

# PROJECT 10073 RECORD

<b>1. DATE - TIME GROUP</b> 26/2100EDT 26 Jun 69 27/0100Z	<b>2. LOCATION</b> Jacksonville, Florida
<b>3. SOURCE</b> Civilian	<b>10. CONCLUSION</b> Possible Satellite
<b>4. NUMBER OF OBJECTS</b> One (1)	
<b>5. LENGTH OF OBSERVATION</b> 3 minutes	<b>11. BRIEF SUMMARY AND ANALYSIS</b> Observer sighted a moving star-like light that traveled from the NW to the ESE.
<b>6. TYPE OF OBSERVATION</b> Ground-Visual	
<b>7. COURSE</b> NW to ESE	
<b>8. PHOTOS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9. PHYSICAL EVIDENCE</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



TDPT (UFO)

28 JUL 1969

UFO Observation, 26 Jun 1969

Mr. [REDACTED]

Jacksonville, Florida 32216

Reference your UFO sighting of 26 Jun 69. On the basis of description, we feel that the stimulus for your sighting was probably a satellite. There are over 1,700 objects in space, approximately 64 of which are visible to the naked eye. Although we are unable to identify which object you sighted, we feel that your sighting was of one of these "naked eye" satellites.

#  
ECTOR QUINTANILLA, Jr, Lt Col, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate



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



86 Jun 69  
11 JUL 1969

REPLY TO  
ATTN OF:

TDPT (UFO)

SUBJECT:

UFO Observation, 26 Jun 1969

TO:

M. [REDACTED]  
Jacksonville, Florida 32216

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



## 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, 1AW 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 26 MONTH June YEAR 1969

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 9:00 MINUTES 0 ☐ A.M. ☒ P.M.

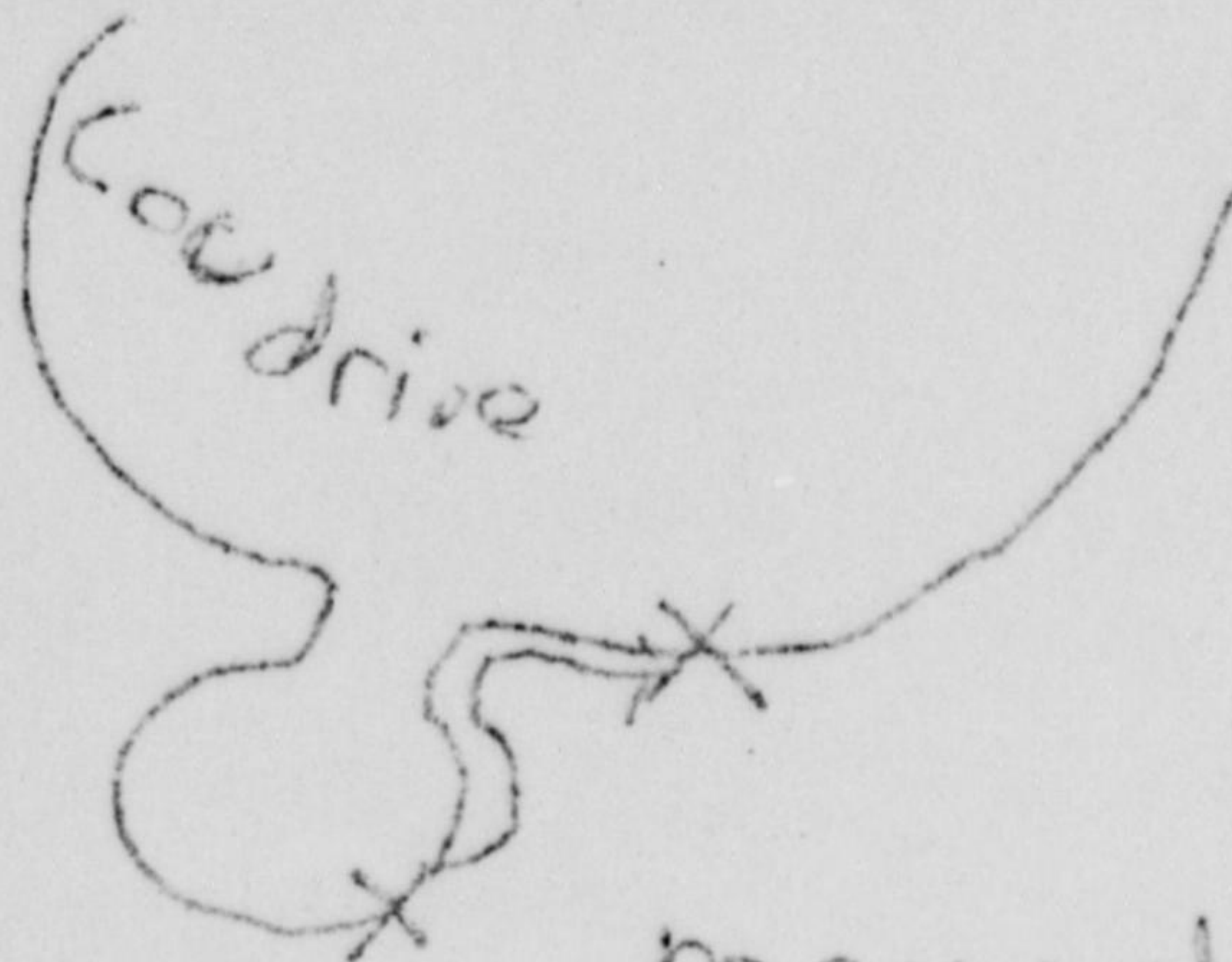
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 9:03 MINUTES 3 ☐ A.M. ☒ P.M.

