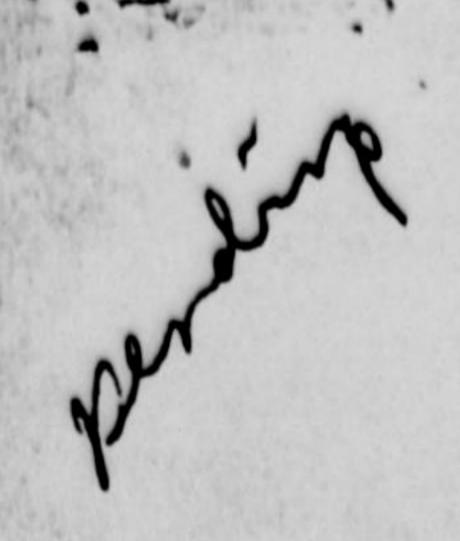


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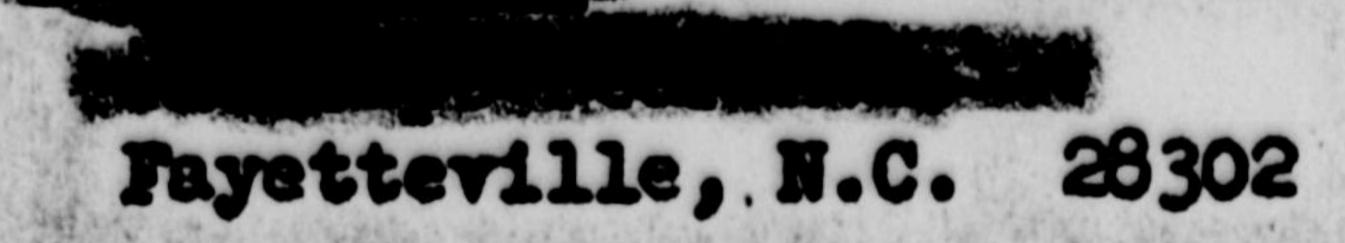
DEPARTMENT OF THE AIR FORCE HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC) WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433

