

## PROJECT 100/3 RECORD

1. DATE - TIME GROUP 17 November 1963 18/1730	2. LOCATION Portage, Pennsylvania
3. SOURCE AF 117	10. CONCLUSION INSUFFICIENT DATA <i>J-16</i>
4. NUMBER OF OBJECTS One	Observer reported UFO sighting to the FTD Duty Officer. Observer has not returned AF Form 117 as of 10 Jan 1963.
5. LENGTH OF OBSERVATION 15 Minutes	11. BRIEF SUMMARY AND ANALYSIS
6. TYPE OF OBSERVATION Visual	
7. COURSE N/A	
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.

18 Nov. 68

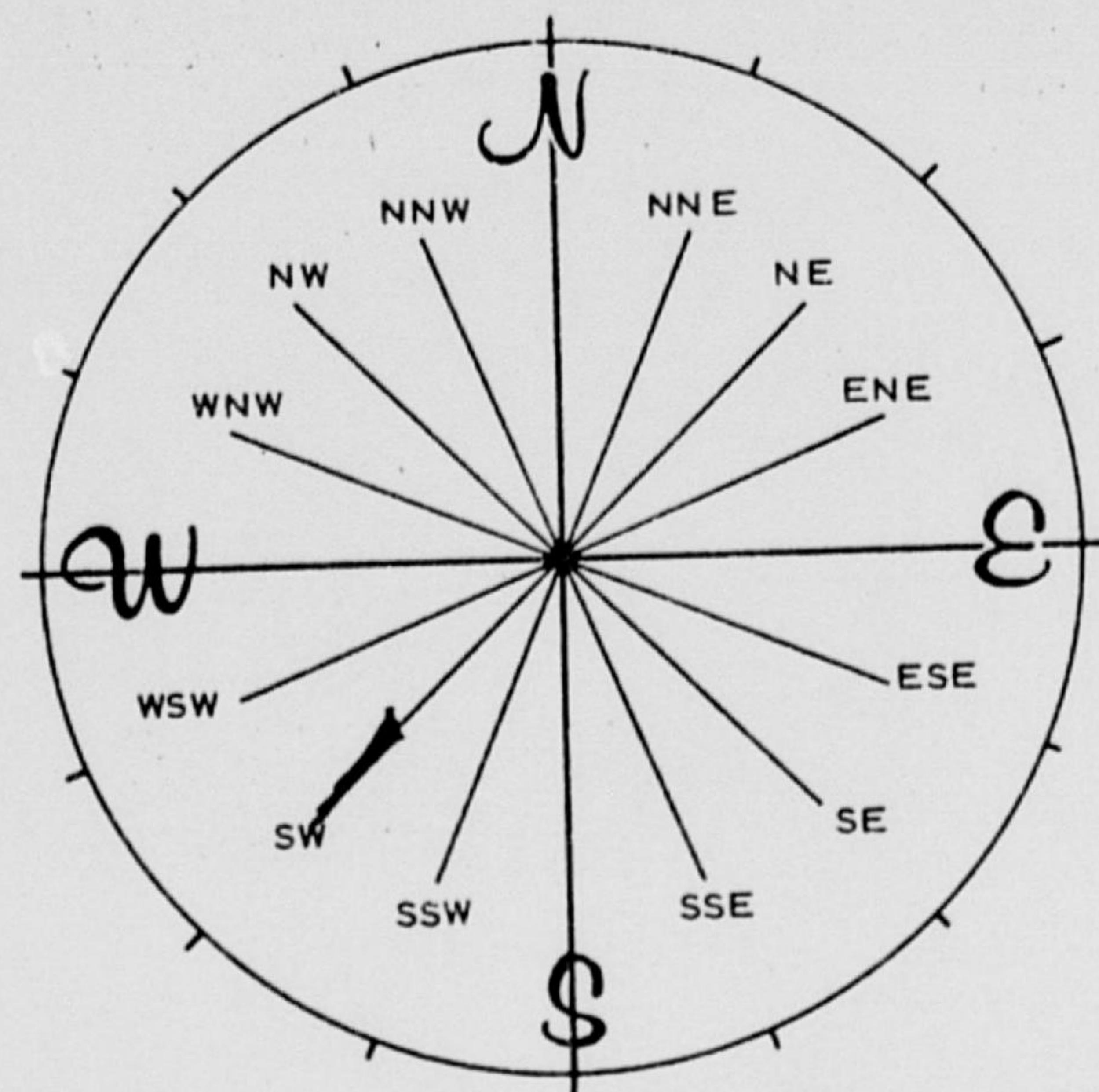
NOV 23 1968

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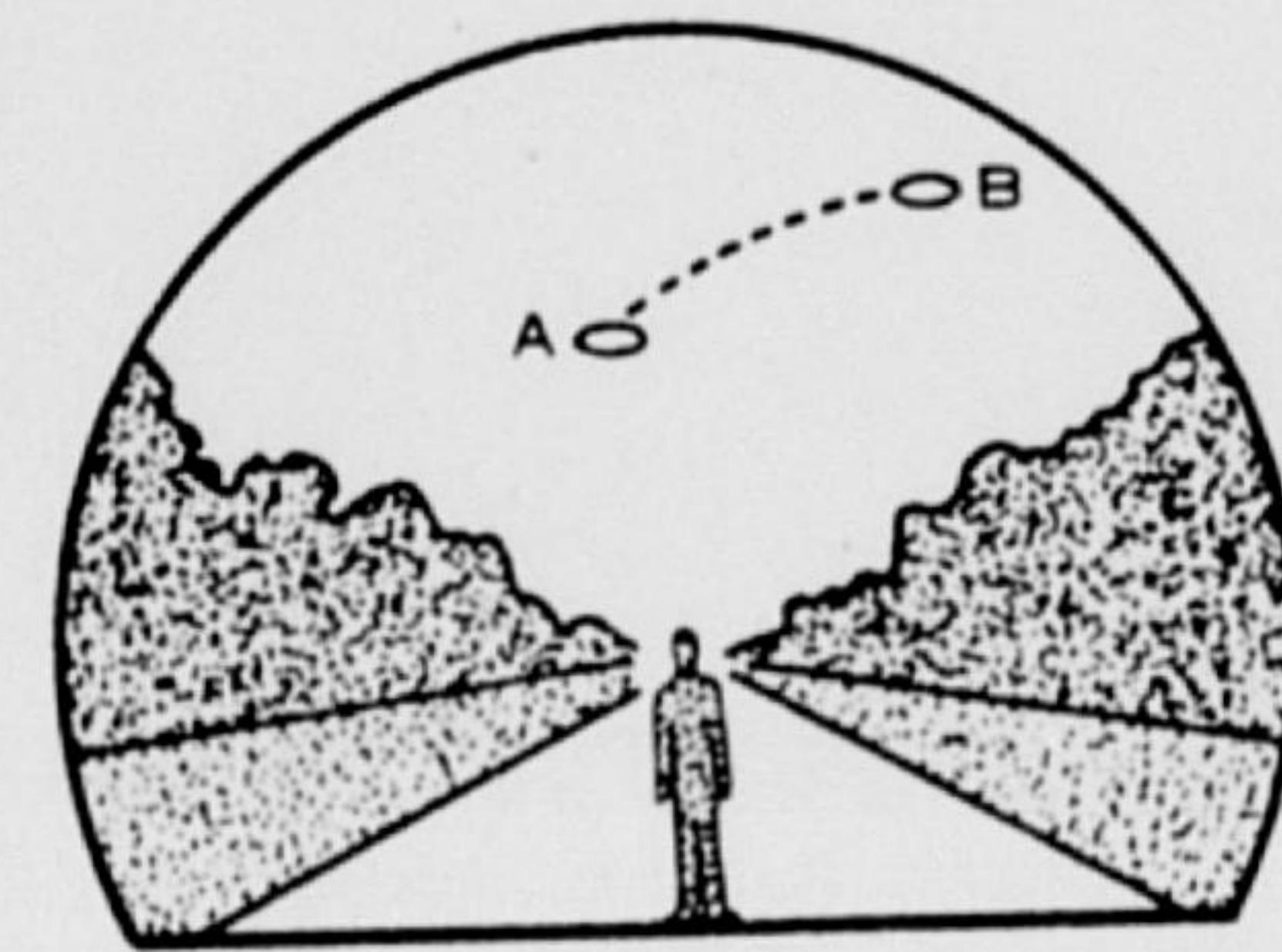
