

PROJECT 10073 RECORD CARD

1. LOCATION Chanhute AFB, Illinois		2. CONCLUSIONS <input checked="" type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon <input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft <input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical <input type="checkbox"/> Other <input checked="" type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown	
3. TYPE OF OBSERVATION <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar			
4. SOURCE 2 USAF Pilots			
5. LENGTH OF OBSERVATION	6. NUMBER OF OBJECTS 4	7. COURSE W	
8. BRIEF SUMMARY OF SIGHTING Bluish-gray color. Oblong shape.		9. COMMENTS	

COUNTRY <b>United States</b>	REPORT NO. <b>IR-13-52</b>	(LEAVE BLANK)
<b>AIR INTELLIGENCE INFORMATION REPORT</b>		
SUBJECT <b>"FLYOBPT"</b>		
AREA REPORTED ON <b>Central Illinois</b>	FROM (Agency) <b>Wing Intelligence Section, CHANUTE AFB, ILL.</b>	
DATE OF REPORT <b>13 August 1952</b>	DATE OF INFORMATION <b>16 August 1952</b>	EVALUATION <b>B-1</b>
PREPARED BY (Officer) <b>Lt Forrest G. Gentry, Wg Intel Off</b>	SOURCE <b>Major [REDACTED]</b>	
REFERENCES (Control number, directive, previous report, etc., as applicable)		

SUMMARY: (Enter concise summary of report. Give significance in final one-sentence paragraph. List inclusions at lower left. Begin text of report on AF Form 112—Part II.)

On 16 August 1952, Major [REDACTED], Senior Pilot, with 3,000 hours flying time and combat experience in B-25s, presently assigned as Educational Advisor of the [REDACTED] Training Group, Chanute AFB, Illinois was interviewed in his office and stated in substance:

At 0003 hours, 16 August 1952, Major [REDACTED] along with Captain [REDACTED] non-rated, not on flying status, [REDACTED] of the Department of Weather, [REDACTED] Technical Training Wing, Chanute AFB, Illinois, and their wives observed four (4) unidentified objects flying directly over Major [REDACTED] quarters on the south edge of CHANUTE AFB, Illinois. The objects were flying in a "V" formation moving from east to west. During the 5 to 10 seconds they remained in view they covered an arc of approximately 10 degrees of the horizon. They disappeared behind the house; attempts to regain view of the objects were futile. The objects were a phosphorescence like, bluish-gray color. They were oblong in shape with the major diameter being at right angles to the line of flight. The larger diameter of the objects appeared to be approximately the same as the wing span of a B-25 would appear to be at 5,000 feet altitude. The minor diameter was approximately one-half (1/2) as large as the major diameter. The distance between the objects was equal to about their minor diameter. The apparent speed, position in the formation, and color remained constant during the period of sighting. There was no apparent oscillation, fluttering, exhaust trail or sound. The weather was clear in the vicinity and it was specifically noted by Major [REDACTED] that the objects blocked out the view of the stars as they passed overhead. The Major took special note of the revolving split-type beacon of CHANUTE AFB. The movement of the objects and of the beacon had no corresponding relationship.

All four persons saw substantially the same thing and were definitely in accord as to number, size, color, course and the absence of sound.

APPROVED:

*Forrest G. Gentry*  
 FORREST G. GENTRY  
 1st Lt, USAF  
 Wing Intelligence Officer

1

WCS

Sketch by Major [REDACTED]

DISTRIBUTION BY ORIGINATOR

Director of Intelligence, Headquarters USAF  
 Chief, Air Technical Intelligence Center, Wright-Patterson AFB, OHIO  
 Director of Intelligence, TIAF, Gulfport, Mississippi (Info cy)  
 Air Training Command, Scott AFB, Illinois