NOV 1 1967



ATTN OF TDET/UFO

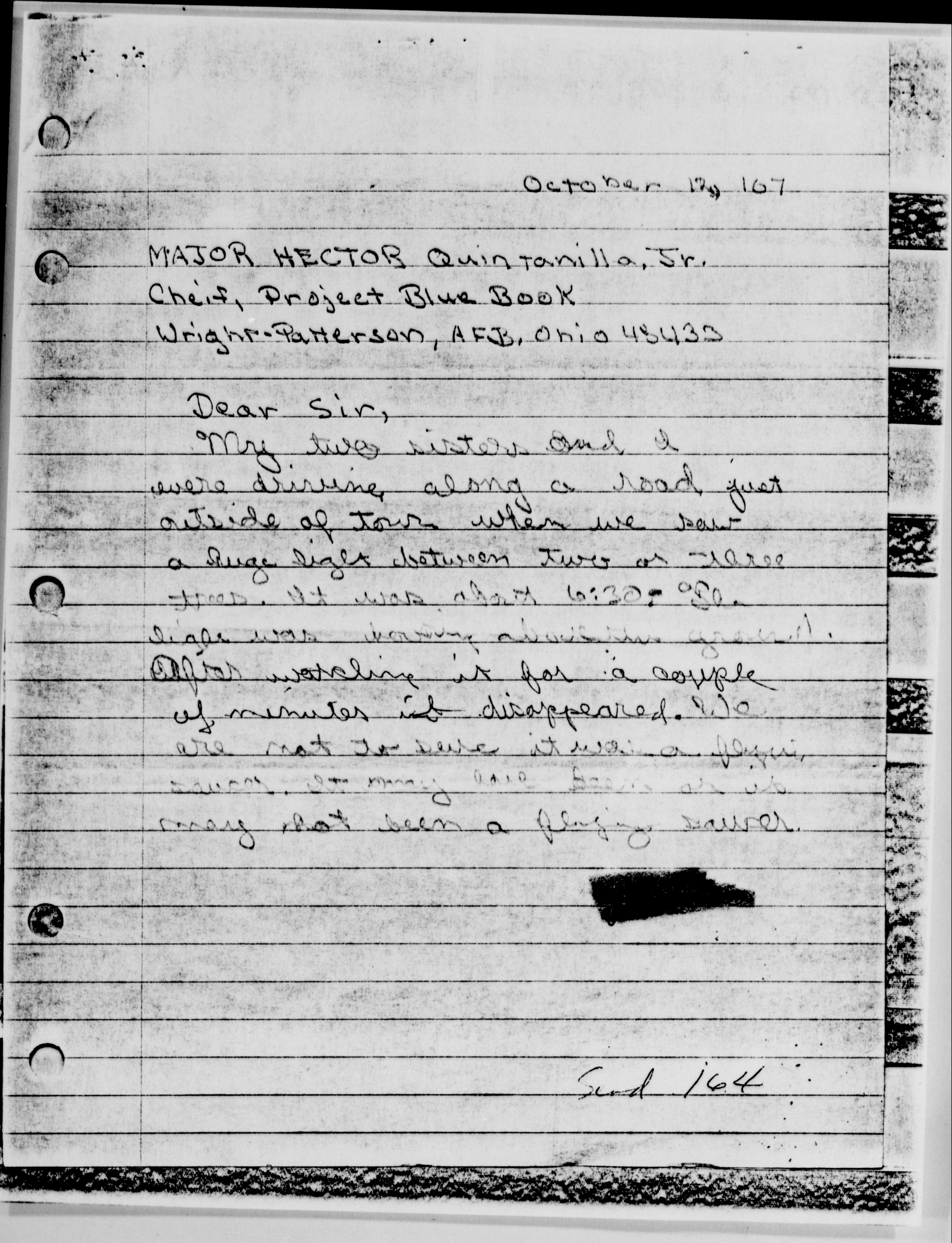
SUBJECT. UFO Observation



Reference your unidentified observation. The information which we have received is not sufficient for a scientific investigation. 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.

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? Scot. 1967 Day Month Year	2. Time of day: _ (Circle One):	Hour Minutes 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:		North Carolina Store or County
5. How long was object in sight? (Total Duration)		
b. Fairly certain 5.1 How was time in sight determined?	Hours Minute C. Not very sure Just a guess No Y	
6. What was the condition of the sky? DAY a. Bright b. Cloudy		
	d. To your left e. Overhead f. Don't remember	u looked at the object?

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8. IF you saw the object at NIGHT, what d	did 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
	time you saw the object?
CLOUDS (Circle One):	WEATHER (Circle One):
a. Clear sky	a. Dry
b. Hazy	b. Fog, mist, or light rain
c. Scattered clouds	c. Moderate or heavy rain
d. Thick or heavy clouds	d. Snow
	© Don't remember
10. The object appeared: (Circle One):	
a. Solid b. Transparent e. Don't	light remember
c. Vapor	
11.1 Compare brightness to some commo	c. About the same d. Don't know on object: e. a. wouse light.
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 a	t any time? Yes No Don't know Don't know
c. Break up into parts or explode?	
d. Give off smoke? e. Change brightness?	Yes (No) Don't know (Yes) No Don't know
f. Change shape?	Yes No Don't know Yes (No) Don't know
g. Flash or flicker?	Yes (No) Don't know
h. Disappear and reappear?	Yes (No) Don't know

