

PROJECT 10073 RECORD

1. DATE - TIME GROUP 15 Sep 67	2. LOCATION Hazleton, Pa
3. SOURCE Civilian	10. CONCLUSION <i>OTHER</i> CONFLICTING DATA ✓
4. NUMBER OF OBJECTS Not reported	
5. LENGTH OF OBSERVATION 15 minutes	11. BRIEF SUMMARY AND ANALYSIS
6. TYPE OF OBSERVATION Ground Visual	Observer indicated that the object went east to west but the witness indicated that it went to east. The observer lives near an airfield and other observers on the block said it was an airplane. Although it is felt that the object may have been an airplane because of the discrepancy on the direction and 12 minutes being a little long for aircraft it is being evaluted as conflicting data.
7. COURSE E-W	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	


15 Sept 67
Hazleton, Pa.
OCT 9 1967

TDET/UFO (Maj Quintanilla/70916/mhs/6 Oct 67)

UFO Observation & Photographs, September 15, 1967

[REDACTED]
Hazleton, Pennsylvania 18201

1. Reference your recent correspondence of September 29 in which you reported your unidentified observation of September 15, 1967 and subsequent photographs. Additional information on your sighting and your original negatives are needed to perform a scientific investigation. Request you complete the attached photographic data sheet and FTD Form 164 and return them with your original negatives. Upon completion of analysis we will return your negatives along with our findings.
2. We are returning your letter of September 29 as you requested.


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

- 3 Atchs
1. FTD Form 164 w/envelope
 2. Photo Data Sheet
 3. Ltr, 29 Sep 67

TDET/UFO OFFICIAL FILE CY

Photo Data Sheet:

1. Type, model and make of camera:
2. Speed, focal length, and make of lens:
3. Brand and type of film:
4. Shutter speed used:
5. Lens opening used; that is, "f" stop:
6. Filters used:
7. Date, place and time photo was taken:

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 Sept. 1967
Day Month Year

2. Time of day: 7 35

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?

Nearest Postal Address

Hazleton
City or Town

Pennsylvania
State or County

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

0 15 0
Hours Minutes Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined?

by a watch.

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

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

(Circle One):

a. In front of you

b. In back of you

c. To your right

d. To your left

e. Overhead

f. Don't remember

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? | <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? | <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?

It did. It did this very rapidly and then would reappear suddenly a little farther away.

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 made no sound.

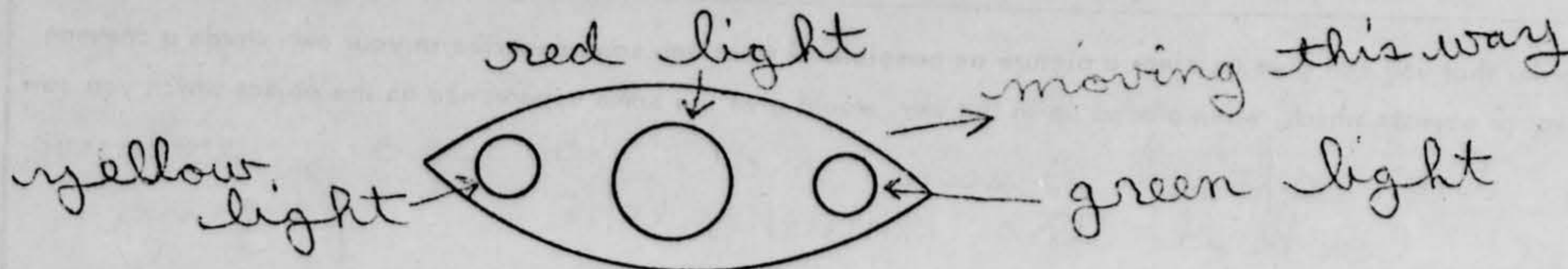
b. Color It very bright silver.

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?

not very much, because the object seemed very close and very huge.

