

## PROJECT WIS/RECORD

1. TIME GROUP 3 Feb 68 3/0500Z		2. LOCATION Vista, California	
3. SOURCE Civilian		10. CONCLUSION Possible (HOT AIR BALLOON)	
4. NUMBER OF OBJECTS One			
5. LENGTH OF OBSERVATION 5-8 minutes		11. BRIEF SUMMARY AND ANALYSIS  The observer sighted an object that was a bright gold color. The shape was like that of a car cupola and the edges were sharp, but light extended beyond the craft's edges (HALO effect).  COMMENTS: Originally the report was given for 3 Feb. 68 by a young boy. The boy's mother was given a witness to the event so a 117 was sent to her. She stated on her completed form that the sighting had occurred on 2 Feb. 68. Surface winds for Vista at 200 hrs. were from 010 deg. at 02 knots, at 2100 hrs calm and at 2200 hrs. from 100 deg. at 04 knots. Since the wind both an hour before and an hour later had a westerly it is felt that a hot air balloon is a possible explanation for the observation.	
6. TYPE OF OBSERVATION Ground-Visual			
7. COURSE W			
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.



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)

5 Jun 68

SUBJECT: Request for Weather Data

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

1. In support of pending UFO evaluations, the following weather data are submitted:

- a. Middlesex, New Jersey: See attachment 1.
- b. Vista, California: See attachment 1.
- c. St. Paul, Minnesota: See attachment 2 for radiosonde observation on 27 Dec 66 at 1800L. Requested surface observations are as follows:  
1500L E80BRKN/OVC 7 288/20/10/0806/031 / 619 1077 Stn. Pres. 29.420 RH=65%  
1600L E800VC 8 284/20/11/0806/030 / Stn. Pres. 29.410 RH=68%  
1700L E80BRKN/OVC 15 274/19/11/0811/027 / Stn. Pres. 29.380 RH=71%

2. Data sources were ETAC surface and upper-air history files and the Asheville, N.C. data files. Surface observations for Middlesex (Newark), New Jersey, were not available on 6 Oct 67 at 0300L and 0400L. Extraction or evaluation of all other weather data were adequate for all sightings.

FOR THE COMMANDER

A handwritten signature in cursive script, reading "John T. McCabe", is written over the typed name.

JOHN T. McCABE, Colonel, USAF  
Chief, Environmental Applications Div.

- 2 Atch
1. 1 Surface Data Sheet
  2. 2 Upper-Air Data Sheets



SSgt Dunham

MAC FORM 36c  
JAN 66

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

## GENERAL PURPOSE WORK SHEET

S60-1111



2 Feb 68

TDPTR Lt Col Smith

Request surface wind direction and velocity:

2 February 1968, 9 pm local, Vista, Calif.

TDPT (UFO) 2d Lt Marano 15 May 68

70916



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R259

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, 1AW AFR 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?

DAY 2 MONTH February YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 9:00 MINUTES      ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

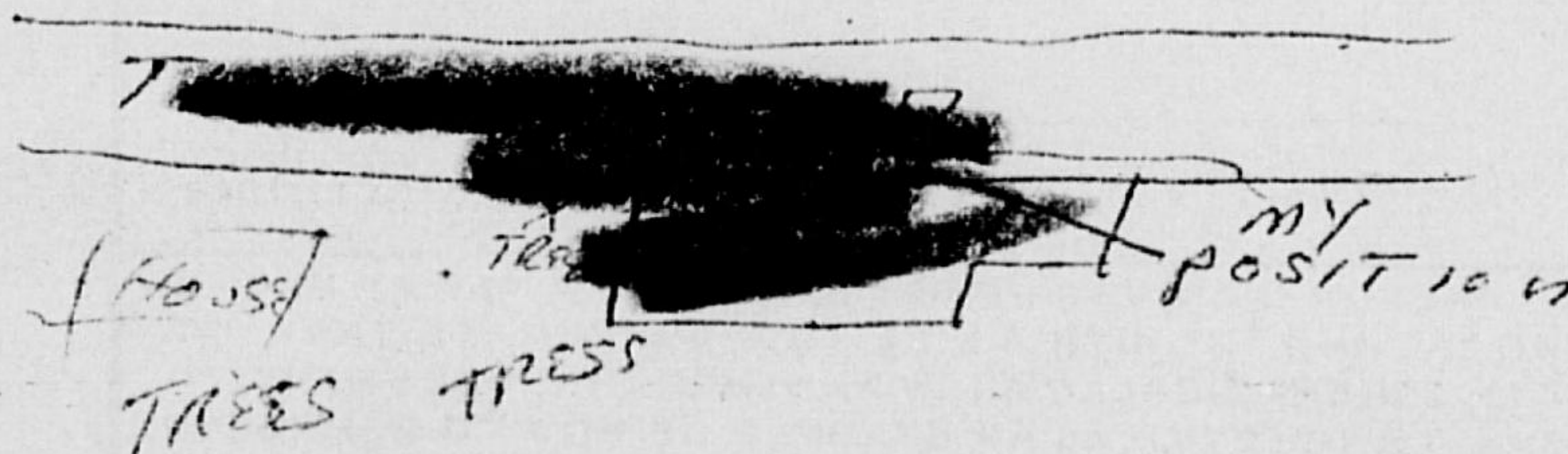
HOUR 9 MINUTES 05 ☐ A.M. ☒ P.M.

