PROJECT 10073 RECORD

1. DATE - TIME GROUP 1 August 66 02/0215Z	2. LOCATION Jeffersonville, Ohio
3. SOURCE Civilian	10. CONCLUSION Possible (AIRCRAFT) ✓ JW
4. NUMBER OF OBJECTS One	No data presented to indicate object could NOT have been an A/C.
5. LENGTH OF OBSERVATION 1 Minute	11. BRIEF SUMMARY AND ANALYSIS Observer noted object that looked like a search light flying through the sky. As object passed overhead, 3 red lights became visible. No definite form was visible.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE SW	
8. PHOTOS ☐ Yes ☒ No	
9. PHYSICAL EVIDENCE ☐ Yes ☒ 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?

1 (Day) August (Month) 1966 (Year)

2. Time of day: 9 (Hour) 15 (Minutes)

(Circle One): A.M. or (P.M.)

3. Time Zone:

(Circle One): (a.) Eastern
b. Central
c. Mountain
d. Pacific
e. Other _____

(Circle One): a. Daylight Saving
(b.) Standard

4. Where were you when you saw the object?

_____ (Nearest Postal Address) Jeffersonville (City or Town) OHIO (State or County)

5. How long was object in sight? (Total Duration) _____ (Hours) 1 (Minutes) _____ (Seconds)

a. Certain
(b.) Fairly certain
c. Not very sure
d. Just a guess

5.1 How was time in sight determined? estimate

5.2 Was object in sight continuously? Yes ✓ No ____

6. What was the condition of the sky?

DAY
a. Bright
b. Cloudy

NIGHT
a. Bright
(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
b. In back of you
c. To your right
d. To your left
e. Overhead
f. Don't remember

FTD FORM OCT 62 164 This form supersedes FTD 164, Jul 61, which is obsolete.

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS *(Circle One)*:

a. None
(b.) A few
c. Many
d. Don't remember

8.2 MOON *(Circle One)*:

(a.) Bright moonlight
b. Dull moonlight
c. No moonlight – pitch dark
d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS *(Circle One)*:

a. Clear sky
b. Hazy
(c.) Scattered clouds
d. Thick or heavy clouds

WEATHER *(Circle One)*:

(a) Dry
b. Fog, mist, or light rain
c. Moderate or heavy rain
d. Snow
e. Don't remember

10. The object appeared: *(Circle One)*:

a. Solid
b. Transparent
c. Vapor
(d) As a light
e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? *(Circle One)*:

(a.) Brighter
b. Dimmer
c. About the same
d. Don't know

11.1 Compare brightness to some common object:

a Search-light flying through the Sky

12. The edges of the object were:

(Circle One): a. Fuzzy or blurred
b. Like a bright star
c. Sharply outlined
d. Don't remember

(e.) Other No definite form. Such as trying to identify an oncoming car with bright lights on.

13. Did the object: (Circle One for each question)

a. Appear to stand still at any time?	Yes	(No)	Don't know
b. Suddenly speed up and rush away at any time?	Yes	(No)	Don't know
c. Break up into parts or explode?	Yes	(No)	Don't know
d. Give off smoke?	Yes	(No)	Don't know
e. Change brightness?	Yes	(No)	Don't know
f. Change shape?	Yes	(No)	Don't know
g. Flash or flicker? – as it was going away from me	(Yes)	No	Don't know
h. Disappear and reappear?	Yes	(No)	Don't know

14. Did the object disappear while you were watching it? If so, how?

I just flew out of site

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): (Yes) No Don't Know. IF you answered YES, then tell what it moved behind: a cloud group

16. 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, then tell what in front of: cloud - it seemed to fly at cloud level sometimes & inside them at others

