

PROJECT 10073 RECORD

| | |
|---|--|
| 1. DATE - TIME GROUP 4 July 65 04/0680Z | 2. LOCATION Columbus, Ohio |
| 3. SOURCE Civilian | 10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION Evaluation will be made if form is returned at a future date. |
| 4. NUMBER OF OBJECTS Not Reported | |
| 5. LENGTH OF OBSERVATION Not Reported | |
| 6. TYPE OF OBSERVATION Not Reported | |
| 7. COURSE Not Reported | |
| 8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 11. BRIEF SUMMARY AND ANALYSIS Report received that witness had made an observation of an Unidentified Flying Object. Name, Address, and Phone number of witness only information received. Form 164 sent on 12 July. Not received or returned from witness. |
| 9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

{04/063.2} 4 JULY 1965
COLUMBUS, OHIO

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?

4 July 65
Day Month Year

2. Time of day: 0130
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 City or Town State or County
Columbus Ohio

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? _____

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): NA
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):

8.2 MOON (Circle One):

- ?
 a. None
 b. A few
 c. Many
 d. Don't remember

- 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):

WEATHER (Circle One):

- ?
 a. Clear sky
 b. Hazy
 c. Scattered clouds
 d. Thick or heavy clouds

- 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? | Yes | No | Don't know |
| b. Suddenly speed up and rush away at any time? | Yes | No | Don't know |
| c. Break up into parts or explode? | Yes | No | Don't know |
| d. Give off smoke? | Yes | No | Don't know |
| e. Change brightness? | Yes | No | Don't know |
| f. Change shape? | Yes | No | Don't know |
| g. Flash or flicker? | Yes | No | Don't know |
| h. Disappear and reappear? | Yes | 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: _____

?

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 _____

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?

?

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? _____

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
- b. Northeast
- c. East
- d. Southeast
- e. South
- f. Southwest
- g. West
- 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

