TO: FTD (TDETR-4)  
Wright-Patterson AFB, Ohio 45433

1. To complete pending UFO evaluations, the following weather data are submitted:

a. New Winchester, Ohio: See attachment.

b. Annapolis, Maryland: Synoptic situation on 23 January; Cold front west of Washington, D.C. at 1300L with light rain and snow showers passing Annapolis in the late afternoon. The cold front was off the east coast at 0100L on 24 January. Surface winds Southerly, shifting to North-northwesterly after frontal passage. Mr. [REDACTED], a Cooperative Observer at Annapolis submitted the following data: Maximum temperature on 23 January = 45°F; Minimum temperature on 24 January = 23°F; temperature at 1830L on 23 January = 40°F; rain from 0900L to 1900L and intermittent rain from 2000L to 2200L on 23 January. See also attachment for additional data for stations 72405 (Washington, D.C.) and 72406 (Baltimore, Maryland).

c. San Luis Obispo, California: Surface wind for 8 Apr 68 at 2000L was calm. Surface wind at Vandenberg AFB was 120° at 1 knot.

2. Data sources were ETAC surface and upper-air history files. Extraction or evaluation of required weather data were adequate for all sightings.

FOR THE COMMANDER

*Ernest V. Cooke Jr.*  
ERNEST V. COOKE JR., Major, USAF  
Environmental Analyst/PWA

1 Atch  
Weather Data Sheet

Proj: 5992D - STAR TREK - Weather Data Sheet

SSgt Dunham.

Additional Surface Data - January 23, 1968.

| Station | Time(L) | Wind (kts) | Visibility&Wx | Sea Lvl Pres(mbs) | Temp & Dewpt |
|---------|---------|------------|---------------|-------------------|--------------|
| 72405   | 2000    | 350/16G21  | 7R--          | 1013.5            | 37/28        |
| 72406   | 2000    | 320/12     | 15            | 1013.5            | 37/30        |
| 72405   | 2100    | 320/13G21  | 7S--          | 1014.2            | 37/25        |
| 72406   | 2100    | 310/13     | 15            | 1014.1            | 37/28        |
| 72405   | 2200    | 320/16G24  | 7S-           | 1014.6            | 36/23        |
| 72406   | 2200    | 310/13     | 15SW-         | 1014.8            | 36/25        |

Sounding No. 17 - New Winchester, Ohio: March 26, 1967 - 1500L.

[illegible]

24 Jan 68

TDPTR/Lt Col Smith

Request information on the amount of cloud cover, height and type of clouds over Annapolis, Maryland for 24 January 1968. Anytime between 2030 and 2200 hours would be fine.

(We are interested in seeing if there are cirrus clouds that might have reflected a ground searchlight. Your comments on this occurring would be appreciated.

Lt Marano TDPT(UFO)

