

PROJECT 10073 RECORD

1. NAME GROUP 10073 002	2. LOCATION Cincinnati, Ohio
3. SOURCE Civilian	10. CONCLUSION Other (CONFUSING DATA)
4. NUMBER OF OBJECTS 1	
5. LENGTH OF OBSERVATION 45minutes to 1 hour	11. BRIEF SUMMARY AND ANALYSIS Observer sighted bright red object-then there were two white ones. The object appeared to be round circle and made no noise. COMMENTS: See case NOTE: No other sightings in the area were reported to police.
6. TYPE OF OBSERVATION Ground Visual	
7. COURSE East	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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? She says it WASN'T fast ?????

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? A MILE OR SO

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:

N/A 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

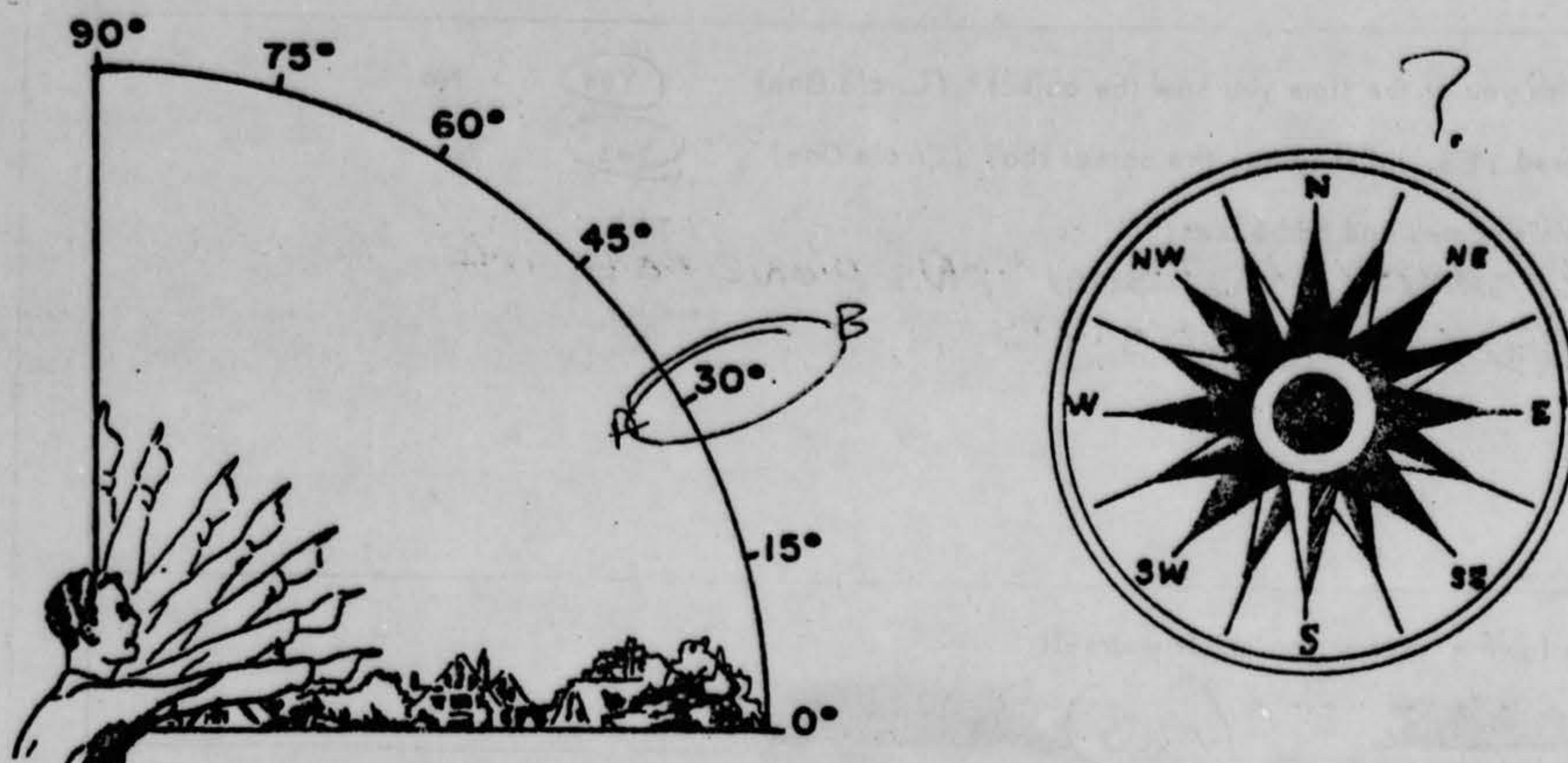
25. Did you observe the object through any of the following?

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

She couldn't DO THIS

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.

THE MOTION WAS VERY RANDOM AND NO SET PATTERN COULD BE ESTABLISHED

29. IF there was MORE THAN ONE object, then how many were there? 2

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

THERE WAS NO ESTABLISHED PATTERN,
THE OBJECTS MOVED AWAY FROM AND
TOWARD EACH OTHER AND CIRCLED ABOUT
EACH OTHER.

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

Nothing like this but recalled seeing something
back in 1949

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:

HER HUSBAND AND SON plus ONE of
their SON'S FRIENDS

32. Please give the following information about yourself:

NAME [REDACTED] (MRS) [REDACTED]
Last Name First Name Middle Name

ADDRESS [REDACTED] CINCINNATI 15
Street City Zone State

TELEPHONE NUMBER [REDACTED] AGE ? SEX F

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

?
45415

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

15 9 67
Day Month Year

SHE WAS VIEWING THE
OBJECT WHILE ON THE
PHONE WITH FTD. SHE KPT
RUNNING IN AND OUT OF THE HOUSE
WITH INFORMATION.

34. Date you completed this questionnaire:

LT RUNKLE D.O.

15
Day

9
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.

