

## PROJECT 10073 RECORD

1. DATE - TIME GROUP <u>28 Mar 68 30/0115Z</u>	2. LOCATION <u>Richmond, Indiana (2 Witnesses)</u>
3. SOURCE <u>Civilian</u>	10. CONCLUSION <u>INSUFFICIENT DATA FOR EVALUATION</u>
4. NUMBER OF OBJECTS <u>One</u>	11. BRIEF SUMMARY AND ANALYSIS  <u>SEE CASE</u>
5. LENGTH OF OBSERVATION <u>Not Reported</u>	COMMENTS: Observer gave a very sketchy description of a UFO sighting to the duty officer. Both the observer and the witness were sent Form 117's. Neither has returned a completed form as of 28 May 68
6. TYPE OF OBSERVATION <u>Ground-Visual</u>	
7. COURSE <u>Not Reported</u>	
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 61 0-329 (TDE) Previous editions of this form may be used.

29 March 68

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



REPLY TO  
ATTN OF: TDPT (UFO)

24 APR 1968

SUBJECT: UFO Observation, 29 March 1968

TO: [REDACTED]

Eaton, Ohio 45320

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 29 March 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.

*RE*  
ESTOR QUINTANILLA, Jr, Major, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

1 Atch  
AF Form 117 w/envelope

29 Mar 68

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



REPLY TO  
ATTN OF:

TDPT (UFO)

24 APR 1968

SUBJECT: UFO Observation, 29 March 1968

TO:

[REDACTED]  
Richmond, Indiana 47374

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 29 March 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

Duty off K24

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?

29 MAR 68

Day

Month

Year

2. Time of day:

20

Hour

15 ~~to~~

Minutes

20

23

(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?

Nearest Postal Address

Richmond

END.

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

Hours

20

Minutes

0

Seconds

a. Certain

c. Not very sure

~~b. Fairly certain~~

d. Just a guess

5.1 How was time in sight determined? \_\_\_\_\_

5.2 Was object in sight continuously? Yes \_\_\_\_\_ No \_\_\_\_\_

6. What was the condition of the sky?

DAY

a. Bright  
b. Cloudy

NIGHT

a. Bright  
~~b. Cloudy~~

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One):  
a. In front of you  
b. In back of you  
c. To your right

d. To your left  
e. Overhead  
f. Don't remember

Sent at 7

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

WHITE

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:

12. The edges of the object were:

(Circle One):

- a. Fuzzy or blurred
- b. Like a bright star
- c. Sharply outlined
- d. Don't remember

- e. Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

13. Did the object:

(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?

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

NO

15. Did the object move behind something at any time, particularly a cloud?

(Circle One):  Yes  No  Don't Know. IF you answered YES, then tell what it moved behind:

BEHIND TREES

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 it moved in front of:

