

PROJECT 10073 RECORD

1. DATE - TIME GROUP 5 Feb 68 0505Z	2. LOCATION Maysville, Kentucky
3. SOURCE Civilian	10. CONCLUSION Probable Astro: ARCTURUS ✓ <i>just</i>
4. NUMBER OF OBJECTS 1	
5. LENGTH OF OBSERVATION 30 minutes	11. BRIEF SUMMARY AND ANALYSIS The observer sighted an object that was a little bigger than the north star, brighter also. It seemed to change colors, blue, red and green. The object was at an elevation of about 30 degrees and was in the ENE.
6. TYPE OF OBSERVATION Ground Visual	
7. COURSE Stationary	COMMENTS: At the beginning of the sighting Arcturus was at an elevation of about 25 degees and azimuth of 84 degrees.
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MULTIPLE

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, 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 5 MONTH 2 YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 2400 MINUTES 05 ☒ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 2700 MINUTES 30 ☒ A.M. ☐ P.M.

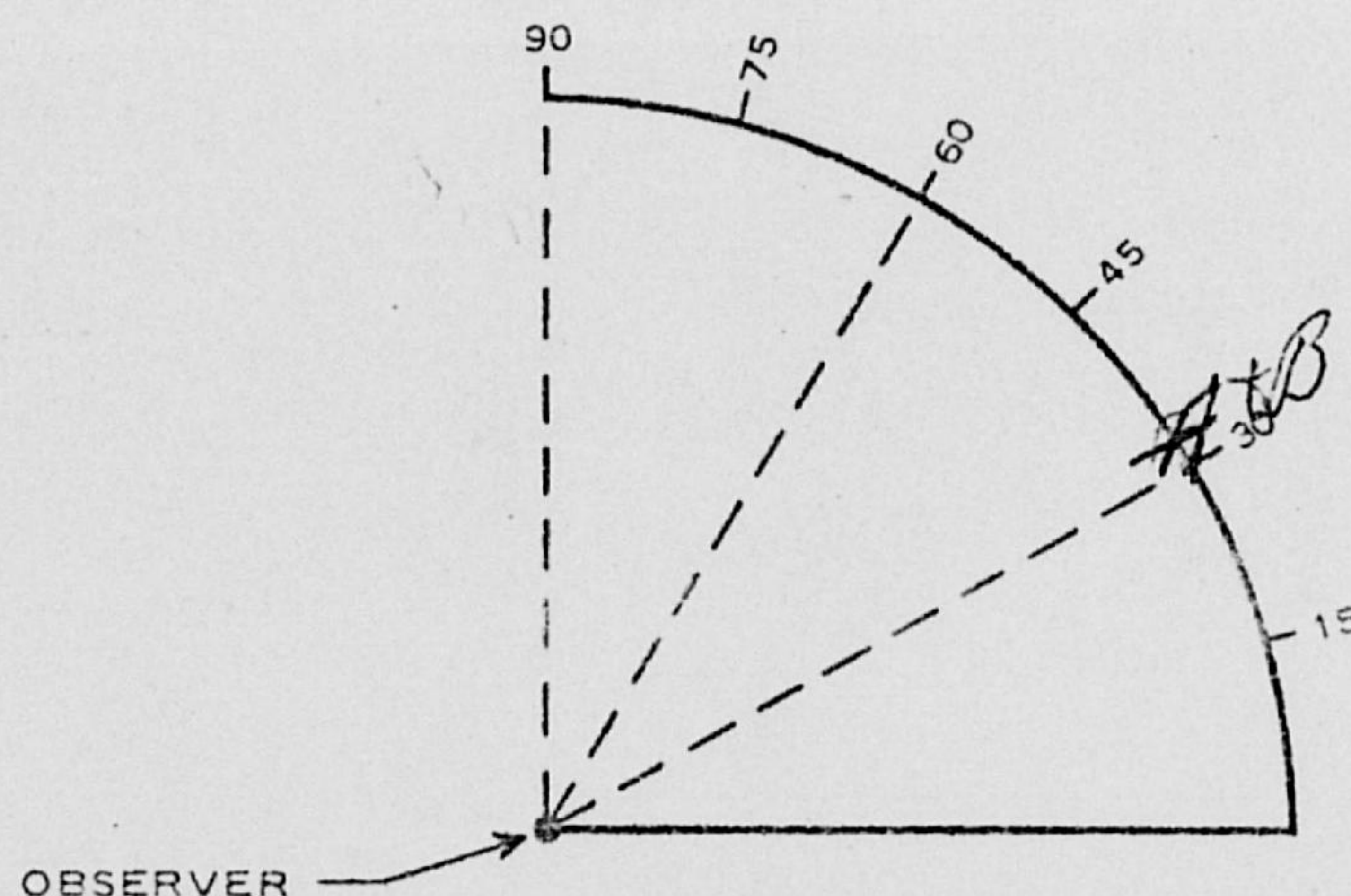
4. TIME / ZONE

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

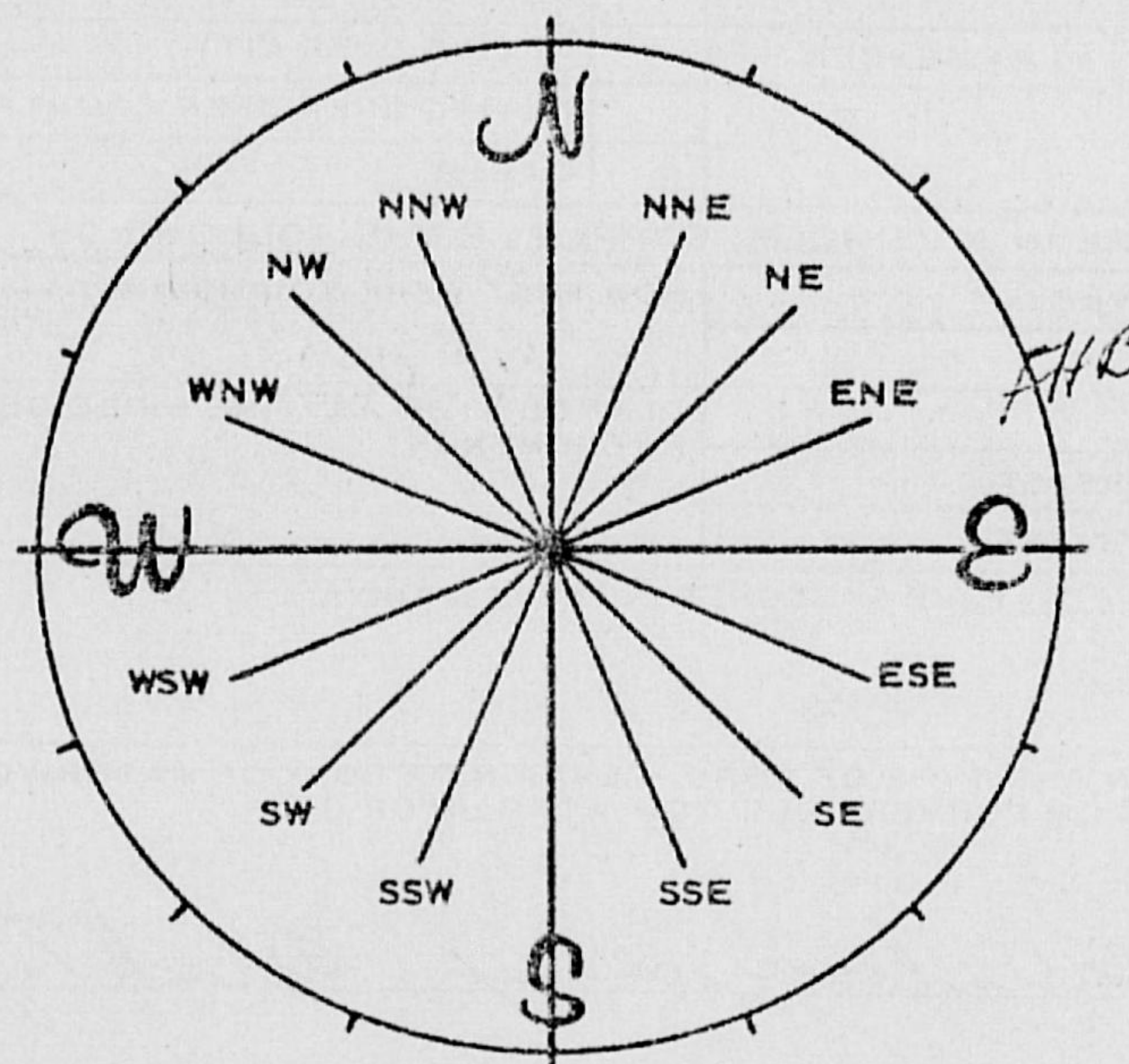
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE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

Southwest city limits of Maysville Ky US 68 on top of the hill.

