

PROJECT 10073 RECORD

1. DATE - TIME GROUP 11 Apr 87 12/0200Z	2. LOCATION Kakida, Ohio	<i>MULTIPLE</i>
3. SOURCE Civilian	10. CONCLUSION Astr. (S/P) <i>Prob.</i>	<i>But large motion reported</i>
4. NUMBER OF OBJECTS Uncertain		<i>Jed</i>
5. LENGTH OF OBSERVATION Uncertain	11. BRIEF SUMMARY AND ANALYSIS	
6. TYPE OF OBSERVATION Ground Visual	Observer stated that the object appeared as a light and a solid. Object appeared to be brighter than the brightest star. Edges of object were sharply outlined. Moved behind a group of trees. Object had no noise. Color: red, green, blue and white.	
7. COURSE None Stated		
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Mr. [REDACTED] of Kalida, Ohio called at  
14.12 local time. He stated that he was a reporter  
for WIMA radio station and that he had reports  
from 29 persons over a period of 5 nights on UFOs.  
He wanted ~~sent~~ someone in the UFO office to contact  
him regarding these reports. He may be reached  
at area code 419 telephone number [REDACTED] between  
the hours of 0800 and 1530 hours and at 532-3976  
after those hours.

Dome + rounded

oval lights

Atch # 1

## 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.

<p>1. When did you see the object?</p> <p style="text-align: center;"> <u>11</u>      <u>April</u>      <u>1967</u>  <small>Day                      Month                      Year</small> </p>	<p>2. Time of day: <u>12:00</u>      _____  <small>Hour                      Minutes</small></p> <p>(Circle One):      A.M.      or      <u>P.M.</u></p>
<p>3. Time Zone:</p> <p>(Circle One): a. Eastern  b. Central  c. Mountain  d. Pacific  e. Other _____</p> <p>(Circle One): a. Daylight Saving  b. Standard</p>	
<p>4. Where were you when you saw the object?</p> <p><u>Offices to Kaleda Blvd</u>      <u>Kaleda</u>      <u>Putnam, Ohio</u>  <small>Nearest Postal Address                      City or Town                      State or County</small></p>	
<p>5. How long was object in sight? (Total Duration)      <u>1</u>      <u>30</u>      _____  <small>Hours                      Minutes                      Seconds</small></p> <p>a. Certain                      c. Not very sure  <b>b. Fairly certain</b>                      d. Just a guess</p> <p>5.1 How was time in sight determined? <u>Clock</u></p> <p>5.2 Was object in sight continuously?      Yes <input checked="" type="checkbox"/>      No _____</p>	
<p>6. What was the condition of the sky?</p> <p style="text-align: center;">DAY                      NIGHT</p> <p>a. Bright                      <b>a. Bright</b>  b. Cloudy                      b. Cloudy</p>	
<p>7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?</p> <p>(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</p>	

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:

Light bulb

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

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

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 It was silent

b. Color Red Body, Yellow & White Lights

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?

$\frac{1}{3}$

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? *At first about same speed as the car - 40 mph*

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 *both*  
 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? *both*  
 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? *40* miles per hour.