88003

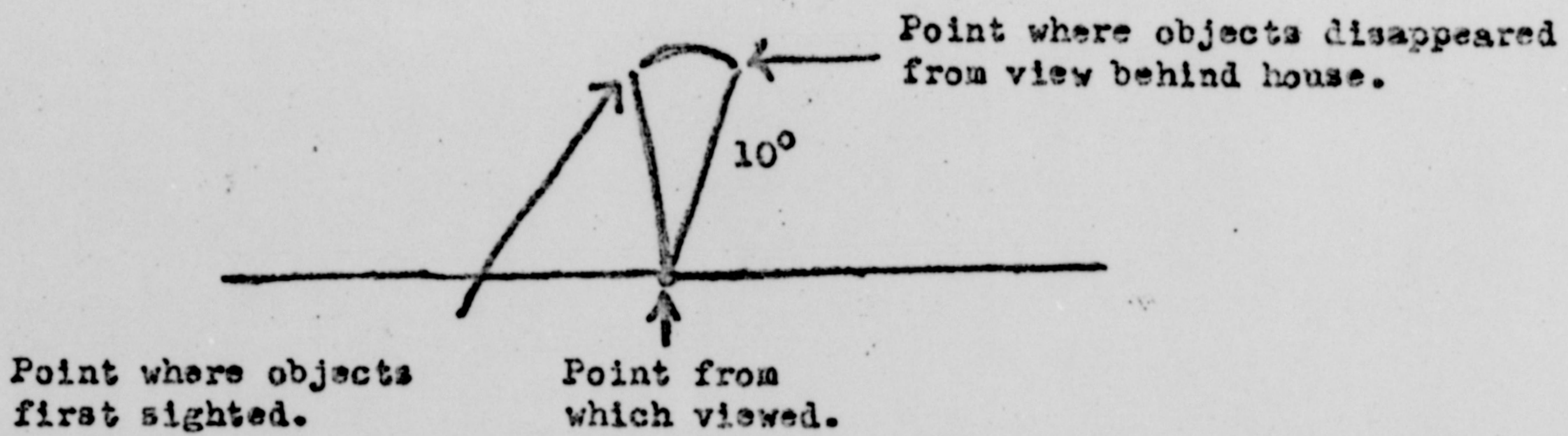
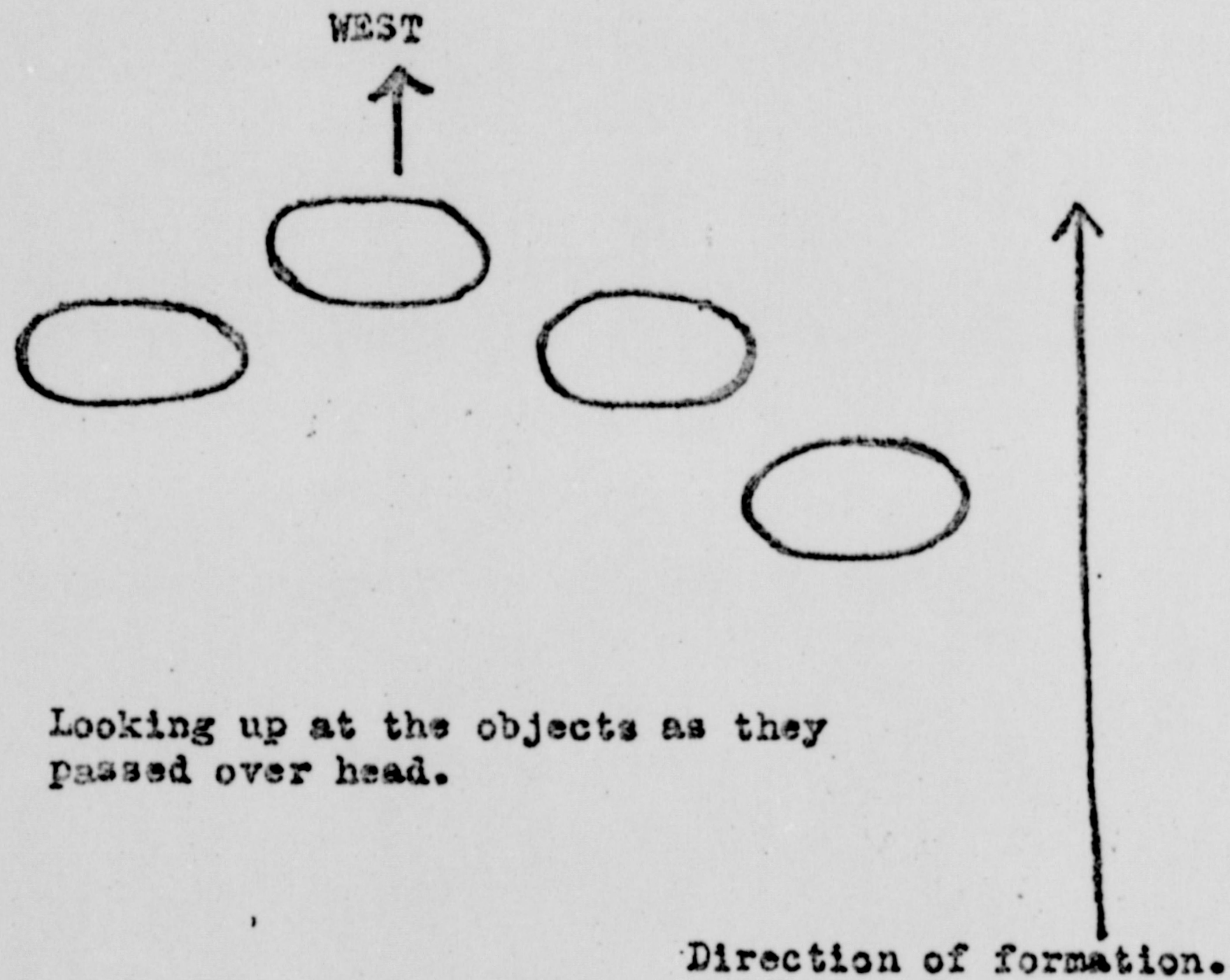
NOTE: THIS DOCUMENT CONTAINS INFORMATION AFFECTING THE NATIONAL DEFENSE OF THE UNITED STATES WITHIN THE MEANING OF THE ESPIONAGE ACT, 50 U. S. C.—21 AND 22, AS AMENDED. ITS TRANSMISSION OR THE REVELATION OF ITS CONTENTS IN ANY MANNER TO AN UNAUTHORIZED PERSON IS PROHIBITED BY LAW. IT MAY NOT BE REPRODUCED IN WHOLE OR IN PART, BY OTHER THAN UNITED STATES AIR FORCE AGENCIES, EXCEPT BY PERMISSION OF THE DIRECTOR OF INTELLIGENCE, USAF.

11-3719-12

[REDACTED]  
(CLASSIFICATION)

# AIR INTELLIGENCE INFORMATION REPORT

FROM (Agency) Wing Intelligence Section CHANUTE AFB, ILLINOIS	REPORT NO. IR-43-52	PAGE 2 OF 2 PAGES
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NOTE: THIS DOCUMENT CONTAINS INFORMATION AFFECTING THE NATIONAL DEFENSE OF THE UNITED STATES WITHIN THE MEANING OF THE ESPIONAGE ACT, 50 U. S. C.—31 AND 32, AS AMENDED. ITS TRANSMISSION OR THE REVELATION OF ITS CONTENTS IN ANY MANNER TO AN UNAUTHORIZED PERSON IS PROHIBITED BY LAW. IT MAY NOT BE REPRODUCED IN WHOLE OR IN PART, BY OTHER THAN UNITED STATES AIR FORCE AGENCIES, EXCEPT BY PERMISSION OF THE DIRECTOR OF INTELLIGENCE, USAF.

[REDACTED]  
(CLASSIFICATION)



4. How did you happen to notice the object? SAYING GOOD NIGHT  
TO GUESTS ON FRONT PORCH, WIFE POINTED  
TO SKY.

5. When did you report to some official that you had seen the object?

16      AUGUST      1952  
Day      Month      Year

WAS REPORTED BY MAJOR [REDACTED] (ref 29.2)

SECTION B

6. What were you doing at the time you saw the object? As Item 4.

6.1 What had you been doing for the 30 minutes before you saw the object?  
Try to list the activity or activities and the approximate amount  
of time spent on each.

PLAYING BRIDGE

7. Were you moving at any time while you saw the object? (Circle One):

Yes      or

No

IF you answered YES, then complete the following questions:

7.1 What direction were you moving?

- (Circle One):
- |              |              |
|--------------|--------------|
| a. North     | e. South     |
| b. Northeast | f. Southwest |
| c. East      | g. West      |
| d. Southeast | h. Northwest |

7.2 How fast were you moving? \_\_\_\_\_ miles per hour.

7.3 Did you stop at any time while you were looking at the object?

(Circle One): Yes      or      No

8. What direction were you looking when you first saw the object? NOT

- (Circle One):
- |                     |              |
|---------------------|--------------|
| a. North            | e. South     |
| <u>b.</u> Northeast | f. Southwest |
| c. East             | g. West      |
| d. Southeast        | h. Northwest |

APPLICABLE

8.1 What direction were you looking when the object disappeared?

- (Circle One):
- |              |                     |
|--------------|---------------------|
| a. North     | e. South            |
| b. Northeast | <u>f.</u> Southwest |
| c. East      | g. West             |
| d. Southeast | h. Northwest        |

8.2 Circle one of the following to indicate how certain you are of your answer to the above question and preceding question (8 and 8.1).

