

# PROJECT 10073 RECORD

|                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. DATE - TIME GROUP</b><br>14/2000 CST<br>14 Oct 69 15/0600Z                                                                                                                                                                                                                                                                        | <b>2. LOCATION</b><br>Attica, Indiana                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>3. SOURCE</b><br>Civilian<br><b>4. NUMBER OF OBJECTS</b><br>See Case                                                                                                                                                                                                                                                                 | <b>10. CONCLUSION</b><br>1. Probable Astro (CAPELLA)<br>2. Probable Aircraft                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>5. LENGTH OF OBSERVATION</b><br>1 hr 15 min<br><b>6. TYPE OF OBSERVATION</b><br>Ground Visual<br><b>7. COURSE</b><br>See Case<br><b>8. PHOTOS</b><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><b>9. PHYSICAL EVIDENCE</b><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <b>11. BRIEF SUMMARY AND ANALYSIS</b><br><p>Observer sighted a "Main" UFO at 2000 hours at about 15° elevation in NNE. At 2115 hours, main UFO was at about 50°. During this time, several other UFO's were seen crossing the sky.</p> <p>COMMENTS: "Main" UFO appears to be Capella which was at azimuth 37° and 8° elevation at 200 hours. At 2115 hours Capella was at an azimuth of 45° and 18° elevation and had a stellar magnitude of +0.21. Other UFO's appear to be aircraft.</p> |

## 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<sup>th</sup> MONTH Oct. YEAR 1969

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 8 : MINUTES 40 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 9 : MINUTES 15 ☐ A.M. ☒ P.M.