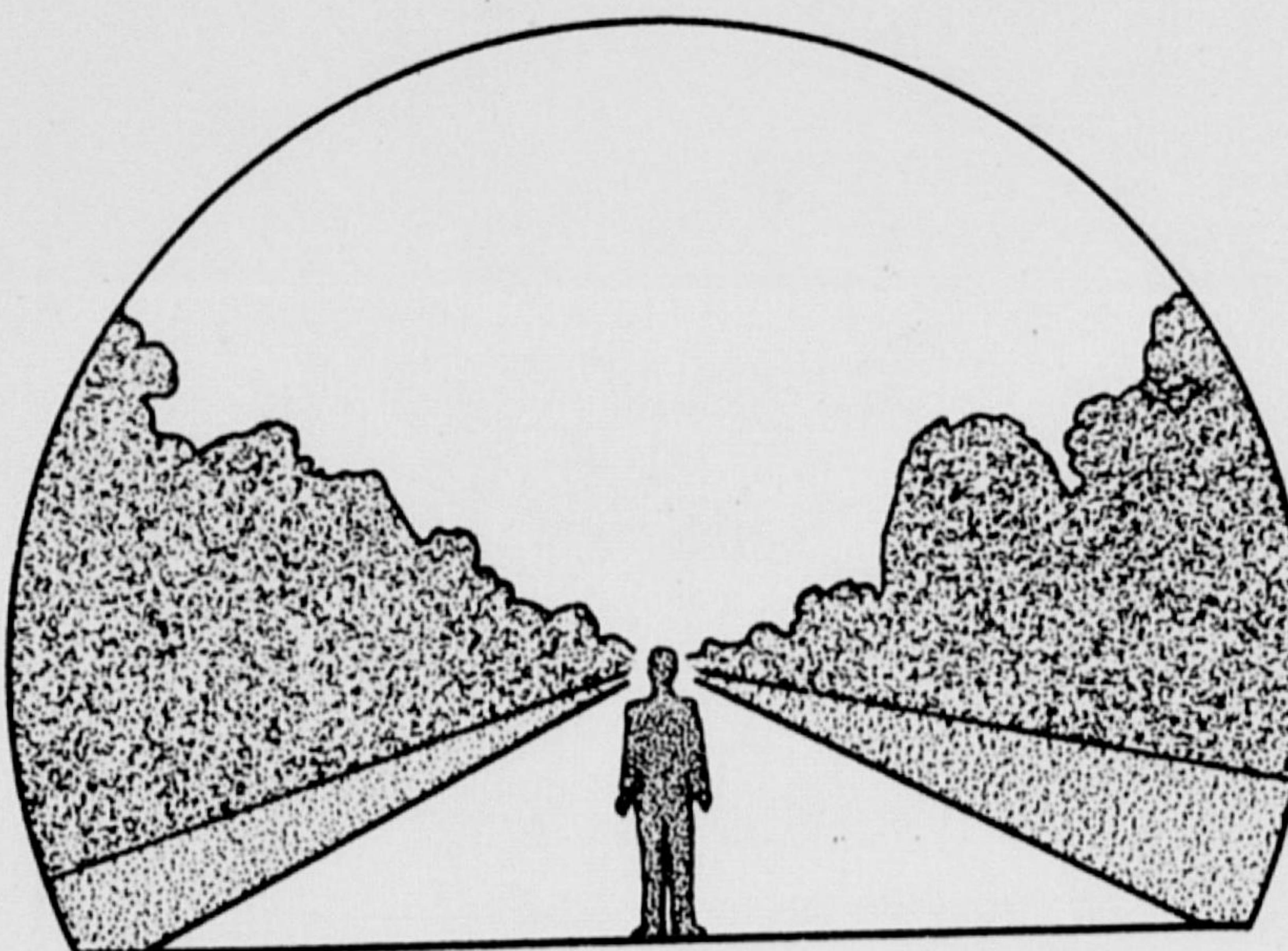
Mr. [REDACTED]

Portage, Pennsylvania 15946

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 18 MONTH Nov YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 5:30 MINUTES 7:05  A.M.  P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR \_\_\_\_\_ MINUTES \_\_\_\_\_  A.M.  P.M.

