

PROJECT 1973 RECORD

1. GROUP	2. LOCATION LOS ANGELES, CALIFORNIA
3. NUMBER OF OBJECTS three	10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION
4. LENGTH OF OBSERVATION 15 mins	11. BRIEF SUMMARY AND ANALYSIS Information phoned into Duty Officer is sketchy. Need additional information for evaluation. See Case file.
5. TYPE OF OBSERVATION ground visual	
6. COURSE west	
7. PHOTOS 1 Yes 2 No	
8. PHYSICAL EVIDENCE 1 Yes 2 No	



*See separate copy right*  
*Good Data*

19 Mar 67

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



REPLY TO  
ATTN OF: TDET/UFO

14 April 1967

SUBJECT: UFO Observation, 19 Mar 67

TO: Mr. [REDACTED]  
[REDACTED] Avenue  
Los Angeles, California 90024

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.

*[Signature]*  
JAMES C. MANATT, Colonel, USAF  
Director of Technology and Subsystems

1 Atch  
FTD Form 164 w/envelope

TDET/UFO OFFICIAL FILE COPY



EW (UFO)

### 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?

19 MAR 67  
Day Month Year

2. Time of day: NIGHT  
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?

██████████ AVE LOS ANGELES CALIF.  
Nearest Postal Address City or Town State or County

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

\_\_\_\_\_ 15 \_\_\_\_\_  
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 X 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

N/A

Send 164



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:

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, three objects — disappeared at nearly exact 5 minute intervals by getting brighter then disappearing, last object was in view for 15 min.

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:

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

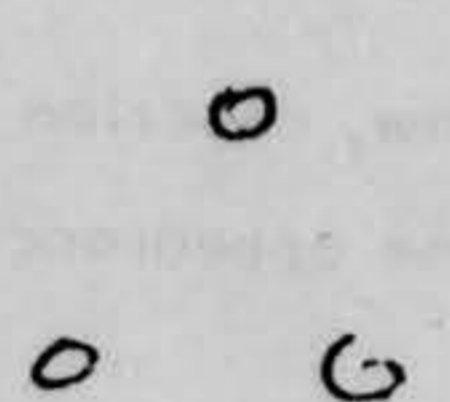
a. Sound NONE

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?

Appeared like bright star.

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.


 THREE OBJECTS  
 MOVING IN FORMATION  
 (FORMATION PATTERN UNKNOWN)



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? orbital speed

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? \_\_\_\_\_

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

- a. Inside a building
- b. In a car PARKED
- 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?