1. She had better do this PART.
2. She ASKED if she would be called on at a later date and I replied IF NECESSARY but didn't appear reluctant to give further information.

W.T. Runkle 2/15 USAF

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>15</u> <u>Sept.</u> <u>1967</u> <small>Day Month Year</small> </p>	<p>2. Time of day: <u>11:00</u> _____ <small>Hour Minutes</small></p> <p>(Circle One): A.M. or <u>P.M.</u></p>		
<p>3. Time Zone: (Circle One):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>a. <u>Eastern</u> b. Central c. Mountain d. Pacific e. Other _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>(Circle One): a. <u>Daylight Saving</u> b. Standard</p> </td> </tr> </table>		<p>a. <u>Eastern</u> b. Central c. Mountain d. Pacific e. Other _____</p>	<p>(Circle One): a. <u>Daylight Saving</u> b. Standard</p>
<p>a. <u>Eastern</u> b. Central c. Mountain d. Pacific e. Other _____</p>	<p>(Circle One): a. <u>Daylight Saving</u> b. Standard</p>		
<p>4. Where were you when you saw the object? <u>39°</u></p> <p style="text-align: center;"> <u>Reading</u> <u>Ohio - Hamilton</u> <small>Nearest Postal Address City or Town State or County</small> </p>			
<p>5. How long was object in sight? (Total Duration) _____ <small>Hours Minutes Seconds</small></p> <p style="text-align: center;"><u>45 to one hour</u></p> <p>a. <u>Certain</u> c. Not very sure b. <u>Fairly certain</u> d. Just a guess</p> <p>5.1 How was time in sight determined? <u>End of Football game & phone call to Air Force</u></p> <p>5.2 Was object in sight continuously? Yes <input checked="" type="checkbox"/> <u>except for about 5 minutes</u> No <input type="checkbox"/></p>			
<p>6. What was the condition of the sky?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>DAY</p> <p>a. Bright b. Cloudy</p> </td> <td style="width: 50%; vertical-align: top;"> <p>NIGHT</p> <p><u>Dark & clear</u> a. Bright b. Cloudy</p> </td> </tr> </table> <p style="text-align: right;"><u>1/4 moon - very few clouds</u></p>		<p>DAY</p> <p>a. Bright b. Cloudy</p>	<p>NIGHT</p> <p><u>Dark & clear</u> a. Bright b. Cloudy</p>
<p>DAY</p> <p>a. Bright b. Cloudy</p>	<p>NIGHT</p> <p><u>Dark & clear</u> a. Bright 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):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>a. In front of you b. In back of you c. To your right</p> </td> <td style="width: 50%; vertical-align: top;"> <p>d. To your left e. Overhead f. Don't remember</p> </td> </tr> </table>		<p>a. In front of you b. In back of you c. To your right</p>	<p>d. To your left e. Overhead f. Don't remember</p>
<p>a. In front of you b. In back of you c. To your right</p>	<p>d. To your left e. Overhead 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 *1/4 moon very dark*
- 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 *few*
- 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

Bright red

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:

- a. Appear to stand still at any time?
- b. Suddenly speed up and rush away at any time?
- c. Break up into parts or explode?
- d. Give off smoke?
- e. Change brightness? *→ changed color*
- f. Change shape?
- g. Flash or flicker?
- h. Disappear and reappear?

(Circle One for each question)

- | | | |
|--------------------------------------|-------------------------------------|------------|
| <input checked="" type="radio"/> Yes | <input type="radio"/> No | Don't know |
| <input checked="" type="radio"/> Yes | <input type="radio"/> No | Don't know |
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | Don't know |
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | Don't know |
| <input type="radio"/> Yes | <input checked="" type="radio"/> No | Don't know |
| <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No | Don't know |
| <input checked="" type="radio"/> Yes | <input type="radio"/> No | Don't know |
- moved slowly & stopped again*
twice

14. Did the object disappear while you were watching it? If so, how? *Cloud come across it —*

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: *no, cloud moved in front of object, or appeared to - object was still at the time*

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 *Bright red - then there were 2 white ones whether the same object, I do not know.*

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?

1/4" all the way around.

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.

○ → appeared to be round circle - never changed shape. Saw no vapor or exhaust trails

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

(Circle One)

Yes

No

Appeared to move slowly.

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?

Other viewers estimate
(Circle One)

Yes

No

I guess over a mile high.