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

(Circle One) Yes  No

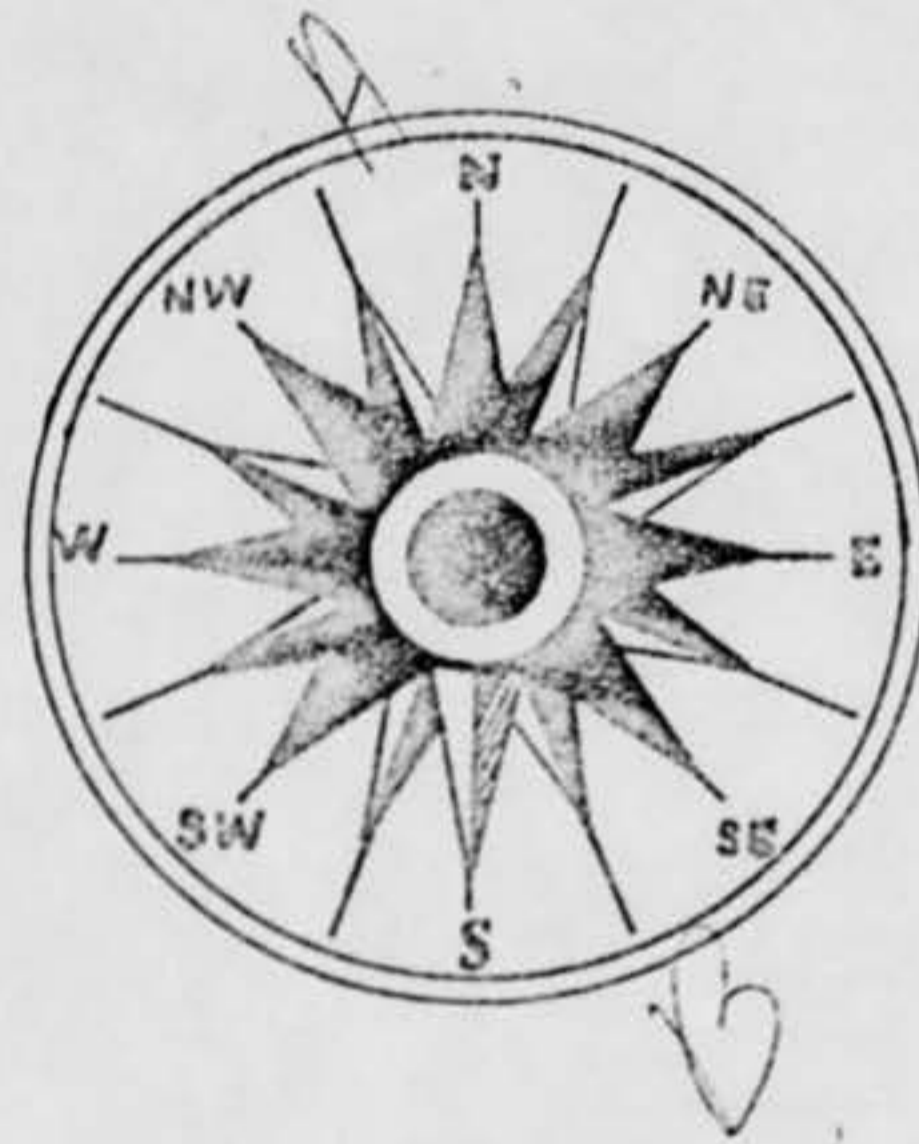
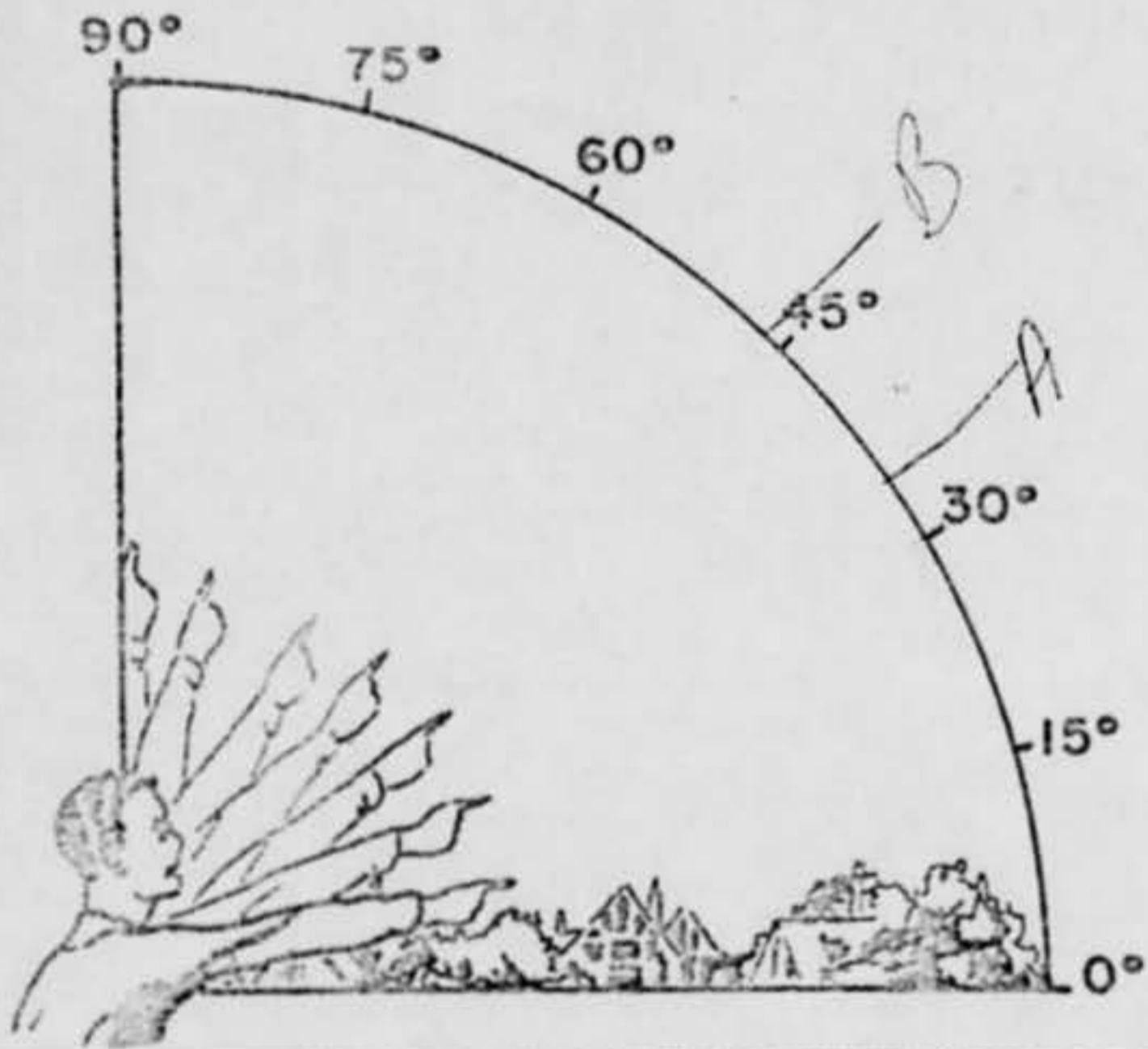
25. Did you observe the object through any of the following?

