

PROJECT 10073 RECORD

1. DATE - TIME GROUP	2. LOCATION
February 69	Grosse Ile, Michigan
3. SOURCE	10. CONCLUSION
Civilian	Probable SATELLITE
4. NUMBER OF OBJECTS	
One	
5. LENGTH OF OBSERVATION	11. BRIEF SUMMARY AND ANALYSIS
3 Minutes	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 X No	
9. PHYSICAL EVIDENCE	
<input type="checkbox"/> Yes X No	

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

From SDTS/CC

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

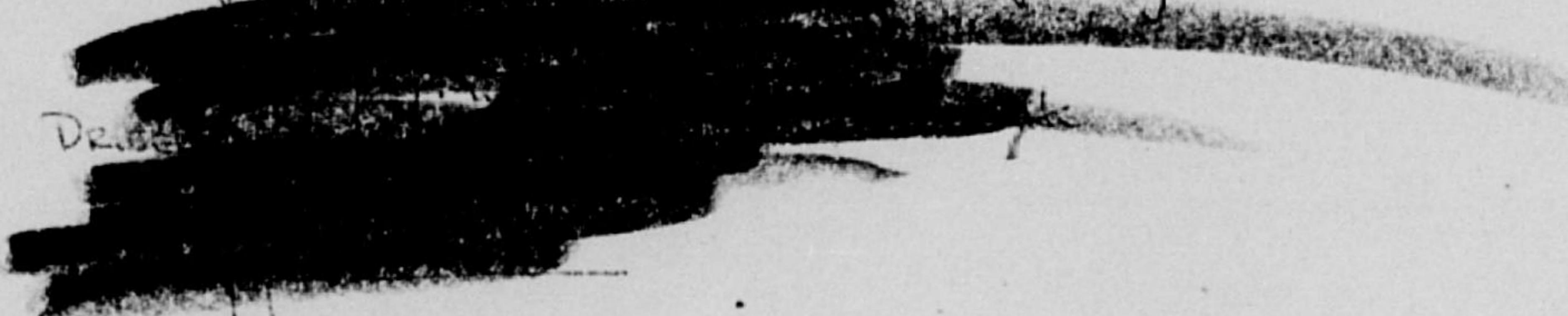
MOUNTAIN

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

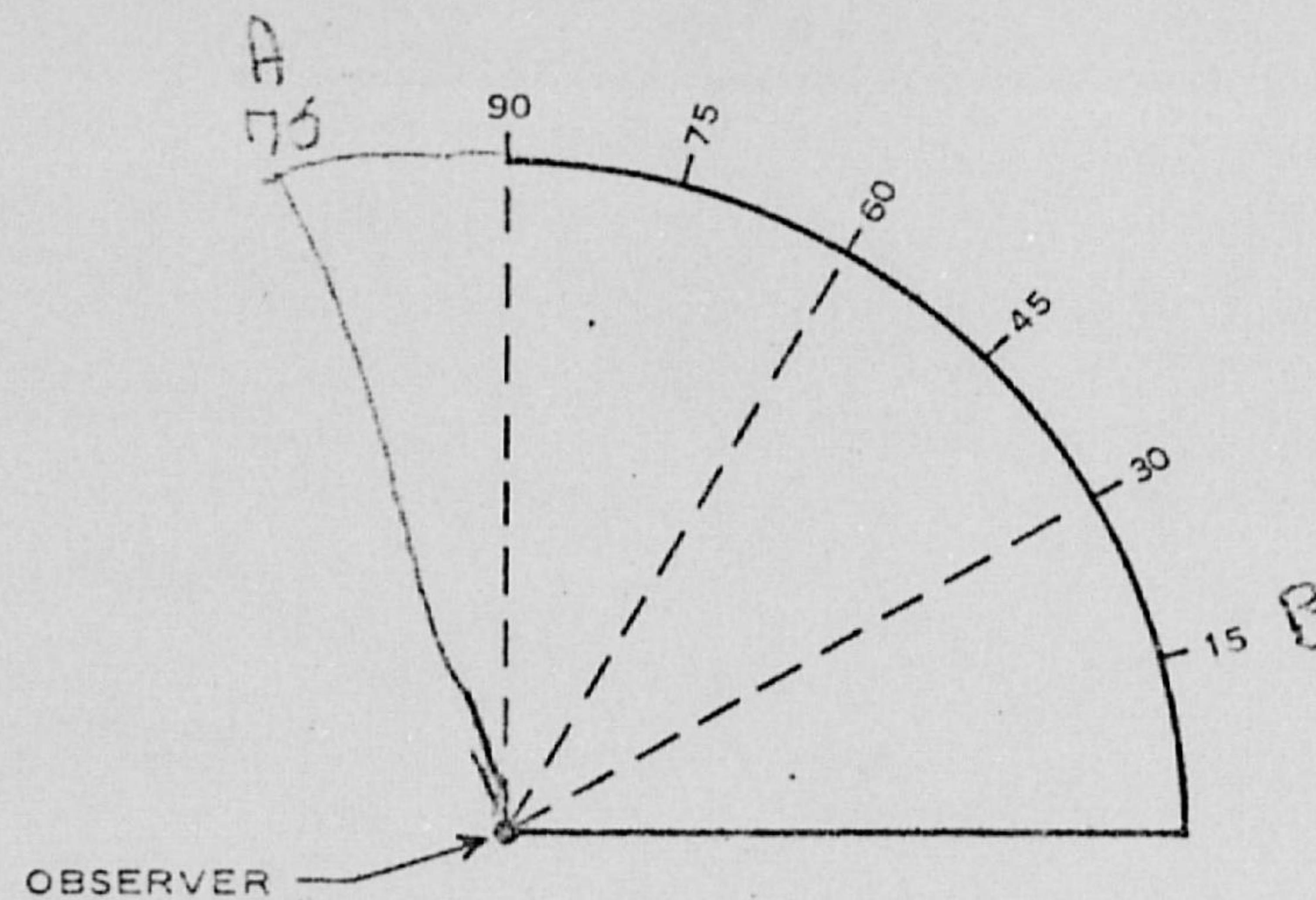


NORTH

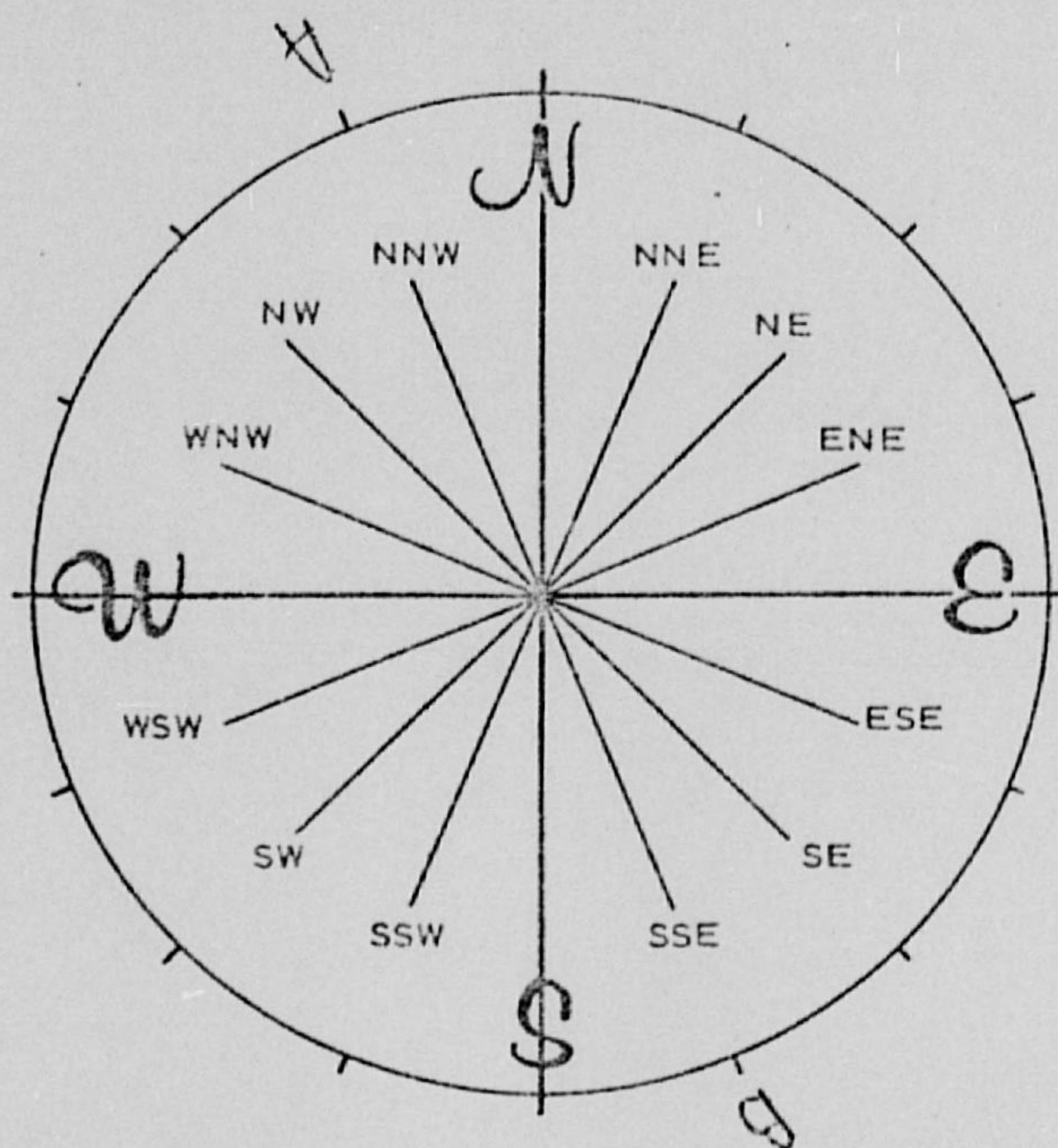
(OPERATION Blue Book - Washington, D.C.)

