

PROJECT 10073 RECORD

1. DATE - TIME GROUP February 69	2. LOCATION Grosse Ile, Michigan
3. SOURCE Civilian	10. CONCLUSION Probable SATELLITE
4. NUMBER OF OBJECTS One	
5. LENGTH OF OBSERVATION 3 Minutes	11. BRIEF SUMMARY AND ANALYSIS The observer sighted a white light that traveled SSE and was visible for 3 minutes.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE SSE	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 _____ MONTH FEB YEAR 1969

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

☒ *

HOUR _____ MINUTES _____ ☐ 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.

Standing in the driveway of my house

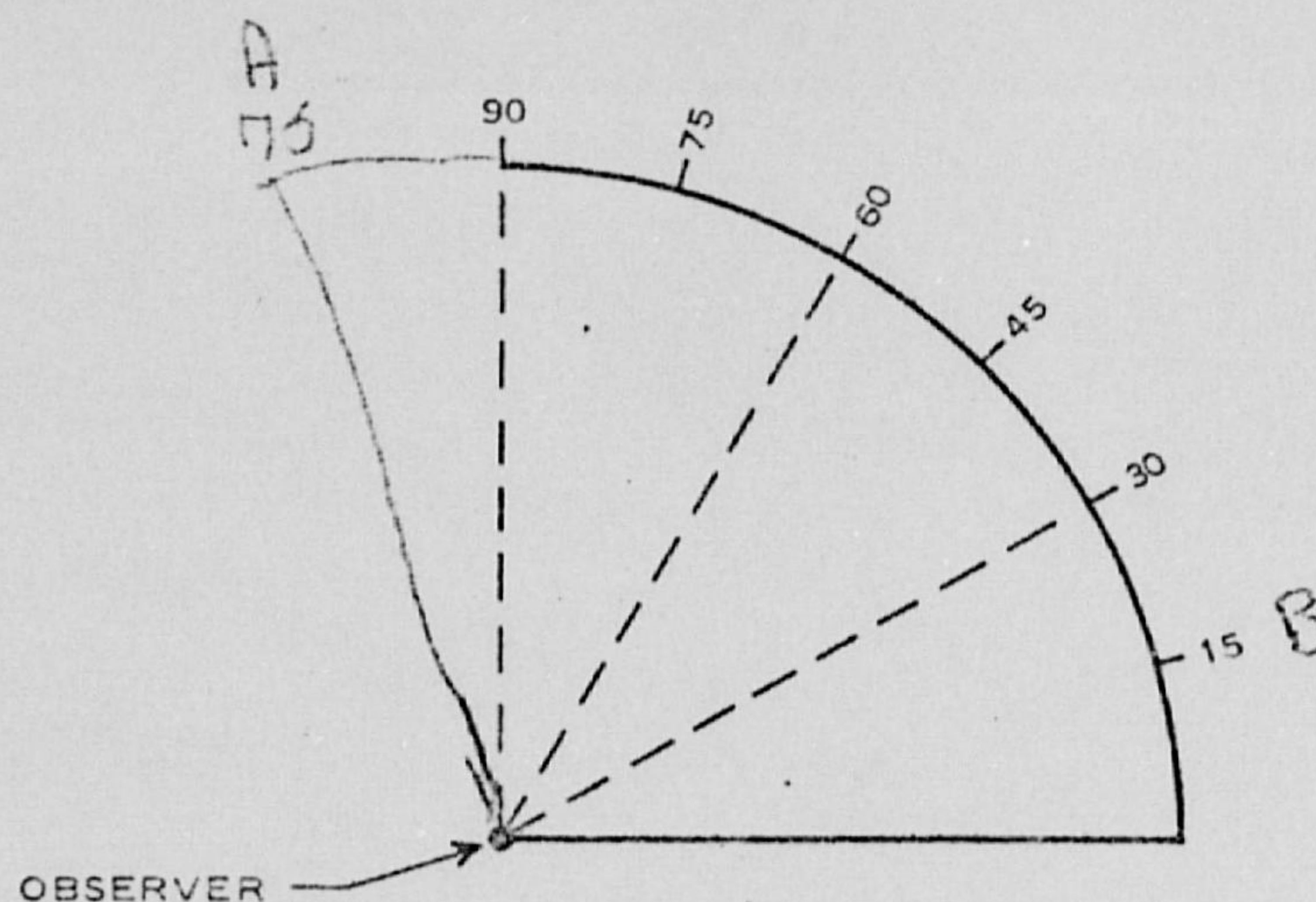
Driveway

NORTH

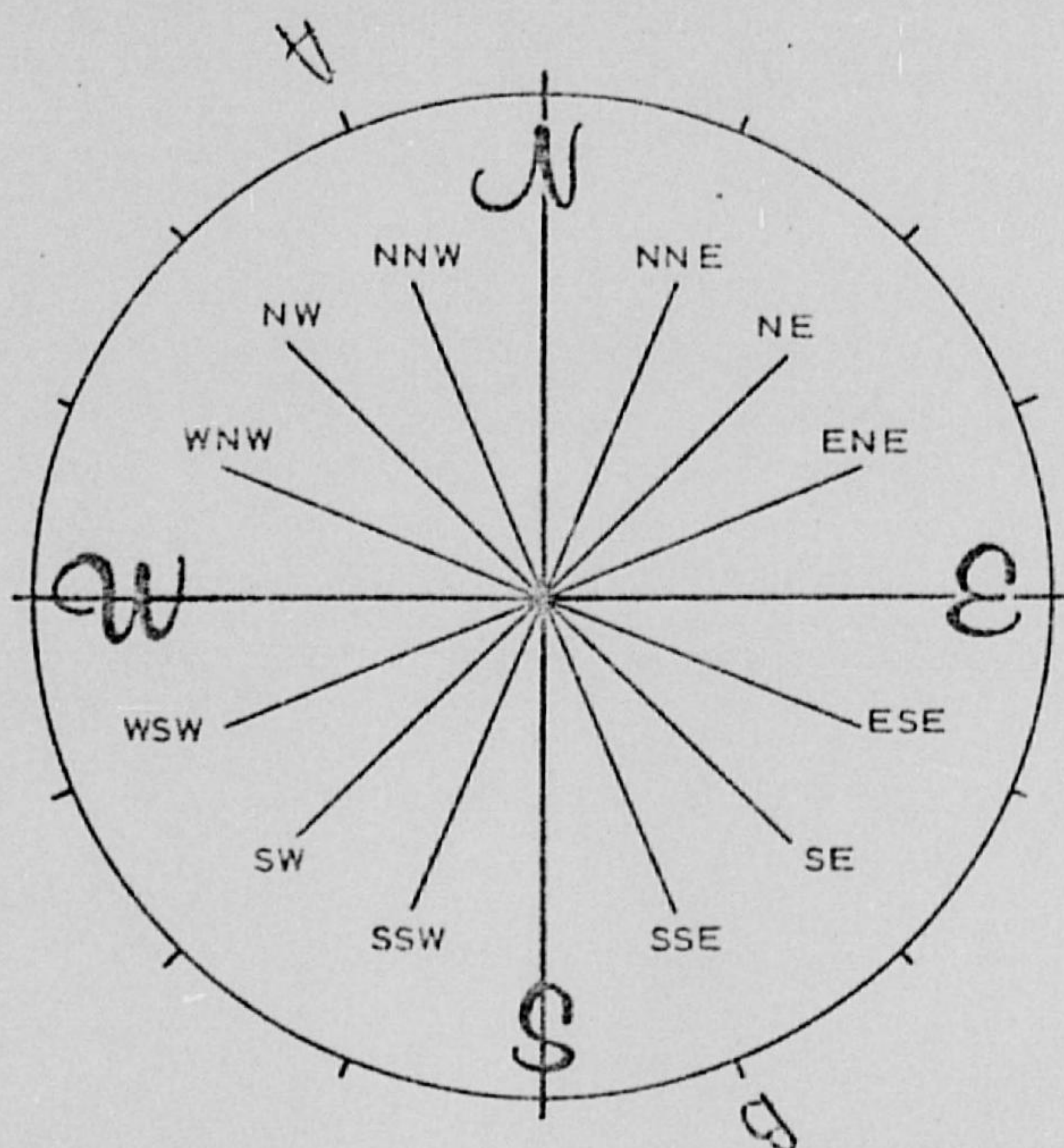
(Operation Blue Book - Washington, D.C.)

