

1. DATE 12/1/52	2. LOCATION Dayton, Ohio
3. TIME 10:00 PM	10. CONCLUSION Probable: AIRCRAFT
4. NUMBER OF OBJECTS 3	The observer was looking roughly toward W-P AFB. Three planes arrived at W-P at the approx time of the observation.
5. LENGTH OF OBSERVATION 3-5 minutes	11. BRIEF SUMMARY AND ANALYSIS
6. TYPE OF OBSERVATION Visual	The observer stated that she saw a very dark object that had red flashing lights and a curved top-like a giant turtle. When the observer first sighted the object it seemed to be hovering then it moved back or away and descended rapidly down. The object was seen north of the observers position in Dayton.
7. WEATHER Clear	
8. MOON None	
9. STARS None	
12. COMMENTS None	



MEMO FOR THE RECORD

23 July 1968

Subj: Aircraft arrivals at Wright-Patterson AFB on June 13 between 0415-0430Z

I called FAA on base. Miss Matti supplied the following information:

Southeast 0418Z

Cincinnati to Dayton on visual approach

East 0421Z

Columbus to Dayton

Back course approach

Patterson 0425Z

Direct flight from Cincinnati to Patterson IOF



# The Goodyear Tire & Rubber Company

Akron, Ohio 44316

July 17, 1968

Lt Col Hector Quintanilla  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate  
Wright-Patterson Air Force Base, Ohio 45433

Dear Colonel Quintanilla

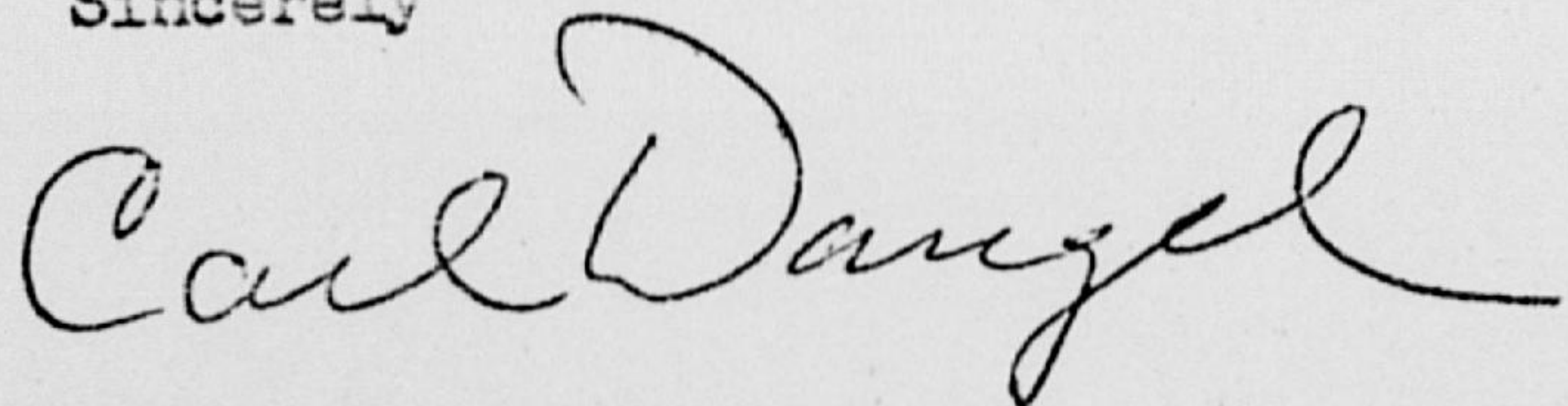
Thank you for your letter of July 10, inquiring about the whereabouts of our two Goodyear airships on June 13, 1968. Neither of our airships was in the area of Dayton, Ohio, on that date.

One was in San Antonio, Texas, while the other was in Rochester, N.Y.

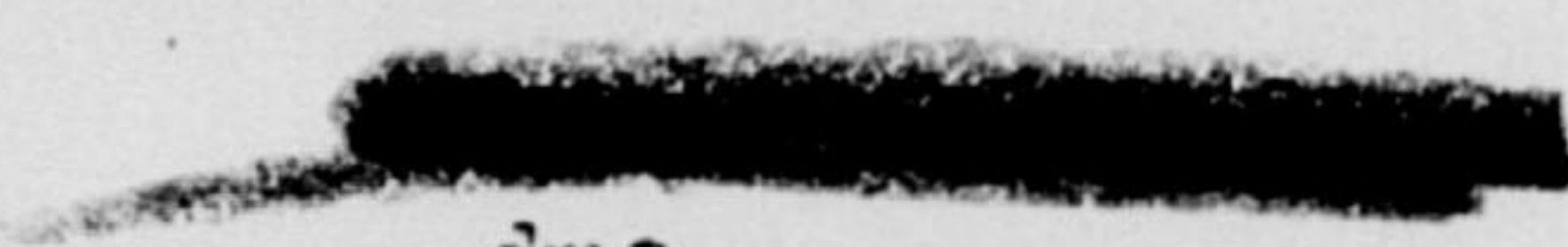
One of the blimps was in Dayton from approximately May 7 through May 15, but neither has been in that area since then.

It would appear, then, that we cannot be of assistance in helping you to clear up the matter of the sighting in question.

Sincerely



Community Relations



dmo



JUL 10 1968


13 June 68

TDPT(UFO) Lt Col Quintanilla/70916/mhs/10 Jul 68

UFO Observation, 13 June 1968

Goodyear Tire and Rubber Company  
Akron, Ohio 44316

1. The Aerial Phenomena Office is in receipt of an unidentified flying object (UFO) report from Dayton, Ohio, which occurred on 13 June 1968 between 0015 - 0030 hours, EDT.
2. The description of the UFO was similar to past descriptions of your blimp. If the blimp was operating in the Dayton area on the night of 12/13 June 1968, such information would be quite helpful to us.
3. Thank you for your continued assistance.

 HECTOR QUINTANILLA, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

TDPT(UFO) OFFICIAL FILE CY



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R239

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?