3 May 68

70916

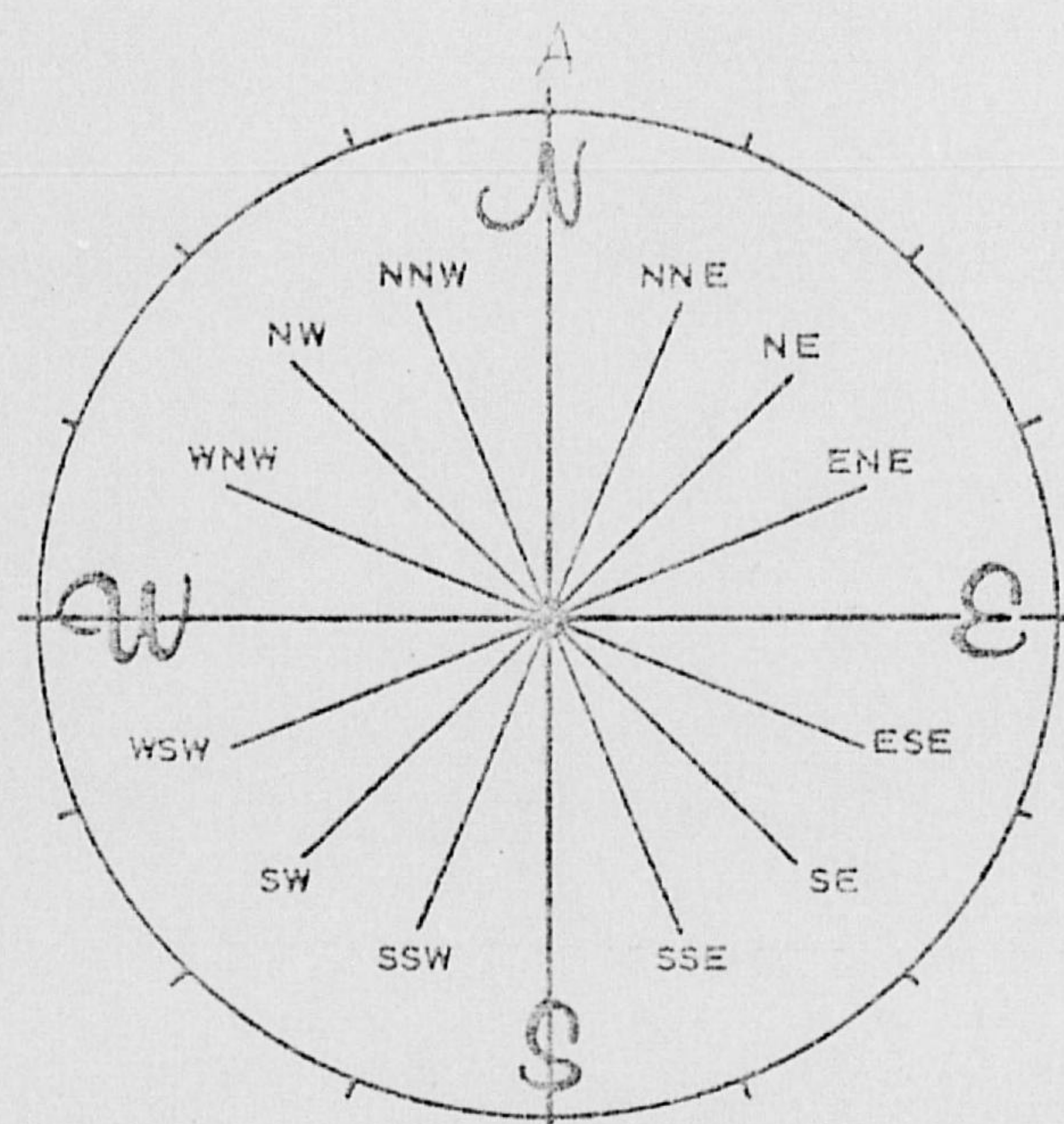
MEMO FOR