

## PROJECT 10073 RECORD

1. DATE - TIME GROUP 18 February 69	18/2215 19/0315Z	2. LOCATION Kettering, Ohio
3. SOURCE Civilian	10. CONCLUSION Probable (AIRCRAFT)	
4. NUMBER OF OBJECTS One		
5. LENGTH OF OBSERVATION 3 Minutes	11. BRIEF SUMMARY AND ANALYSIS The observer sighted a bright light that moved northward and disappeared after about 3 minutes.	
6. TYPE OF OBSERVATION Ground-Visual		
7. COURSE N		
8. PHOTOS <input type="checkbox"/> Yes 20046		
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes 202 No		

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

18 Feb 69

REPLY TO  
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation, 18 Feb 1969

TO: [REDACTED]  
[REDACTED] Dayton, Ohio 45429

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.

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

1 Atch  
AF Form 117 w/envelope

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

DEPARTMENT OF DEFENSE



*Start off Right*

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R253

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 FEB YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 10 MINUTES 15  A.M.  P.M.

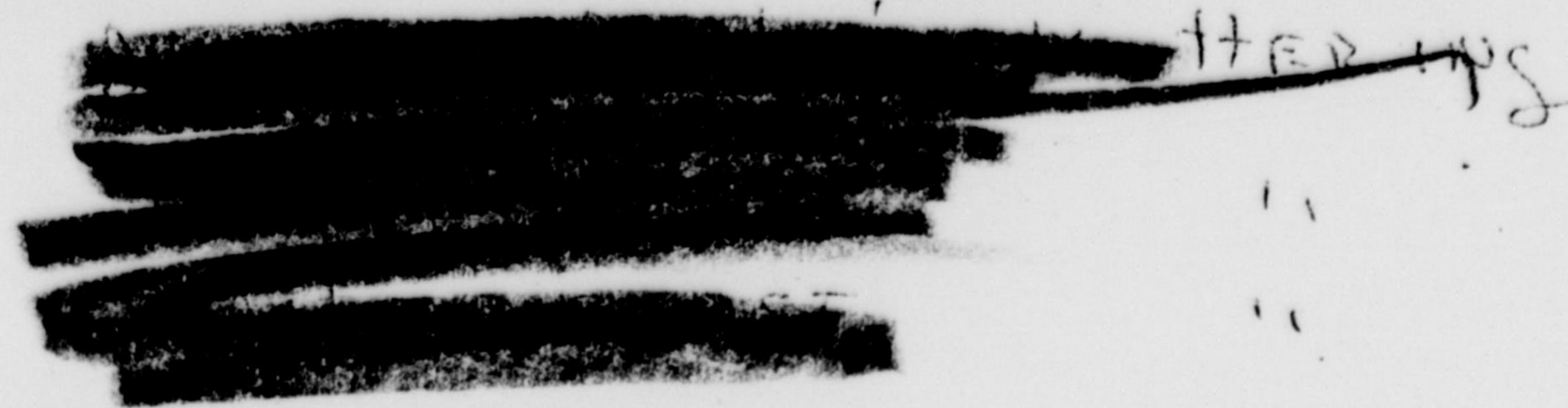
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 10 MINUTES 18  A.M.  P.M.