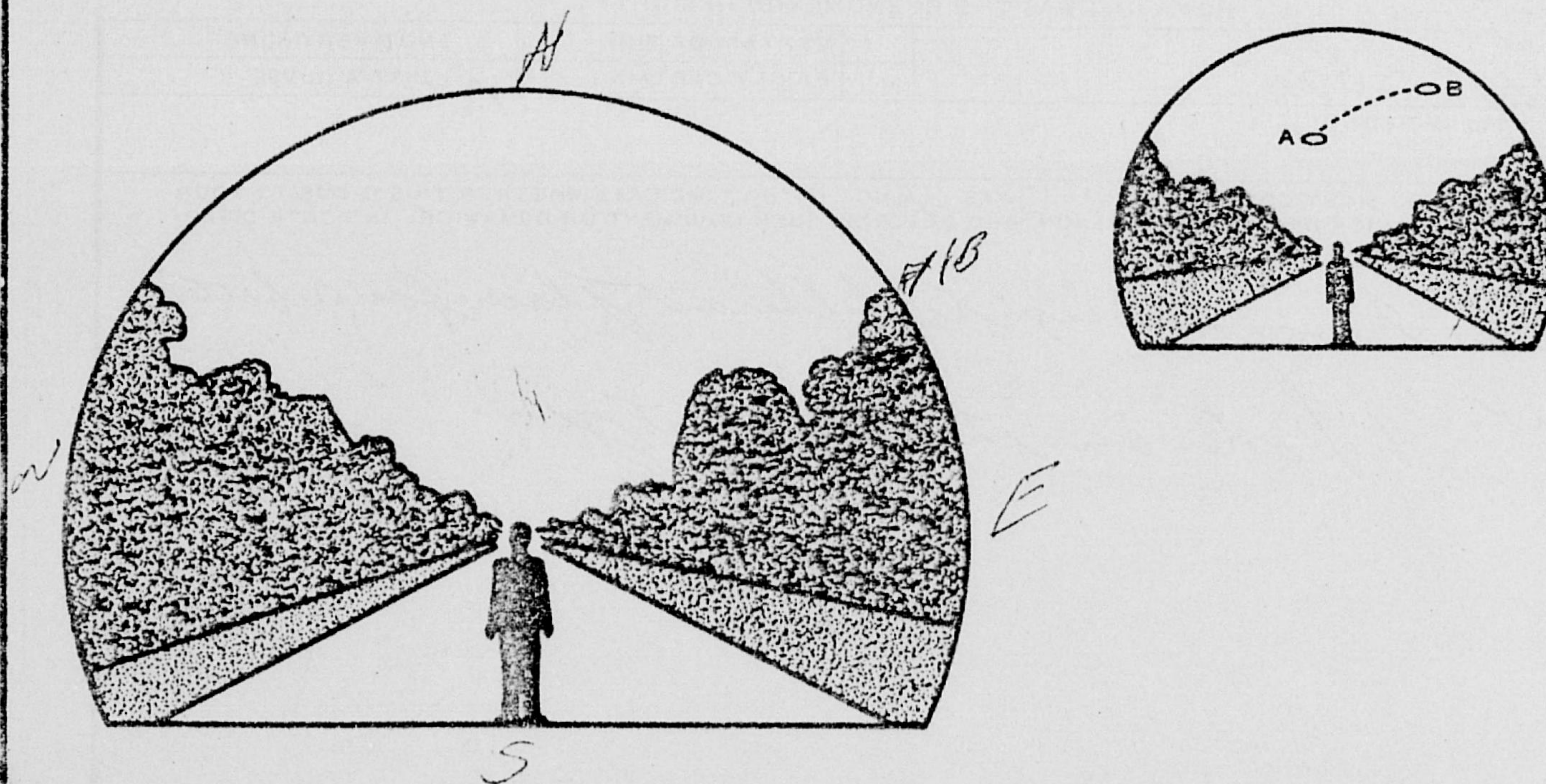
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



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	<input checked="" type="checkbox"/> IN BUSINESS SECTION OF CITY		
<input type="checkbox"/> IN BUILDING	<input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY		
<input checked="" type="checkbox"/> IN CAR <input checked="" type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER	<input type="checkbox"/> IN OPEN COUNTRYSIDE		
<input type="checkbox"/> IN BOAT	<input type="checkbox"/> NEAR AIRFIELD		
<input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER	<input type="checkbox"/> FLYING OVER CITY		
<input type="checkbox"/> OTHER	<input type="checkbox"/> FLYING OVER OPEN COUNTRY		
	<input type="checkbox"/> OTHER		
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
<input checked="" type="checkbox"/> NORTH	<input type="checkbox"/> EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> SOUTH	<input type="checkbox"/> WEST		
<input type="checkbox"/> NORTHEAST	<input type="checkbox"/> SOUTHEAST		
<input type="checkbox"/> NORTHWEST	<input type="checkbox"/> 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.			
<i>Police Car. All Windows were up. Black Top road.</i>			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input 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	<input type="checkbox"/> CERTAIN OF TIME	<input type="checkbox"/> NOT VERY SURE	
<i>App 30 Min.</i>	<input type="checkbox"/> FAIRLY CERTAIN	<input checked="" type="checkbox"/> JUST A GUESS	
HOW WAS TIME DETERMINED?			
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.			
<i>Became I was moving to different place for a better view. & Later on it was just gone</i>			

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?