My son's copy of the original letter to you has been misplaced. The specific date and times included were covered in this letter, in your files. *Rebut. letter 3-6-69*

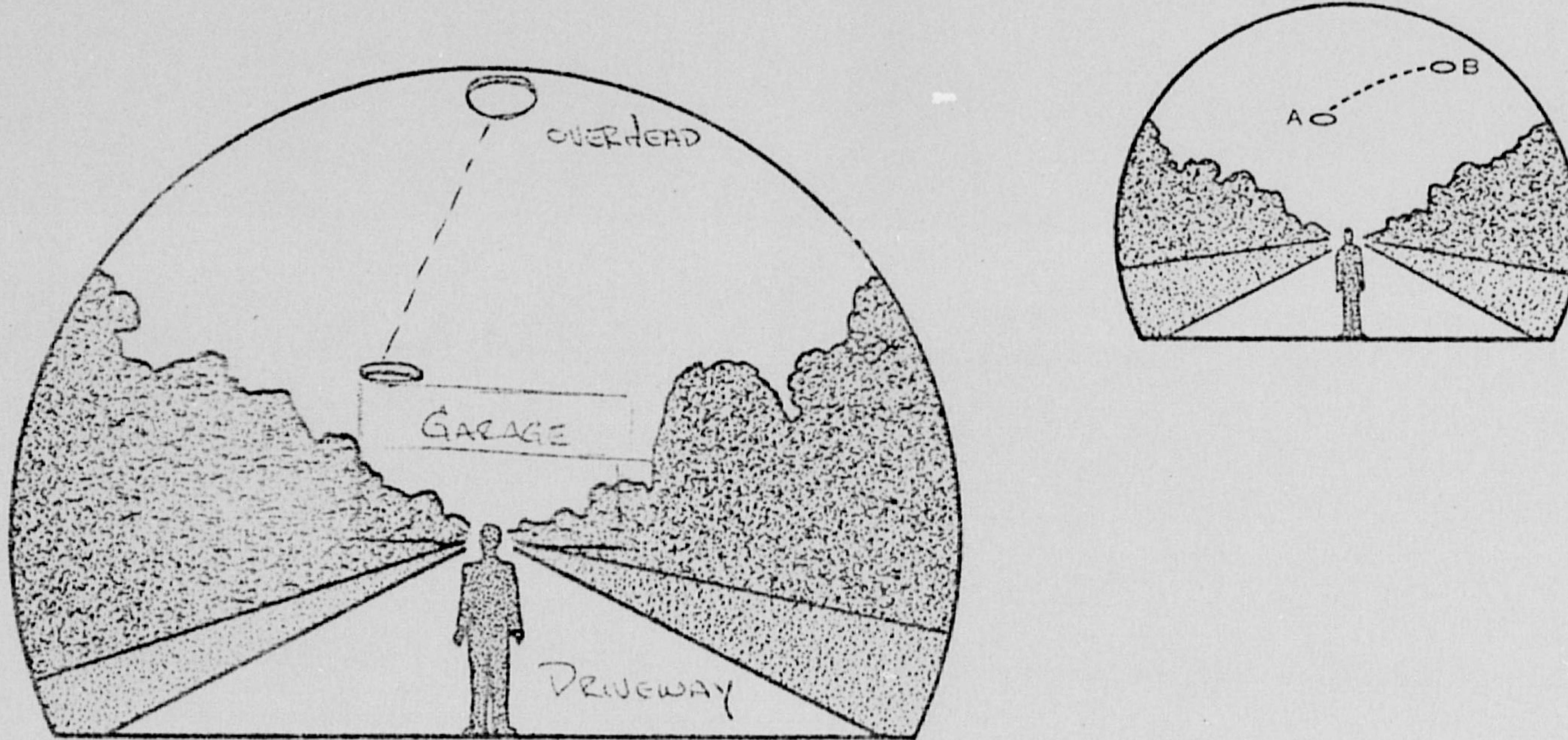
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



