1. DATE - TIME GROUP	2. LOCATION
6 May 65 07/0400Z	Brookville, Ohio
3. SOURCE Civilian	10. CONCLUSION AIRCRAFT PAGE
4. NUMBER OF OBJECTS One	Data did not inidcate flight pattern, however no indication that the object could NOT have been caused by an aircraft.
5. LENGTH OF OBSERVATION	11. BRIEF SUMMARY AND ANALYSIS
5 Minutes	Dull moonlight, many stars clear sky dry night. Object
6. TYPE OF OBSERVATION  Ground-Visual	appeared as a light much brighter than the stars. Motion included stationary portion and sudden burst of speed. Object didappeared suddenly. Small. Bright white color. Round shape
7. COURSE West	Initial observation at 45 deg elevation in SE, disappearance at 60 deg elevation in South. Flight in straight line.
8. PHOTOS	
9. PHYSICAL EVIDENCE  VY No  X元 No	

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

## U.S. AIR FORCE TECHNICAL INFORMATION -

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

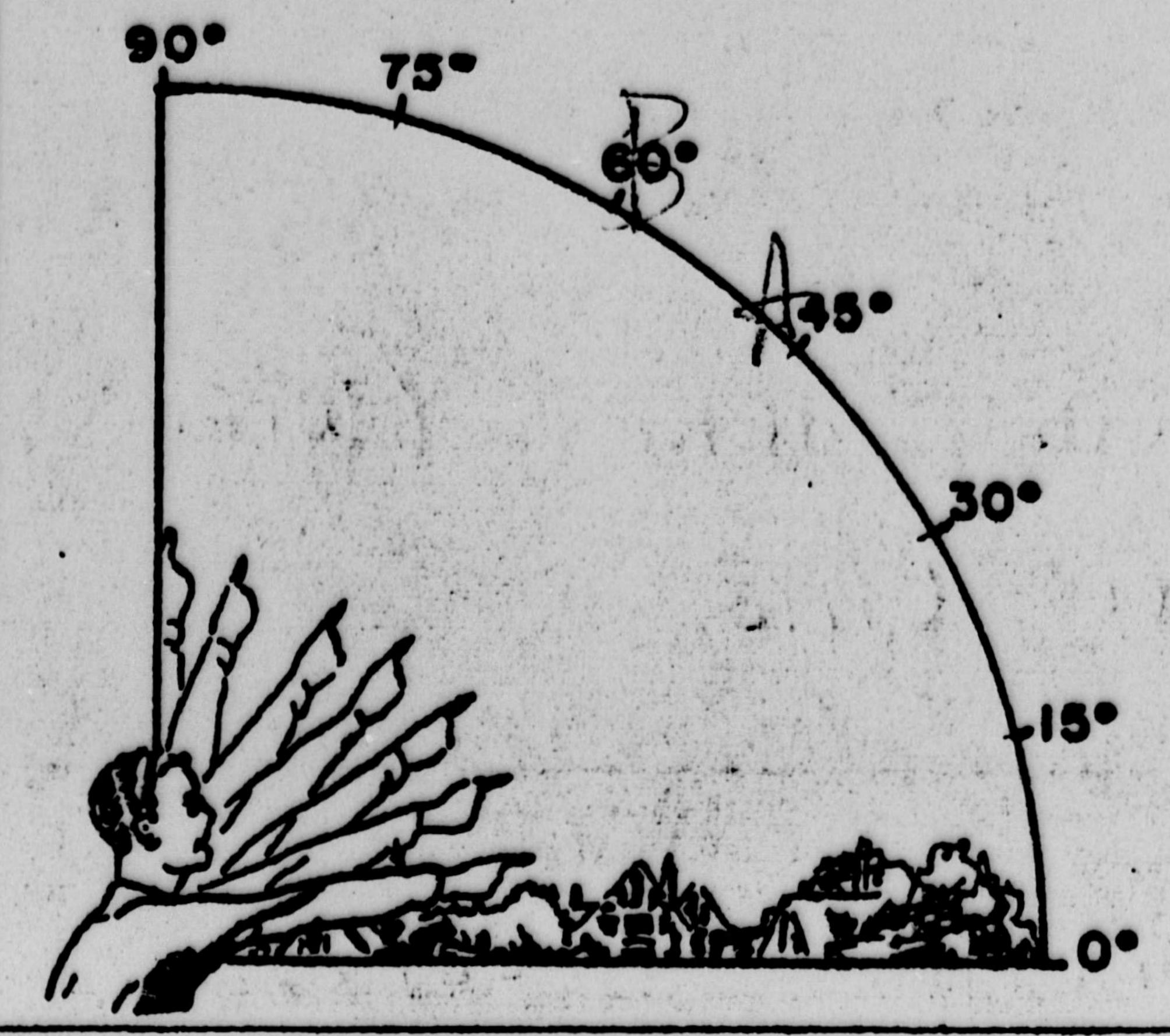
1. When did you see the object?  6 MAY 1965  Day Month Year	2. Time of day: 23 OO Minutes  (Circle One): A.M. or P.M.
3. Time Zone:  (Circle Ore): a. Eastern b. Central c. Mountain d. Pacific e. Other	(Circle One): a. Daylight Soving b. Standard
4. Where were you when you saw the object?	
	City or Town Stote or County
5. How long was object in sight? (Total Duration)	Hours Minutes Seconds
	Not very sure
b. Fairly certain d.	Just a guess
5.1 How was time in sight determined?EST)	
5.2 Was object in sight continuously? Yes	X, No
6. What was the condition of the sky?	
	IGHT
a. Bright b. Cloudy b.	Cloudy
7. IF you saw the object during DAYLIGHT, where was	the SUN located as you looked at the object?
(Circle One): a. In front of you d.	To your left
	Overhead Don't remember