4. TIME ZONE

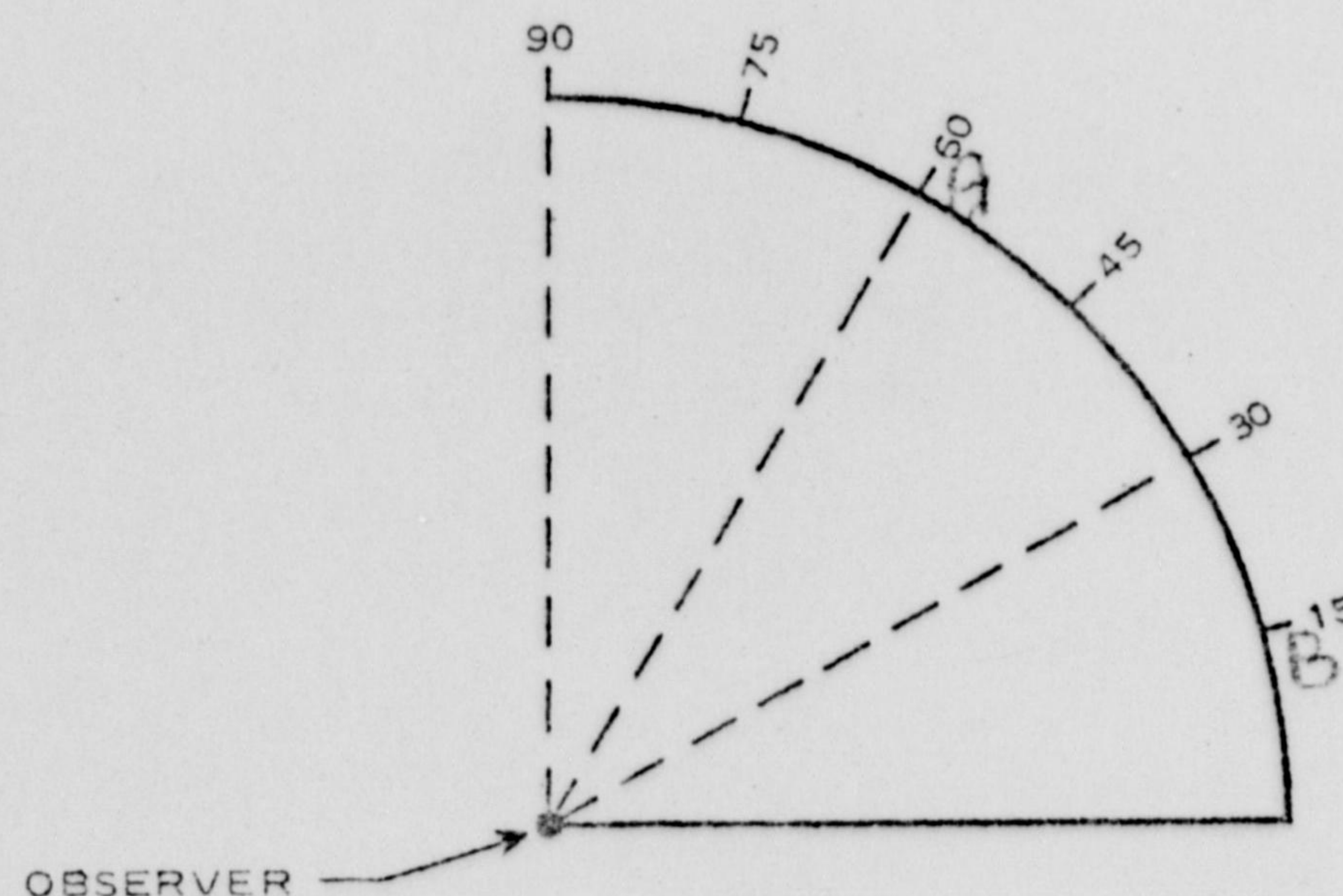
☒ DAYLIGHT SAVINGS☐ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

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.



