

# PROJECT 10073 RECORD

|                                                                                                |  |                                                                                                                         |  |
|------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|
| 1. DATE - TIME GROUP<br>26/2139EDT<br>26 Aug 1969 27/0139Z                                     |  | 2. LOCATION<br>Manchester, Tennessee                                                                                    |  |
| 3. SOURCE<br>Civilian                                                                          |  | 10. CONCLUSION<br>Probab <sup>ly</sup> Astro (METEORS)                                                                  |  |
| 4. NUMBER OF OBJECTS<br>Three (3)                                                              |  |                                                                                                                         |  |
| 5. LENGTH OF OBSERVATION<br>5 seconds                                                          |  | 11. BRIEF SUMMARY AND ANALYSIS<br><br>Observer sighted 3 lights that traveled WNW and were visible for about 5 seconds. |  |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        |  |                                                                                                                         |  |
| 7. COURSE<br>WNW                                                                               |  |                                                                                                                         |  |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |  |                                                                                                                         |  |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  |                                                                                                                         |  |



Fireball  
1897

FLIGHT CREW MEMBER REPORT FORM

LONG. 083°18' WEST  
LAT. 45°55' NORTH

SATELLITE RE-ENTRY OR BRIGHT FIREBALL

6° WEST M.V.

in conjunction with  
Smithsonian Astrophysical Observatory's Re-Entry and Recovery Program

- AIR CANADA GALT
1. Airline/flight FLIGHT 812/262 2. Date 27 Aug 69 3. Time 0136Z  
Please indicate whether date and time are local or Greenwich mean time.
4. Location (longitude and latitude or DME and radial reading from a VOR  
only SAULT ST. MARIE (112.2) 52 NM
5. Plane heading TRUE 124° magnetic 130°M 6. Altitude 33,000 FT.
7. Crew names and addresses witnessing event CAPT. G. D. WHITE - VAN.  
F/O M. G. BROWN - VANCOUVER  
S/O W. H. HOOD - MONTREAL
8. Estimate degrees right or left of plane heading and elevation (in degrees)  
above horizon of object when first sighted DEAD AHEAD ELEVATION
9. Estimate degrees right or left of plane heading and elevation (in degrees)  
above horizon of object when last sighted 40° LEFT OF HEADING ELEVATION
10. Apparent brightness: A. Too bright to look at \_\_\_\_\_  
B. As bright as full moon \_\_\_\_\_  
C. As bright as Venus ☒ BRILLIANT BLUE
11. Duration of sighting 4 seconds
12. Break up noted and/or color noted Break up seen and light went out at 1/2  
Was this a predicted re-entry? yes no

Please list further descriptive information on the reverse side.

Date: 27 AUG 1969

W. H. Hood S/O  
Signature

If, for any reason, you wish not to be identified with whatever sighting you made, please indicate so underneath your signature. Please mail to:

H. E. Roth, Director  
Smithsonian Moonwatch Team, Denver  
C/O United Air Lines Flight Training Center  
Stapleton International Airport  
Denver, Colorado 80207 U.S.A.



20 Aug 69

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS ARNOLD ENGINEERING DEVELOPMENT CENTER (AFSC)  
ARNOLD AIR FORCE STATION, TENNESSEE 37389



REPLY TO  
ATTN OF: AEY

29 August 1969

SUBJECT: Investigation of UFO Sighting

TO: FTD (TDPT) (UFO)

1. Attached is a report of the initial investigation of a UFO sighting which occurred near the Arnold Engineering Development Center.

2. Should additional information be required, please contact Lt Guy D. Pfeiffer, AEYS, Ext. 7333/7440.

FOR THE COMMANDER

*Walter C. Knapp*  
WALTER C. KNAPP, Lt Col, USAF  
Director of Foreign Technology

1 Atch  
AF Fm 117

*Rob. Pfeiffer*

*wait For H. Roth meteor. reports*



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R158

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 26 MONTH Aug YEAR 1969

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 2139 MINUTES        ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 2139 MINUTES        ☐ A.M. ☒ P.M.

4. TIME/ZONE

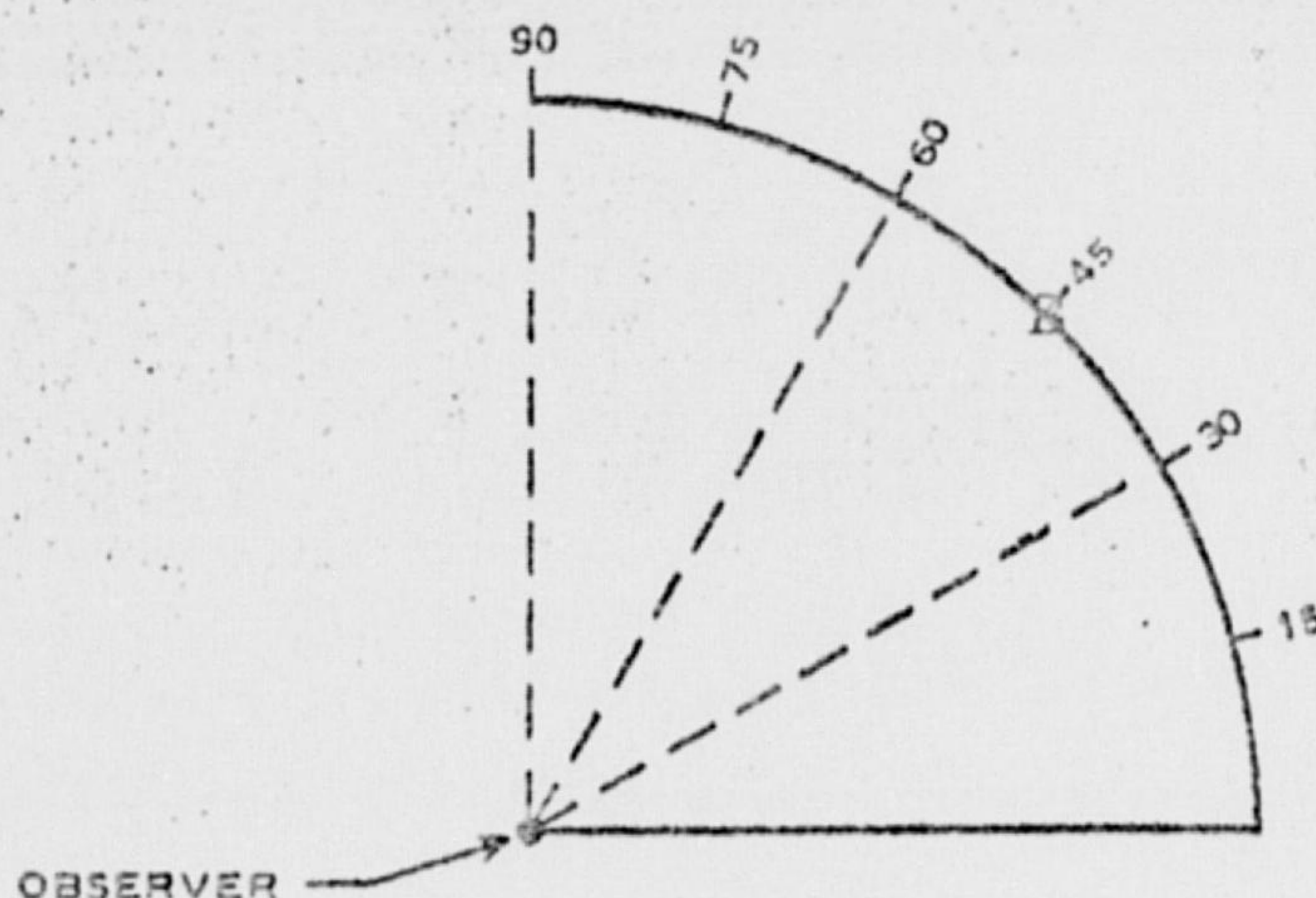
☒ DAYLIGHT SAVINGS☐ STANDARD☐ EASTERN☒ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