- |                   |                  |
|-------------------|------------------|
| <u>a.</u> Certain | c. Not very sure |
| b. Fairly certain | d. Just a guess  |

9. Were you wearing eye glasses when you saw the object? (Circle One):

Yes or No

10. How was the object seen?

- (Circle One):
- |                         |                              |
|-------------------------|------------------------------|
| a. Through window glass | e. Through theodolite        |
| b. Through windshield   | f. Through sunglasses        |
| c. Through binoculars   | <u>g.</u> Through open space |
| d. Through telescope    | h. Other _____               |

11. What do you remember about the weather conditions at the time you saw the object?

\* 11.1 CLOUDS (Circle One)

- |                          |
|--------------------------|
| a. Clear sky             |
| b. Hazy                  |
| c. Scattered clouds      |
| d. Thick or heavy clouds |
| e. Don't remember        |

11.3 WEATHER (Circle One)

- |                             |
|-----------------------------|
| a. Dry                      |
| b. Fog, Mist, or light rain |
| c. Moderate or heavy rain   |
| d. Snow                     |
| e. Don't remember           |

11.2 WIND (Circle One)

- |                          |
|--------------------------|
| a. No wind               |
| b. Slight breeze         |
| c. Strong wind           |
| <u>d.</u> Don't remember |

<sup>SOUTHEAST</sup> 11.4 TEMPERATURE (Circle One)

- |                   |
|-------------------|
| a. Cold           |
| b. Cool           |
| c. Warm           |
| d. Hot            |
| e. Don't remember |

\* HIGH, THIN LAYER OF ALTOSTRATUS, ESTIMATED BY ME TO BE BASED AT 12000 FT. SCATTERED STRATOCUMULUS AT 3500'.  
LIGHTNING TO THE NORTH AND

SECTION C

12. Estimate how long you saw the object?

0 Hours      1 Minutes      30 Seconds

12.1 Circle one of the following to indicate how certain you are of your answer to Question 12:

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

13. Did the object look: (Circle One) Solid or Transparent - POSSIBLY TRANSLUCENT

THEY DIDN'T APPEAR TO BE SOLID, BUT WERE BELOW ALTOSTRATUS, BLOTTING OUT THE MIDDLE COUPS.

(Circle One for each question)

- |      |                                 |                                      |                          |                                  |
|------|---------------------------------|--------------------------------------|--------------------------|----------------------------------|
| 14.1 | Change direction?               | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| 14.2 | Change speed?                   | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| 14.3 | Change size?                    | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| 14.4 | Change color?                   | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| 14.5 | Break up into parts or explode? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| 14.6 | Give off smoke?                 | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| 14.7 | Change brightness?              | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| 14.8 | Flicker, throb, or pulsate?     | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |
| 14.9 | Remain motionless?              | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't know |

15. Did the object give off a light? (Circle One): Yes  No Don't know

15.1 IF you answered YES, what was the color of the light? \_\_\_\_\_

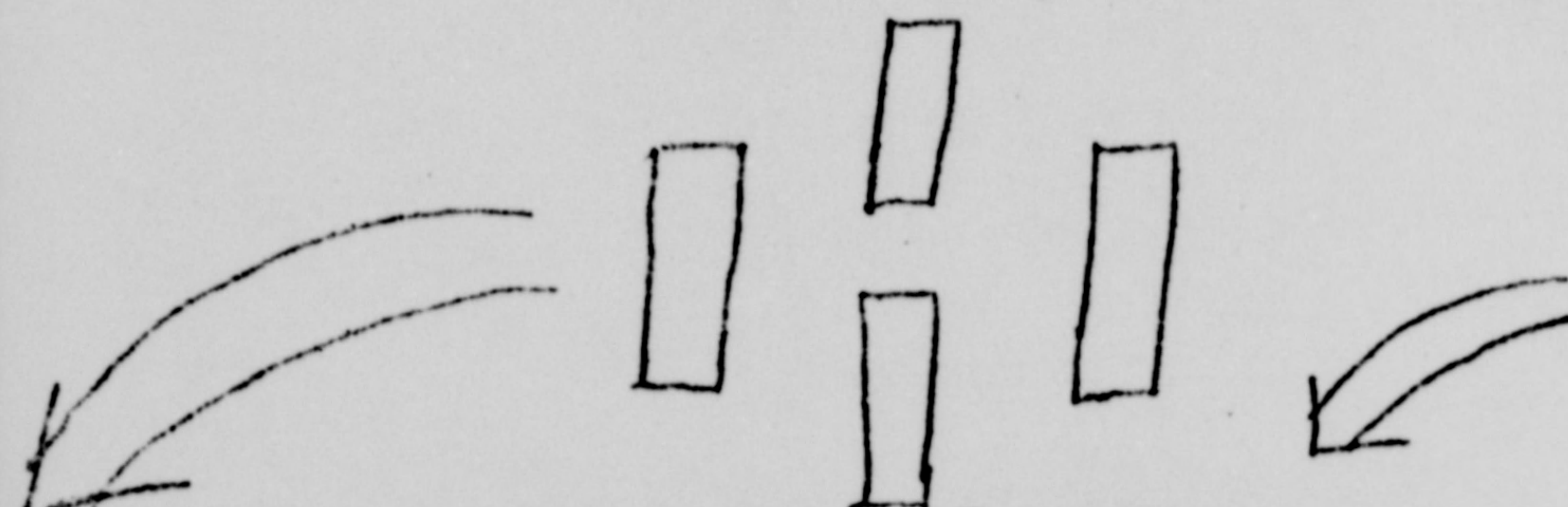
16. Tell in a few words the following things about the object?

16.1 Sound NONE

16.2 Color LIGHT GRAY, SIMILAR TO THE SPOT A CEILOMETER BEAM WOULD MAKE ON THE BASE OF CLOUDS

17. IF there was MORE THAN ONE object, then how many were there? 4

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



AS SEEN BY ME



AS SEEN BY MRS. [REDACTED]

18. Did the object at any time:

18.1 Move behind something? (Circle One) Yes  No Don't know

IF you answered YES, then tell what it moved behind.

MOVED OVER TOP OF HOUSE AND WAS LOST IN GLARE FROM PICTURE WINDOW.

18.2 Move in front of something? (Circle One) Yes  No Don't know

IF you answered YES, then tell what it moved in front of.

18.3 Blend with the background? (Circle One) Yes  Don't know

19. Which of the following objects is about the same actual size as the object you saw? (Circle One):

- |                  |                               |
|------------------|-------------------------------|
| a. Pea           | f. Automobile                 |
| b. Baseball      | g. Small airplane             |
| c. Basketball    | h. Large airplane             |
| d. Bicycle wheel | i. Dirigible                  |
| e. Office desk   | j. Other <u>APPROX. SIZE.</u> |

19.1 Circle one of the following to indicate how certain you are of your answer to Question 19.

- |  |                  |
|--|------------------|
| a. Certain   | c. Not very sure |
| <input checked="" type="radio"/> b. Fairly certain | d. Uncertain     |

