

PROJECT 10073 RECORD

| | |
|--|---|
| 1. DATE - TIME GROUP 4 Feb 68 05/0005Z | 2. LOCATION Appleton, Wisconsin (Multiple) |
| 3. SOURCE Civilian | 10. CONCLUSION Probable (AIRCRAFT) |
| 4. NUMBER OF OBJECTS One | |
| 5. LENGTH OF OBSERVATION 4 Minutes | 11. BRIEF SUMMARY AND ANALYSIS Observer sighted a bright red light that traveled in a NE direction. He also stated that he heard a humming sound during the observation. |
| 6. TYPE OF OBSERVATION Ground-Visual | |
| 7. COURSE NE | COMMENTS: On the 117 that the observer returned he indicated that he did not hear any noise. There is no evidence that the object could not have been an aircraft. |
| 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.

PROJECT 10073 RECORD

| | |
|--|--|
| 1. DATE-TIME GROUP 4 Feb 63 05/00054 | 2. LOCATION Appleton, Wisconsin (Multiple) |
| 3. SOURCE Civilian | 10. CONCLUSION Unknown prob. Aircraft |
| 4. NUMBER OF OBJECTS One | 11. BRIEF SUMMARY AND ANALYSIS A Form 117 was sent to the observer at the address he had given as his home address. It was returned as "address unknown". |
| 5. LENGTH OF OBSERVATION 4 Minutes | Observer sighted a bright red light that traveled in a NE direction. He also stated that he heard a humming sound during the observation. |
| 6. TYPE OF OBSERVATION Ground-Visual | Comments: on the 117 that the observer returned he indicated that he did not hear any noise. There is no evidence that the obj. could not have been an aircraft. |
| 7. COURSE NE | |
| 8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | A Form 117 was sent to the observer but was never returned. One was also sent to one witness but it was returned as "address unknown". |

Leads from [REDACTED]
on 2 July 1968 in TDPT

AFR 80-17(C1)

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-2258

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 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 4 MONTH FEB. YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR CAN'T REMEMBER MINUTES _____ ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 11 MINUTES _____ ☐ A.M. ☐ P.M.