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

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

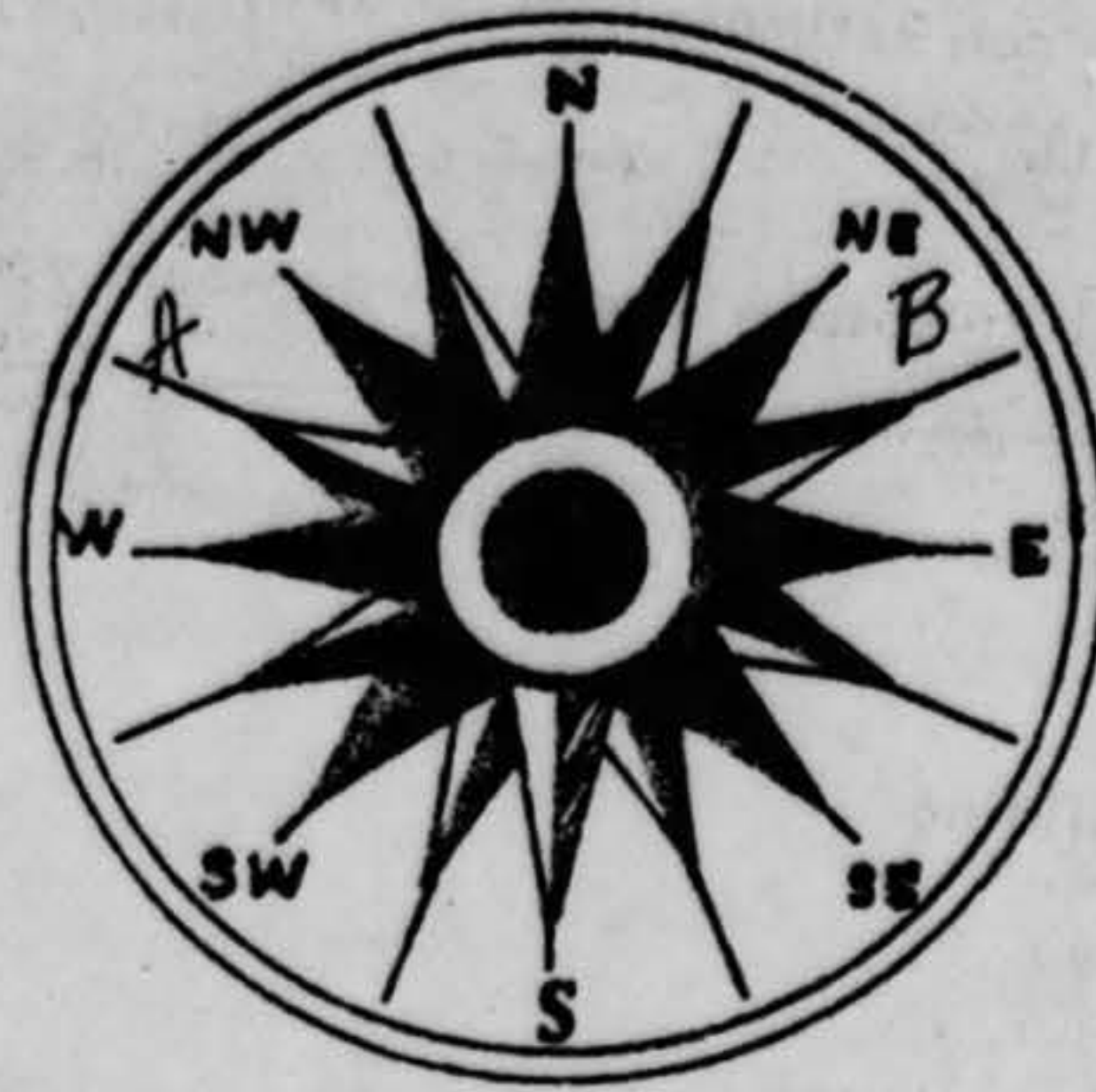
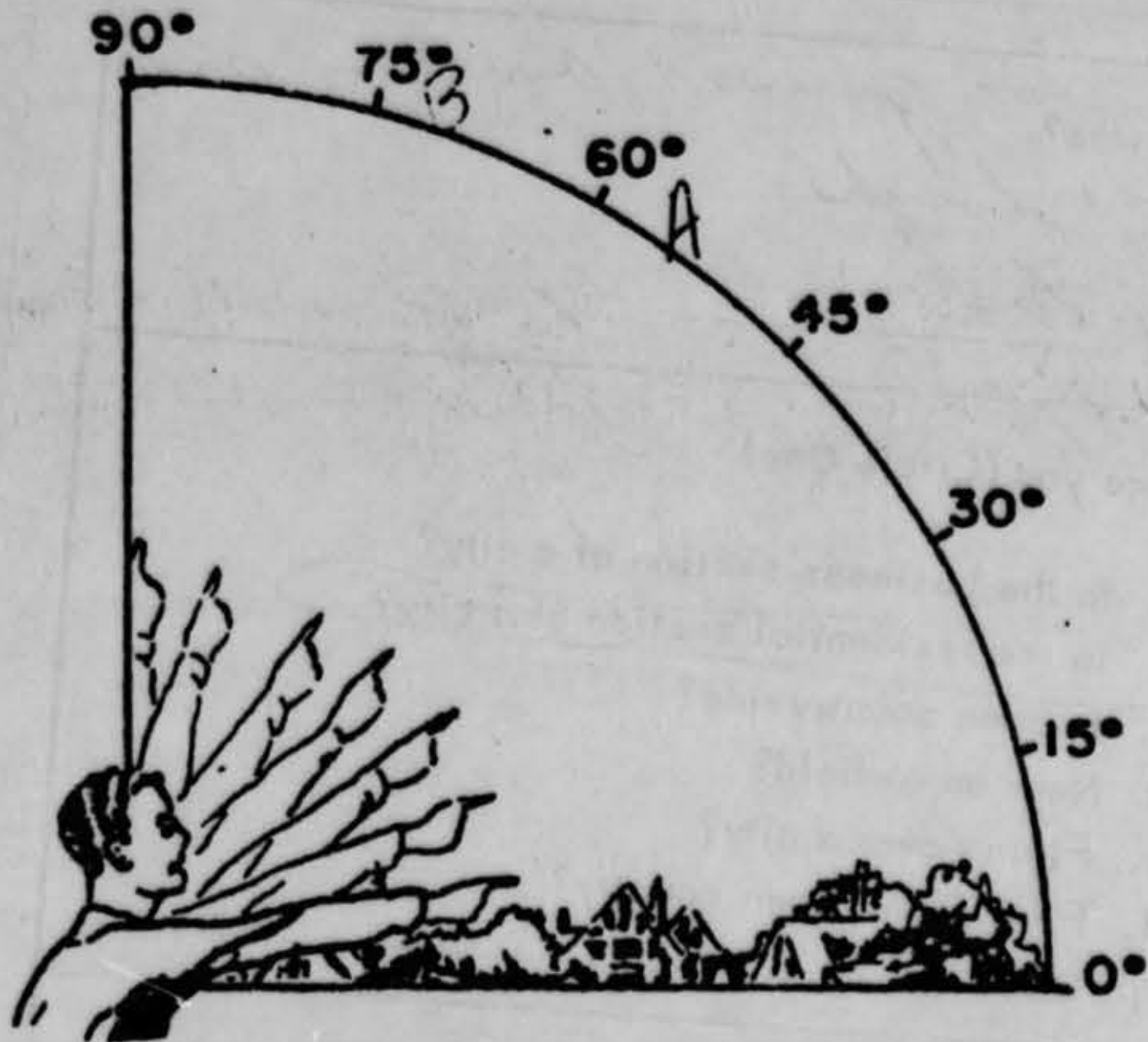
No