20. Try to tell the following things about the object:

20.1 How high above the earth was it? 10000 feet. *(APPEARED TO BE BELOW ALTOSTRATUS DECU)*

20.2 How far was it from you?      feet or      miles.

20.3 How fast was it going?      miles per hour.

20.4 Circle one of the following to indicate how certain you are of your answer to the above questions:

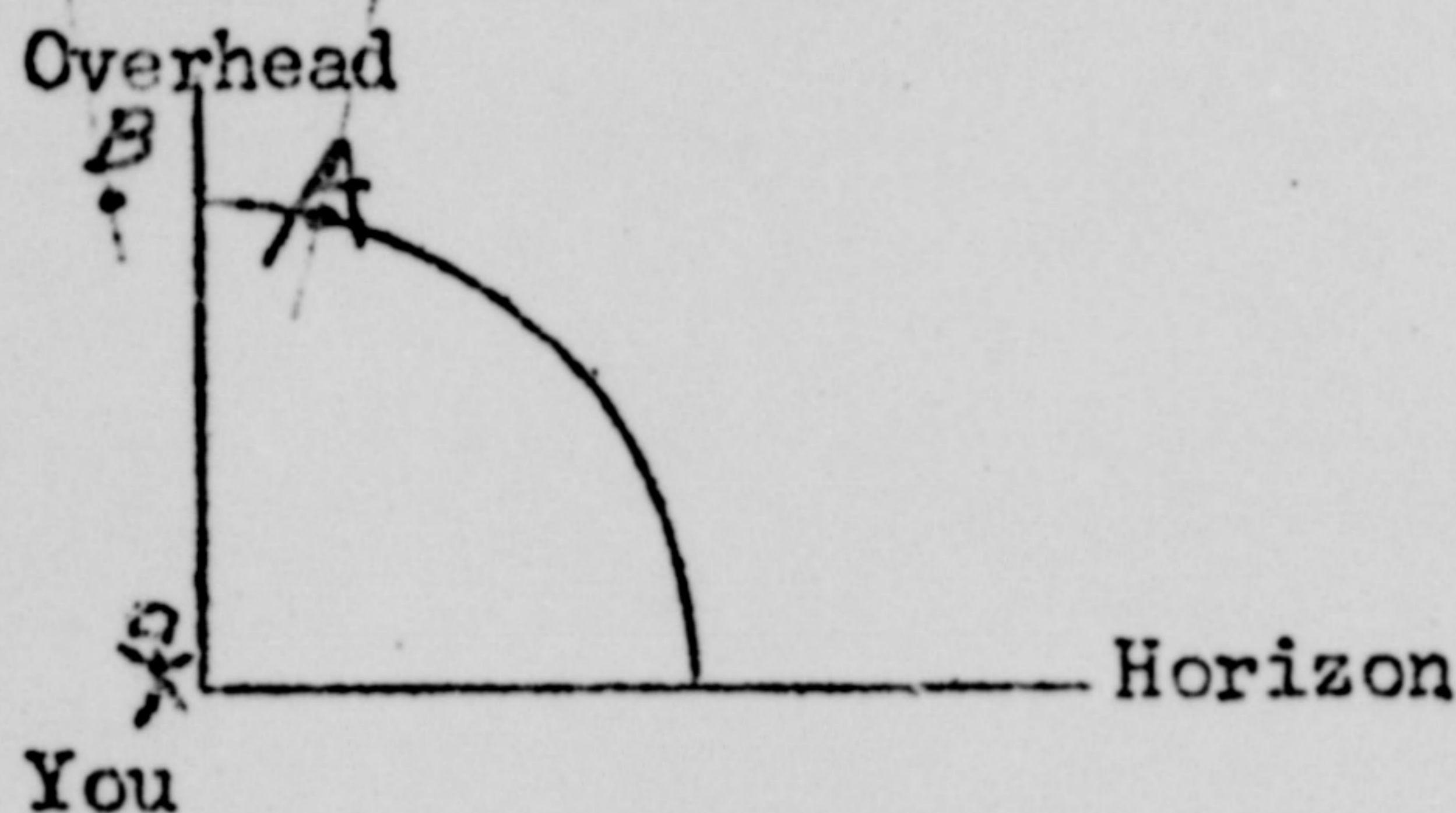
- |  |                  |
|--|------------------|
| a. Certain   | c. Not very sure |
| <input checked="" type="radio"/> b. Fairly certain | d. Just a guess  |

21. How did the object disappear from view?

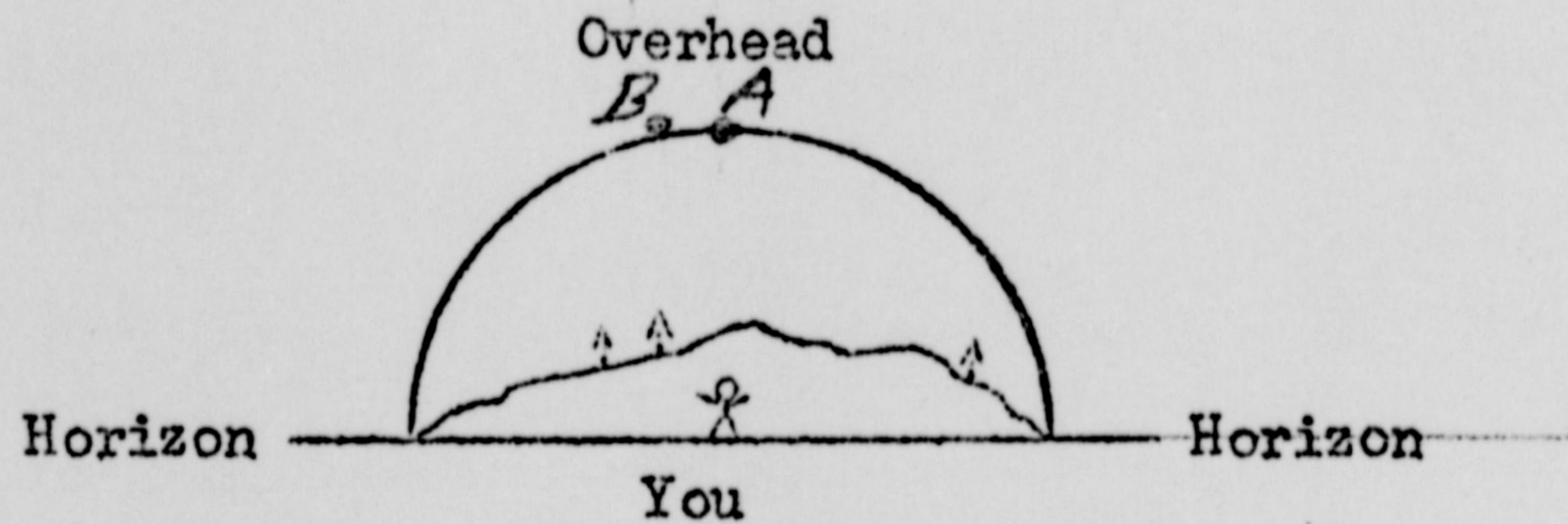
- (Circle One):
- |              |                               |
|--------------|-------------------------------|
| a. Suddenly  | c. Other <u>LOST IN GLARE</u> |
| b. Gradually | d. Don't remember             |

SECTION D

22. In the following sketch, imagine your eye 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" to show where it was when you last saw it.



23. In the following sketch place an "A" at the position the object was when you first saw it, and a "B" at its position when you last saw it.