4. TIME/ZONE

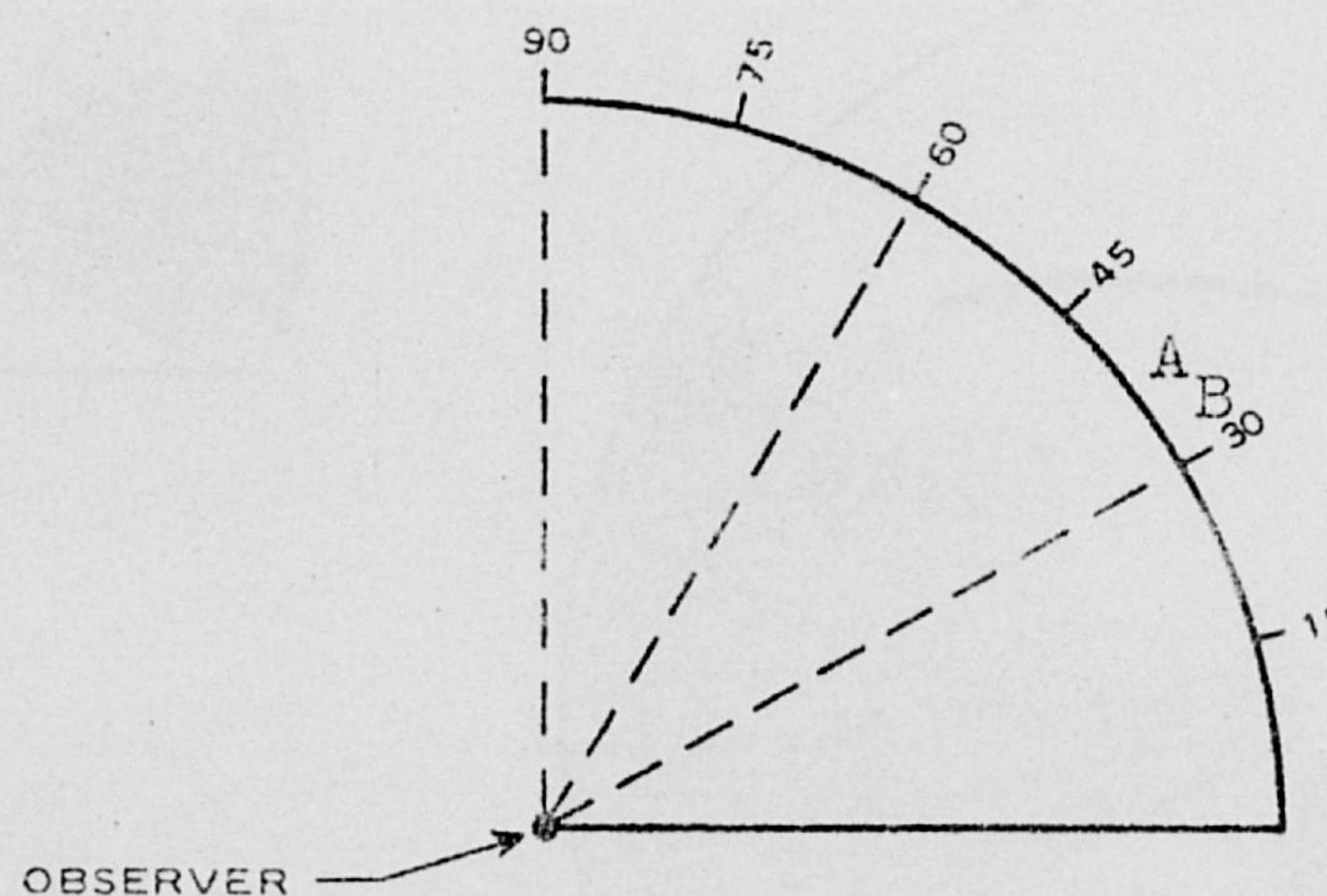
☐ DAYLIGHT SAVINGS☐ STANDARD☐ EASTERN☐ CENTRAL☐ MOUNTAIN☒ PACIFIC☐ OTHER

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.

