

## PROJECT 10073 RECORD

|                                                                                                |                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. DATE - TIME GROUP<br>31 Jul 68 31/0255<br>31/0855Z                                          | 2. LOCATION<br>Boise, Idaho ( 2 Witnesses)                                                                                                                                                                                                 |
| 3. SOURCE<br>Civilian                                                                          | 10. CONCLUSION<br>Probable (HOT AIR BALLOON)                                                                                                                                                                                               |
| 4. NUMBER OF OBJECTS<br>One                                                                    | Surface wind was from 120 deg at 7 knots. There is no evidence that the light was not from a garment bag hot air balloon.                                                                                                                  |
| 5. LENGTH OF OBSERVATION<br>4 Minutes                                                          | 11. BRIEF SUMMARY AND ANALYSIS<br>The observer sighted a red light that was about the size of a grapefruit. The object was at about 15 deg elevation and moved roughly in a westerly direction. The object was seen for approx. 4 minutes. |
| 6. TYPE OF OBSERVATION<br>Ground-Visual                                                        |                                                                                                                                                                                                                                            |
| 7. COURSE<br>NNE - WNW                                                                         |                                                                                                                                                                                                                                            |
| 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 |                                                                                                                                                                                                                                            |

BUDGET BUREAU APPROVAL  
NUMBER 21-R258

1 WHEN DID YOU SEE THE PHENOMENON?

DAY 31 MONTH July YEAR 68

2 WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR \_\_\_\_\_ MINUTES \_\_\_\_\_ ☒ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR \_\_\_\_\_ MINUTES \_\_\_\_\_ ☒ A.M. ☐ P.M.