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 mile

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

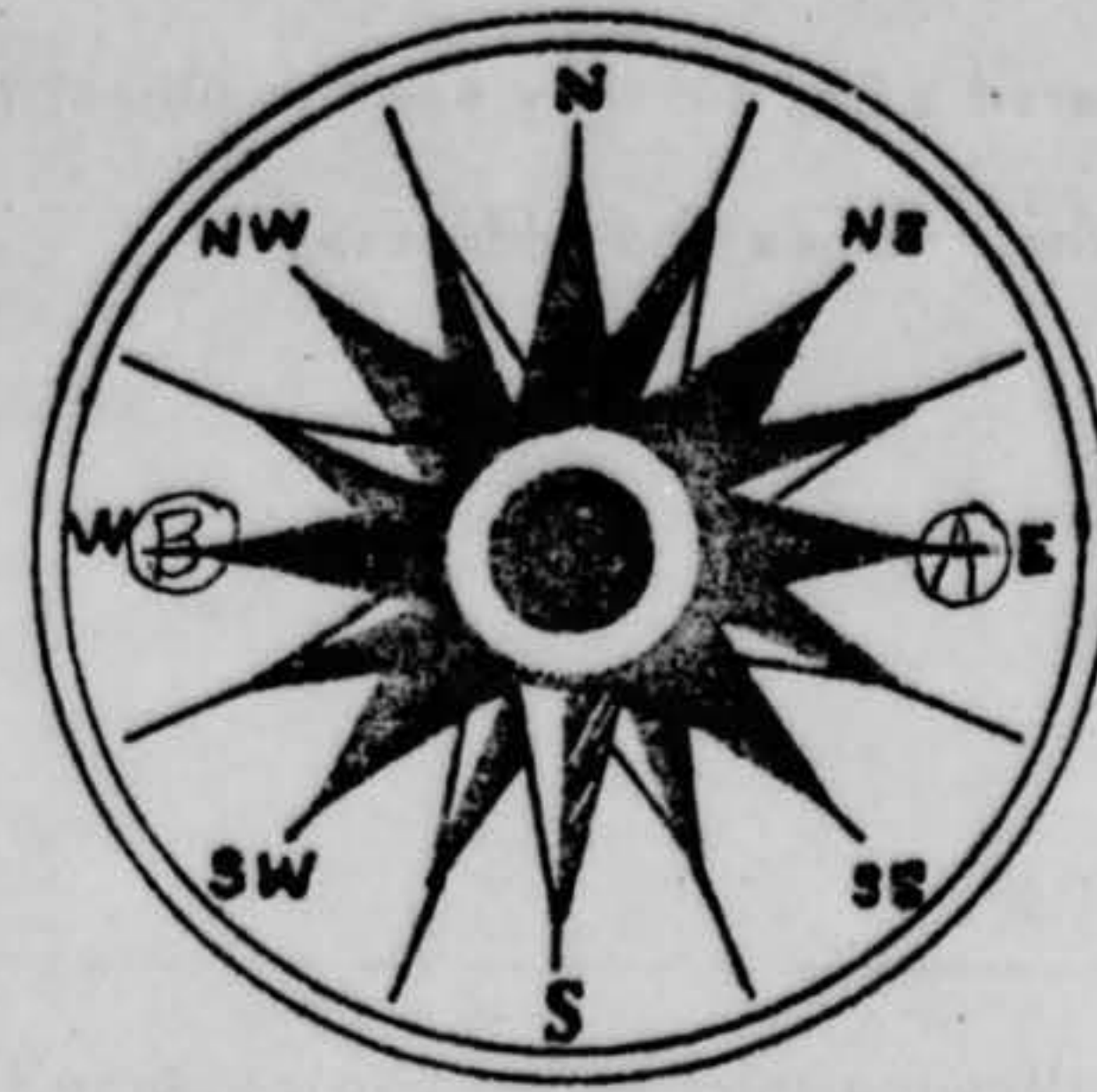
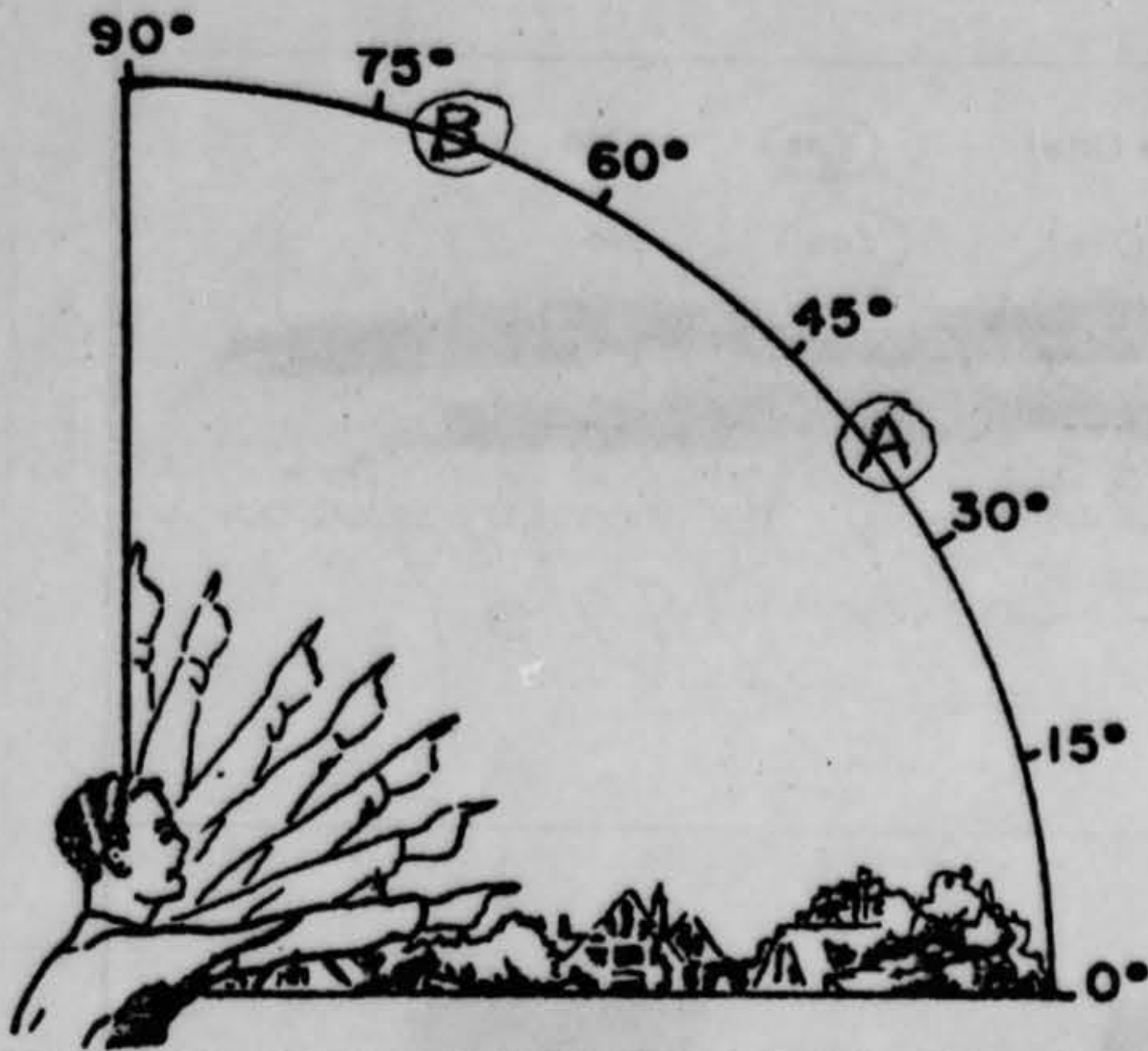
25. Did you observe the object through any of the following?