THE RECORD

8 Feb 68

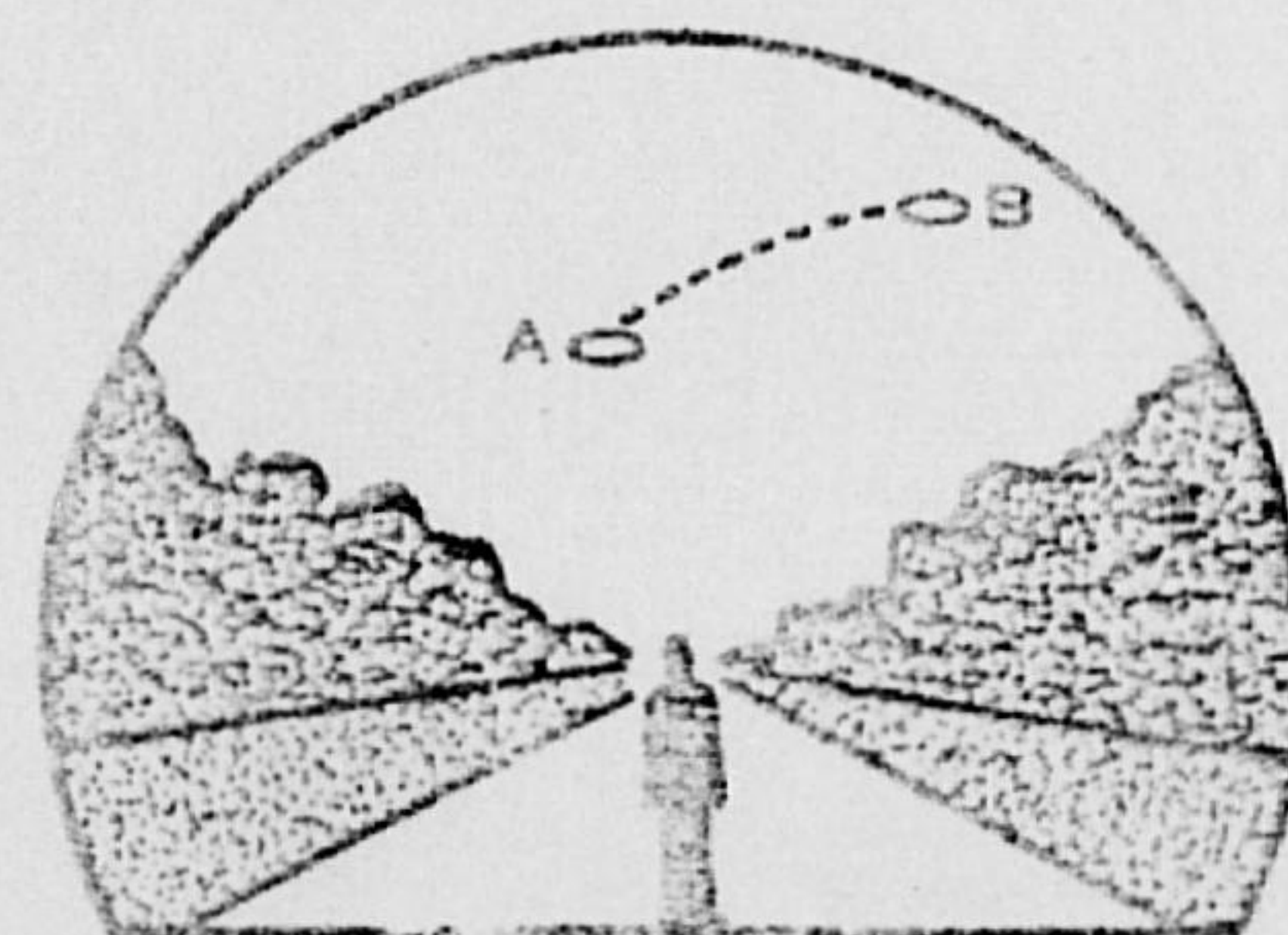