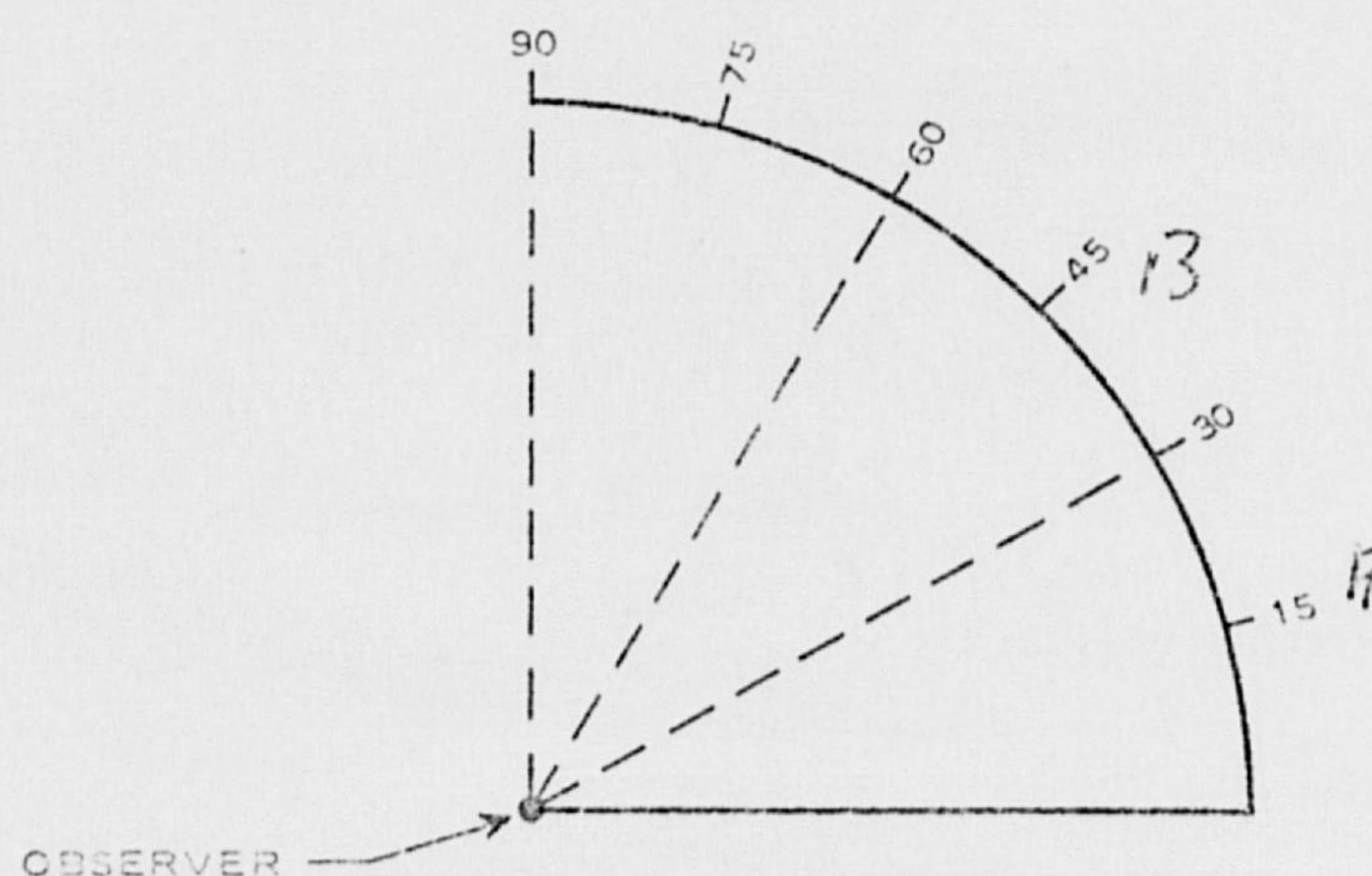
4. TIME ZONE

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

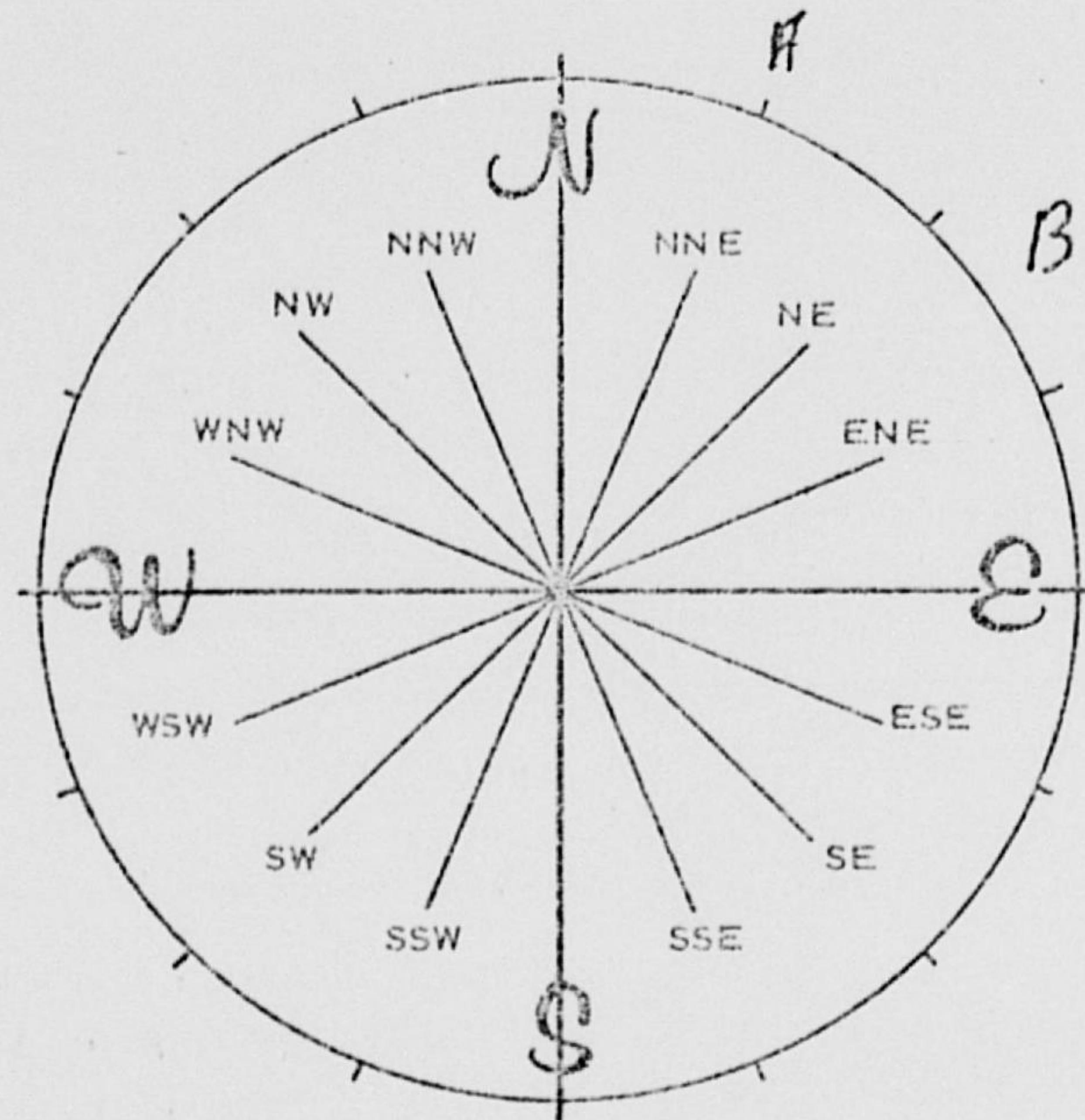
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE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



