## PROJECT 10073 RECORD 1. DATE - TIME GROUP 2. LOCATION 5/02152 14 Jun 67 Fairborn, Ohio 3. SOURCE 10. CONCLUSION Civilian INSUFFICIENT DATA FOR EVALUATION 4. NUMBER OF OBJECTS 5. LENGTH OF OBSERVATION 11. BRIEF SUMMARY AND ANALYSIS 1 hour 15 minutes 6. TYPE OF OBSERVATION SEE CASE FILE Ground Visual 7. COURSE E - NW 8. PHOTOS Il Yes M No 9. PHYSICAL EVIDENCE

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

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

ATTN OF

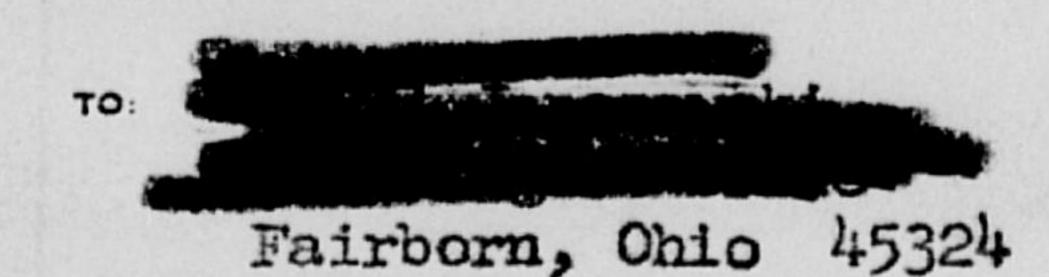
TDET/UFO

SUBJECT

UFO Observation, 4 June 1967

Jaulian, Ohio

JUN 2 1 1967



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.

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

1 Atch FTD Form 164 w/envelope

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



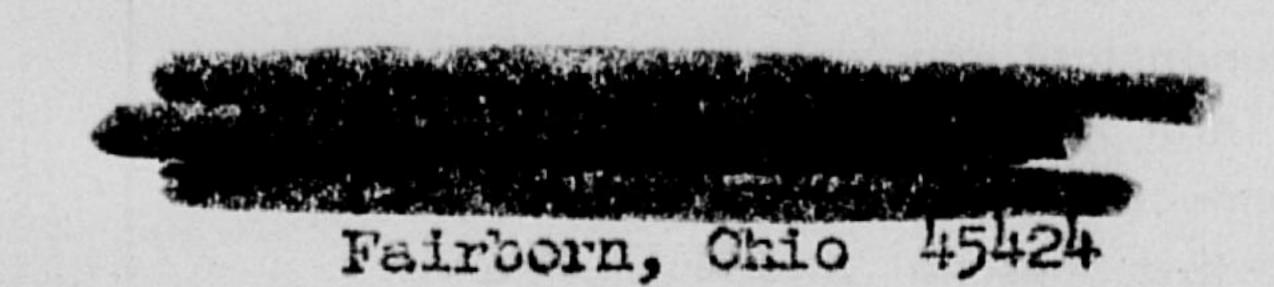
REPLY TO

TDET/UFO

SUBJECT.

UFO Observation, 4 June 1967

JUN 2 1 1967



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.

JAMES 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.