OBJECT

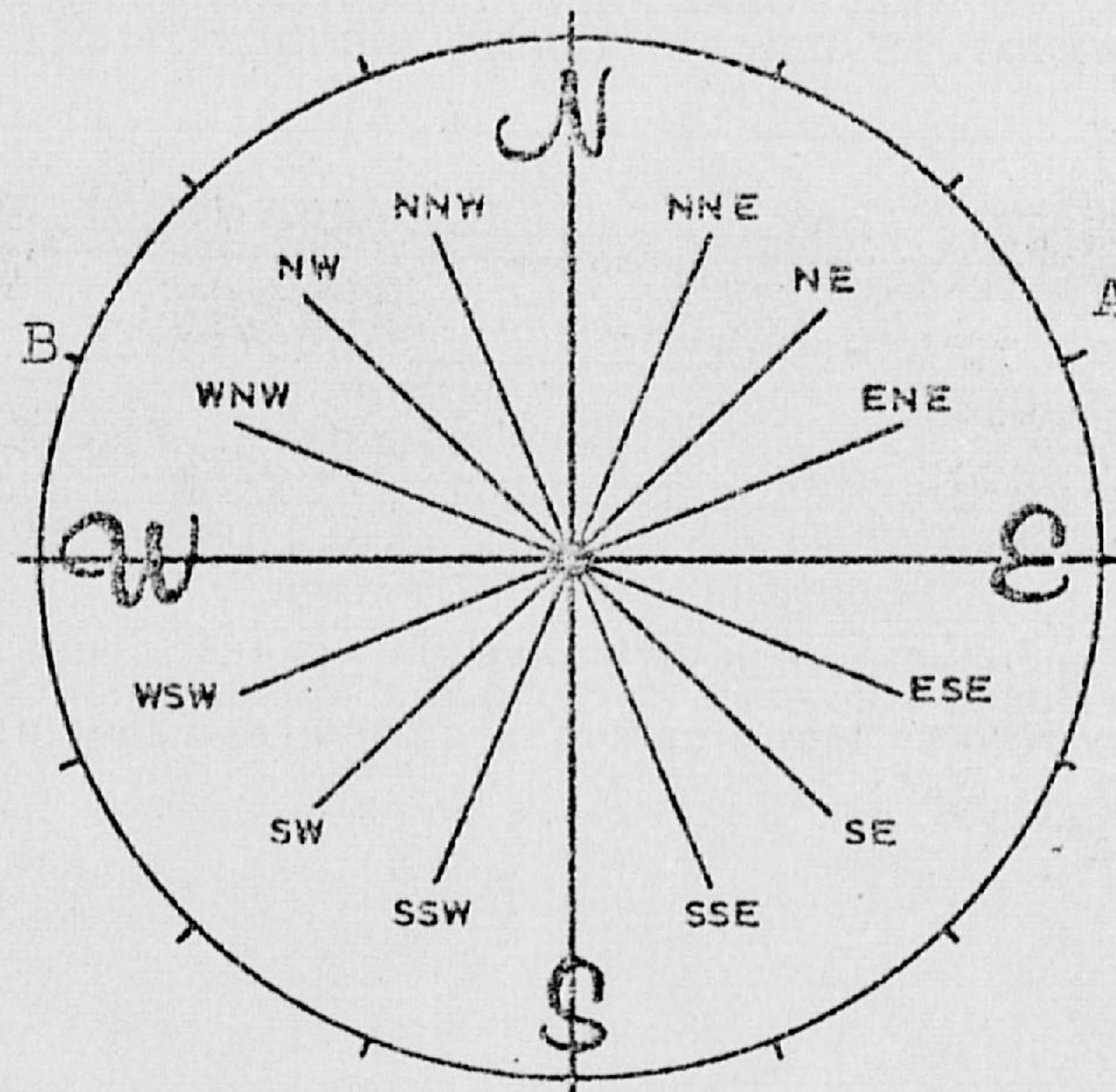


6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

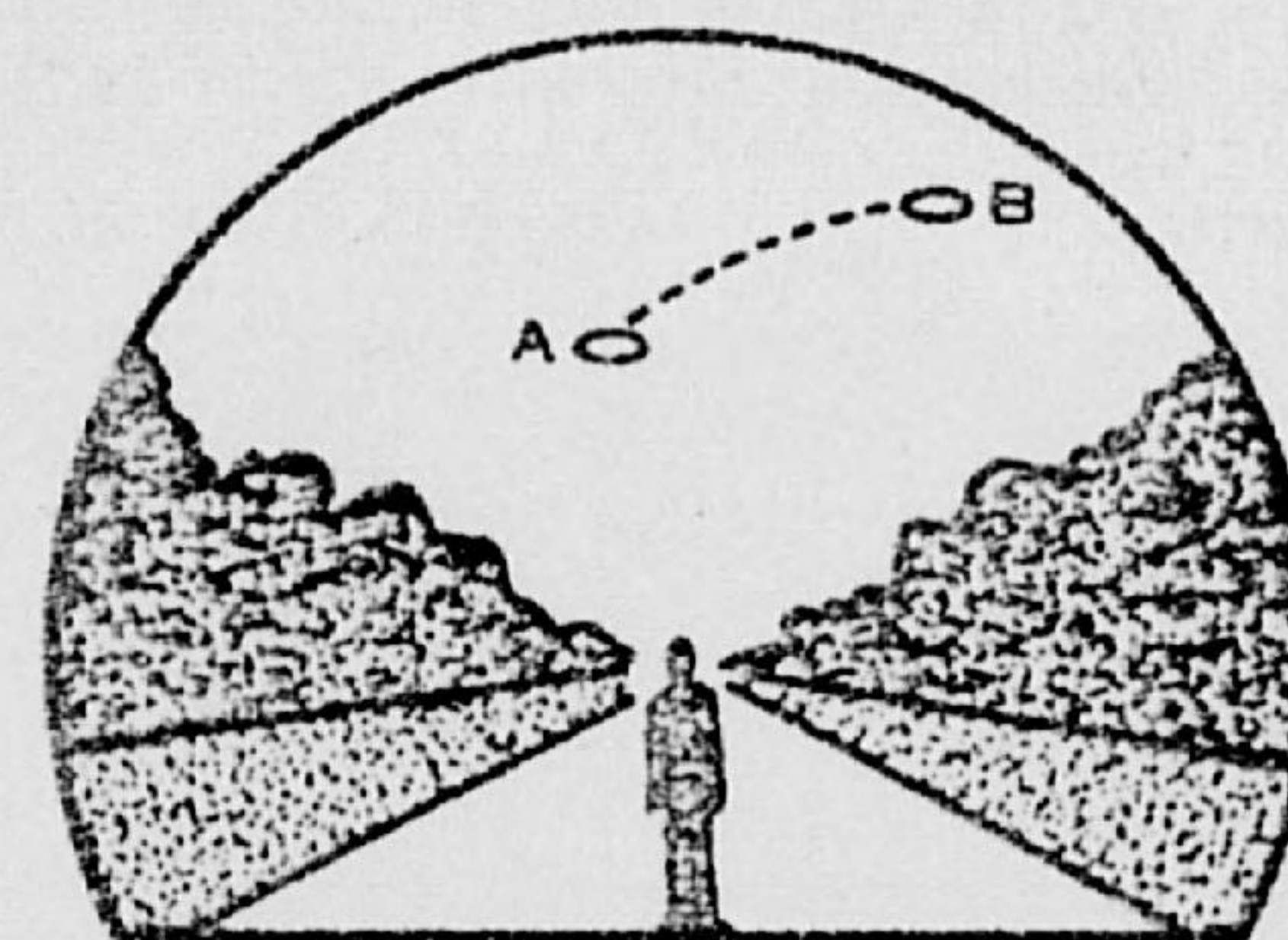
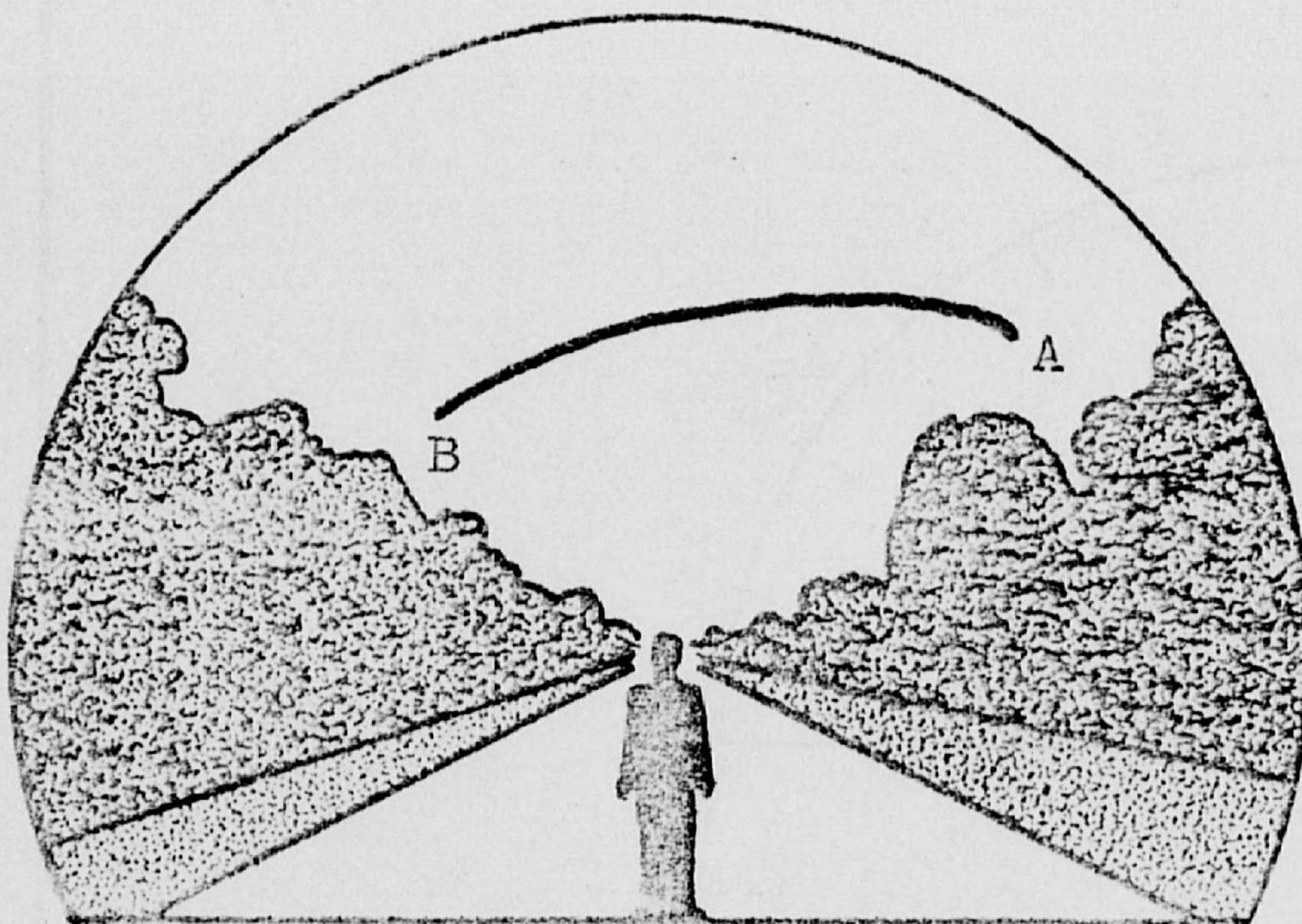