Between 12:15 AM - 12:30 AM DAY 13 MONTH 6 YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 12 MINUTES 15 to 30 ☒ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

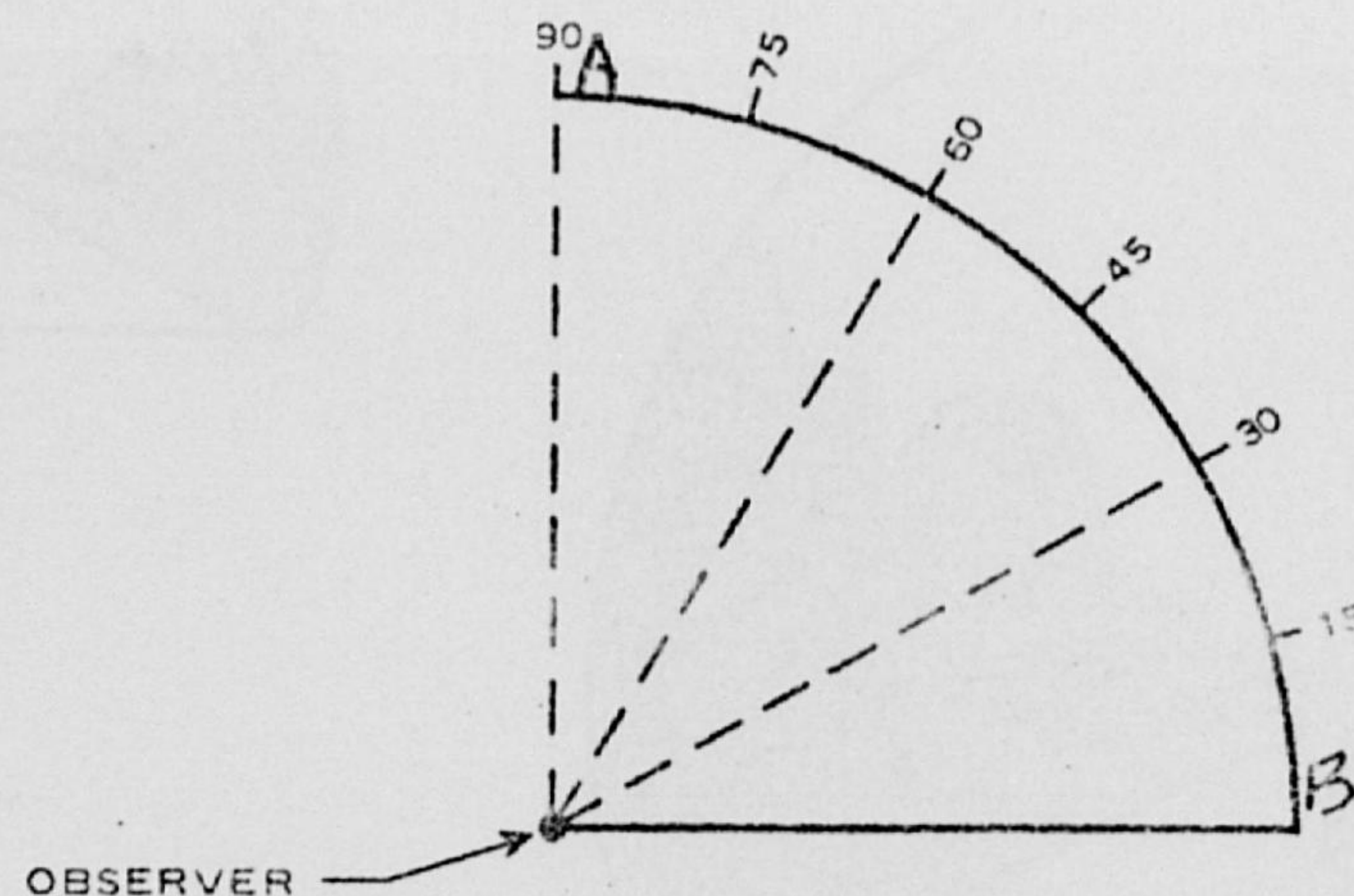
HOUR MINUTES ☐ A.M. ☐ P.M.

4. TIME/ZONE

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

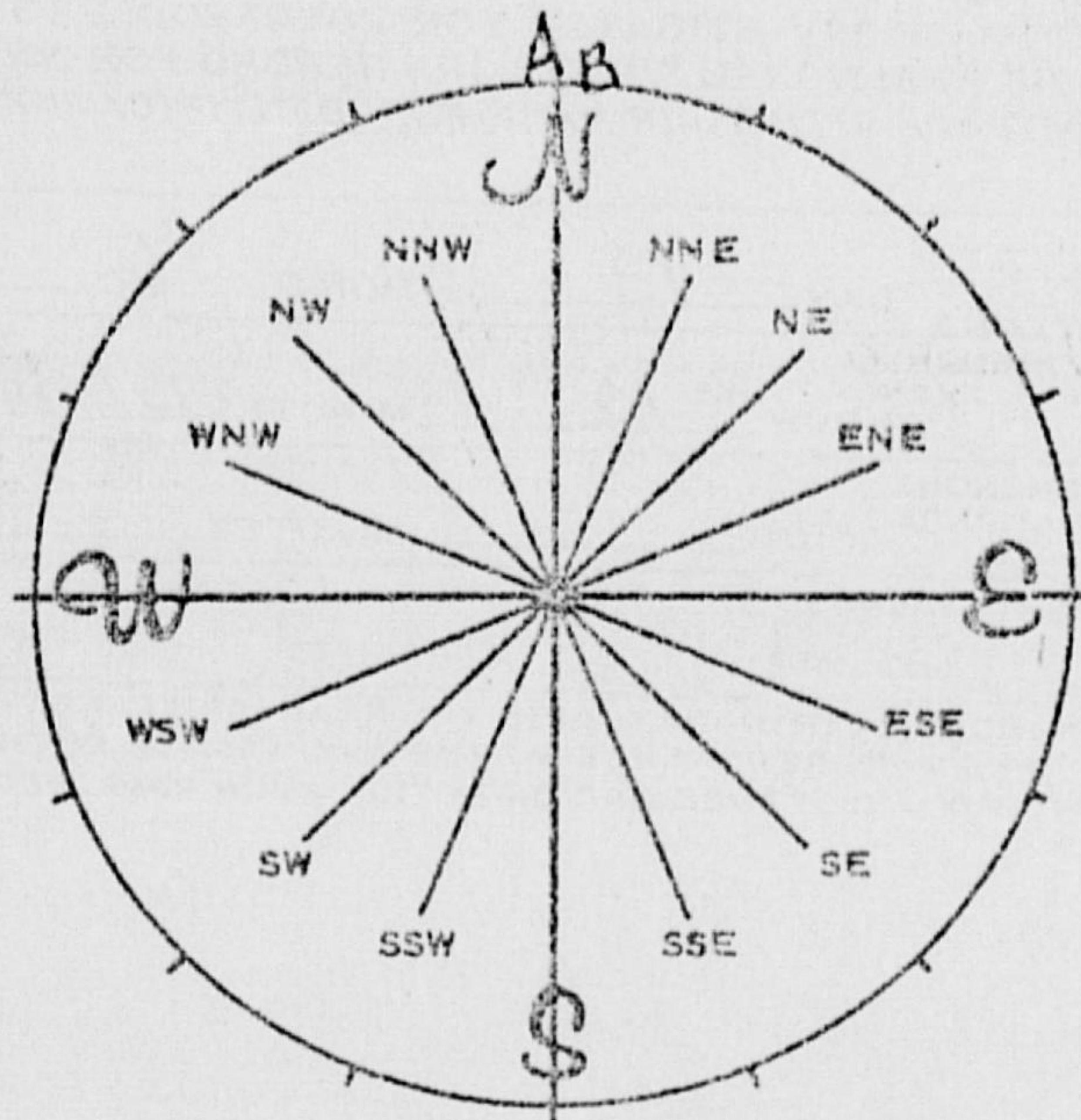
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE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