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
<input type="checkbox"/> IN BUILDING		<input checked="" type="checkbox"/>	<input type="checkbox"/> IN RESIDENTIAL SECTION OF CITY
<input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER		<input type="checkbox"/>	<input type="checkbox"/> IN OPEN COUNTRYSIDE
<input type="checkbox"/> IN BOAT		<input type="checkbox"/>	<input type="checkbox"/> NEAR AIRFIELD
<input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER		<input type="checkbox"/>	<input type="checkbox"/> FLYING OVER CITY
<input type="checkbox"/> OTHER		<input type="checkbox"/>	<input type="checkbox"/> FLYING OVER OPEN COUNTRY
		<input type="checkbox"/>	<input type="checkbox"/> OTHER

A.

IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:

WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?
NORTH	EAST	
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 TRAVELED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.

HOW MUCH OTHER TRAFFIC WAS THERE?

DID YOU NOTICE ANY AIRPLANES? YES 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	<input type="checkbox"/> CERTAIN OF TIME	<input type="checkbox"/> 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? YES 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
	DAY	CUMULUS CLOUDS (Low fluffy)	FOG OR MIST
	TWILIGHT	CIRRUS CLOUDS (High fleecy or Herring-bone)	HEAVY RAIN
X	NIGHT	NIMBUS CLOUDS (Rain)	LIGHT RAIN OR DRIZZLE
X	CLEAR	CUMULONIMBUS CLOUDS (Thunderstorms)	HAIL
	PARTLY CLOUDY		SNOW OR SLEET
	COMPLETELY OVERCAST		UNKNOWN
		HAZE OR SMOG	X 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
	clearly seen	X first quarter	and clearly seen
	NONE	BRIGHT MOONLIGHT	NO MOONLIGHT
	A FEW	MOON WITH HALO	UNKNOWN
X	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.

• 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 O

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?			XX	
CHANGE COLOR?			XX	
GIVE OFF SMOKE?			X	
CHANGE BRIGHTNESS?			X	
CHANGE SHAPE?			XX	
FLASH OR FLICKER?			XX	
DISAPPEAR AND REAPPEAR?			XX	
SPIN LIKE A TOP?			XX	
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 ~~white~~