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

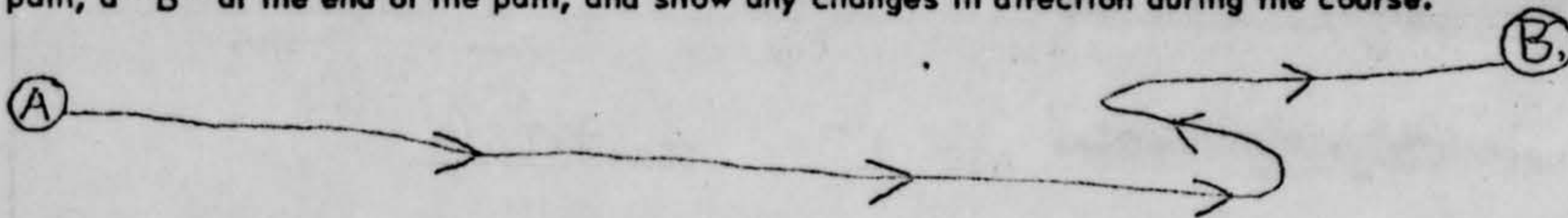
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

I am afraid I can not do so, because it looked too much like a flying saucer,

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? (none)
 Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

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

no, I havent.

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]
Hazleton, Pennsylvania
Zip Code - 18201.

32. Please give the following information about yourself:

NAME [Redacted] [Redacted] [Redacted]
Last Name First Name Middle Name
ADDRESS [Redacted] Hazleton Penna.
Street City Zone State
TELEPHONE NUMBER [Redacted] AGE 13 SEX Male

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

I havent had an experience like this one, of seeing an U. F. O, that I can recall of. I live in the residential part of Hazleton. I live near an airport.

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

19 Sept. 1967
Day Month Year

my science teacher.

34. Date you completed this questionnaire:

12 Oct. 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.

The object seemed to hover over radio station wires and antennae. Traveled at a great rate of speed. The three lights would always blink left to right. The object would stop to a complete standstill, then take off to the other side of the sky in the same second. In conclusion, I give you my permission to use any statements or conclusions that I have stated.


Photo Data Sheet:

1. Type, model and make of camera:
2. Speed, focal length, and make of lens:
3. Brand and type of film:
4. Shutter speed used:
5. Lens opening used; that is, "f" stop:
6. Filters used:
7. Date, place and time photo was taken:

Dear sirs:

I am sorry, but at the time of the sighting, I did not think of getting a camera. And the most important thing about this is that the object was moving entirely too fast for any kind of camera. I will try my very best to supply you with as much information as possible. If you think more information is needed, feel free to tell me about it. I will be more than happy to give it. When and if you come to a conclusion, please inform me.

Thank you very much,



~~Handwritten scribbles~~

15 Sept 67

OCT 25 1967

TDET/UFO (Maj Quintanilla/70916/mhs/25 Oct 67)


UFO Observation, September 15, 1967

~~Redacted address line~~

Hazleton, Pennsylvania 18201

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 September 15, 1967 would you please complete the attached FTD Form 164 and return it in the self-addressed envelope. 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.