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.

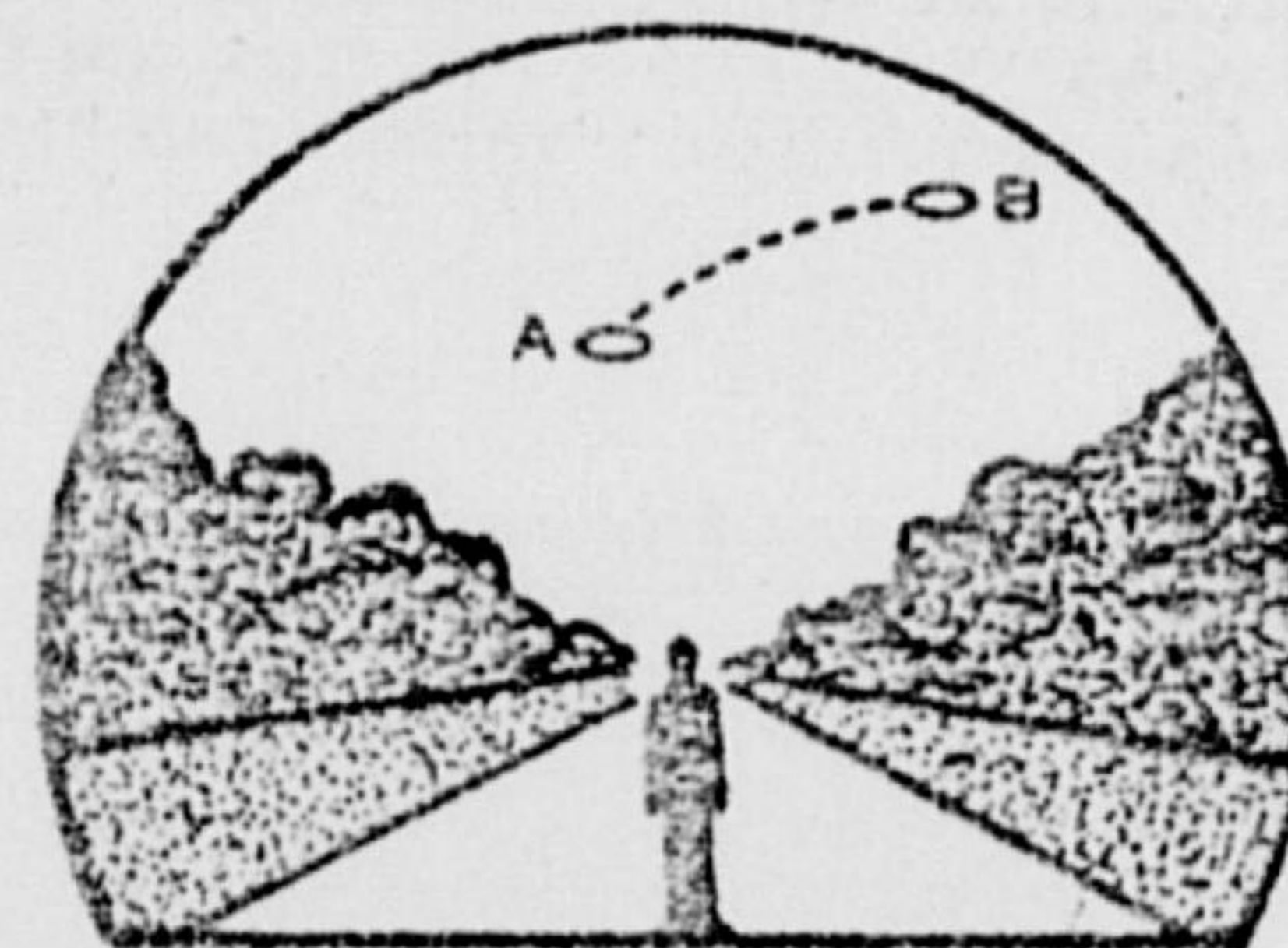
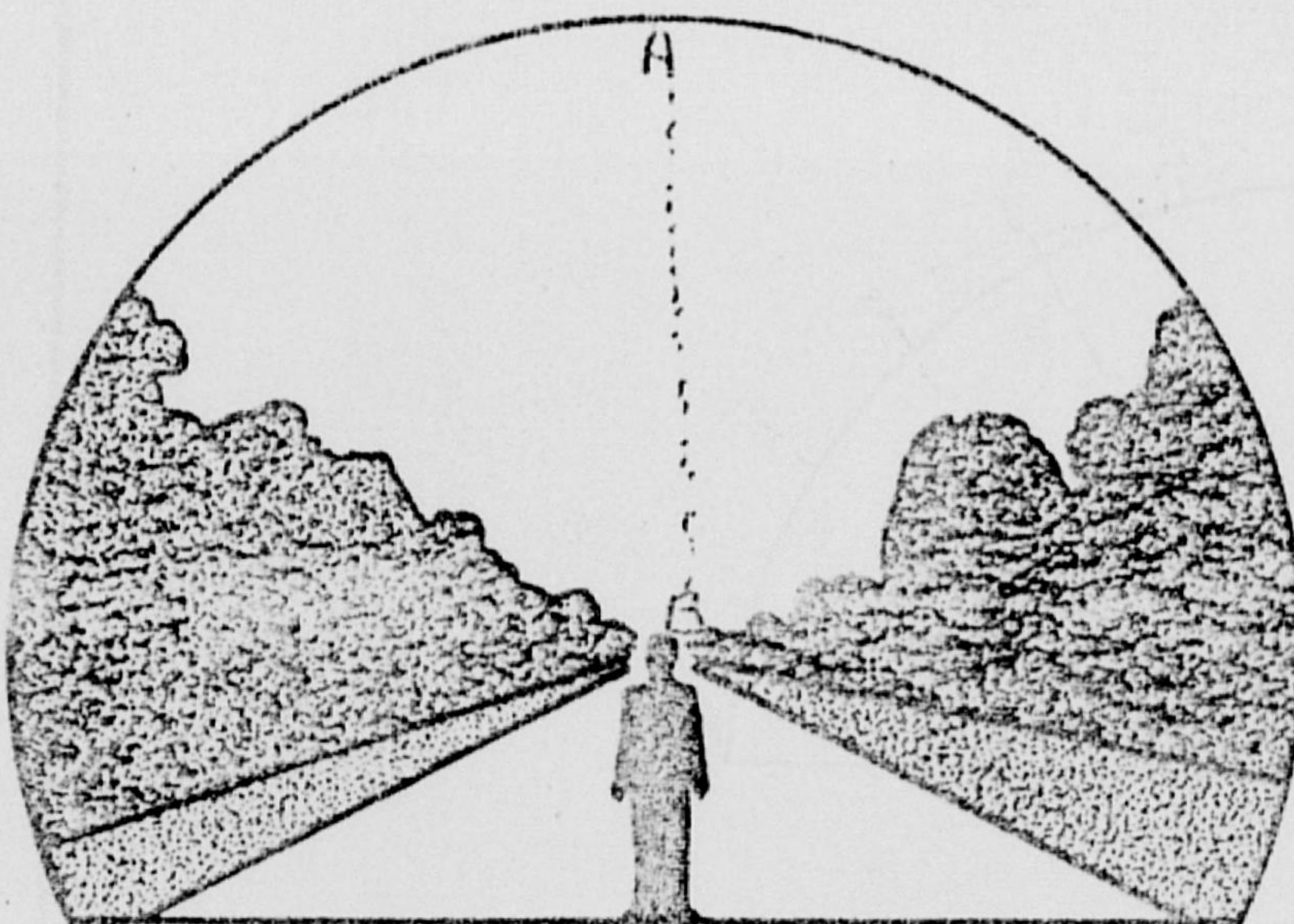