h. Other *naked eye*

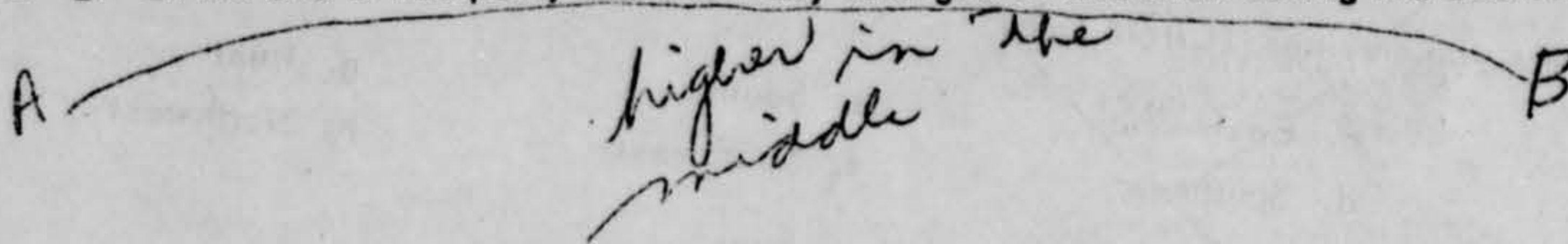
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

Red light atop a radio tower, however, they don't move, there are none in our location

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? 2

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


Sorry I only saw one myself - I was on the phone talking to Wright Patterson when the other one appeared. My son 13 & his friend observed 2 before they reached home & told us - when we went outside there was only one - the other one reappeared while I was on the phone & was gone when I hung up & went back outside to observe.

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


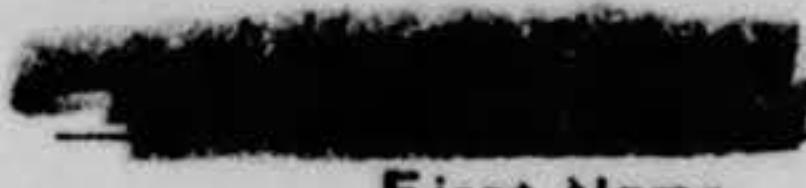



yes - once Spring 1949

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:  - 13 yrs. old - lives on same street. Husband, son & 2 daughters.

32. Please give the following information about yourself:

NAME   
Last Name First Name Middle Name
ADDRESS  Reading 15 Ohio
Street City Zone State
TELEPHONE NUMBER  AGE 36 SEX F

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

NONE

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

15 Sept 1967
Day Month Year

Wright - Patterson Air Force Base - phone call
Reading City Police

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




REPLY TO
ATTN OF: TDPT/UFO

SUBJECT: UFO Observation , 15 September 1967

DEC 6 1967

TO: Mr. [REDACTED]
Cincinnati, Ohio 45415

Your name has been given to the Aerial Phenomena Branch (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on **15 September 1967** would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.


JAMES C. MANATT, Colonel, USAF
Director of Production

1 Atch
AF Form 117

34. Date you completed this questionnaire:

29
Day

Sept
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.

MEMO FOR THE RECORD

4 Oct. 1967

Called the Reading City Police Dept. (513-821-1035).

They have nothing in their logs about a UFO report on the night of the 15-16. However if someone called and just asked for information, it would not be recorded.

PROJECT 10073 RECORD

1. DATE-TIME GROUP 15/02/02	2. LOCATION CINCINNATI, OHIO
3. SOURCE CIVILIAN	10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION
4. NUMBER OF OBJECTS ONE	
5. LENGTH OF OBSERVATION FIFTEEN	11. BRIEF SUMMARY AND ANALYSIS Observer reported UFO to Duty Officer. COMMENTS: Observer was requested to complete a Form 117 but did not do so within 30 days.
6. TYPE OF OBSERVATION GROUND-VISUAL	
7. COURSE NE TO ESE	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

14 Aug 68

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



REPLY TO
ATTN OF:

TDPT (UFO)

22 AUG 1968

SUBJECT:

UFO Observation
, 14 August 1968

TO:

[REDACTED]
[REDACTED]
Cincinnati, Ohio 45214

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

HECTOR QUINTANILLA, Jr, Lt Colonel, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

Out of Dept. received 15 Aug 68

AFR 80-17(C1)

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 Aug MONTH Aug YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 2200 MINUTES 00 A.M. P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 10 MINUTES 15 A.M. P.M.