#### 4. TIME ZONE

[2] DAYLIGHT SAVINGS

☐ STANDARD

EASTERN

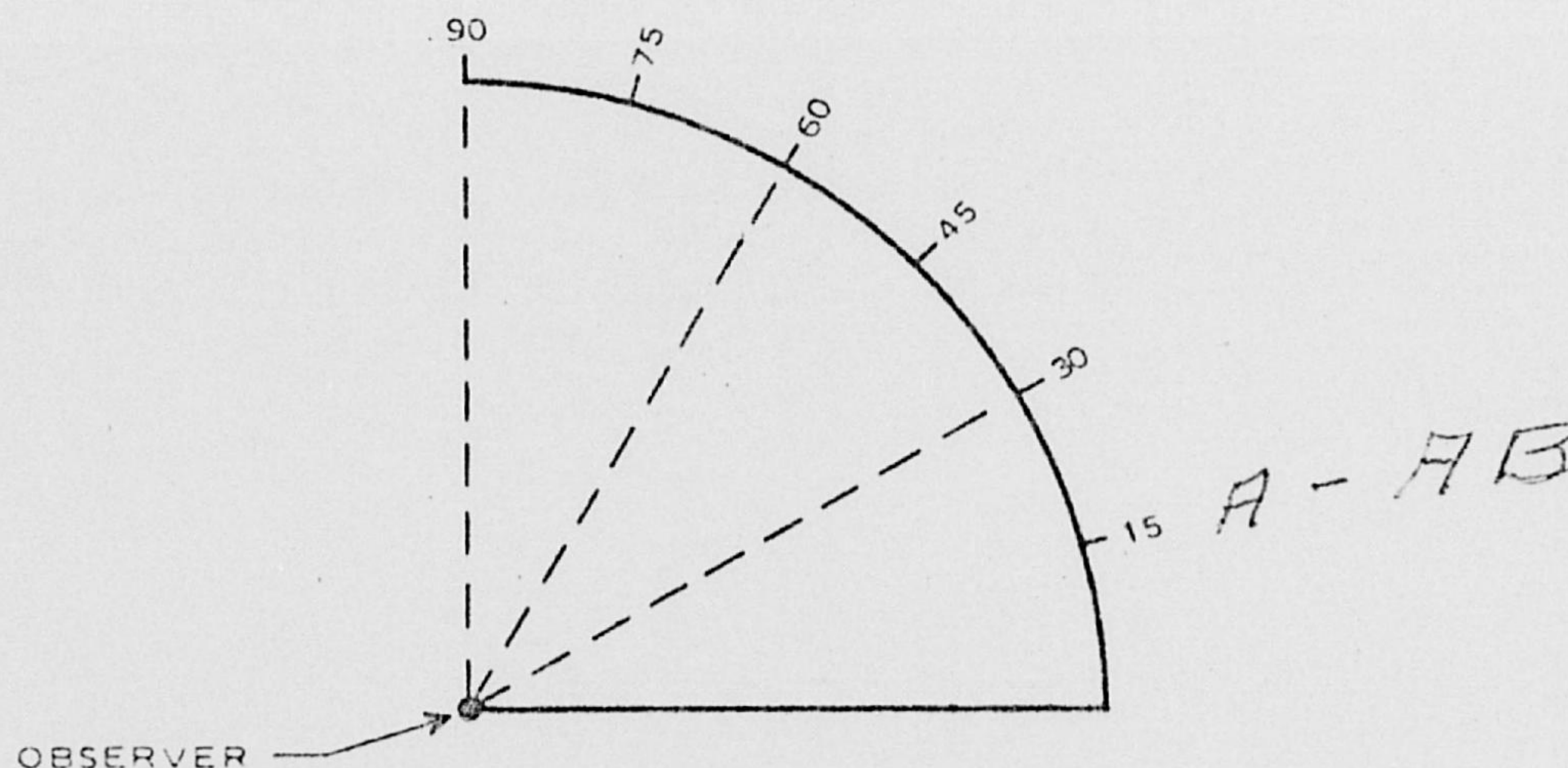
CENTRAL

[ ] MOUNTAIN

