

## PROJECT 10073 RECORD

|                                                                                                |                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. DATE - TIME GROUP<br>11, June 68 15/0200Z                                                   | 2. LOCATION<br>Havertown, Penna. (2 witnesses)                                                                                                                                                                                                                                                                              |
| 3. SOURCE<br>Civilian                                                                          | 10. CONCLUSION<br>INSUFFICIENT DATA FOR EVALUATION                                                                                                                                                                                                                                                                          |
| 4. NUMBER OF OBJECTS<br>One                                                                    |                                                                                                                                                                                                                                                                                                                             |
| 5. LENGTH OF OBSERVATION<br>10 Minutes                                                         | 11. BRIEF SUMMARY AND ANALYSIS<br>The observer sighted a red and white blinking light in the sky. He didn't think it was a plane because he felt a plane would have a more definite outline. The observer said that before the object disappeared he saw a burst of fire from the rear.                                     |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        |                                                                                                                                                                                                                                                                                                                             |
| 7. COURSE<br>NW - NNE                                                                          | COMMENTS: The red and white blinking lights certainly sound like an aircraft observation. However, the fire coming from the rear sound some-what like a hot air balloon. The observer is only 10 years old and isn't sure of the date of the observation. For this reason the sighting is being filed as INSUFFICIENT DATA. |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |                                                                                                                                                                                                                                                                                                                             |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                             |



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R258

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 14 (Sat) MONTH JUNE YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 10:00 MINUTES 00 ☐ A.M. ☒ P.M.

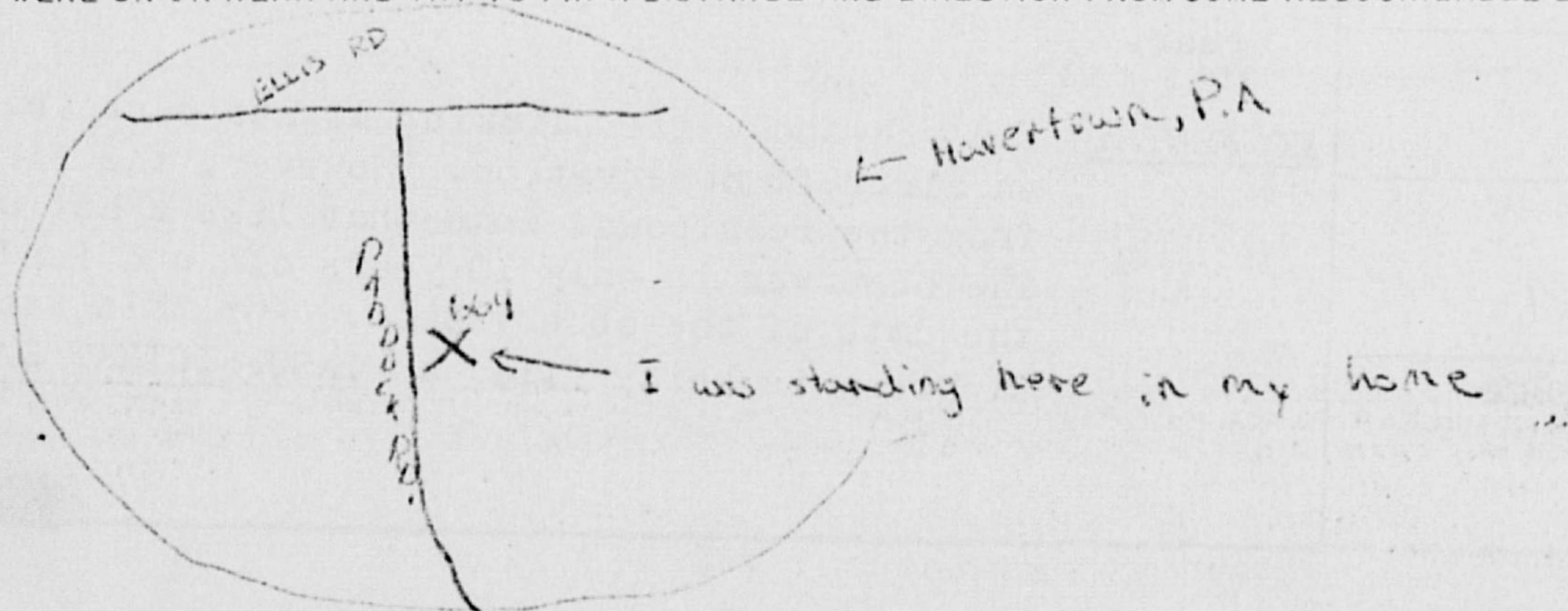
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 10:00 MINUTES 15 ☐ A.M. ☒ P.M.