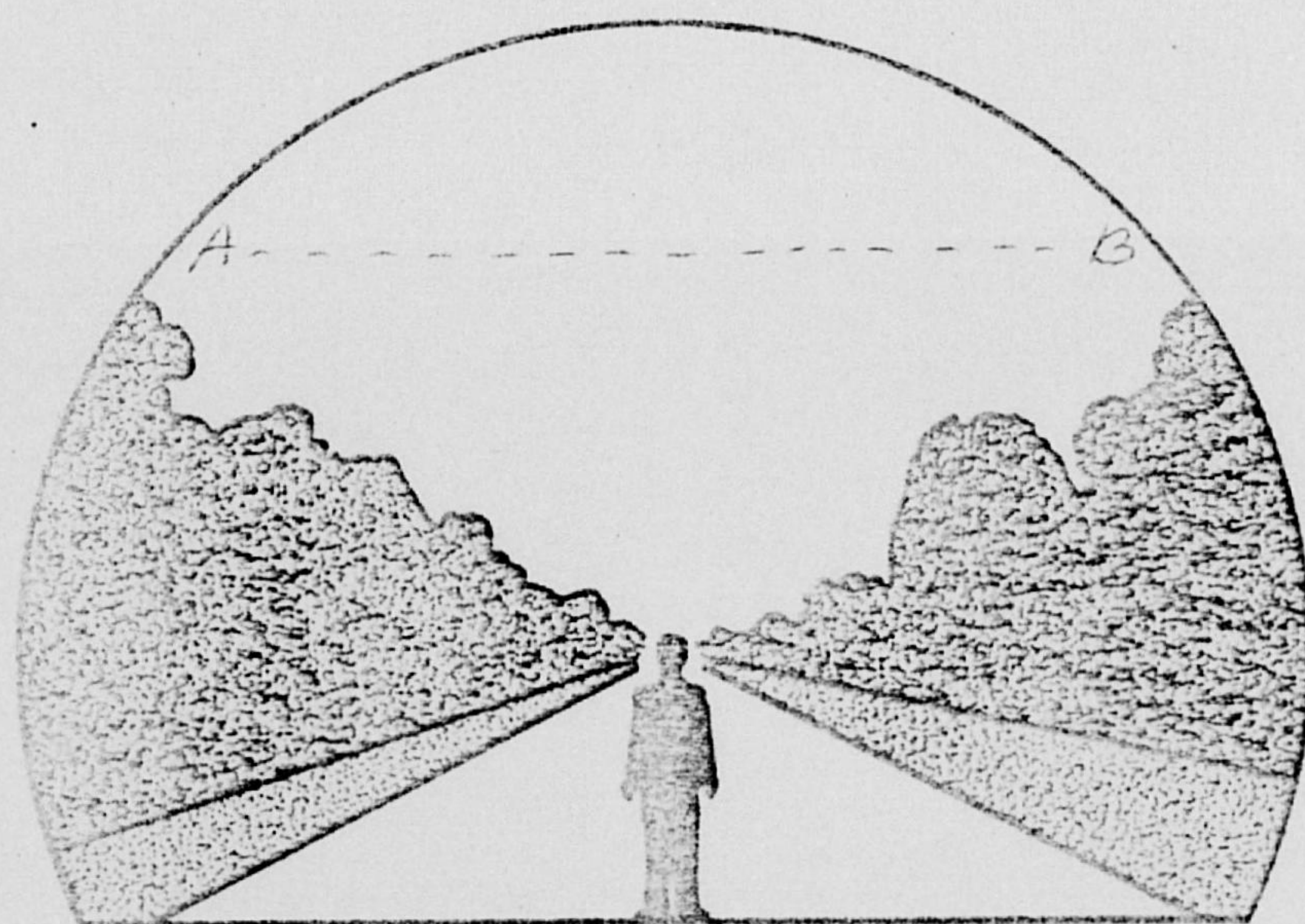
UFO OBSERVATION: 24 January 1968