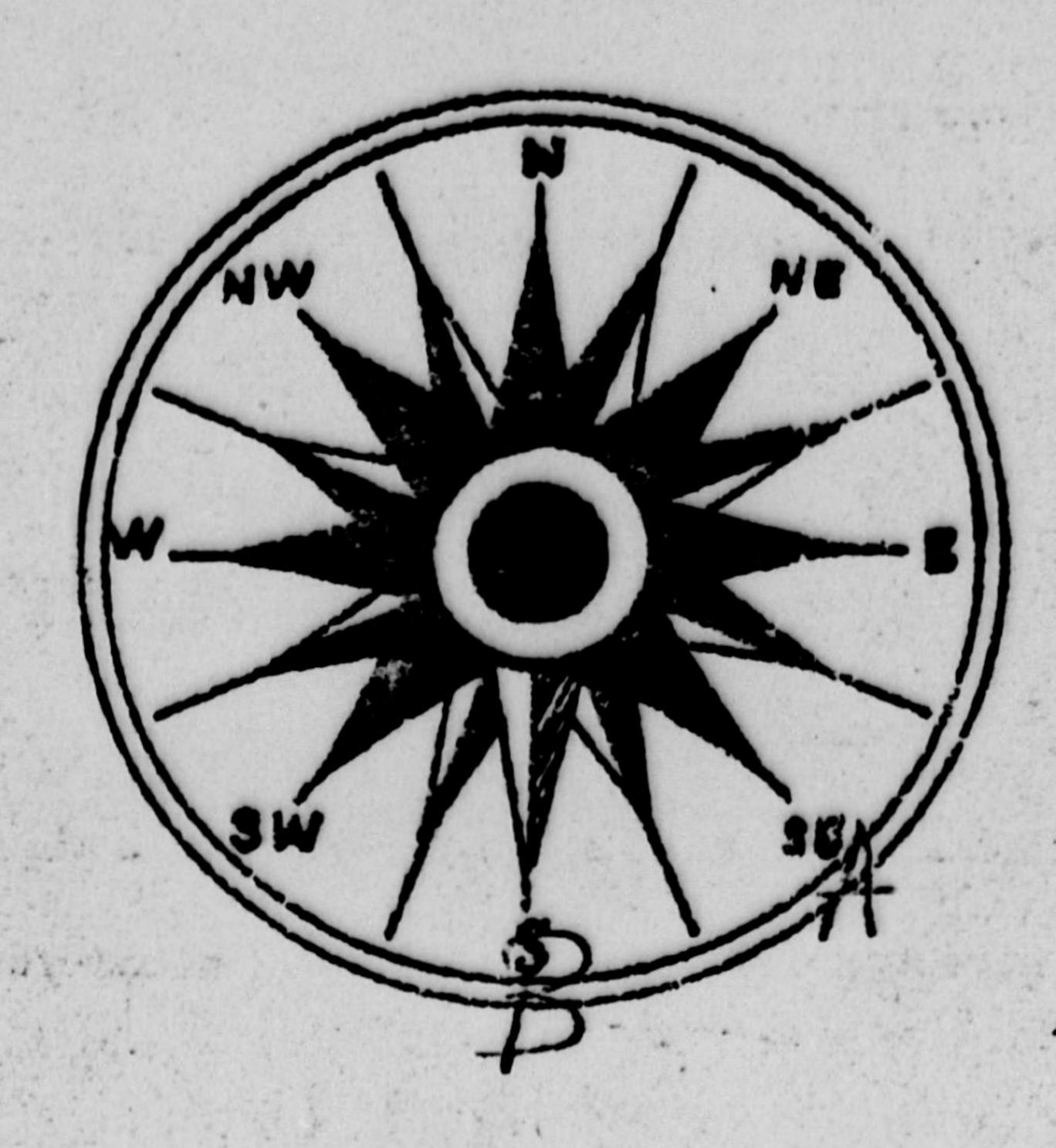
8. IF you saw the object at NIGHT, who	at did you notice concerning the STARS and MOON?
8.1 STARS (Circle One):	8.2 MOON (Circle One):
o. None	a. Bright-moonlight
b. A few	a. Bright-moonlight b. Dull moonlight
(c. Mony)	c. No moonlight — pitch dark
d. Don't remember	d. Don't remember
9. What were the weather conditions at t	he time you saw the object?
CLOUDS (Circle One):	. WEATHER (Circle One):
a. Clear sky	( a. Dry )
-b-Hozy	b. Fog, mist, or light roin
c. Scattered clouds	c. Moderate or heavy rain
d. Thick or heavy clouds	d. Snow
	e. Don't remember
	a light on't remember
a. Brighter b. Dimmer  11.1 Compare brightness to some com	c. About the same d. Don't know  mon object:  6 HTER_ THAN STARS
12. The edges of the object were:  (Circle One): a. Fuzzy or blurred b. Like a bright sta c. Sharply outlined d. Don't remember	
13. Did the object:	(Circle One for each question)
a. Appear to stand still at any time b. Suddenly speed up and rush away c. Break up into parts or explode? d. Give off smoke? e. Change brightness? f. Change shape? g. Flash or flicker? h. Disappear and reappear?	