TDET/UFO OFFICIAL FILE CY


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

1 Atch
FTD Form 164 w/envelope

Information

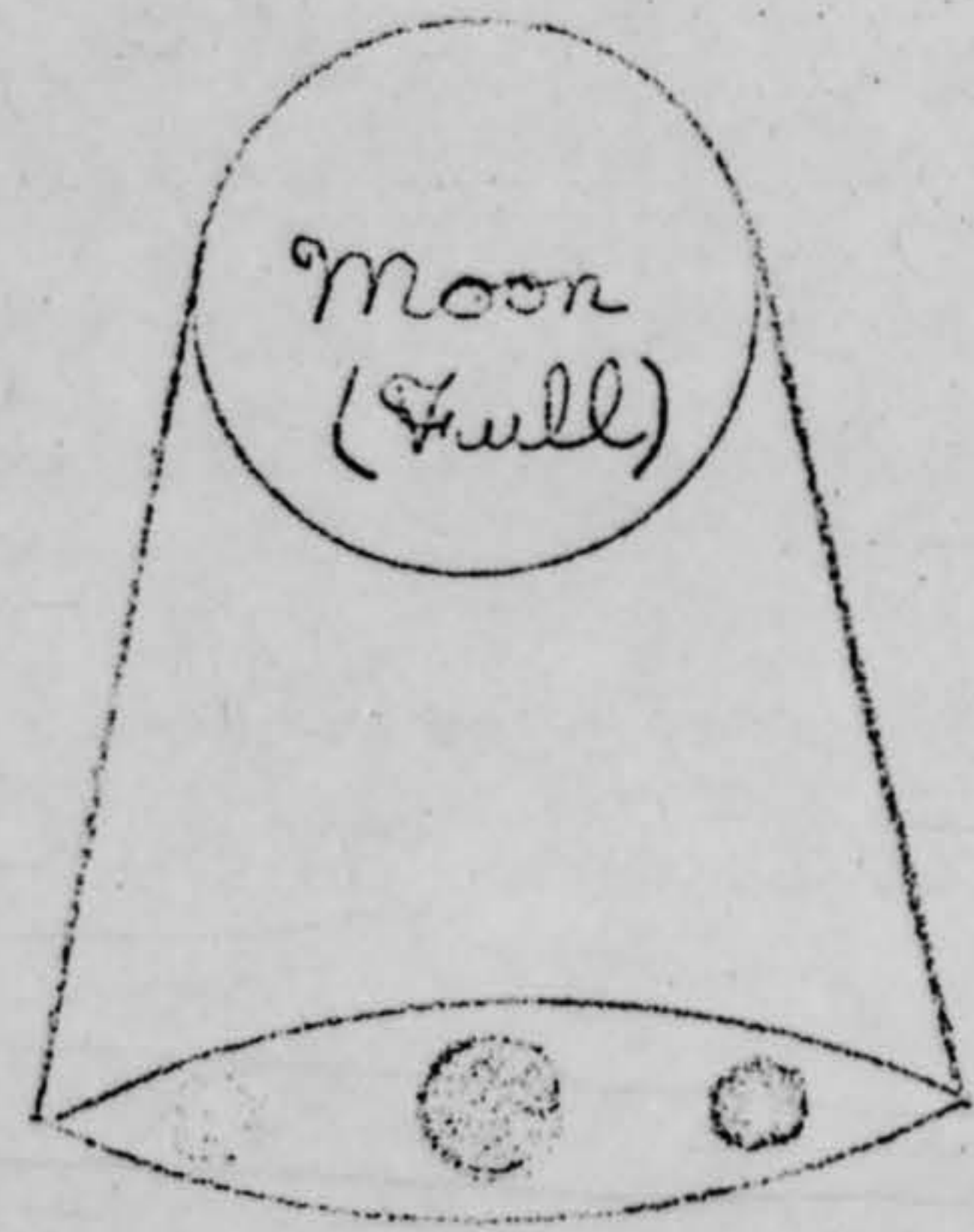
The object was viewed by the naked eye and the aid of a pair of binoculars. Moving in an east to west pattern, it traveled at a great rate of speed. Blinked lights off and on, always from left to right. Sometimes the object would seem to disappear then reappear a little bit farther away. It was hovering over large radio station towers. Then it would go from horizon to horizon in a split second. It would always stop then take off like a jet, or maybe even faster. Some people on the block said it was an airplane, but I asked them to point it out to me and it turned out to be a completely different object in a different part of the sky. I have seen things in the sky before, but this was something I had never seen before. I was sure it was an airplane, but not a conventional airplane, excluding any sort of aircraft.

ing. An illusion, that lasted for
at least a half hour? It made
no sound. Please try and find
an answer. And, if possible, send
these three papers back with your
reply.

~~_____~~
~~_____ St.~~
Hazleton, Penna.
Zip Code - 18201.

Size of Ship -

(a comparison from
the naked eye.)



Time - between 7:30 and 8:00 P.M.

Date - September 15, 1967.

Number of Witnesses - between 2 and 5.

Place - Hazleton, Pennsylvania.

(over)

Send 164, photo sheet, and
ask for negatives

Sept 15

September 29, 1967.

Dear sirs:

An incident has happened to me which I will never forget, the sighting of an unidentified flying object, or an U. F. O. I tried to be as precise as possible, but if I am not, please excuse me. If at all possible, I would gratefully appreciate it if you could analyze the picture, the information, and also the situation. When and "if" you come to a good explanation, please send it to me so I may get into the light about this. My name and address is enclosed.