4. TIME ZONE

EASTERN

CENTRAL

MOUNTAIN

PACIFIC

OTHER

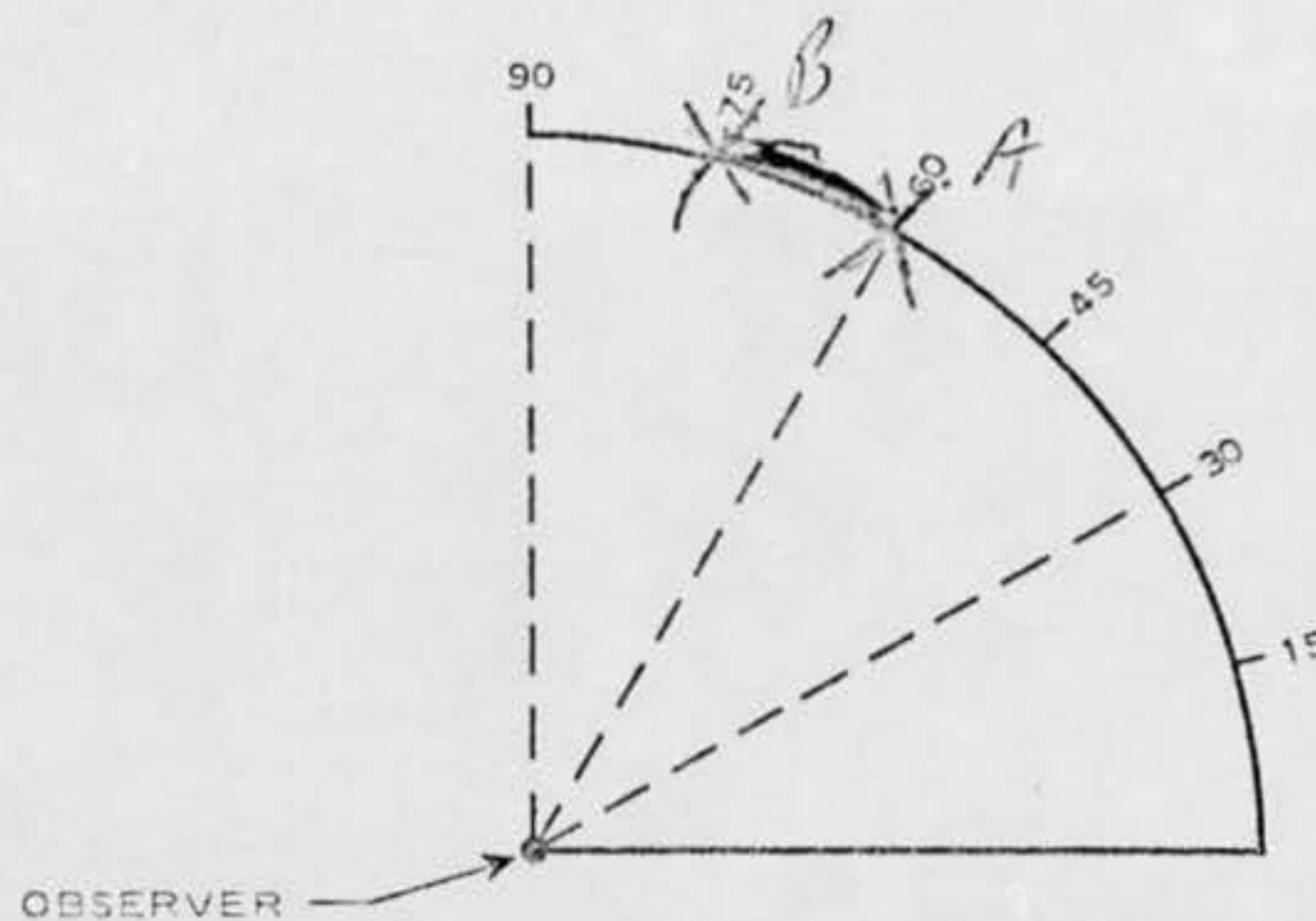
DAYLIGHT SAVINGS

STANDARD

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.

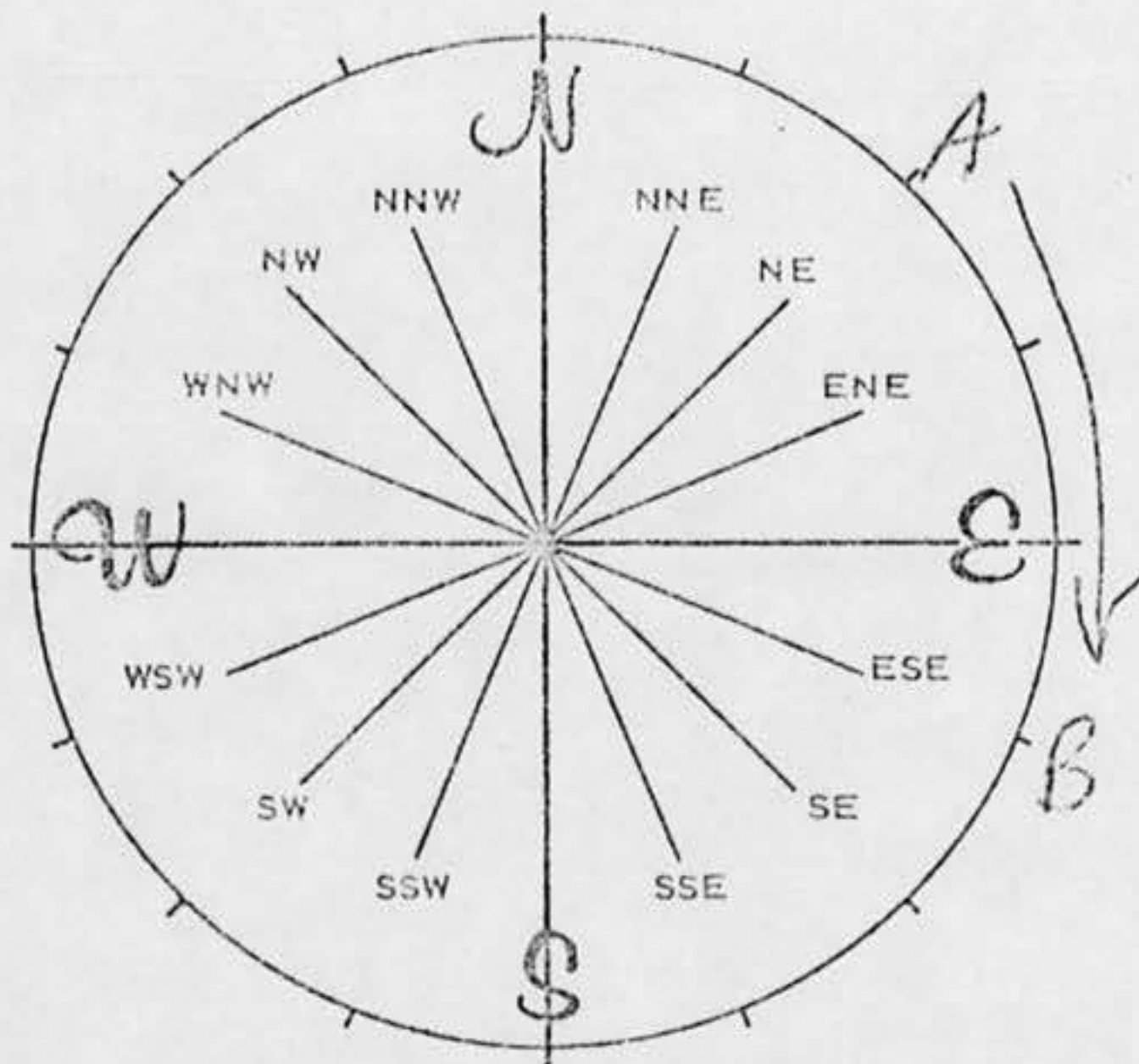
approx. 1 mi. west of I-75 on top of hill in Cincinnati from home address: 2255 Quebec Rd, Cinn. Ohio