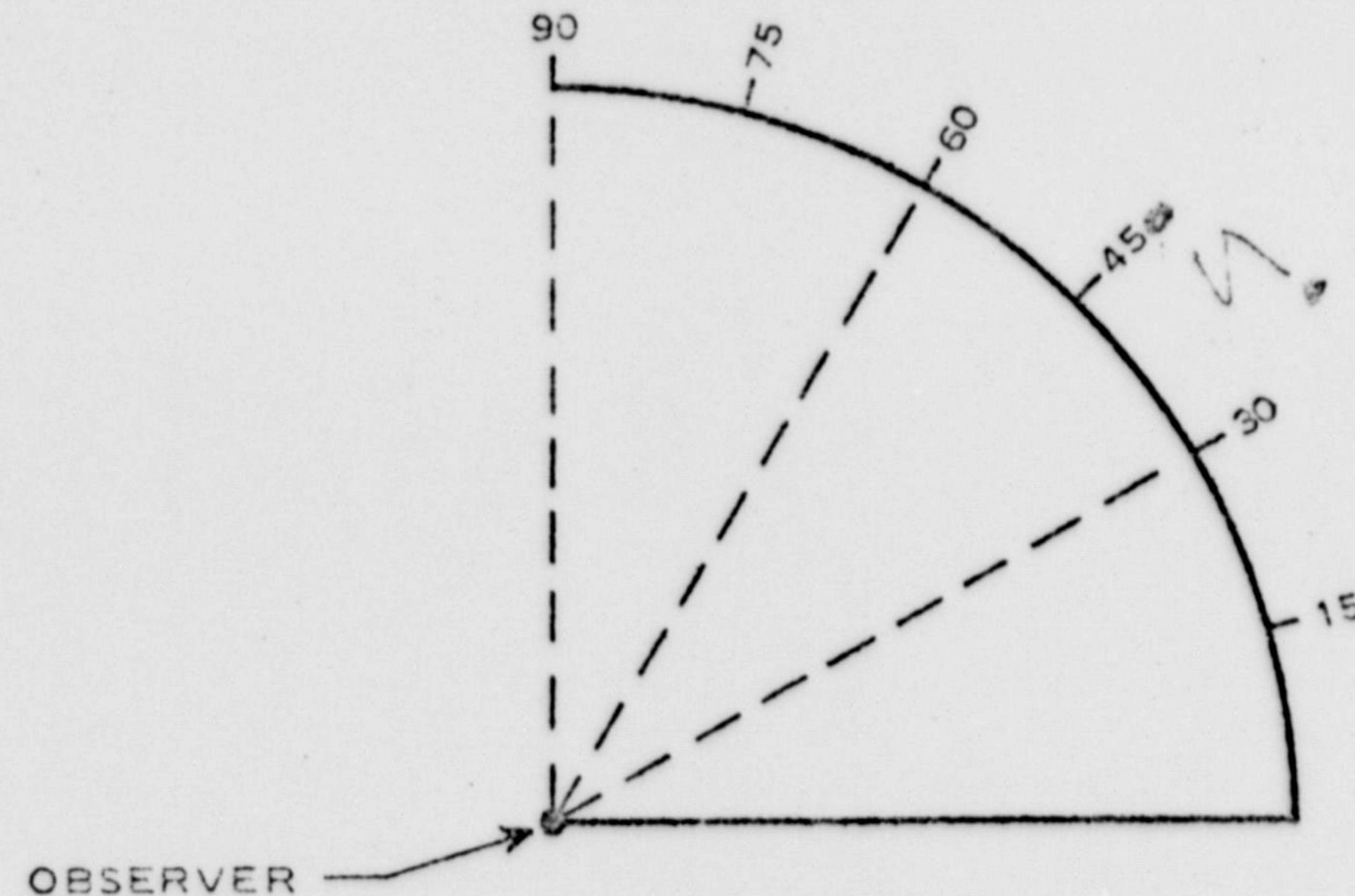
4. TIME/ZONE  DAYLIGHT SAVINGS  STANDARD