Thank you very
much,

~~████████████████████~~

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 Day 9 Month 67 Year

2. Time of day: 7:30 Hour 15 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?

 Nearest Postal Address Hopkinton City or Town P.A. State or County

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

0 Hours 15 Minutes 14 Seconds

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

5.1 How was time in sight determined? clock

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

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:

huge bright 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? | <u>Yes</u> | No | Don't know |
| b. Suddenly speed up and rush away at any time? | <u>Yes</u> | No | Don't know |
| c. Break up into parts or explode? | Yes | <u>No</u> | Don't know |
| d. Give off smoke? | Yes | <u>No</u> | Don't know |
| e. Change brightness? | <u>Yes</u> | No | Don't know |
| f. Change shape? | Yes | <u>No</u> | Don't know |
| g. Flash or flicker? | <u>Yes</u> | No | Don't know |
| h. Disappear and reappear? | <u>Yes</u> | No | 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: a house across the street

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: hospital

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

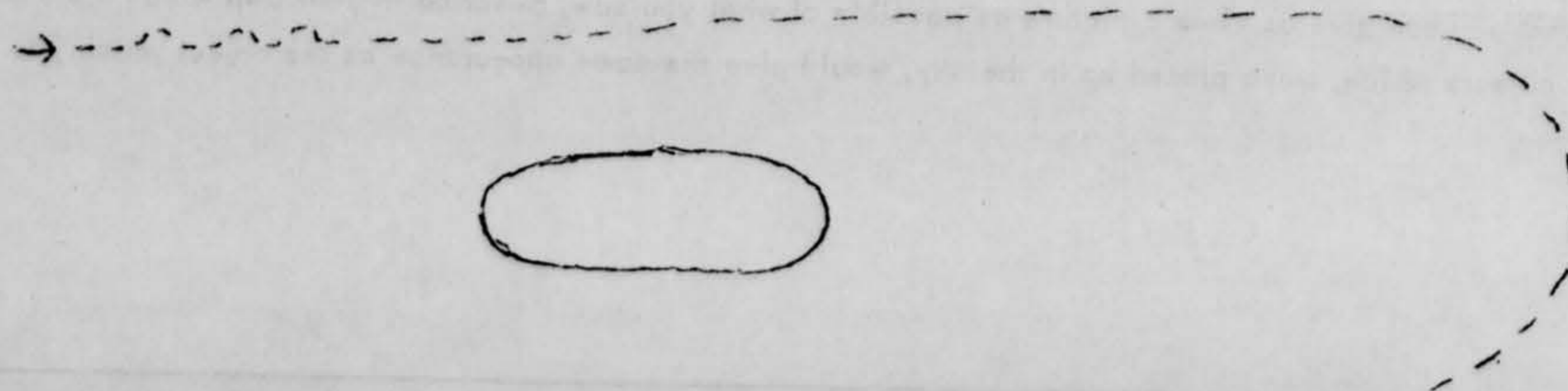
a. Sound none

b. Color sometimes red then silver

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?

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 mile

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 _____

I was in both places at different times.

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?