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



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.)			
OUTDOORS		IN BUSINESS SECTION OF CITY	
<input checked="" type="checkbox"/> IN BUILDING		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
5 to 8 minutes		FAIRLY CERTAIN	<input checked="" type="checkbox"/> JUST A GUESS
HOW WAS TIME DETERMINED? <i>I was watching Johnny Carson Show - Peggy Carr was on at that time</i>			
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>It was in sight as long as I remained in living room (6th floor). I left the room to awaken my husband. It was still visible when I returned - and when my husband came into the room it seemed to move back and descend rapidly.</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?

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER			
<input type="checkbox"/>	DAY	<input type="checkbox"/>	CUMULUS CLOUDS ( <i>Low fluffy</i> )	<input type="checkbox"/>	FOG OR MIST
<input type="checkbox"/>	TWILIGHT	<input type="checkbox"/>	CIRRUS CLOUDS ( <i>High fleecy or Herring-bone</i> )	<input type="checkbox"/>	HEAVY RAIN
<input checked="" type="checkbox"/>	NIGHT	<input type="checkbox"/>		<input type="checkbox"/>	LIGHT RAIN OR DRIZZLE
<input checked="" type="checkbox"/>	CLEAR	<input type="checkbox"/>	NIMBUS CLOUDS ( <i>Rain</i> )	<input type="checkbox"/>	HAIL
<input type="checkbox"/>	PARTLY CLOUDY	<input type="checkbox"/>	CUMULONIMBUS CLOUDS ( <i>Thunderstorms</i> )	<input type="checkbox"/>	SNOW OR SLEET
<input type="checkbox"/>	COMPLETELY OVERCAST	<input type="checkbox"/>		<input type="checkbox"/>	UNKNOWN
<input type="checkbox"/>		<input type="checkbox"/>	HAZE OR SMOG	<input 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 checked="" type="checkbox"/>	BRIGHT MOONLIGHT <i>Did not see moon</i>	<input type="checkbox"/>	NO MOONLIGHT
<input type="checkbox"/>	A FEW	<input type="checkbox"/>	MOON WITH HALO	<input type="checkbox"/>	UNKNOWN
<input checked="" type="checkbox"/>	MANY	<input type="checkbox"/>	MOON HIDDEN BY CLOUDS	<input type="checkbox"/>	
<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>	PARTIAL (New or quarter)	<input type="checkbox"/>	

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.

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.

*It was a very dark object - looked heavy-  
edges were not fuzzy. There were  
red lights flashing from the object*

*It had a curved top - like a giant  
turtle. - The lights were at the base. I saw  
no stars while looking at it - just IT!*



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

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

I was watching T.V. at the end of our living room - and a light attracted me to look to the large window at the other end of the room - I got up and walked to the window. It was hovering in one spot - with the red light flashing in a systematic pattern. The night was unusually clear and quite cool so the window (glass doors to patio) were closed. So I heard no sound - or smelled no odor.

## A. HOW DID IT FINALLY DISAPPEAR?

It moved back or away and descended rapidly down.