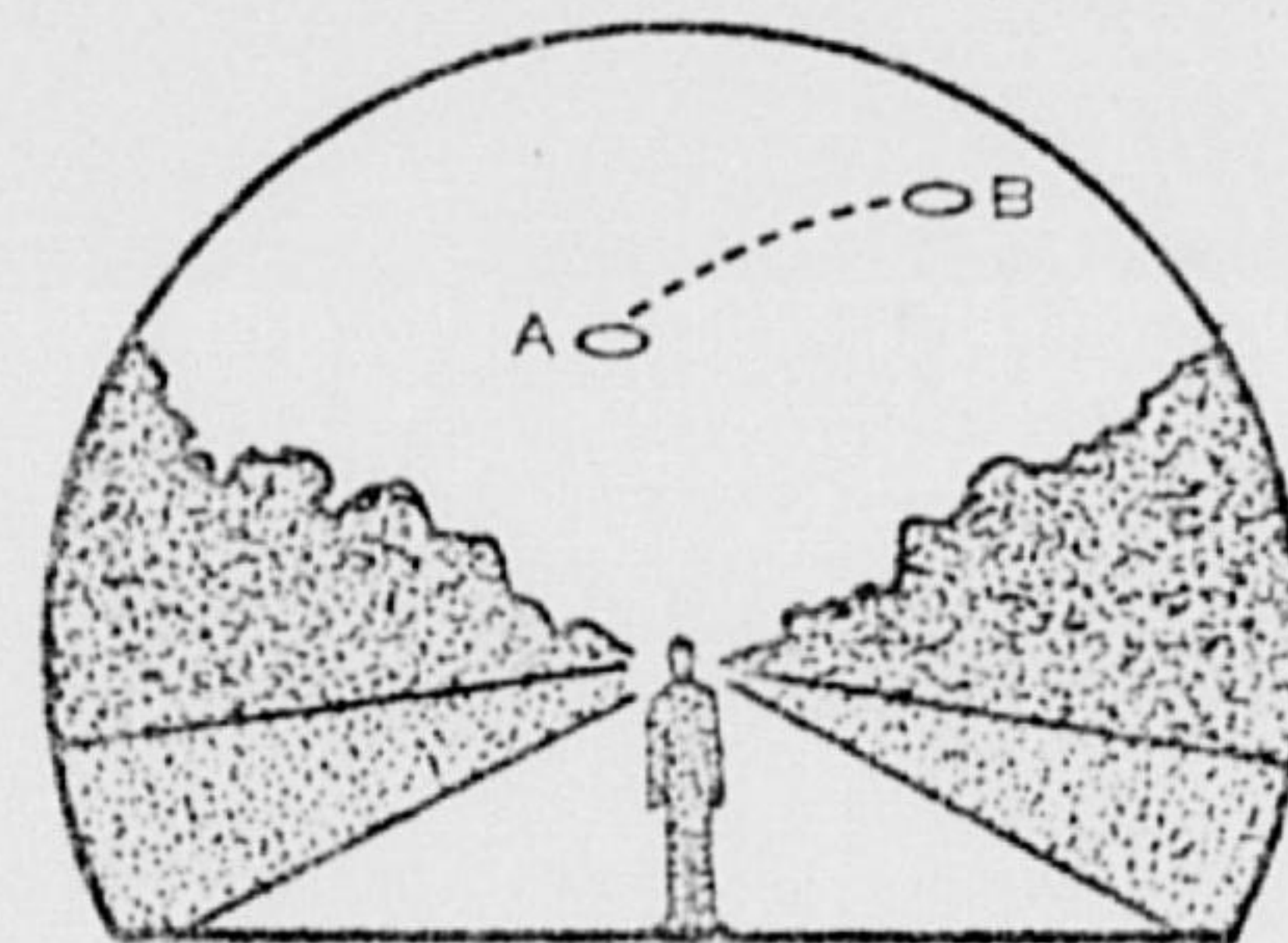
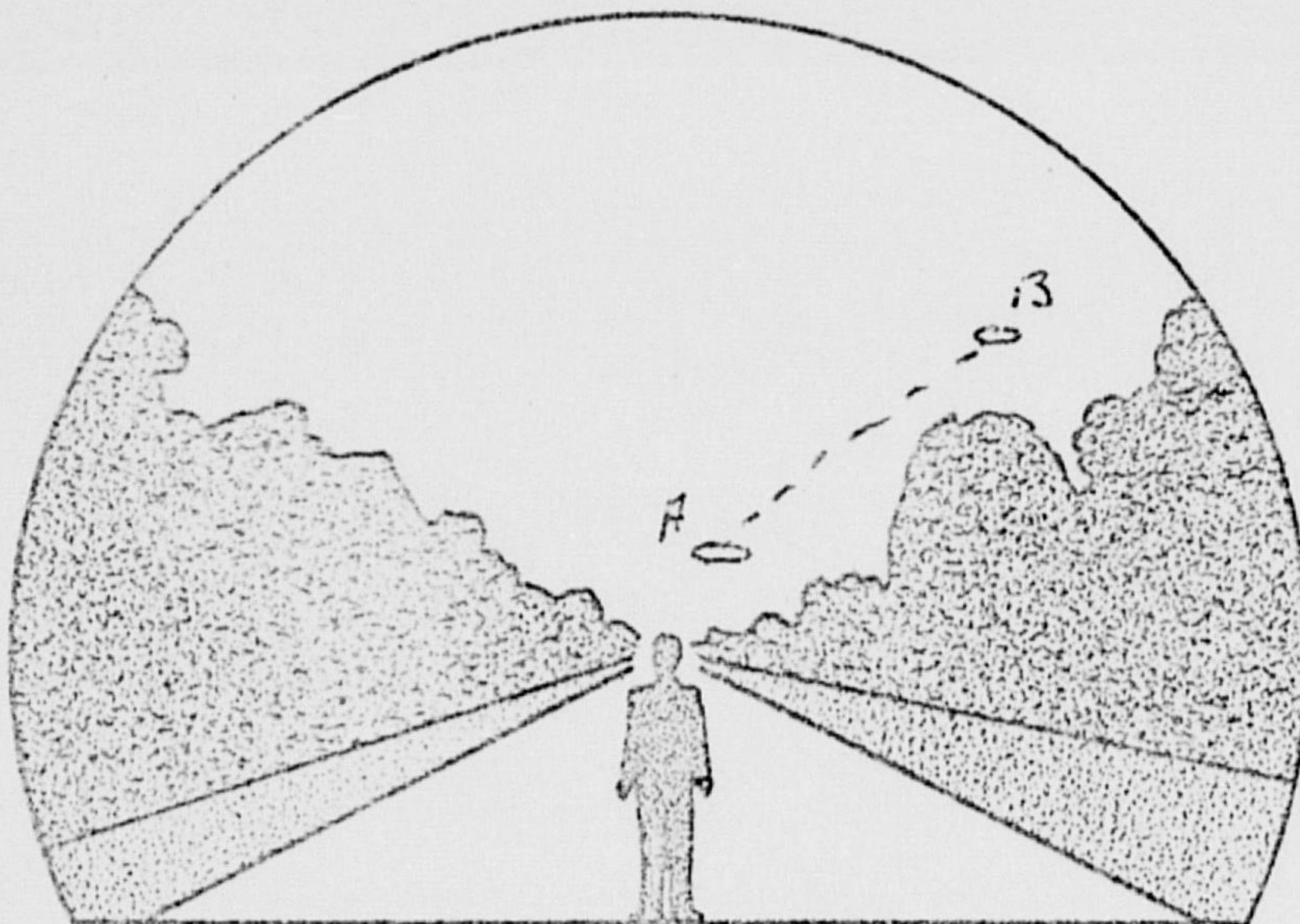
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



