

PROJECT 10073 RECORD

1. DATE - TIME GROUP 6 MAR 57 0745Z	2. LOCATION Dayton, Ohio
3. SOURCE Civilian	10. CONCLUSION Other(Conflicting data)
4. NUMBER OF OBJECTS One	11. BRIEF SUMMARY AND ANALYSIS  Observers watched a white colored object move back and forth in the SW part of the sky. When the object flew a haze was visible around the object. No sound was heard during the observation. The object was compared to strobe light.
5. LENGTH OF OBSERVATION 20 seconds	
6. TYPE OF OBSERVATION Visual	
7. COURSE Generally stationary	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



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:

FLASHING STROBE LIGHT

12. The edges of the object were:

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

e. Other AREA AROUND LIGHT HAD  
A DISTINCT WHITE HAZE THAT  
LIT UP THE SKY

13. Did the object:

(Circle One for each question)

- |   |                                      |                                     |            |
|---|--------------------------------------|-------------------------------------|------------|
| a. Appear to stand still at any time?           | <input checked="" type="radio"/> Yes | No                                  | Don't know |
| b. Suddenly speed up and rush away at any time? | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| c. Break up into parts or explode?              | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| d. Give off smoke?                              | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| e. Change brightness?                           | <input checked="" type="radio"/> Yes | No                                  | Don't know |
| f. Change shape?                                | <input checked="" type="radio"/> Yes | No                                  | Don't know |
| g. Flash or flicker?                            | <input checked="" type="radio"/> Yes | No                                  | Don't know |
| h. Disappear and reappear?                      | <input checked="" type="radio"/> Yes | No                                  | Don't know |



14. Did the object disappear while you were watching it? If so, how? YES - THE OBJECT FLASHED IN IRREGULAR PATTERNS IN ONE LOCATION AND WOULD STOP, THEN REAPPEAR IN ANOTHER LOCATION IN THE AREA

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: A RIDGE

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: UP AND DOWN THE FACE OF A HILL AND ALONG A RIDGE LINE

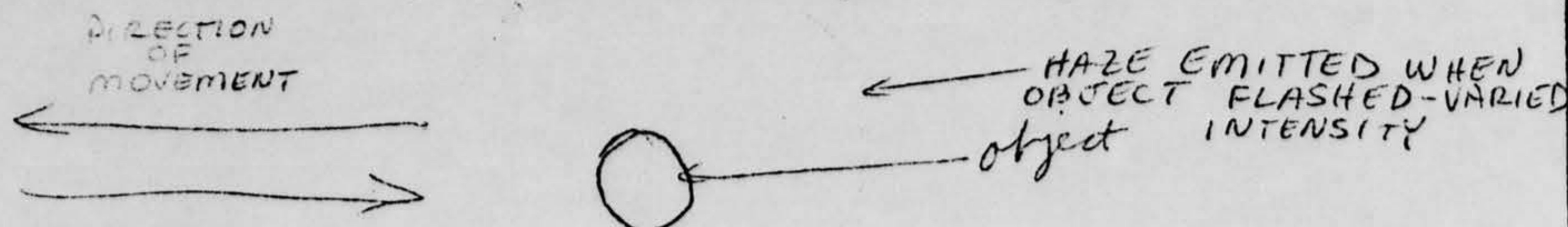
17. Tell in a few words the following things about the object:

a. Sound WE DIDN'T HEAR ANY SOUNDS

b. Color WHITE, LIKE A STROBE LIGHT ✓

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? THE OBJECT VARIED IN SIZE. AT FIRST SIGHTING THE MATCH HEAD WOULD JUST ABOUT COVER THE OBJECT. AT IT'S LARGEST THE MATCH HEAD WOULD COVER ABOUT 1/3 OF THE OBJECT

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? 1/2 MILES

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?