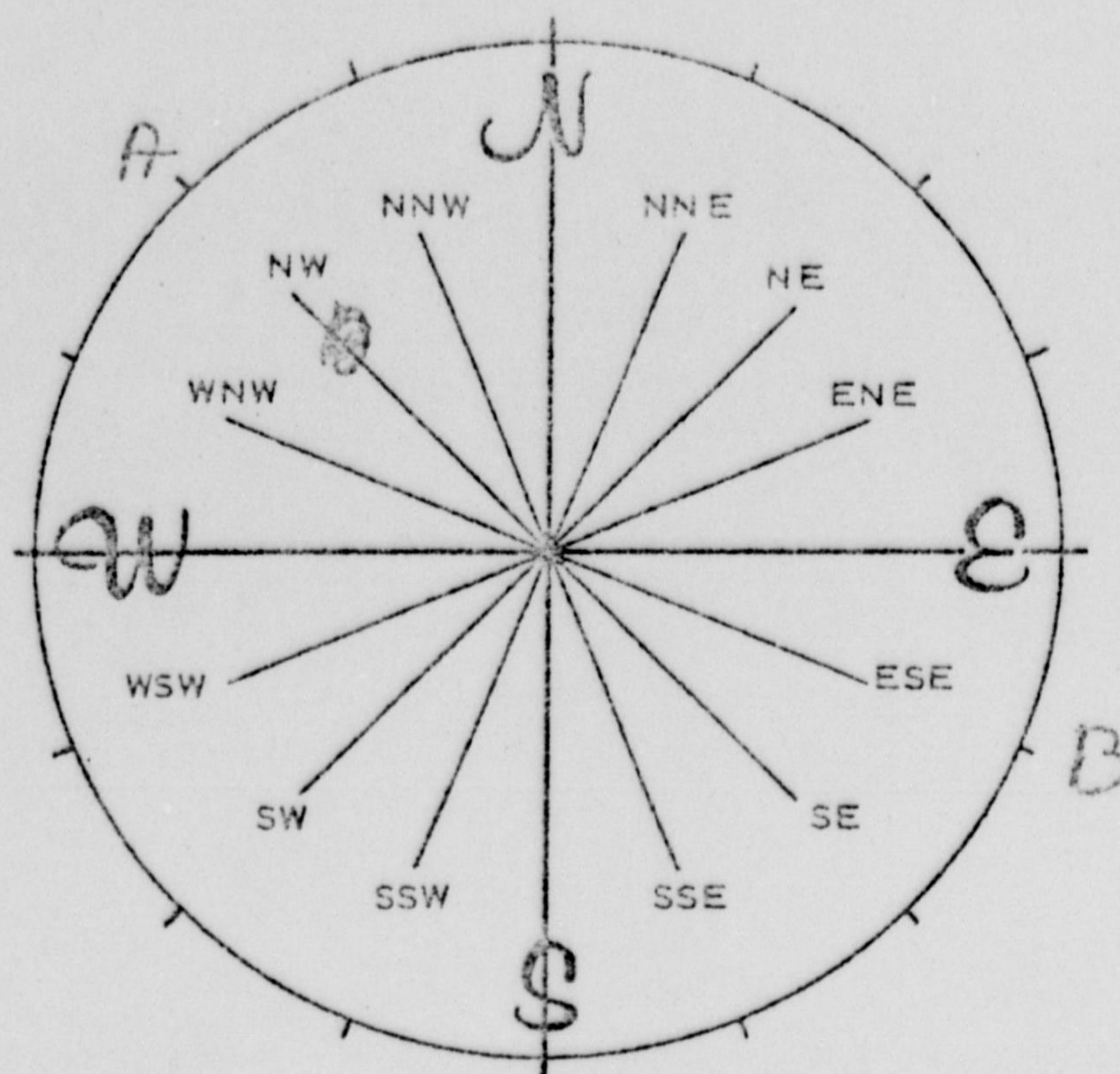
moved from X (6404 Lou ct) to  
other X on Lou drive.

