

PROJECT 1073 RECORD

1. DATE - TIME GROUP 9 Apr 68 10/0340Z	2. LOCATION Dayton, Ohio (3 Witnesses)
3. SOURCE Civilian	10. CONCLUSION Astro (STAR/PLANET)
4. NUMBER OF OBJECTS One	Additional information requested but has not been received as of 28 May 68.
5. LENGTH OF OBSERVATION See Case	11. BRIEF SUMMARY AND ANALYSIS Observer reported seeing a stationary white light in the SW to the duty officer. At the time of the call the observer had been watching the light for 10 minutes.
6. TYPE OF OBSERVATION Ground-Visual	NOTE: The duty officer overheard the witnesses discussing the UFO in the background. Both witnesses thought it was a star.
7. COURSE Stationary	
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
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF:

TDPT (UFO)

9 April 68
24 APR 1968

SUBJECT: UFO Observation, 9 April 1968

TO:

[REDACTED]
Dayton, Ohio 45403

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 9 April 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.

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

1 Atch
AF Form 117 w/envelope

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



REPLY TO
ATTN OF: TDPT (UFO)

9 April 1968
24 APR 1968

SUBJECT: UFO Observation 9 April 1968

TO:

[REDACTED]
Dayton, Ohio 45432

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 ^{9 April 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.

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

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

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?

9 Apr 1968

Day

Month

Year

2. Time of day:

11 40

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?

AIRPORT

Nearest Postal Address

Dayton

City or Town

OHIO

State or County

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

10 min still in sight

Hours

Minutes

Seconds

c. 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

VERY

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

END 112

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

DIM P

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 AN AIRPLANE LIGHT

12. The edges of the object were:

(Circle One): a. Fuzzy or blurred BRIGHT e. Other _____

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

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

14. Did the object disappear while you were watching it? If so, how? *GETS DIM THEN
LARGER*

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: *CLOUD*

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:

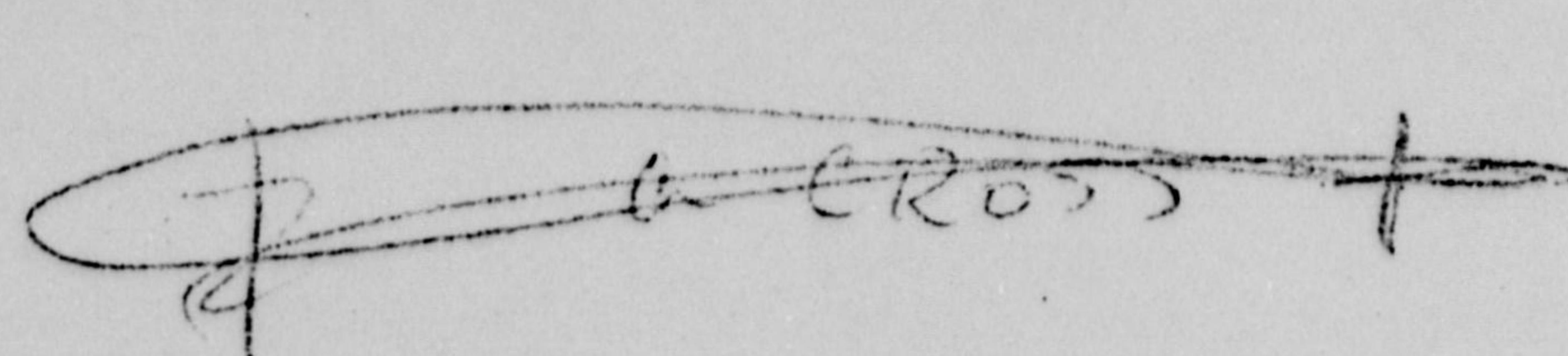
17. Tell in a few words the following things about the object:

a. Sound *no*

b. Color *WHITE LIGHT*

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? *ALL*

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.