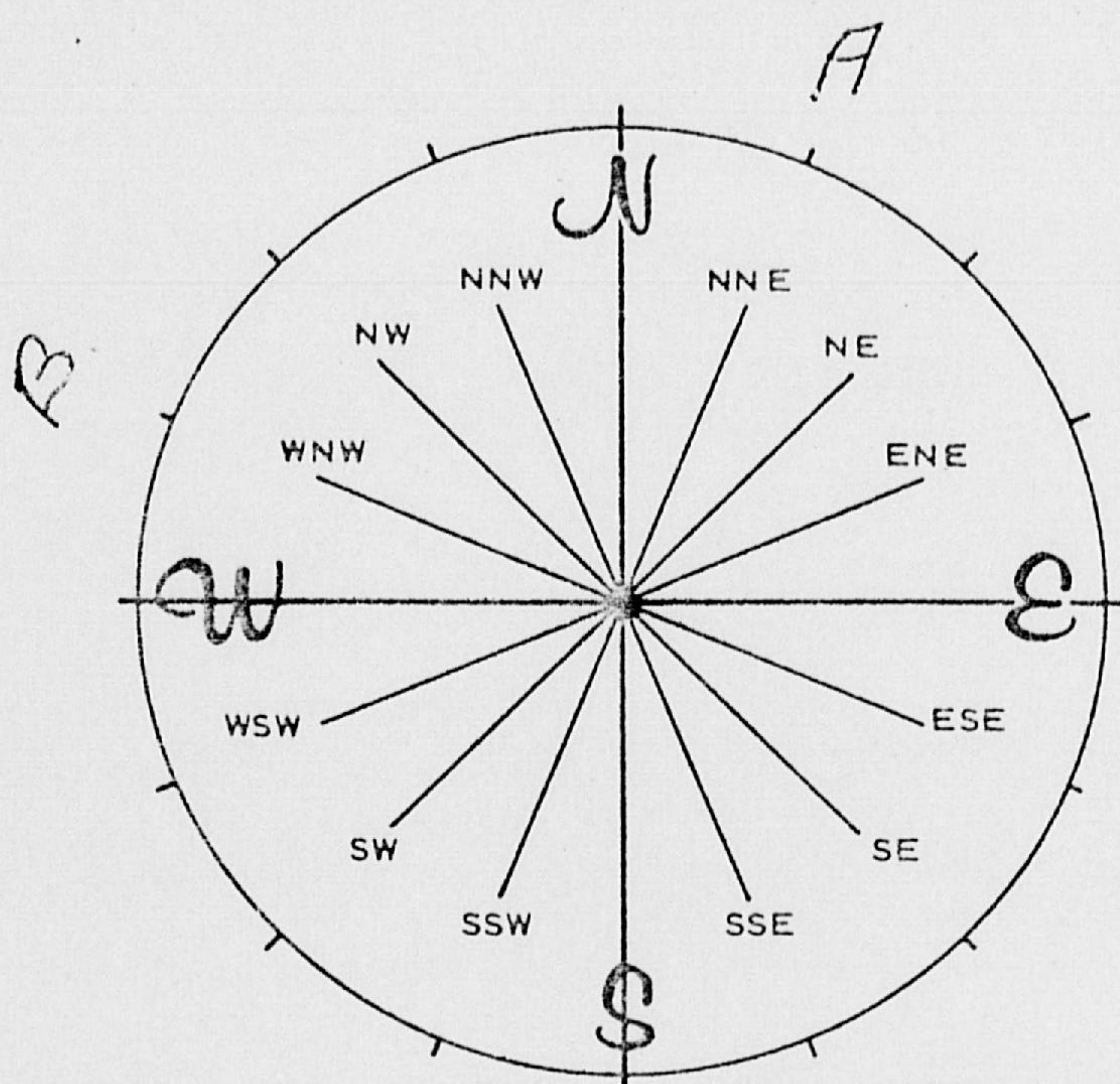
☐ PACIFIC☐ OTHER

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.