Mrs. [REDACTED] of [REDACTED], annapolis, Md 21401  
on 8 Feb 68,  
called/to inform us of her UFO observation. She didn't think too much  
of it until there were items about the observatio n in the newspaper.  
The objects were flying about the same rate of speed as that of an  
airplane, about five minutes. One of the captains on a steamer  
on the bay noticed it over the bower's helm of the ship and radioed  
into shore. Saw them at about 930 pm flying across the bay, one  
after the other, they weren't airplanes. There a NIKE site nearby  
and until we found out that there were hundreds of reports by the  
Bay Police we began to wonder. The objects didn't come from the  
earth, they went out over the bay, about every three minutes and  
disappeared, white round, flew at one level and just saw them and they  
disappeared.

5A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

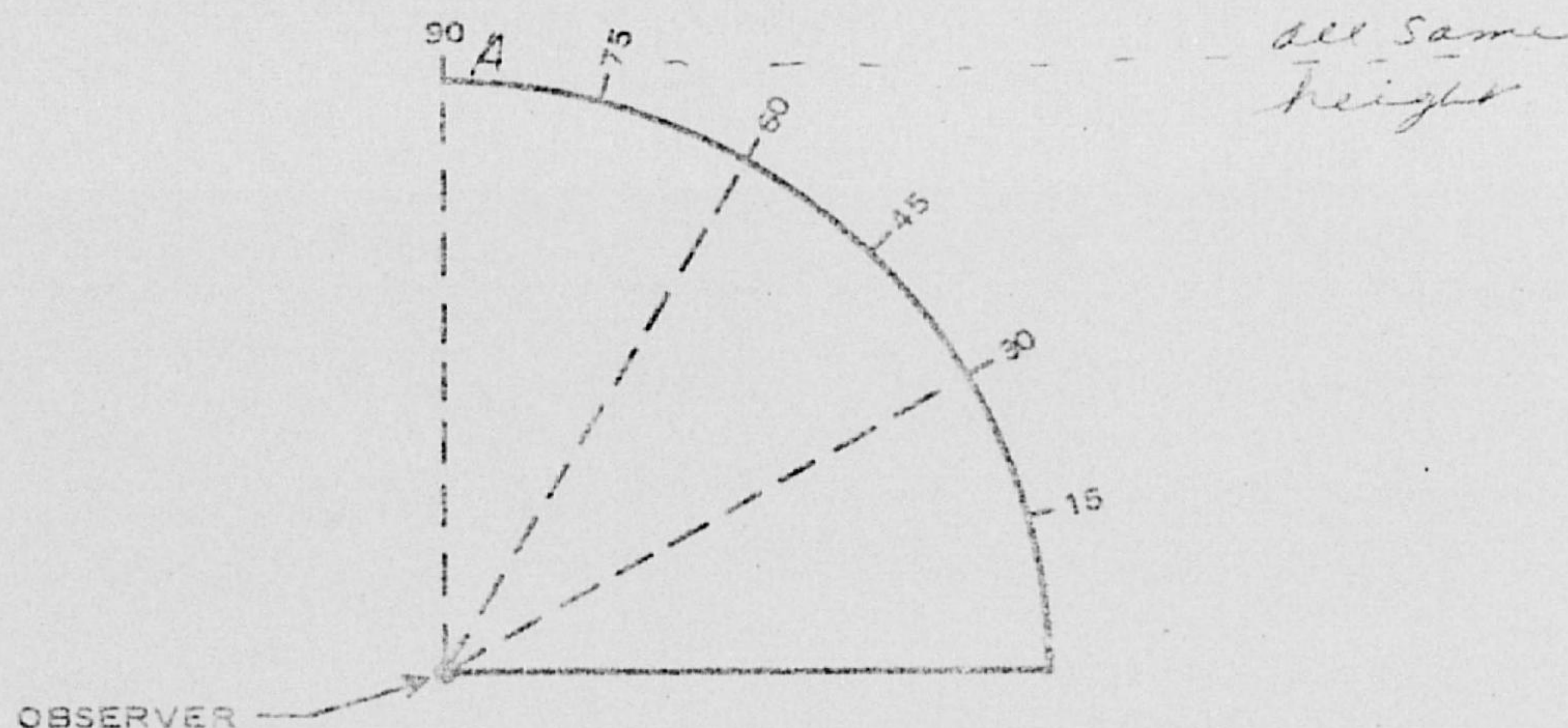
THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON? 24th  
DAY Wednesday MONTH January YEAR 1968
2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?  
HOUR 8:30 MINUTES \_\_\_\_\_ ☐ A.M. ☒ P.M.
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?  
HOUR 10:00 MINUTES \_\_\_\_\_ ☐ A.M. ☒ P.M.
4. TIME/ZONE ☐ DAYLIGHT SAVINGS ☐ STANDARD  
☒ EASTERN ☐ CENTRAL ☐ MOUNTAIN ☐ PACIFIC ☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

At home at [REDACTED] e, Podickory Pt, Annapolis, Md. (located hear the Bay Bridge) on the bay. Home located 1 mile in from Route 50, John Hanson Highway.