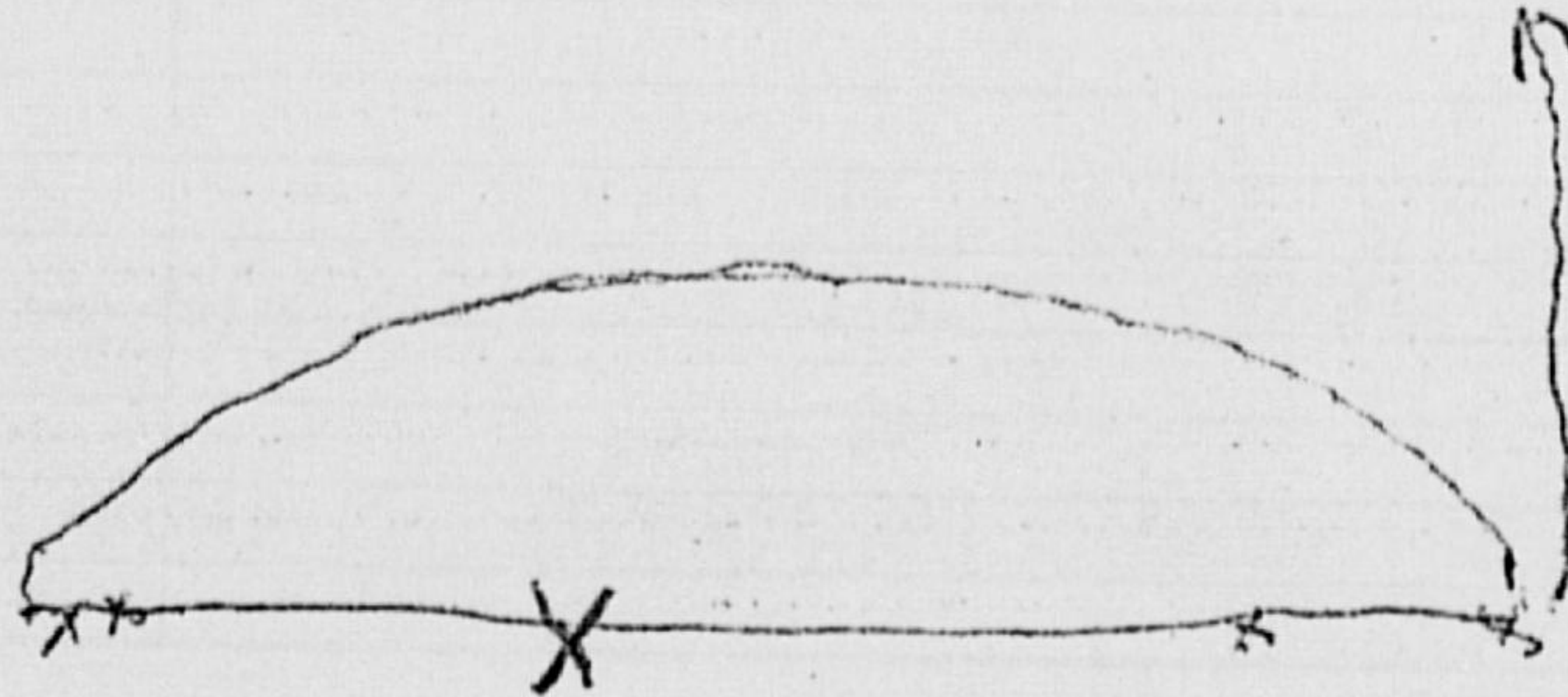
B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
☒ YES ☐ NO. IF "YES," DESCRIBE.

As it descended it went down below the tree tops - which are visible from our apartment.



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.

North.



The larger X indicates the light that seemed to signal systematically - the other lights were not as powerful.

It was not moving until it went away. It moved back, then, further North - and down.

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.

I cannot estimate the fraction by this experiment - However from my view as compared to objects in my home it was about 60" long and 20" deep - approx.



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	<input type="checkbox"/> CAMERA VIEWER
<input type="checkbox"/> SUNGLASSES	<input type="checkbox"/> BINOCULARS
<input type="checkbox"/> WINDSHIELD	<input type="checkbox"/> TELESCOPE
<input type="checkbox"/> SIDE WINDOW OF VEHICLE	<input type="checkbox"/> THEODOLITE
<input type="checkbox"/> WINDOWPANE	<input type="checkbox"/> 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 type="checkbox"/> NO
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>?</u>	19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>5 mi.</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><i>As I described it to Lt. Thornton in your office - It reminded me of a giant turtle - Same head or tail - Huge - with a curved top.</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.	
<p>A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.</p> <p><i>Not to my knowledge</i></p>	



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

~~XXXXXXXXXX~~ (husband)

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

~~XXXXXXXXXX~~ (Mrs. ~~XXXXXXXXXX~~)

ADDRESS (Street, City, State and Zip Code)

~~XXXXXXXXXX~~ Apartment 64.

TELEPHONE (Area code and number)

~~XXXXXXXXXX~~

AGE

60 yrs.

MALE

☒ FEMALE

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

I am a graduate of College of Mount St. Joseph - 1950 - I am a wife and mother and feel I'm reasonably sane - but will wonder if this happens often.

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

NAME Lt. Thornton W.P.A.F. DAY 15 MONTH June YEAR 1968

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 29 MONTH June YEAR 1968



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

The view from our apartment affords a beautiful long vista of the sky -

The evening of June 12 was one of the clearest nights I can remember. We had remarked about the clear air and beautiful sky earlier in the evening -

My husband, after he was awakened came into the living room - and as he told me for later - "I saw something with lights - I don't know what it was."



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



REPLY TO  
ATTN OF:

TDPT (UFO)

18 JUN 1968

SUBJECT:

UFO Observation , 13 June 1968

TO:

Mrs. [REDACTED]  
[REDACTED]  
[REDACTED]  
Dayton, Ohio 45405

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.