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.

East side of patio

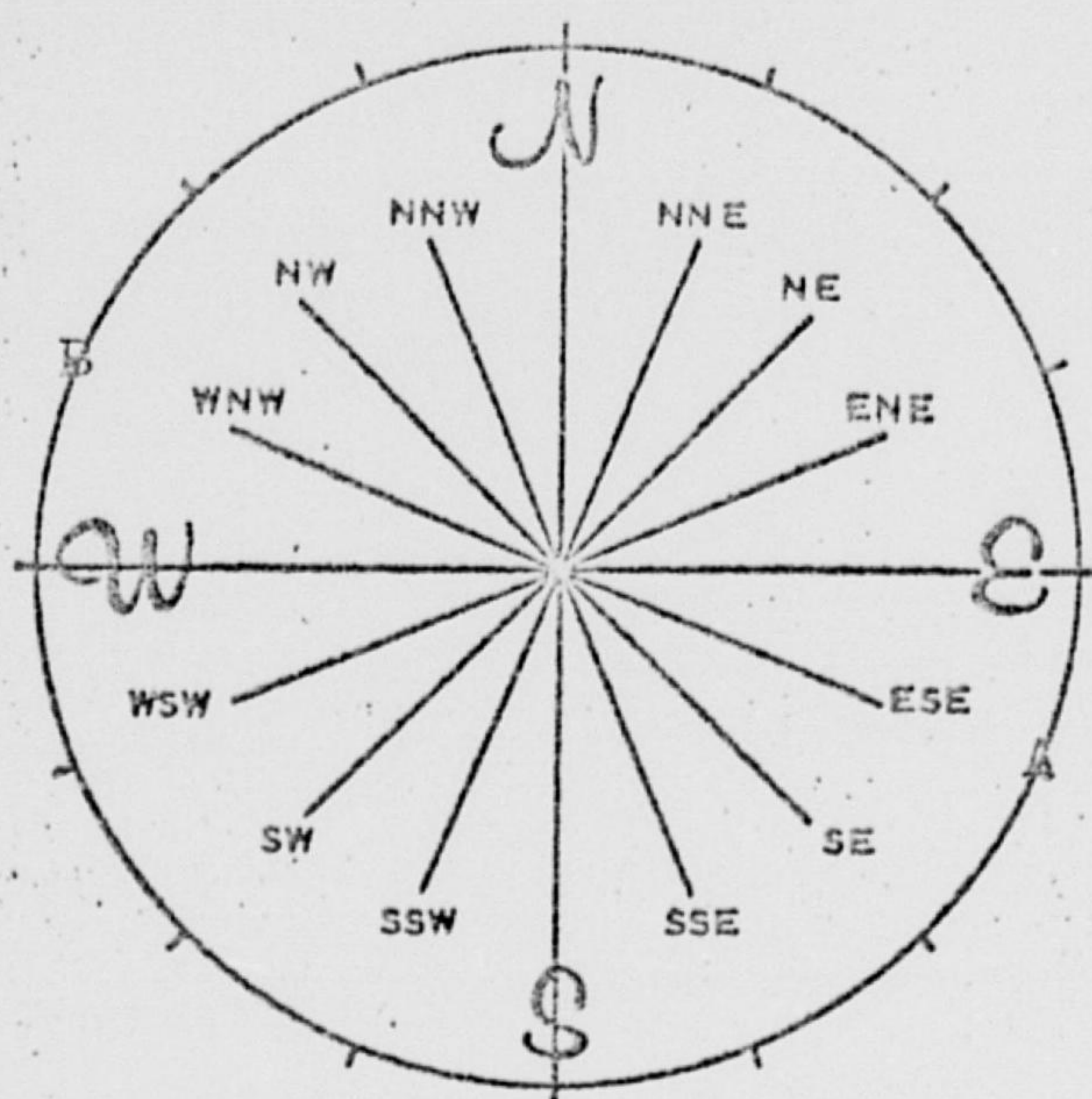
Manchester, Tennessee

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.