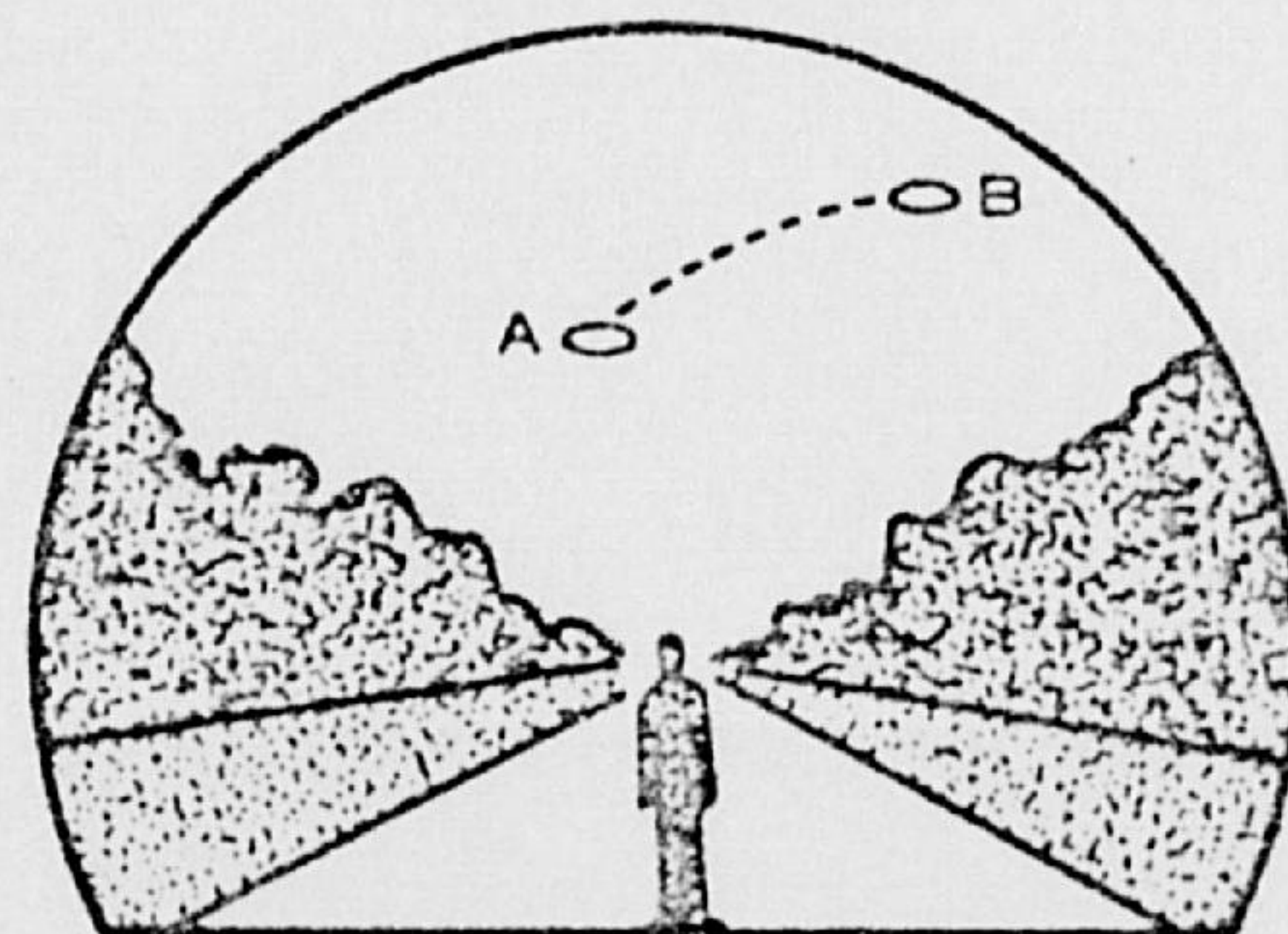
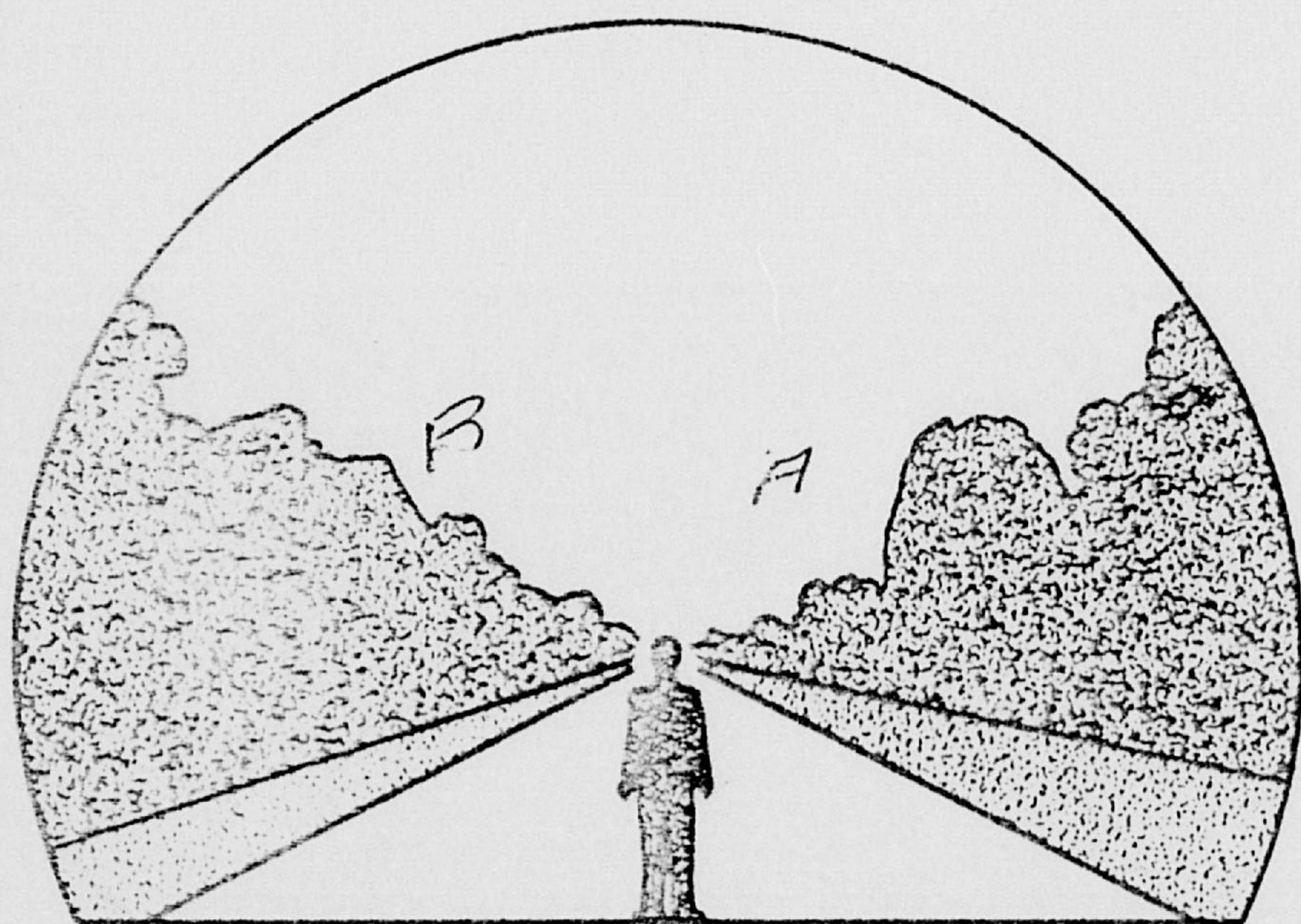
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