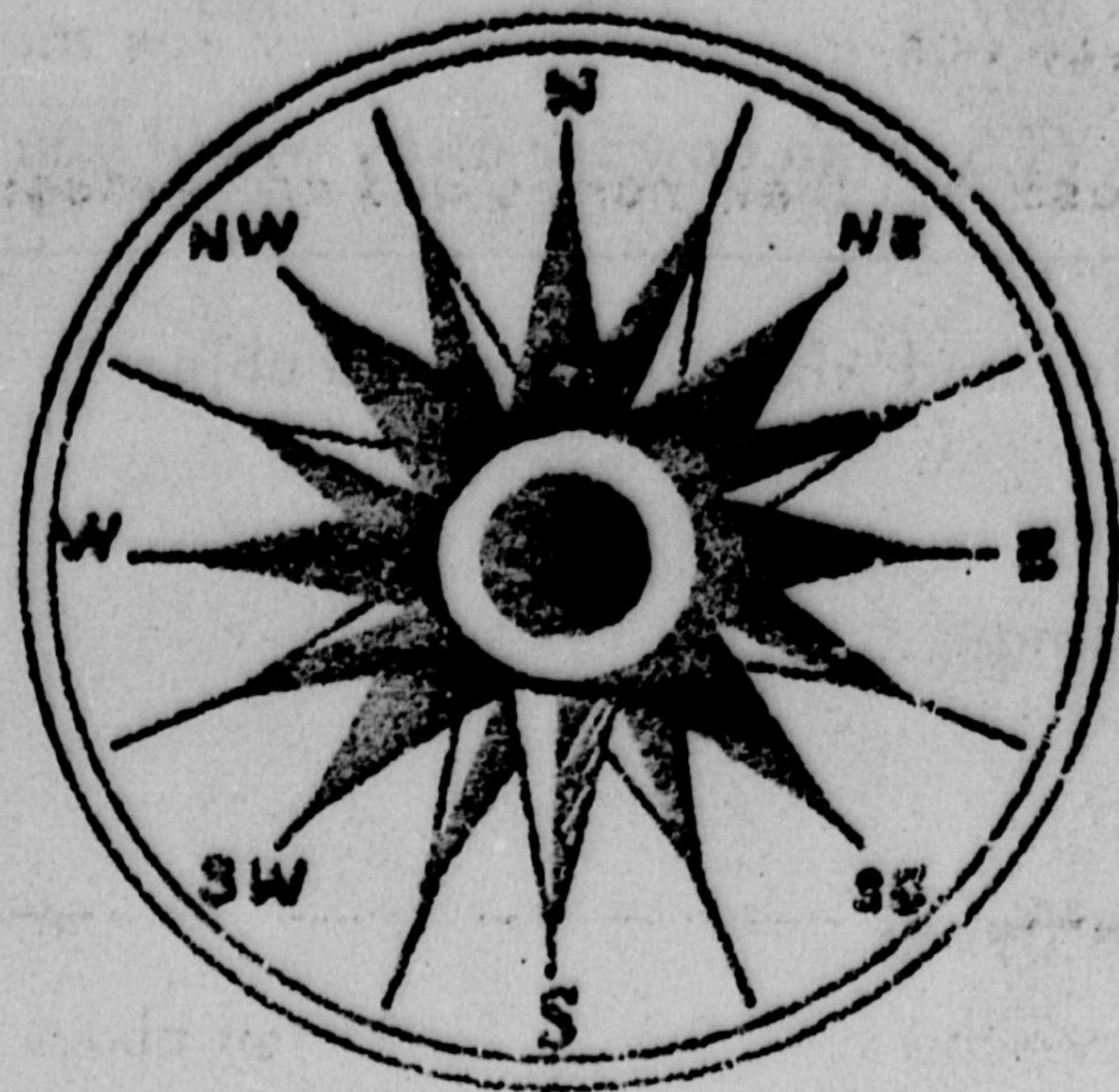
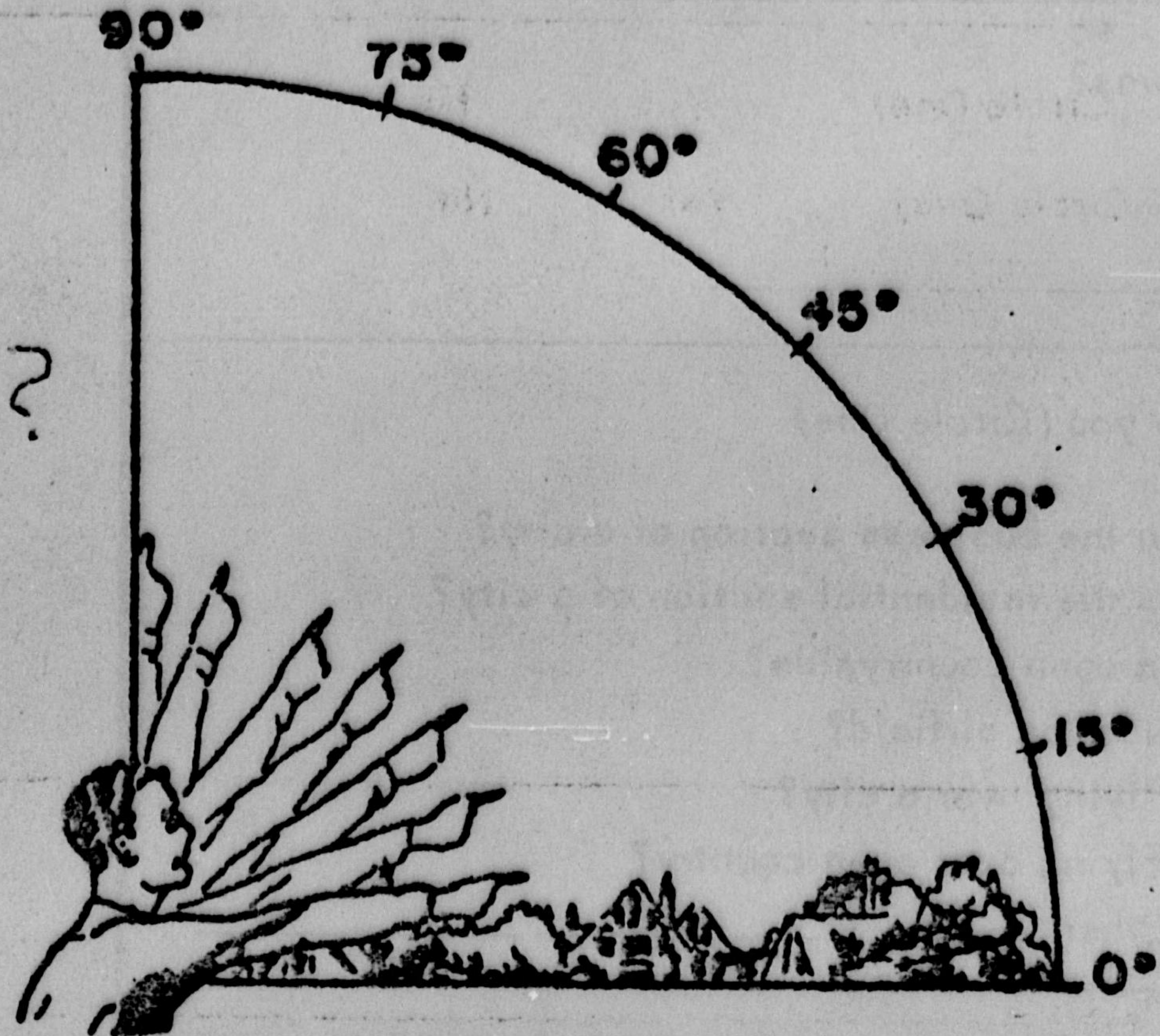
25. Did you observe the object through any of the following?

- | | | | | | |
|-----------------|-----|----|----------------|-----|----|
| 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 _____ | | |

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? _____
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:

?

32. Please give the following information about yourself:

NAME [Redacted] [Redacted] [Redacted]
Last Name First Name Middle Name

ADDRESS [Redacted] Ct Columbus Ohio
Street City Zone State

TELEPHONE NUMBER [Redacted] AGE _____ SEX X

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?

4 Jul 65 at 1110 hrs
Day Month Year

Capt Gay, Duty Controller 840 AD Comd Post
Lockbourne AFB

34. Date you completed this questionnaire:

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.

Report phoned in by Capt Gay from
Lockbourne at aprox 1130 hrs 4 Jul
W. H. Larr, Capt, FTD DO

DEPARTMENT OF THE AIR FORCE
WASHINGTON

OFFICE OF THE SECRETARY

Dear Mr. [REDACTED]

Attached is FTD Form 164 which is used for reporting observations of unidentified flying objects to the Air Force. In order for the Air Force to evaluate these reports, this form should be completed as fully as possible and returned to this office.

Sincerely,

Sara Hunt

SARA HUNT
Community Relations Division
Office of Information

1 Atch
FTD Form 164

Mr. [REDACTED]
[REDACTED]

Columbus, Ohio