4. TIME / ZONE

☐ DAYLIGHT SAVINGS

☐ STANDARD

☐ EASTERN

☒ CENTRAL

☐ MOUNTAIN

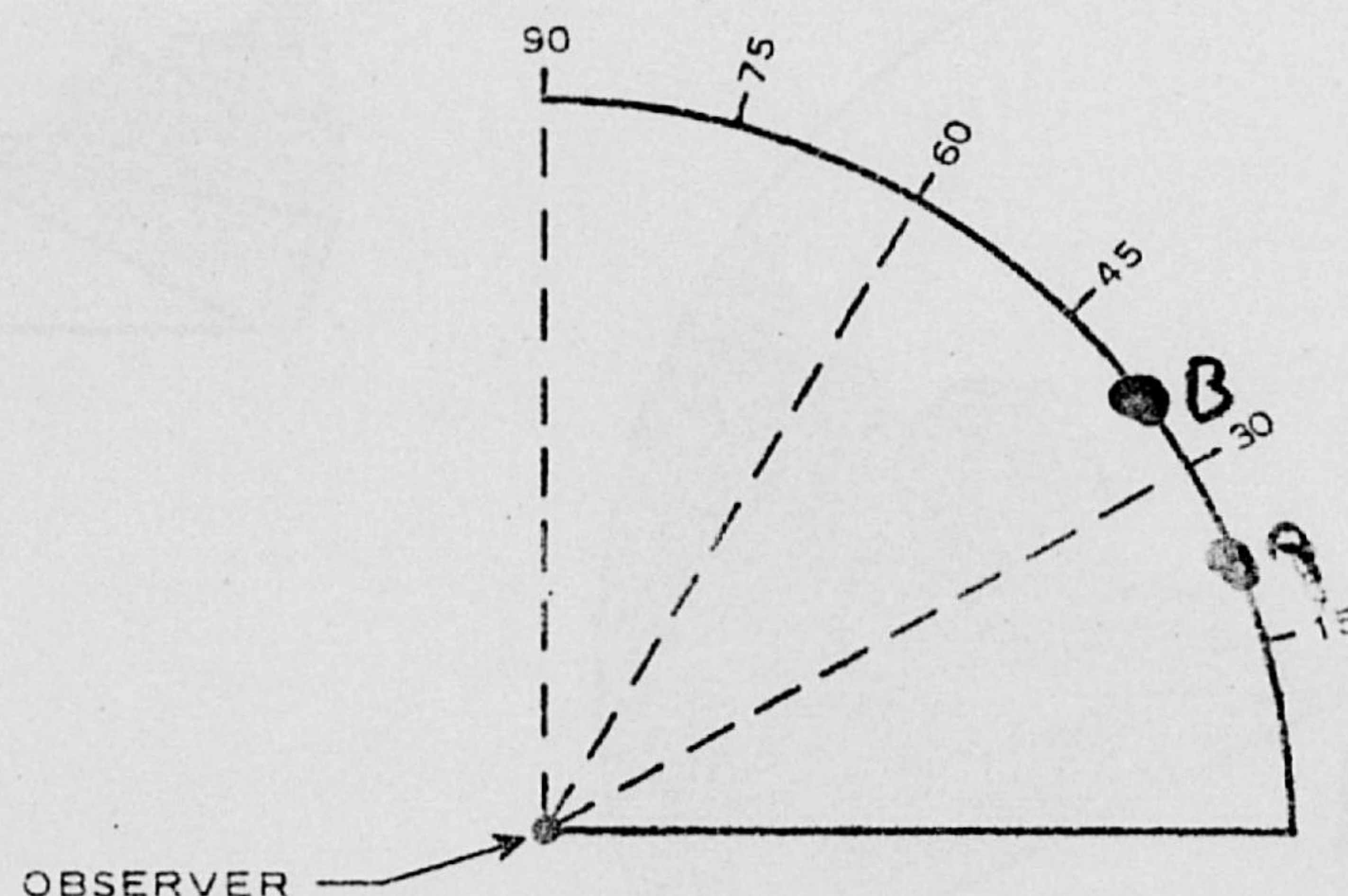
☐ PACIFIC

☐ OTHER

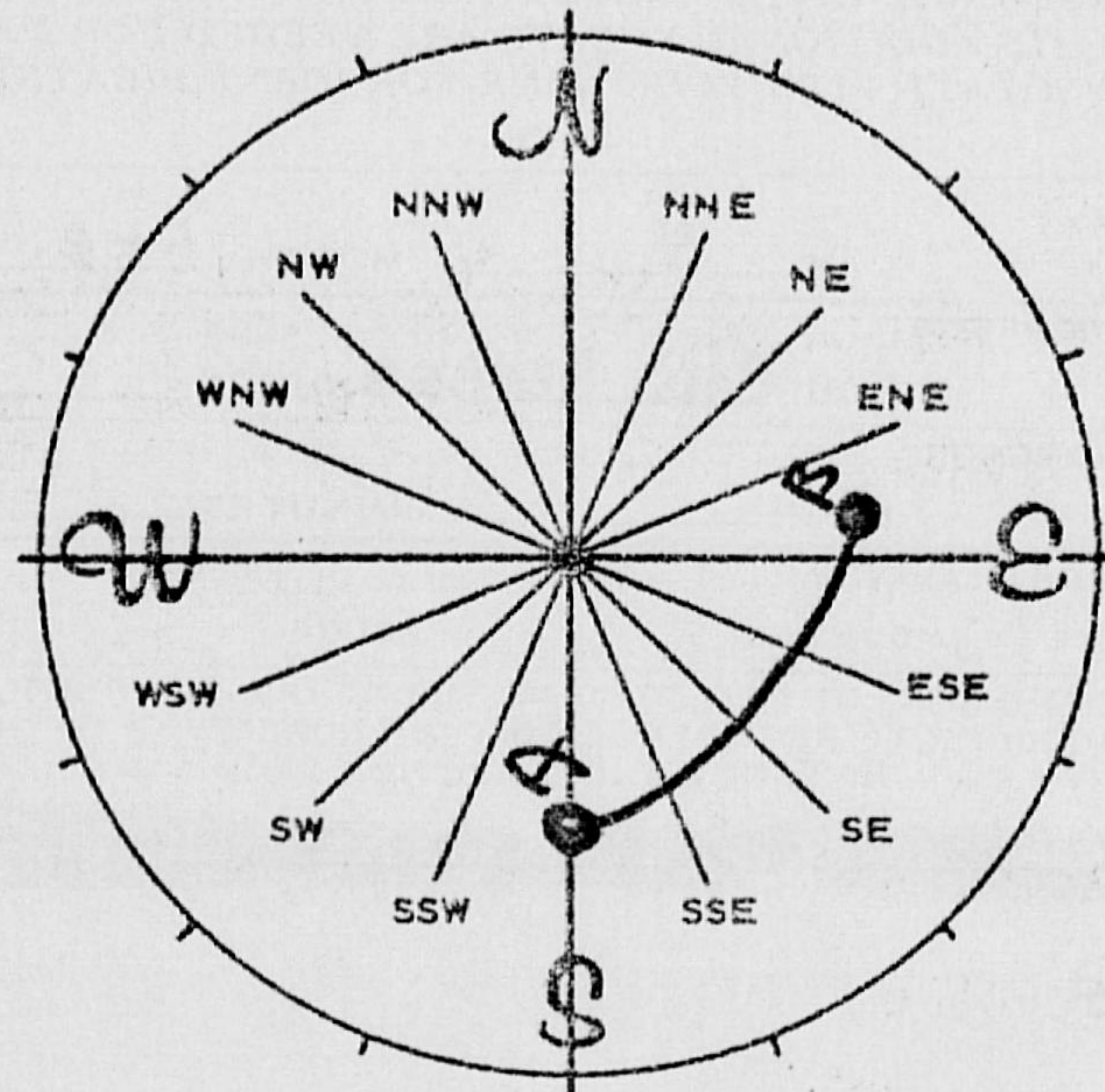
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE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

