

PROJECT 10073 RECORD

1. DATE - TIME GROUP 13 November 68	2. LOCATION Arcanum, Ohio
3. SOURCE Civilian	10. CONCLUSION Other (GROUND LIGHTS) ✓ JH
4. NUMBER OF OBJECTS Several	The observer wrote to this office to report that the sighting had been of a search light that was reflecting from low hanging clouds.
5. LENGTH OF OBSERVATION 5 minutes	11. BRIEF SUMMARY AND ANALYSIS The observer reported that he had sighted what appeared to be a series of floating objects would appear moving from NW to SW and then disappear. This series appeared twice within two or three minutes.
6. TYPE OF OBSERVATION Ground- Visual	
7. COURSE NW to SW	
8. PHOTOS	
<input type="checkbox"/> Yes XX No	
9. PHYSICAL EVIDENCE	
<input type="checkbox"/> Yes XX No	

FORM
FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.

13 Nov 68

[REDACTED] Arcanum, Ohio. 45304

Dear Sirs:

Att: TDPT (UFO) 11/13/68

This letter is in answer to your communication of November 19, 1968.

I am deeply chagrined at having reported what seemed to be a UFO object the 13th of November.

On the night in question (about 5:55 P.M.) there were low hanging clouds coming from the West. What appeared to be a series of floating objects would appear moving from Northwest to Southwest and then disappear. This series appeared twice within two to three minutes apart, (at which time I called Wright Patterson AFB.) After this time, approximately 6 P.M. no further sighting was made.

At about 6:45 P.M., still observing, the heavy cloud bank lifted and approximately due West, but well beyond the skyline a search light was observed moving from North to South and casting the same brilliance on the scattered clouds as was first noticed. On careful observation this had to have been the reflection of the searchlight on the heavy low hanging clouds.

Very truly yours,

[REDACTED]

13 Nov 68

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



REPLY TO
ATTN OF: TDPT (UFO), 13 November 1968

SUBJECT: UFO Observation

13 NOV 1968

TO:

Mr. [REDACTED]

