PROJECT 10073 RECORD

	TROUGHT TOUTS RECORD
1. DATE - TIME GROUP 15 Feb 67 16/01452	2. LOCATION Christianburg, Onio
3. SOURCE  Civilian  Number of Objects  One	10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION
S. LENGTH OF OBSERVATION  Thour 30 minutes  A. TYPE OF OBSERVATION  Ground Visual	SEE CASE FILE
7. COURSE  Mone Stated	
8. PHOTOS  Di Yes  Willia	
9. PHYSICAL EVIDENCE 17 Yes IX No	

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

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



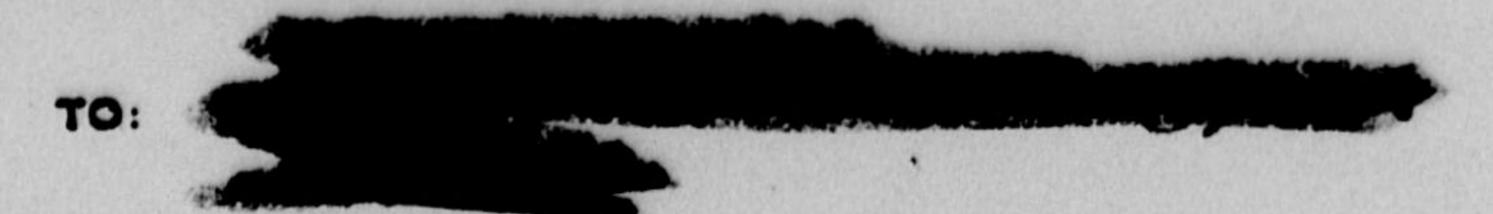
REPLY TO

TDET/UFO

17 February 1967

SUBJECT:

UFO Observation, 15 Feb 67



Christiansburg, Ohio 43012

15 Jul 67 Christianhway, Ohie 16/0/45-2

Reference your unidentified observation. The information which we have received is not sufficient for a scientific evaluation. Request you complete the attached FTD Form 164 and return it in the envelope provided. Thank you for reporting your observation to the Air Force.

PAMES C. MANATT, Colonel, USAF Director of Technology and Subsystems

1 Atch FTD Form 164 w/envelope

## 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?	2. Time of day; Annum Minuma
Day Month Year	(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  Standard
4. Where were you when you saw the object?	
STATE RISSAPANANIDUE ROAD CHX	PISTIENBERG ET#1 OH10
Negrest Postal Address	City or Town State or County
5. How long was object in sight? (Total Duration)	Hours Minutes Seconds abservation
	Not very sure
	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	GHT:
a. Bright	Bright
b. Cloudy b.	Cloudy
7. IF you saw the object during DAYLIGHT, where was	the SUN located as you locked at the object?
	To your left
	Overhead Don't remember

FTD OCT 62 164

This form supersedes FTD 164, Jul 61, which is obsolete.