[REDACTED]
IN THE HOUSE

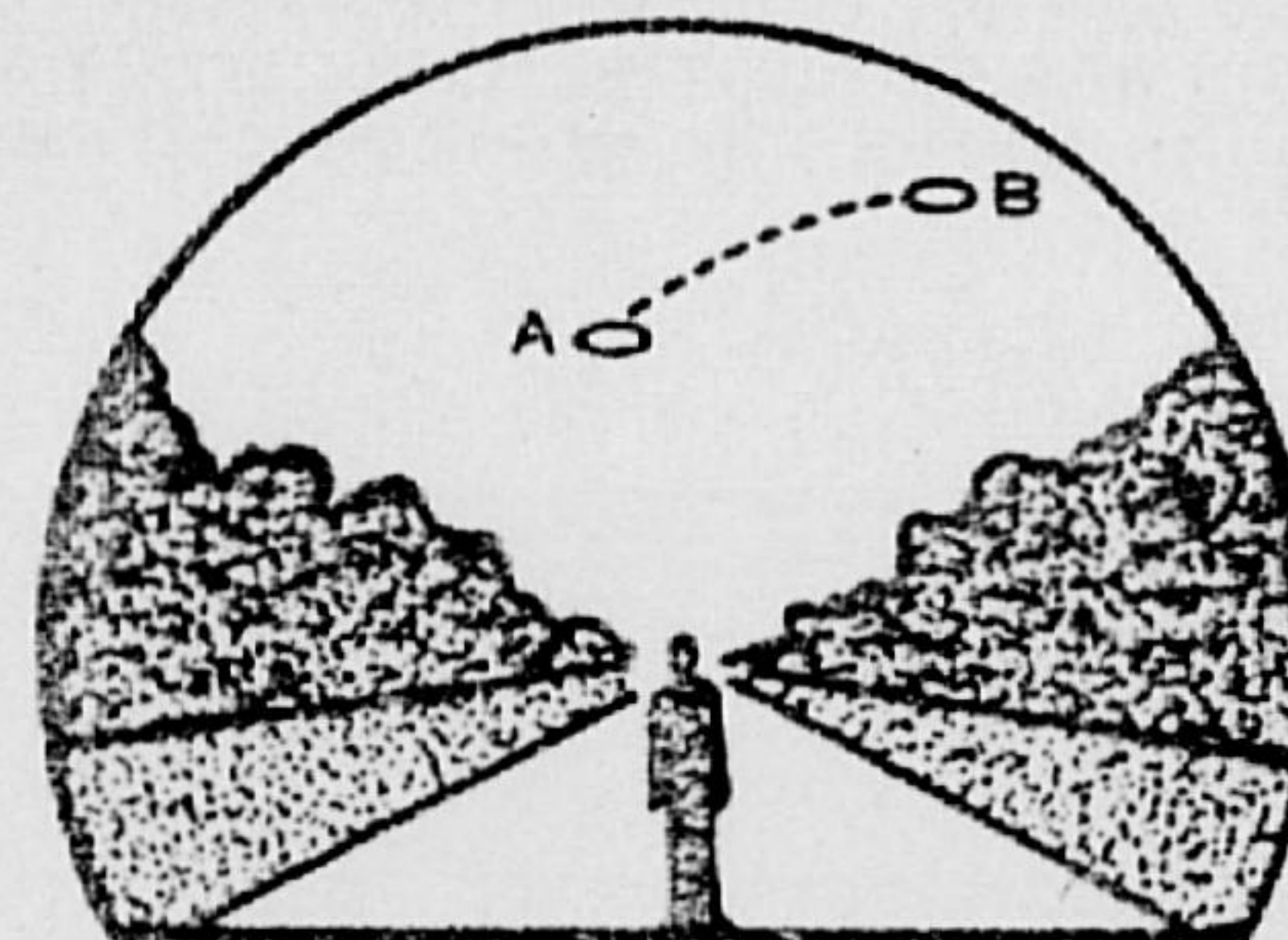
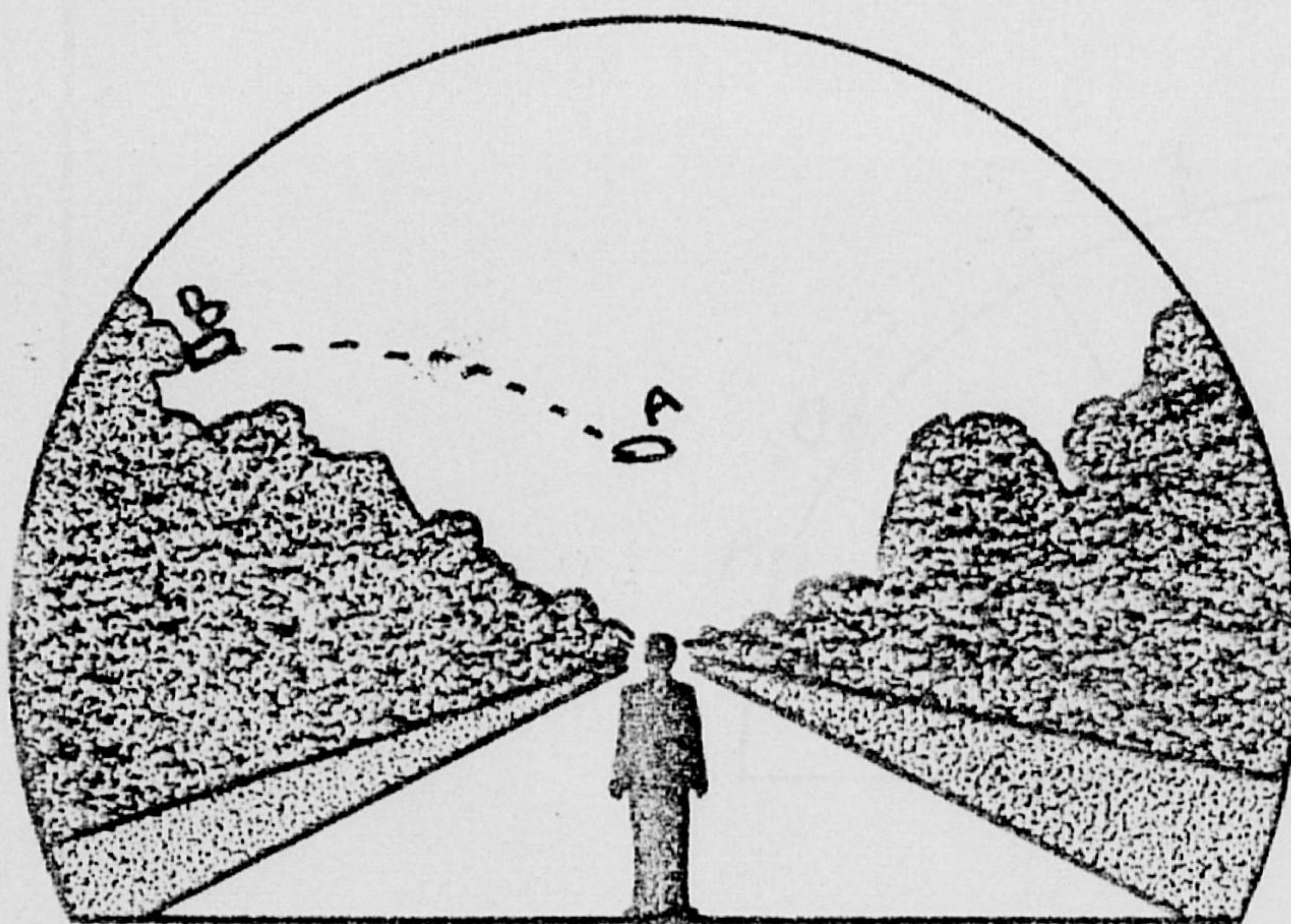
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