EASTERN  CENTRAL  MOUNTAIN  PACIFIC  OTHER

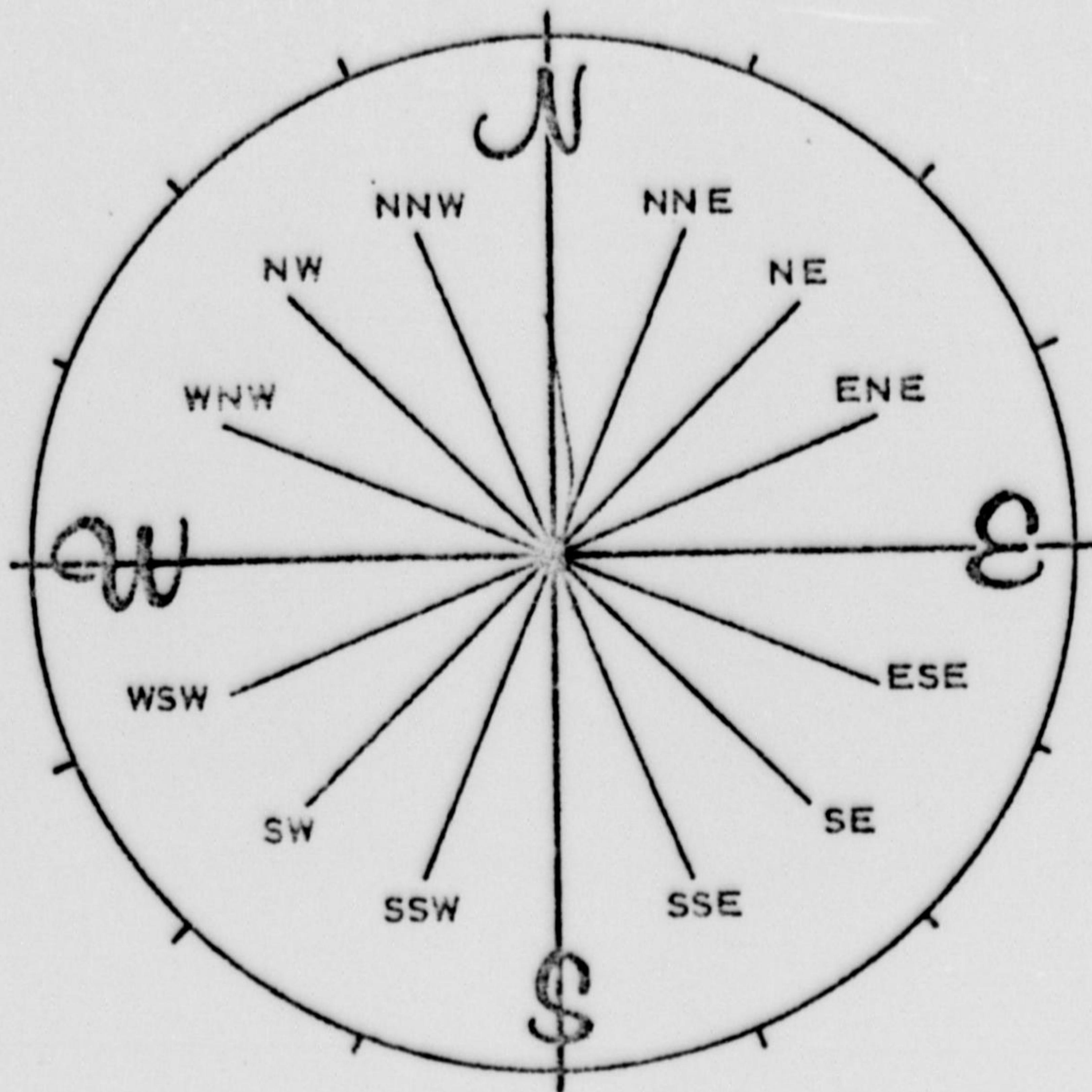
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE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