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.



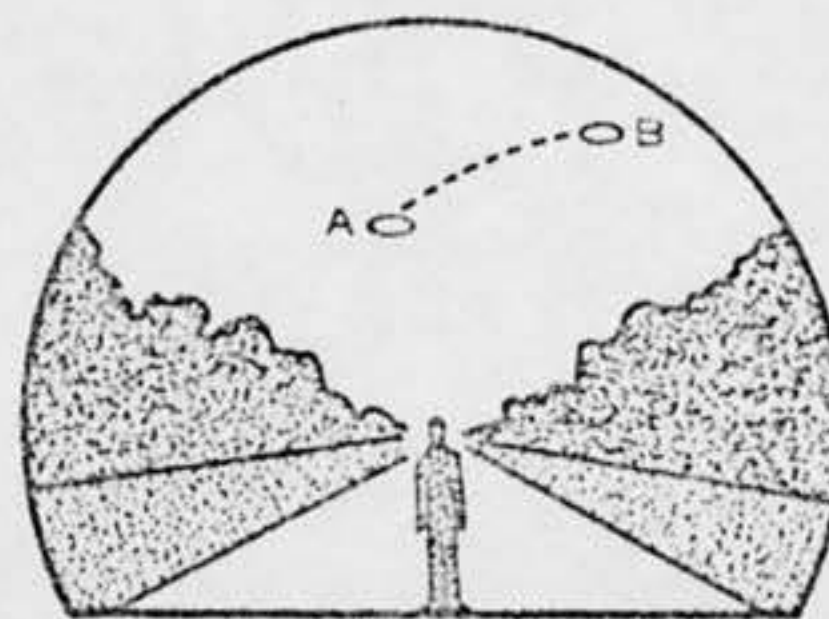
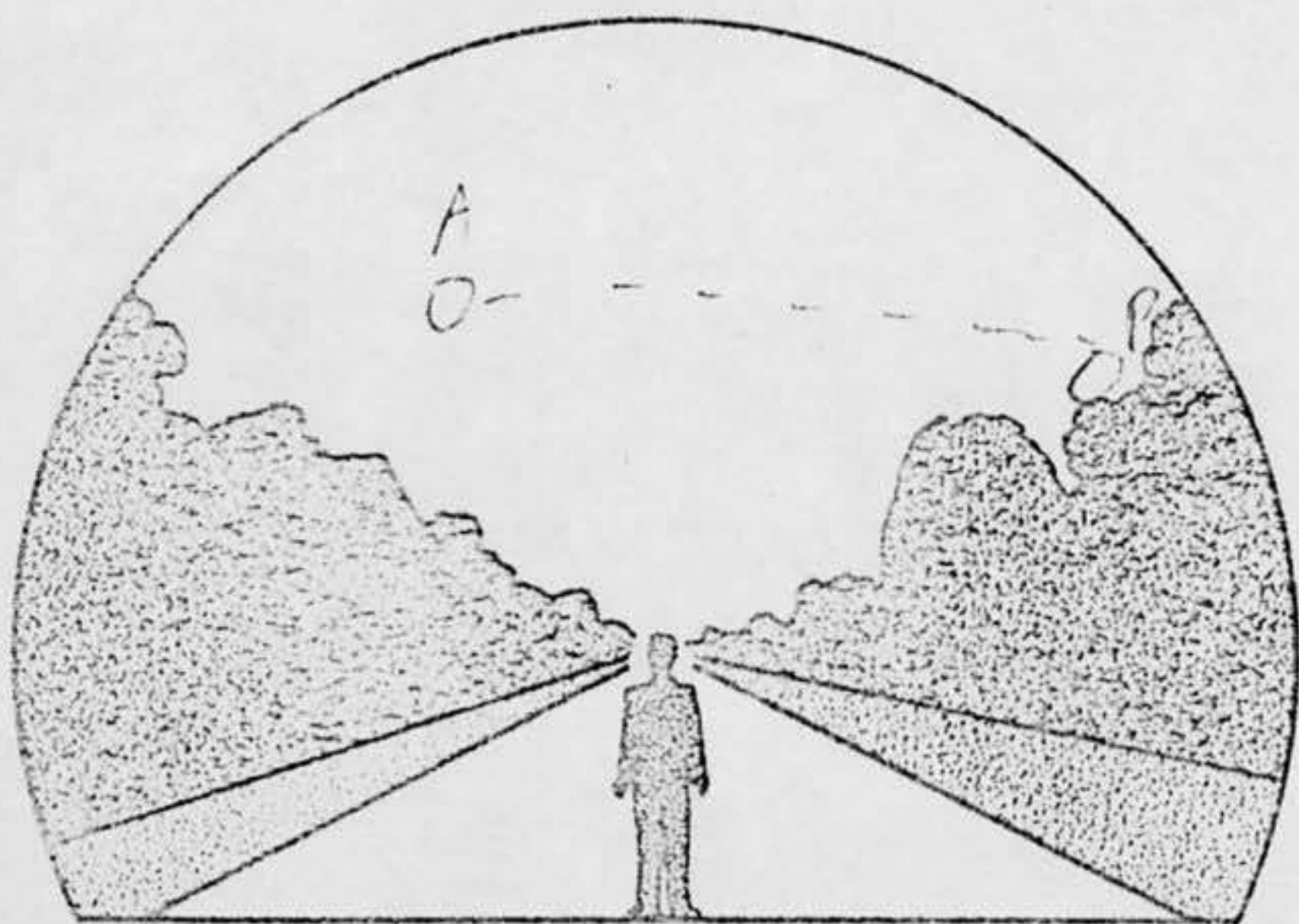
[Redacted] in area telecon 15 Aug 68