4. TIME ZONE

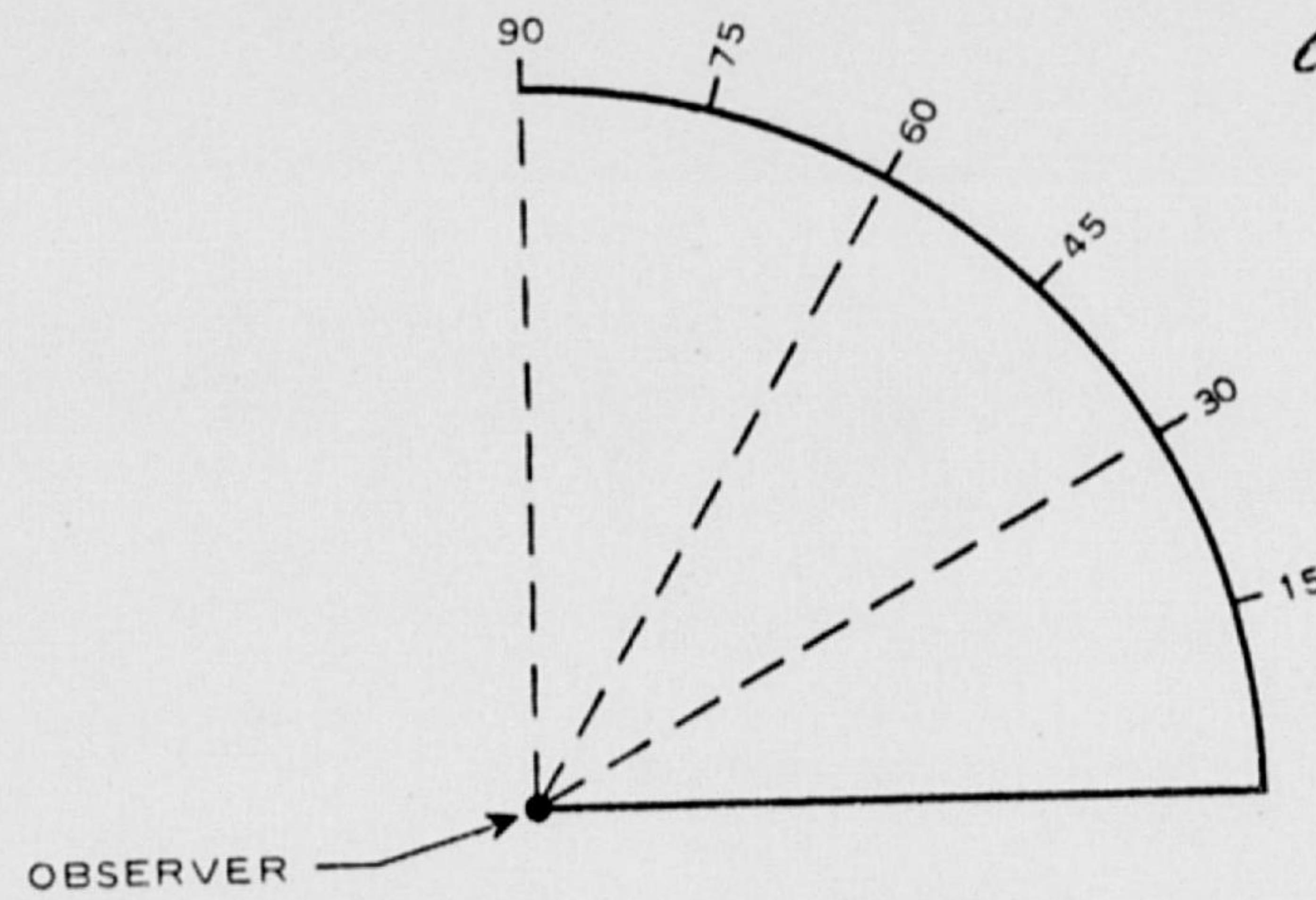
 DAYLIGHT SAVINGS STANDARD EASTERN CENTRAL MOUNTAIN PACIFIC OTHER

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.

at home near Evansburg.  
Box [REDACTED] Road Postage Penn.

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.

about 50,000 -  
60,000 feet.



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?