I saw only one.

But one other man as ~~was~~ said he saw two

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
<input type="checkbox"/> DAY	<input type="checkbox"/>	<input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)	<input type="checkbox"/> FOG OR MIST
<input type="checkbox"/> TWILIGHT	<input type="checkbox"/>	<input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone)	<input type="checkbox"/> HEAVY RAIN
<input checked="" type="checkbox"/> NIGHT	<input type="checkbox"/>	<input type="checkbox"/> NIMBUS CLOUDS (Rain)	<input type="checkbox"/> LIGHT RAIN OR DRIZZLE
<input checked="" type="checkbox"/> CLEAR	<input type="checkbox"/>	<input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> HAIL
<input type="checkbox"/> PARTLY CLOUDY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SNOW OR SLEET
<input type="checkbox"/> COMPLETELY OVERCAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HAZE OR SMOG	<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 type="checkbox"/> A FEW	<input type="checkbox"/> MOON WITH HALO
<input checked="" type="checkbox"/> MANY	<input checked="" type="checkbox"/> NO MOONLIGHT
<input type="checkbox"/> UNKNOWN	<input 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.

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.

I seemed to be a little bigger than the north star & brighter. it seemed to be solid & the edges were sharp. it seemed to change in color light to blue red & blue. when got real bright.

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

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

Phone call to station while on patrol

A. HOW DID IT FINALLY DISAPPEAR?

I don't know.

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.

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.

N

SEEMED TO
STAND STILL

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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.

Some what larger than the north star, & Brighter

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.			
EYEGLASSES		CAMERA VIEWER	
SUNGLASSES		BINOCULARS	<i>NIGHT LENS & PLAIN</i>
<i>X</i> 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 <i>STOPPED</i>		19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <i>700 miles</i>	
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><i>Larger than north star, Brighter & it changed colors</i> <i>Red blue & Green & white</i></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.

27. 1-68 South City Limits of Maysville Ky. #11

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

Act. [REDACTED] Maysville Ky
 [REDACTED]
 [REDACTED]

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

BLUE RUN ROAD

TELEPHONE (Area code and number)

AGE

37

☒

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?

NAME MAYSVILLE POLICE STATION DAY 5 MONTH 2 YEAR 68

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 18 MONTH 2 YEAR 68

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?

DAY 5 MONTH FEB YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 2400 MINUTES Midnight of 4 FEB 68 ☐ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

Still in sightHOUR _____ MINUTES _____ ☐ A.M. ☐ P.M.