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



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.





8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
<input checked="" type="checkbox"/>	OUTDOORS		IN BUSINESS SECTION OF CITY
	IN BUILDING	<input checked="" type="checkbox"/>	IN RESIDENTIAL SECTION OF CITY
	IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER		IN OPEN COUNTRYSIDE
	IN BOAT		NEAR AIRFIELD
	IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER		FLYING OVER CITY
	OTHER		FLYING OVER OPEN COUNTRY
			OTHER
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
<input type="checkbox"/>	NORTH	<input type="checkbox"/>	EAST
<input type="checkbox"/>	SOUTH	<input type="checkbox"/>	WEST
<input type="checkbox"/>	NORTHEAST	<input type="checkbox"/>	SOUTHEAST
<input type="checkbox"/>	NORTHWEST	<input type="checkbox"/>	SOUTHWEST
		DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS 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? No traffic at this time.			
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		CERTAIN OF TIME	NOT VERY SURE
five-minutes to 8 min.		<input checked="" type="checkbox"/> FAIRLY CERTAIN	JUST A GUESS
HOW WAS TIME DETERMINED?			
Kitchen clock-went outside at nine-came back about 8 after			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input checked="" 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.			
It went behind trees-but was seen instantly again.			



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?

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	X	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			
<input type="checkbox"/>	NONE	<input checked="" type="checkbox"/>	BRIGHT MOONLIGHT	<input type="checkbox"/>	NO MOONLIGHT
<input checked="" type="checkbox"/>	A FEW	<input type="checkbox"/>	MOON WITH HALO	<input type="checkbox"/>	UNKNOWN
<input type="checkbox"/>	MANY	<input type="checkbox"/>	MOON HIDDEN BY CLOUDS	<input type="checkbox"/>	
<input type="checkbox"/>	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.

Main source for illumination was moon, streetlight, houselight  
(50') (15')

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.

The UFO appeared to be solid, was very bright gold color. The edges were sharp but light extended beyond crafts edges (halo effect). Its shape was like that of a car cupola. Its source of light seemed to be itself. Brighter than moon.



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	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?			

## 14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

My son came into the house and told me to come out and look at it.

## A. HOW DID IT FINALLY DISAPPEAR?

It came up (it seems) from the horizon-it then traversed the sky and went over the opposite horizon.

## 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.

It moved behind a cluster of trees at one point.



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.

match would have covered about 1/5th of object.



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
WINDOWPANE	OTHER
A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>500 mph</u> .	19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>8 mile</u> .
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 style="text-align: center;">their is nothing in comparison except possible an auto.</p>	
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.	



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

15 [REDACTED] Mr. [REDACTED] [REDACTED]  
 [REDACTED] (same)  
 [REDACTED] [REDACTED]

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

Oceanside, California 92054

TELEPHONE (Area code)

AGE

40

MALE

X

FEMALE

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

Secretary for real estate office

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

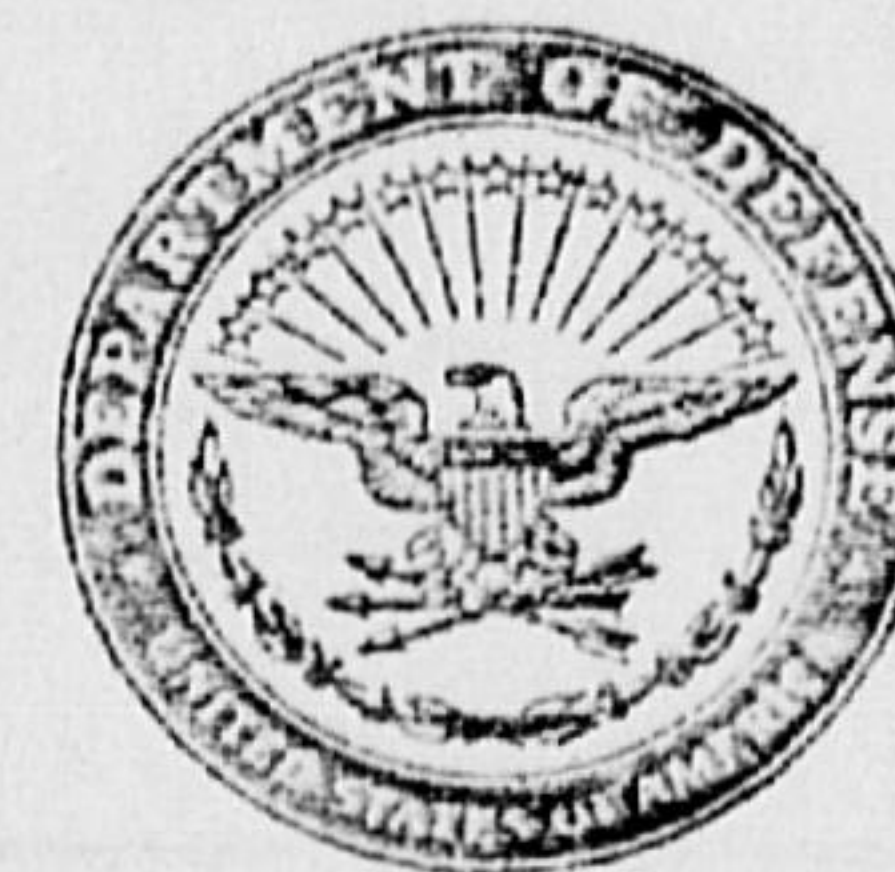
NAME \_\_\_\_\_ DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 29 MONTH April YEAR 1968