Sond 164

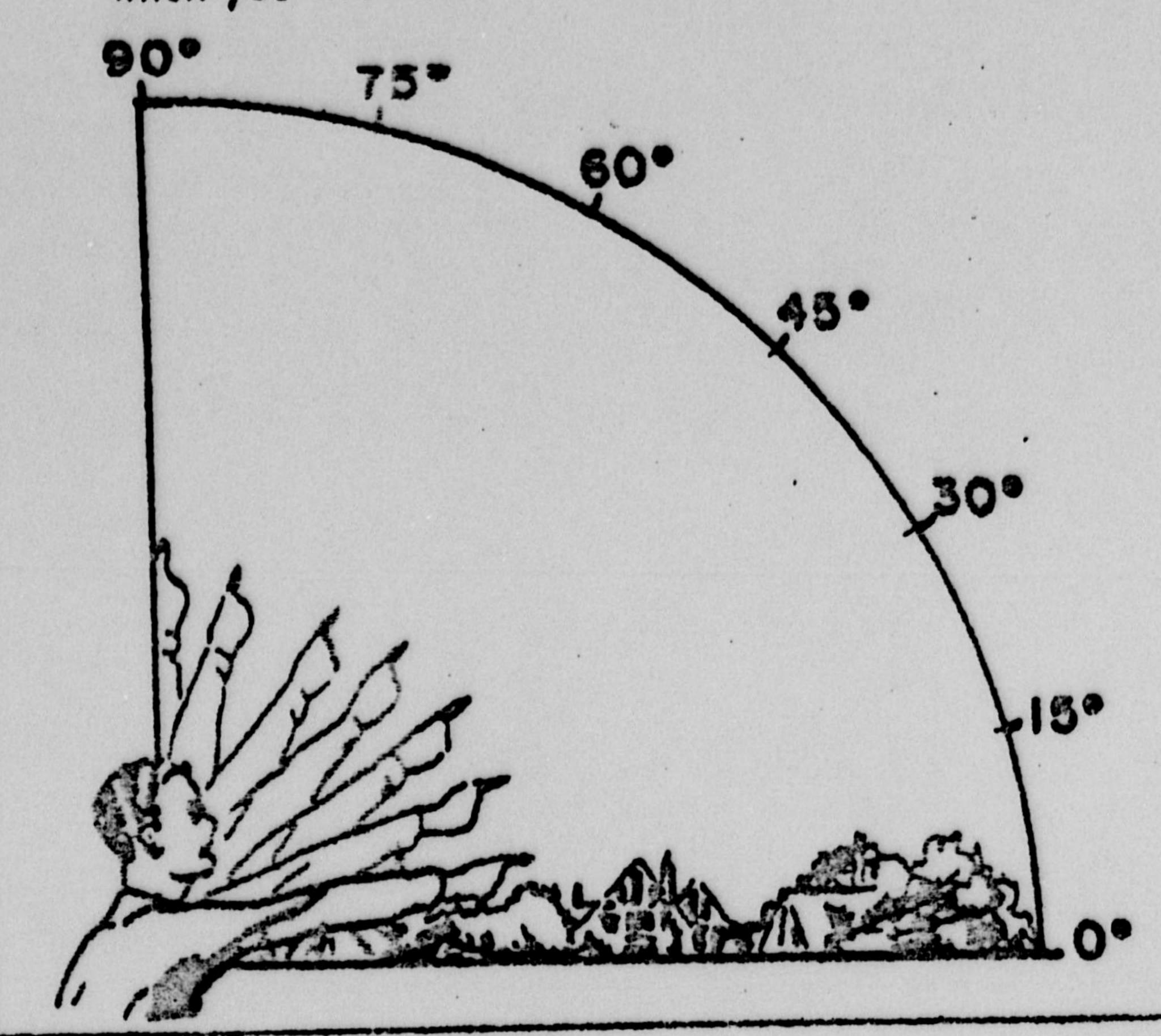
8. IF you saw the object at NIGHT, what did you notice	concerning the STARS and MOON?
8.1 STARS (Circle One): Countré 8.2 1	MOON (Circle One): Carriet
	a. Bright moonlight
	b. Dull moonlight
	c. No moonlight - pitch dark
d. Don't remember	d. Don't remember
9. What were the weather conditions at the time you saw	v the object?
CLOUDS (Circle One): WEAT	THER (Circle One):
a. Clear sky	
	og, mist, or light rain
	oderate or heavy rain
(d.) Thick or heavy clouds d. Si	
	on't remember
10. The object appeared: (Circle One):	
o. Solid d.) As a light	
b. Transparent e. Don't remember	
c, Yapor	
a. Brighter  b. Dimmer  d. Don't kn  11.1 Compare brightness to some common object:  Sincilar to A/O Beacency	now
12. The edges of the object were:	
(Circle Che) a. Fuzzy or blurred	e. Other
b. Like a bright star	
Sharply outlined	
d. Don't remember	
13. Did the object:	(Circle One for each question)
a. Appear to stand still at any time?	(Yes) No Don't know
a. Appear to stand still at any time? b. Suddenly speed up and rush away at any time?	Yes No Don't know Yes No Don't know
	Yes No Den't know Yes No Don't know
<ul> <li>b. Suddenly speed up and rush away at any time?</li> <li>c. Break up into parts or explode?</li> <li>d. Give off smoke?</li> </ul>	Yes No Den't know  Yes No Den't know
b. Suddenly speed up and rush away at any time? c. Break up into parts or explode? d. Give off smoke? e. Change brightness?	Yes No Don't know  Yes No Don't know  Yes No Don't know  Of E Ovoto
b. Suddenly speed up and rush away at any time? c. Break up into parts or explode? d. Give off smoke? e. Change brightness? f. Change shape?	Yes (No Don't know Yes (No Don't know of E. Ovote
b. Suddenly speed up and rush away at any time? c. Break up into parts or explode? d. Give off smoke? e. Change brightness? f. Change shape? g. Flash or flicker?	Yes (No Don't know  Yes (No Don't know of E Ovote  Yes (No Don't know of E Ovote  Yes (No Don't know full intensity  Yes (No Don't know full intensity  Yes (No Don't know full intensity)
b. Suddenly speed up and rush away at any time? c. Break up into parts or explode? d. Give off smoke? e. Change brightness? f. Change shape?	Yes No Don't know
b. Suddenly speed up and rush away at any time? c. Break up into parts or explode? d. Give off smoke? e. Change brightness? f. Change shape? g. Flash or flicker?	Yes (No Don't know Yes (No Don't know of Elvoto Yes (No Don't know of Elvoto Yes (No Don't know full intensit Yes (No Don't know full intensity)
b. Suddenly speed up and rush away at any time? c. Break up into parts or explode? d. Give off smoke? e. Change brightness? f. Change shape? g. Flash or flicker?	Yes (No Den't know Yes (No Don't know Yes (No Don't know of E Divite Yes (No Don't know full intensity Yes (No Don't know full intensity)
b. Suddenly speed up and rush away at any time? c. Break up into parts or explode? d. Give off smoke? e. Change brightness? f. Change shape? g. Flash or flicker?	Yes (No Don't know Yes (No Don't know of Elvoto Yes (No Don't know of Elvoto Yes (No Don't know full intensit Yes (No Don't know full intensity)