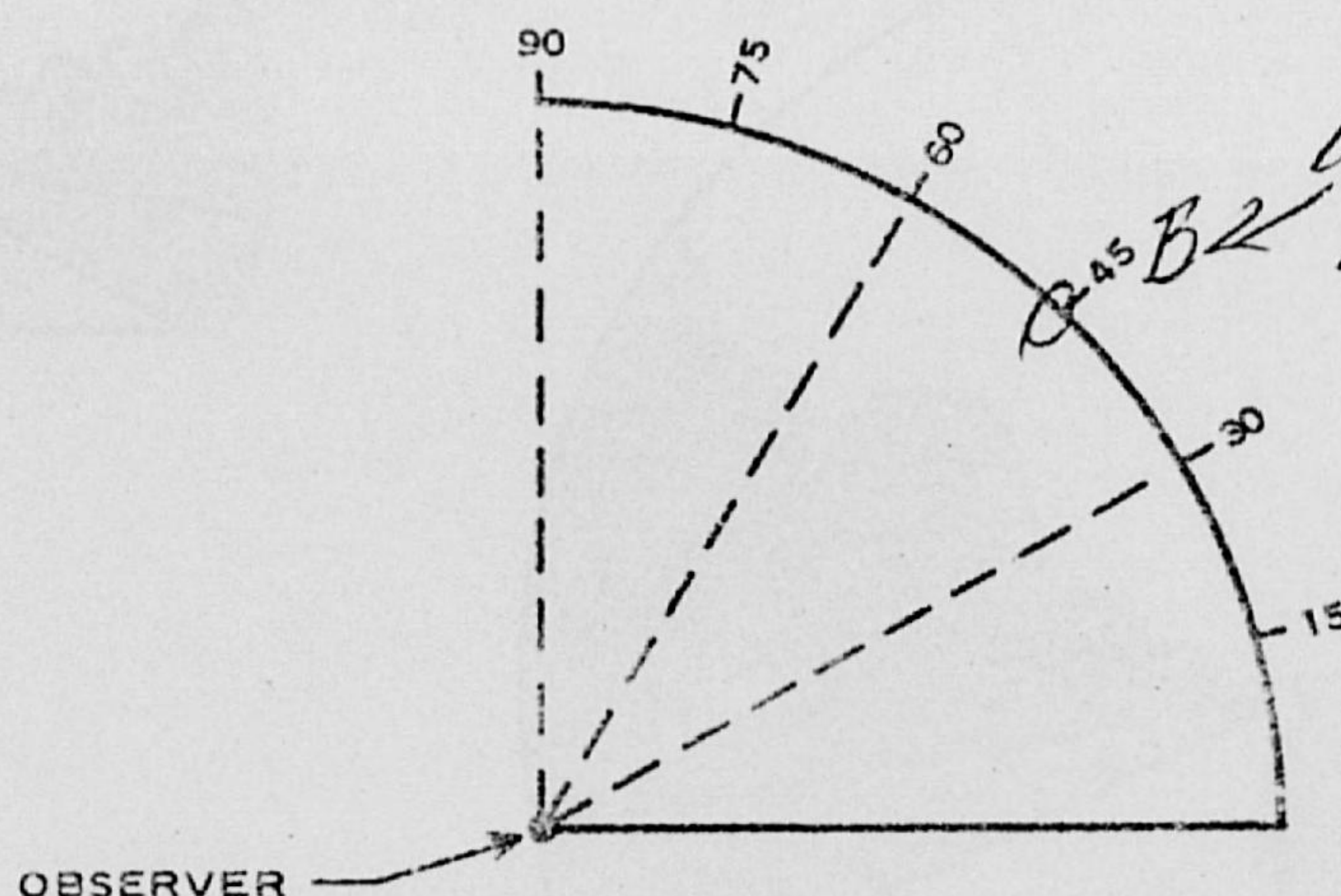
4. TIME/ZONE

☐ 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.

top of US 68 Maysville, KY.

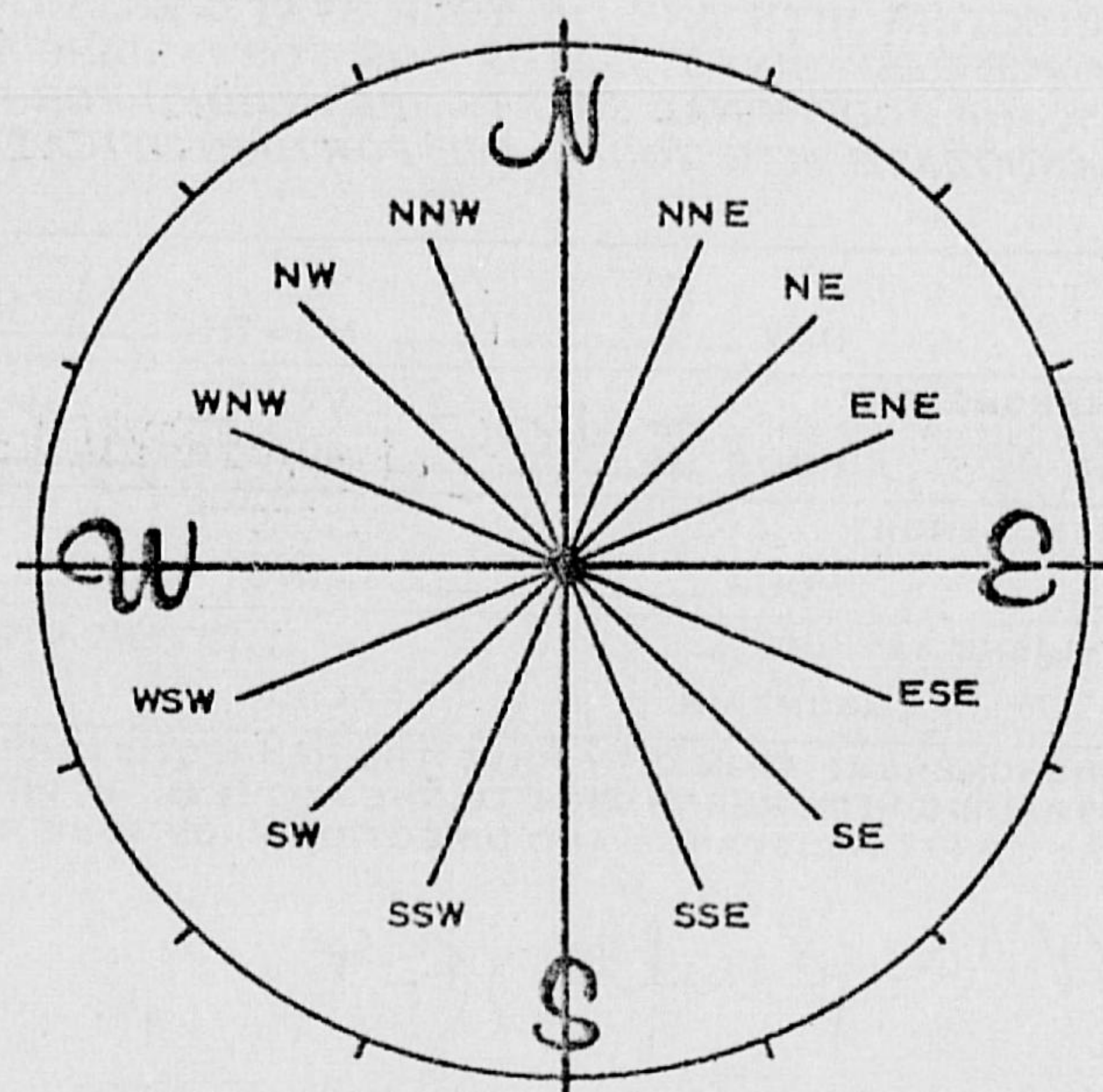
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