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



REPLY TO  
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation 3 February 1968

MA 7 68

TO:

Mr and Mrs [REDACTED]

Vista, California 92083

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 3 February 1968, would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

H  
HECTOR QUINTANILLA, Jr, Major, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

1 Atch  
AF Form 117 w/envelope  
(2 cys)

date disp.



27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

Approximatly 9 p.m., my son and his father arrived home by car. They had both seen the object while pulling up to the curb and my sone came in to get me. I saw an object (about the size of a dime at arms length) of a bright gold color come over a hill and pass over the sky in about 5 to 8 minutes. It then went over the other horizon.

Since my husband had a(pretty much so) similar experience as did my son, I will make this for both of us.

The following refer to him: age-41  
insurance salesman  
phone and address same



3 Feb 68

AFR 80-17(C1)

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION. DATE FORGOTTEN - BY RIVERSIDE, CALIF. BURLINGTON, IOWA - ONTARIO, CALIF. HERE			
23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO.			
A. LIST THEIR NAMES AND ADDRESSES MR. + MRS. [REDACTED] [REDACTED] VISTA, CALIFORNIA 92083			
24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF			
LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]			
ADDRESS (Street, City, State and Zip Code) [REDACTED] VISTA, CALIF. 92083			
TELEPHONE (Area code and number) [REDACTED]	AGE [REDACTED]	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.  OCCUPATION - STUDENT			
25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON? NAME [REDACTED] DAY 27 MONTH FEB. YEAR 1968			
26. DATE YOU COMPLETED THIS QUESTIONNAIRE. DAY 27 MONTH FEB. YEAR 1968			

PAGE 8 OF 9 PAGES



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R258

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, 1AW AFR 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?

DAY 3 MONTH FEB YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 00 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 9 MINUTES 05 ☐ A.M. ☒ P.M.

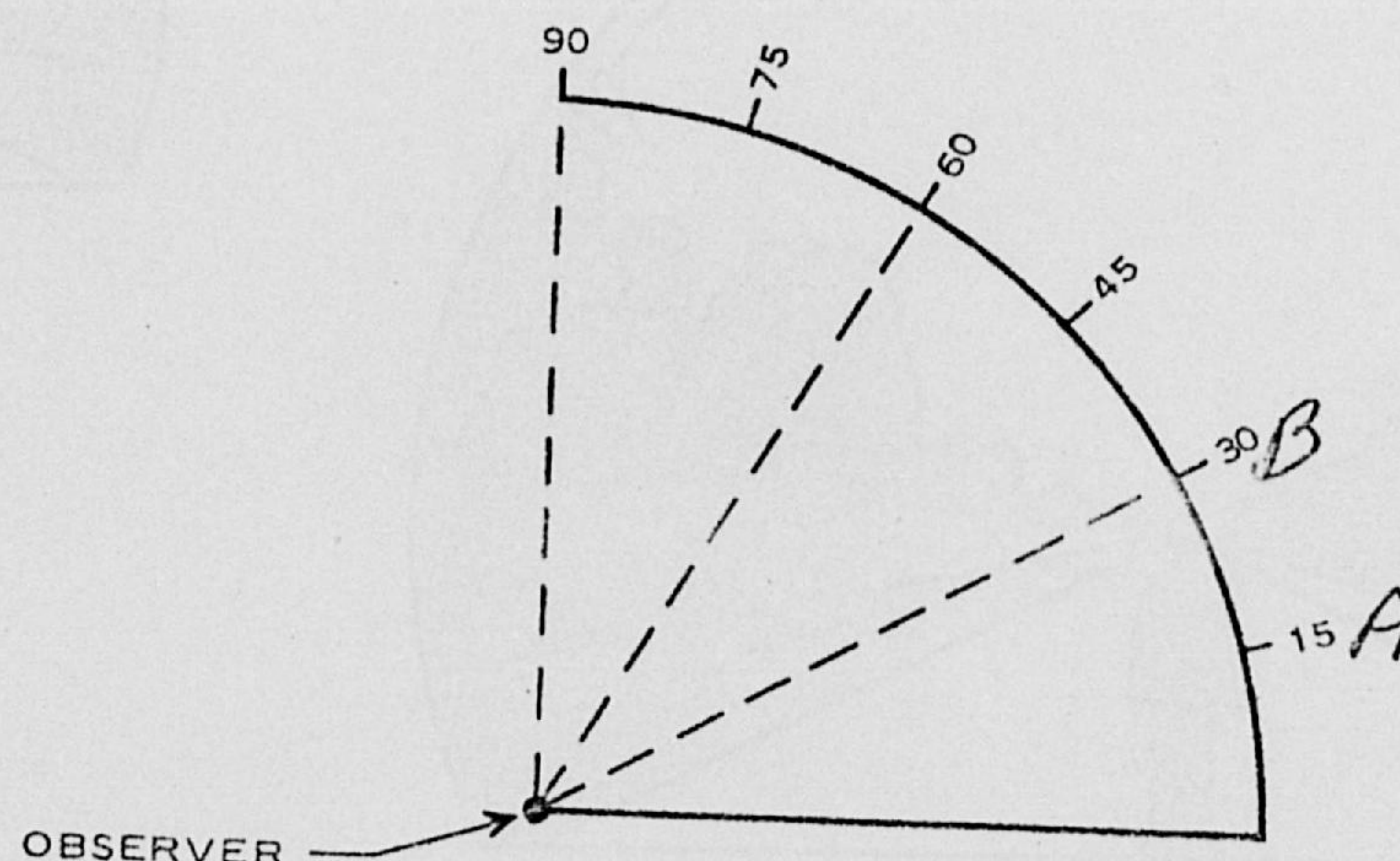
4. TIME/ZONE

☐ EASTERN☐ CENTRAL☐ DAYLIGHT SAVINGS☐ MOUNTAIN☒ PACIFIC☒ STANDARD☐ 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.