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 checked="" type="checkbox"/> OUTDOORS<br><input type="checkbox"/> IN BUILDING<br><input checked="" type="checkbox"/> IN CAR <input checked="" type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER<br><input type="checkbox"/> IN BOAT<br><input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER<br><input type="checkbox"/> OTHER | <input type="checkbox"/> IN BUSINESS SECTION OF CITY<br><input type="checkbox"/> IN RESIDENTIAL SECTION OF CITY<br><input checked="" type="checkbox"/> IN OPEN COUNTRYSIDE<br><input type="checkbox"/> NEAR AIRFIELD<br><input type="checkbox"/> FLYING OVER CITY<br><input type="checkbox"/> FLYING OVER OPEN COUNTRY<br><input type="checkbox"/> OTHER |                                                                                                                             |  |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             |  |
| WHAT DIRECTION WERE YOU MOVING? <i>Stopped</i>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                          | HOW FAST WERE YOU MOVING?                                                                                                   |  |
| <input type="checkbox"/> NORTH<br><input type="checkbox"/> SOUTH<br><input type="checkbox"/> NORTHEAST<br><input type="checkbox"/> NORTHWEST                                                                                                                                                                                                                                                                 | <input type="checkbox"/> EAST<br><input type="checkbox"/> WEST<br><input type="checkbox"/> SOUTHEAST<br><input type="checkbox"/> SOUTHWEST                                                                                                                                                                                                               | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |
| 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.<br><i>68 Chev 4dr. paved road. windows down.</i>                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             |  |
| HOW MUCH OTHER TRAFFIC WAS THERE?<br><i>NONE</i>                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             |  |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" 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<br><i>4 min.</i>                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> CERTAIN OF TIME<br><input checked="" type="checkbox"/> FAIRLY CERTAIN                                                                                                                                                                                                                                                           | <input type="checkbox"/> NOT VERY SURE<br><input type="checkbox"/> JUST A GUESS                                             |  |
| HOW WAS TIME DETERMINED?<br><i>Estimate</i>                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             |  |
| 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.<br><i>Was not in sight continuously due to my movement. Drove approx 4 mi. to get a better view.</i>          |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             |  |

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 type="checkbox"/> LIGHT RAIN OR DRIZZLE        |
| <input checked="" type="checkbox"/> CLEAR    |  | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                        | <input type="checkbox"/> HAIL                         |
| <input type="checkbox"/> PARTLY CLOUDY       |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <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 checked="" type="checkbox"/> A FEW | <input checked="" type="checkbox"/> NO MOONLIGHT  |
| <input type="checkbox"/> MANY             | <input type="checkbox"/> MOON WITH HALO           |
| <input type="checkbox"/> UNKNOWN          | <input type="checkbox"/> MOON HIDDEN BY CLOUDS    |
|                                           | <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.

*turned headlights off & spot light on.*

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.

*It was about the size of grapefruit.  
has red in color.  
has solid, edges sharp - round in  
shape -*

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

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*Star looking for it as we had a report from a man in regards to it.*

A. HOW DID IT FINALLY DISAPPEAR?

*Faded away in the distance.*

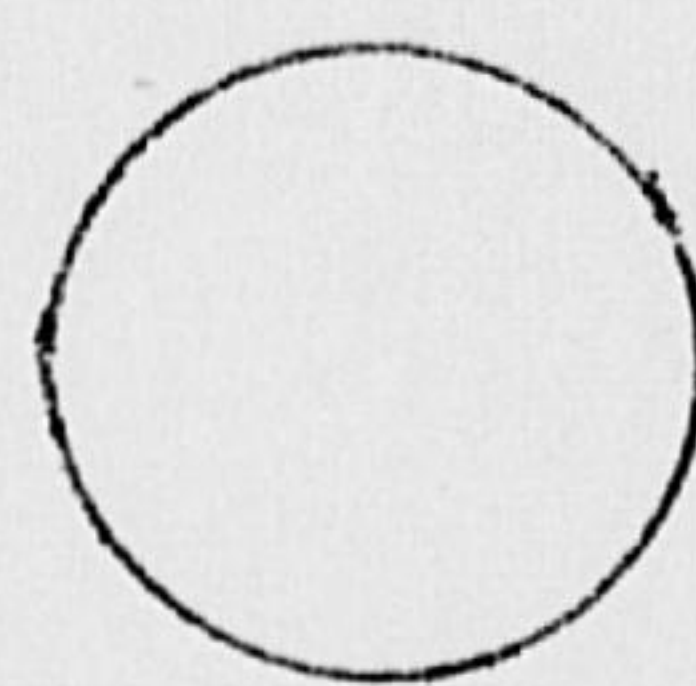
B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☐ YES ☒ NO. IF "YES," DESCRIBE.