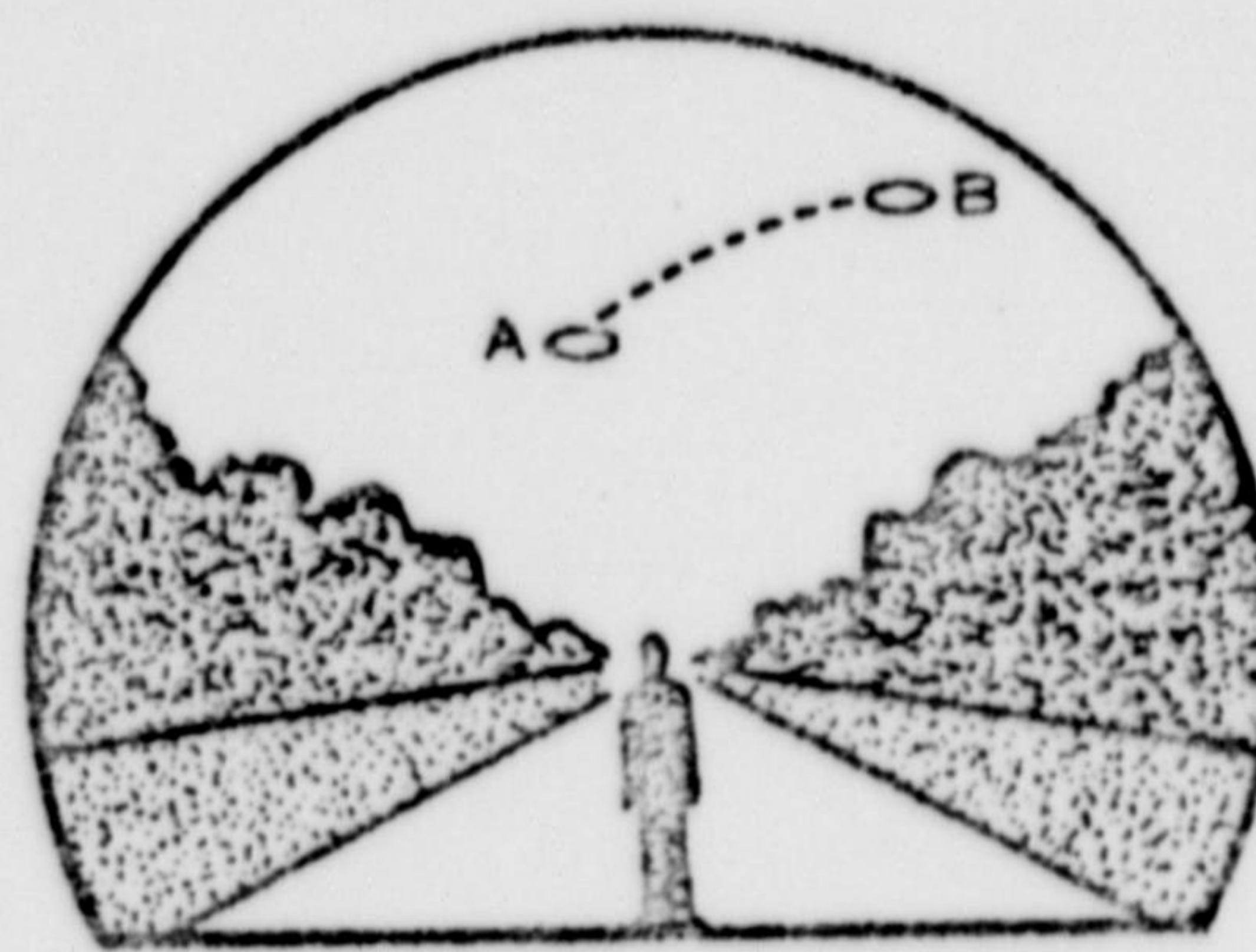
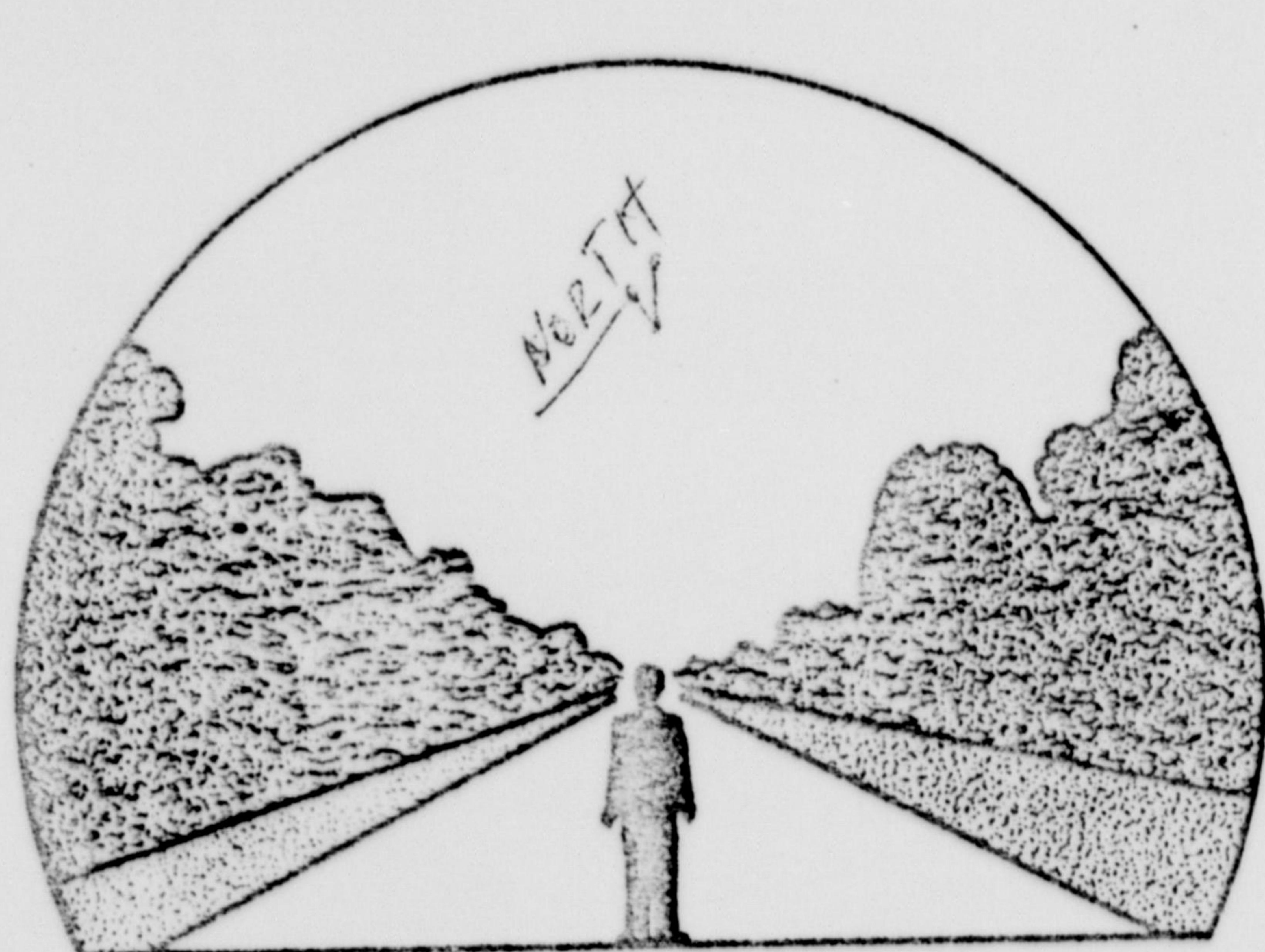
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