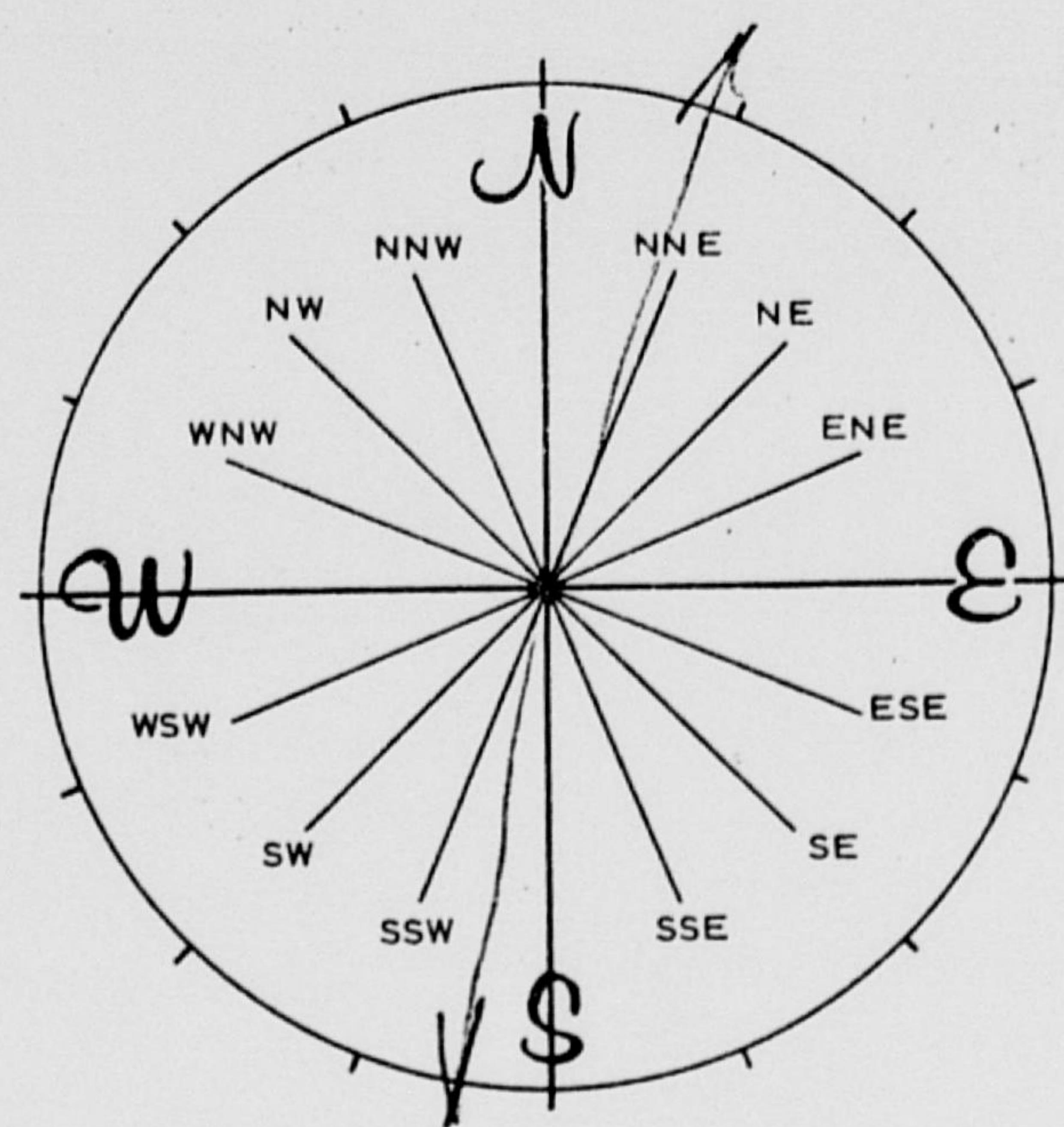
[REDACTED]
Arcanum, Ohio 45304

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 [REDACTED] 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.