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.



|                                                                                                                                                                                                                                                                                                |                                                                                     |                                                          |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------|
| B. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)                                                                                                                                                                                                                     |                                                                                     |                                                          |                                |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                            | OUTDOORS                                                                            |                                                          | IN BUSINESS SECTION OF CITY    |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                            | IN BUILDING                                                                         |                                                          | IN RESIDENTIAL SECTION OF CITY |
|                                                                                                                                                                                                                                                                                                | IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER     | <input checked="" type="checkbox"/>                      | IN OPEN COUNTRYSIDE            |
|                                                                                                                                                                                                                                                                                                | IN BOAT                                                                             |                                                          | NEAR AIRFIELD                  |
|                                                                                                                                                                                                                                                                                                | IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER |                                                          | FLYING OVER CITY               |
|                                                                                                                                                                                                                                                                                                | OTHER                                                                               |                                                          | FLYING OVER OPEN COUNTRY       |
|                                                                                                                                                                                                                                                                                                |                                                                                     |                                                          | 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                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                       | SOUTH                                                                               | <input type="checkbox"/>                                 | WEST                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                       | NORTHEAST                                                                           | <input type="checkbox"/>                                 | SOUTHEAST                      |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                       | NORTHWEST                                                                           | <input type="checkbox"/>                                 | SOUTHWEST                      |
|                                                                                                                                                                                                                                                                                                |                                                                                     | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?     |                                |
|                                                                                                                                                                                                                                                                                                |                                                                                     | <input 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.                                                                                                                   |                                                                                     |                                                          |                                |
| 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                                                                                                                                                                                                                                                                                 |                                                                                     | CERTAIN OF TIME                                          | NOT VERY SURE                  |
| 1 hr. 15 min.                                                                                                                                                                                                                                                                                  |                                                                                     | <input checked="" type="checkbox"/> FAIRLY CERTAIN       | JUST A GUESS                   |
| HOW WAS TIME DETERMINED?                                                                                                                                                                                                                                                                       |                                                                                     |                                                          |                                |
| Clock                                                                                                                                                                                                                                                                                          |                                                                                     |                                                          |                                |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input 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. |                                                                                     |                                                          |                                |

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?

At least 3 besides the main one, all seen at 1 time. But saw at least 6 crossings

11. CONDITIONS (Check appropriate blocks.)

| A. SKY                              |                     | B. WEATHER               |                                                      |                                     |                       |
|-------------------------------------|---------------------|--------------------------|------------------------------------------------------|-------------------------------------|-----------------------|
| <input type="checkbox"/>            | DAY                 | <input type="checkbox"/> | CUMULUS CLOUDS ( <i>Low fluffy</i> )                 | <input type="checkbox"/>            | FOG OR MIST           |
| <input type="checkbox"/>            | TWILIGHT            | <input type="checkbox"/> | CIRRUS CLOUDS ( <i>High fleecy or Herring-bone</i> ) | <input type="checkbox"/>            | HEAVY RAIN            |
| <input checked="" type="checkbox"/> | NIGHT               | <input type="checkbox"/> |                                                      | <input type="checkbox"/>            | LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> | CLEAR               | <input type="checkbox"/> | NIMBUS CLOUDS ( <i>Rain</i> )                        | <input type="checkbox"/>            | HAIL                  |
| <input type="checkbox"/>            | PARTLY CLOUDY       | <input type="checkbox"/> | CUMULONIMBUS CLOUDS                                  | <input type="checkbox"/>            | SNOW OR SLEET         |
| <input type="checkbox"/>            | COMPLETELY OVERCAST | <input type="checkbox"/> | ( <i>Thunderstorms</i> )                             | <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"/> | NO MOONLIGHT |
| <input type="checkbox"/>            | A FEW   | <input type="checkbox"/>            | MOON WITH HALO           | <input type="checkbox"/> | UNKNOWN      |
| <input checked="" type="checkbox"/> | MANY    | <input type="checkbox"/>            | MOON HIDDEN BY CLOUDS    |                          |              |
| <input type="checkbox"/>            | UNKNOWN | <input checked="" type="checkbox"/> | PARTIAL (New or quarter) |                          |              |