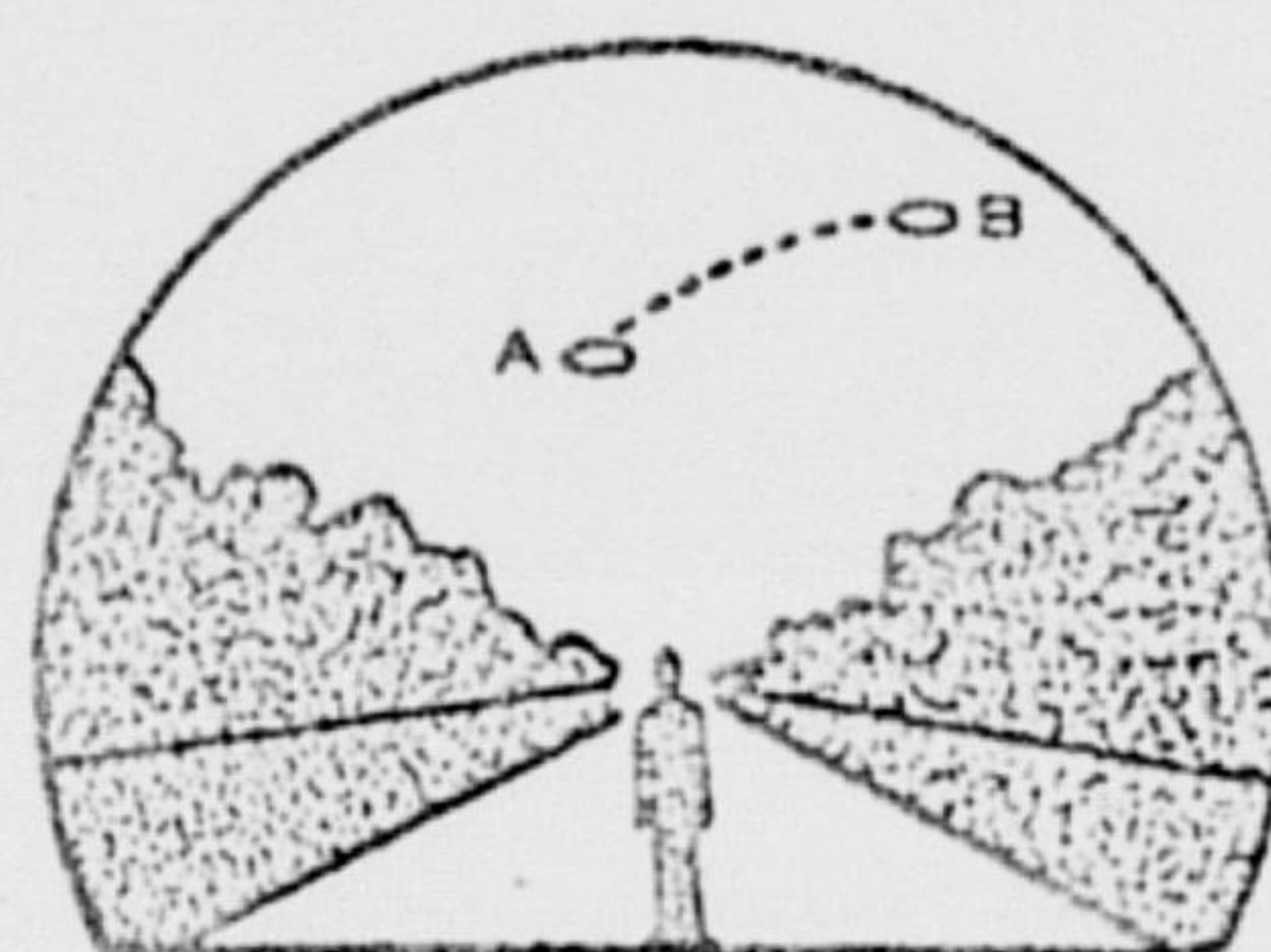
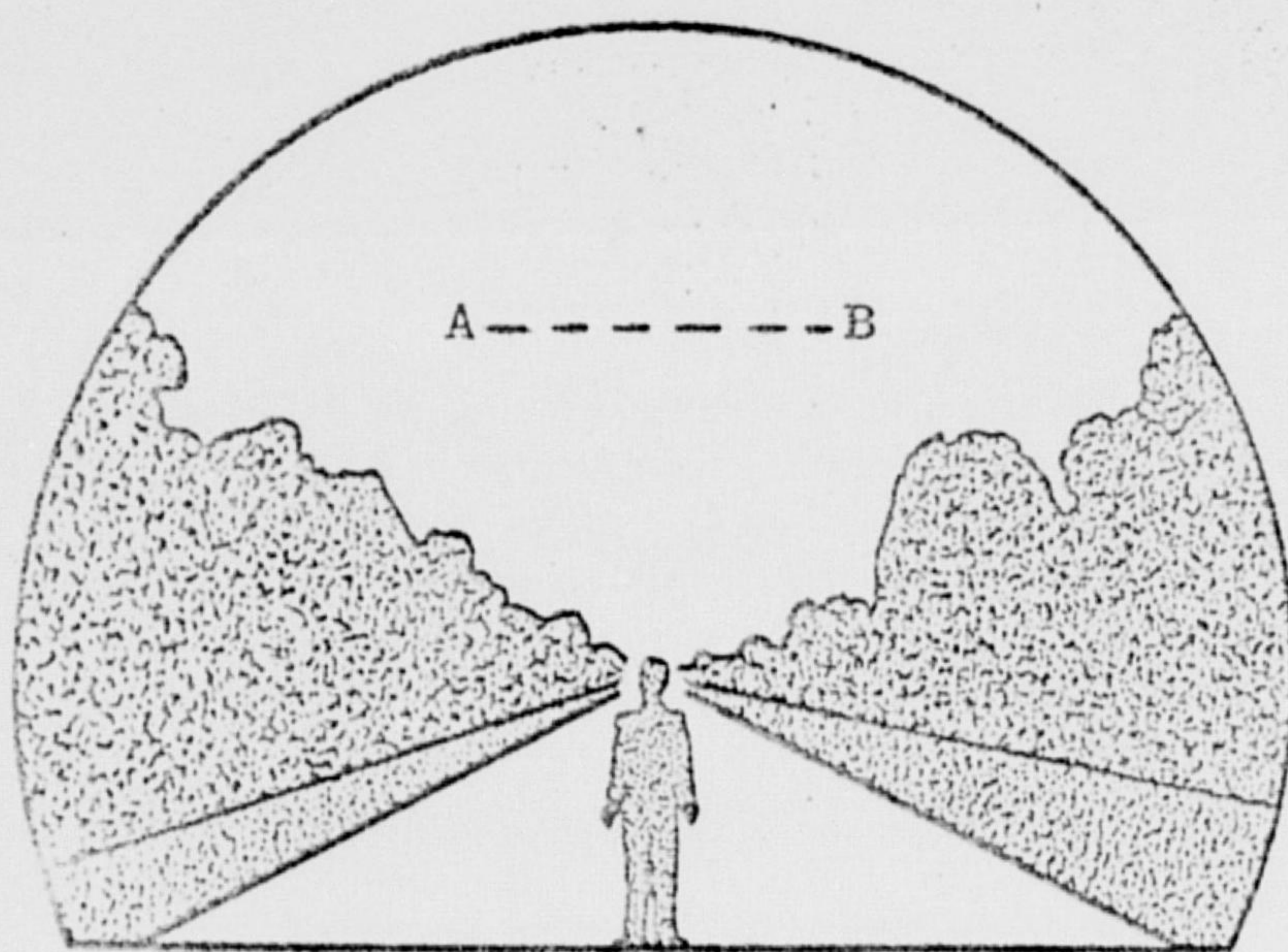