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.

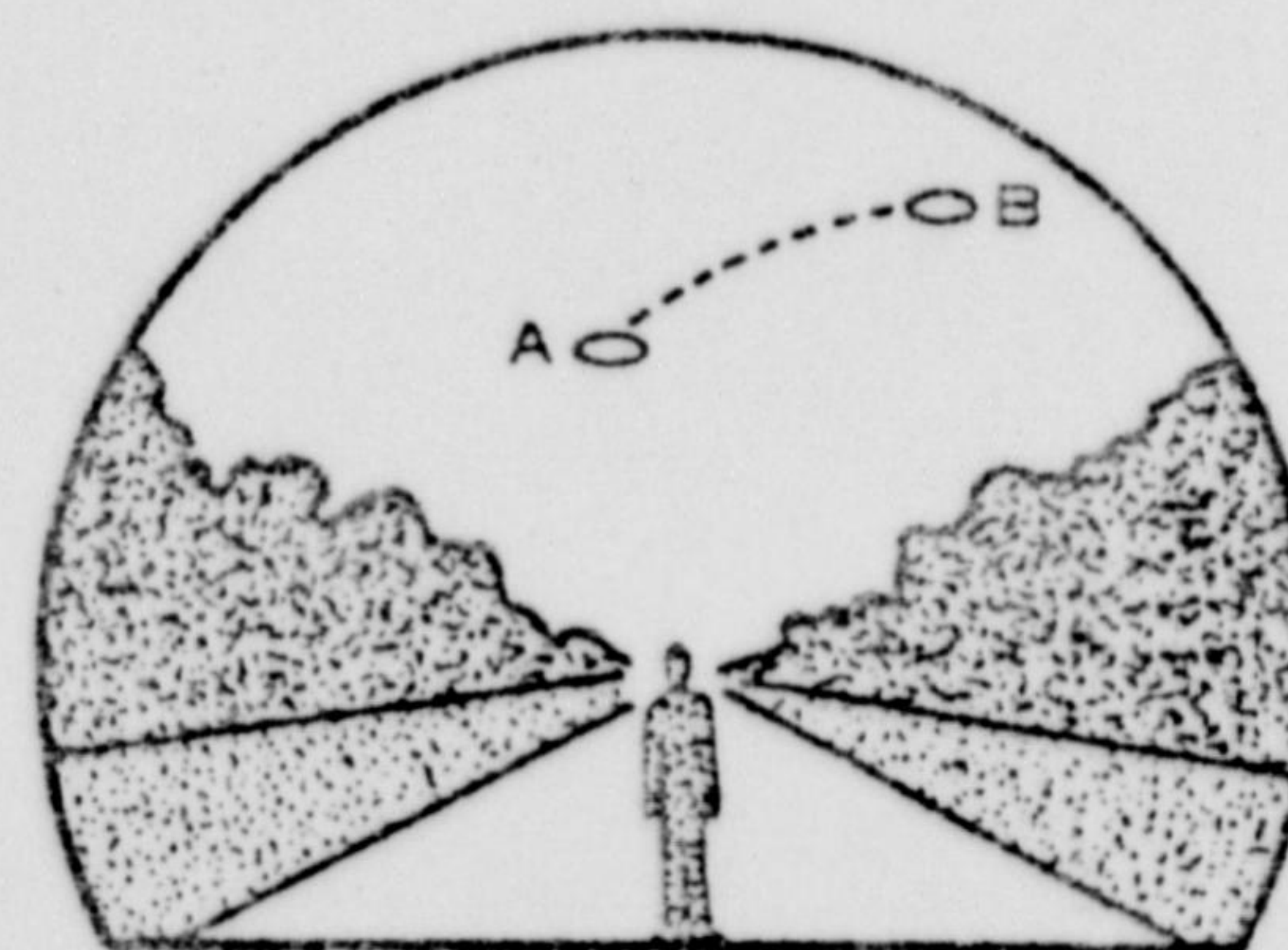
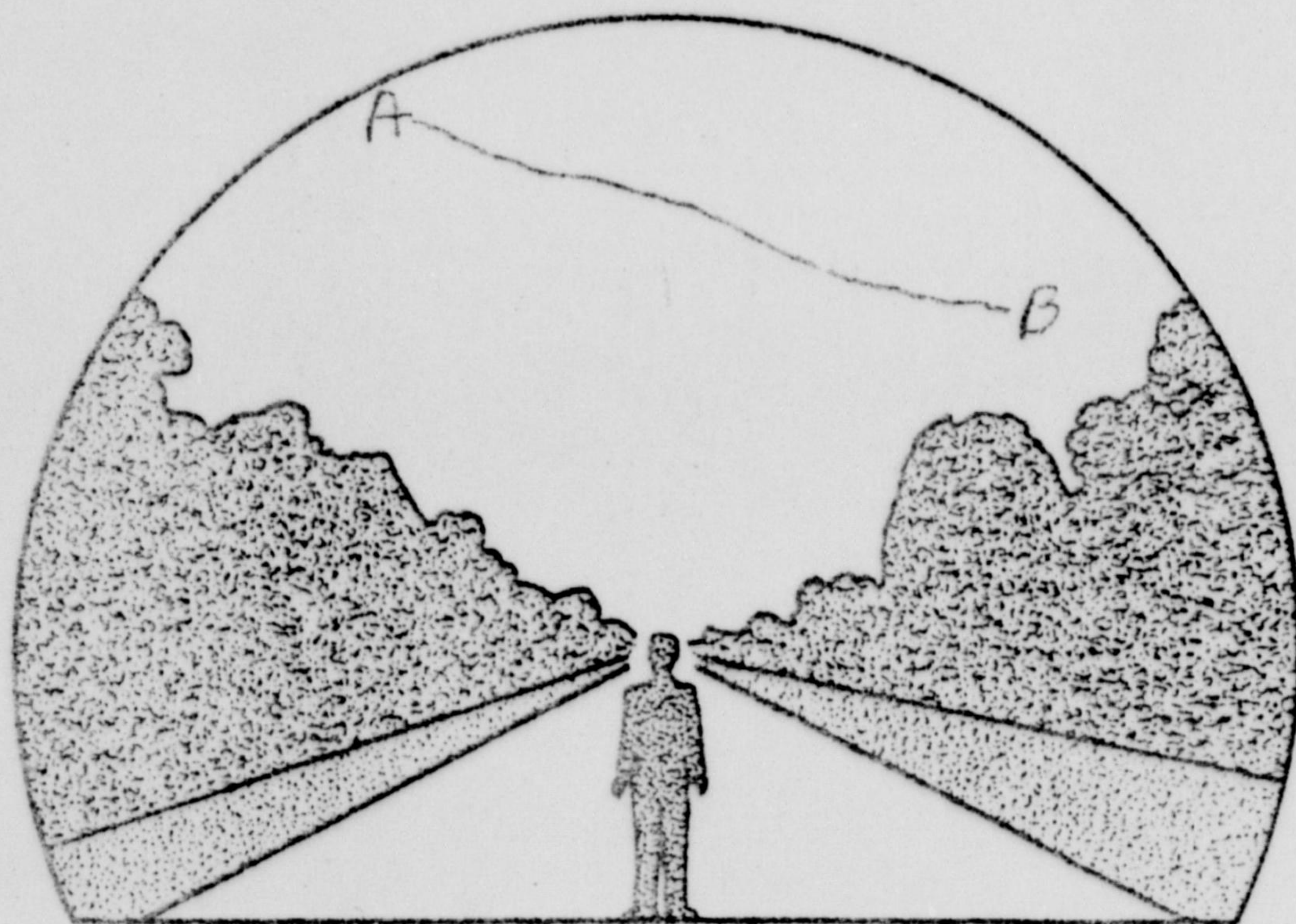