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.



| | | | |
|---|-----------|--|---------------|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.) | | | |
| OUTDOORS | | IN BUSINESS SECTION OF CITY | |
| <input checked="" type="checkbox"/> 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? | |
| NORTH | EAST | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| SOUTH | WEST | | |
| NORTHEAST | SOUTHEAST | | |
| NORTHWEST | SOUTHWEST | | |
| 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? | | | |
| 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 |
| ON OTHER QUESTIONNAIRE | | FAIRLY CERTAIN | JUST A GUESS |
| HOW WAS TIME DETERMINED? CLOCK, ELECTRIC | | | |
| 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. UNTIL IT WAS BEHIND TREES | | | |

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 | |
|-------------------------------------|---------------------|-------------------------------------|---|
| <input type="checkbox"/> | DAY | <input type="checkbox"/> | CUMULUS CLOUDS (Low fluffy) |
| <input type="checkbox"/> | TWILIGHT | <input type="checkbox"/> | FOG OR MIST |
| <input checked="" type="checkbox"/> | NIGHT | <input type="checkbox"/> | CIRRUS CLOUDS (High fleecy or Herring-bone) |
| <input type="checkbox"/> | CLEAR | <input type="checkbox"/> | HEAVY RAIN |
| <input checked="" type="checkbox"/> | PARTLY CLOUDY | <input type="checkbox"/> | NIMBUS CLOUDS (Rain) |
| <input type="checkbox"/> | COMPLETELY OVERCAST | <input type="checkbox"/> | CUMULONIMBUS CLOUDS (Thunderstorms) |
| | | <input type="checkbox"/> | LIGHT RAIN OR DRIZZLE |
| | | <input type="checkbox"/> | HAIL |
| | | <input type="checkbox"/> | SNOW OR SLEET |
| | | <input type="checkbox"/> | UNKNOWN |
| | | <input checked="" type="checkbox"/> | 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 |
|--|---|
| <input checked="" type="checkbox"/> NONE | <input type="checkbox"/> BRIGHT MOONLIGHT |
| <input type="checkbox"/> A FEW | <input type="checkbox"/> NO MOONLIGHT |
| <input type="checkbox"/> MANY | <input type="checkbox"/> MOON WITH HALO |
| <input type="checkbox"/> UNKNOWN | <input checked="" type="checkbox"/> MOON HIDDEN BY CLOUDS |
| | <input type="checkbox"/> 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.