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



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.





|                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                                                                      |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 3. 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: N/A                                                                                                                                                                                                                                       |                                                                                     |                                                                                                                      |                                |
| WHAT DIRECTION WERE YOU MOVING?                                                                                                                                                                                                                                                                |                                                                                     | HOW FAST WERE YOU MOVING?                                                                                            |                                |
| NORTH                                                                                                                                                                                                                                                                                          | EAST                                                                                | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO |                                |
| 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 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.                                  |                                                                                     |                                                                                                                      |                                |
|                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                                                                      |                                |
| D. HOW LONG WAS THE PHENOMENON IN SIGHT?                                                                                                                                                                                                                                                       |                                                                                     |                                                                                                                      |                                |
| LENGTH OF TIME                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/>                                                 | CERTAIN OF TIME                                                                                                      | NOT VERY SURE                  |
| 5 seconds                                                                                                                                                                                                                                                                                      |                                                                                     | FAIRLY CERTAIN                                                                                                       | JUST A GUESS                   |
| HOW WAS TIME DETERMINED?                                                                                                                                                                                                                                                                       |                                                                                     |                                                                                                                      |                                |
| Looked at 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?

One group of three lights - very close together

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            |
| X      | NIGHT               |            |                                                      |  | LIGHT RAIN OR DRIZZLE |
| X      | CLEAR               |            | NIMBUS CLOUDS ( <i>Rain</i> )                        |  | HAIL                  |
|        | PARTLY CLOUDY       |            | CUMULONIMBUS CLOUDS ( <i>Thunderstorms</i> )         |  | SNOW OR SLEET         |
|        | COMPLETELY OVERCAST |            |                                                      |  | UNKNOWN               |
|        |                     | X          | HAZE OR SMOG (very light)                            |  | 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    | X        | 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?

N/A

|                          |                 |                          |               |                          |                      |
|--------------------------|-----------------|--------------------------|---------------|--------------------------|----------------------|
| <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.

Patio light behind head 3 to 5 feet

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.

Three lights which were bright. Yellowish white in color. Moved very fast ESE to WNW. About the size of the lights on a large transport at about 10,000 feet.



| 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?

Wife noticed phenomenon

A. HOW DID IT FINALLY DISAPPEAR?

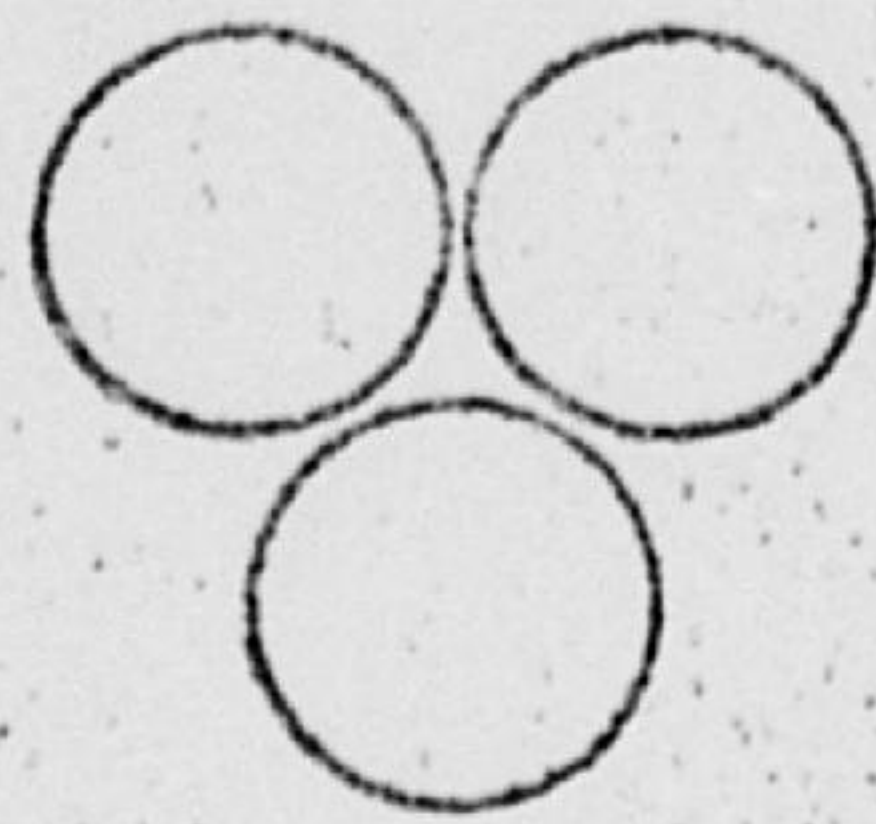
Trees blocked vision after 5 seconds.

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.



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.

About the size of large transport navigation lights at  
10,000 feet



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA. NO

|                        |               |
|------------------------|---------------|
| EYEGLASSES             | 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 Mach 2

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 5,000 - 10,000 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.

The lights looked like the size of navigation lights on a large transport, but moved much too fast to be a transport.

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.

Saw phenomenon at Cape Cod, Otis AFB, Mass in 1950; 3 Sep 1962 in Manchester, Tenn; and in 1961 between Manchester and Arnold AFS Tenn

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

[REDACTED], Manchester, Tennessee  
[REDACTED], Manchester, Tennessee  
[REDACTED] on [REDACTED], Manchester, Tennessee

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

[REDACTED], Manchester, Tennessee 37355

TELEPHONE (Area code and number)

AGE

40

☒

MALE

☐ FEMALE

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

Employee of ARO, Inc. (Operating Contractor of Arnold Engineering Development Center)

Pilot - USAF, 1948-1954

Commercial Pilot, Flight Instructor

Manages AERO Club at AEDC

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

NAME GUY D. Pfeiffer, 2Lt, USAF DAY 27 MONTH August YEAR 1969

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 27 MONTH August YEAR 1969



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

At 2139, my wife noticed a group of bright lights coming over the horizon. She immediately brought our attention to this. She was seated directly toward the East. I was seated to the North and picked up the lights immediately. I watched them disappear over the trees about 40 years away. My neighbor (Mr. [REDACTED]) got up and went to the other side of the patio where he could see past the trees and saw the lights again. They then disappeared behind another set of trees.