17. Tell in a few words the following things about the object:

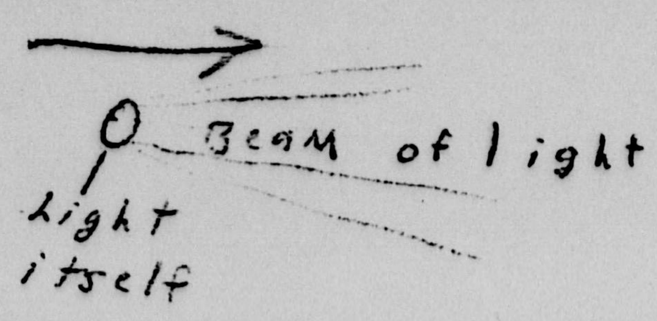
a. Sound None

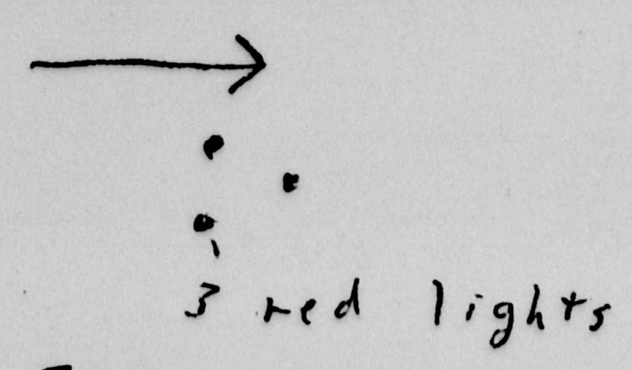
b. Color None - except for 3 lights we saw as it passed over us a ways

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

It was slightly bigger than a Match head

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.





(Seen after it had past over us a ways)

20. Do you think you can estimate the speed of the object?

(Circle One) Yes (No)

IF you answered YES, then what speed would you estimate? _____

21. 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 say it was? 1500' – 2000'

22. Where were you located when you saw the object? (Circle One):

a. Inside a building
b. In a car
(c) Outdoors
d. In an airplane (type)
e. At sea
f. Other _____

23. Were you (Circle One)

a. In the business section of a city?
(b) In the residential section of a city?
c. In open countryside?
d. Near an airfield?
e. Flying over a city?
f. Flying over open country?
g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

a. North
b. Northeast
c. East
d. Southeast
e. South
f. Southwest
g. West
h. Northwest

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

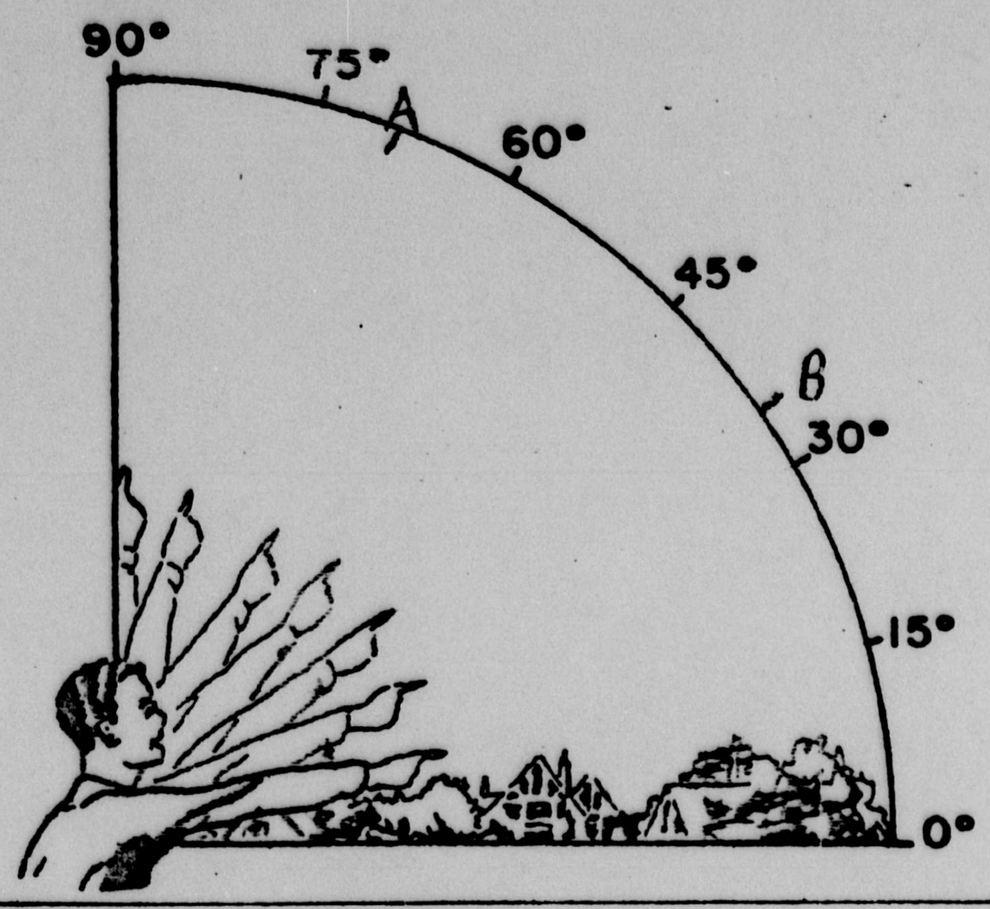
25. Did you observe the object through any of the following?