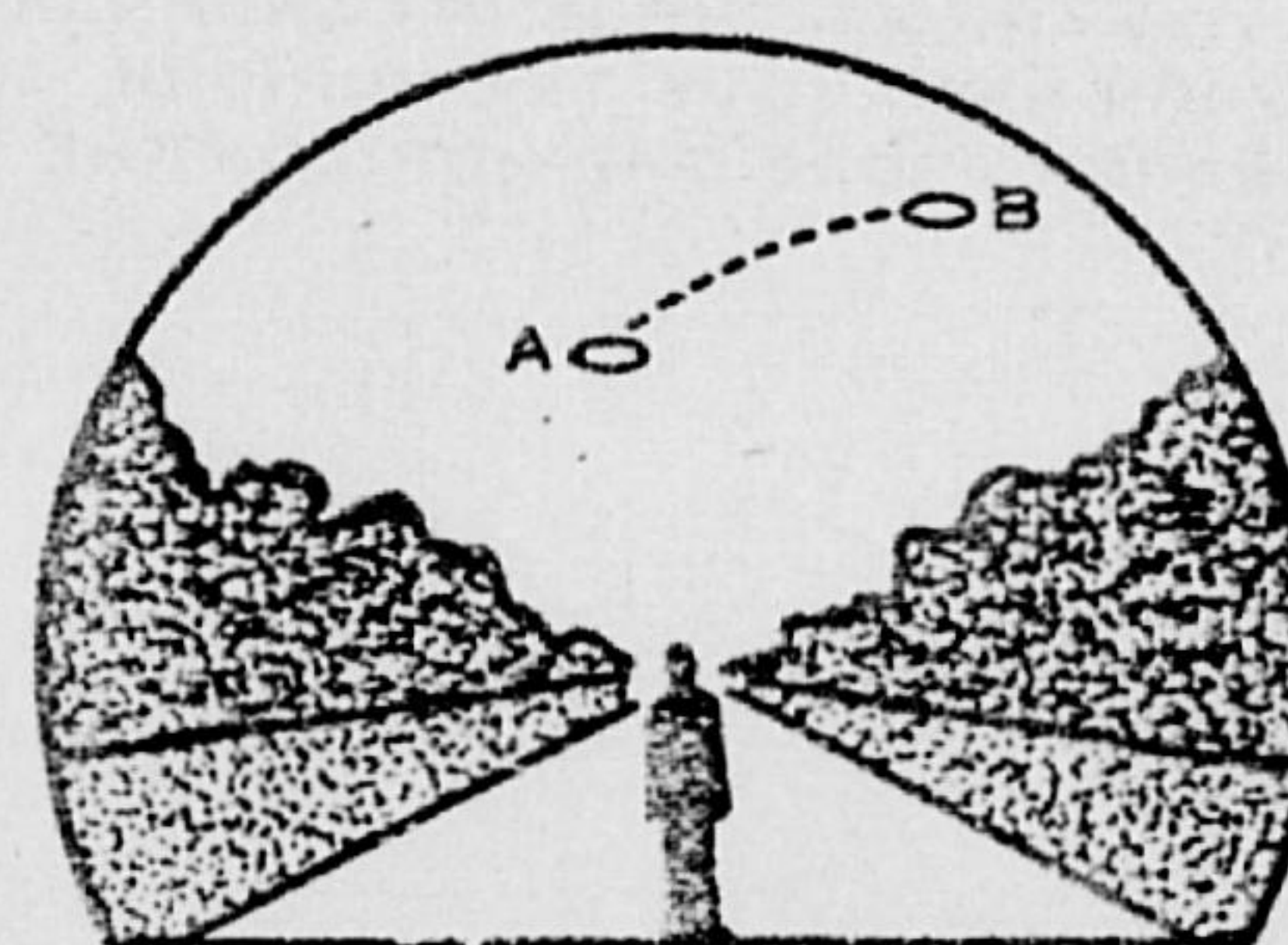
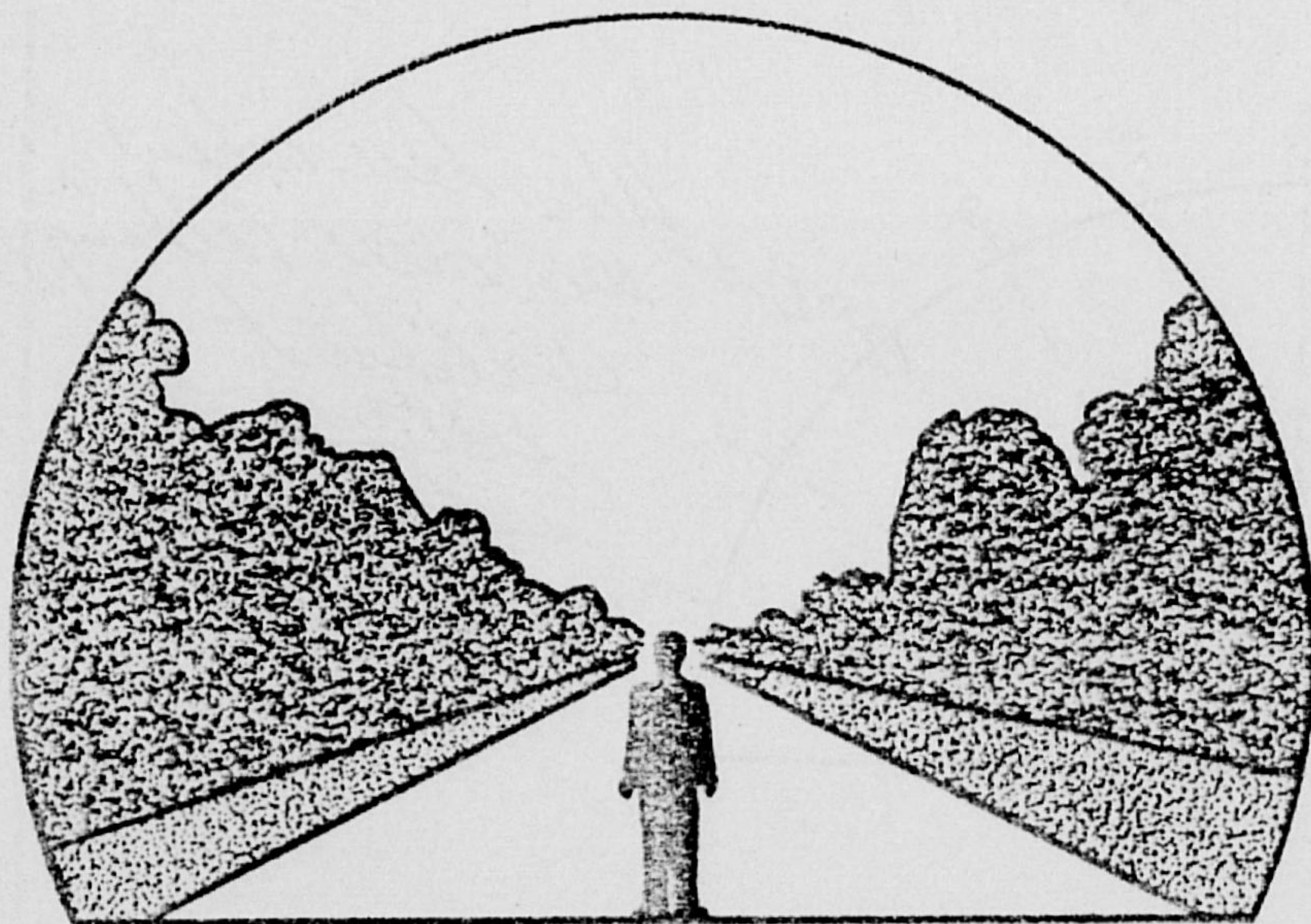
Was here when we were talking. Couldn't estimate where it was when 1st sighted.