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING? No

One after the other, that is when we decided it was not airplanes, as there were too many and too frequent.

11. CONDITIONS (Check appropriate blocks.)

| A. SKY |                     | B. WEATHER                                           |                       |
|--------|---------------------|------------------------------------------------------|-----------------------|
|        | DAY                 | CUMULUS CLOUDS ( <i>Low fluffy</i> )                 | FOG OR MIST           |
|        | TWILIGHT            | CIRRUS CLOUDS ( <i>High fleecy or Herring-bone</i> ) | HEAVY RAIN            |
| X      | NIGHT               |                                                      | LIGHT RAIN OR DRIZZLE |
| X      | CLEAR               | NIMBUS CLOUDS ( <i>Rain</i> )                        | HAIL                  |
|        | PARTLY CLOUDY       | CUMULONIMBUS CLOUDS ( <i>Thunderstorms</i> )         | SNOW OR SLEET         |
|        | COMPLETELY OVERCAST |                                                      | UNKNOWN               |
|        |                     | HAZE OR SMOG                                         | NONE OF THE ABOVE     |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS |         | (2) MOON |                          |  |              |
|-----------|---------|----------|--------------------------|--|--------------|
|           | NONE    |          | BRIGHT MOONLIGHT         |  | NO MOONLIGHT |
|           | A FEW   |          | MOON WITH HALO           |  | UNKNOWN      |
|           | MANY    | X        | MOON HIDDEN BY CLOUDS    |  |              |
| X         | UNKNOWN |          | PARTIAL (New or quarter) |  |              |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

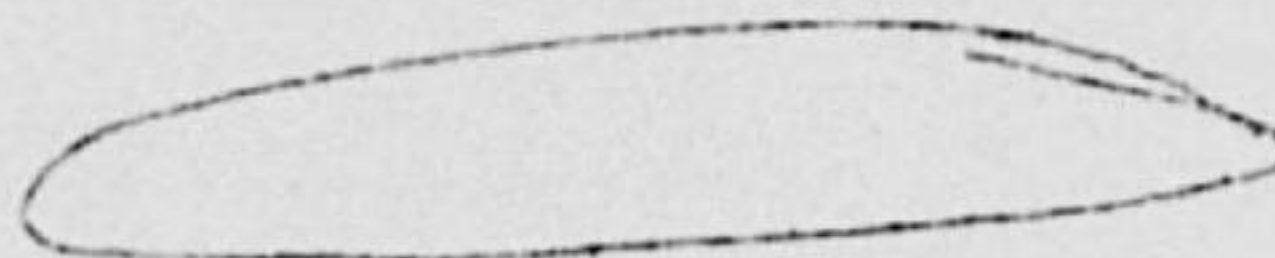
|                          |                 |                          |               |                          |                      |
|--------------------------|-----------------|--------------------------|---------------|--------------------------|----------------------|
| <input type="checkbox"/> | IN FRONT OF YOU | <input type="checkbox"/> | TO YOUR RIGHT | <input type="checkbox"/> | OVERHEAD (Near noon) |
| <input type="checkbox"/> | IN BACK OF YOU  | <input type="checkbox"/> | TO YOUR LEFT  | <input type="checkbox"/> | UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