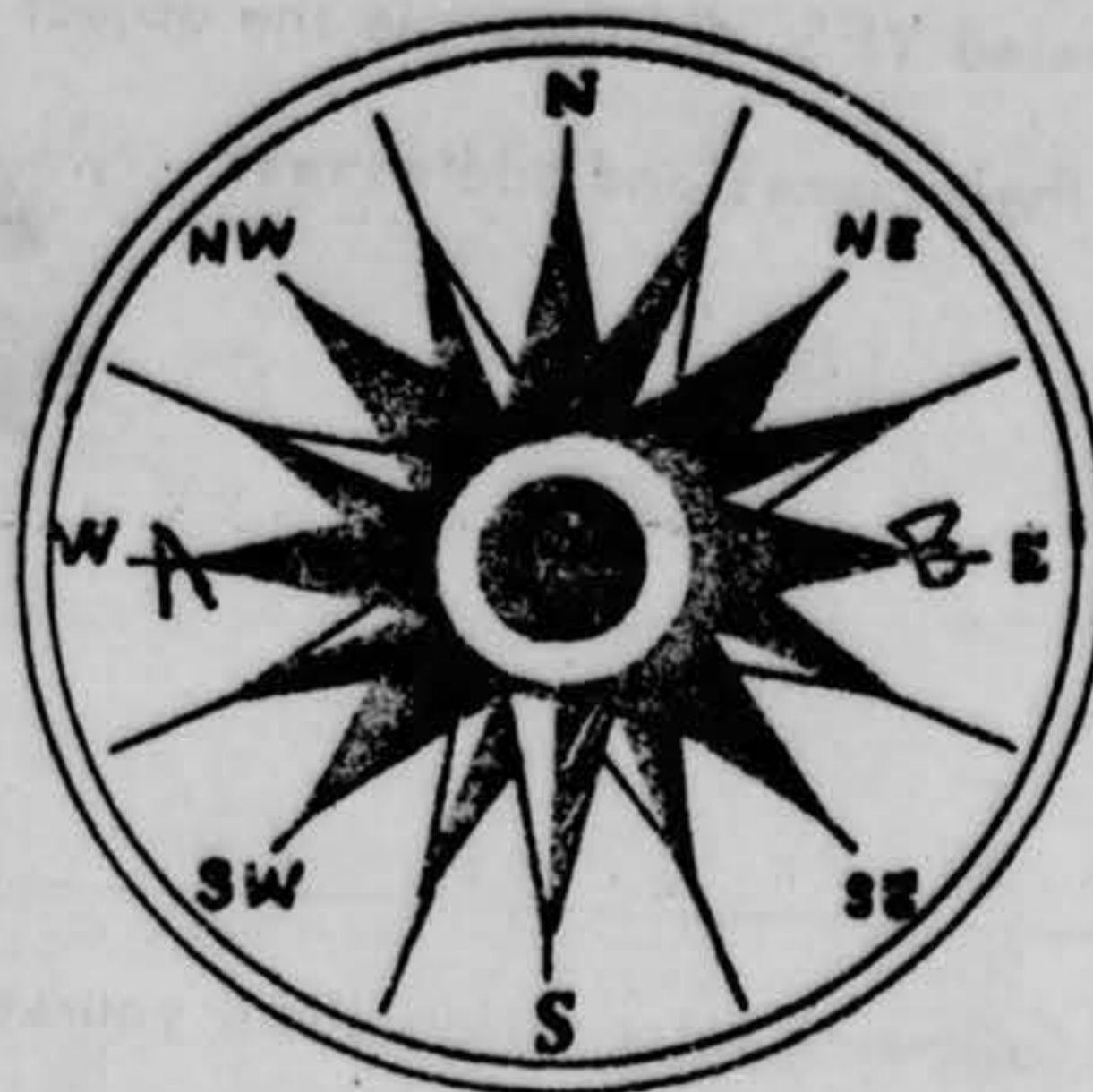
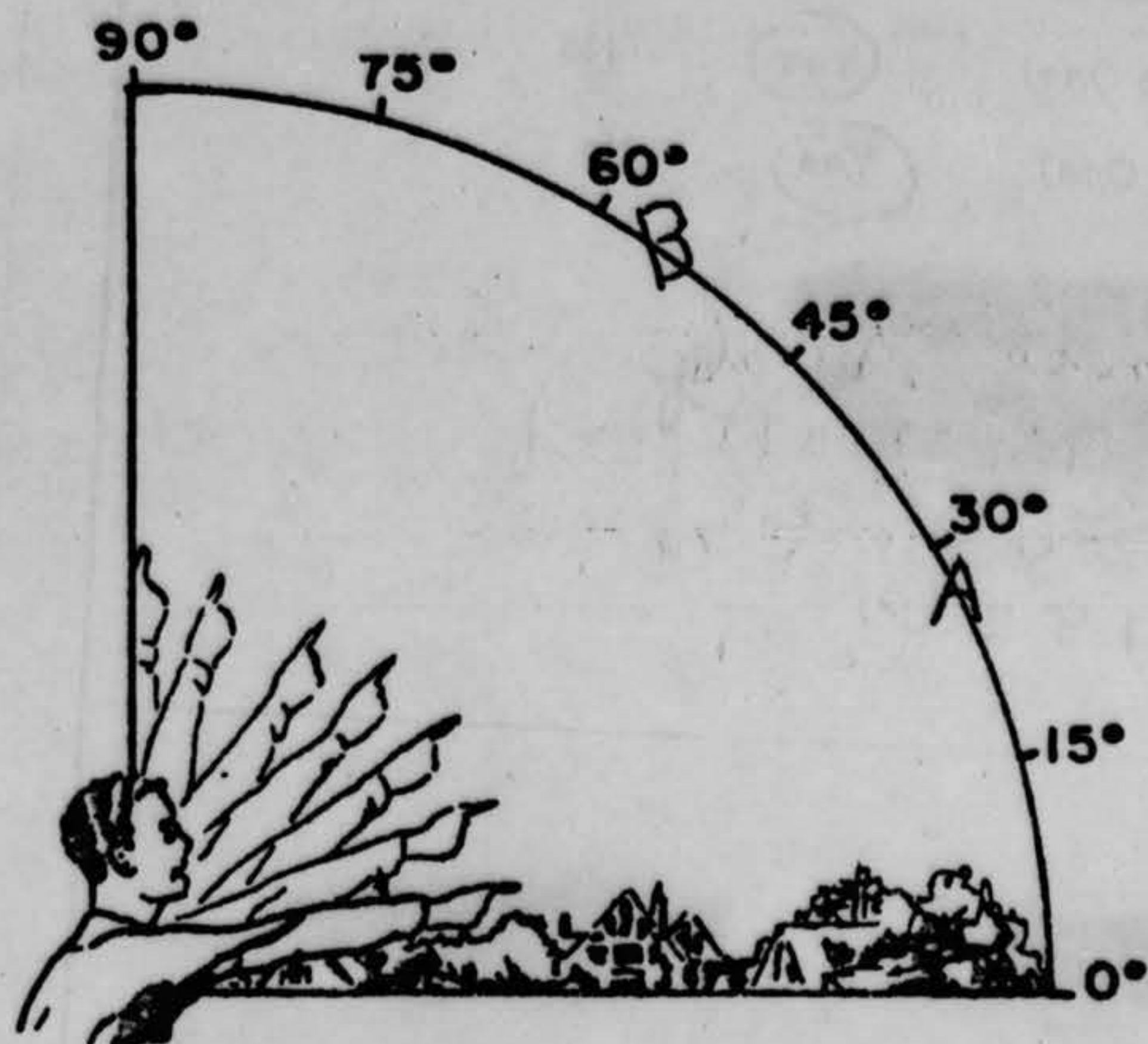
(Circle One) Yes No