MOON

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.

| 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? IT SAID IN THE PAPER THAT SATURN WOULD BE IN THE SOUTHERN SKY I LOOKED OUT THE WINDOW AND THOUGHT IT WAS SATURN. I WATCHED IT UNTIL IT TURNED RED AND BEGAN PULSATING. IT STARTED TO MOVE STRAIGHT UP AND VEERED OFF TO THE EAST.

A. HOW DID IT FINALLY DISAPPEAR?

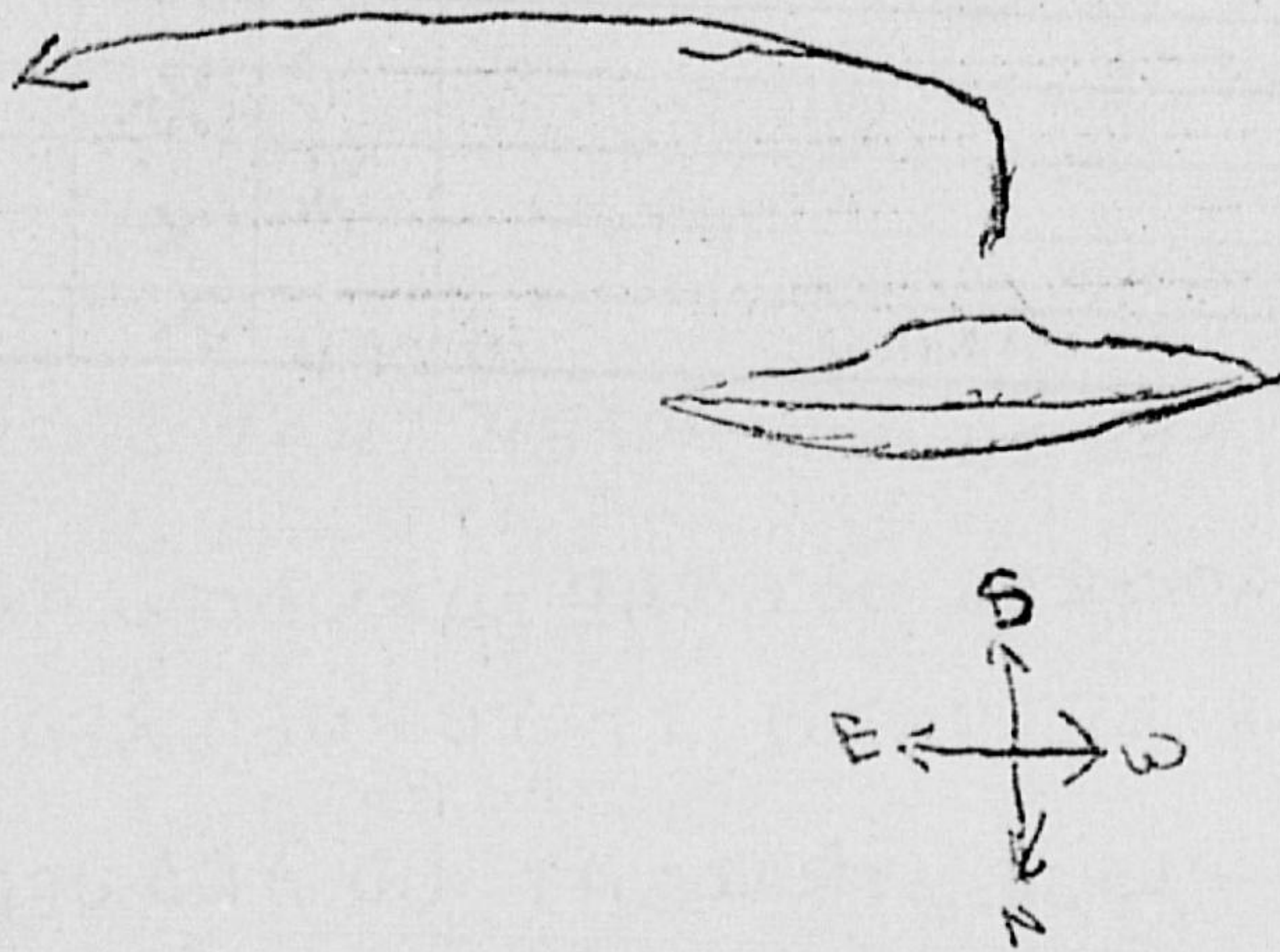
IT PASSED BEHIND SOME TREES

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.

BEHIND SOME 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.

3/4 MATCH SIZE

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 |
| <input checked="" type="checkbox"/> WINDOWPANE | OTHER |

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☒ NO

B. DO YOU USE READING GLASSES? ☐ YES ☒ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED 30 mph

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 4-1/2
MILES

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.