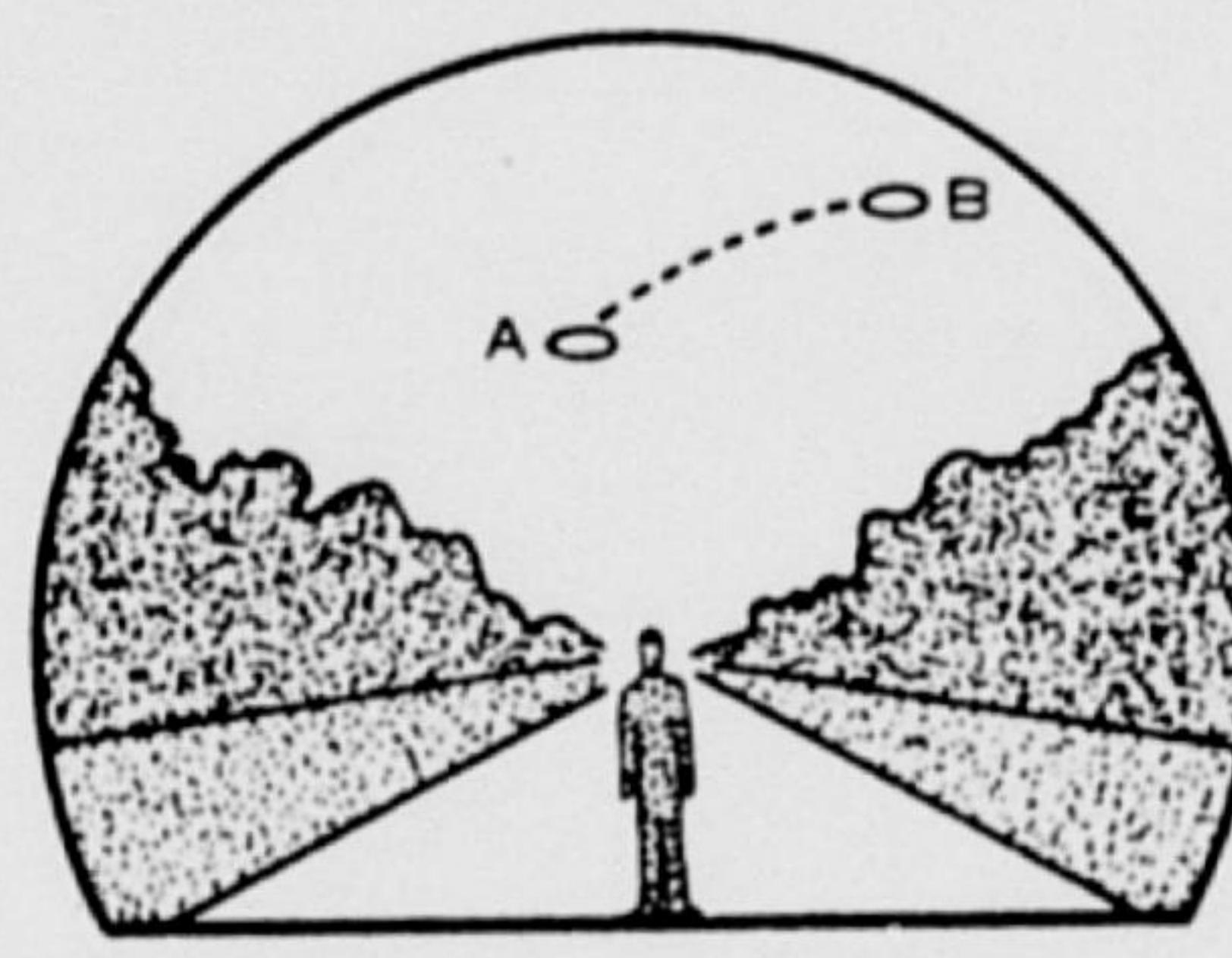
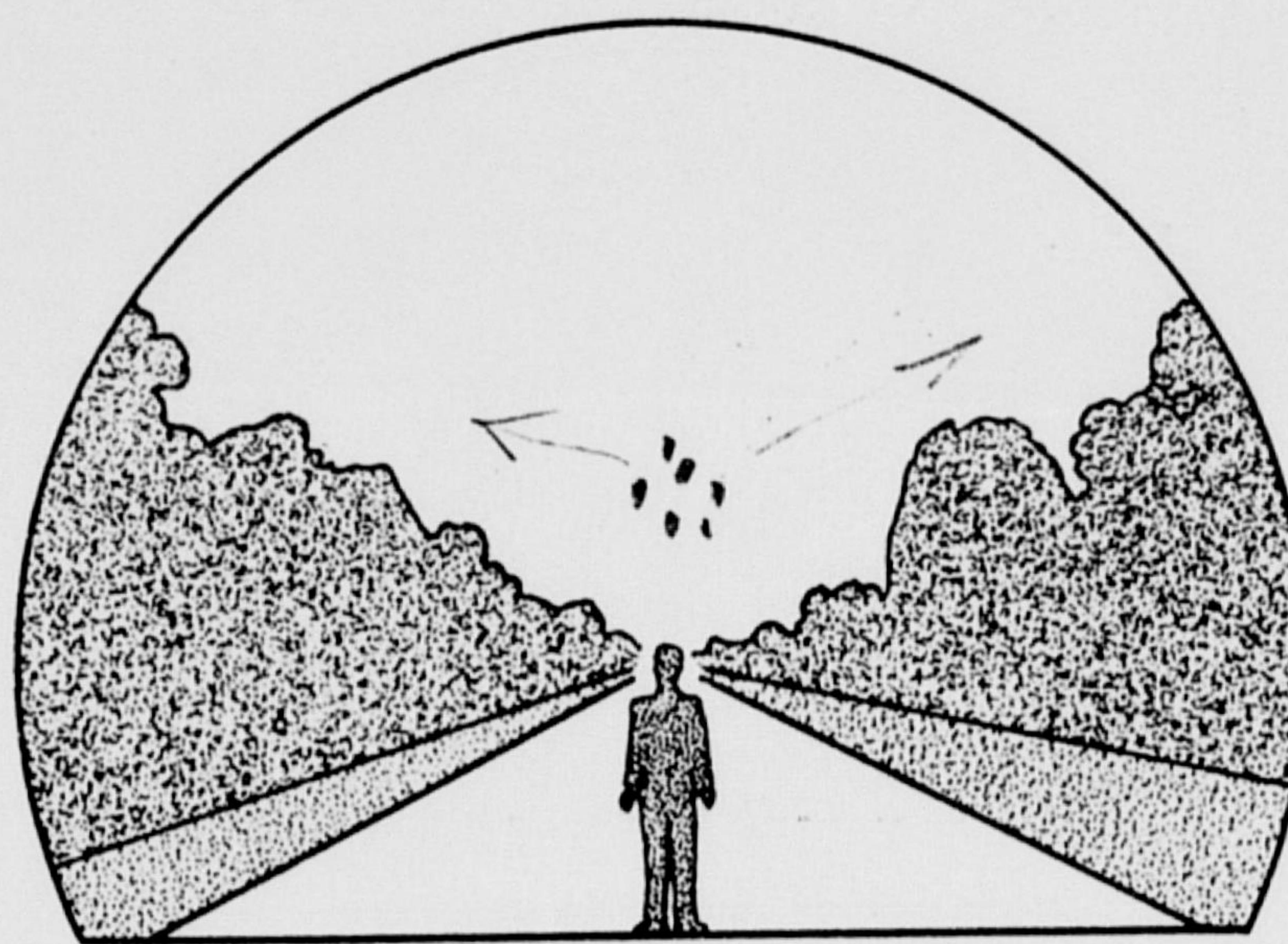
H
HECTOR QUINTANILLA, Jr, Lt Colonel, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