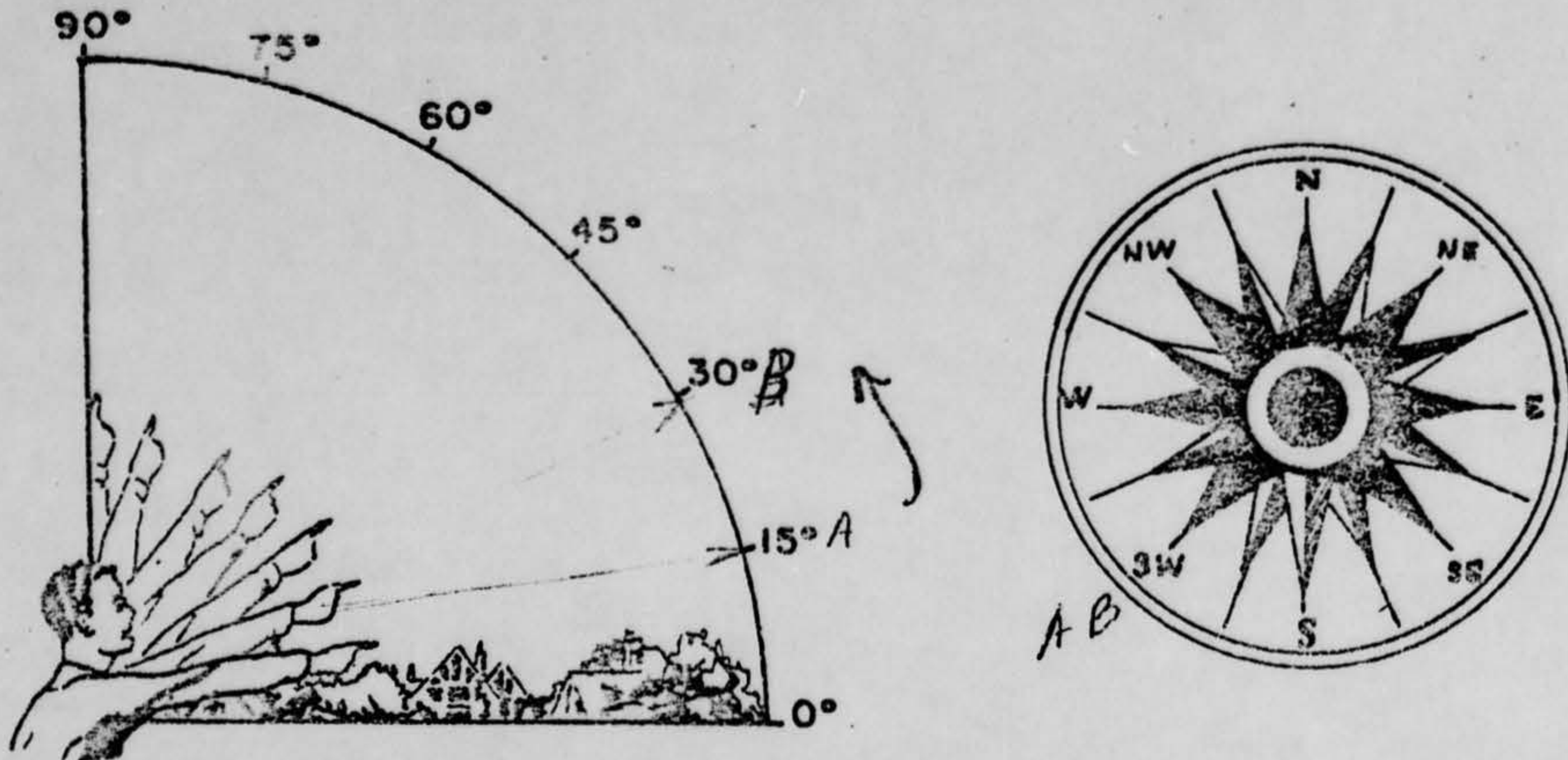
- |                 |                                      |    |               |       |    |
|-----------------|--------------------------------------|----|---------------|-------|----|
| a. Eyeglasses   | <input checked="" type="radio"/> Yes | No | e. Binoculars | Yes   | No |
| b. Sun glasses  | Yes                                  | No | f. Telescope  | Yes   | No |
| c. Windshield   | Yes                                  | No | g. Theodolite | Yes   | No |
| d. Window glass | <input checked="" type="radio"/> 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.