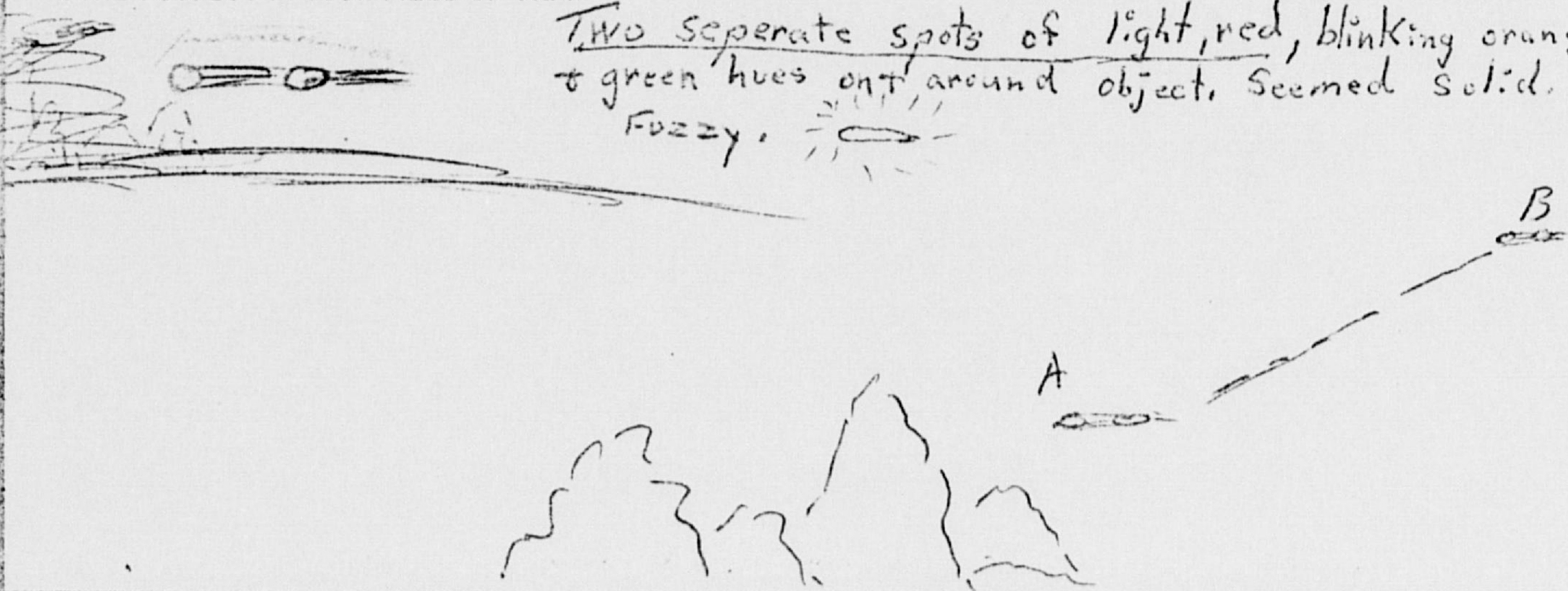
D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

|                          |                 |                          |               |                          |                      |
|--------------------------|-----------------|--------------------------|---------------|--------------------------|----------------------|
| <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.

Two separate spots of light, red, blinking orange & green hues on & around object. Seemed solid. Fuzzy.