## 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 26 MONTH Aug YEAR 1959

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 2100 MINUTES 39 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 2100 MINUTES 39 ☐ A.M. ☒ P.M.

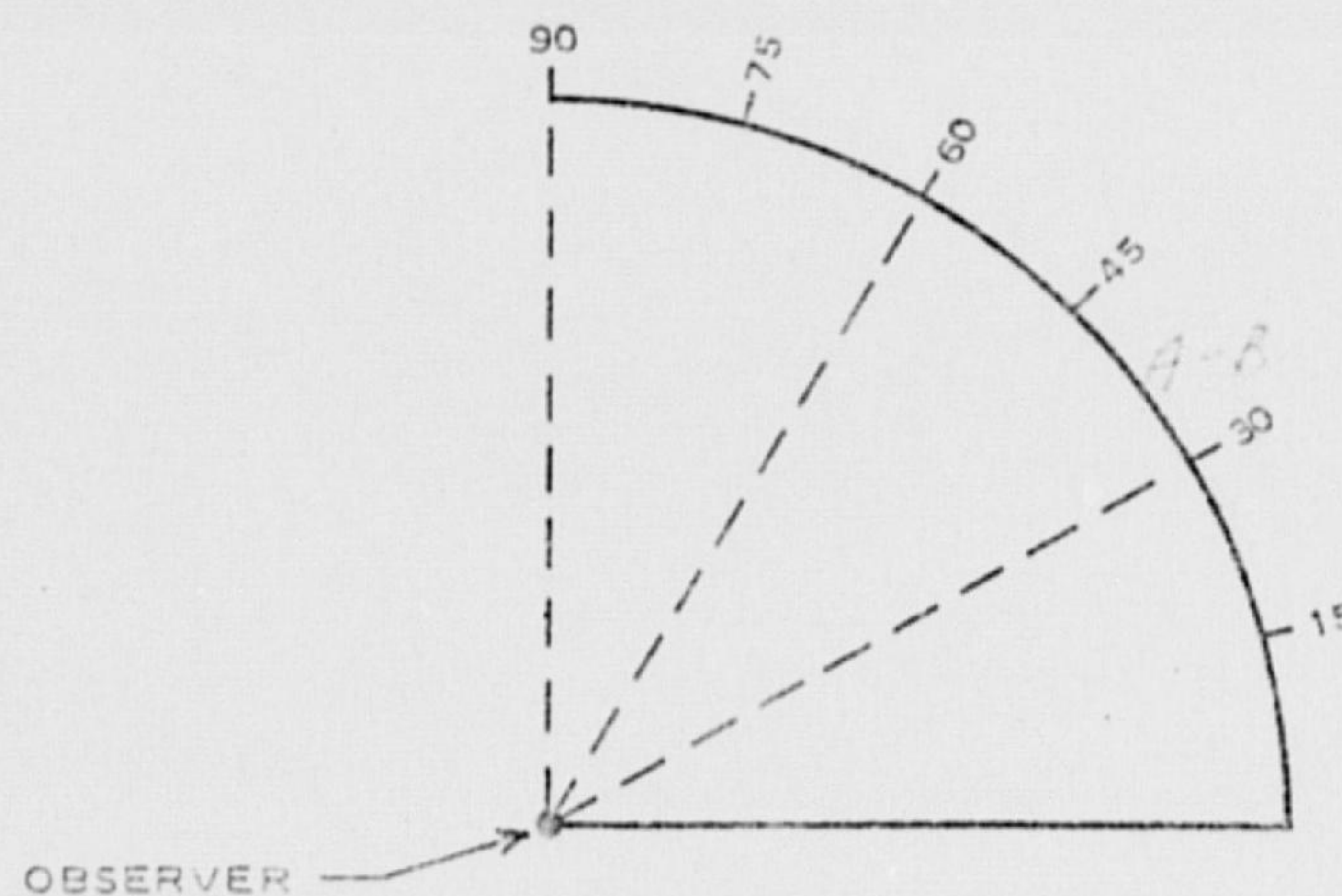
4. TIME ZONE

☒ 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.

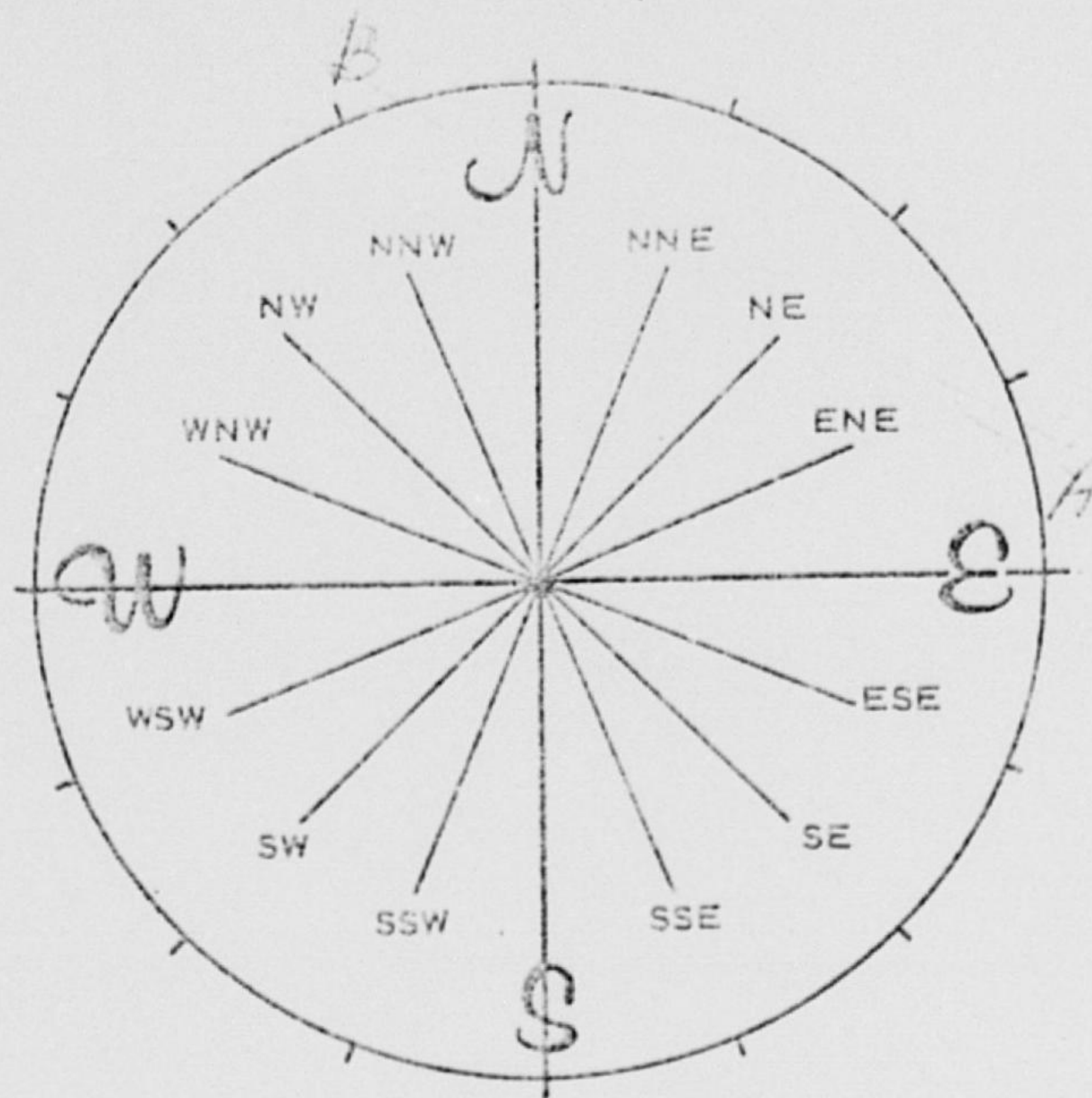
MANCHESTER, TENN.