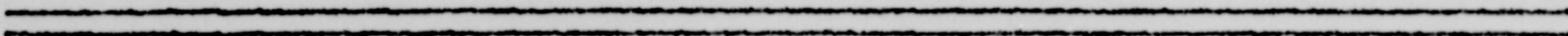


24. Draw a picture that will show the motion that the object made. Place an "A" at the beginning of its path and a "B" at the end of its path.

*No motion of object.*

25. Draw a picture that will show the shape of the object. Label and include in your sketch any details of the object that you saw and place an arrow beside the drawing to show the direction the object was moving.

*As in 17,*



SECTION E

26. Was this the first time that you have seen an object like this?

(Circle One): Yes or No

26.1 IF you answered NO, then when, where, and under what conditions did you see other ones? \_\_\_\_\_

27. In your opinion what do you think the object was and what might have caused it?

*I DON'T KNOW. THEY DIDN'T APPEAR TO HAVE SUBSTANCE, ALTHO DEFINITELY WERE NOT A RESULT OF LIGHTNING IN THE AREA, NOR DID THEY SEEM TO BE THE RESULT OF ANY BEACON OR AIRPLANE LIGHTS.*

28. Give the following information about yourself:

NAME [REDACTED] [REDACTED] [REDACTED]  
Last Name First Name Middle Name

ADDRESS OFFICERS MAL SECTION, CHANUTE AFB, ILL.  
Street City Zone State

TELEPHONE NUMBER [REDACTED]

What is your present job? [REDACTED] TRAINING

Age 31

Sex M.

29. Was anyone else with you at the time you saw the object?

(Circle One): Yes or No

29.1 IF you answered YES, did they see the object too?

(Circle One): Yes or No

29.2 Please list their names and addresses:

[REDACTED] MAT. & MRS [REDACTED]  
[REDACTED]  
AS IN ITEM 28 CHANUTE AFB, ILL.

30. Please add here any further comments which you believe are important.  
Use additional sheets of the same size paper, if necessary.

AIR TECHNICAL INTELLIGENCE CENTER  
WRIGHT-PATTERSON AIR FORCE BASE  
OHIO

AUG 28 1952

[REDACTED]  
Chanute AFB, Illinois

Dear Sir:

Your recent report of unidentified aerial phenomena has been received by the Air Technical Intelligence Center. Inclosed is a questionnaire, which, when completed by you and returned in the inclosed, self-addressed envelope, will aid in standardizing the data and will provide a complete record of the occurrence.

Your interest in reporting the matter and your public spirited desire to be of service are greatly appreciated.

Sincerely yours,

*Robert E. Kennedy*  
ROBERT E. KENNEDY  
Major, USAF  
Air Adjutant General

2 Incls  
a/s

TENTATIVE  
OBSERVERS QUESTIONNAIRE

4708.01

~~4708.00~~

SECTION A

1. When did you see the object:

1.1 Date: 16 Aug 1952  
Day Month Year

1.2 Time of Day: 00 03 (A.M.) or P.M. (Circle One)  
Hrs. Min.

1.3 Time Zone: (Circle One):

- a. Eastern  
b. Central  
c. Mountain  
d. Pacific  
e. Other \_\_\_\_\_

(Circle One): a. Daylight Saving  
b. Standard

1.4 Circle one of the following to indicate how certain you are of your answer to the above question 1.2:

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

2. Where were you when you saw the object:

No 3499 MTG Chowde AF Base Illinois USA  
Postal Address City or Town State Country

Additional Remarks: \_\_\_\_\_  
\_\_\_\_\_

3. 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  
e. At sea  
f. Other \_\_\_\_\_

3.1 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. Flying near an airfield?  
e. Flying over a city?  
f. Flying over open country?  
g. Other Military Quarters

4. How did you happen to notice the object? Mrs [REDACTED] first

observed the objects.

5. When did you report to some official that you had seen the object?

16      Aug      1952  
Day      Month      Year

SECTION B

6. What were you doing at the time you saw the object? leaving the

quarters of Capt [REDACTED].

6.1 What had you been doing for the 30 minutes before you saw the object?  
Try to list the activity or activities and the approximate amount  
of time spent on each.

Playing bridge

7. Were you moving at any time while you saw the object? (Circle One):

Yes

or

No

IF you answered YES, then complete the following questions:

7.1 What direction were you moving?

(Circle One):

a. North

e. South

b. Northeast

f. Southwest

c. East

g. West

d. Southeast

h. Northwest

7.2 How fast were you moving? \_\_\_\_\_ miles per hour.

7.3 Did you stop at any time while you were looking at the object?

(Circle One): Yes or No

8. What direction were you looking when you first saw the object?

(Circle One):

a. North

e. South

b. Northeast

f. Southwest

c. East

g. West

d. Southeast

h. Northwest

8.1 What direction were you looking when the object disappeared?

- (Circle One):
- |              |              |
|--------------|--------------|
| a. North     | e. South     |
| b. Northeast | f. Southwest |
| c. East      | g. West      |
| d. Southeast | h. Northwest |

8.2 Circle one of the following to indicate how certain you are of your answer to the above question and preceding question (8 and 8.1).

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

9. Were you wearing eye glasses when you saw the object? (Circle One):

Yes or No

10. How was the object seen?

- (Circle One):
- |                         |                       |
|-------------------------|-----------------------|
| a. Through window glass | e. Through theodolite |
| b. Through windshield   | f. Through sunglasses |
| c. Through binoculars   | g. Through open space |
| d. Through telescope    | h. Other _____        |

11. What do you remember about the weather conditions at the time you saw the object?

11.1 CLOUDS (Circle One)

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds
- e. Don't remember

11.2 WIND (Circle One)

- a. No wind
- b. Slight breeze
- c. Strong wind
- d. Don't remember

11.3 WEATHER (Circle One)

- a. Dry
- b. Fog, Mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember
- f. Scattered thunder showers

11.4 TEMPERATURE (Circle One)

- a. Cold
- b. Cool
- c. Warm
- d. Hot
- e. Don't remember

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SECTION C

12. Estimate how long you saw the object?

0 Hours      0 Minutes      5-15 Seconds

12.1 Circle one of the following to indicate how certain you are of your answer to Question 12:

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

13. Did the object look: (Circle One) Solid or Transparent

14. Did the object at any time:

(Circle One for each question)

- |      |                                 |            |           |                   |
|------|---------------------------------|------------|-----------|-------------------|
| 14.1 | Change direction?               | <u>Yes</u> | <u>No</u> | <u>Don't know</u> |
| 14.2 | Change speed?                   | <u>Yes</u> | <u>No</u> | <u>Don't know</u> |
| 14.3 | Change size?                    | <u>Yes</u> | <u>No</u> | <u>Don't know</u> |
| 14.4 | Change color?                   | <u>Yes</u> | <u>No</u> | <u>Don't know</u> |
| 14.5 | Break up into parts or explode? | <u>Yes</u> | <u>No</u> | <u>Don't know</u> |
| 14.6 | Give off smoke?                 | <u>Yes</u> | <u>No</u> | <u>Don't know</u> |
| 14.7 | Change brightness?              | <u>Yes</u> | <u>No</u> | <u>Don't know</u> |
| 14.8 | Flicker, throb, or pulsate?     | <u>Yes</u> | <u>No</u> | <u>Don't know</u> |
| 14.9 | Remain motionless?              | <u>Yes</u> | <u>No</u> | <u>Don't know</u> |