A STROBE LIGHT ON A SLIGHTLY OVERCAST NIGHT, LITTLE MOON LIGHT



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? ONLY ONE

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

BECAUSE OF THE FLASHING ON AND OFF OF THE LIGHT I'M NOT REALLY SURE HOW MANY THERE WERE



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:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

STUART HALL  
UNIVERSITY OF DAYTON  
DAYTON, OHIO  
45409

32. Please give the following information about yourself:

NAME [REDACTED] [REDACTED] [REDACTED]  
Last Name First Name Middle Name

ADDRESS [REDACTED] AVENUE DAYTON 45409 OHIO  
Street City Zone State

TELEPHONE NUMBER [REDACTED] AGE 19 SEX MALE

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? DUTY OFFICER

28 2 1967 NOT POSITIVE OF DATE  
Day Month Year



34. Date you completed this questionnaire:

30

Day

3

Month

1967

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.



*Other (Conflicting data) ~~Other (Mars)~~  
Time, and weather conditions are confusing -*

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

*6 Mar 67*



REPLY TO  
ATTN OF: TDET/UFO

24 March 1967

SUBJECT: UFO Observation , 6 Mar 67

*6 MAR 67  
Dayton, Ohio*

TO ~~████████████████████~~  
University of Dayton  
Stewart Hall  
~~██████████~~  
Dayton, Ohio 45401

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

*Astro  
(Mars)  
Mars in Southern  
sky  
@ 0200  
MAR @ 160° Az  
35° El*

TDET/UFO OFFICIAL FILE COPY



**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?

6      March      67  
Day      Month      Year

2. Time of day: 0245      5

Hour      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?

Stewart Hall @ WgP  
Nearest Postal Address

Dayton  
City or Town

Ohio  
State or County

5. How long was object in sight? (Total Duration)

~~20~~      20      \_\_\_\_\_  
Hours      Minutes      Seconds

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

5.1 How was time in sight determined? watch

5.2 Was object in sight continuously?      Yes \_\_\_\_\_      No X

6. What was the condition of the sky?

DAY  
a. Bright  
b. Cloudy

NIGHT  
a. Bright  
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      d. To your left  
b. In back of you      e. Overhead  
c. To your right      f. Don't remember



B. 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:

Strobe Light

12. The edges of the object were:

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

e. Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Did the object:

(Circle One for each question)

- |   |     |    |            |
|---|-----|----|------------|
| a. Appear to stand still at any time?           | Yes | No | Don't know |
| b. Suddenly speed up and rush away 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?

yes

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: cloud

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: \_\_\_\_\_

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

a. Sound \_\_\_\_\_

b. Color white

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?