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.

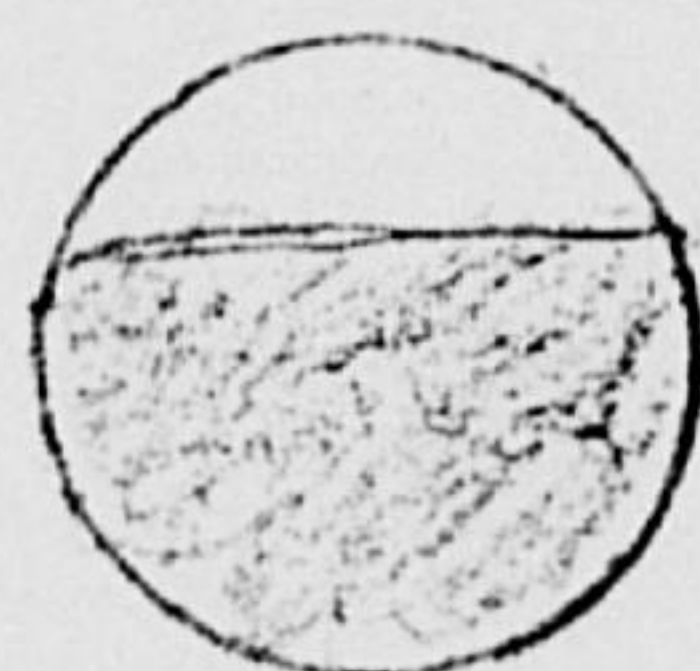


West ←



← Direction of Travel

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.



a match head would cover a good half to  $\frac{3}{4}$  of the object.

17 DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

|                                                            |                                                               |
|------------------------------------------------------------|---------------------------------------------------------------|
| EYEGLASSES                                                 | CAMERA VIEWER                                                 |
| SUNGLASSES                                                 | BINOCULARS                                                    |
| WINDSHIELD                                                 | TELESCOPE                                                     |
| <input checked="" type="checkbox"/> SIDE WINDOW OF VEHICLE | THEODOLITE                                                    |
| WINDOWPANE                                                 | <input checked="" type="checkbox"/> OTHER <i>from outside</i> |

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☒ NO B. DO YOU USE READING GLASSES? ☐ YES ☒ NO

18 WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED *4-5 MPH* 19 WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE *1 mi*

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.

*It was round & about the size of a grapefruit. Was red in color.*

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] F.D.*

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State, and Zip Code)

TELEPHONE (Area Code)

AGE

MALE

FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE

*Boise City, Idaho*

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

NAME

DAY

*31*

MONTH

*July*

YEAR

*68*

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY

*2*

MONTH

*Aug*

YEAR

*68*

Was going North on Bogues Basin Rd. approx  
1 mi. from the Highlands Sub-Division.  
Suddenly to my left I noticed this red  
light. It was approx the size of a grape-  
fruit. Red in color & was slowly descending  
at approx 3-5 degrees from the horizontal.  
travelling about 1-3 MPH.

I stopped my car & turned the  
spot-light toward it. but could not reach  
it with the beam.