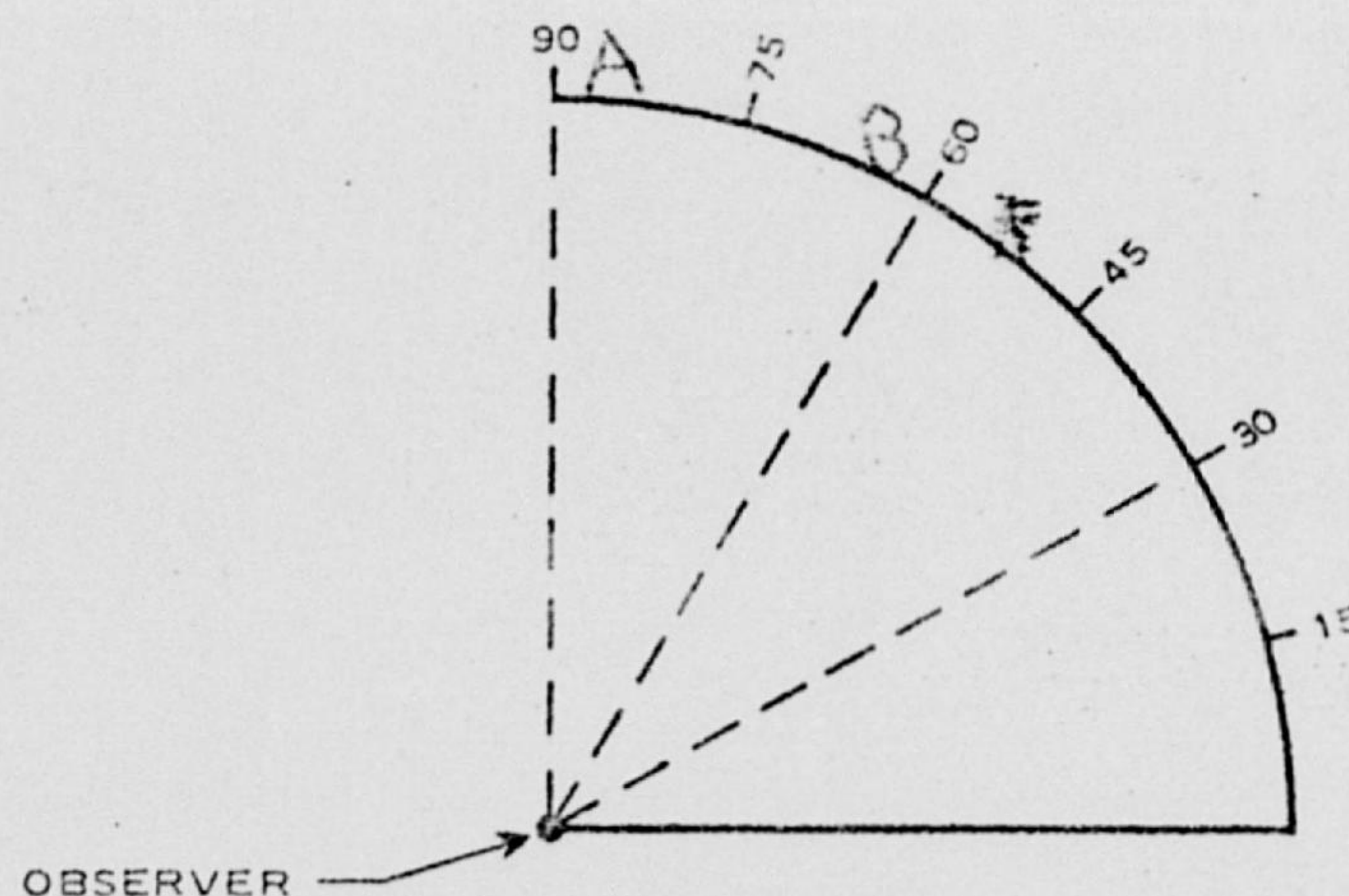
4. TIME ZONE

☐ DAYLIGHT SAVINGS☐ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

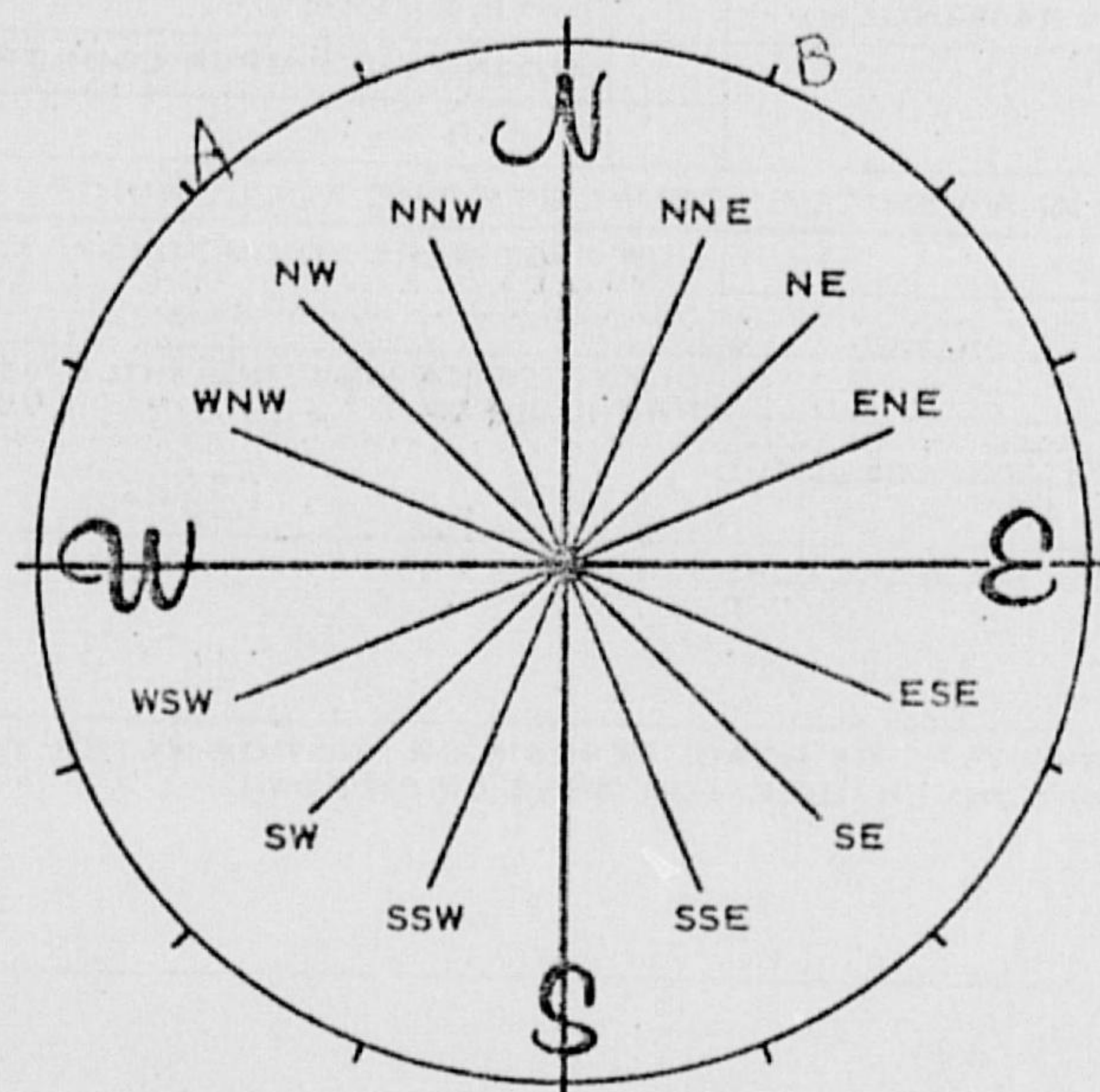