15. Did the object give off a light? (Circle One): Yes No Don't know

15.1 IF you answered YES, what was the color of the light? Bluish Phosphorescent light

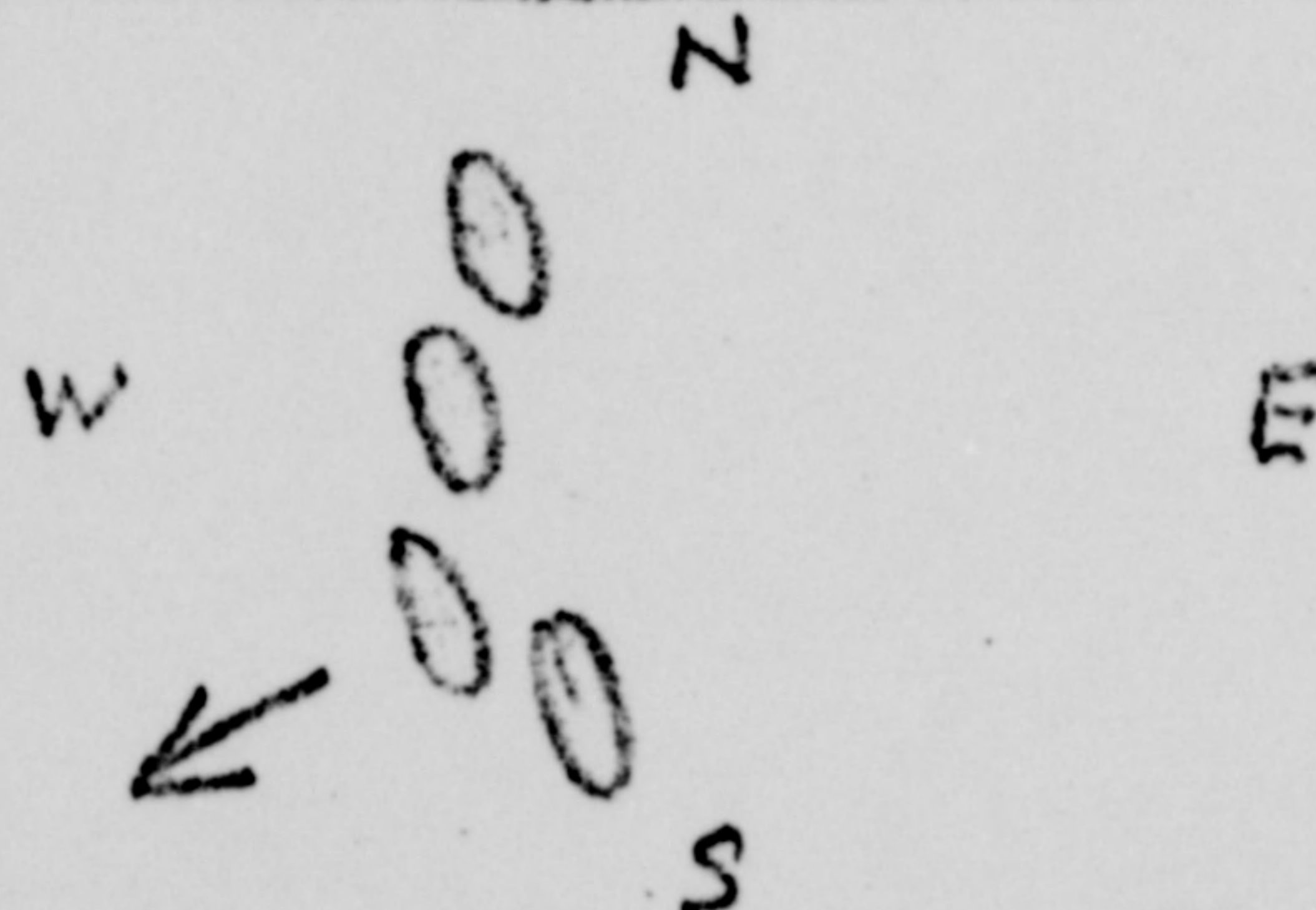
16. Tell in a few words the following things about the object?

16.1 Sound No

16.2 Color Bluish Phosphorescent Emission

17. IF there was MORE THAN ONE object, then how many were there? 4  
 Draw a picture of how they were arranged and put an arrow to show the direction they were traveling.

Looking up at the objects:



18. Did the object at any time:

18.1 Move behind something? (Circle One) Yes No Don't know

IF you answered YES, then tell what it moved behind.

18.2 Move in front of something? (Circle One) Yes No Don't know

IF you answered YES, then tell what it moved in front of.

18.3 Blend with the background? (Circle One) Yes No Don't know

19. Which of the following objects is about the same actual size as the object you saw? (Circle One): *Impossible to answer this - if altitude was known than size could be estimated.*

a. Pea	f. Automobile
b. Baseball	g. Small airplane
c. Basketball	h. Large airplane
d. Bicycle wheel	i. Dirigible
e. Office desk	j. Other _____

19.1 Circle one of the following to indicate how certain you are of your answer to Question 19.

- |                   |                     |
|-------------------|---------------------|
| a. Certain        | c. Not very sure    |
| b. Fairly certain | d. <u>Uncertain</u> |

20. Try to tell the following things about the object:

- 20.1 How high above the earth was it? ? feet.
- 20.2 How far was it from you? ? feet or ? miles.
- 20.3 How fast was it going? ? miles per hour.
- 20.4 Circle one of the following to indicate how certain you are of your answer to the above questions:

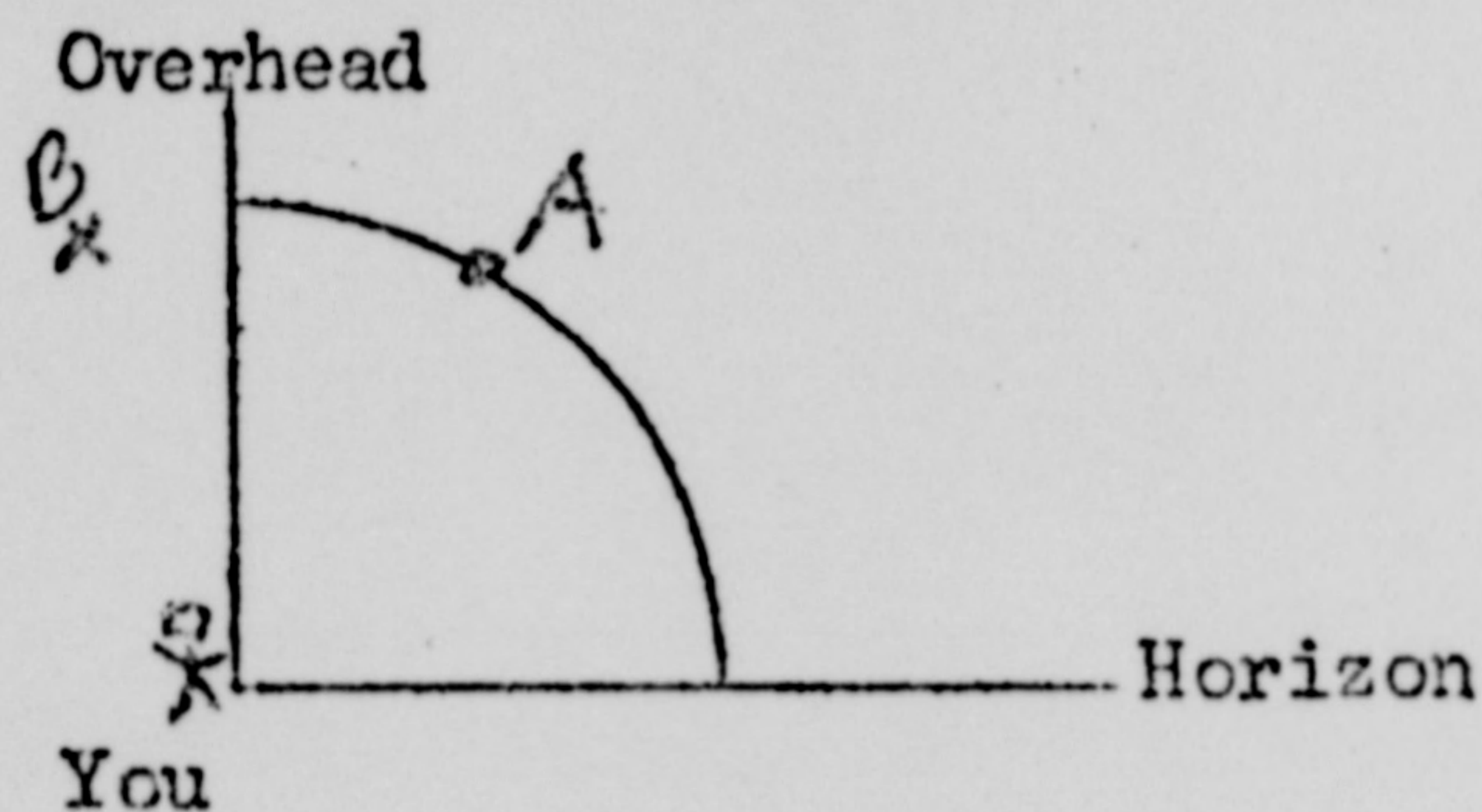
- |                   |   |
|-------------------|---|
| a. Certain        | c. Not very sure  |
| b. Fairly certain | d. Just a guess   |
|                   | e. <i>Can't answer this as to many factors are unknown.</i> |

21. How did the object disappear from view?

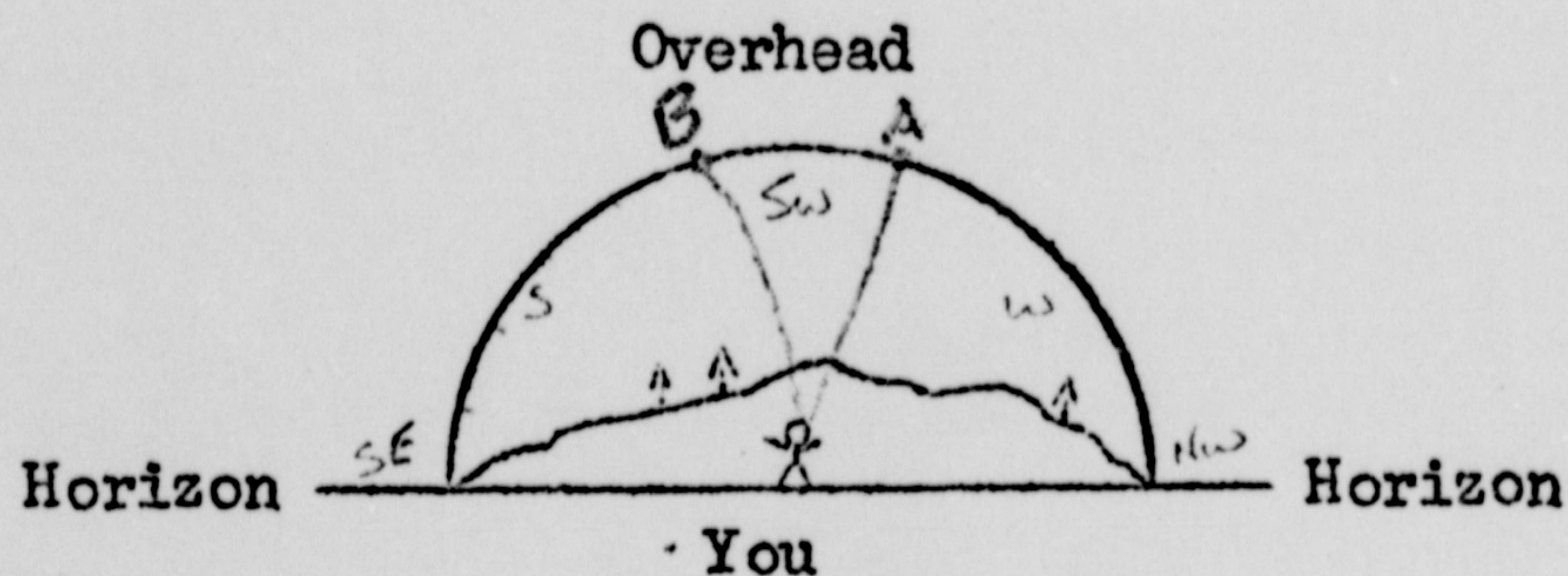
- (Circle One):
- |              |   |
|--------------|---|
| a. Suddenly  | c. Other <u>Obstructed by buildings</u> |
| b. Gradually | d. Don't remember                       |