- |                 |                                      |                                     |                |                                      |                          |
|-----------------|--------------------------------------|-------------------------------------|----------------|--------------------------------------|--------------------------|
| a. Eyeglasses   | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | e. Binoculars  | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| b. Sun glasses  | <input type="radio"/> Yes            | <input checked="" 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 checked="" type="radio"/> Yes | <input type="radio"/> No            | h. Other _____ |                                      |                          |

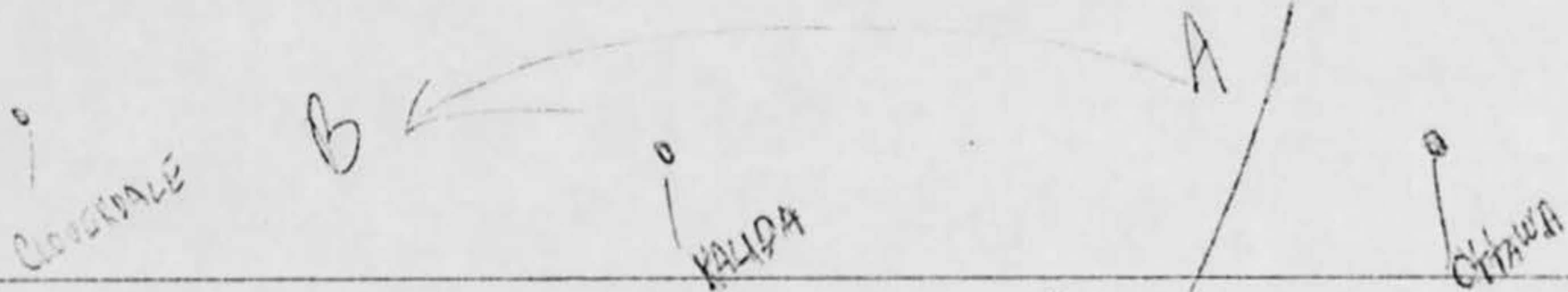
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

*A white dot with a small trail behind it, moving from the bottom left towards the top right.*

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? 0  
 Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

note - If object moved from Ottawa it covered it & moved toward the south. UPM.