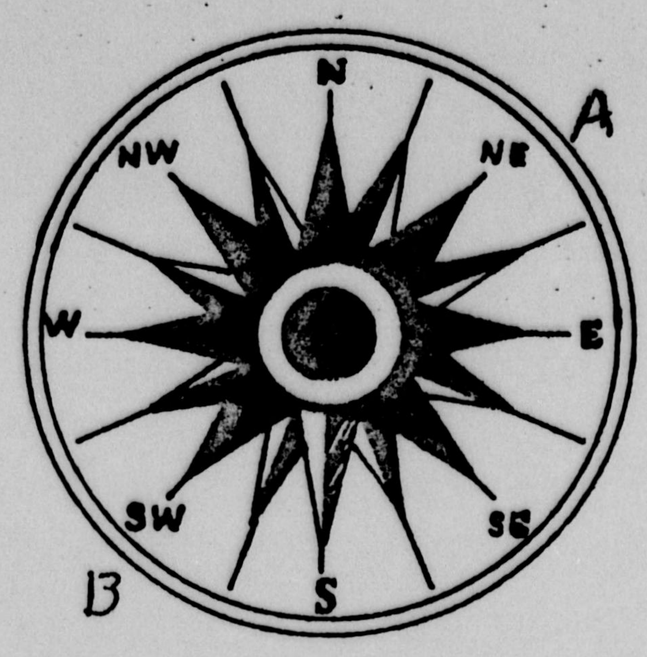
a. Eyeglasses	Yes	(No)	e. Binoculars	Yes	(No)
b. Sun glasses	Yes	(No)	f. Telescope	Yes	(No)
c. Windshield	Yes	(No)	g. Theodolite	Yes	(No)
d. Window glass	Yes	(No)	h. Other _____		

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

It looked like a search-light, flying though the sky, + giving off a beam of light.

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.

29. IF there was MORE THAN ONE object, then how many were there? _____

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

only one object

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

NO

31. Was anyone else with you at the time you saw the object? *(Circle One)* (Yes) No

31.1 IF you answered YES, did they see the object too? *(Circle One)* (Yes) No

31.2 Please list their names and addresses

[redacted]
Jeffersonville, OHIO 43128

[redacted]
Jeffersonville, OHIO 43128

[redacted]
Jeffersonville, OHIO. 43128

32. Please give the following information about yourself:

NAME [redacted] (Last Name) [redacted] (First Name) [redacted] (Middle Name)

ADDRESS [redacted] (Street) Jeffersonville (City) ____ (Zone) OHIO (State)