CANT TELL OF ANY

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ 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

[REDACTED] S.
 [REDACTED] ETON, "
 " " "
 " " "

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (City, State and Zip Code)

TELEPHONE (Area and number) [REDACTED] CONSEN 54911

AGE 13 ☒ MALE ☐ FEMALE

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

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

JAMES C. MANANT
 NAME DEPT. OF THE AIR FORCE DAY 4 MONTH FEB YEAR 1968

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.
 DAY 11 MONTH 11 YEAR 11

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

Recd 28 Feb 68.

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?

4 FEB 1968
Day Month Year

2. Time of day: 6:05

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?

(89 LONG X 40 LAT)

[REDACTED]
Nearest Postal Address

APPLETON

City or Town

WISCONSIN

State or County

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

Hours

4 Minutes

APPROX. Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined?

TIMED BY WATCH

5.2 Was object in sight continuously?

Yes X

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

send one of his brothers a
witness 117

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- ☒ a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- ☒ b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- ☒ c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- ☒ d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

BRIGHTER THAN MOON

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

c. Other _____

13. Did the object:

(Circle One for each question)

- a. Appear to stand still at any time?
- b. Suddenly speed up and rush away at any time?
- c. Break up into parts or explode?
- d. Give off smoke?
- e. Change brightness?
- f. Change shape?
- g. Flash or flicker?
- h. Disappear and reappear?

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

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

DISAPPEARED OVER THE HORIZON

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: MOVED BEHIND TREES AND HOUSES

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 HUM

b. Color JUST RED

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? TOTAL

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. JUST A BRIGHT

LIGHT

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? 10 MPH

21. Do you think you can estimate how far away from you the object was?

(Circle One)

☒ Yes

No

IF you answered YES, then how far away would you say it was? APPROX. 1 MILE

22. Where were you located when you saw the object?

(Circle One):

- ☒ a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other _____

23. Were you (Circle One)

- a. In the business section of a city?
- ☒ b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- | | | | |
|--------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

