PROJECT 10073 RECORD

1. DATE - TIME GROUP	2. LOCATION
17 Jun 67 17/0530Z	Xenia, Ohio
3. SOURCE	**10. CONCLUSION**
Civilian	INSUFFICIENT DATA FOR EVALUATION
4. NUMBER OF OBJECTS	
1	
5. LENGTH OF OBSERVATION	**11. BRIEF SUMMARY AND ANALYSIS**
30 minutes	Observer stated that the object appeared to be a light. Brightness of the object was compared to that of a star. Object appeared to be brighter than the star. Edges of the were fuzzy and blurred. The object had a roaring sound. **Color:** not reported
6. TYPE OF OBSERVATION	
Ground Visual	
7. COURSE	
North	
8. PHOTOS	
☐ Yes ☒ No	
9. PHYSICAL EVIDENCE	
☐ Yes ☒ No	

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

Xenia, Ohio

17 June 67

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

Jan Aff Data

17 June 67
Xenia, Ohio
1/0530Z

13 JUL 1967

REPLY TO ATTN OF: TDET/UFO

SUBJECT: UFO Observation 17 June 67

TO: [redacted] Drive
Xenia, Ohio

Reference your unidentified observation. The information which we have received is not sufficient for a scientific evaluation. Request you complete the attached FTD Form 164 and return it in the envelope provided. Thank you for reporting your observation to the Air Force.

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

1 Atch
FTD Form 164 w/envelope

Send
164

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will *not* be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

17 (Day) JUN (Month) 67 (Year)

2. Time of day: 00 (Hour) 30 (Minutes)

(Circle One): (A.M.) or P.M.

3. Time Zone:

(Circle One): (a.) Eastern
b. Central
c. Mountain
d. Pacific
e. Other _____

(Circle One): (a.) Daylight Saving
b. Standard

4. Where were you when you saw the object?

Home : (Nearest Postal Address) Xenia (City or Town) Ohio (State or County)

5. How long was object in sight? (Total Duration) _____ Hours 30 Minutes _____ Seconds

a. Certain
b. Fairly certain
c. Not very sure
d. Just a guess

5.1 How was time in sight determined? WATCH

5.2 Was object in sight continuously? Yes _____ No _____

6. What was the condition of the sky?

DAY	NIGHT
a. Bright	a. Bright
b. Cloudy	(b.) Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you
b. In back of you
c. To your right
d. To your left
e. Overhead
f. Don't remember

FORM
FTD OCT 62 164 This form supersedes FTD 164, Jul 61, which is obsolete.

Moon in Az of 250 degrees at elevation of 10 degrees

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS *(Circle One)*:

(a.) None
b. A few
c. Many
d. Don't remember

8.2 MOON *(Circle One)*:

a. Bright moonlight
b. Dull moonlight
(c.) No moonlight – pitch dark
d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS *(Circle One)*:

a. Clear sky
b. Hazy
c. Scattered clouds
(d.) Thick or heavy clouds

WEATHER *(Circle One)*:

(a.) Dry
b. Fog, mist, or light rain
c. Moderate or heavy rain
d. Snow
e. Don't remember

10. The object appeared: *(Circle One)*:

a. Solid
b. Transparent
c. Vapor
(d.) As a light
e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? *(Circle One)*:

(a.) Brighter
b. Dimmer
c. About the same
d. Don't know

11.1 Compare brightness to some common object: An orange ball of fire

12. The edges of the object were:

(Circle One): (a.) Fuzzy or blurred
b. Like a bright star
c. Sharply outlined
d. Don't remember

e. Other _____

13. Did the object: *(Circle One for each question)*

a. Appear to stand still at any time?	(Yes)	No	Don't know
b. Suddenly speed up and rush away at any time?	(Yes)	No	Don't know
c. Break up into parts or explode?	Yes	(No)	Don't know
d. Give off smoke?	Yes	No	(Don't know)
e. Change brightness?	Yes	No	(Don't know)
f. Change shape?	Yes	(No)	Don't know
g. Flash or flicker?	Yes	(No)	Don't know
h. Disappear and reappear?	(Yes)	No	Don't know

14. Did the object disappear while you were watching it? If so, how?

No

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes (No) Don't Know. IF you answered YES, then tell what it moved behind: _____

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): (Yes) No Don't Know. IF you answered YES, then tell what in front of: TREES. DIRECTLY OVER IGA STORE

17. Tell in a few words the following things about the object:

a. Sound ROARING - LIKE AIR CONDITIONER

b. Color _____

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

DON'T KNOW

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.

20. Do you think you can estimate the speed of the object?

(Circle One) Yes (No)

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One) (Yes) No

IF you answered YES, then how far away would you say it was? ONE BLOCK

22. Where were you located when you saw the object? *(Circle One):*

a. Inside a building
b. In a car
(c.) Outdoors
d. In an airplane (type)
e. At sea
f. Other _____

23. Were you *(Circle One)*

a. In the business section of a city?
(b.) In the residential section of a city?
c. In open countryside?
d. Near an airfield?
e. Flying over a city?
f. Flying over open country?
g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? *(Circle One)*

a. North c. East e. South g. West
b. Northeast d. Southeast f. Southwest h. Northwest