** My sons copy of the original letter to you has been misplaced. The specific date and times involved were covered in this letter, in your files. (Date 3-6-69)*

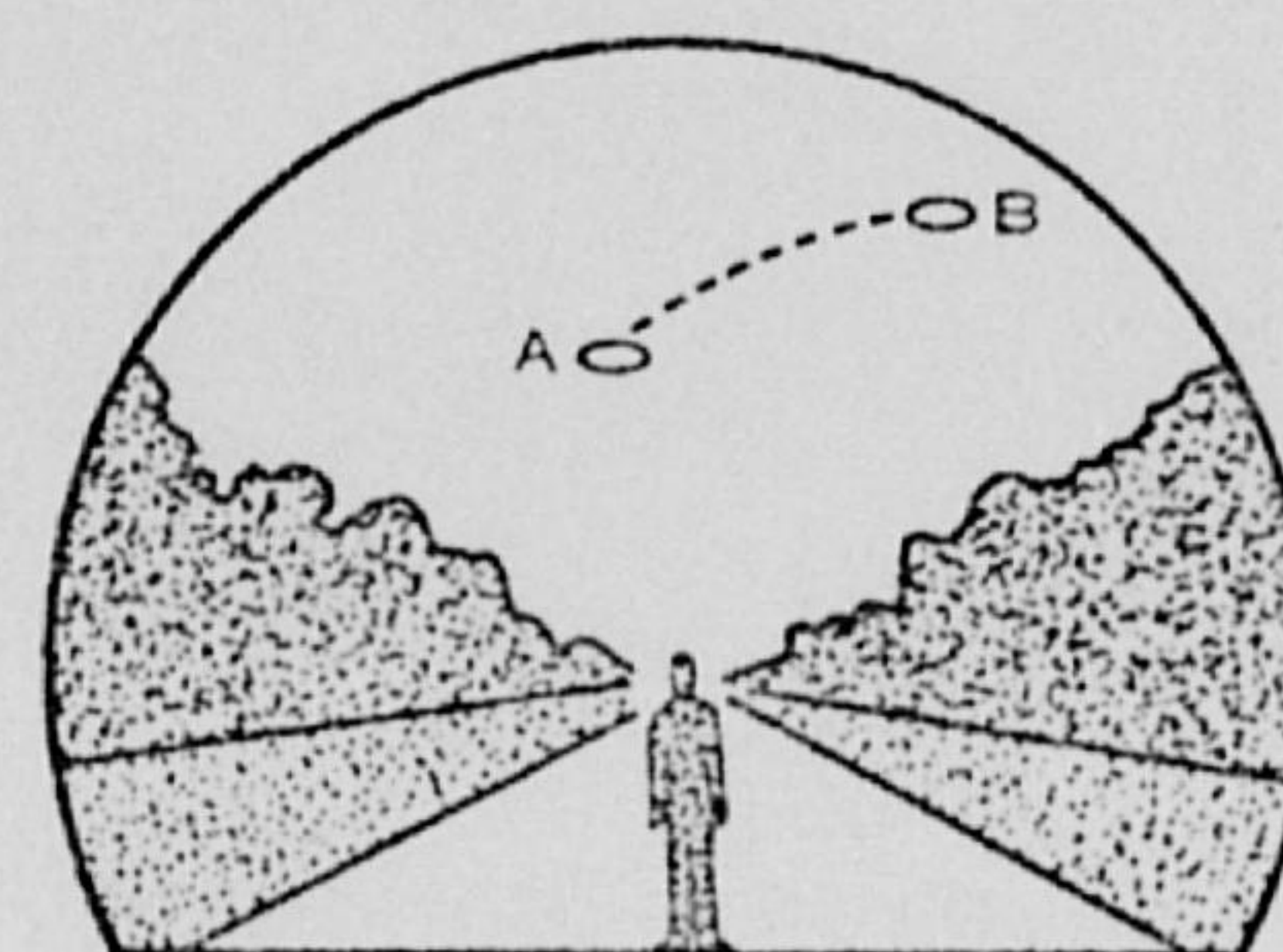
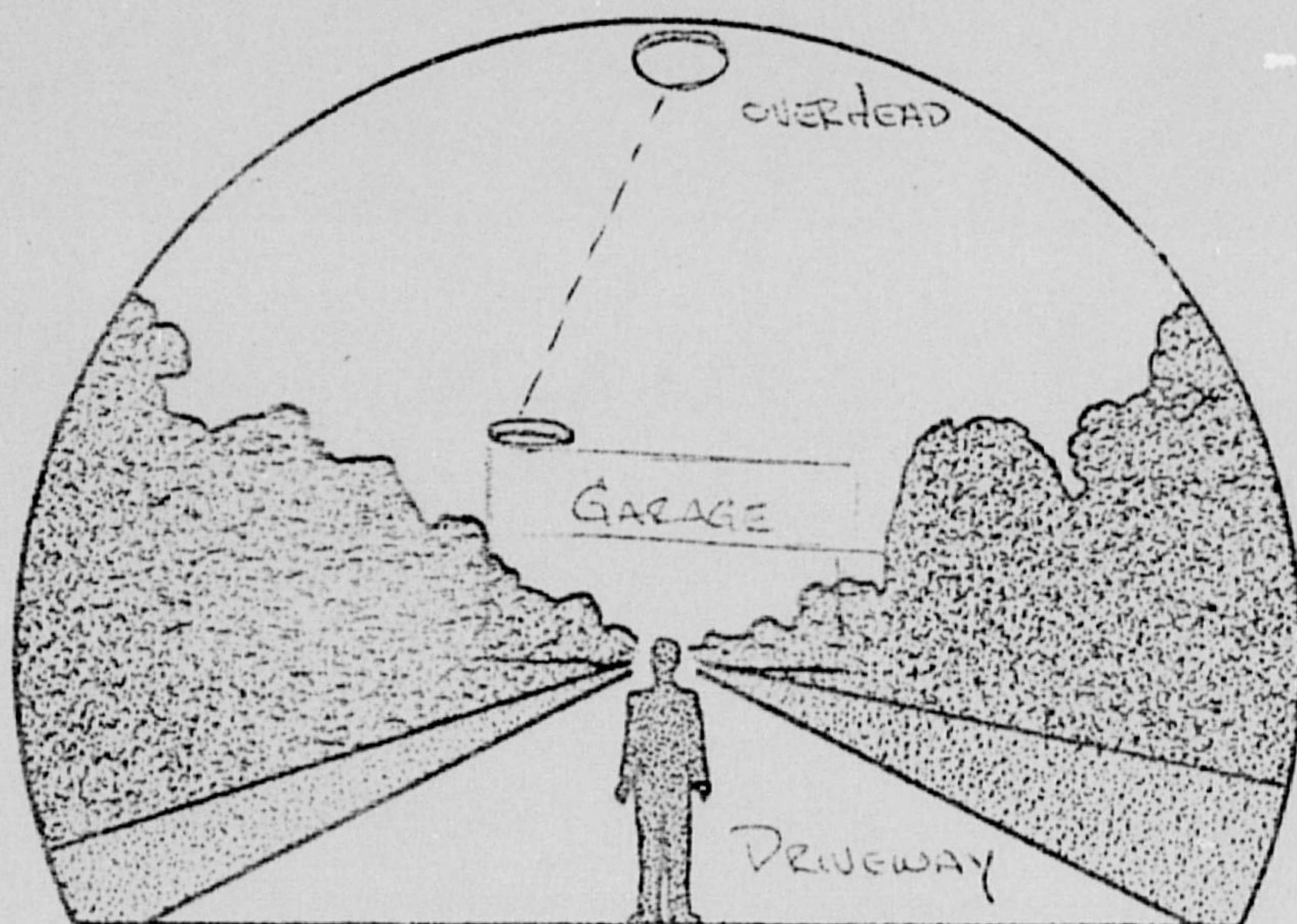
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