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

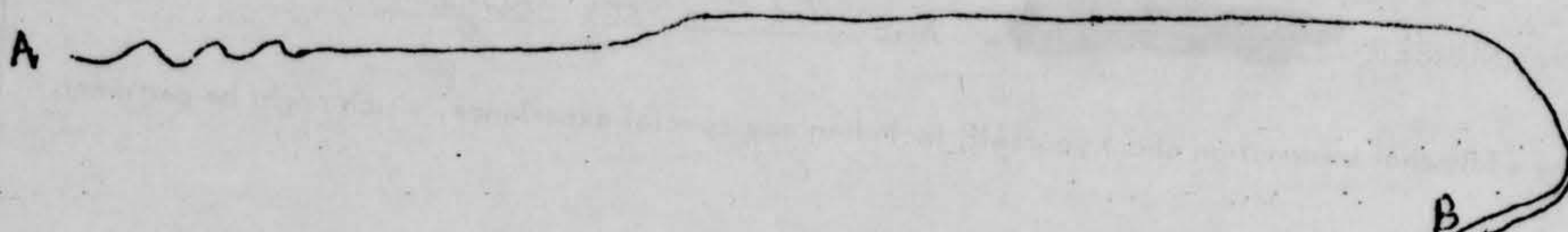
- | | | | | | |
|-----------------|---------------------------|--------------------------|--|--------------------------------------|--------------------------|
| a. Eyeglasses | Yes <input type="radio"/> | No <input type="radio"/> | e. <input checked="" type="radio"/> Binoculars | Yes <input checked="" type="radio"/> | No <input 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 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.

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? more
 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

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] St
Hazleton, Pa.
18201

32. Please give the following information about yourself:

NAME [Redacted] [Redacted] [Redacted]
Last Name First Name Middle Name
ADDRESS [Redacted] Hazleton Penn
Street City Zone State
TELEPHONE NUMBER [Redacted] AGE 12 SEX Boy

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?

15 9 67 my mother.
Day Month Year

34. Date you completed this questionnaire:

28 10 '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.