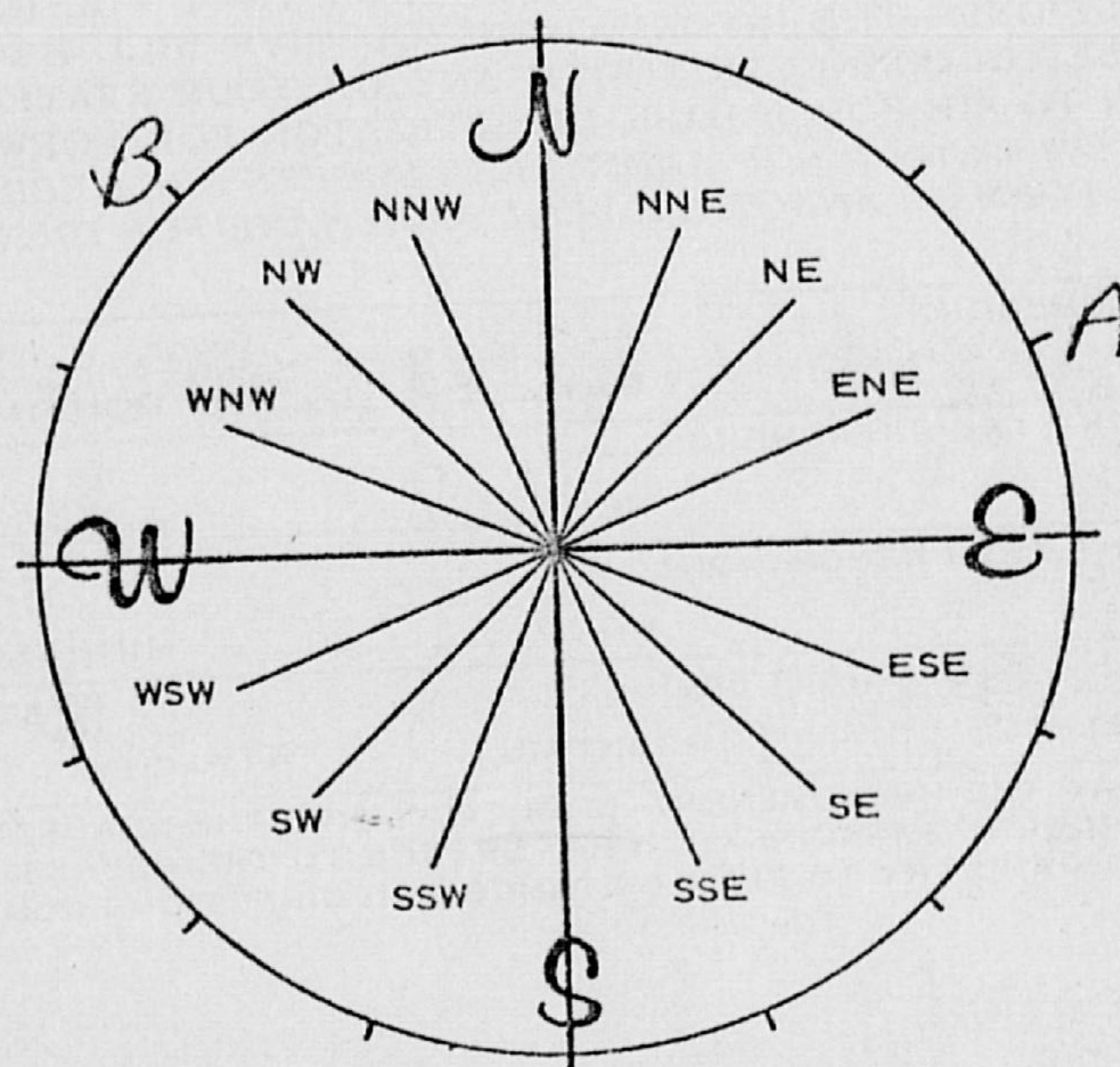
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