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.

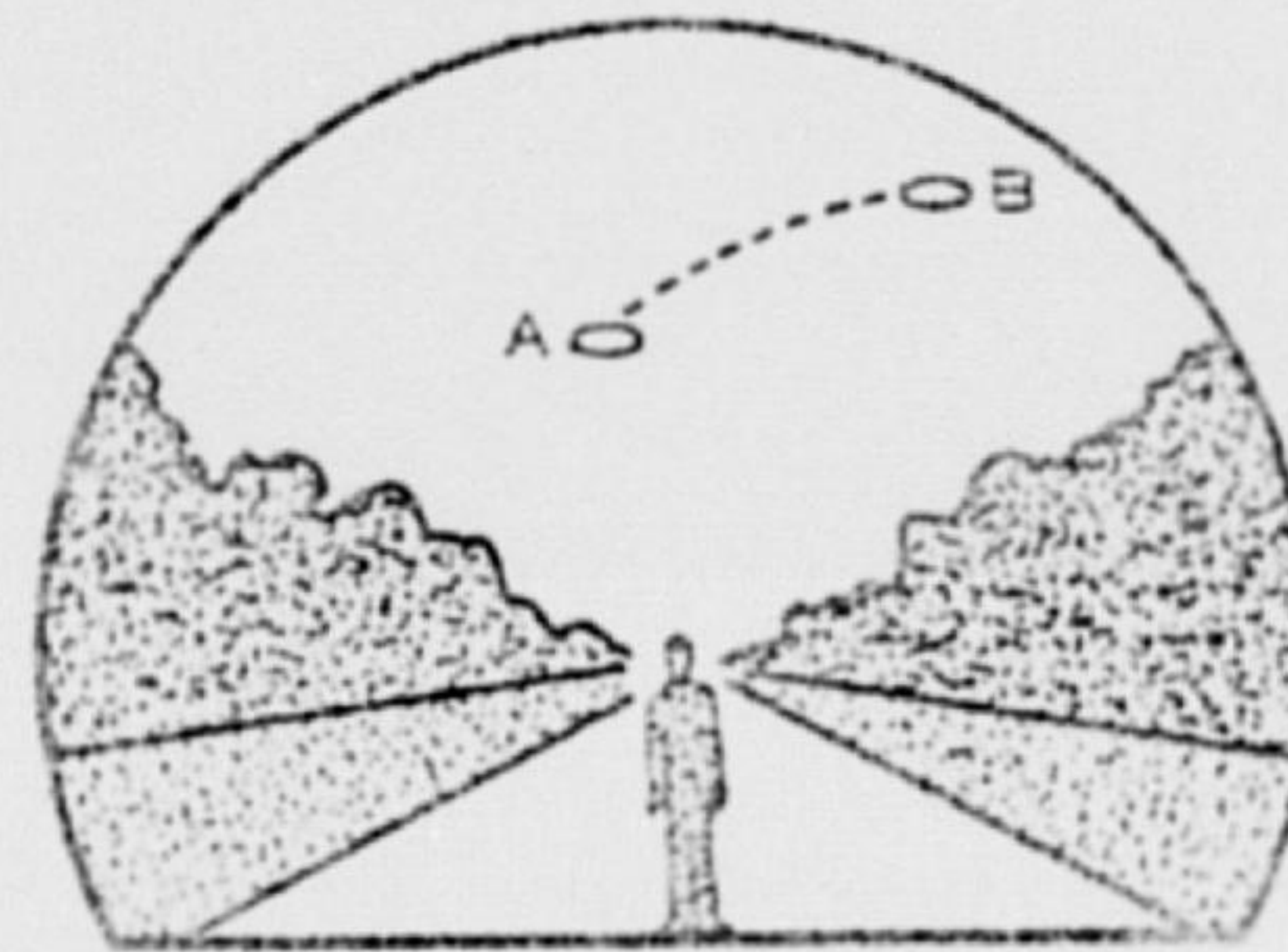
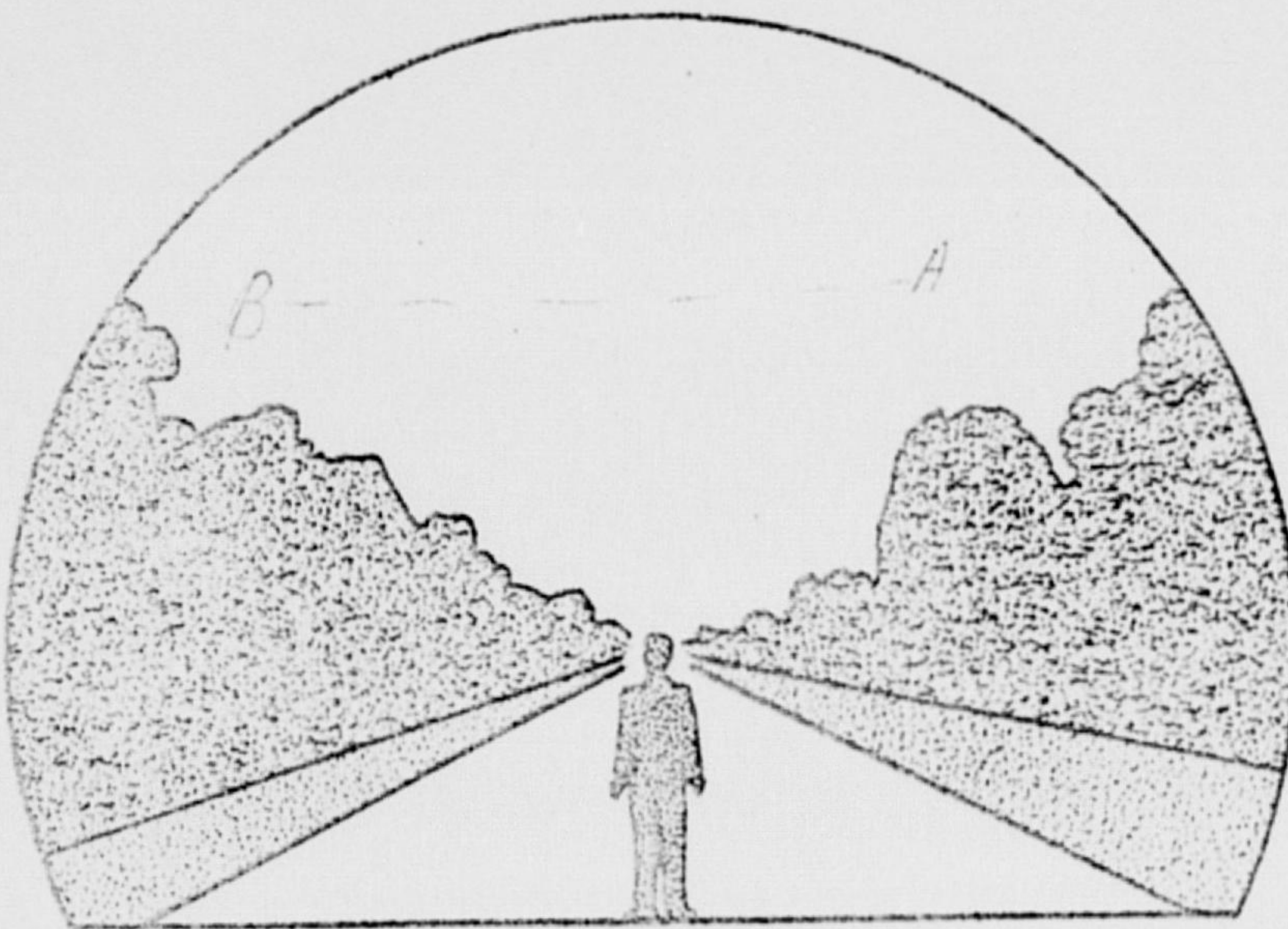




