## PROJECT 10073 RECORD

1. DATE : TIME GROUP	2. LOCATION
I. DATE . TIME GROUP	2. LUCATION
17 Jun 67 17/05302	Xenia, Ohio
3. SOURCE	10. CONCLUSION
Civilian	INSUFFICIENT DA'CA FOR EVALUATION
4. NUMBER OF OBJECTS	
1	
5. LENGTH OF OBSERVATION	11. BRIEF SUMMARY AND ANALYSIS
30 minutes	Observer stated that the object appeared to be a light.
6. TYPE OF OBSERVATION Ground Visual	Brightness of the object was compared to that of a star.  Object appeared to be brighter than the star. Edges of the were fuzzy and blurred. The object had a roaring sound.
7. COURSE	Color: not reported
North	
8. PHOTOS	
D Yes	
X No	
9. PHYSICAL EVIDENCE	
Ti Yos M No	

FTD SEP 63 0-329 (TDE) Previous editions of this form may to used.

Venia Ohio

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

mary Sata

REPLY TO

TDET/UFO

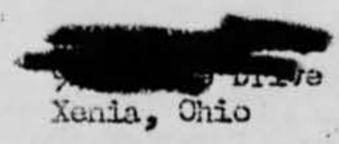
SUBJECT

UFO Observation 17 June 67

17 June 67 Kenis, Ohio 11/05302

1 3 JUL 1967

TO



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.

MES C. MANATT, Colonel, USAF Prector of Technology and Subsystems

1 Atch FTD Form 164 w/envelope

## 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: 00 30  Hour Minutes
17 JUN 67 Day Month- Year	(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?	Xenia Olio
Negrest Postal Address	City or Town State or County
5. How long was object in sight? (Total Duration	Hours Minutes Seconds
a. Certain	c. Not very sure
b. Fairly certain	d. Just a guess
5.1 How was time in sight determined?	WATCH
5.2 Was object in sight continuously?	Yes 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, wh	ere was the SUN located as you looked at the object?
(Circle One): a. In front of you b. In back of you	d. To your left
b. In back of you c. To your right	e. Overhead f. Don't remember
c. To your right	1. Don Tremember
	many on An 1 350 Wanger at

FTD OCT 62 164

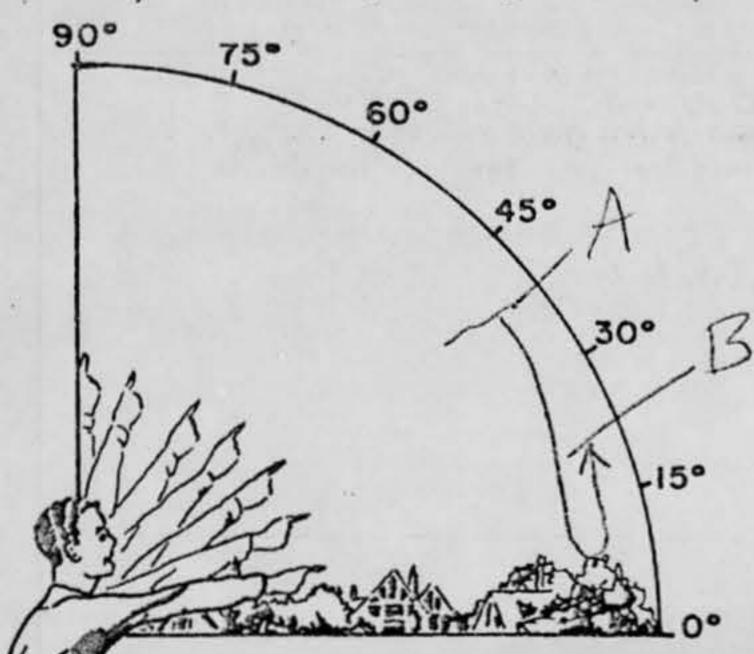
This form supersedes FTD 164, Jul 61, which is obsolete. elevation of 10 degrees