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.

flight path straight with small sideway deviations



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)

<input checked="" type="checkbox"/> OUTDOORS	<input type="checkbox"/> IN BUSINESS SECTION OF CITY
<input type="checkbox"/> IN BUILDING	<input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY
<input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER	<input type="checkbox"/> IN OPEN COUNTRYSIDE
<input type="checkbox"/> IN BOAT	<input type="checkbox"/> NEAR AIRFIELD
<input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER	<input type="checkbox"/> FLYING OVER CITY
<input type="checkbox"/> OTHER	<input type="checkbox"/> FLYING OVER OPEN COUNTRY
	<input type="checkbox"/> OTHER

X 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	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> SOUTH	<input type="checkbox"/> WEST	
<input type="checkbox"/> NORTHEAST	<input type="checkbox"/> SOUTHEAST	
<input type="checkbox"/> NORTHWEST	<input type="checkbox"/> SOUTHWEST	

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? YES 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.

2 A/C CROSSED OVERHEAD HDG. NORTH

9. HOW LONG WAS THE PHENOMENON IN SIGHT?

LENGTH OF TIME	<i>10 passes</i>	<input checked="" type="checkbox"/> CERTAIN OF TIME	<input type="checkbox"/> NOT VERY SURE
<i>20 sec</i>	<i>14 Aug 68</i>	<input type="checkbox"/> FAIRLY CERTAIN	<input type="checkbox"/> JUST A GUESS

HOW WAS TIME DETERMINED?
GUESS

WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? YES 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.

In continuous sight during passes, 2-3 min. between passes, 10 passes.

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?

1 per ~~sighting~~ pass

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER	
DAY		CUMULUS CLOUDS (Low fluffy)	FOG OR MIST
TWILIGHT		CIRRUS CLOUDS (High fleecy or Herring-bone)	HEAVY RAIN
<input checked="" type="checkbox"/> NIGHT		NIMBUS CLOUDS (Rain)	LIGHT RAIN OR DRIZZLE
CLEAR		CUMULONIMBUS CLOUDS (Thunderstorms)	HAIL
PARTLY CLOUDY			SNOW OR SLEET
COMPLETELY OVERCAST			UNKNOWN
	<input checked="" type="checkbox"/>	HAZE OR SMOG	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	
NONE		BRIGHT MOONLIGHT	<input checked="" type="checkbox"/> NO MOONLIGHT
<input checked="" type="checkbox"/> A FEW		MOON WITH HALO	UNKNOWN
MANY		MOON HIDDEN BY CLOUDS	
UNKNOWN		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?

IN FRONT OF YOU	TO YOUR RIGHT	OVERHEAD (Near noon)
IN BACK OF YOU	TO YOUR LEFT	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.

NO LIGHTS IMMED. AREA

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.

VERY Light - Fluorescent (Bluish-white)
 seemed to spin, edges fuzzy, oblong
 shape (flat) much larger than
 star and brighter (brilliant)

10

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?		<input checked="" type="checkbox"/>	
	STAND STILL AT ANYTIME?		<input checked="" type="checkbox"/>	
	SUDDENLY SPEED UP AND WITH AWAY?	<input checked="" type="checkbox"/>		
	BREAK UP IN PARTS AND EXPLODE?		<input checked="" type="checkbox"/>	
	CHANGE COLOR?		<input checked="" type="checkbox"/>	
	GIVE OFF SMOKE?		<input checked="" type="checkbox"/>	
	CHANGE BRIGHTNESS?	<input checked="" type="checkbox"/>		
	CHANGE SHAPE?	<input checked="" type="checkbox"/>		
	FLASH OR FLICKER?		<input checked="" type="checkbox"/>	
	DISAPPEAR AND REAPPEAR?	<input checked="" type="checkbox"/>		
	SPIN LIKE A TOP?		<input checked="" type="checkbox"/>	
	MAKE A NOISE?		<input checked="" type="checkbox"/>	
	FLUTTER OR VIBBLE?	<input checked="" type="checkbox"/>		

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

SITTING ON PATIO FACING A HILL
 AND TV TOWERS - OBJECT LOW AND
BRILLIANT, APPEARED BETWEEN VIEWERS AND
 TOWERS, BELOW TOPS OF TOWERS