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.



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 13 MONTH Nov YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 1900 MINUTES 30 A.M. P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 1900 MINUTES 55 A.M. P.M.

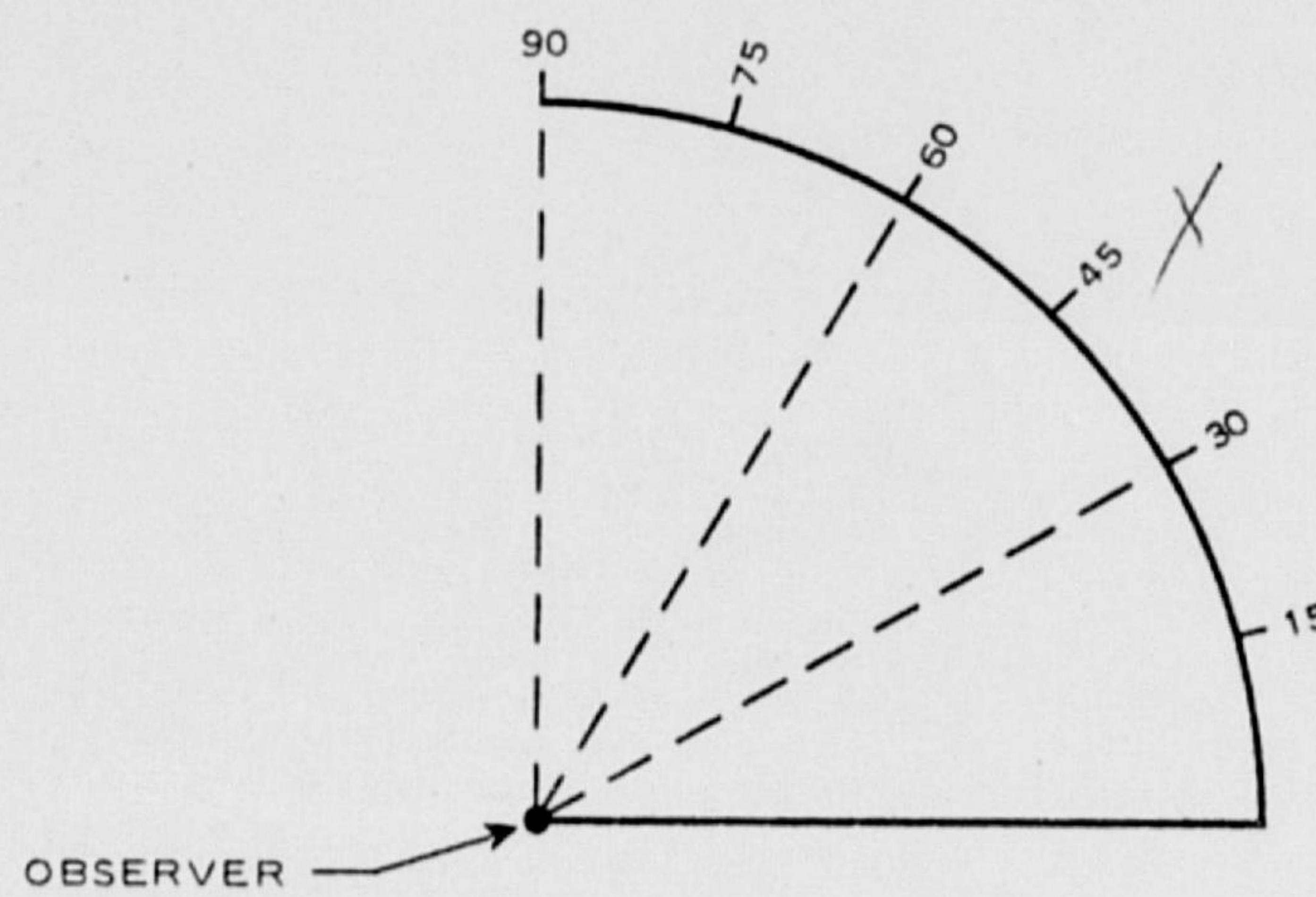
4. TIME ZONE

 EASTERN DAYLIGHT SAVINGS CENTRAL MOUNTAIN STANDARD 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.

2 1/2 N. ARCANON

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.



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?

14 APPROX

glow or sparkle around
around

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
<input checked="" type="checkbox"/> NIGHT	NIMBUS CLOUDS (Rain)	LIGHT RAIN OR DRIZZLE
<input checked="" type="checkbox"/> CLEAR	CUMULONIMBUS CLOUDS (Thunderstorms)	HAIL
PARTLY CLOUDY		SNOW OR SLEET
COMPLETELY OVERCAST	HAZE OR SMOG	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	BRIGHT MOONLIGHT	NO MOONLIGHT
A FEW	<input checked="" type="checkbox"/> MOON WITH HALO	UNKNOWN
<input checked="" type="checkbox"/> MANY	MOON HIDDEN BY CLOUDS	
UNKNOWN	PARTIAL (New or quarter)	
D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?		
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.		
<p>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.</p> <p>can not distinguish sharp</p>		

8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)					
OUTDOORS			IN BUSINESS SECTION OF CITY		
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?		
<input checked="" type="checkbox"/> NORTH	<input type="checkbox"/> EAST	<input type="checkbox"/> WEST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?		
SOUTH	SOUTHEAST	SOUTHWEST	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
NORTHEAST					
NORTHWEST					
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 TRAVESED 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 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	STILL IN SIGHT		CERTAIN OF TIME	NOT VERY SURE	
			FAIRLY CERTAIN	JUST A GUESS	
HOW WAS TIME DETERMINED?					
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input 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.					

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.

Wings
Wing motion

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.

Wings

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

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

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.

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

Wife

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST [REDACTED]

ADDRESS (Street, City, State and Zip Code) [REDACTED] ARCANUM

TELEPHONE (Area code and number)

AGE

62

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 _____ DAY _____ MONTH _____ YEAR _____

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY _____ MONTH _____ YEAR _____

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			
SUNGASSES	BINOCULARS			
WINDSHIELD	TELESCOPE			
SIDE WINDOW OF VEHICLE	THEODOLITE			
WINDOWPANE	OTHER			
A. DO YOU ORDINARILY WEAR GLASSES? <input 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 <i>200 mph</i>		19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE		
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.				
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 type="checkbox"/> NO. IF "YES," DESCRIBE.				
A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE.				