Illumination was white fast moving object

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

Object just appeared in the sky moved along like a plane and disappeared out over the bay. It did not come up from the ground, it just suddenly appeared moved right along, disappeared out onto the bay, then another appeared at the same spot and continued on out over the bay. Reflection was white or silver, shaped as below:



|                                                                                                                                                                                                                                                                                                                                                         |  |                                |                           |                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------|--|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                                                                              |  |                                |                           |                                                                                                                      |  |
| OUTDOORS                                                                                                                                                                                                                                                                                                                                                |  | IN BUSINESS SECTION OF CITY    |                           |                                                                                                                      |  |
| IN BUILDING                                                                                                                                                                                                                                                                                                                                             |  | IN RESIDENTIAL SECTION OF CITY |                           |                                                                                                                      |  |
| IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                                                                                                         |  | X IN OPEN COUNTRYSIDE          |                           |                                                                                                                      |  |
| IN BOAT                                                                                                                                                                                                                                                                                                                                                 |  | NEAR AIRFIELD                  |                           |                                                                                                                      |  |
| IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                                                                                                     |  | FLYING OVER CITY               |                           |                                                                                                                      |  |
| OTHER                                                                                                                                                                                                                                                                                                                                                   |  | X FLYING OVER OPEN COUNTRY     |                           |                                                                                                                      |  |
| Residence                                                                                                                                                                                                                                                                                                                                               |  | OTHER                          |                           |                                                                                                                      |  |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:                                                                                                                                                                                                                                                                                                    |  |                                |                           |                                                                                                                      |  |
| WHAT DIRECTION WERE YOU MOVING?                                                                                                                                                                                                                                                                                                                         |  |                                | HOW FAST WERE YOU MOVING? |                                                                                                                      |  |
| NORTH                                                                                                                                                                                                                                                                                                                                                   |  | EAST                           |                           | Same motion as airplane                                                                                              |  |
| SOUTH                                                                                                                                                                                                                                                                                                                                                   |  | WEST                           |                           | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| X NORTHEAST                                                                                                                                                                                                                                                                                                                                             |  | SOUTHEAST                      |                           |                                                                                                                      |  |
| NORTHWEST                                                                                                                                                                                                                                                                                                                                               |  | SOUTHWEST                      |                           |                                                                                                                      |  |
| EXPLAIN WHETHER SUCH MOVEMENT EFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.                                                                                                                                                                                                                                                                                   |  |                                |                           |                                                                                                                      |  |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.                                                                                                                                                                            |  |                                |                           |                                                                                                                      |  |
| HOW MUCH OTHER TRAFFIC WAS THERE?                                                                                                                                                                                                                                                                                                                       |  |                                |                           |                                                                                                                      |  |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.                                                                                |  |                                |                           |                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                         |  |                                |                           |                                                                                                                      |  |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?                                                                                                                                                                                                                                                                                                                |  |                                |                           |                                                                                                                      |  |
| LENGTH OF TIME                                                                                                                                                                                                                                                                                                                                          |  | X                              | CERTAIN OF TIME           | NOT VERY SURE                                                                                                        |  |
| 1 1/2 hours                                                                                                                                                                                                                                                                                                                                             |  |                                | FAIRLY CERTAIN            | JUST A GUESS                                                                                                         |  |
| HOW WAS TIME DETERMINED?                                                                                                                                                                                                                                                                                                                                |  |                                |                           |                                                                                                                      |  |
| Had just returned with family after a dinner engagement in Annapolis, Md.                                                                                                                                                                                                                                                                               |  |                                |                           |                                                                                                                      |  |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.                                                          |  |                                |                           |                                                                                                                      |  |
| <p>Phenomenon was at one height and moved along like plane, only more frequently, one after another and disappeared over the bay out of sight. When first noticed we thought they were rockets being discharged from Nike Sight which is about a mile from residence, but on second thought could not comprehend rockets being shot out of the bay.</p> |  |                                |                           |                                                                                                                      |  |