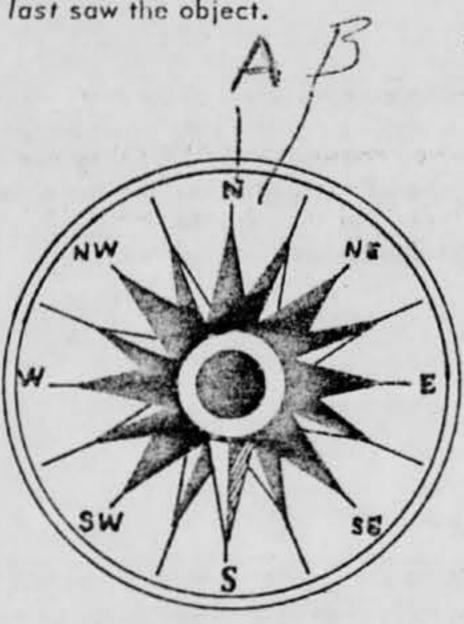
8. IF you saw the object at NIGHT, what did you noti	ce concerning the STARS and MOON?
8.1 STARS (Circle One): 8.2	MOON (Circle One):
· Q None	a. Bright moonlight
b. A few	b. Dull moonlight
c. Many	C. No moonlight - pitch dark
d. Don't remember	d. Don't remember
9. What were the weather conditions at the time you so	aw the object?
CLOUDS (Circle One): WE	ATHER (Circle One):
a. Clear sky	Dry
	Fog, mist, or light rain
	Moderate or heavy rain
	Snow
	Don't remember
10. The object appeared; (Circle One):	
a. Solid (d.) As a light	
b. Transparent e. Don't remember	
c. Vapor	
a.) Brighter b. Dimmer d. Don't k  11.1 Compare brightness to some common object.  An prange ball	know
12. The edges of the object were:	
(Circle One) ( Fuzzy or blurred	e. Other
(Circle One) a. Fuzzy or blurred b. Like a bright star	e. Oniei
c. Sharply outlined	
d. Don't remember	
13. Did the object:	(Circle One for each question)
ici dia mo object.	
a. Appear to stand still at any time?	Yes No Don't know  No Don't know
b. Suddenly speed up and rush away at any time?	Yes No Don't know  Don't know
c. Break up into parts or explode?	
d. Give off smoke?	Yes No Don't know
e. Change brightness?	Yes No Don't know
f. Change shape? g. Flash or flicker?	
h. Disappear and reappear?	
in where and reappoint	Yes No Don't know

14	Did the object disappear while you were watching it? If so, how?
	V <sub>0</sub>
-	
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:
	TREES. DIRECTLY OVER IGA STORE
17	
17.	Tell in a few words the following things about the object:  a. Sound ROARING - LIKE AIR CONDITIONER
	b. Color
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?  Do N T KNOW
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	ct?
(Circle One) Yes (No	
IF you answered YES, then what speed would you es	timata?
The transfer of the transfer and the tra	imule;
21. Do you think you can estimate how far away from you	
(Circle One) (Yes No	
(Circle One) Yes No IF you answered YES, then how far away would you	say it was? ONE BLOCK
22. Where were you located when you saw the object? (Circle One):	23. Were you (Circle One)
	a. In the business section of a city?
a. 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 sea	f. Flying over open country?
f. Other	g. Other
24.1 What direction were you moving? (Circle One)  a. North b. Northeast  24.2 How fast were you moving?  24.3 Did you stop at any time while you were looking (Circle One)  (Circle One)  Yes  No	e. South f. Southwest h. Northwest niles per hour.
25. Did you observe the object through any of the followi	ing?
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
object or objects which, when placed up in the sky, v	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 where you last saw the object.





TOTAL TOTAL TOTAL

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.

ADDRESS  ADDRESS  City  Zone  State  TELEPHONE NUMBER  AGE  Indicate any additional information about yourself, including any special experience, which might be pertine	30.	Have you ever seen this, or a similar object before. If so give date or dates and location.
ADDRESS  City  Zone  State  TELEPHONE NUMBER  AGE  SEX  Indicate any additional information about yourself, including any special experience, which might be pertine	31.	31.1 IF you answered YES, did they see the object too? (Circle One) Yes No 31.2 Please list their names and addresses:
ADDRESS  DRI  City  Zone  State  TELEPHONE NUMBER  AGE  Indicate any additional information about yourself, including any special experience, which might be pertine  33. When and to whom did you report that you had seen the object?	32.	NAME
Indicate any additional information about yourself, including any special experience, which might be pertine		ADDRESS DR. Xenia Ollio
		Indicate any additional information about yourself, including any special experience, which might be pertinent.
	3.	When and to whom did you report that you had seen the object?
Day Month Year		Day Month Year

00 % 9

34. Date you completed this questionnaire:	17	Jun	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.