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

Yes - in October, 1961

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:

~~\_\_\_\_\_~~ ~~\_\_\_\_\_~~, ~~\_\_\_\_\_~~, ~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~, ~~\_\_\_\_\_~~, ~~\_\_\_\_\_~~  
Mrs. Mrs. ~~\_\_\_\_\_~~, ~~\_\_\_\_\_~~ ~~\_\_\_\_\_~~ ~~\_\_\_\_\_~~, ~~\_\_\_\_\_~~ ~~\_\_\_\_\_~~, ~~\_\_\_\_\_~~

32. Please give the following information about yourself:

NAME ~~\_\_\_\_\_~~ ~~\_\_\_\_\_~~ ~~\_\_\_\_\_~~  
Last Name First Name Middle Name  
ADDRESS ~~\_\_\_\_\_~~ ~~\_\_\_\_\_~~ ~~\_\_\_\_\_~~ ~~\_\_\_\_\_~~  
Street City Zone State  
TELEPHONE NUMBER ~~\_\_\_\_\_~~ AGE 18 SEX ~~\_\_\_\_\_~~

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?

12/10 April 1961  
Day Month Year

Por. Wright Patterson (in Town Place)



34. Date you completed this questionnaire:

17th April 1967  
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.

Object seen in October of 1966 - appeared as a bright light reflecting different colors.

Other objects were reported in Kalida before and after I saw it. They all fit the same description.

*Astro (S/P)*

*direction unclear to  
introduction about day*

*11 Apr 67*

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



REPLY TO: TDET/UFO  
ATTN OF:

14 April 1967

SUBJECT: UFO Observation , 11 Apr 67

*11 April 67  
Kakida, Ohio*

TO:

*[Redacted]*

Kalida, Ohio 45853

*0200z*

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

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.

<p>1. When did you see the object?</p> <p style="text-align: center;"> <span style="margin-right: 20px;"><u>11</u> Day</span> <span style="margin-right: 20px;"><u>APRIL</u> Month</span> <span><u>1967</u> Year</span> </p>	<p>2. Time of day: <u>10-11 PM</u></p> <p style="text-align: center; font-size: small;">Hour                      Minutes</p> <p>(Circle One):            A.M.    or    <u>P.M.</u></p>
<p>3. Time Zone:</p> <p>(Circle One): <u>a.</u> Eastern                      (Circle One): <u>a.</u> Daylight Saving</p> <p>                  b. Central                                      <u>b.</u> Standard</p> <p>                  c. Mountain</p> <p>                  d. Pacific</p> <p>                  e. Other _____</p>	
<p>4. Where were you when you saw the object?</p> <p style="text-align: center; font-size: large;"><u>FROM CITTOWA TO CLOVERDALE CO. IN TRANSIT</u></p> <hr/> <p style="font-size: small; text-align: center;"> <span style="margin-right: 200px;">Nearest Postal Address</span> <span style="margin-right: 100px;">City or Town</span> <span>State or County</span> </p>	
<p>5. How long was object in sight? (Total Duration) <u>MORE THAN AN HOUR</u></p> <p style="text-align: center; font-size: small;">Hours                      Minutes                      Seconds</p> <p><u>a.</u> Certain                                      c. Not very sure</p> <p>  b. Fairly certain                            d. Just a guess</p> <p>5.1 How was time in sight determined? _____</p> <p>5.2 Was object in sight continuously?    Yes <input checked="" type="checkbox"/>            No _____</p>	
<p>6. What was the condition of the sky?</p> <p style="text-align: center;"> <span style="margin-right: 100px;">DAY</span> <span>NIGHT</span> </p> <p style="text-align: center;"> <span style="margin-right: 100px;">a. Bright</span> <span><u>a.</u> Bright</span> </p> <p style="text-align: center;"> <span style="margin-right: 100px;">b. Cloudy</span> <span>b. Cloudy</span> </p>	
<p>7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?</p> <p>(Circle One):    a. In front of you                      d. To your left</p> <p>                      b. In back of you                    e. Overhead</p> <p>                      c. To your right                        f. Don't remember</p>	

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:

MUCH BRIGHTER THAN STARS - STREETLIGHT

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

SAW AT DISTANCE  
THOUGH

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? | <input checked="" type="radio"/> Yes | 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?                           | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| f. Change shape?                                | Yes                                  | <input checked="" type="radio"/> No | Don't know |
| g. Flash or flicker?                            | <input checked="" type="radio"/> Yes | No                                  | Don't know |
| h. Disappear and reappear?                      | Yes                                  | <input checked="" type="radio"/> 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: JUST A GROUP OF TREES

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 NO  
b. Color RED, (GREEN), BLUE, WHITE    ONE AT A TIME

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and see 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?