Sent a 117 to the observer and only one or poss. 2 witnesses

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: <i>N/A</i>			
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 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			NOT VERY SURE
<i>30 MIN STILL IN SIGHT</i>	<input checked="" type="checkbox"/>	CERTAIN OF TIME	JUST A GUESS
HOW WAS TIME DETERMINED?			
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.			
<i>1st one stayed in sight</i> <i>2nd vanished</i>			

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?

two object. moved together
then 2nd one vanished.

11.

CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
DAY		CUMULUS CLOUDS (Low fluffy)	FOG OR MIST
TWILIGHT		CIRRUS CLOUDS (High fleecy or Herring-bone)	HEAVY RAIN
NIGHT		NIMBUS CLOUDS (Rain)	LIGHT RAIN OR DRIZZLE
<input checked="" type="checkbox"/> CLEAR		CUMULONIMBUS CLOUDS (Thunderstorms)	HAIL
PARTLY CLOUDY		HAZE OR SMOG	SNOW OR SLEET
COMPLETELY OVERCAST			UNKNOWN
			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	<input checked="" type="checkbox"/> BRIGHT MOONLIGHT
A FEW	MOON WITH HALO
<input checked="" type="checkbox"/> MANY	MOON HIDDEN BY CLOUDS
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?

N/A

IN FRONT OF YOU	TO YOUR RIGHT	OVERHEAD (Near noon)
IN BACK OF YOU	TO YOUR LEFT	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.

1st light in 1/4 mile

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.

Was up high, red, green & white lights.
It was up too high to tell much
about it. It was round in
shape.

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
MOVE IN A STRAIGHT LINE?		<input checked="" type="checkbox"/>		
STAND STILL AT ANYTIME?	at times	<input checked="" type="checkbox"/>		
SUDDENLY SPEED UP AND RUN AWAY?		<input checked="" type="checkbox"/>		
BREAK UP IN PARTS AND EXPLODE?			<input checked="" type="checkbox"/>	
CHANGE COLOR?	red, green, & white	<input checked="" type="checkbox"/>		
GIVE OFF SMOKE?			<input checked="" type="checkbox"/>	
CHANGE BRIGHTNESS?		<input checked="" type="checkbox"/>		
CHANGE SHAPE?			<input checked="" type="checkbox"/>	
FLASH OR FLICKER?	flashing	<input checked="" type="checkbox"/>		
DISAPPEAR AND REAPPEAR?	2nd one disappeared			
SPIN LIKE A TOP?	couldn't tell			
MAKE A NOISE?			<input checked="" type="checkbox"/>	
FLUTTER OR WOBBLE?	can't tell			

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

Phone call to investigate the object.

A. HOW DID IT FINALLY DISAPPEAR?

Only one vanished. I moved along with the 1st one and then drew near it and then vanished.

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.

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.

No wings, protrusions, etc could be seen. It was round.

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.

$\frac{1}{2}$ hid by match head.

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	<input checked="" type="checkbox"/>	BINOCULARS 750
WINDSHIELD		TELESCOPE
SIDE WINDOW OF VEHICLE		THEODOLITE
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 *Can't tell. Standing still at present*

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE *700 to 800 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.

No resemblance.

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.

5 Feb 68

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] Maysville, KY.
[REDACTED] " "
[REDACTED] " "

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

[REDACTED]

ADDRESS (City, State and Zip Code)

[REDACTED]

TELEPHONE (Area Code)

[REDACTED]

AGE

20

☒ MALE

☐ FEMALE

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

Dispatcher for Maysville Police Dept

OTHERS WHO SAW IT

[REDACTED]
[REDACTED] " "

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

NAME LT CONNOR FTD-AD DAY 5 MONTH FEB YEAR 68

25. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 5 MONTH FEB YEAR 68

5 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)

7 FEB 1968

SUBJECT: UFO Observation 5 February 1968

TO:

~~████████████████████~~
~~████████████████████~~
Maysville, Kentucky 41056

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 5 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.

①
RECTOR QUINTANILLA, Jr, Major, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

~~████████████████████~~ Also 27 Jan 68 sighting

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



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ATTN OF: TDPT (UFO)

7 FEB 1968

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Aerospace Technologies Division
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Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

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7 FEB 1968

TO:

RECTOR QUINTANILLA, Jr, Major, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
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