6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

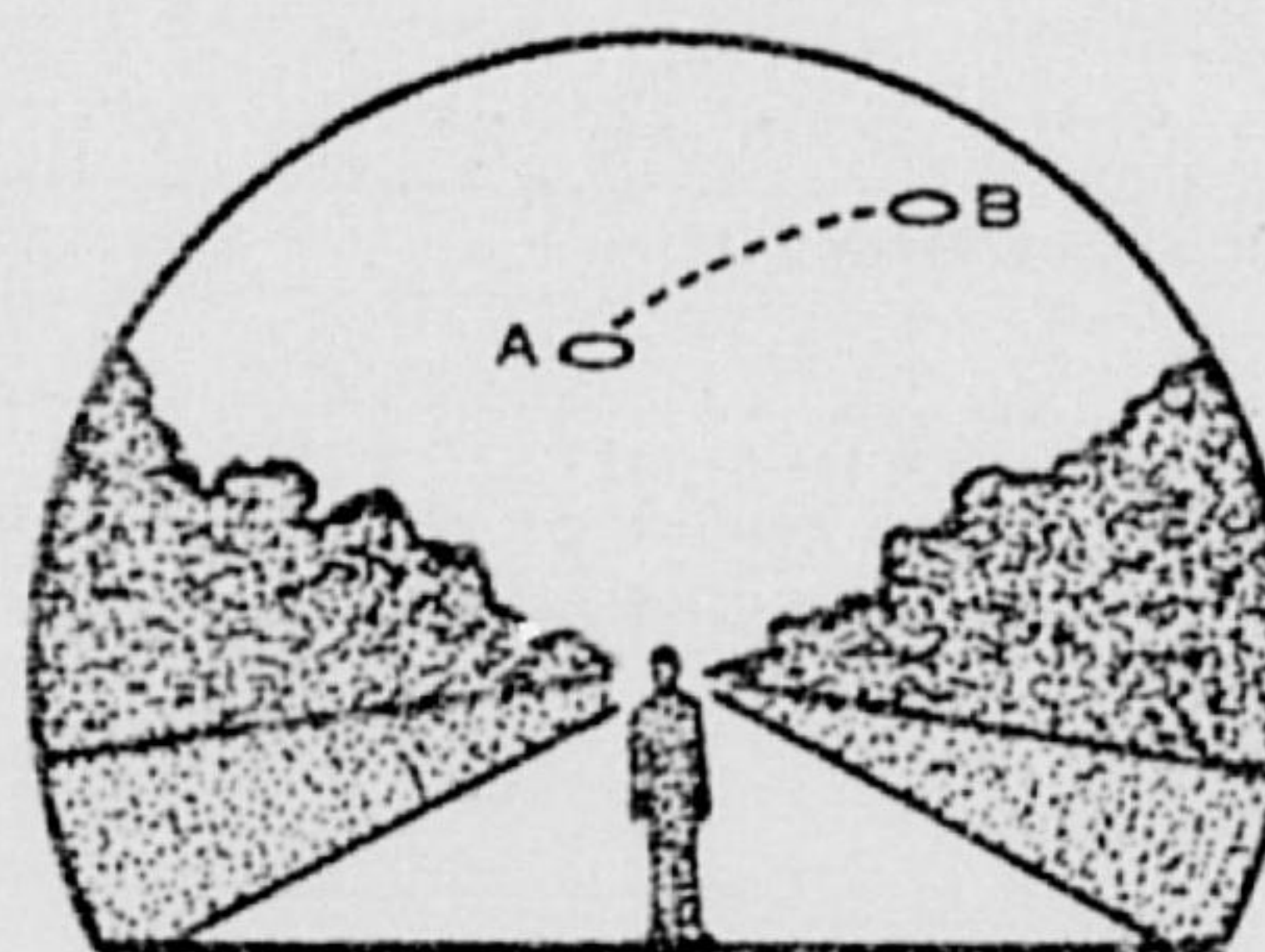
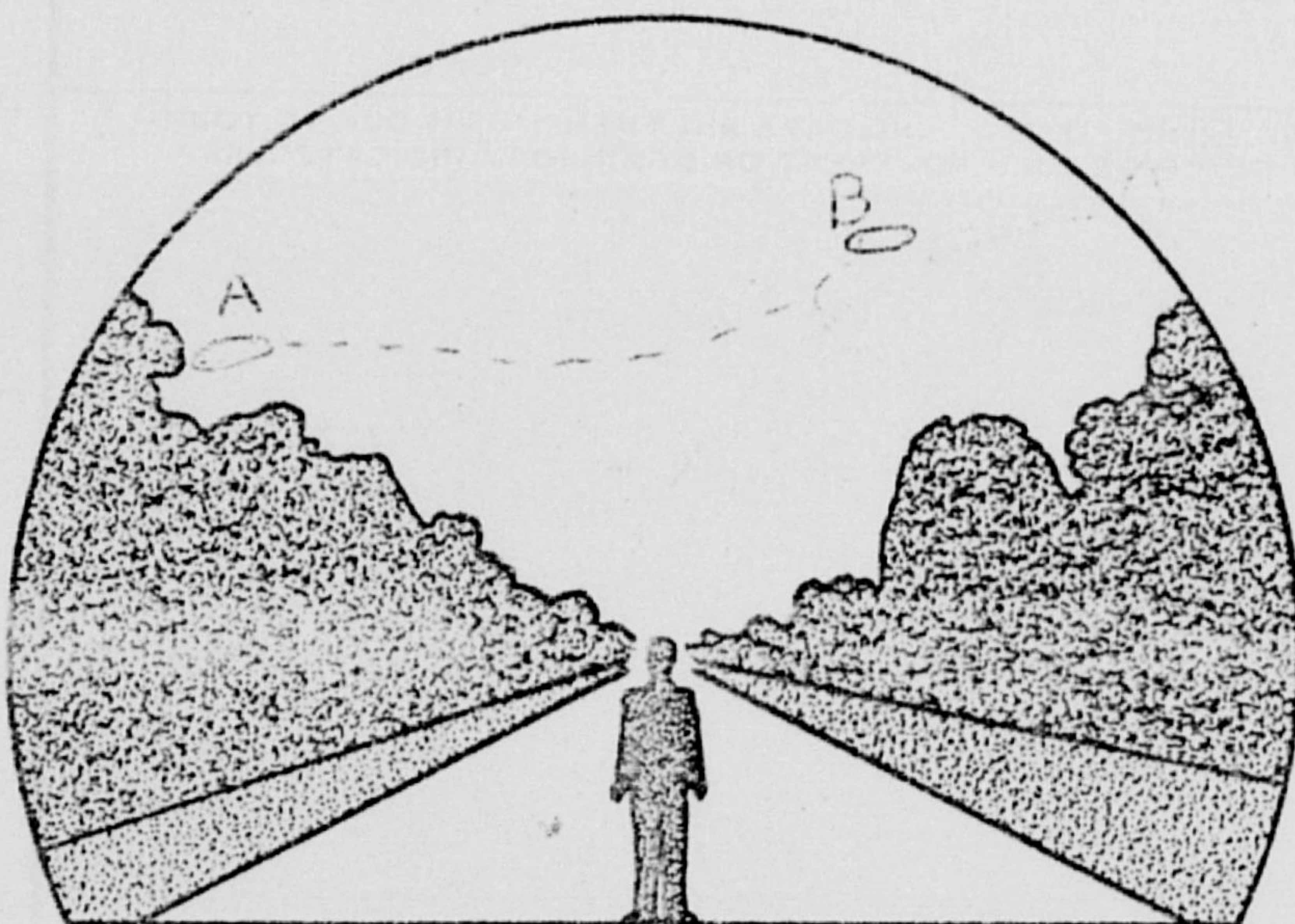