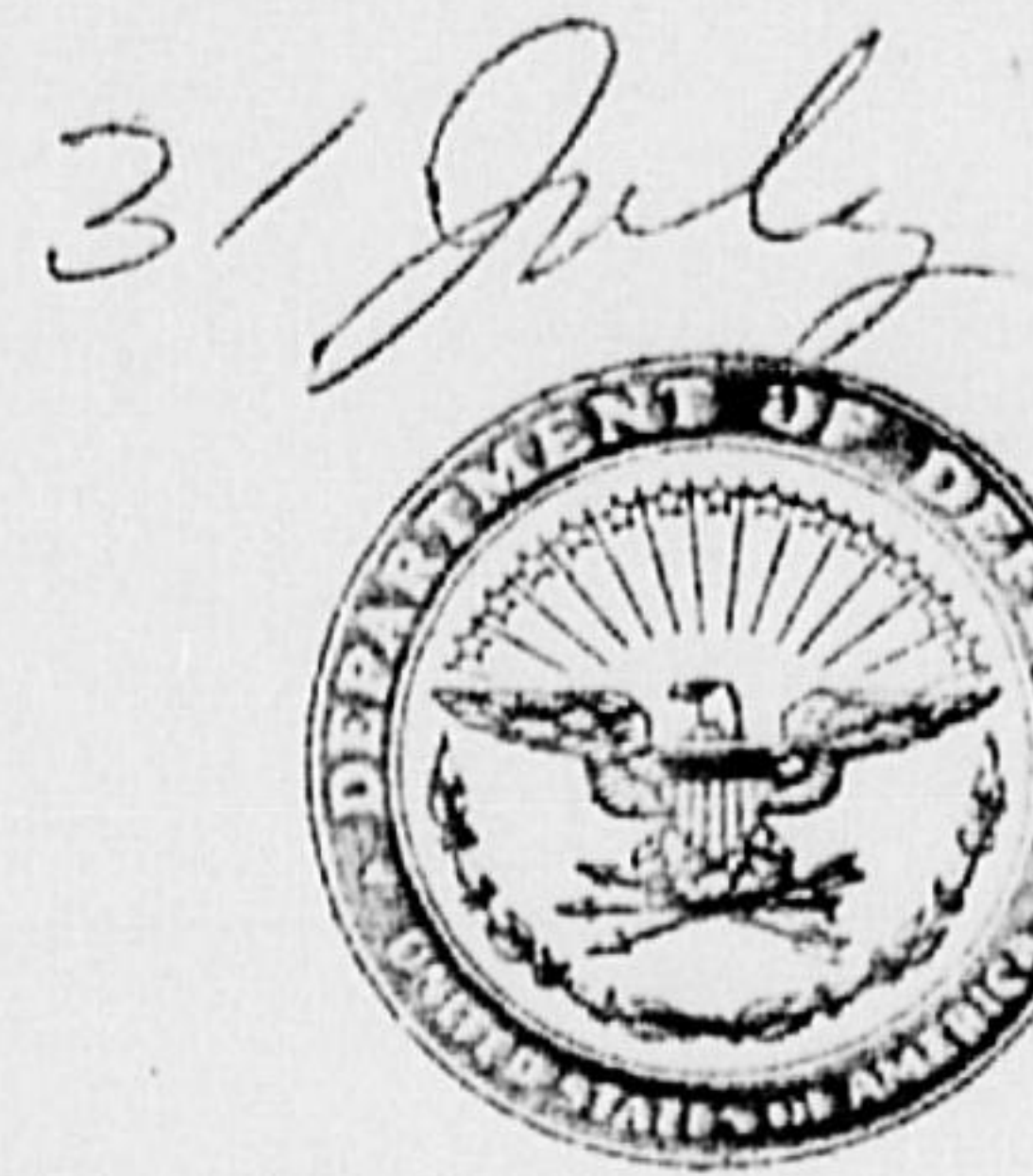
It made approx a 90° turn left  
& headed West & began to ascend at  
about a 3-5 degree angle.

I called another patrol car on the  
radio to meet me. This car came on  
the scene & arrived in about 2 min.  
We both watched it until it  
disappeared from sight. This took  
about 2-3 minutes from the time  
the other patrol car arrived.

The spot-light on the patrol  
car is an airplane landing light & much  
brighter than an ordinary spot-light.

Also the other Officer & myself  
got out of our cars to watch this  
light!

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



REPLY TO  
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation, 31 July 1968

13 SEP 1968

TO: Mr. [REDACTED]  
Boise, Idaho 83704

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 31 July 1968 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

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

1 Atch  
AF Form 117 w/envelope

31 July

INVESTIGATION OF UNIDENTIFIED FLYING OBJECT (UFO)

22 August 1968

The following report contains information accumulated during the investigation of the reported sighting of an Unidentified Flying Object (UFO) in Boise, Idaho. The report was telephoned to Mountain Home AFB, Idaho by Officer Kimbrell, Communications Center, Boise Police Department, Boise, Idaho. Boise Police Department received the original report of the sighting from Mr. [REDACTED] Drive, Boise, Idaho.