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.)

<input checked="" type="checkbox"/> OUTDOORS	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	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	
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 TRAVESED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.

HOW MUCH OTHER TRAFFIC WAS THERE?

NO

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	CERTAIN OF TIME	NOT VERY SURE
3	FAIRLY CERTAIN	<input checked="" type="checkbox"/> JUST A GUESS

HOW WAS TIME DETERMINED?

?

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?

11.

CONDITIONS (Check appropriate blocks.)

A.	SKY	B.	WEATHER
	DAY	CUMULUS CLOUDS ( <i>Low fluffy</i> )	FOG OR MIST
	TWILIGHT	CIRRUS CLOUDS ( <i>High fleecy or Herring-bone</i> )	HEAVY RAIN
✓	NIGHT		LIGHT RAIN OR DRIZZLE
✓	CLEAR	NIMBUS CLOUDS ( <i>Rain</i> )	HAIL
	PARTLY CLOUDY	CUMULONIMBUS CLOUDS ( <i>Thunderstorms</i> )	SNOW OR SLEET
	COMPLETELY OVERCAST		UNKNOWN
		HAZE OR SMOG	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	MOON WITH HALO	✓ UNKNOWN
✓	MANY	MOON HIDDEN BY CLOUDS	
	UNKNOWN	PARTIAL ( <i>New or quarter</i> )	

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 ( <i>Near noon</i> )
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.

House lights

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.

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
MOVE IN A STRAIGHT LINE?	Slowly up & down		✓	
STAND STILL AT ANYTIME?	1ST NOTICED	✓		
SUDDENLY SPEED UP AND RUN AWAY?		✓		
BREAK UP IN PARTS AND EXPLODE?		✓		
CHANGE COLOR?		✓		
GIVE OFF SMOKE?		✓		
CHANGE BRIGHTNESS?	Very Bright Then dimmer	✓		
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?

WALKING HOME FROM YACAT  
AND JUST NOTICED A BRIGHT  
LIGHT IN THE SKY.

A. HOW DID IT FINALLY DISAPPEAR?

MOVING NORTHWARD OUT OF SIGHT

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.

IN FRONT THE RADIO TOWER  
WING,

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.

ROUND

BRIGHT light

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.

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

EYEGLASSES	NO	CAMERA VIEWER
SUNGASSES		BINOCULARS
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 \_\_\_\_\_

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?  YES  NO. IF "YES," DESCRIBE.

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 NAMES AND ADDRESSES

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS

TELEPHONE NUMBER

AGE

15

MALE

FEMALE

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

They would like to know what it  
was if you find out

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 \_\_\_\_\_