TELEPHONE NUMBER [redacted] (area-code) AGE 14 SEX Male

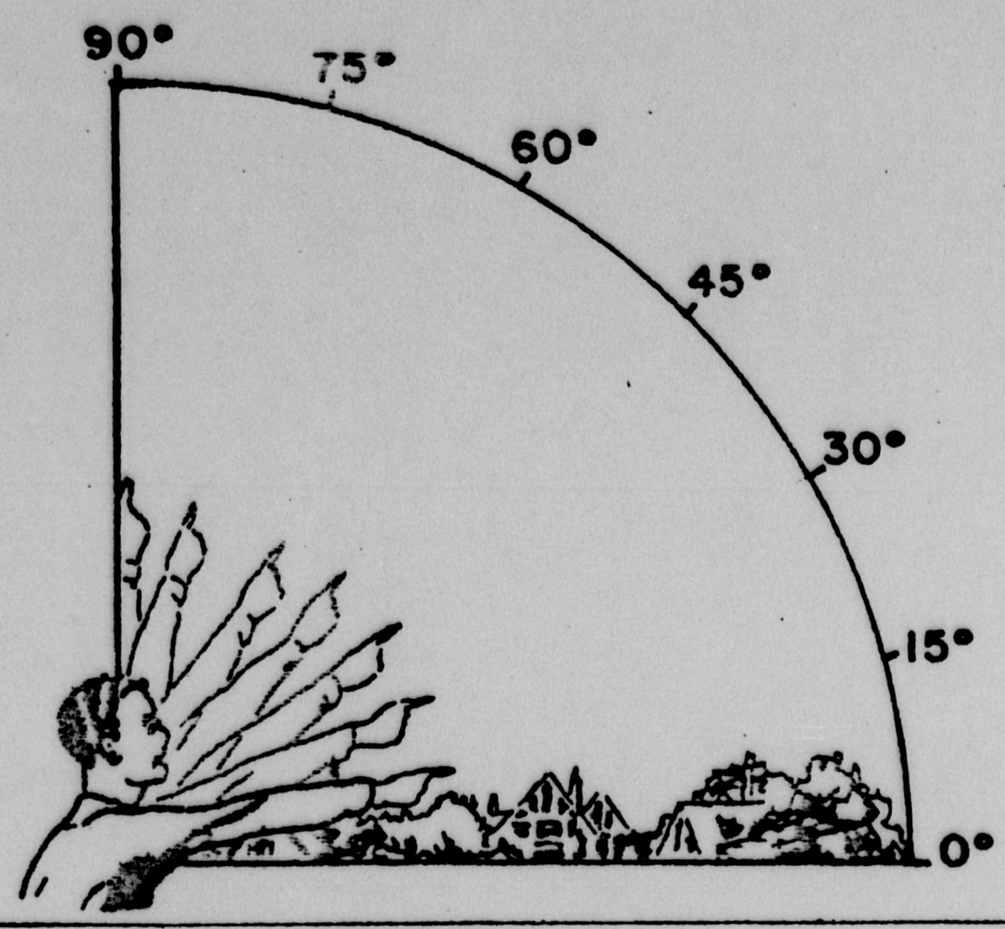
Indicate any additional information about yourself, including any special experience, which might be pertinent.

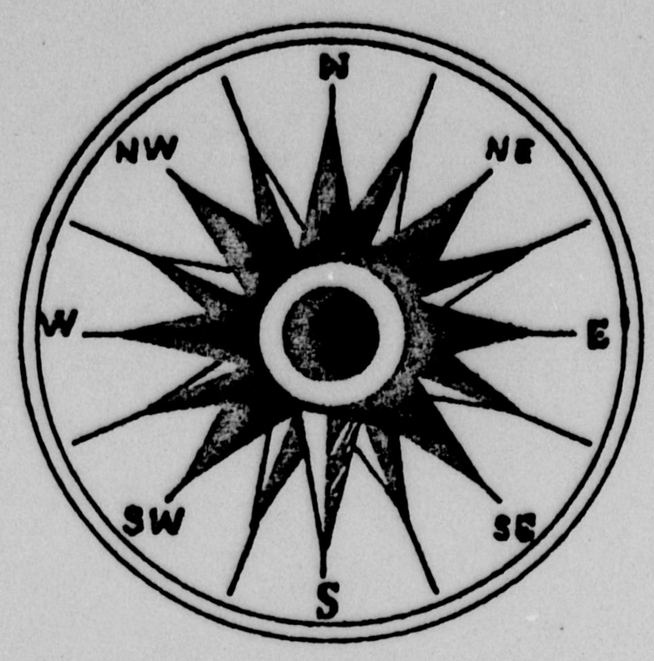
33. When and to whom did you report that you had seen the object?