- 6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.





|                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                      |                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                     |                                    |                                                                                                                      |                                                   |
| <input type="checkbox"/> OUTDOORS                                                                                                                                                                                                                                                              |                                    | <input type="checkbox"/> IN BUSINESS SECTION OF CITY                                                                 |                                                   |
| <input checked="" type="checkbox"/> IN BUILDING                                                                                                                                                                                                                                                |                                    | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY                                                   |                                                   |
| <input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                       |                                    | <input type="checkbox"/> IN OPEN COUNTRYSIDE                                                                         |                                                   |
| <input type="checkbox"/> IN BOAT                                                                                                                                                                                                                                                               |                                    | <input type="checkbox"/> NEAR AIRFIELD                                                                               |                                                   |
| <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER                                                                                                                                                                                   |                                    | <input type="checkbox"/> FLYING OVER CITY                                                                            |                                                   |
| <input type="checkbox"/> OTHER                                                                                                                                                                                                                                                                 |                                    | <input type="checkbox"/> FLYING OVER OPEN COUNTRY                                                                    |                                                   |
|                                                                                                                                                                                                                                                                                                |                                    | <input type="checkbox"/> OTHER                                                                                       |                                                   |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:                                                                                                                                                                                                                                           |                                    |                                                                                                                      |                                                   |
| WHAT DIRECTION WERE YOU MOVING?                                                                                                                                                                                                                                                                |                                    | HOW FAST WERE YOU MOVING?                                                                                            |                                                   |
| <input type="checkbox"/> NORTH                                                                                                                                                                                                                                                                 | <input type="checkbox"/> EAST      | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO |                                                   |
| <input type="checkbox"/> SOUTH                                                                                                                                                                                                                                                                 | <input type="checkbox"/> WEST      |                                                                                                                      |                                                   |
| <input type="checkbox"/> NORTHEAST                                                                                                                                                                                                                                                             | <input type="checkbox"/> SOUTHEAST |                                                                                                                      |                                                   |
| <input type="checkbox"/> NORTHWEST                                                                                                                                                                                                                                                             | <input type="checkbox"/> SOUTHWEST |                                                                                                                      |                                                   |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.                                                                                                                                                                                                                          |                                    |                                                                                                                      |                                                   |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.                                                                                                                   |                                    |                                                                                                                      |                                                   |
| HOW MUCH OTHER TRAFFIC WAS THERE?                                                                                                                                                                                                                                                              |                                    |                                                                                                                      |                                                   |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.                                  |                                    |                                                                                                                      |                                                   |
|                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                      |                                                   |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT?                                                                                                                                                                                                                                                       |                                    |                                                                                                                      |                                                   |
| LENGTH OF TIME                                                                                                                                                                                                                                                                                 |                                    | <input type="checkbox"/> CERTAIN OF TIME                                                                             | <input checked="" type="checkbox"/> NOT VERY SURE |
| 10 minutes                                                                                                                                                                                                                                                                                     |                                    | <input type="checkbox"/> FAIRLY CERTAIN                                                                              | <input type="checkbox"/> JUST A GUESS             |
| HOW WAS TIME DETERMINED?                                                                                                                                                                                                                                                                       |                                    |                                                                                                                      |                                                   |
| I'm not certain but I could sense it was about 10 minutes                                                                                                                                                                                                                                      |                                    |                                                                                                                      |                                                   |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. |                                    |                                                                                                                      |                                                   |
| It was due to its behavior.                                                                                                                                                                                                                                                                    |                                    |                                                                                                                      |                                                   |
|                                                                                                                                                                                                            |                                    |                                                                                                                      |                                                   |



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)

| A. SKY                                       |  | B. WEATHER                                                           |                                                       |
|----------------------------------------------|--|----------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> DAY                 |  | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                 | <input type="checkbox"/> FOG OR MIST                  |
| <input type="checkbox"/> TWILIGHT            |  | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN                   |
| <input checked="" type="checkbox"/> NIGHT    |  | <input checked="" type="checkbox"/> NIMBUS CLOUDS (Rain)             | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE        |
| <input type="checkbox"/> CLEAR               |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <input type="checkbox"/> HAIL                         |
| <input type="checkbox"/> PARTLY CLOUDY       |  |                                                                      | <input type="checkbox"/> SNOW OR SLEET                |
| <input type="checkbox"/> COMPLETELY OVERCAST |  |                                                                      | <input type="checkbox"/> UNKNOWN                      |
|                                              |  | <input type="checkbox"/> HAZE OR SMOG                                | <input checked="" type="checkbox"/> NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                                | (2) MOON                                                  |
|------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> NONE            | <input type="checkbox"/> BRIGHT MOONLIGHT                 |
| <input type="checkbox"/> A FEW           | <input type="checkbox"/> MOON WITH HALO                   |
| <input checked="" type="checkbox"/> MANY | <input checked="" type="checkbox"/> MOON HIDDEN BY CLOUDS |
| <input type="checkbox"/> UNKNOWN         | <input type="checkbox"/> PARTIAL (New or quarter)         |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