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.

OBJECT MOVED UP AND DOWN, TRANSVERSELY,  
AND STOPPED MOTION COMPLETELY ✓

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? 60 MPH AT A MAX

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
- c. Outdoors STOOD AND WATCHED
- 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
- b. Northeast
- c. East
- d. Southeast
- e. South
- f. Southwest
- g. West
- h. Northwest

24.2 How fast were you moving? 40 miles per hour.

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

(Circle One)  Yes  No

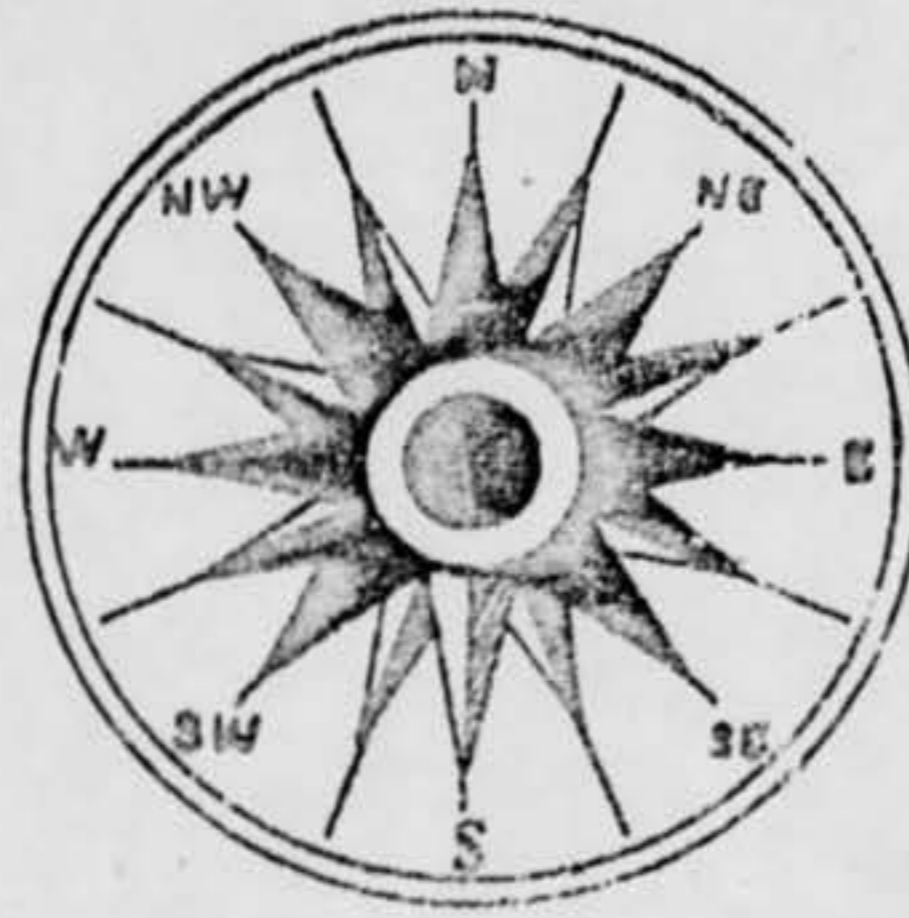
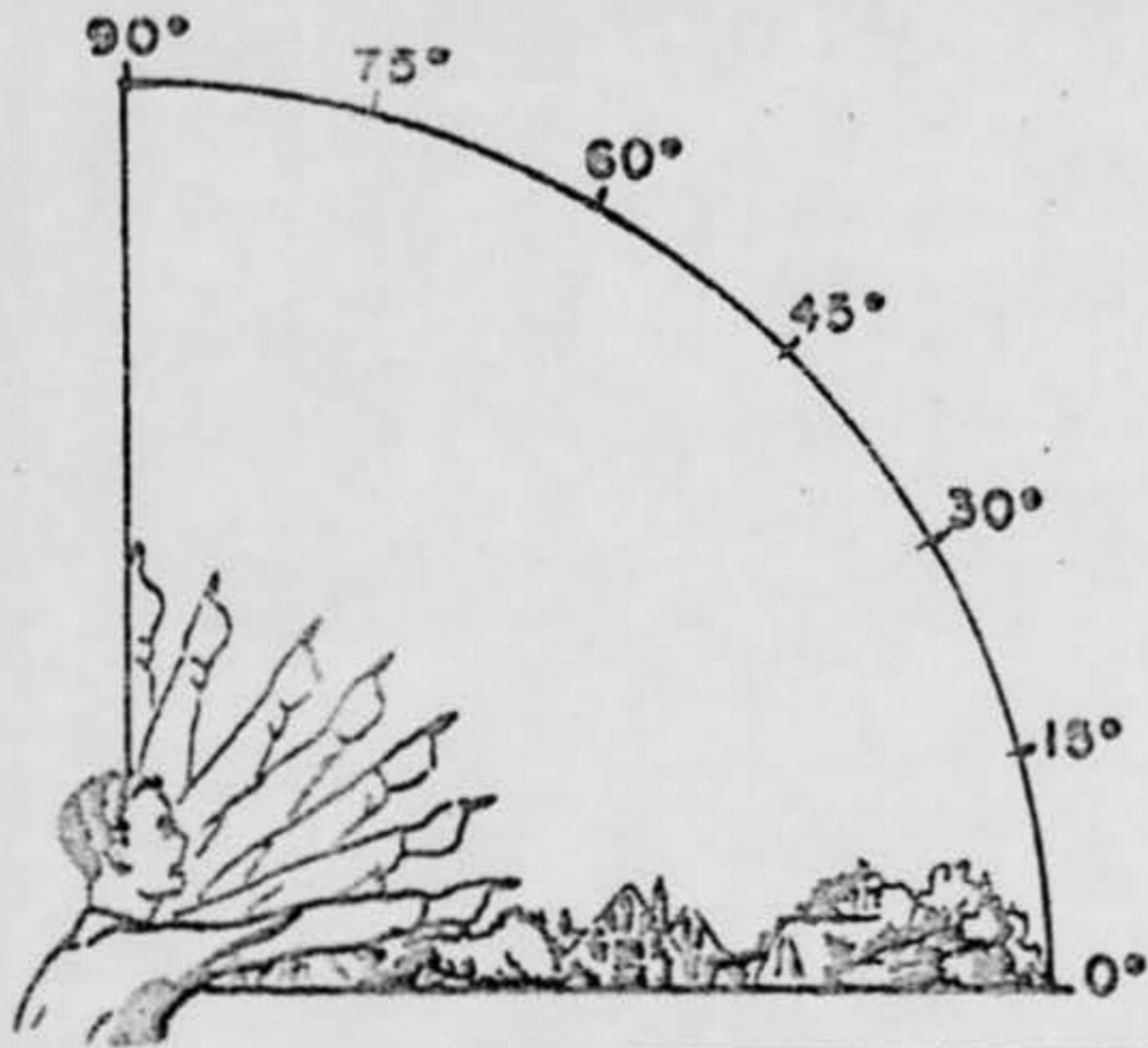
25. Did you observe the object through any of the following?

- a. Eyeglasses  Yes  No
- b. Sun glasses  Yes  No
- c. Windshield  Yes  No
- d. Window glass  Yes  No
- e. Binoculars  Yes  No
- f. Telescope  Yes  No
- g. Theodolite  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.

SAUCER WITH AN UPSIDE DOWN BOWL

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.

MAY HAVE BEEN TWO

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

OCTOBER 1966 11 AT NIGHT  
OBSERVED ABOUT 15 MINUTES

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:

~~NAME (SISTER)~~  
~~ADDRESS~~  
MR. D  
MRS. ~~XXXXXXXXXX~~  
MISS ~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~

32. Please give the following information about yourself:

NAME ~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~  
Last Name First Name Middle Name  
AD ~~XXXXXXXXXX~~ KALIDA CHIO  
Street City Zone State  
TELEPHONE NUMB ~~XXXXXXXXXX~~ AGE 18 SEX F 45853

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?

12 APRIL 1967  
Day Month Year

LT. ROOPER, DUTY OFFICER



34. Date you completed this questionnaire:

12      APRIL      1967  
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.