1 (Day) 8 (Month) 66 (Year)

Duty officer, dept. of UFO's - Wright Pat. AFB

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.





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29. IF there was MORE THAN ONE object, then how many were there? _____

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

31. Was anyone else with you at the time you saw the object? *(Circle One)* Yes No

31.1 IF you answered YES, did they see the object too? *(Circle One)* Yes No

31.2 Please list their names and addresses:

32. Please give the following information about yourself:

NAME _____ _____ _____
Last Name First Name Middle Name

ADDRESS _____ _____ _____ _____
Street City Zone State

TELEPHONE NUMBER _____ AGE _____ SEX _____

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

_____ _____ _____
Day Month Year

34. Date you completed this questionnaire: 10 (Day) august (Month) 1866 (Year)

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.

My Father, brother, and I have agreed upon this information given

1 aug 66

FTD (TDETR)
Wright-Patterson AFB, Ohio 45433
2 August 1966

[redacted]
Jeffersonville, Ohio

Dea[redacted]

Reference your unidentified observation of 1 August 1966. The information which we have received is not sufficient for evaluation. Request you complete the attached FTD Form 164 and return it in the envelope provided.

We wish to thank you for reporting your observation to the Air Force.

Sincerely,

HECTOR QUINTANILLA, Jr, Major, USAF
Chief, Project Blue Book

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?

1	AUG	1966
Day	Month	Year

2. Time of day: 9 (Hour) 15 (Minutes)

(Circle One): A.M. or (P.M.)

3. Time Zone:

(Circle One): (a.) Eastern
b. Central
c. Mountain
d. Pacific
e. Other _____

(Circle One): a. Daylight Saving
(b.) Standard

4. Where were you when you saw the object?

	Jeffersonville	Ohio
Nearest Postal Address	City or Town	State or County

5. How long was object in sight? (Total Duration) _____ Hours _____ Minutes _____ Seconds

a. Certain
b. Fairly certain
c. Not very sure
d. Just a guess

5.1 How was time in sight determined? _____

5.2 Was object in sight continuously? Yes _____ No _____

6. What was the condition of the sky?

DAY	NIGHT
a. Bright	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
b. In back of you
c. To your right
d. To your left
e. Overhead
f. Don't remember

FTD FORM OCT 62 164 This form supersedes FTD 164, Jul 61, which is obsolete.

164

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS *(Circle One)*:

a. None
b. A few
c. Many
d. Don't remember

8.2 MOON *(Circle One)*:

a. Bright moonlight
b. Dull moonlight
c. No moonlight – pitch dark
d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS *(Circle One)*:

a. Clear sky
b. Hazy
c. Scattered clouds
d. Thick or heavy clouds

WEATHER *(Circle One)*:

a. Dry
b. Fog, mist, or light rain
c. Moderate or heavy rain
d. Snow
e. Don't remember

10. The object appeared: *(Circle One)*:

a. Solid
b. Transparent
c. Vapor
d. As a light
e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? *(Circle One)*:

a. Brighter
b. Dimmer
c. About the same
d. Don't know

11.1 Compare brightness to some common object:

_____

12. The edges of the object were:

(Circle One):
a. Fuzzy or blurred
b. Like a bright star
c. Sharply outlined
d. Don't remember
e. Other _____