|                                          |                                        |                                               |
|------------------------------------------|----------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU  | <input type="checkbox"/> TO YOUR LEFT  | <input type="checkbox"/> UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

This phenomenon appeared bright at first and looked like a star. It gradually took more form but still had fuzzy edges. I noticed lots of fireflies but it couldn't have been that because it was white and red. I looked fairly solid.



| 13. DID THE PHENOMENON          | YES | NO | UNKNOWN |
|---------------------------------|-----|----|---------|
| MOVE IN A STRAIGHT LINE?        |     | X  |         |
| STAND STILL AT ANYTIME?         | X   | X  |         |
| SUDDENLY SPEED UP AND RUN AWAY? | X   |    |         |
| BREAK UP IN PARTS AND EXPLODE?  |     | X  |         |
| CHANGE COLOR?                   | X   |    |         |
| GIVE OFF SMOKE?                 |     | X  |         |
| CHANGE BRIGHTNESS?              |     | X  |         |
| CHANGE SHAPE?                   |     | X  |         |
| FLASH OR FLICKER?               |     |    | X       |
| DISAPPEAR AND REAPPEAR?         |     | X  |         |
| SPIN LIKE A TOP?                |     | X  |         |
| MAKE A NOISE?                   |     | X  |         |
| FLUTTER OR WOBBLE?              |     |    | X       |

## 14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

I was looking at the stars and noticed a red + white object moving quickly among the stars.

## A. HOW DID IT FINALLY DISAPPEAR?

It speeded up + disappeared in a few seconds

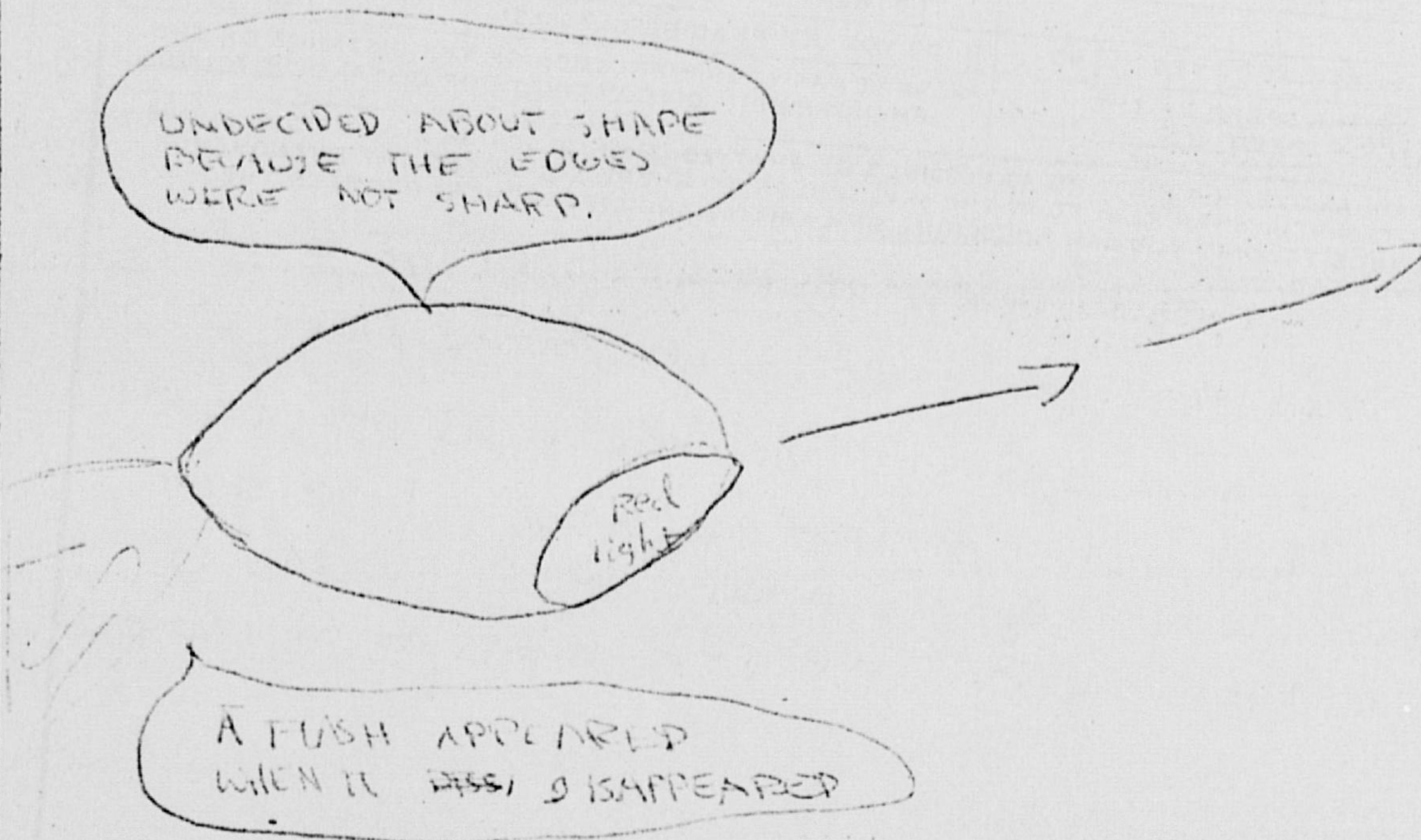
## B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☒ YES ☐ NO. IF "YES," DESCRIBE.