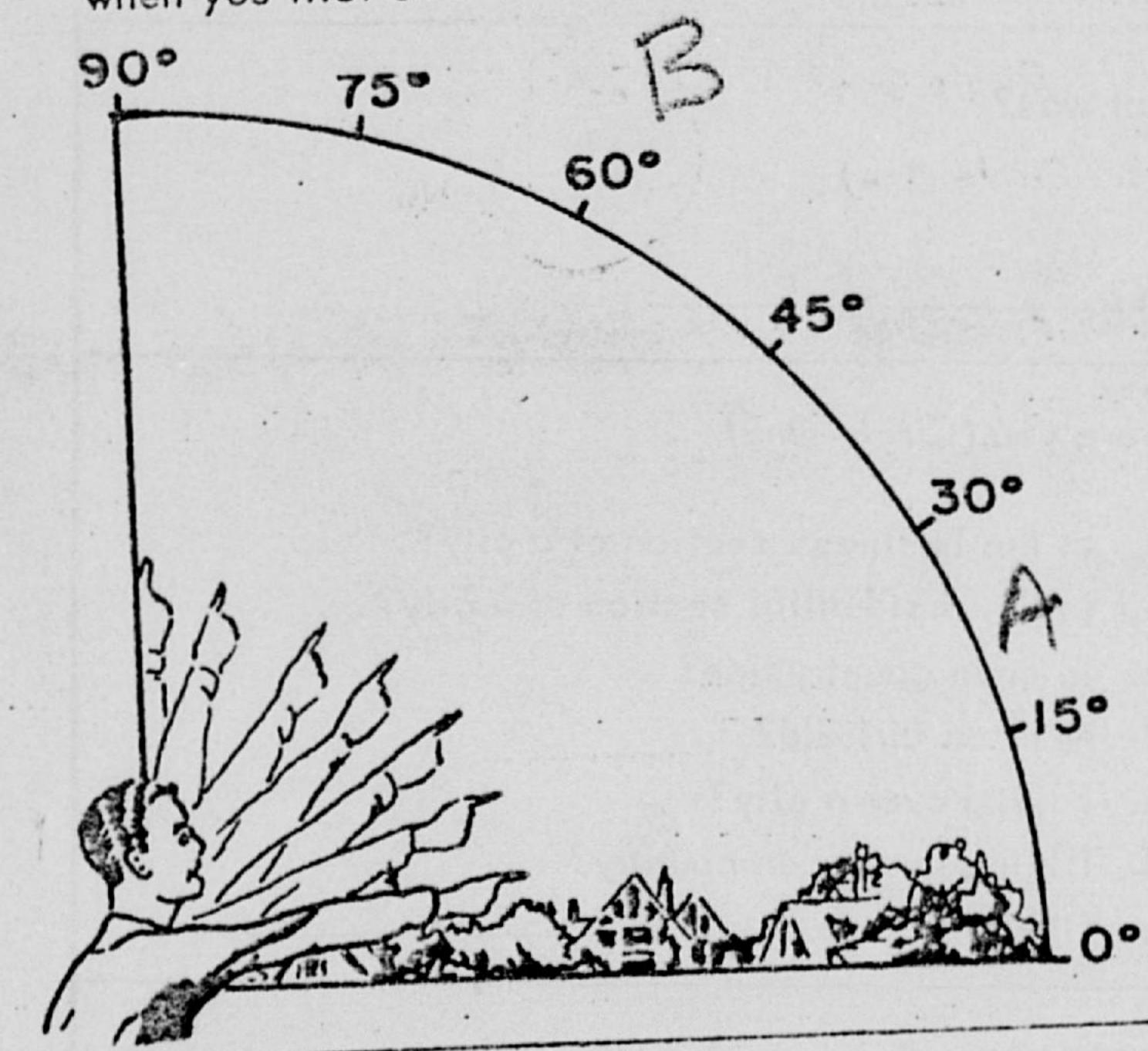
1. When did you see the object?  USUN 67  Day Month Year	2. Time of day: 21 IS  Hour Minutes  (Circle One): A.M. or P.M.
3. Time Zone:  (Circle One): A Eastern b. Central c. Mountain d. Pacific e. Other	(Circle One): a. Daylight Saving b. Standard
4. Where were you when you saw the object?	
CHTHELLE SENENL	1-74 (5-5-6-1) (214-10
Nearest Postal Address	City or Town State or County
	Hours Minutes Seconds  No Line  No Lin  No Line  No Line  No Line  No Line  No Line  No Line  No Line
	GHT Bright Cloudy
7. IF you saw the object during DAYLIGHT, where was to (Circle One): a. In front of you d. 7. b. In back of you e. C. To your right f. D.	he SUN located as you looked at the object?  o your left overhead on't remember

