PROJECT 100/3 KECOKD

1. DATE . TIME GROUP	2. LOCATION	
20 Jan 67 21/0205Z	Spencer, Indiana	one witness
3. SOURCE Civilian 4. NUMBER OF OBJECTS one	10. CONCLUSION Insufficient Data for evaluation!	mit
5. LENGTH OF OBSERVATION 5 minutes 6. TYPE OF OBSERVATION Ground Visual 7. COURSE Downward 8. PHOTOS D YAA XXXIII 7. PHYSICAL EVIDENCE U Yes XXXIII	Chserver reported a red and yellow that was observed for about 5 minuted disappear but was to have fallen to observer had been seeing them all sureported various sightings to the lebut no action has been taken.	the earth. The ummer. She has

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FTD SEP 53 0-329 (TDE) Previous editions of this form may be used.

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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.

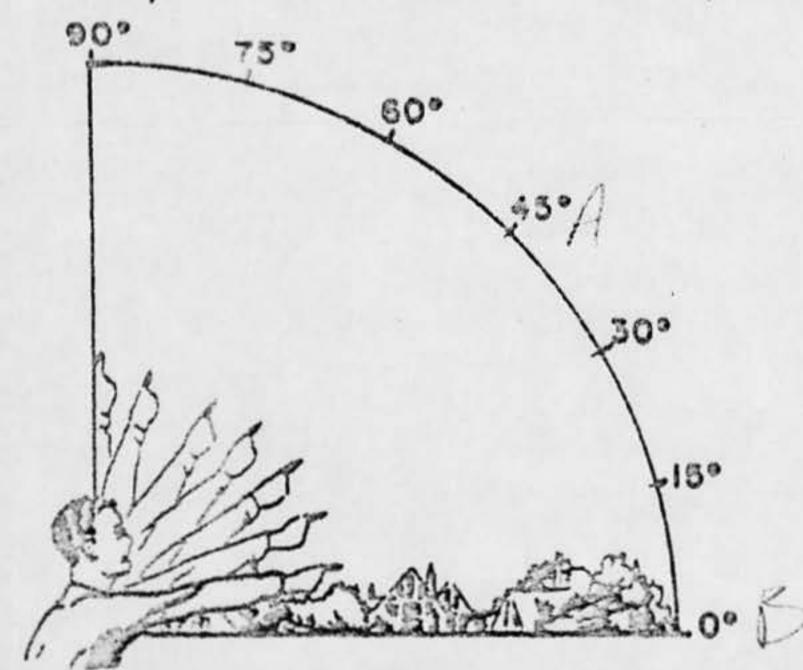
1. When did you see the object?	2. Time of day. 2000 05
	Haur Minutes
20 <u>1967</u> Day Month Your	(Circle One): A.M. or P.M.
3. Time Zone: (Circle One): a. Eastern b. Central c. Mountain d. Pacific e. Other	(Circle One): a. Doylight Saving X
4. Where were you then you saw the object?	
Bry 11	50 mm
Hara stol Address	City or Town State or County
5. How long was object in sight? (Total Duration)	Hours Minutes Seconds
c. Certain c.	Hours Minutes Seconds Not very sure
c. Certain c.	Not very sure Just a guess
c. Certain c.	Not very sure
a. Certain c. b. Fairly certain d.	Not very sure Just a guess
a. Certain c. b. Fairly certain d. 5.1 How was time in sight determined?	Not very sure Just a guess
a. Certain c. b. Fairly certain d. 5.1 How was time in sight determined? 5.2 Was object in sight continuously? Yes 6. What was the condition of the sky? DAY	Not very sure Just a guess
a. Certain b. Fairly certain d. 5.1 How was time in sight determined? 5.2 Was object in sight continuously? Yes 6. What was the condition of the sky? DAY a. Bright	Not very sure Just a guess No No No Bright
a. Certain b. Fairly certain d. 5.1 How was time in sight determined? 5.2 Was object in sight continuously? Yes 6. What was the condition of the sky? DAY a. Bright	Not very sure Just a guess No
a. Certain b. Fairly certain d. 5.1 How was time in sight determined? 5.2 Was object in sight continuously? Yes 6. What was the condition of the sky? DAY a. Bright	Not very sure Just a guess No No No Cloudy
a. Certain b. Fairly certain d. 5.1 How was time in sight determined? 5.2 Was object in sight continuously? Yes 6. What was the condition of the sky? DAY a. Bright b. Cloudy 7. IF you saw the object during DAYLIGHT, where wa	Not very sure Just a guess No No NIGHT Bright Cloudy the SUN located as you locked at the object? To your left
c. Certain b. Fairly certain d. 5.1 How was time in sight determined? 5.2 Was object in sight continuously? Yes 6. What was the condition of the sky? DAY a. Bright b. Cloudy 7. IF you saw the object during DAYLIGHT, where was the land of you b. In back of you e.	Not very sure Just a guess No No No Cloudy