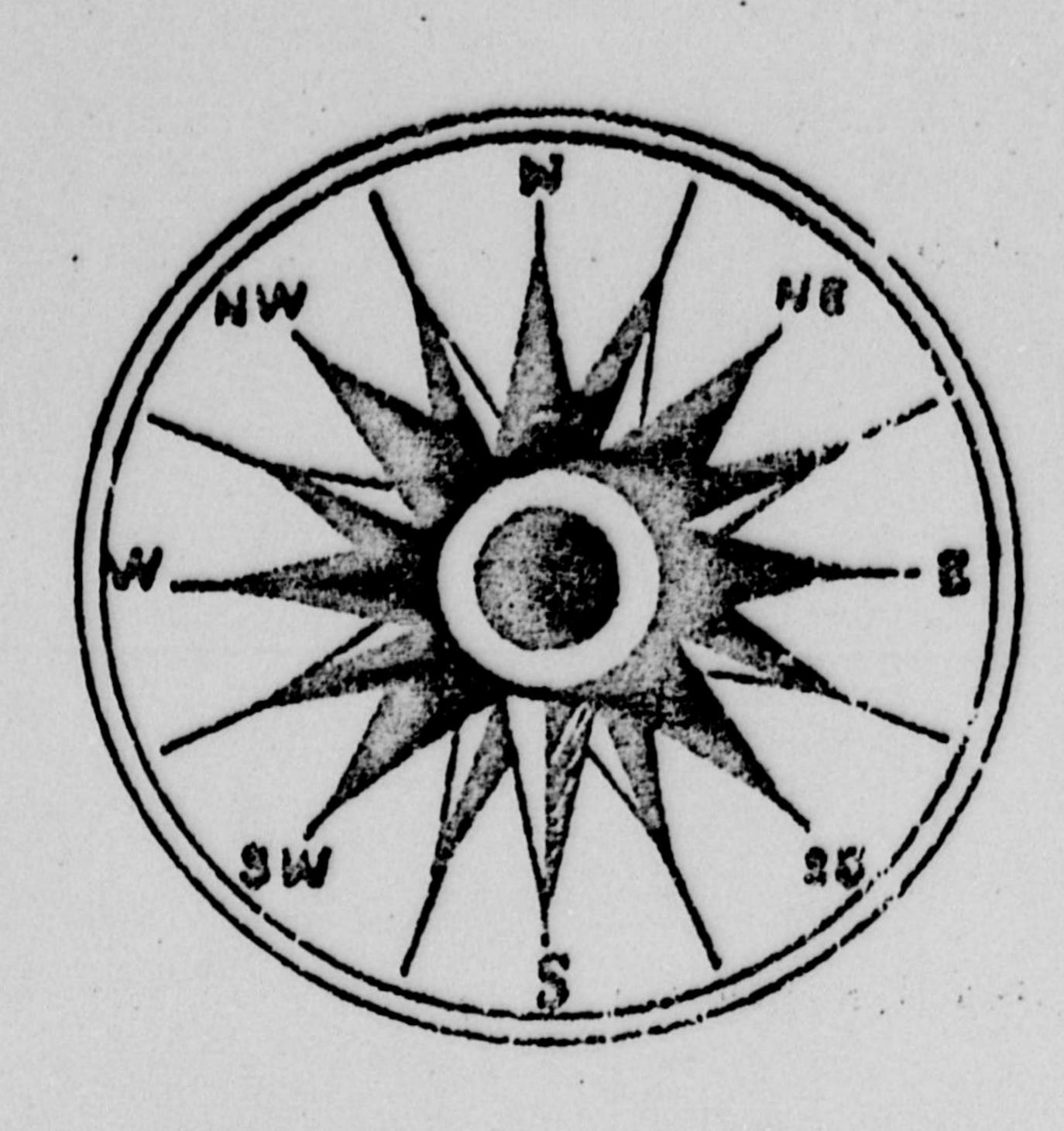
14. Did the object disapped Still und 10:30 PM	while you	were ratch	ing it? It so, how?	Pat mesment
15. Did the object move bel	hind somethi	ing at any t	ime, particularly a	loud?
(Circle One); it moved behind;	Yes	(No)	Don't Know.	IF you answered YES, then tell what
16. Did the object move in	front of spm	ething at a	ny time, particularly	a cloud?
(Circle One): in front of:	Yes	(No)	Don't Know.	IF you answered YES, then tell what
18. We wish to know the armuch of the object is a	ies 50 ies 50 ies 50 overed by the	Hold a mai	to tell original orig	ngth in line with a known object and non how deperformed this experiment at the time of the match head?  Match head?  Match head.
	saw such as	wings, pro	trusions, etc., and e	Label and include in your sketch any details specially exhaust trails or vapor trails.