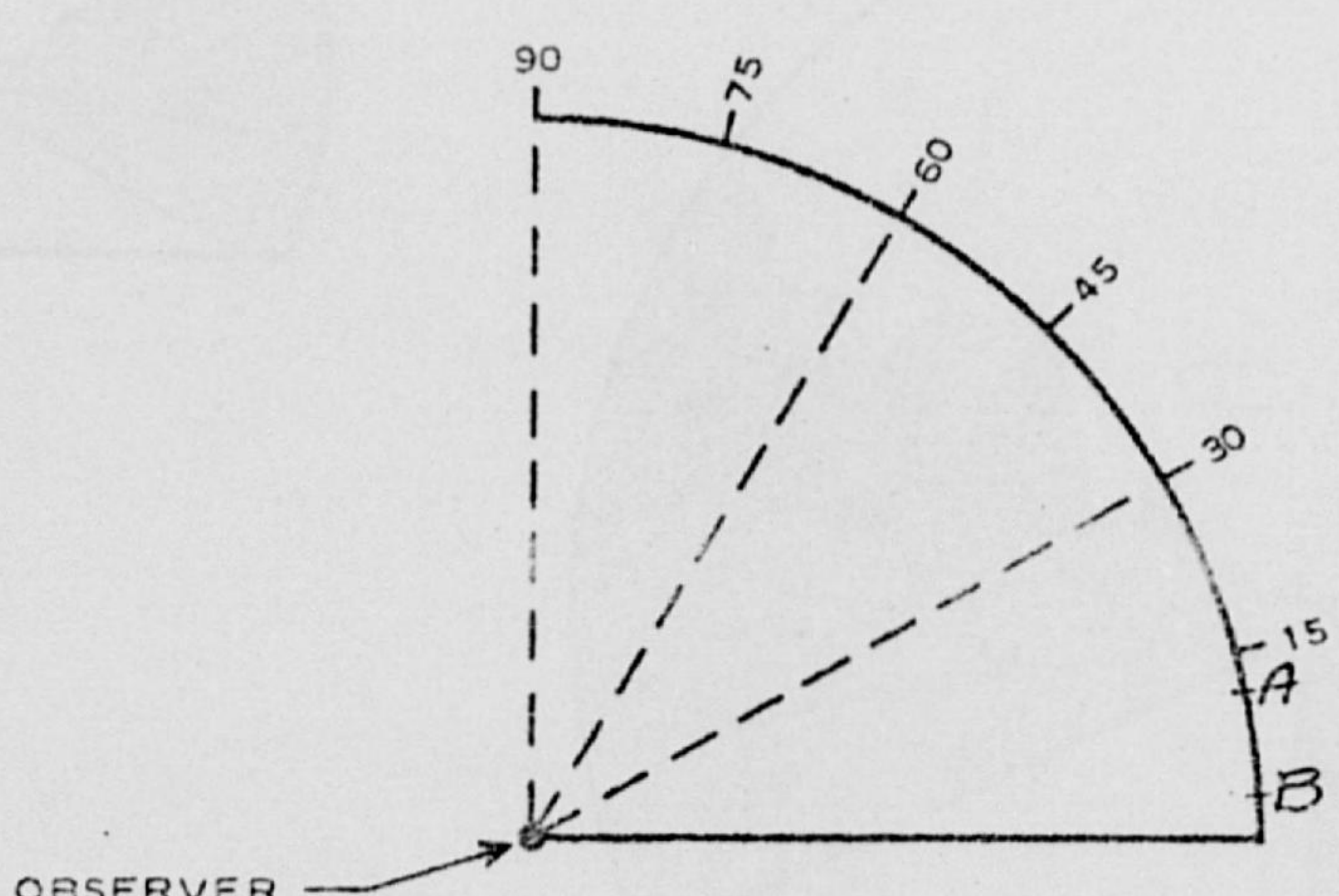
RECTOR QUINTANILLA, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

1 Atch  
AF Form 117 w/envelope



*Duty Off Lt*

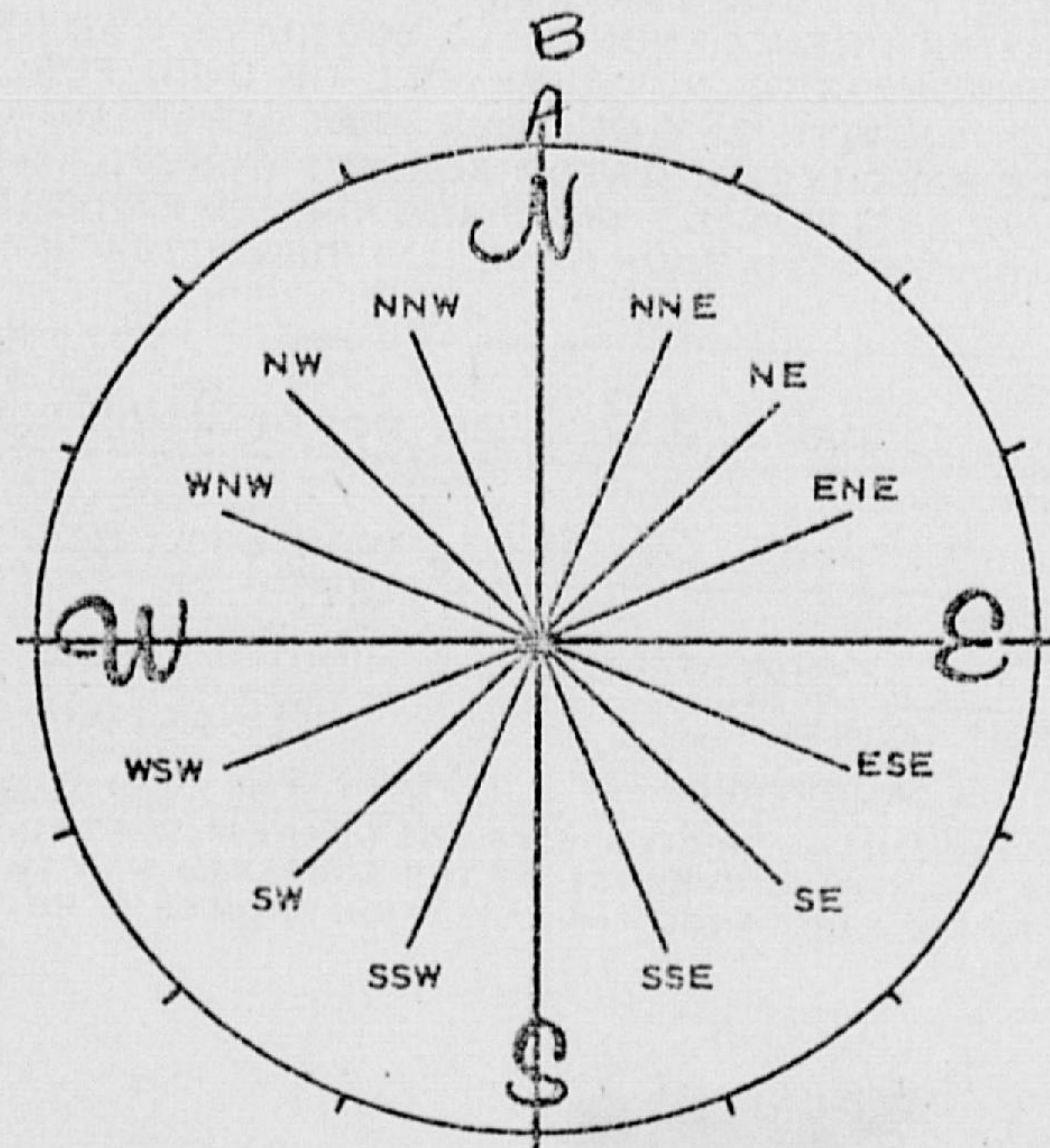
AFR 80-17(C1)