17. Tell in a few words the following things about the object:

a. Sound NO SOUND

b. Color RED - GREEN - BLUE

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

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

(Circle One) Yes No

IF you answered YES, then what speed would you estimate? \_\_\_\_\_

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

(Circle One) Yes No

2000-3000

IF you answered YES, then how far away would you say it was? ~~2000 ft~~

22. Where were you located when you saw the object?  
(Circle One):

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

23. Were you (Circle One)

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

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

24.1 What direction were you moving? (Circle One)

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

45-35

24.2 How fast were you moving? 40 miles per hour.

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

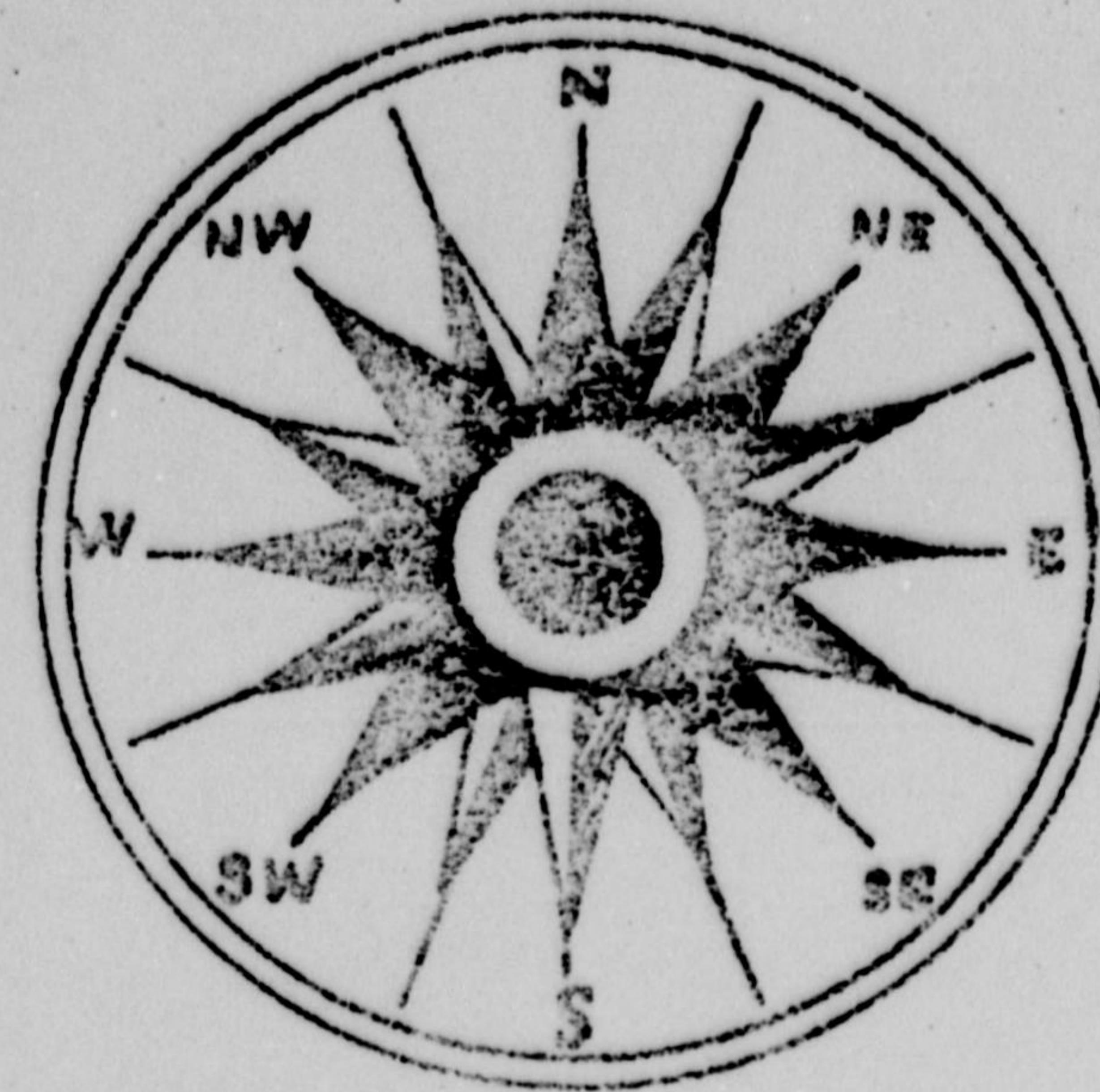
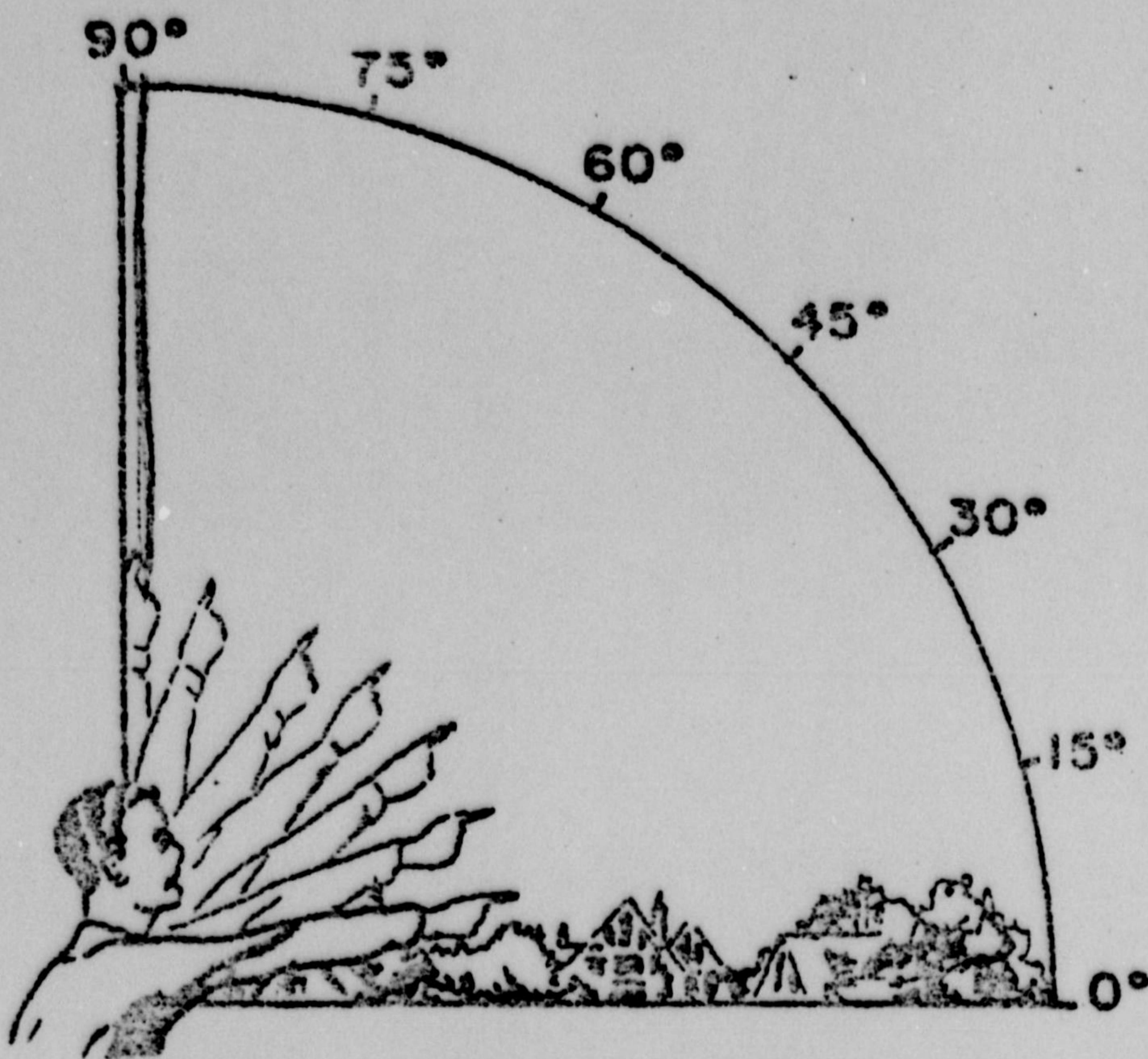
(Circle One) Yes No

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	Yes	No
c. Windshield	Yes	No	g. Theodolite	Yes	No
d. Window glass	Yes	No	h. Other	_____	_____

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

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it. Place an "A" on the compass when you first saw it. Place a "B" on the compass where you last saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

29. IF there was MORE THAN ONE object, then how many were there? 1000

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

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

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:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

32. Please give the following information about yourself:

NAME	First Name	Middle Name	
[REDACTED]	[REDACTED]	[REDACTED]	
ADDRESS	City	Zone	State
[REDACTED]	EATON	45320	OH, 0
TELEPHONE NUMBER	AGE	SEX	
[REDACTED]	20	F	

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?

29 17 APR 68  
Day Month Year

34. Date you completed this questionnaire:

29 APR 68

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.