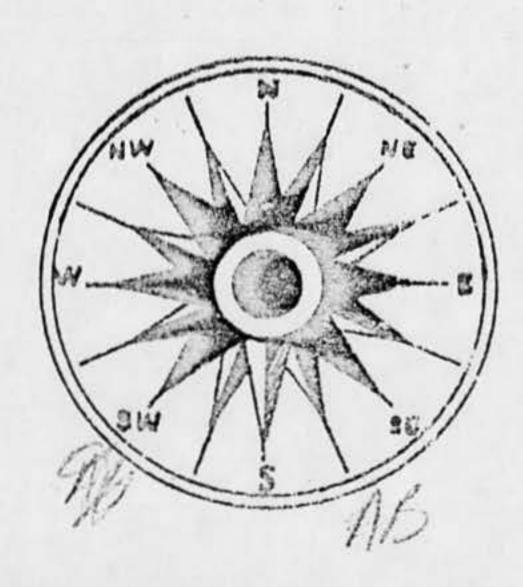
8.	IF you saw the object at NIGHT, what did you notice o	oncerning the	STARS and	MOON?	
	8.1 STAR5 (Circle One): 8.2 MG	OON (Circle C	Ona):		
	c. Many	. Bright moo Dull moonlig No moonlig Don't rama	ight ht — pitch da	rk	
9.	What were the weather conditions at the time you saw t	ha object?			
	CLOUDS (Circle One): WEATH	IER (Circle O	ne):		
. (a. Clear sky b. Hazy b. Fog	, mist, or ligi	ht rain		
	d. Thick is heavy clouds d. Sno	lerate or haav w 't remember	y rain		
10.	The abject appeared: (Circle One).				
	a. Solid b. Transparent c. Yapar				
11.	If it appeared as a light, was it brighter than the bright	test stars? (6	Circle One):		
	b. Dimmer d. Don't know				
	11.1 Compare brightness to some common object:	121121	ire		
12.	The edges of the object were:				
***	(Circle (ine) a. Fuzzy or blurred b. Like a bright star c. Sharply outlined d. Don't remember	e. Othe	r		
13.	Did the object	(Circ	la Ona for ac	ch question)	
	 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? f. Change shape? g. Flash or flicker? h. Disappear and reappear? 	Yes Yes Yes Yes Yes	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Don't know	