Don't Know


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

IF you answered YES, then how far away would you say it was? D _____

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

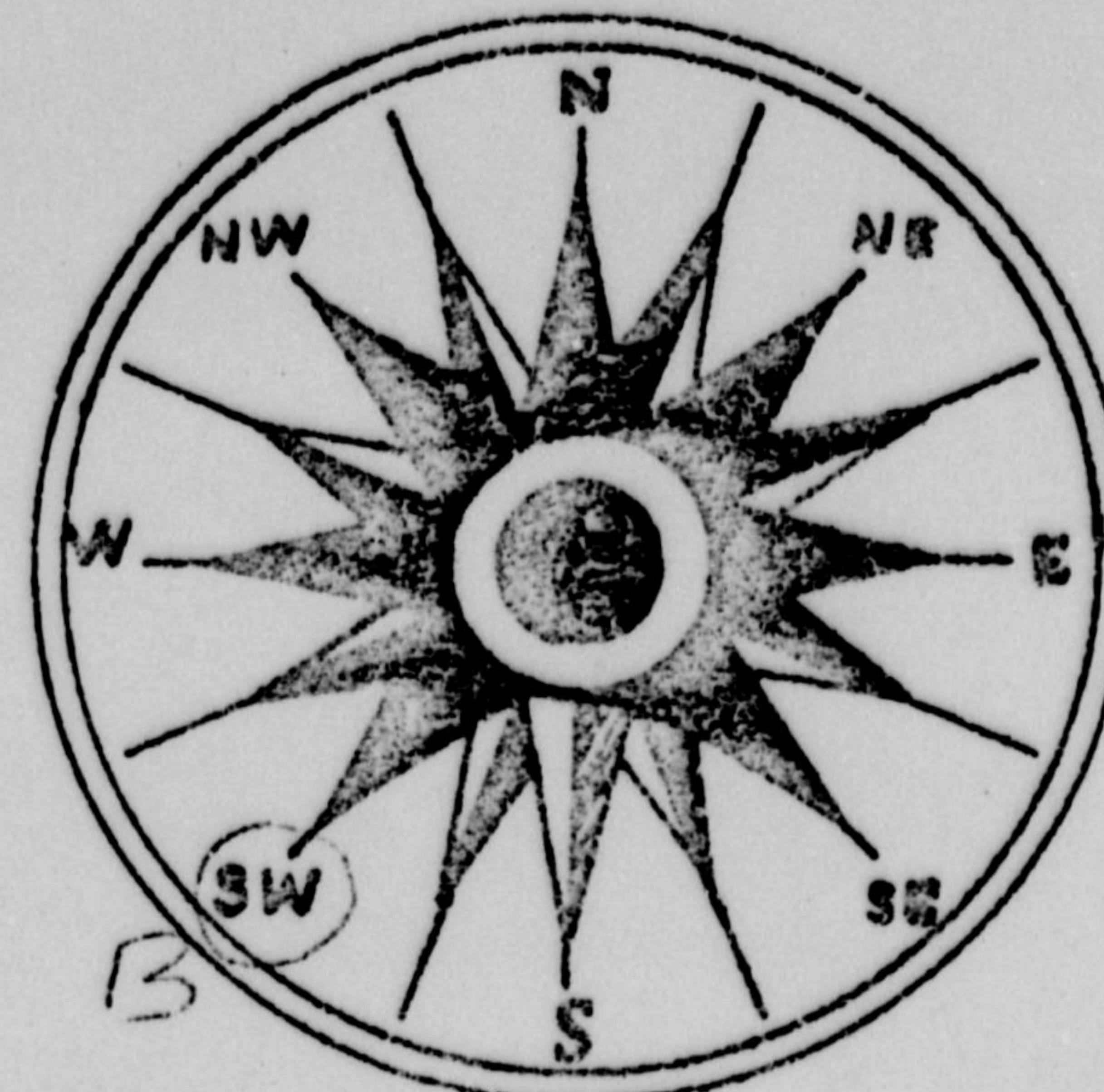
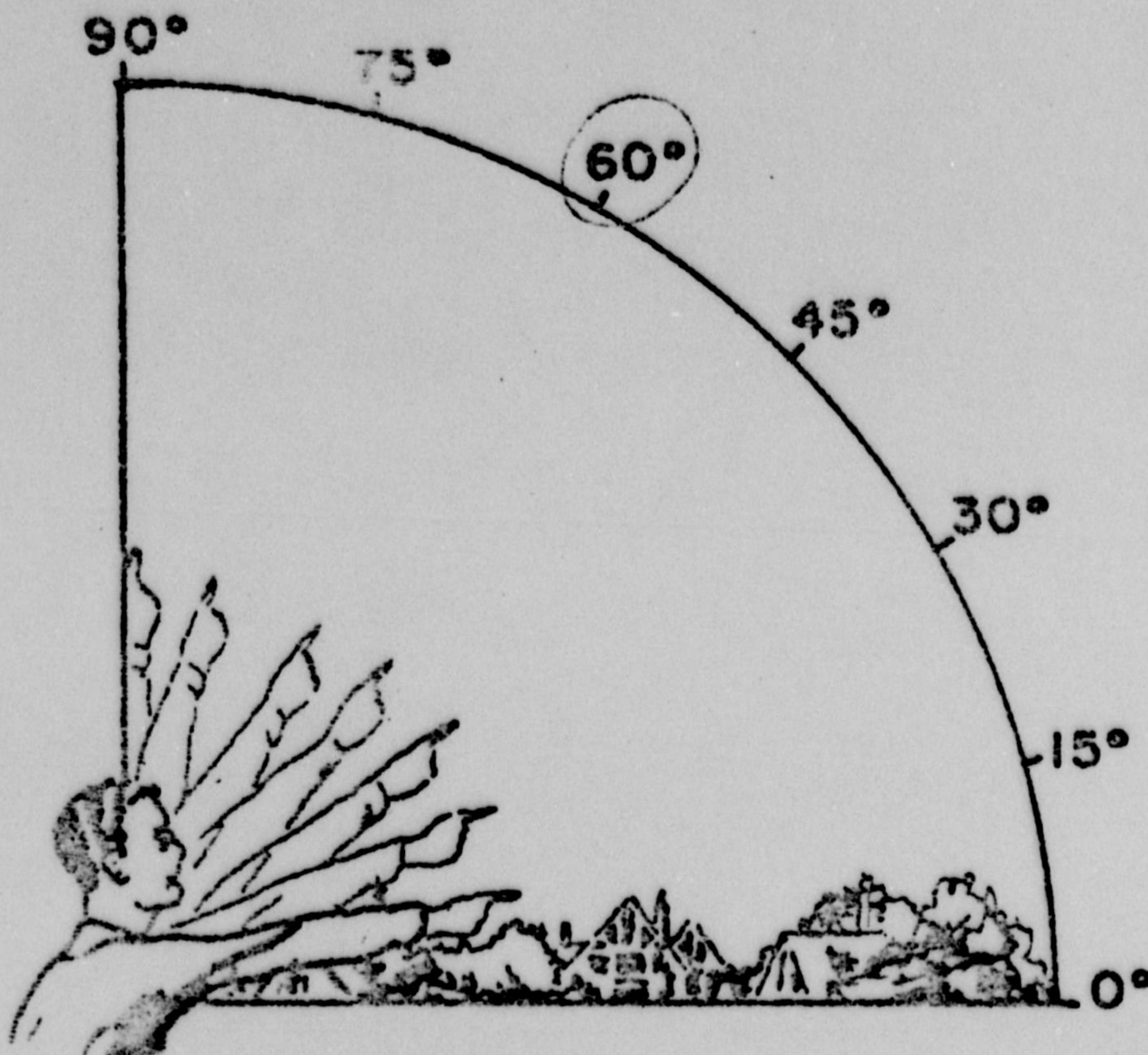
25. Did you observe the object through any of the following?

a. Eyeglasses	Yes	No	e. Binoculars	Yes	No
b. Sun glasses	Yes	No	f. Telescope	Yes	No
c. Windshield	Yes	No	g. Theodolite	Yes	No
d. Window glass	Yes	No	h. Other	<u>EYES</u>	

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.

Child's JACK, pickup

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.

A OBJECT STATIONARY CLOSE TO
moon.

29. IF there was MORE THAN ONE object, then how many were there? ONLY ONE OBJECT
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

9 April

Page 6

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

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:

[REDACTED]

DAYTON, OHIO

45403

[REDACTED]

DAYTON, OHIO

32. Please give the following information about yourself:

NAME _____
Last Name _____ First Name _____ Middle Name _____
ADDRESS _____
Street _____ City _____ Zone _____ State _____
TELEPHONE NUMBER _____
AGE _____ SEX _____

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

No - SAYS SHE IS NO
CRACK POT

33. When and to whom did you report that you had seen the object? SDC CT, MY RICK

9

APR

68

Day

Month

Year