(Circle One): Yes No Don't Know. IF you answered YES, so it moved behind:  Did the object move in front of semething at any time, particularly a cloud? (Circle One): Yes No Don't Know. IF you answered YES, the in front of:  Tell in a few words the following things about the object:  a. Sound NO  BRIGHT WHITE LIGHT	
5. Did the object move behind something at any time, particularly a cloud?  (Circle One):	
(Circle One): Yes No Don't Know. IF you answered YES, to it moved behind:  6. Did the object move in front of something at any time, particularly a cloud?  (Circle One): Yes No Don't Know. IF you answered YES, to in front of:  7. Tell in a few words the following things about the object:  a. Sound NO  b. Color BRIDHT WHITE LIGHT  B. We wish to know the angular size. Hold a match stick at arm's length in line with a known object much of the object is covered by the head of the match. If you had performed this experiment at sighting, how much of the object would have been covered by the match head?	
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6. Did the object move in front of something at any time, particularly a cloud?  (Circle One): Yes No Don't Know. IF you answered YES, to in front of:  7. Tell in a few words the following things about the object:  a. Sound NO BOLDHT WHITE WALL  B. We wish to know the angular size. Hold a match stick at arm's length in line with a known object much of the object is covered by the head of the match. If you had performed this experiment at sighting, how much of the object would have been covered by the match head?	
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Draw a picture that will show the shape of the object or objects. Label and include in your sketch of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor Place an arrow beside the drawing to show the direction the object was moving.  ROUND	

1. Do you think you can estimate how far away from you	
	the object was!
(Circle One) Yes (No)	
IF you answered YES, then how far away would you s	say it was?
2. Where were you located when you saw the object?	23. Were you (Circle One)
(Circle One):	a. In the business section of a city?
a. Inside a building	b. In the residential section of a city?
b. In a car	c. In open countryside?
d. In an airplane (type)	d. Near an airfield?
e. At sea	e. Flying over a city?  f. Flying over open country?
f. Other  I. IF you were MOVING IN AN AUTOMOBILE or other volume 24.1 What direction were you moving? (Circle One)  a. North  c. East	g. Other
1. IF you were MOVING IN AN AUTOMOBILE or other volume.  24.1 What direction were you moving? (Circle One)  a. North b. Northeast d. Southeast  24.2 How fast were you moving?	g. Other
1. IF you were MOVING IN AN AUTOMOBILE or other volume.  24.1 What direction were you moving? (Circle One)  a. North b. Northeast d. Southeast	g. Other
24.1 What direction were you moving? (Circle One)  a. North b. Northeast  24.2 How fast were you moving?	g. Other  whicle at the time, then complete the following question  e. South f. Southwest h. Northwest hiles per hour. g at the object?
24.1 What direction were you moving? (Circle One)  a. North b. Northeast  24.2 How fast were you moving?	g. Other
1. IF you were MOVING IN AN AUTOMOBILE or other volume 24.1 What direction were you moving? (Circle One)  a. North b. Northeast  24.2 How fast were you moving?  24.3 Did you stop at any time while you were looking (Circle One)  Yes  No  Did you observe the object through any of the following a. Eyeglasses  b. Sun glasses  Yes  No  6.	g. Other  vehicle at the time, then complete the following question  e. South f. Southwest h. Northwest  niles per hour. g at the object?  Binoculars Yes No No
24.1 What direction were you moving? (Circle One)  a. North b. Northeast  24.2 How fast were you moving?	g. Other

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it. Place an "A" on the compass when you first saw it. Place a "B" on the compass where you last saw the object.





28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

STR. 1120 E

		100			
	ored YES, did they			(Yes)	No No
31.2 Please list t	heir names and addr				/in =>
		200KVI			(WIFE)
Please give the fo	lowing information	about yourself:			
NAME	Last Name		First Name		Middle Neme
ADDRESS	Street	15/2	200KVILLI	Zone	State
TELEPHONE NUN	BER	AGE	27 SE	X MAL	6
Indicate any addition	onal information abo	ut yourself, includ	ing any special c	experience, whi	ch might be pertinent.
Vhen and to whom	lid you report that y	ou had seen the ob	ject?		

34. Date you completed this questionnaire:	6	MAY	65	
	Doy	Month	You	

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.