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

| 13. | DID THE PHENOMENON              | YES | NO | UNKNOWN |
|-----|---------------------------------|-----|----|---------|
|     | MOVE IN A STRAIGHT LINE?        | X   |    |         |
|     | STAND STILL AT ANYTIME?         |     | X  |         |
|     | SUDDENLY SPEED UP AND RUN AWAY? |     | X  |         |
|     | BREAK UP IN PARTS AND EXPLODE?  |     | X  |         |
|     | CHANGE COLOR?                   |     | X  |         |
|     | GIVE OFF SMOKE?                 |     | X  |         |
|     | CHANGE BRIGHTNESS?              |     | X  |         |
|     | CHANGE SHAPE?                   |     | X  |         |
|     | FLASH OR FLICKER?               |     | X  |         |
|     | DISAPPEAR AND REAPPEAR?         |     | X  |         |
|     | SPIN LIKE A TOP?                |     | X= |         |
|     | MAKE A NOISE?                   |     | X  |         |
|     | FLUTTER OR WOBBLE?              |     | X  |         |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

Had just returned home with grandchildren, built a fire in the fireplace, children requested we turn off lights, which we did, it was then that the children noticed the things in the sky. At first we thought they were planes, but then it became apparent they were too frequent and went in one direction.

A. HOW DID IT FINALLY DISAPPEAR?

Went out over the bay. As soon as it disappeared, another appeared, and continued in the same path.

Path →



B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☒ YES ☐ NO. IF "YES," DESCRIBE.

Cloud



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?  
☐ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

Husband - M. [REDACTED]  
Daughter-in-law - [REDACTED]  
Grandchildren, Tom, [REDACTED], [REDACTED]

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

[REDACTED] Rt 2 Annapolis, Md.

TELEPHONE (Area code and number)

Code [REDACTED]

AGE

51

MALE

☒ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

Secretary to the Director of Chemical Sciences, AFOSR, Arlington, Va.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME Dr. J.T. Ratchford SRPS (AFOSR) DAY 1 MONTH Feb YEAR 1968

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 16 MONTH February YEAR 1968

|                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                             |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|---------------|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.                                                                                                                                                                                       |                        |                                                                                                             |               |
|                                                                                                                                                                                                                                                                                                                                                | EYEGASSES              |                                                                                                             | CAMERA VIEWER |
|                                                                                                                                                                                                                                                                                                                                                | SUNGLASSES             |                                                                                                             | BINOCULARS    |
|                                                                                                                                                                                                                                                                                                                                                | WINDSHIELD             |                                                                                                             | TELESCOPE     |
|                                                                                                                                                                                                                                                                                                                                                | SIDE WINDOW OF VEHICLE |                                                                                                             | THEODOLITE    |
| X                                                                                                                                                                                                                                                                                                                                              | WINDOWPANE             |                                                                                                             | OTHER         |
| A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                                         |                        | B. DO YOU USE READING GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO          |               |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED _____                                                                                                                                                                                                                                                      |                        | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>1 1/2</u> mile |               |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. |                        |                                                                                                             |               |
| <p>Thought at first that this was a silver plane, but they were too frequent, and too many of them coming in one direction at one time. The object did not have any definite lines such as a plane, more fuzzy like.</p> <hr style="width: 20%; margin-left: auto; margin-right: 0;"/>                                                         |                        |                                                                                                             |               |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.                                                                                                            |                        |                                                                                                             |               |
|                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                             |               |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.                                                                                                                                                                              |                        |                                                                                                             |               |
|                                                                                                                                                                                                                                                                                                                                                |                        |                                                                                                             |               |

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



24 Jan 68

REPLY TO  
ATTN OF:

TDPT/UFO

9 FEB 1968

SUBJECT:

UFO Observation , 24 January 1968

TO:

Mr. [REDACTED]

Annapolis, Maryland 21401

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

JAMES C. MANATT, Colonel, USAF  
Director of Production

1 Atch  
AF Form 117