6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



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                      |
|                                                                                                                                                                                                                                                                                                |                                                                                     | 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 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.                                  |                                                                                     |                                                          |                                |
|                                                                                                                                                                                                                                                                                                |                                                                                     |                                                          |                                |
| 3. HOW LONG WAS THE PHENOMENON IN SIGHT?                                                                                                                                                                                                                                                       |                                                                                     |                                                          |                                |
| LENGTH OF TIME                                                                                                                                                                                                                                                                                 |                                                                                     |                                                          | CERTAIN OF TIME                |
|                                                                                                                                                                                                                                                                                                | 5 to 10 sec                                                                         |                                                          | NOT VERY SURE                  |
|                                                                                                                                                                                                                                                                                                |                                                                                     | <input checked="" type="checkbox"/>                      | FAIRLY CERTAIN                 |
|                                                                                                                                                                                                                                                                                                |                                                                                     |                                                          | JUST A GUESS                   |
| HOW WAS TIME DETERMINED?                                                                                                                                                                                                                                                                       |                                                                                     |                                                          |                                |
| CLOCK OBSERVATION                                                                                                                                                                                                                                                                              |                                                                                     |                                                          |                                |
| 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                                           |                       |
|--------|---------------------|------------------------------------------------------|-----------------------|
|        | DAY                 | CUMULUS CLOUDS ( <i>Low fluffy</i> )                 | FOG OR MIST           |
|        | TWILIGHT            | CIRRUS CLOUDS ( <i>High fleecy or Herring-bone</i> ) | HEAVY RAIN            |
| X      | NIGHT               |                                                      | LIGHT RAIN OR DRIZZLE |
| X      | 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                 |                                   |                          |              |
|-------------------------------------|---------|--------------------------|-----------------------------------|--------------------------|--------------|
| <input type="checkbox"/>            | NONE    | <input 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"/> |              |
| <input type="checkbox"/>            | 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?

|                          |                 |                          |               |                          |                      |
|--------------------------|-----------------|--------------------------|---------------|--------------------------|----------------------|
| <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.

*Lights from inside house*

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.

*Sighting consisted of a cluster of three (3) lights arranged in a triangle. Lights were steady with sharp distinction. Appeared as if low flying aircraft except that their movement was too fast.*



| 13. DID THE PHENOMENON          |  | YES | NO | UNKNOWN |
|---------------------------------|--|-----|----|---------|
| MOVE IN A STRAIGHT LINE?        |  |     |    |         |
| STAND STILL AT ANYTIME?         |  | X   |    |         |
| 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?

*MY WIFE*

A. HOW DID IT FINALLY DISAPPEAR?

*ON HORIZON (TREES)*

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.

*MOVED BEHIND TREES AND REAPPEAR  
ON OTHER SIDE.*



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.