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



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 type="checkbox"/> IN BUSINESS SECTION OF CITY
<input type="checkbox"/> IN BUILDING			<input checked="" 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"/> IN OPEN COUNTRYSIDE
<input type="checkbox"/> IN BOAT			<input type="checkbox"/> NEAR AIRFIELD
<input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER			<input type="checkbox"/> FLYING OVER CITY
<input type="checkbox"/> 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	3 minutes	<input checked="" type="checkbox"/> CERTAIN OF TIME	<input type="checkbox"/> NOT VERY SURE
		<input type="checkbox"/> FAIRLY CERTAIN	<input type="checkbox"/> JUST A GUESS
HOW WAS TIME DETERMINED? By a watch			
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?

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"/> LIGHT RAIN OR DRIZZLE
<input checked="" type="checkbox"/> CLEAR		<input type="checkbox"/> NIMBUS CLOUDS (Rain)	<input type="checkbox"/> HAIL
<input type="checkbox"/> PARTLY CLOUDY		<input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> SNOW OR SLEET
<input type="checkbox"/> COMPLETELY OVERCAST			<input type="checkbox"/> UNKNOWN
		<input type="checkbox"/> HAZE OR SMOG	<input 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 type="checkbox"/> BRIGHT MOONLIGHT
<input checked="" type="checkbox"/> A FEW	<input type="checkbox"/> MOON WITH HALO
<input 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.

Moon

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.

Self luminous - white - sharp  
not airplane because did not blink  
and had no other lights.



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

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

I was looking up at the sky.

A. HOW DID IT FINALLY DISAPPEAR?

I looked at it then at my watch and looked back for it and it was gone.

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.



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.

NW

a very bright like first magnitude.

ESE

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.

little larger than 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.

EYEGASSES	CAMERA VIEWER
SUNGLASSES	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 300

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 4000

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.

Only an airplane.

It went too fast and was lighted different from airplane or aircraft.

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 (Street, City, State and Zip Code)

TELEPHONE

AGE

MALE

FEMALE

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

Student - Member NACap ~~and~~ Amature  
 Astronomer - Have a large interest and  
 plenty of knowledge in Aeronaotics

25. WHEN AND TO WHOM DID YOU SEE THIS PHENOMENON?

NAME  DAY I MONTH July YEAR 1969

25. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 17 MONTH July YEAR 1969



DEPARTMENT OF THE AIR FORCE  
OFFICE OF THE SECRETARY

MEMORANDUM

TDPT/UFO:

This is a PR gesture. Guess we're obligated to look at it. Nothing is said in the ground rules about kids reporting UFOs.

If you'll let me know what you decide, I'll  
[REDACTED] now.

Jo T.



DEPARTMENT OF THE AIR FORCE  
WASHINGTON 20330

26 Jun 69



OFFICE OF THE SECRETARY

1 JUL 1969

Dear [REDACTED]

This replies to your letter postmarked June 27, in which you requested evaluations of two unidentified flying objects (UFOs).

In order for Project Blue Book to investigate a UFO sighting, the observer must report it directly to the Air Force; we do not accept secondhand reports for investigation. In addition, we have found that after a sighting is over thirty days old, precise details become blurred in the viewer's mind and an investigation is not then worthwhile. For these reasons, we cannot investigate your friend's report. We thought that perhaps he might want this report for his records so we are returning it. Inclosed is some material on UFOs; by looking at the different categories of objects often reported as UFOs, you may be able to help him identify his sighting.

The 1969 Project Blue Book has not been published. However, we anticipate no changes in the 1968 edition except in the statistical summary. You may bring your 1968 edition up-to-date by inserting the inclosed sheets at pages 8 and 9.

The report of your sighting is being sent to Wright-Patterson Air Force Base, Ohio. As soon as it is evaluated, you will be notified.

Sincerely,

/s/

JAMES H. AIKMAN  
Lt Colonel, USAF  
Chief, Civil Branch  
Community Relations Division  
Office of Information

Attachments

Mc [REDACTED]

Jacksonville, Florida 32216



Dear Sirs,  
Please send evaluation  
as soon as possible.

Sincerely Yours

P.S. Send new project  
Blue Book



# Guide

① where it was observed

a) shape

b) size

c) color

d) number

e) formation

f) Discernable Features

g) sound

h) unusual features

i) Tail, trail or exhaust.

② Description of course of object

a) observer was where when sight

b) angle of elevation

c) Description of flight path.

d) How object disappeared.

e) length of time in view.

③ manner of observation

a) If visual on ground

b) optical aids

c) Date

d) Time

e) weather

④ location of observer

f) observer

witness




- ① where it was observed,  
② shape - ~~the~~ looked like star  
③ course size - unknown but looked like penny  
④ color - white held at arms  
⑤ number - one length.  
⑥ formation - none  
⑦ Discernable features - none  
⑧ sound - none  
⑨ Unusual features - constant blinking & moving very fast.

- ⑩ Tail, trail or exhaust - none  
⑪ Description of course of object  
a) Jacksonville Fla. - observed from  
B) Angle of elevation -  $40^{\circ}$  -  $45^{\circ}$   
c) Description of flight path - straight from NW - ~~SE~~ did hover at times.  
D) SE - disappearance  
E) One minute in view

- ⑫ Manner of observation  
a) seen on ground  
B) no aids,  
C) June 26 - 1969  
D) 9:00  
E) clear with no clouds.

- ⑬ location - front yard of house  
Oak Fla.



⑤ observer   
witness - none.