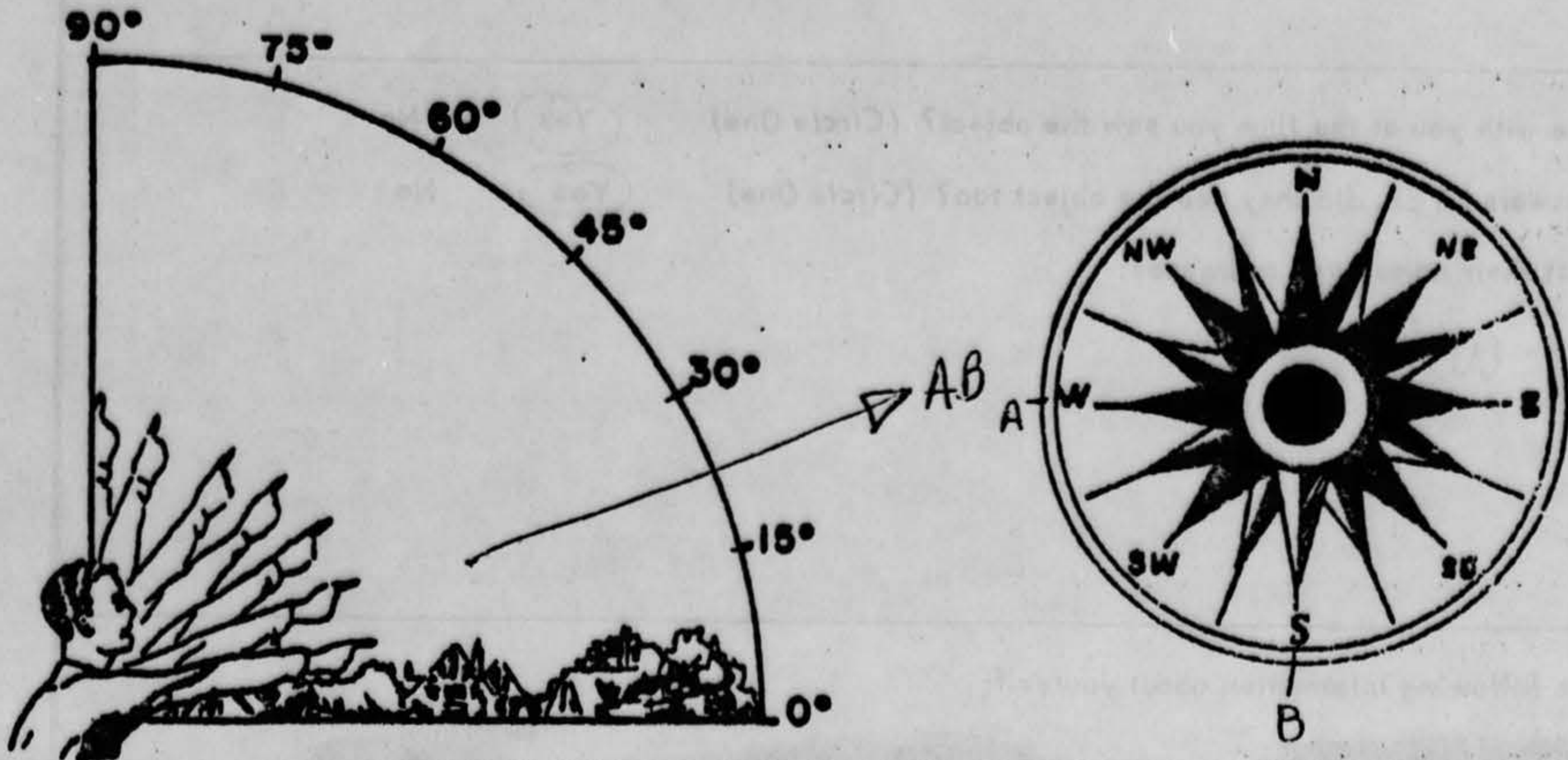
- |                 |                                      |                          |                |                           |                          |
|-----------------|--------------------------------------|--------------------------|----------------|---------------------------|--------------------------|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

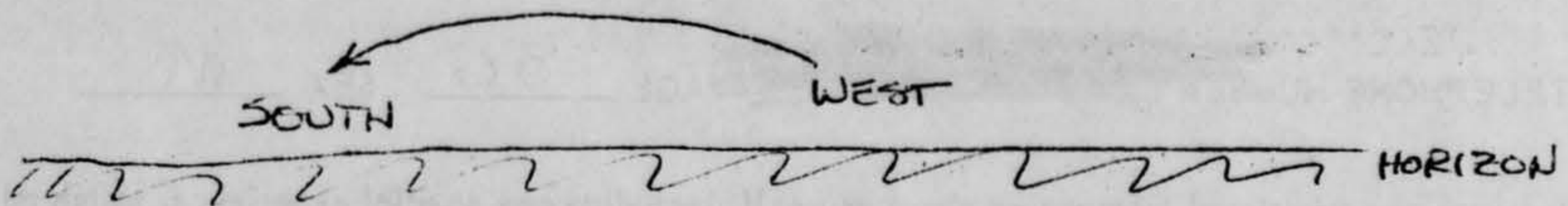
Three bright moving stars.



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? 3  
 Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

unknown



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

no, not reported.

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:

Wife

32. Please give the following information about yourself:

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

ADDRESS [REDACTED] LOS ANGELES CA 90024  
Street City Zone State

TELEPHONE NUMBER [REDACTED] AGE 36 SEX M

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

4 years previous A.F. service, presently an Architect

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

19 Mar 67 2130  
Day Month Year

CAPT SUMMIT  
FLIGHT TEST CENTER D. O.  
EDWARDS AFB



34. Date you completed this questionnaire:

19      Mar      67  
Day      Month      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.