Did the object disappear while you were ratching it? If so, how?
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:
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:
Tell in a few words the following things about the object:
a. Sound
6. Color Port of Clara Philoso - mitandy and of fill
We wish to know the angular size. Hold a match stick at arm's length in line with a known object and not "row 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?
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.
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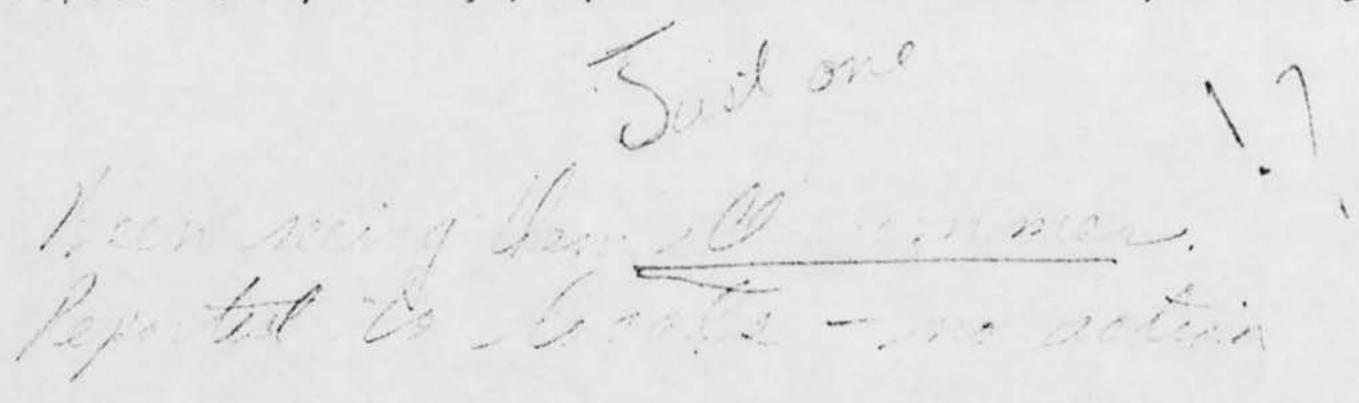
		STATE OF THE PROPERTY OF THE P
20.	Do you think you can estimate the speed of the object	?
	(Circle One) Yes No	
	(Circle One) Yes No	
	IF you answered YES, then what speed would you est	imate?
21.	Do you think you can estimate how far away from you	
	(Circle One) Yes No	1 . H . A.
	(Circle One) Yes No IF you answered YES, then how far away would you s	ay it was? 1 30 130 19 19
22.	Where were you located when you saw the object?	23. Were you (Circle One)
	(Circle One):	a. In the business section of a city?
	o. Inside a building	b. In the residential section of a city?
	b. In a car	c. In open countryside?
	c. Outdoors	d. Near an airfield?
	d. In an airplane (type)	e. Flying over a city?
	e. At sec	f. Flying over open country?
	1. Other	g. Other
24.	1F you were MOVING IN AN AUTOMOBILE or other volume 24.1 What direction were you moving? (Circle One) a. North b. Northeast d. Southeast	ehicle at the time, then complete the following questions: e. South g. West h. Northwest
	24.2 How fast were you moving?	de e e e bour
	24.3 Did you stop at any time while you were looking	g at the object?
	(Circle One) Yes No	
25.	Did you observe the object through any of the followi	ng?
	o. Eyeglasses Yes No e	. Binoculars Yes No
		. Telescope Yes / No
		. Theodolite Yes No
	d. Window glass Yes No h	. Other
26.		ble of what you saw, describe in your own words a common 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 when you first saw it. Place a "B" on the compass where you last saw the object.





23. Draw a planute that will show the motion that the object or objects made. Place on "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



10. Have you ever seen this, or a similar object before. If so give date or dates and location. All Burne - 10 d.
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:
tonight. Two diagers and it on way to
32. Please give the following information about yourself:
Last Name First Name Middle Name
ADDRESS #21 42400 Jan.
Street / City Zone State
Indicate any additional information about yourself, including any special experience, which might be pertinent. AGE SEX
and the state of t
33. When and to whom did you report that you had seen the object?
Day Month Year

Date you completed this questionnaire:	Day	Month	Year
Information which you feel pertinent and which is	A 100 A	overed in the spe	cific points of the
questionnaire or a narrative explanation of your			
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