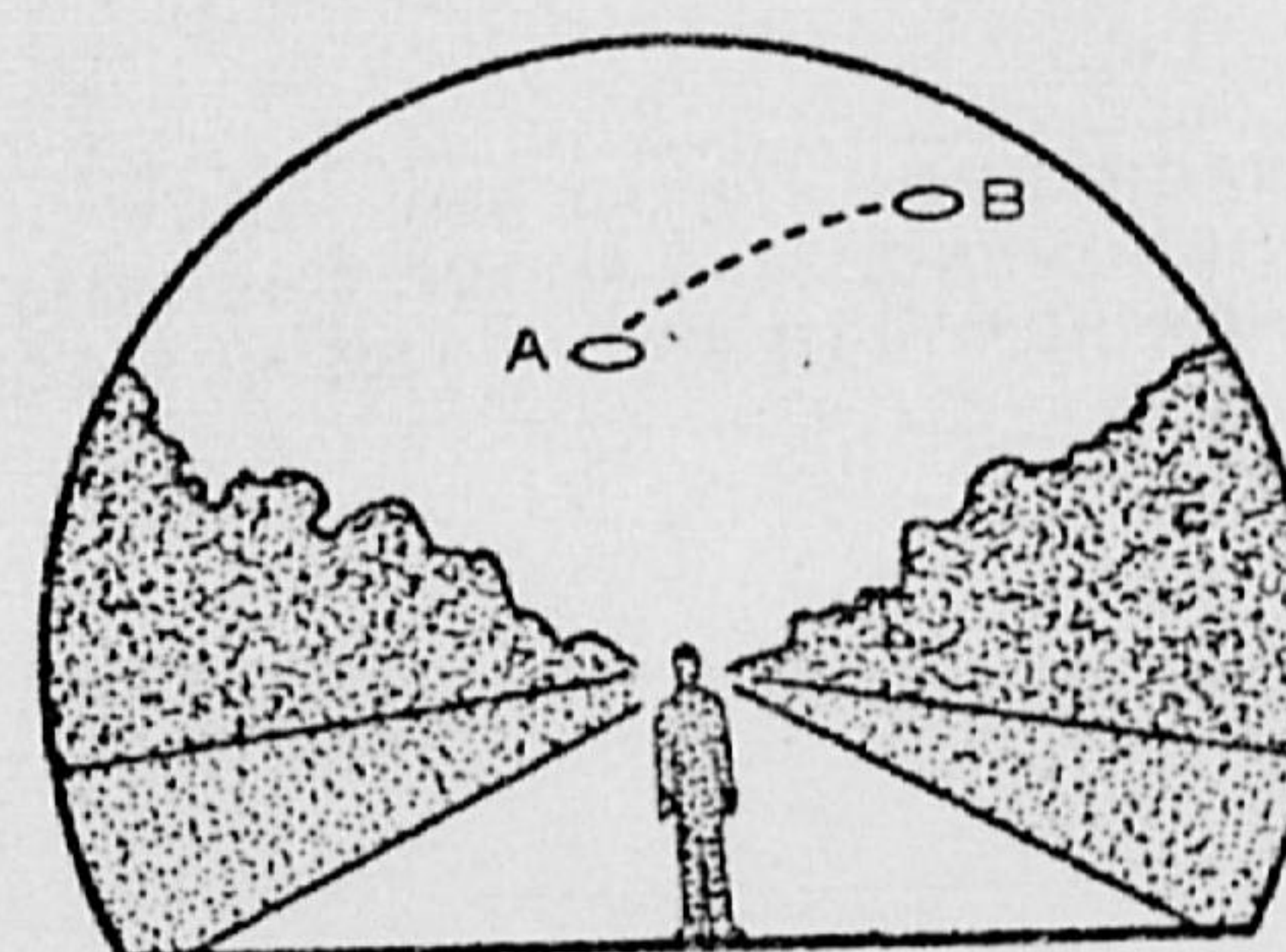
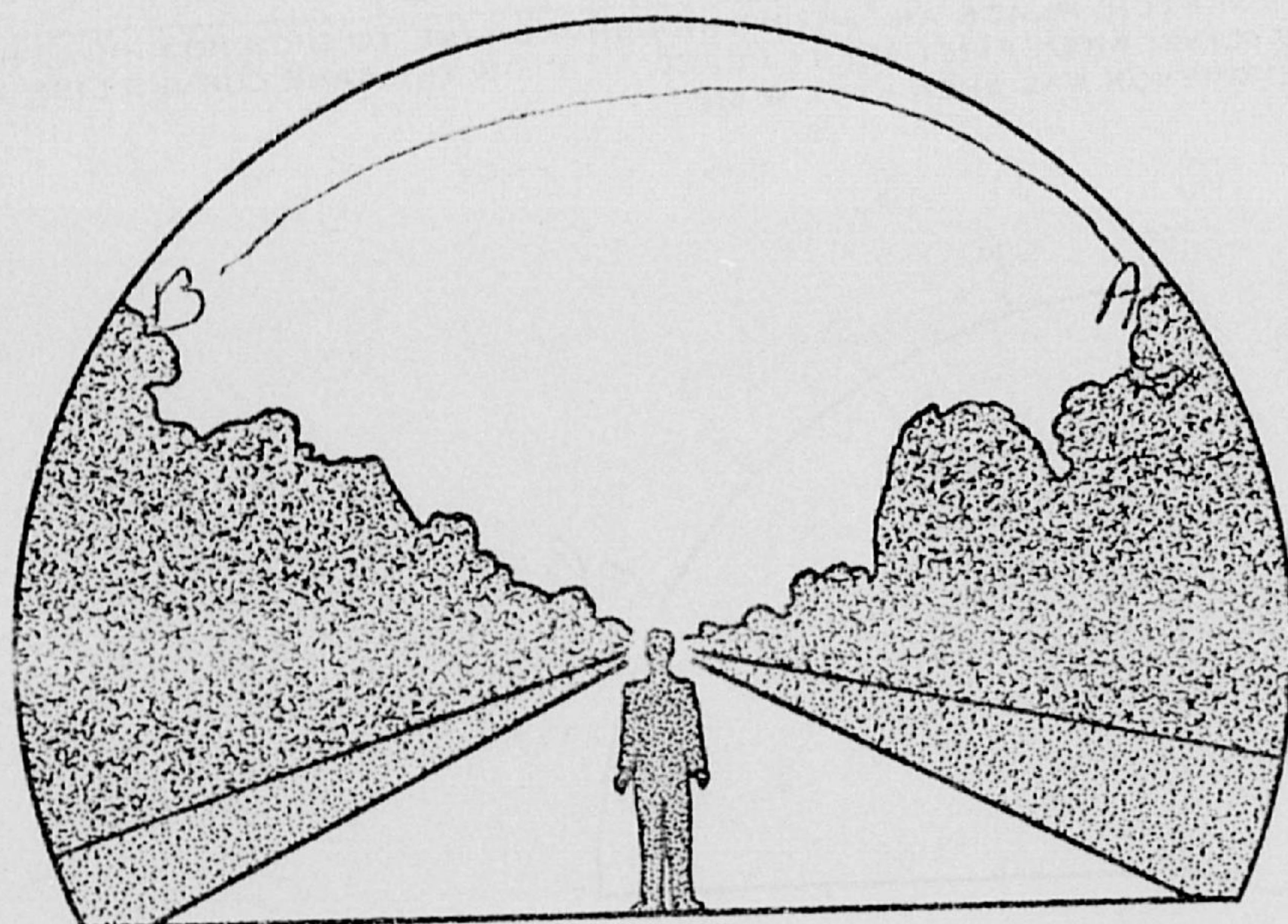
No Corris



6A. 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.





8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
<input checked="" type="checkbox"/>	OUTDOORS	<i>both in and out of car</i>	
	IN BUILDING		
<input checked="" type="checkbox"/>	IN CAR	<input type="checkbox"/> AS DRIVER	<input checked="" type="checkbox"/> AS PASSENGER
	IN BOAT		
	IN AIRPLANE	<input type="checkbox"/> AS PILOT	<input type="checkbox"/> AS PASSENGER
	OTHER		
		IN BUSINESS SECTION OF CITY	
		<input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY	
		IN OPEN COUNTRYSIDE	
		NEAR AIRFIELD	
		FLYING OVER CITY	
		FLYING OVER OPEN COUNTRY	
		OTHER	
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
	NORTH		EAST
<input checked="" type="checkbox"/>	SOUTH		WEST
	NORTHEAST		SOUTHEAST
	NORTHWEST		SOUTHWEST
		DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6. <i>THE SAME</i>			
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.			
<i>[REDACTED]</i>			
HOW MUCH OTHER TRAFFIC WAS THERE? <i>NONE</i>			
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 <i>approx. 5 min.</i>		<input type="checkbox"/> CERTAIN OF TIME	<input type="checkbox"/> NOT VERY SURE
		<input checked="" type="checkbox"/> FAIRLY CERTAIN	<input type="checkbox"/> JUST A GUESS
HOW WAS TIME DETERMINED? <i>WRIST WATCH</i>			
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.			
<i>IT DISSAPPEARED BEHIND TREES &amp; THEN OVER HORIZON</i>			



1. 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?