13. Did the object:

(Circle One for each question)

a. Appear to stand still at any time?	Yes	No	Don't know
b. Suddenly speed up and rush away at any time?	Yes	No	Don't know
c. Break up into parts or explode?	Yes	No	Don't know
d. Give off smoke?	Yes	No	Don't know
e. Change brightness?	Yes	No	Don't know
f. Change shape?	Yes	No	Don't know
g. Flash or flicker?	Yes	No	Don't know
h. Disappear and reappear?	Yes	No	Don't know

14. Did the object disappear while you were watching it? If so, how?

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes No Don't Know. IF you answered YES, then tell what it moved behind: cloud

16. 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, then tell what in front of:

17. Tell in a few words the following things about the object:

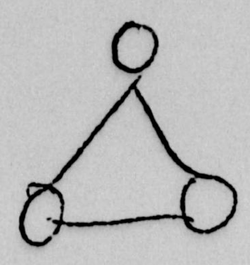
a. Sound none

b. Color 3 red lights in a triangle

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

just about a match head
all the match

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.



20. Do you think you can estimate the speed of the object?

(Circle One) Yes No

IF you answered YES, then what speed would you estimate? Pretty fast but Cannot determine exactly

21. 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 say it was? 2-3 miles

22. Where were you located when you saw the object? (Circle One):

a. Inside a building
b. In a car
c. Outdoors
d. In an airplane (type)
e. At sea
f. Other _____

23. Were you (Circle One)

a. In the business section of a city?
b. In the residential section of a city?
c. In open countryside?
d. Near an airfield?
e. Flying over a city?
f. Flying over open country?
g. Other edge of town

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

a. North
b. Northeast
c. East
d. Southeast
e. South
f. Southwest
g. West
h. Northwest