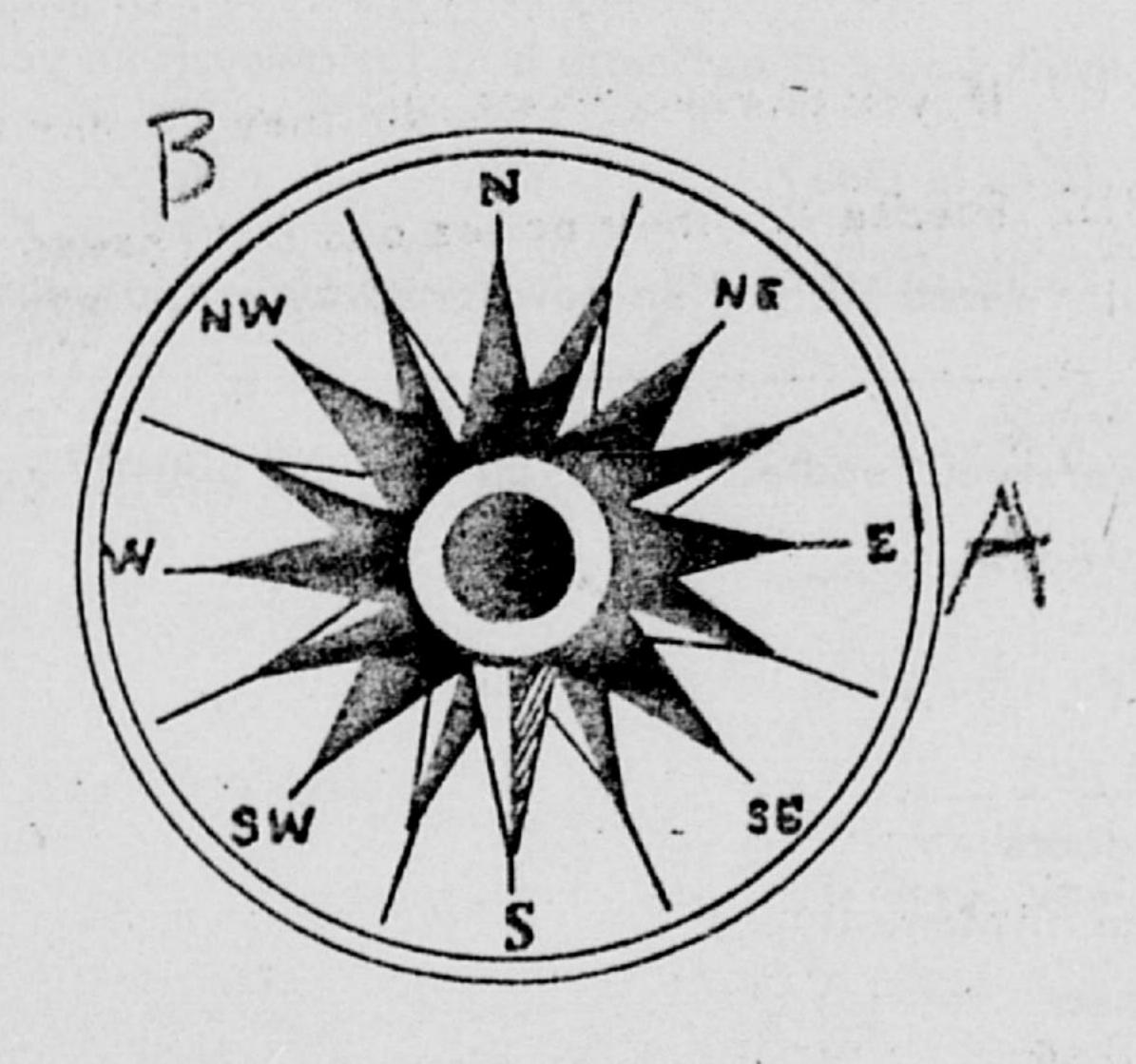
8.	IF you saw the object at NIGHT, what did	d you notice concerning the STARS and MOON?	
	8.1 STARS (Circle One):	8.2 MOON (Circle One):	
	a. None b. A few c. Many d. Don't remember	a. Bright moonlight b. Dull moonlight c. No moonlight— pitch dark d. Don't remember	
9.	What were the weather conditions at the ti		
	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  Circle One):  a. As a lift e. Don't r	ight remember	
11.	D. Dimmer d	c. About the same d. Don't know	
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:  a. Appear to stand still at any time? b. Suddenly speed up and rush away at 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 for each question)  Yes No Don't know	

14.	Did the object disappear while you were watching it? If so, how?  Went kehind elderals
15.	Did the object move behind something at any time, particularly a cloud?  (Circle One):  Tes  No  Don't Know.  IF you answered YES, then tell what it moved behind:
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
	b. Color While
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?
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.
	000