11. CONDITIONS (Check appropriate blocks.)			
A. SKY		B. WEATHER	
<input type="checkbox"/>	DAY	<input type="checkbox"/>	CUMULUS CLOUDS (Low fluffy)
<input type="checkbox"/>	TWILIGHT	<input type="checkbox"/>	CIRRUS CLOUDS (High fleecy or Herring-bone)
<input checked="" type="checkbox"/>	NIGHT	<input type="checkbox"/>	NIMBUS CLOUDS (Rain)
<input checked="" type="checkbox"/>	CLEAR	<input type="checkbox"/>	CUMULONIMBUS CLOUDS (Thunderstorms)
<input type="checkbox"/>	PARTLY CLOUDY	<input type="checkbox"/>	HAZE OR SMOG
<input type="checkbox"/>	COMPLETELY OVERCAST	<input checked="" type="checkbox"/>	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	
<input type="checkbox"/>	NONE	<input type="checkbox"/>	BRIGHT MOONLIGHT
<input checked="" type="checkbox"/>	A FEW	<input type="checkbox"/>	MOON WITH HALO
<input type="checkbox"/>	MANY	<input checked="" type="checkbox"/>	MOON HIDDEN BY CLOUDS
<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>	PARTIAL (New or quarter)
D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? <input type="checkbox"/> YES <input type="checkbox"/> 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"/>	IN BACK OF YOU	<input type="checkbox"/>	TO YOUR LEFT
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.			
FRONT PORCH LAMP + CORNER STREET LAMP 15 feet from porch light - 40 feet from street light			
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 WAS PEAR SHAPED - BRIGHT GOLD COLOR WITH SHARP EDGES. IT WAS LOOKED SOLID & WAS ABOUT "DIME AT ARMS LENGTH" SIZE. IT WAS SELF LUMINOUS - ABOUT 5-8 MILES DISTANT. <del>GUESS</del> GUESS TO BE 100 - 150 FEET DIAM. LOOKED THROUGH BINOCULARS AND IT APPEARED TO HAVE ABOUT 5 "PORT HOLES" ON A CENTRAL BELT.			



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	

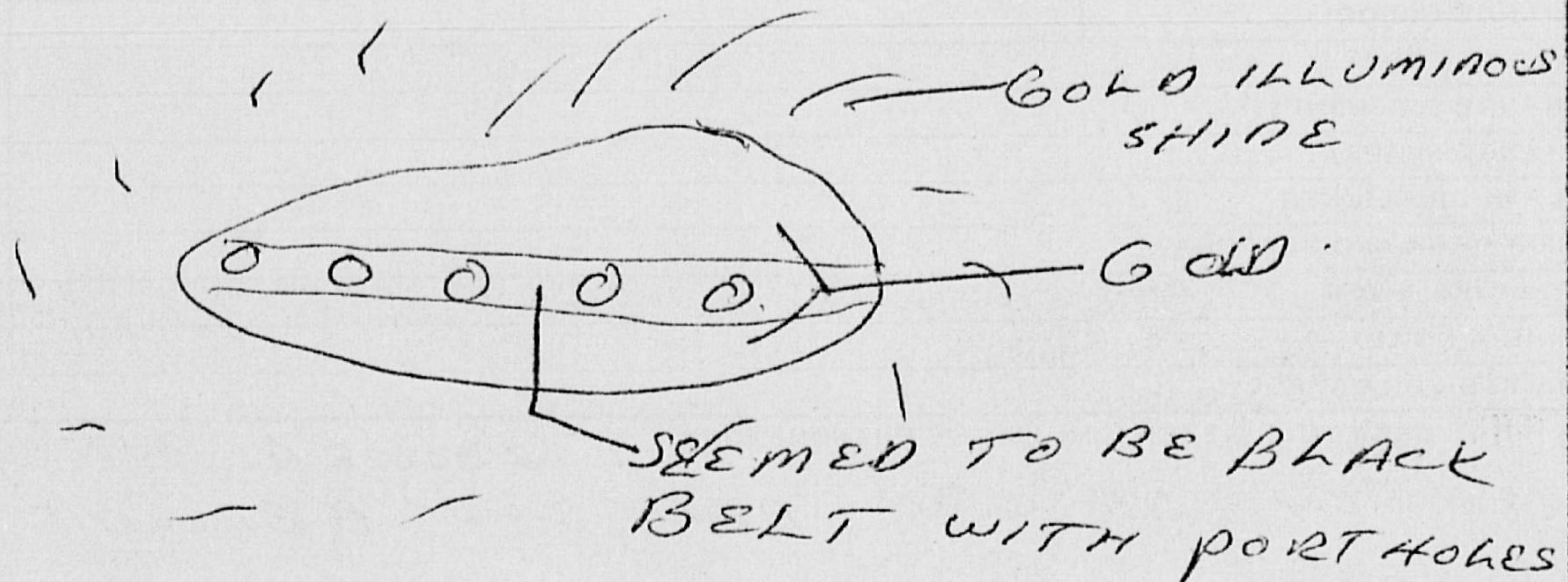
14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON? *I LOOKED OUT SIDE WINDOW OF CAR AND SAW A BRIGHT GOLD OBJECT IN EAST. AFTER CAR STOPPED, I RAN TO HOUSE & GOT BINOCULARS AND DREW THE OBJECT TO THE ATTENTION OF FATHER & MOTHER*

A. HOW DID IT FINALLY DISAPPEAR? *OVER TREES AND THEN OVER HORIZON.*

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.  
*TREES*



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.

ABOUT  $\frac{1}{5}$  OF OBJECT



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.			
<input checked="" type="checkbox"/>	EYEGLASSES		CAMERA VIEWER
	SUNGLASSES	<input checked="" type="checkbox"/>	BINOCULARS
<input checked="" type="checkbox"/>	WINDSHIELD		TELESCOPE
	SIDE WINDOW OF VEHICLE		THEODOLITE
	WINDOWPANE		OTHER
A. DO YOU ORDINARILY WEAR GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>500 mph</u>		19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>5-8 mile</u>	
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>NOTHING EXCEPT (POSSIBLY) A CAR</p>			
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.			