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

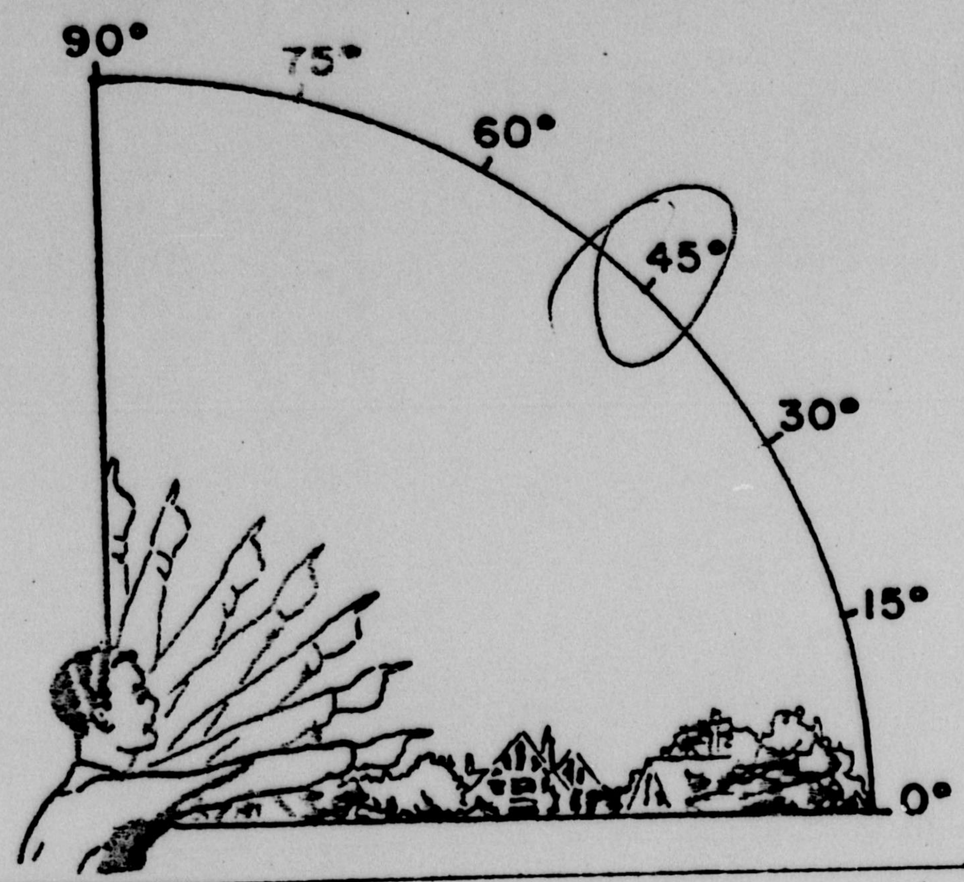
(Circle One) Yes No

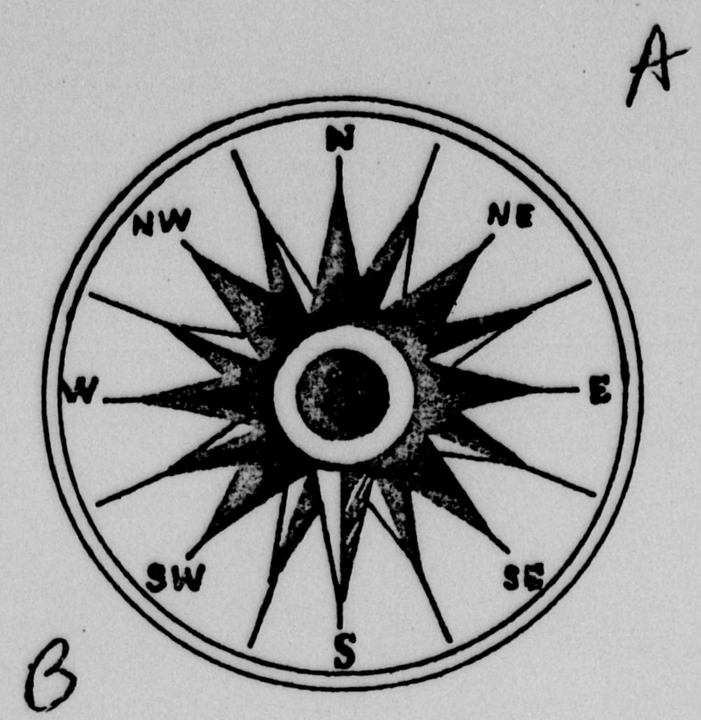
25. Did you observe the object through any of the following?

a. Eyeglasses	Yes	No	e. Binoculars	Yes	No
b. Sun glasses	Yes	No	f. Telescope	Yes	No
c. Windshield	Yes	No	g. Theodolite	Yes	No
d. Window glass	Yes	No	h. Other _____		

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

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.





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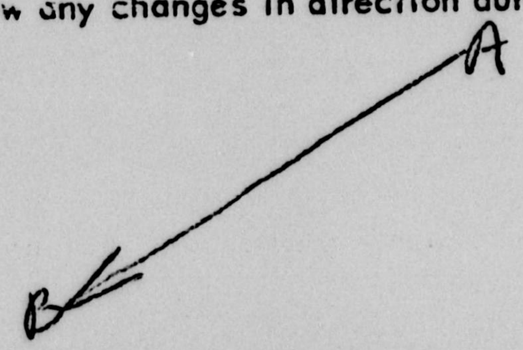

29. IF there was MORE THAN ONE object, then how many were there? _____

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

31. Was anyone else with you at the time you saw the object? *(Circle One)* Yes No

31.1 IF you answered YES, did they see the object too? *(Circle One)* Yes No

31.2 Please list their names and addresses:

Mr. [redacted]

32. Please give the following information about yourself:

NAME [redacted] [redacted]
Last Name First Name Middle Name

ADDR[redacted] St. Jeffersonville Ohio
Street City Zone State

TELEPHONE NUMBE[redacted] AGE 14 SEX M

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

Day Month Year

N/A

Duty Off
Aug

34. Date you completed this questionnaire: 1 (Day) Aug (Month) 66 (Year)

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.

It first looked like a beam of light in the sky, then the beam of light was gone and there were 3 red lights forming a triangle.