24.2 How fast were you moving? _____miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

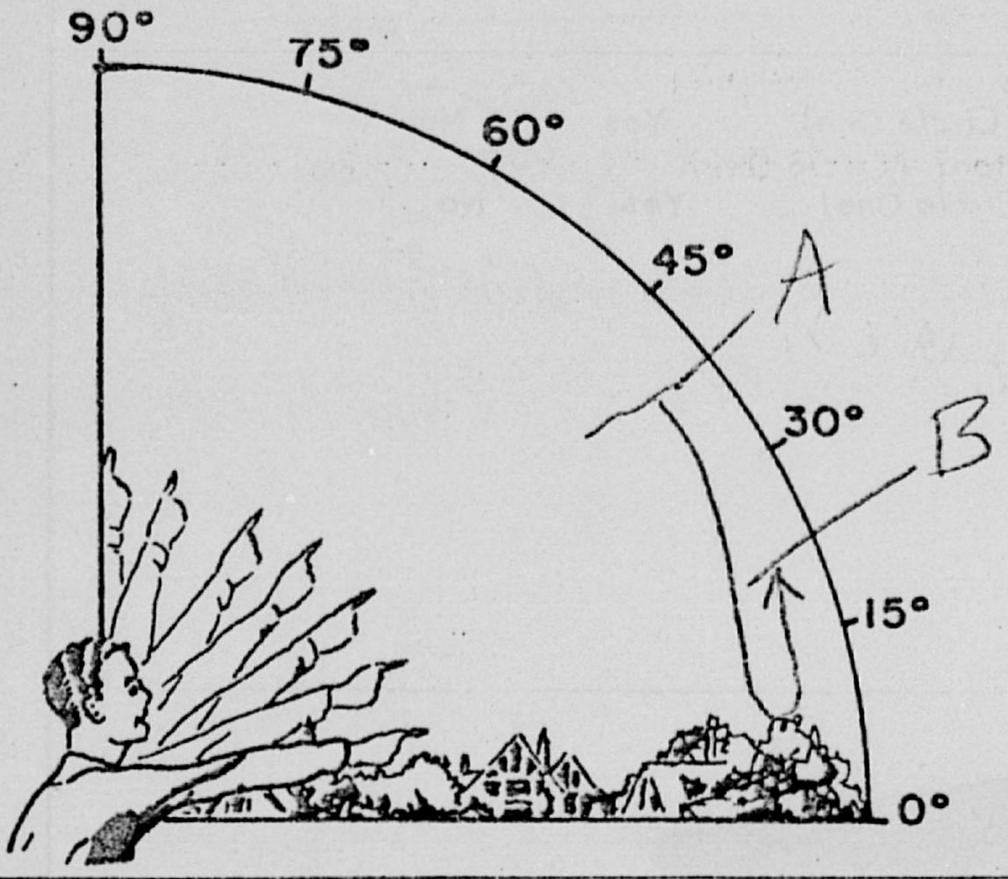
25. Did you observe the object through any of the following?

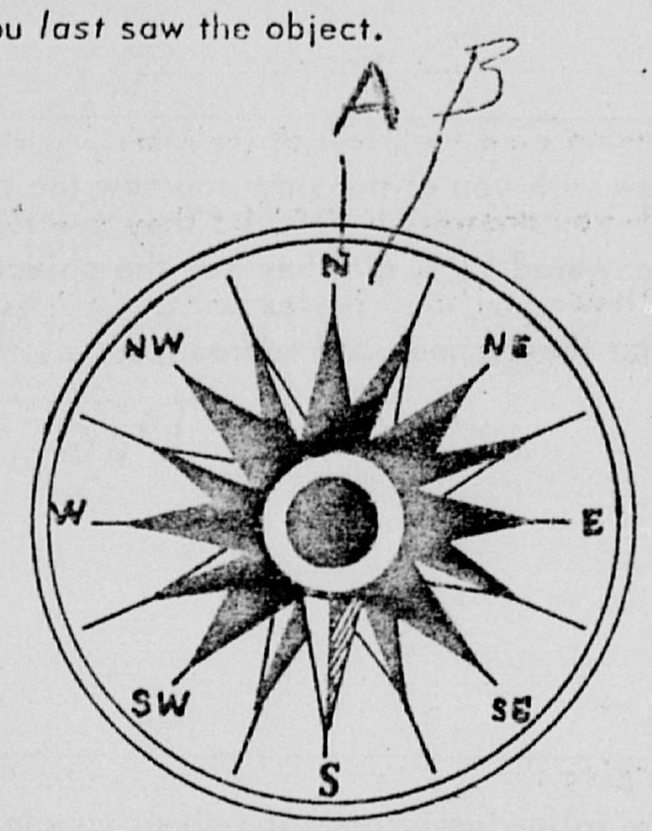
a. Eyeglasses	Yes	No	e. Binoculars	Yes	(No)
b. Sun glasses	Yes	No	f. Telescope	Yes	No
c. Windshield	Yes	No	g. Theodolite	Yes	No
d. Window glass	Yes	No	h. Other _____		

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

SIMILAR TO BRIGHT BALLOON.

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.





28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

29. IF there was MORE THAN ONE object, then how many were there? _____
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

No

31. Was anyone else with you at the time you saw the object? *(Circle One)* Yes (No)

31.1 IF you answered YES, did they see the object too? *(Circle One)* Yes No

31.2 Please list their names and addresses:

DOG ONLY.

32. Please give the following information about yourself:

NAME [redacted] , [redacted]
Last Name First Name Middle Name

ADDRESS [redacted] DR. , Xenia , Ohio
City Zone State

TELEPHONE NUMBER _____ AGE _____ SEX F

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

_____ _____ _____
Day Month Year

34. Date you completed this questionnaire: 17 (Day) Jun (Month) 67 (Year)

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.