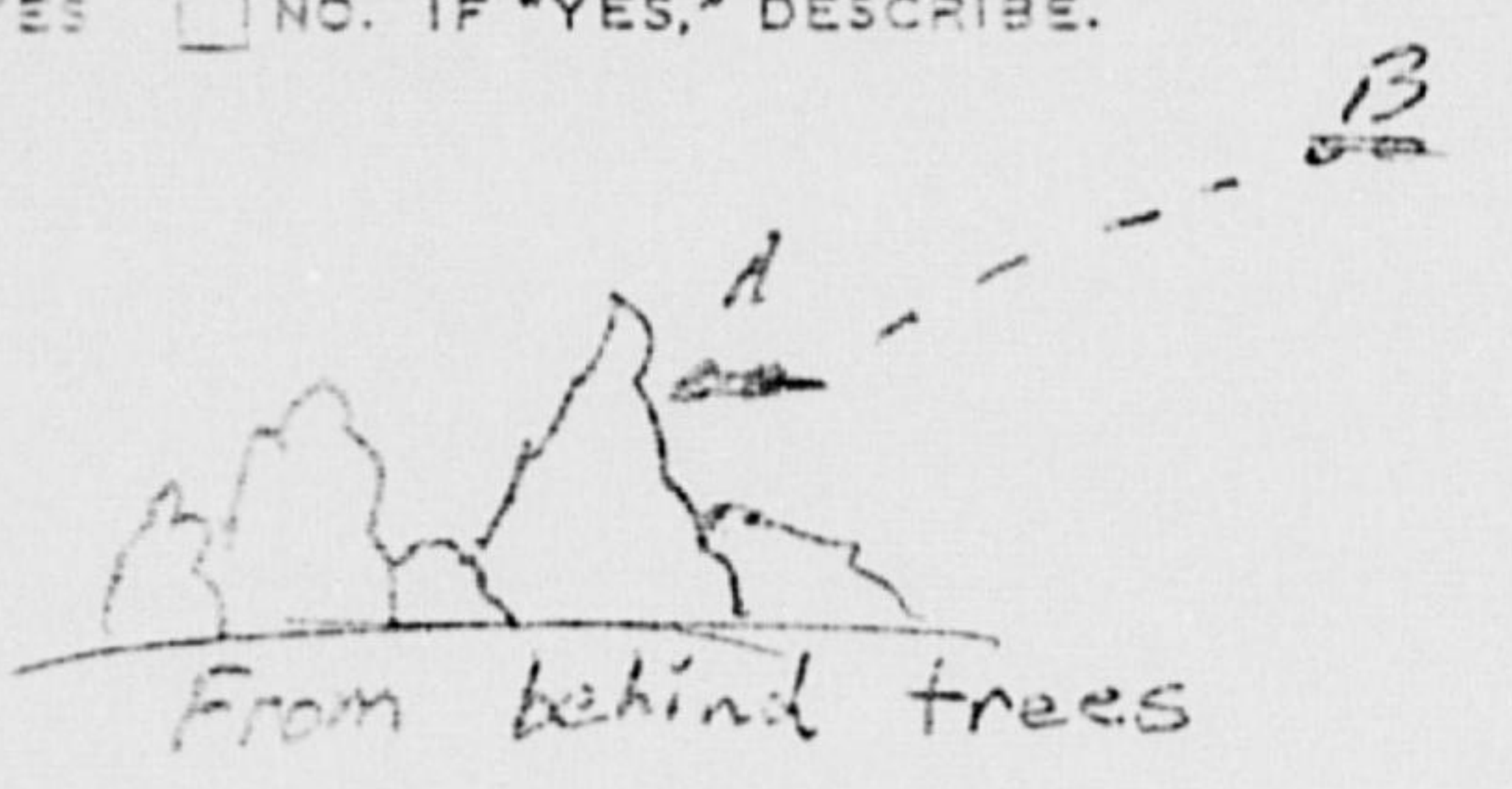


| 13. | DID THE PHENOMENON                                      | YES | NO | UNKNOWN |
|-----|---------------------------------------------------------|-----|----|---------|
|     | MOVE IN A STRAIGHT LINE?                                | ✓   |    |         |
|     | STAND STILL AT ANYTIME?                                 | ✓   |    |         |
|     | SUDDENLY SPEED UP AND RUN AWAY? <i>Not the main one</i> |     |    |         |
|     | BREAK UP IN PARTS AND EXPLODE?                          |     | ✓  |         |
|     | CHANGE COLOR?                                           | ✓   |    |         |
|     | GIVE OFF SMOKE?                                         |     |    | ✓       |
|     | CHANGE BRIGHTNESS?                                      | ✓   |    |         |
|     | CHANGE SHAPE?                                           |     | ✓  |         |
|     | FLASH OR FLICKER?                                       | ✓   |    |         |
|     | DISAPPEAR AND REAPPEAR? <i>Not Main One</i>             |     |    |         |
|     | SPIN LIKE A TOP?                                        |     |    | ✓       |
|     | MAKE A NOISE?                                           |     | ✓  |         |
|     | FLUTTER OR WOBBLE? <i>        </i>                      |     |    | ✓       |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON? *Extra bright star like in trees, Not there before.*

A. HOW DID IT FINALLY DISAPPEAR? *I stopped looking, to arrange my pictures. Was gone when I looked 15 mins later.*

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.



*From behind trees*

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.