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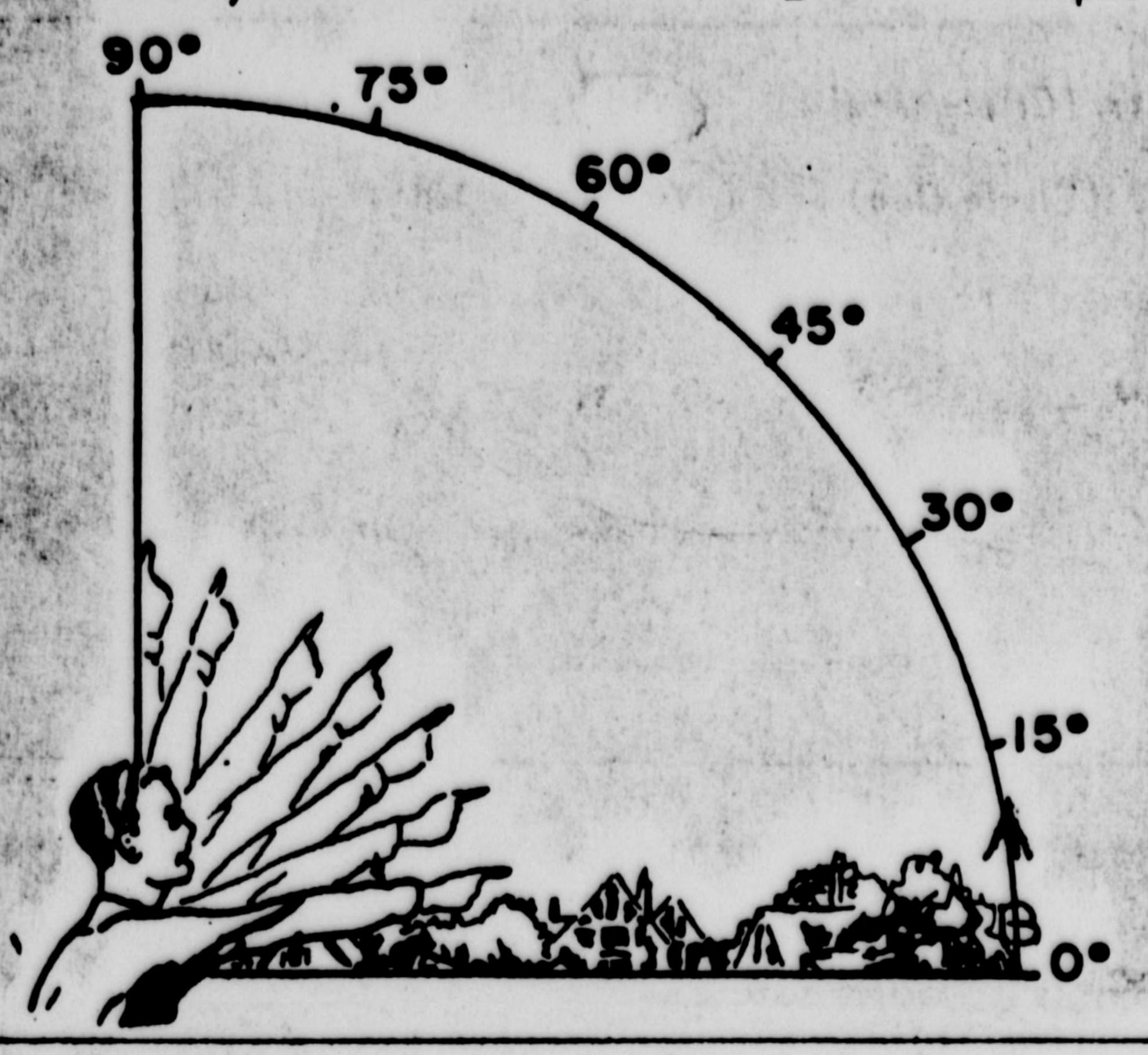
(Circle One) (Circle One) (F you answered YES, then how far away would you see	the second was to possible out the later were the pain with pain it.
22. Where were you located when you saw the object? (Circle One): a. Inside a building b. In a car c. Outdoors d. In an airplane (type) e. At sea f. Other	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
24.1 What direction were you moving? (Circle One)	e. South
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	iles per hour.
24.2 How fast were you moving? 24.3 Did you stop at any time while you were looking (Circle One) Yes No 25. Did you observe the object through any of the following a. Eyeglasses b. Sun glasses C. Windshield Yes No G. Windshield Yes No G. Wood of the following and the fo	iles per hour. at the object?