There were two objects. First one appeared around twilight and the other one at night

CONDITIONS (Check appropriate blocks.)		
A.	B.	WEATHER
X DAY	CUMULUS CLOUDS (Low fluffy)	FOG OR MIST
X TWILIGHT	CIRRUS CLOUDS (High fleecy or Herring-bone)	HEAVY RAIN
X NIGHT	NIMBUS CLOUDS (Rain)	LIGHT RAIN OR DRIZZLE
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
X	NONE	BRIGHT MOONLIGHT	X NO MOONLIGHT
	A FEW	MOON WITH HALO	UNKNOWN
	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?

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.

None

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.

First object: very large three prongs on top, three on bottom and one on each side yellow golden glow

Second object: viewed with binoculars - no particular shape.

8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)															
<input checked="" type="checkbox"/> OUTDOORS <input type="checkbox"/> IN BUILDING <input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER <input type="checkbox"/> IN BOAT <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER <input type="checkbox"/> OTHER			<input type="checkbox"/> IN BUSINESS SECTION OF CITY <input type="checkbox"/> IN RESIDENTIAL SECTION OF CITY <input type="checkbox"/> IN OPEN COUNTRYSIDE <input type="checkbox"/> NEAR AIRFIELD <input type="checkbox"/> FLYING OVER CITY <input type="checkbox"/> FLYING OVER OPEN COUNTRY <input type="checkbox"/> OTHER												
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:															
<input type="checkbox"/> WHAT DIRECTION WERE YOU MOVING? <table border="1"> <tr> <td>NORTH</td> <td>EAST</td> </tr> <tr> <td>SOUTH</td> <td>WEST</td> </tr> <tr> <td>NORTHEAST</td> <td>SOUTHEAST</td> </tr> <tr> <td>NORTHWEST</td> <td>SOUTHWEST</td> </tr> </table>			NORTH	EAST	SOUTH	WEST	NORTHEAST	SOUTHEAST	NORTHWEST	SOUTHWEST	<input type="checkbox"/> HOW FAST WERE YOU MOVING? <table border="1"> <tr> <td>DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?</td> </tr> <tr> <td><input type="checkbox"/> YES      <input type="checkbox"/> NO</td> </tr> </table>			DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NORTH	EAST														
SOUTH	WEST														
NORTHEAST	SOUTHEAST														
NORTHWEST	SOUTHWEST														
DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?															
<input type="checkbox"/> YES <input type="checkbox"/> NO															
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 <i>First object 45 min, second one 30 min</i>			<input type="checkbox"/> CERTAIN OF TIME <input checked="" type="checkbox"/> FAIRLY CERTAIN	<input type="checkbox"/> NOT VERY SURE <input type="checkbox"/> JUST A GUESS											
HOW WAS TIME DETERMINED? <i>estimation</i>															
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.															

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.

just a bright moving object  
see last page for description of  
previous sightings

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.

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?				
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?

were outside and saw the light

## A. HOW DID IT FINALLY DISAPPEAR?

over the horizon

## 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.  
*This is his forth sighting*

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON?  YES  NO. IF "YES," DID THEY SEE IT TOO?

A. LIST THEIR NAMES AND ADDRESSES

*[Redacted]  
[Redacted] (his brother same address)*

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

TELEPHONE (Area code and number)

AGE

48

X

MALE

FEMALE

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

*He and his brother are war veterans.*

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

NAME *Martinsburg Airfield* DAY *every time* MONTH *every time* YEAR *every time*

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY *18* MONTH *Nov* YEAR *68*

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	X	BINOCULARS <i>7X35 46303 Superlux</i>
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 *slow*

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE *50-60,000 feet*

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.

*see previous description*

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.

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

He has a record of his previous sightings  
Dec 15, 1967. looked like a satellite or missile  
and threw down a rainbow like glow.  
Stayed stationary in sky and then lights  
went out.

Oct 30, 68. Driving down rd. off of Route 160 when  
a low flying cylinder came along side his  
truck. Orange colored. Went into his house and  
called neighbors who also saw it.

Mr. & Mrs. Ralph George, Francis Sapp.  
Has very vivid description of object.

Nov 10, 68. This object landed. He reported it to  
Martinsburg Airfield and has witnesses.