The report is logged in the Wing Command Post Blotter as of 0855Z hours, 31 July 1968. 0245 L.

This investigation was conducted by SSgt Theodore C. Ackley, AF12457255, 67th Security Police Squadron, Mountain Home AFB, Idaho.

INVESTIGATORS REMARKS CONCERNING INTERVIEWS WITH WITNESSES OF SIGHTING:

Sgt William B. Cussie, Boise Police Department, Boise, Idaho was contacted and furnished the following information; Sgt Cussie was on duty at the time of the original report from Mr. [REDACTED]. Sgt Cussie drove to the area of the sighting in an attempt to observe the phenomena. Sgt Cussie's report of the sighting are contained on AF Form 117. Sgt Cussie stated other police officers observed the same phenomenon however, these officers declined making a written statement of what they observed.

Attempts were made to contact Mr. [REDACTED] at his residence to obtain his description of the sighting. Mr. [REDACTED] was not at his residence and could not be contacted by telephone. A message was left for Mr. [REDACTED] to contact the investigator by telephone to schedule an appointment for an interview at Mr. [REDACTED]'s convenience. Mr. [REDACTED] contacted the investigator by telephone and stated he would be in Mountain Home, Idaho during the week of 12 August 68 thru 16 August 68 and that he would contact the investigator at that time for an interview. At the writing of this report, Mr. [REDACTED] has made no further contact with the investigator.

REPORT FROM THE U.S. WEATHER BUREAU AND THE BOISE MUNICIPAL AIRPORT, BOISE, IDAHO:

Mr. Hal Harvey and Mr. Jim McCoy, U.S. Weather Bureau furnished the following information on weather conditions covering the period of 0100 hours, 31 July 1968 thru 0400 hours, 31 July 1968: The weather was open and clear with up to twenty (20) mile visibility. There was a smoke layer in the northern portion of the sky reaching from the Northwest to the Northeast. The smoke layer was quite thin and scattered and non restrictive to visibility. The smoke was caused by a range fire in the Weiser, Idaho area. The surface winds during this period were: 0100 hours, 180 degrees at 7 kts; 0200 hours, 180 degrees at 6 kts; 0300 hours, 120 degrees at 7 kts; 0400 hours, 130 degrees at 9 kts. Winds at higher elevations during this period were:

|             |                        |             |                        |
|-------------|------------------------|-------------|------------------------|
| 4,000 ft.,  | 305 degrees at 14 kts. | 6,000 ft.,  | 360 degrees at 9 kts.  |
| 10,000 ft., | 325 degrees at 6 kts.  | 14,000 ft., | 305 degrees at 16 kts. |
| 20,000 ft., | 305 degrees at 16 kts. | 30,000 ft., | 275 degrees at 19 kts. |

45,000 ft., 260 degrees at 30 kts. 50,000 ft., 270 degrees at 14 kts.  
70,000 ft., 090 degrees at 7 kts. 90,000 ft., 095 degrees at 7 kts.

There was no moon at this time and there was good visibility of the stars. Weather balloons were released at 1615 hours, 30 July 1968 and at 0415 hours, 31 July 1968

Mr. M.C. Coach, FAA, Control Tower Chief and Mr. C.E. Abshire, FAA, Flight Service Station Chief were contacted. They stated there was no unusual flight activity during the period of the sighting.

Miss Sylvia Burkley, GS-11, Control Tower Operator on duty at the time of the sighting furnished the following information: When Boise Police Department informed the Control Tower of the sighting, she scanned the northern horizon with binoculars and could observe nothing unusual. There was a smoke haze in the northern sky resulting from the range fire in the Weiser, Idaho area. She stated that just prior to the reported sighting a Twin Cessna aircraft had arrived from Twin Falls, Idaho. The pilot of this aircraft had seen nothing unusual. Just after this reporting another aircraft departed for a destination north of Boise. The pilot of this aircraft saw nothing unusual.

Mr. James H. Prendergrast, Supervising Inspector, General Aviation District Office was contacted. He stated his office had received no reports of Unidentified Phenomena.

Maj. Dale J. Hendry, Group Security Office, 124th Fighter Group, Idaho Air National Guard, Cowan Field, Boise, Idaho was contacted. He stated his office had received no report of Unidentified Phenomena.