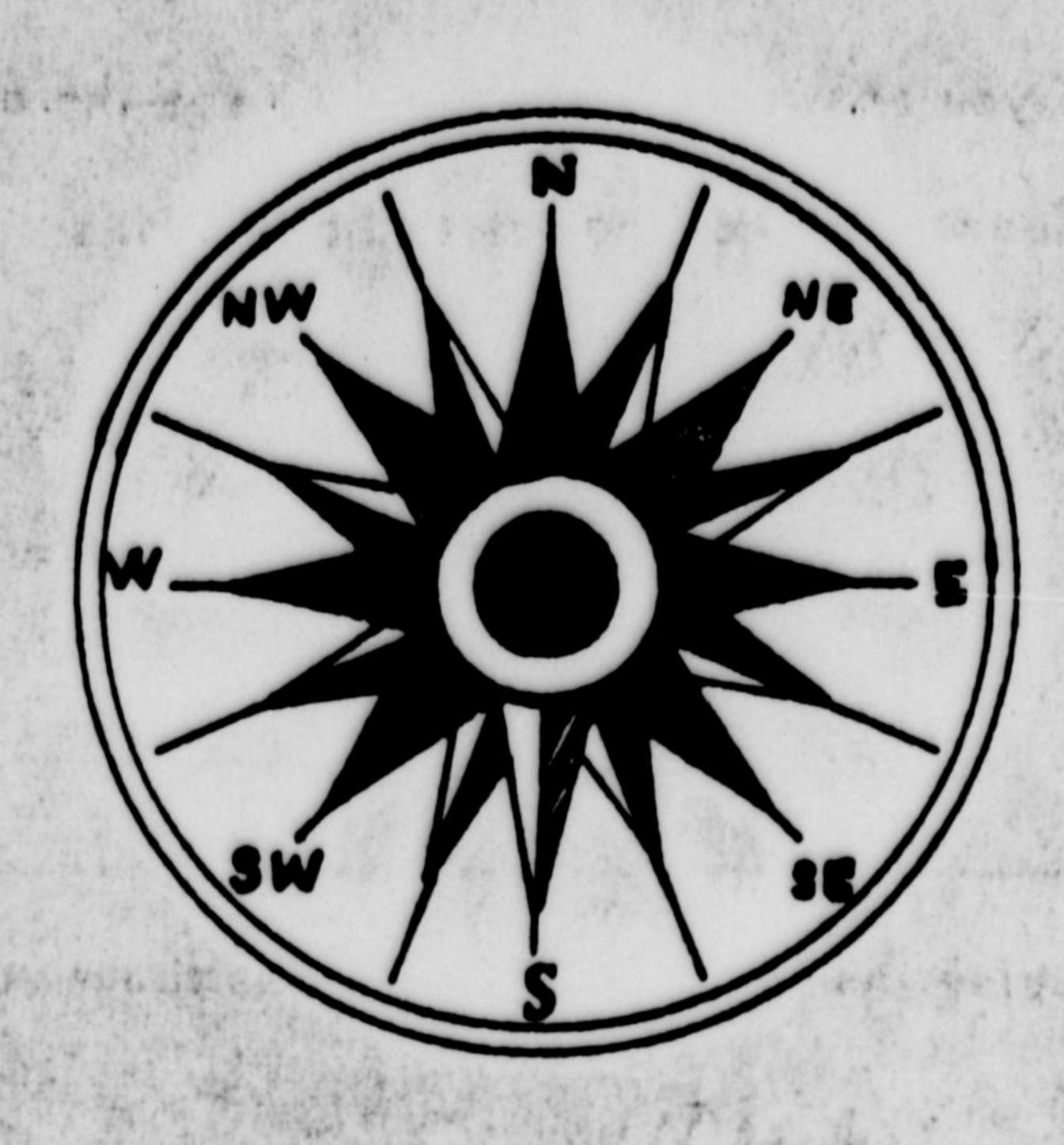
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15. D	id the object move behind something at any time, particularly a cloud?
	(Circle One): Yes No Don't Know. IF you answered YES, then tell what it moved behind:
16. D	id the object move in front of something at any time, particularly a cloud?
	(Circle One): Yes No Don't Know. IF you answered YES, then tell what in front of:
	Sound Anere words the following things about the object:
Mark Control	Color a dule ajellour
10 W	:
m	e wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how uch of the object is covered by the head of the match. If you had performed this experiment at the time of the ghting, how much of the object would have been covered by the match head? Obout Rall
mi si 19. Di of	when the object is covered by the head of the match. If you had performed this experiment at the time of the ghting, how much of the object would have been covered by the match head? Whout half Taw a picture that will show the shape of the object or objects. Label and include in your sketch any details the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.
mi si 19. Di of	uch of the object is covered by the head of the match. If you had performed this experiment at the time of the ghting, how much of the object would have been covered by the match head? Obout half
mi si 19. Di of	when the object is covered by the head of the match. If you had performed this experiment at the time of the ghting, how much of the object would have been covered by the match head? Whout half Taw a picture that will show the shape of the object or objects. Label and include in your sketch any details the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

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) 31.1 IF you answered YES, did they see the object too? (Circle One) 31.2 Please list their names and addresses: - address met known.
32. Please give the following information about yourself: NAME Last Name First Name Middle Name
ADDRESS M. Caralina City Zone State TELEPHONE NUMBER AGE AGE ASEX AVA Indicate any additional information about yourself, including any special experience, which might be pertinent.
One of my lablis is schence
33. When and to whom did you report that you had seen the object? Day Month Year

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.



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1. Date you c	ompleted th	is questionna	ire:	Doy	Month	Your	
			and which is tion of your si		covered in the	specific points	of the