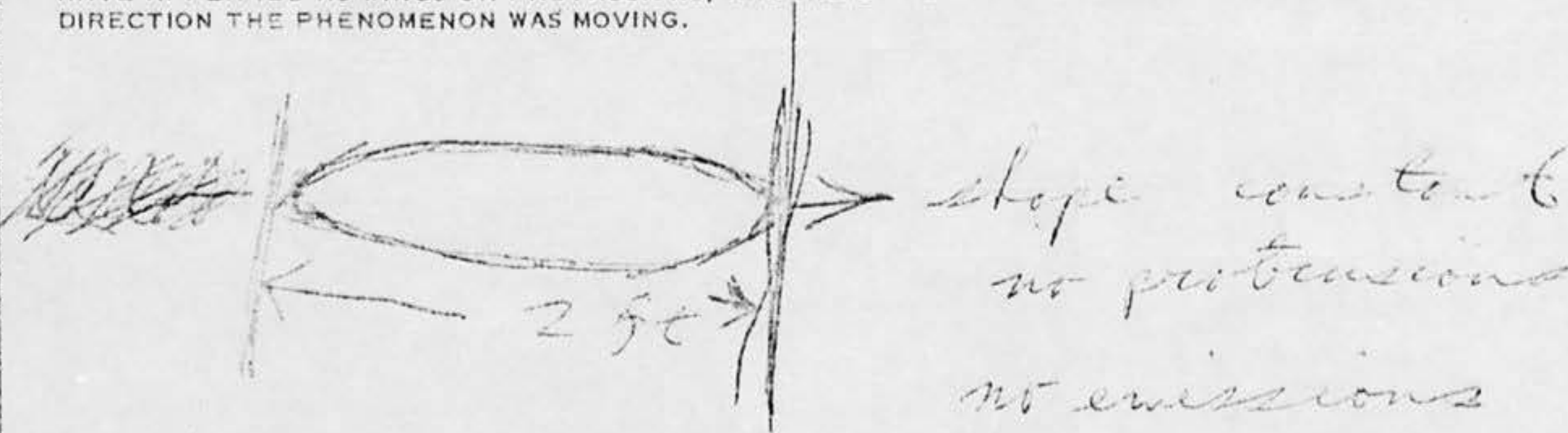
A. HOW DID IT FINALLY DISAPPEAR?

WENT BEHIND HILL

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.

In front of TV Towers

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.

TDPTR
Lt. Col. Smith

Request weather data, i.e. wind velocity
and direction for :
Surface: 6,000, 10,000, 16,000,
20,000, 30,000, 50,000, & 80,000 feet.
for Cincinnati, Ohio anytime between 2300
and 2400 EDT on 15 September 1967.

TDPT (UFO)

5 Dec 67

709136

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

EYEGASSES	CAMERA VIEWER
SUNGLASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER <u>EYE</u>

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 approx 200
 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 4000 ft

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.

Elongated Disc, or flat oval

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.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. YES NO. IF "YES," DESCRIBE.

14 Aug 68

AFR 80-17(C1)

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? YES NO. IF "YES," GIVE DATE AND LOCATION. 2 weeks ago - exact same characteristics

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

[Redacted] Ave, Cincinnati, O.
[Redacted] Dr, Cincinnati, O.
[Redacted] Tampa Fla.

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

TELEPHONE (Area code and number)

AGE

57

MALE

FEMALE

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

Engineer (Design), live on hilltop (dark)
3 TV Towers (object below 1st light
from tower)

Object made about 10 passes on
14 August. Appeared to circle.

2-3 minutes between disappearance
and appearance.

visible for 30 seconds.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME [Redacted] DAY 14 MONTH Aug YEAR '68

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY 14 MONTH Aug YEAR '68

*Reading
report*

15 Sept 67

OCT 10 1967

TDET/UFO (Maj. Guintanilla/70916/jaf/10 Oct 67)

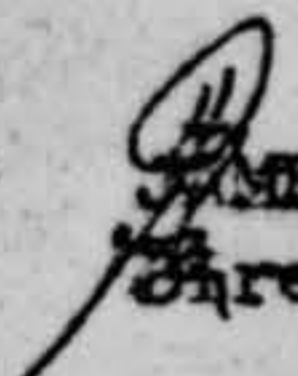
UFO Observation of 15 Sept 1967

Greater Cincinnati Airport
Covington, Kentucky 41011

1. The Aerial Phenomena Branch is in receipt of a UFO sighting from Reading, Ohio on 15 Sept 1967 at 11:00 P.M. EDT. The observer watched the object for about an hour and described it as a red light to the north of Reading, Ohio that moved slowly from west to east.

2. We would like to know if any balloon launched from your airfield could have caused this sighting and if anyone north of Cincinnati, in the vicinity of Hamilton, also launches balloons. Any other info you may have as to what may have caused this sighting would also be appreciated.

3. Thank you for your assistance in this matter.


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

TDET/UFO OFFICIAL FILE CY

15 Sep 67

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



SEP 27 1967

REPLY TO
ATTN OF TDET/UFO

SUBJECT UFO Observation 15 Sep 67

TO:

Mrs. [REDACTED]
Cincinnati, Ohio 45415

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.

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

1 Atch
FTD Form 164 w/envelope

Attach #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.

1. When did you see the object?

15 / 9 / 67
Day / Month / Year

2. Time of day: 23 / 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?

SHARONVILLE, OHIO
Nearest Postal Address

SUBURBS OF CINCINNATI
City or Town

OHIO
State or County

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

_____ / 30 / _____
Hours / Minutes / Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined? IN CONTACT WITH DO DURING SIGHTING (TELEPHONE)

5.2 Was object in sight continuously?

Yes _____

No ✓

6. What was the condition of the sky?

DAY

a. Bright
b. Cloudy

NIGHT

a. Bright
b. Cloudy

with slight cloud coverage

7. IF N/A 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

Spd 16

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:

IT APPEARED CLOSER AND BRIGHTER THAN STARS

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 | 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? | 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? | <input checked="" type="radio"/> Yes | No | Don't know |

14. Did the object disappear while you were watching it? If so, how? A cloud obscured the view for about 5 minutes

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 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 NONE

b. Color RED then changed to 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?

Possibly 1/5 covered by 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.

<u>BEFORE</u> CLOUD COVER		<u>AFTER</u> CLOUD COVER	
#1		#2	
#3			<p>SAME RANDOM MOTIONS ONLY THIS TIME THE OBJECTS APPEARED TO BE <u>WHITE</u></p>