1/2

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? 3/4 mi to 1 mi

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

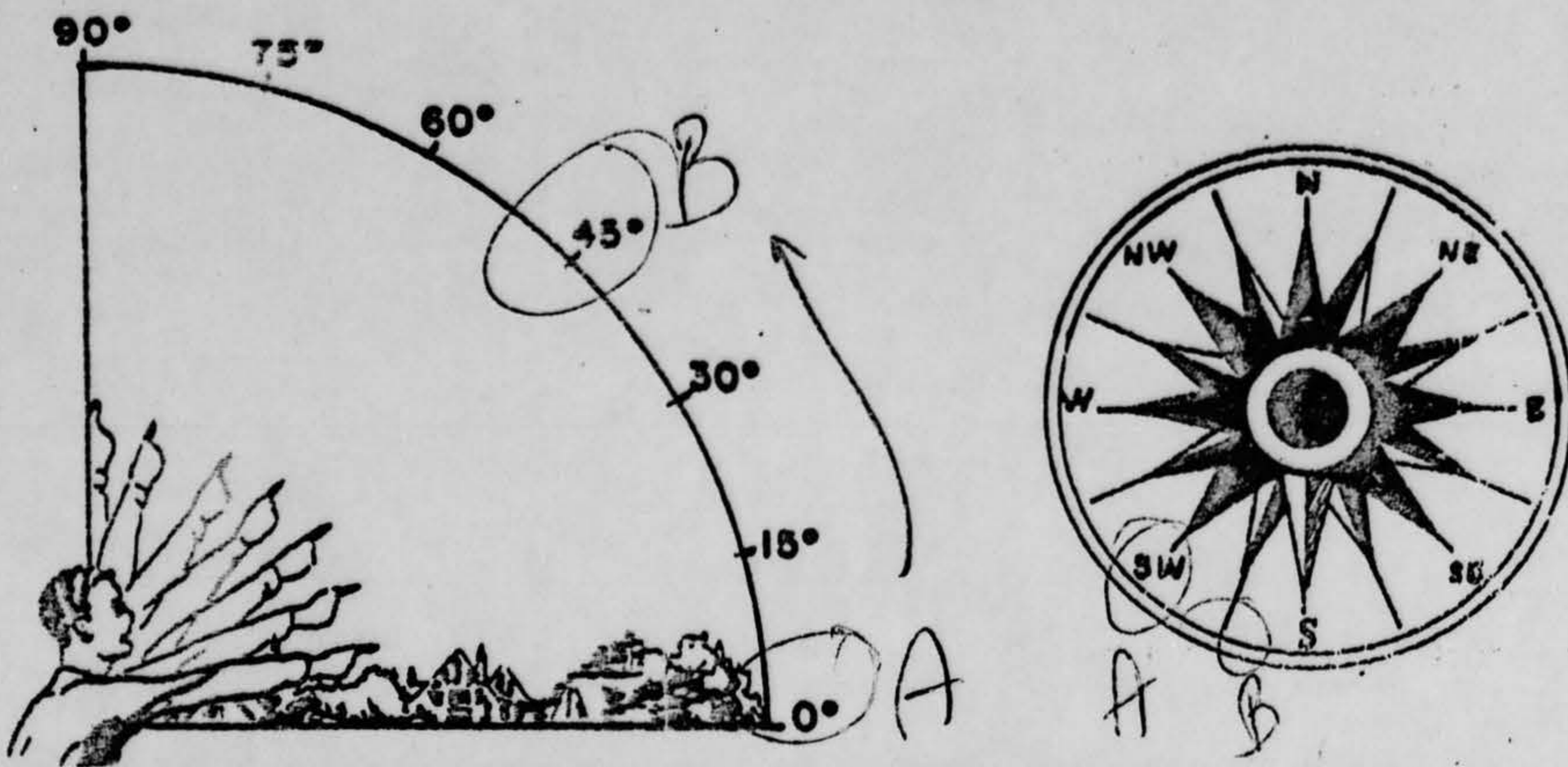
No

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.



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.

31. Was anyone else with you at the time you saw the object? (Circle One)

Yes  No  
 Yes  No

31.1 IF you answered YES, did they see the object too? (Circle One)

31.2 Please list their names and addresses:

[Redacted names and addresses]

U of D, Dayton

32. Please give the following information about yourself:

NAME [Redacted] [Redacted] [Redacted]  
Last Name First Name Middle Name  
ADDRESS [Redacted] Dayton  
Street City Zone 45 State  
TELEPHONE NUMBER [Redacted] AGE 19 SEX M

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?

6 March 67  
Day Month Year

Capt. J. R. Rotund



**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? *I THINK*

28      2      1967  
Day      Month      Year

2. Time of day: 1-3      30  
Hour      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?

[REDACTED]      DAYTON      OHIO - 45409  
Nearest Postal Address      City or Town      State or County

5. How long was object in sight? (Total Duration)      2      30      \_\_\_\_\_  
Hours      Minutes      Seconds

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

5.1 How was time in sight determined? BY DIRECT OBSERVATION

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      d. To your left  
b. In back of you       e. Overhead  
c. To your right      f. Don't remember