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.)			
<input checked="" type="checkbox"/>	OUTDOORS	<input checked="" type="checkbox"/> STANDING ON DRIVEWAY	<input type="checkbox"/> IN BUSINESS SECTION OF CITY
	IN BUILDING		<input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY
	IN CAR	<input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER	<input type="checkbox"/> IN OPEN COUNTRYSIDE
	IN BOAT		<input type="checkbox"/> NEAR AIRFIELD
	IN AIRPLANE	<input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER	<input type="checkbox"/> FLYING OVER CITY
	OTHER		<input type="checkbox"/> FLYING OVER OPEN COUNTRY
			<input type="checkbox"/> OTHER
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
<input type="checkbox"/> NORTH	<input type="checkbox"/> EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> SOUTH	<input type="checkbox"/> WEST		
<input type="checkbox"/> NORTHEAST	<input type="checkbox"/> SOUTHEAST		
<input type="checkbox"/> NORTHWEST	<input type="checkbox"/> 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 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
3 minutes		<input checked="" type="checkbox"/> FAIRLY CERTAIN	<input type="checkbox"/> JUST A GUESS
HOW WAS TIME DETERMINED?			
by the rate of speed it was going			
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 OBJECT ONLY

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
<input type="checkbox"/> DAY		<input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)	<input type="checkbox"/> FOG OR MIST
<input type="checkbox"/> TWILIGHT		<input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone)	<input type="checkbox"/> HEAVY RAIN
<input checked="" type="checkbox"/> NIGHT		<input type="checkbox"/> NIMBUS CLOUDS (Rain)	<input type="checkbox"/> LIGHT RAIN OR DRIZZLE
<input checked="" type="checkbox"/> CLEAR		<input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> HAIL
<input type="checkbox"/> PARTLY CLOUDY		<input type="checkbox"/> HAZE OR SMOG	<input type="checkbox"/> SNOW OR SLEET
<input type="checkbox"/> COMPLETELY OVERCAST			<input type="checkbox"/> UNKNOWN
			<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?

(1) STARS		(2) MOON	
<input type="checkbox"/> NONE		<input checked="" type="checkbox"/> BRIGHT MOONLIGHT	<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"/> UNKNOWN		<input type="checkbox"/> 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?

<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.

The only lights were those in the house windows.

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 appeared light, self-luminous, it was white, and it was solid. The edges were both sharp at one time and then fuzzy when at its low point

at its high point it looked like this ○

and at its low point it looked like this ⊖

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

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*I was looking at the stars with my telescope
and looked up for a minute and saw something ~~rather~~*

A. HOW DID IT FINALLY DISAPPEAR?

~~it went behind~~ it went behind our garage

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.

it went behind our garage

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.



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.

~~at~~ ~~without~~ without the telescope the object was about $\frac{1}{4}$ the size of a paper match head.

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EYEGLASSES</td></tr> <tr><td>SUNGLASSES</td></tr> <tr><td>WINDSHIELD</td></tr> <tr><td>SIDE WINDOW OF VEHICLE</td></tr> <tr><td>WINDOWPANE</td></tr> </table>	EYEGLASSES	SUNGLASSES	WINDSHIELD	SIDE WINDOW OF VEHICLE	WINDOWPANE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>CAMERA VIEWER</td></tr> <tr><td>BINOCULARS</td></tr> <tr><td>TELESCOPE <input checked="" type="checkbox"/> SEARS DISCOVERER 233 power</td></tr> <tr><td>THEODOLITE</td></tr> <tr><td>OTHER</td></tr> </table>	CAMERA VIEWER	BINOCULARS	TELESCOPE <input checked="" type="checkbox"/> SEARS DISCOVERER 233 power	THEODOLITE	OTHER
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THEODOLITE											
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>30 deg Per Min.</u>		19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>50 m</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. <div style="font-family: cursive; font-size: 1.2em; padding: 10px;"> The object looked similar to a round lens or mirror mirror blank. </div>											
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE. <div style="font-family: cursive; font-size: 1.2em; padding: 10px;"> my my hand got cold </div>											
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 NAME *[REDACTED]*

Wassle Cove, Md. 48138

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

[REDACTED]

TELEPHONE (Area code) *[REDACTED]*

AGE

17

☒

MALE

FEMALE

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

school student and amateur astronomer

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

Project Blue Book
NAME *Wassle Cove, Md.* DAY _____ MONTH *Feb.* YEAR *1969*

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY *6* MONTH *March* YEAR *1969*