At least  $\frac{1}{2}$

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

|                                                                                   |                                                   |
|-----------------------------------------------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> EYEGLASSES                                    | <input checked="" type="checkbox"/> CAMERA VIEWER |
| <input type="checkbox"/> SUNGLASSES                                               | <input type="checkbox"/> BINOCULARS               |
| <input type="checkbox"/> WINDSHIELD                                               | <input type="checkbox"/> TELESCOPE                |
| <input type="checkbox"/> SIDE WINDOW OF VEHICLE                                   | <input type="checkbox"/> THEODOLITE               |
| <input checked="" type="checkbox"/> WINDOWPANE - <i>Window &amp; Storm Window</i> | <input type="checkbox"/> OTHER                    |

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

B. DO YOU USE READING GLASSES? ☐ YES ☐ NO

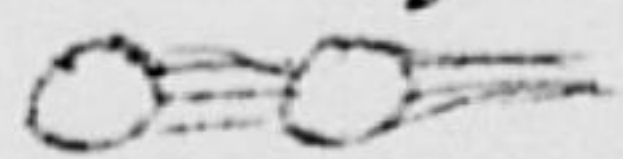
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED \_\_\_\_\_.

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE \_\_\_\_\_.

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.

UFO

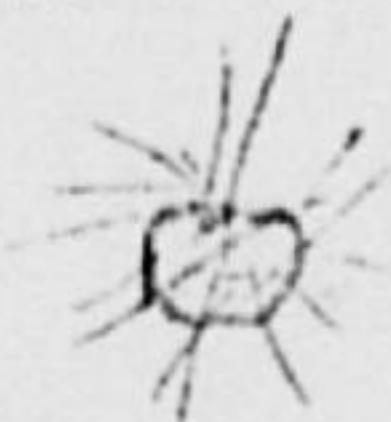
2 separate light spots  
joined by haze



Colors at times were  
separated, blinking

Compared to another star  
would change positions

Brightest star



Colors all run together at  
central point

Twinkled not blink.

Compared to another  
star, keeps same position

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.

*Dog Barking in  
Distance &  
direction of UFO*

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. *Not as clearly as main one. From 7-3-67 10-14-69*  
*I've kept a record of at least 103 sightings or possibilities. Plus 120 "Swinger Polaroid" Pictures, 6 enlarged - Several good.*

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 *My children*  
*[REDACTED]*  
*[REDACTED]*  
*[REDACTED]*

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME  
*[REDACTED]*

ADDRESS  
*[REDACTED]*

AGE *33 yrs.* MALE ☒ FEMALE ☐

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

*House wife - My husband now, for past yrs or so has worked 3rd shift. Before worked 2nd shift. So I do my house work at night. Plus burn trash, hang out laundry, feed dogs. Check skys. Chanute AFB is West of us. Grissom AFB East of us. Riley AF South East of us. Lafayette lights on our horizon, East where most of my sighting are.*

*I've reported by phone, 3 sightings to Grissom AFB. Took information but showed little or no interest. Also called Ind. State Police ~~1022~~ times. No one has contacted, except Paul Doss Jr.*

*I've a reported sighting, the same as [REDACTED] 12-23-67 I understand I am interest in Project Blue Book*

*I am a member of NICAP*

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?  
 NAME *[REDACTED]* DAY *14* MONTH *Oct* YEAR *1969*

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.  
 DAY *14* MONTH *Oct* YEAR *1969*

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

10-14-69

North North East 8:00 P.M. to 9:15 P.M.

First Saw bright, star like, UFO, North North East of our House. My 13yr old Son saw it too, Through fieldglasses, to me, it seemed to change colors, from red, to white, to orange, to green. This very gradually moved, as I showed before, from 1 to 2 in about 1hr. & 15 min.

In all this time, there ~~more~~ were about 6 UFO's moveing back & forth. From N.E. to N.W. & back. Don't know if they were the same ones or not. But would see at least 2 or 3 at the same time, besides the big one. They were usually red, med. speed. Some were blinking, some not, No sound. One of the UFO's moved ~~from~~ NE to NW, then S.W.

I Blinked out "Friend" in Morres Code, with the porch light. This seemed to cause more activity, but don't know if they blinked in response. TV static. Dogs barked in the distance.

10:10 P.M. N.N.E. From W. to E. Red blinking UFO, then white, then red. Very low in the trees.

~~10:10~~ 10:25 P.M. N.N.E. an other red blinking UFO. Moveing from E. to W. in the North. Irene & I saw this.

From time to time My husband & our 4 children Have watched these.

I hadn't sent this sooner, because of illness in family. I didn't have time to finish till now.

Still haveing occasional sightings, but none outstanding.