It dashed behind a tree for a few seconds + then reappeared.



15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

it would have been covered completely.



|                                                                                                                                                          |                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA. |                                                                                                          |
| EYEGASSES                                                                                                                                                | CAMERA VIEWER                                                                                            |
| SUNGLASSES                                                                                                                                               | BINOCULARS                                                                                               |
| WINDSHIELD                                                                                                                                               | TELESCOPE                                                                                                |
| SIDE WINDOW OF VEHICLE                                                                                                                                   | THEODOLITE                                                                                               |
| <input checked="" type="checkbox"/> WINDOWPANE                                                                                                           | OTHER                                                                                                    |
| A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                   | B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO       |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>200 miles</u>                                                     | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE <u>2 miles</u> |

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

I would guess it was similar to a plane at night. It had the same color lights, but a plane would probably have a more definite outline. It didn't have any wing or tail out. protruding from it either. It could also have been similar to a Siretly at night, but Siretlys don't have red lights to my knowledge.

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.



22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☐ YES ☒ NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO?  
☒ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

[REDACTED] (my sister)  
 [REDACTED]  
 Havertown, PA.

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

[REDACTED] Havertown PA. 19083

TELEPHONE (Area code and number)

AGE

10

☒ MALE

☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME Mette Olesen DAY 14 MONTH June YEAR 1968

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 5 MONTH July YEAR 1968



27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

ONLY That when it left, it left with a burst  
of fire from its rear.

I hope I given enough information. It was the  
best to my ability.



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



*Ref ltr June 68*

REPLY TO  
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation

JUL 2 1968

TO:

[REDACTED]  
[REDACTED]  
Havertown, Pennsylvania 19083

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

SECTOR QUINTANILLA, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

1 Atch  
AF Form 117 w/envelope



117

THE UFO

One day at about ten P.M. I saw a UFO with my sister. This UFO looked like a blinking light. It was flying across the sky blinking. Then it suddenly went up in the sky. It then seemed to catch on fire like a burst of fire shooting out of its rear. Then it seemed to go so fast into the sky that it finally left my vision.

I know this sounds like an optical illusion, but I would like to know if anyone else has seen this strange UFO (or thing). I am only 10, but I do know what I saw. Please answer my baffling letter soon.

Sincerely,

Robert  
Olsen