$\frac{1}{2}$



|                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| 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? <input type="checkbox"/> YES <input checked="" 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>  x  </u>                                                                                                                                                                                                                                               | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>  5  </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. |                                                                                                        |
| <p><i>* Lights WERE TRAVELING AT ABOVE 1000 ft</i><br/> <i>IF AT LOW ALT. AND AT MUCH GREATER SPEED</i><br/> <i>IF AT HIGH ALTITUDE. COULD NOT DETERMINE.</i></p>                                                                                                                                                                              |                                                                                                        |
| 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.                                                                                                            |                                                                                                        |
| 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 NAMES AND ADDRESSES

[REDACTED]  
 [REDACTED]  
 HANCOCK, TENN.  
 MRS. [REDACTED]

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

40

X

MALE

FEMALE

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

AERO ENGINEER

RETIRED AF PILOT

CIV. CONT FLIGHT INSTRUCTOR

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

NAME W. G. DREIFER DAY 27 MONTH AUGUST YEAR 1969

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY SEPT MONTH 17 YEAR 1969



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AF3C)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO  
ATTN OF:

TDPT (UFO)

SUBJECT:

UFO Observation, 26 Aug 1969

TO:

Mr. [REDACTED] en

Manchester, Tennessee 37355

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 26 August 1969, would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

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

1 Atch  
AF Form 117 w/envelope



26 Aug 69

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



3 SEP 1969

REPLY TO  
ATTN OF:

TDPT (UFO)

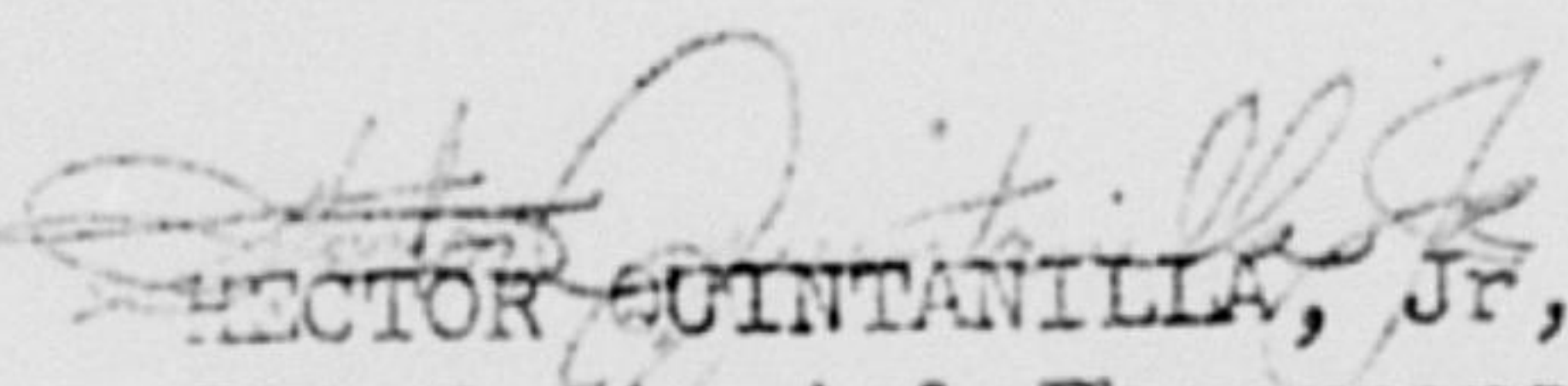
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TO:

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

1 Atch  
AF Form 117 w/envelope



NNNN

Send witness 117's to obscon

007 *[Signature]*  
28 AUG 69 08 59z

VZCZCADA004

RTIEZYUW RUCLPPA6995 2392036-EEEE--RUVAADA.

ZNY EEEEE

R 272000Z AUG 69

FM AEDC ARNOLD AFB TENN

TO RUWMFVA/ADC ENT AFB COLO

RUCLDA/32 AIRDIV GUNTER AFB ALA

RUVAADA/FTD/TDPT (UFO) / WPAFB OHIO

RUEFHQA/CSAF

RUEFHQA/OSAF

BT

UNCLAS E F T O AEY. NOR AFRDC AND SAF-OI WASHINGTON DC.

UFO

A. DESCRIPTION OF THE OBJECT

(1) CLUSTERED LIGHTS

(2) SIZE OF NAVIGATION LIGHT ON LARGE TRANSPORT

(3) YELLOWISH-WHITE

(4) 3

(5) CLUSTERED-TRIANGULAR

(6) NO

*[Handwritten: PT/UF0]*



## F. LOCATION OF OBSERVERS

36 DEGREES - 7 MIN LAT: 30 DEGREES - 28 MIN LONG: EAST OF  
MANCHESTER, TENNESSEE

## F. IDENTIFYING INFORMATION ON OBSERVERS

—(1) ~~ALPHONSE [REDACTED]~~, AGE 40 ~~[REDACTED]~~ ~~[REDACTED]~~  
CIRCLE, MANCHESTER, TENNESSEE, ENGINEER, COLLEGE,

PAGE 3 PUCLPP46995 UNCLAS E F T O

EXCELLENT

(2) [REDACTED], [REDACTED] BOLT,  
MANCHESTER, TENNESSEE, REGISTERED NURSE, EXCELLENT

(3) [REDACTED], AGE 52, [REDACTED]  
MANCHESTER, TENNESSEE, ENGINEER, COLLEGE, EXCELLENT

(4) [REDACTED], AGE, [REDACTED],  
MANCHESTER, TENNESSEE, HOUSEWIFE, HIGH SCHOOL, EXCELLENT

3. WEATHER AND WINDS-ALOFT CONDITIONS AT TIME AND PLACE OF SIGHTING

(1) CLEAR

(2) 4 KNOTS/10 DEGREES

(3) NONE

(4) 4 MILES W/HAZE

(5) NONE

(6) NONE

(7) 2 DEGREES/1,000 FEET

4. NONE

T. NONE

J. NONE (THIS AREA IS NOT A CONTROLLED FLIGHT AREA EXCEPT FOR IFR FLIGHTS) *BT.*

FOR IFR FLIGHTS) Bk.



(9) NO

PAGE 2 RUCLPPA6995 UNCLAS E F T O

B. DESCRIPTION OF COUSE OF OBJECT

- (1) WIFE SAW IT
- (2) 45 DEGREES
- (3) 45 DEGREES
- (4) ESE-WNW IN STRAIGHT HORIZONTAL PATH SWEEPING 60 DEGREES
- (5) TREES BLOCKED VISION
- (6) 5 SECONDS

C. MANNER OF OBSERVATION

- (1) GROUND - VISUAL
- (2) NONE
- (3) N/A

D. TIME AND DATE OF SIGHTING

- (1) 0239Z/2139 CDT, 26 AUG 1969
- (2) NIGHT

E. LOCATION OF OBSERVERS

36 DEGREES - 7 MIN LAT; 35 DEGREES - 28 MIN LONG; EAST OF  
MANCHESTER, TENNESSEE

F. IDENTIFYING INFORMATION ON OBSERVERS

- (1) [REDACTED], AGE 40, [REDACTED] RE  
CIRCLE, MANCHESTER, TENNESSEE, ENGINEER, COLLEGE,

PAGE 3 RUCLPPA6995 UNCLAS E F T O

EXCELLENT

- (2) [REDACTED], AGE 41, [REDACTED],