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE		BUDGET BUREAU APPROVAL NUMBER 21-2259
<p>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.)</p>		
1. WHEN DID YOU SEE THE PHENOMENON?		
DAY <u>13</u> MONTH <u>JUNE</u> YEAR <u>1968</u>		
2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?		
HOUR <u>0030</u> MINUTES _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?		
HOUR <u>0035</u> MINUTES _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
4. TIME / ZONE <input checked="" type="checkbox"/> DAYLIGHT SAVINGS <input type="checkbox"/> STANDARD		
<input checked="" type="checkbox"/> EASTERN <input type="checkbox"/> CENTRAL <input type="checkbox"/> MOUNTAIN <input type="checkbox"/> PACIFIC <input type="checkbox"/> 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.		
<p><u>AT HOME</u></p> <p><u>[REDACTED]</u></p> <p><u>DAYTON, OHIO 45424</u></p>		
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.		
 <p style="text-align: left; margin-left: 100px;">OBSERVER</p>		

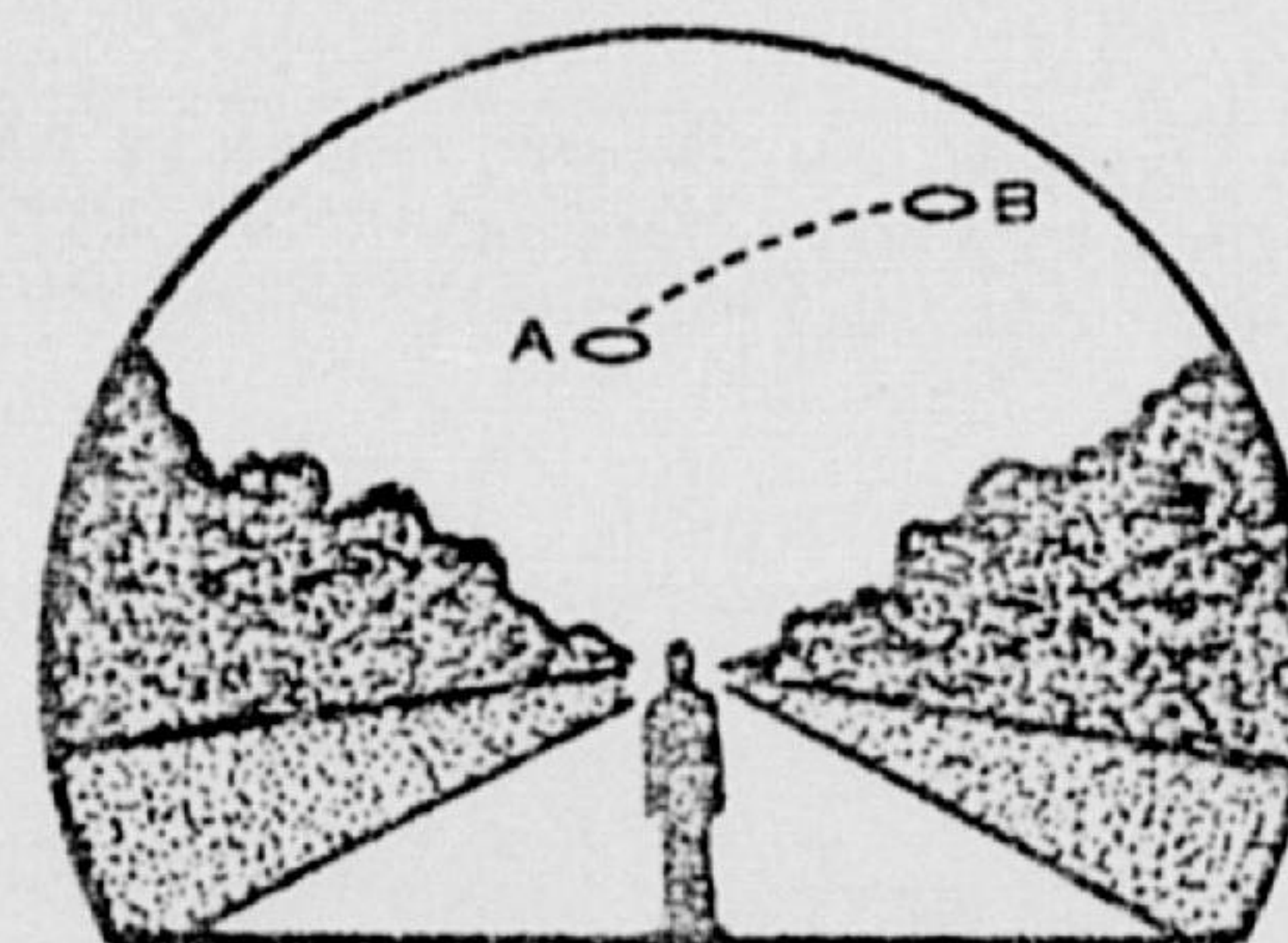
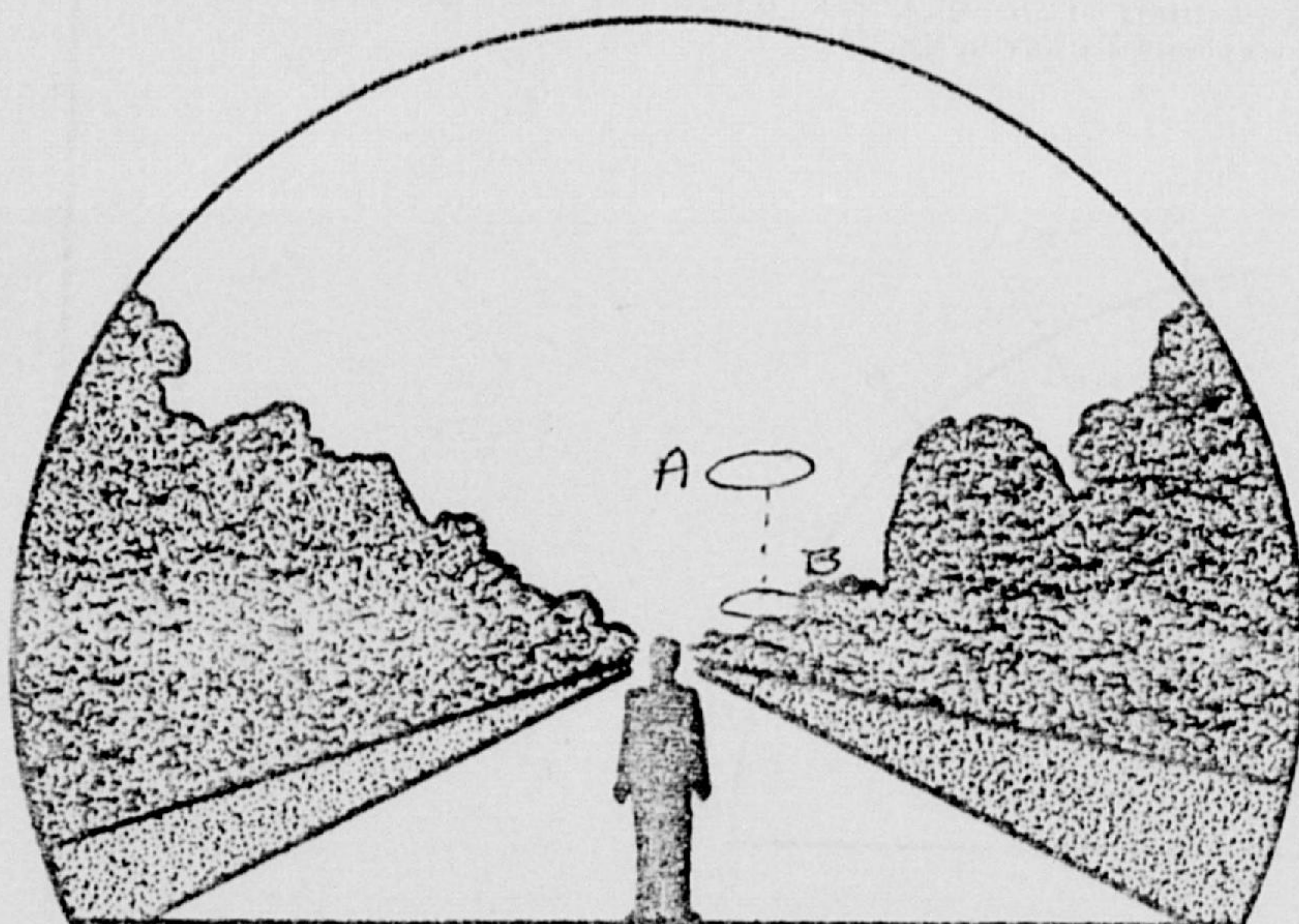
*Record in TDPT (info) 17 June 68*