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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 esti	
If you diswered   Co, men wild speed would you est	
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 s	oy is was? Complemiles to 1 ½ incles
22. Where were you located when you saw the object? (Circle One):	23. Were you (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	Co In open countryside?
c. Outdoors	d. Near an airfield?
d. In an airplane (type)	e. Flying over a city?
e. At sec	f. Flying over open country?
f. Other	g. Other
24.1 What direction were you moving? (Circle One)  a. North b. Northeast d. Southeast  24.2 How fast were you moving?	
25. Did you observe the object through any of the followi	ng?
o. Eyeglasses Yes (No)	. Binoculars Yes (No)
b. Sun glasses Yes No	. Telescope Yes (No)
c. Windshield Yes, No	. Theodolite Yes No
d. Window glass (Yes) 2 10 Mount. h	. Other
	ble of what you saw, describe in your own words a common would give the same appearance as the object which you saw. Itam of a B-52

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.

None

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31.1 If you answered YES, did they see the object too? (Circle One)  31.2 Please give the following information about yourself:  NAME  Lest Name  ADDRESS  TELEPHONE NUMBER  Indicate any additional information about yourself, including any special experience, which might be partined that you had seen the object?  Day  Menth  Yeer	30,	Have you ever seen this,		efore. If so give date or da	tes and location.	
NAME  Last Name  First Name  Middle Name  ADDRESS  Street  City  Zone  State  TELEPHONE NUMBER  AGE  AGE  AGE  AGE  AGE  Middle Name  Middle Name  ADDRESS  TELEPHONE NUMBER  AGE  AGE  AGE  AGE  AGE  AGE  AGE  A		31.1 IF you answered Y	ES, did they see the	object too? (Circle One)		
NAME  Lost Name  First Name  Middle Name  ADDRESS  Street  City  Zone  State  TELEPHONE NUMBER  AGE 34 SEX M  Indicate any additional information about yourself, including any special experience, which might be pertined.						
ADDRESS  Street  City  Zone  State  TELEPHONE NUMBER  AGE 34 SEX  Indicate any additional information about yourself, including any special experience, which might be partined.	32.	Please give the followin	g information about y	ourself:		
ADDRESS  Street  City  Zone  State  TELEPHONE NUMBER  AGE 34  Indicate any additional information about yourself, including any special experience, which might be partined.		The state of the s	Name	First Name	NII d	die Name
TELEPHONE NUMBER  AGE 34 SEX  Indicate any additional information about yourself, including any special experience, which might be pertined.  33. When and to whom did you report that you had seen the object?			+4			
Indicate any additional information about yourself, including any special experience, which might be pertined.  33. When and to whom did you report that you had seen the object?		AUURC33	Street	City	Zone	State
33. When and to whom did you report that you had seen the object?		TELEPHONE NUMBER		AGE 34 s	EX	
		Indicate any additional I	nformation about your	loiseqs yno gnibulani, iles	experience, which	might be partinent.
Day Month Year	33.	When and to whom did yo	ou report that you had	seen the object?		
		Dey	Month	Your		

-					Pope 7
4.	Date you completed this questionnaire:				
		Doy	Month	Year	
5.	Information which you feel pertinent and which is n	ot adequately c	s edt ni berevo	pacific points of	the
	questionnaire or a narrative explanation of your sig	hting.			
	Object is an a lis		10/		j
	Mycotesanalu	re journ	of car	is cerueng	
	11. 10 /0 /0				
	New Carlisle.				

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