20.	Do you think you can est	imate the speed	d of the object				
	(Circle One)	Yes	(No)				
	IF you answered YES, th	en what speed	would you esti	mare:			
21.	Do you think you can est	imate how far a	way from you	he object was?			
			( )				
	(Circle One)	Yes	No				
	IF you answered YES, th	en how far awa	y would you so	y it was?			
		•		23. Were you (	Circle One		
22.	Where were you located v	when you saw t	ne object!	23. Were you (	Circle One		
	(Circle One):			a. In the I	business s	ection of a city?	
	a. Inside a building			(b) In the	residential	ection of a city?	
	bIn a car			c. In open	countrysi	de?	
- 1	c. Outdoors			d. Near a	n airfield?		
,	d. In an airplane (type)			e. Flying	over a cit	y?	
	e. At sea			f. Flying	over open	country?	
	f. Other			g. Other			
	a. North b. Northeast  24.2 How fast were you  24.3 Did you stop at an  (Circle One)		theastm	e. South  f. Southwest  iles per hour.  at the object?		g. West h. Northwest	
	1011010						
25.	Did you observe the obje	ect through any	of the following	ng?			
		part of the same o	• 1	Binoculars	Yes	(No)	
	a. Eyeglasses b. Sun glasses		named 9	Telescope	Yes	No	
	c. Windshield	54.9		Theodolite	Yes	No	
	d. Window glass	"Vitare	100 1				
26	In order that you can give object or objects which,	when placed u	p in the sky, v	rould give the sar	me appeara	ince as the object which	h 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 compass 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.



31.1 If you answered YES, did they see the object too? (Circle One)  Please list their names and addresses:  Please give the following information about yourself:  NAME  Last Name  First Name  Middle Name  OHIP  City  Zone  Strate  TELEPHONE NUMBER  Indicate any additional information about yourself, including any special experience, which might be pertined and to whom did you report that you had seen the object?	lave you ever seen	this, or a similar object	before. If so give date or	dates and location.	
Was anyone else with you at the time you saw the object?  31.1 IF you answered YES, did they see the object too? (Circle One)  ARREANS  Please list their names and addresses:  Please give the following information about yourself:  NAME  Lost Name  First Name  Middle Name  O H 10  Zone  State  TELEPHONE NUMBER  AGE  SEX  Indicate any additional information about yourself, including any special experience, which might be pertined and to whom did you report that you had seen the object?		NO			
Please give the following information about yourself:  NAME  Last Name  First Name  Middle Name  ADDRESS  Street  TELEPHONE NUMBER  Indicate any additional information about yourself, including any special experience, which might be pertine  3.2 44  When and to whom did you report that you had seen the object?	Was anyone else wi	ith you at the time you s red YES, did they see th	aw the object? (Circle One)	- Comments	
NAME  Last Name  First Name  Middle Name  OHID  OHID  State  TELEPHONE NUMBER  AGE  Indicate any additional information about yourself, including any special experience, which might be pertine  3. When and to whom did you report that you had seen the object?					FAIRENCH
NAME  Last Name  First Name  Middle Name  OHID  OHID  State  TELEPHONE NUMBER  AGE  Indicate any additional information about yourself, including any special experience, which might be pertine  3. When and to whom did you report that you had seen the object?					
ADDRESS  Street  City  Zone  State  TELEPHONE NUMBER  AGE  SEX  Indicate any additional information about yourself, including any special experience, which might be pertine  3. When and to whom did you report that you had seen the object?	Please give the fo	ollowing information abou	ut yourself:		
TELEPHONE NUMBER  AGE  AGE  SEX  Indicate any additional information about yourself, including any special experience, which might be pertine  3. When and to whom did you report that you had seen the object?	NAME	Last Name			iddle Name
Indicate any additional information about yourself, including any special experience, which might be pertine 324	ADDRESS	Street			State
33. When and to whom did you report that you had seen the object?					h might be pertine
the James - 10 /-	Indicate any addi	itional information about	yourself, including any spe	ecial experience, which	
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the think of the					
Month Year	3. When and to wh	- HAM	ou had seen the object?		

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				Page 7
34.	Date you completed this questionnaire:	Day	Month	Year
35.	Information which you feel pertinent and which is not adea questionnaire or a narrative explanation of your sighting.	quately cove	red in the specific	points of the
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	of moine illumination		3 h.b.	

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