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.)			
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
5 MIN.		<input checked="" type="checkbox"/> FAIRLY CERTAIN	JUST A GUESS
HOW WAS TIME DETERMINED? ESTIMATE			
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.			



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?

ONE

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"/>	FOG OR MIST
<input checked="" type="checkbox"/>	CLEAR	<input type="checkbox"/>	HEAVY RAIN
<input type="checkbox"/>	PARTLY CLOUDY	<input type="checkbox"/>	LIGHT RAIN OR DRIZZLE
<input type="checkbox"/>	COMPLETELY OVERCAST	<input type="checkbox"/>	NIMBUS CLOUDS (Rain)
		<input type="checkbox"/>	HAIL
		<input type="checkbox"/>	CUMULONIMBUS CLOUDS (Thunderstorms)
		<input type="checkbox"/>	SNOW OR SLEET
		<input type="checkbox"/>	UNKNOWN
		<input checked="" 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? MANY STARS

(1) STARS	(2) MOON
<input type="checkbox"/>	NONE
<input type="checkbox"/>	BRIGHT MOONLIGHT
<input type="checkbox"/>	NO MOONLIGHT
<input type="checkbox"/>	A FEW
<input type="checkbox"/>	MOON WITH HALO
<input checked="" type="checkbox"/>	UNKNOWN
<input type="checkbox"/>	MANY
<input type="checkbox"/>	MOON HIDDEN BY CLOUDS
<input type="checkbox"/>	PARTIAL (New or quarter)
<input type="checkbox"/>	UNKNOWN

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.

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 TURTLE LIKE IN SHAPE AND WAS A  
VERY DARK COLOR. HAD RED LIGHTS THAT  
FLICKERED.



13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?	✓		
	STAND STILL AT ANYTIME? <i>HOVERED MOST OF TIME</i>	✓		
	SUDDENLY SPEED UP AND RUN AWAY? <i>MOVED RAPIDLY AWAY + DOWN</i>	✓		
	BREAK UP IN PARTS AND EXPLODE?		✓	
	CHANGE COLOR?		✓	
	GIVE OFF SMOKE?		✓	
	CHANGE BRIGHTNESS?		✓	
	CHANGE SHAPE?		✓	
	FLASH OR FLICKER?		✓	
	DISAPPEAR AND REAPPEAR?		✓	
	SPIN LIKE A TOP?		✓	
	MAKE A NOISE?		✓	
	FLUTTER OR WOBBLE?		✓	

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

OBSERVER NOTICED PHENOMENON THROUGH LIVING ROOM WINDOW WHILE WATCHING TV.

## A. HOW DID IT FINALLY DISAPPEAR?

RAPIDLY MOVED AWAY AND DOWN UNTIL IT DISAPPEARED BEHIND 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.

DISAPPEARED BEHIND TREES,



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

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

DUP  
PAGE

A. HOW DID IT FINALLY DISAPPEAR?

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.



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	NEW GLASSES	CAMERA VIEWER
	SUNGLASSES		BINOCULARS
	WINDSHIELD		TELESCOPE
	SIDE WINDOW OF VEHICLE		THEODOLITE
<input checked="" type="checkbox"/>	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>RAPID</u>		19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>5 MILES</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.			
TURTLE WITHOUT LEGS, TAIL, OR HEAD.			
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

MR. [REDACTED]  
[REDACTED], DAYTON

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

[REDACTED] E, [REDACTED], DAYTON, OHIO 45405

TELEPHONE (Area code and number)

AGE

60

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 Lt. W. L. Thompson DAY 15 MONTH JUNE YEAR 1968

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

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