Yes

No

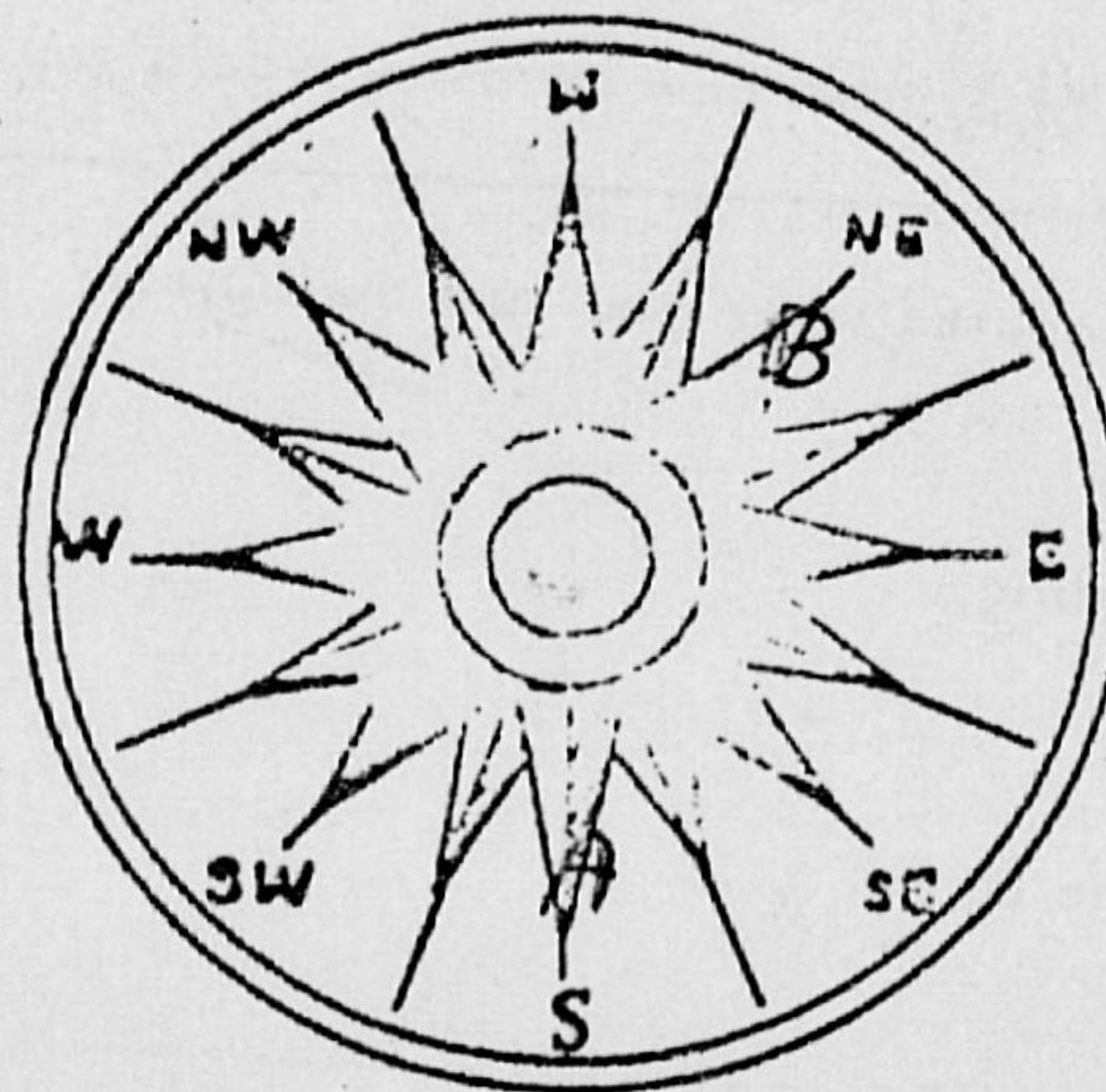
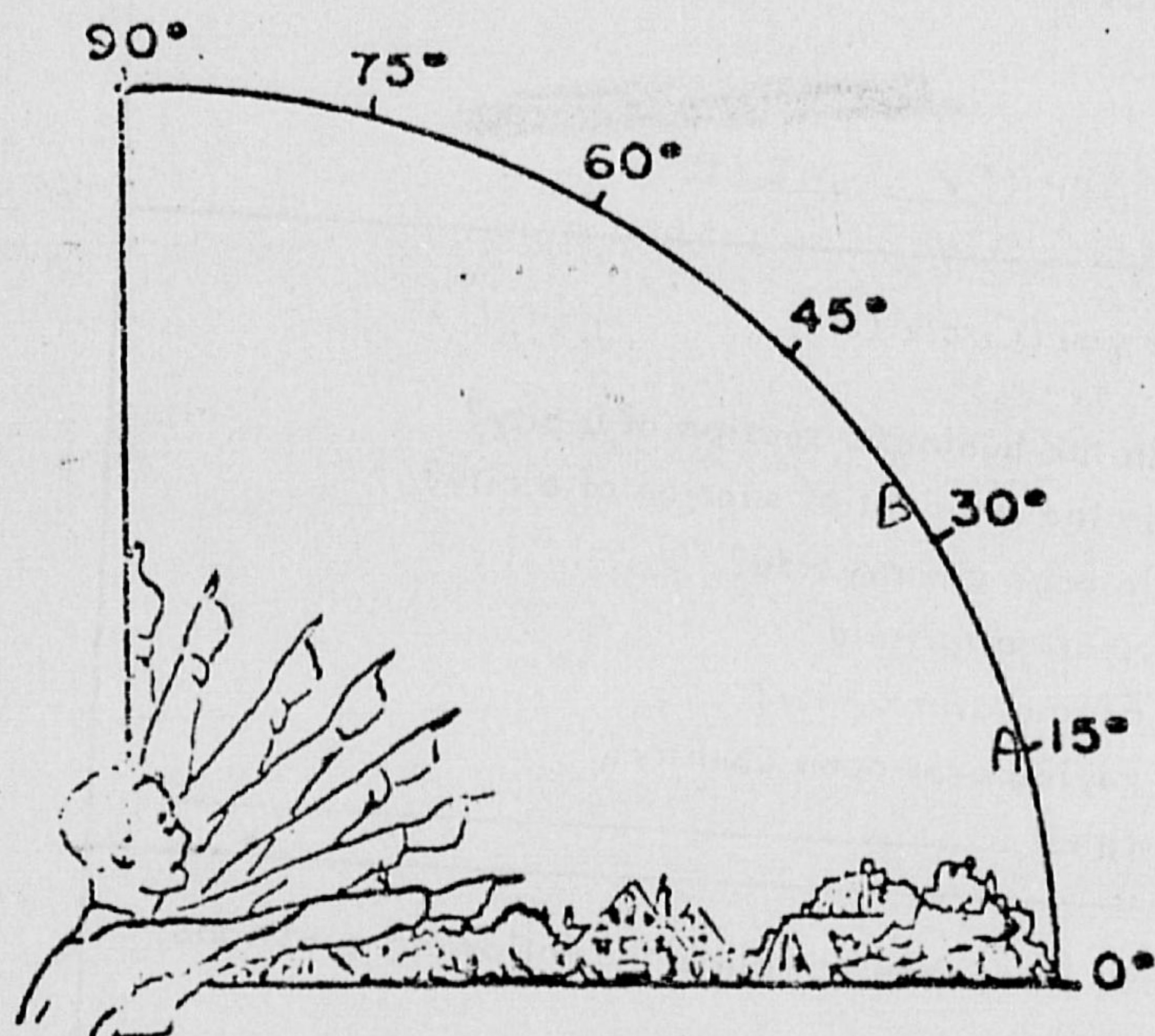
25. Did you observe the object through any of the following?