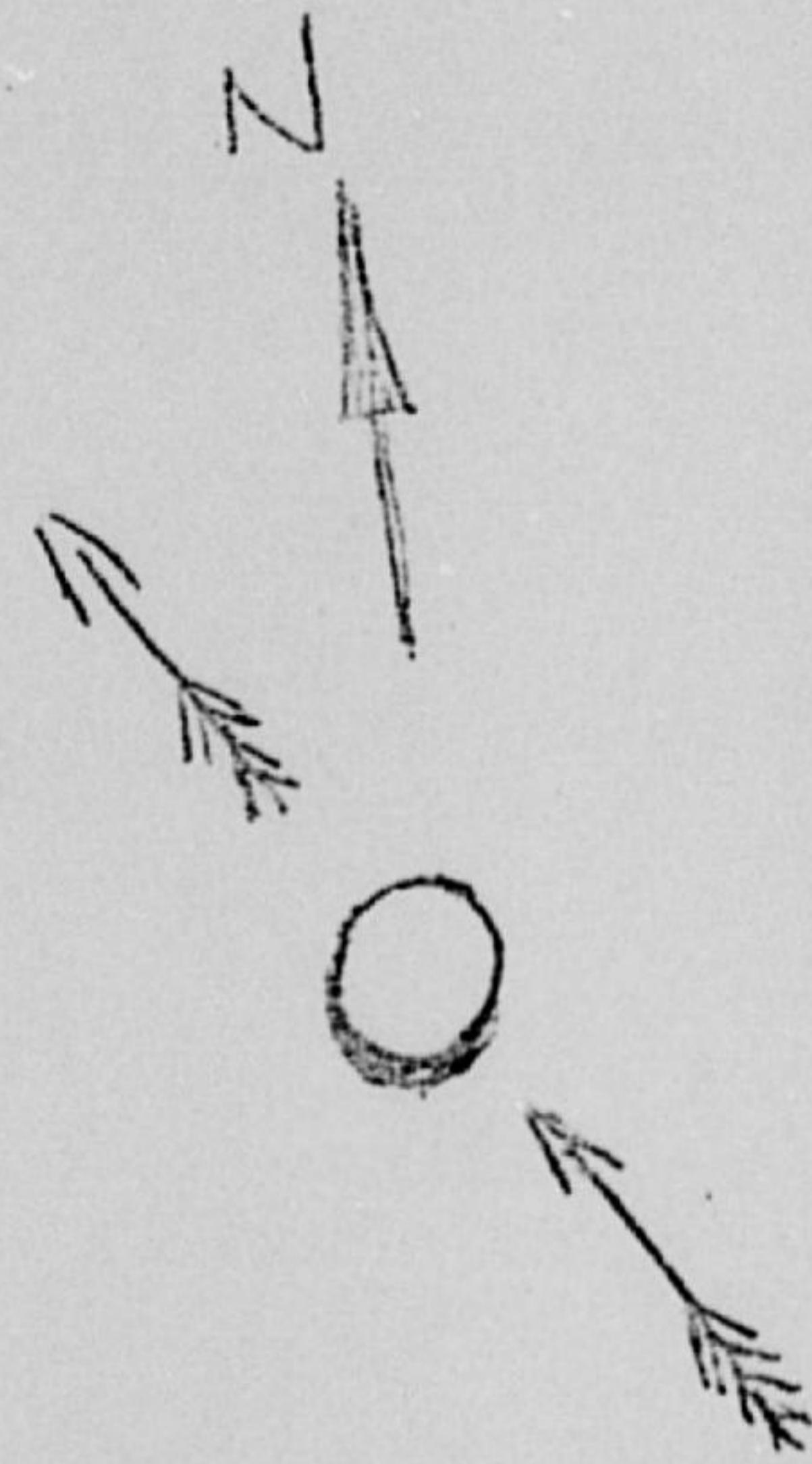
A. HOW DID IT FINALLY DISAPPEAR?

~~the planet~~ 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.

~~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.

EYEGLASSES	CAMERA VIEWER
SUNGASSES	BINOCULARS
WINDSHIELD	X TELESCOPE <input checked="" type="checkbox"/> SEARS DISCOVERER 253 power
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 35100 ft/min.

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 501 m.

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.

the object looked similar to a round lens or ~~mirror~~ mirror blank.

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.

~~my~~ my hand got cold

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. 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 NAME

48138

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

48138

TELEPHONE NUMBER

AGE

14

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 Washington DC DAY 6 MONTH July YEAR 1969

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 6 MONTH March YEAR 1969