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

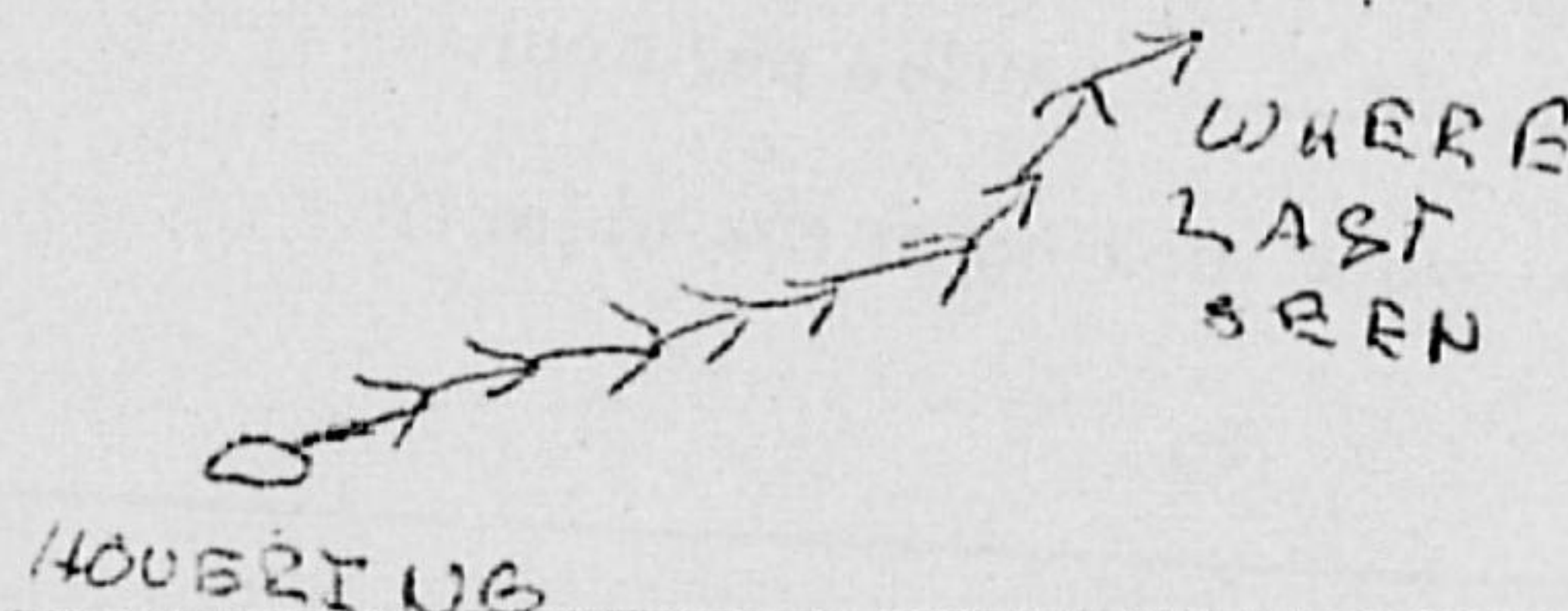
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

BRIGHT LIGHT

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.

No

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

Yes

No

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

Yes

No

31.2 Please list their names and addresses:

32. Please give the following information about yourself:

NAME _____

Last Name

First Name

Middle Name

ADDRESSES

Street

City

Zone

State

TELEPHONE NUMBER

AGE

13

SEX

MASE

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

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

Day

Month

Year

34. Date you completed this questionnaire:

4

FEB

1968

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.

We were told that Saturn will be visible in the Evening Sky and we were watching for the Bright light to appear. When the Bright light Did appear in the southern sky we assumed it was Saturn. However it seemed to rise straight up and hover momentarily then move off in a North Easterly direction losing ~~Brightness~~ Brilliance as it traveled. We lost sight of it as it gained distance.

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



MAR 13 1968

REPLY TO
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation, 4 Feb 1968

TO:

Manitowoc, Wisconsin 54220

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 4 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.

Hector Quintanilla Jr.
HECTOR QUINTANILLA, Jr., Major, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division

1 Atch
AF Form 117 w/envelope

FTD (TD-PT/UFO)
WRIGHT-PATTERSON AFB, OHIO 45433

POSTAGE AND FEES PAID

UNITED STATES AIR FORCE
OFFICIAL BUSINESS

FIRST CLASS

RETURNED
TO
WRITER

REASON CHECKED
Unclaimed
Addressee unknown
Insufficient Address
No such street
No such office in state
Do not re-mail in this envelope

Manitowoc, Wisconsin 54220

- ☐ Moved, left no address
☐ No such number
☐ Moved, not forwardable
☒ Addressee unknown

FTD JUL 61 383

This form supersedes ATIC Form Nr. 333, dated Dec 60, which is obsolete.

Returned
21 Nov
68

RTW N

4 Feb 68

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



REPLY TO
ATTN OF:

TDPT/UFO

MAR 13 1968


SUBJECT:

UFO Observation, 4 Feb 1968

TO:

[REDACTED]
Appleton, Wisconsin 54911

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