SECTION D

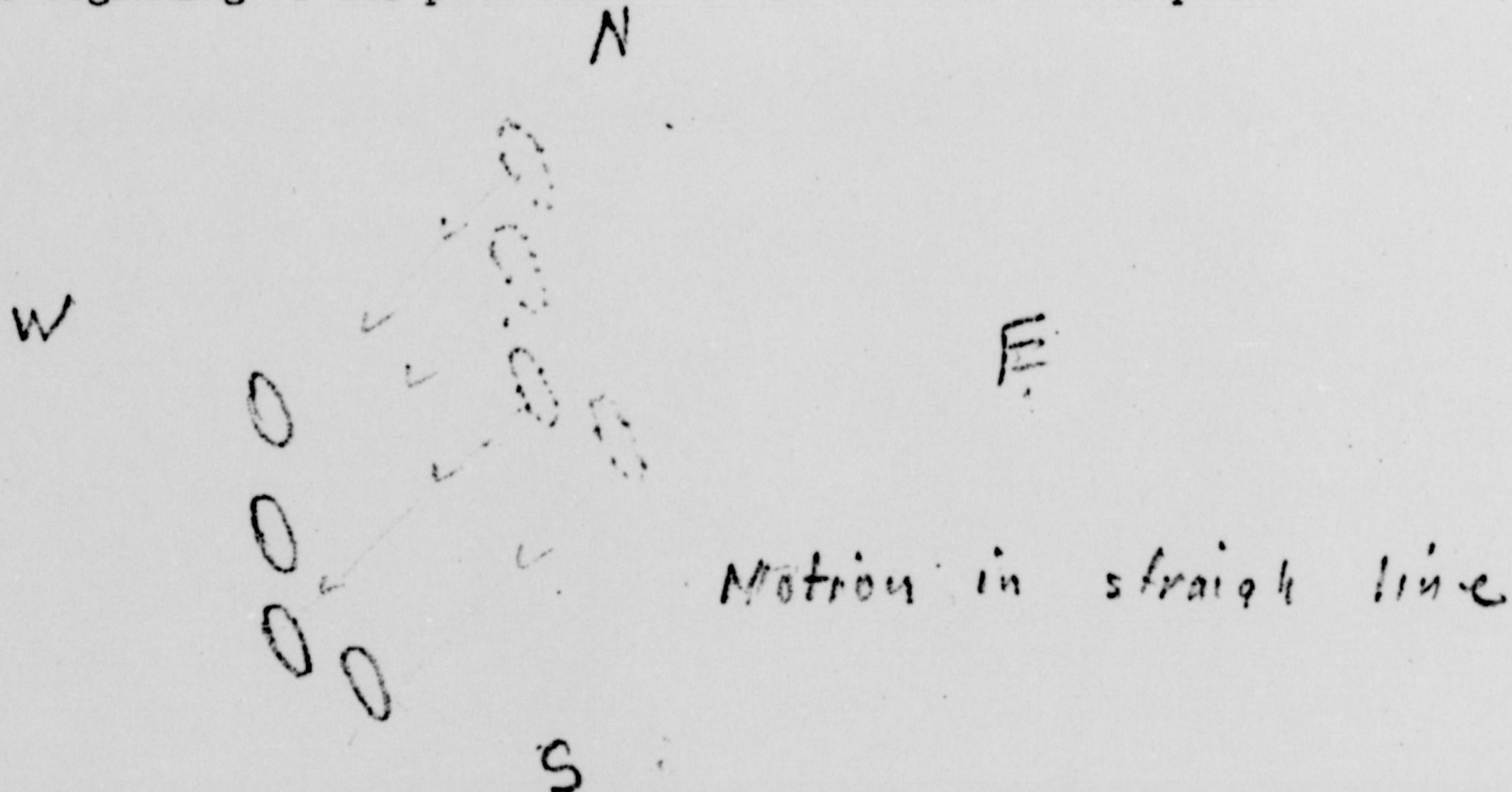
22. In the following sketch, imagine your eye at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" to show where it was when you last saw it.



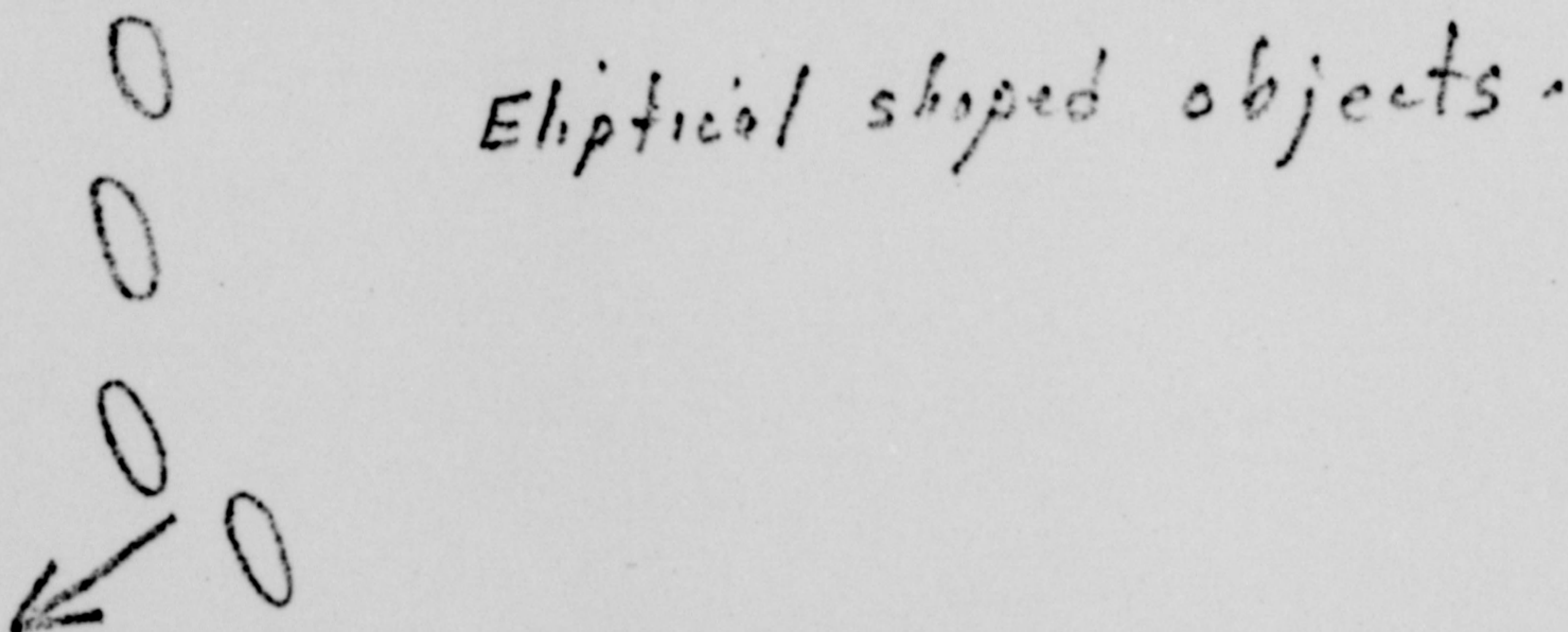
23. In the following sketch place an "A" at the position the object was when you first saw it, and a "B" at its position when you last saw it.



24. Draw a picture that will show the motion that the object made. Place an "A" at the beginning of its path and a "B" at the end of its path.



25. Draw a picture that will show the shape of the object. Label and include in your sketch any details of the object that you saw and place an arrow beside the drawing to show the direction the object was moving.



SECTION E

26. Was this the first time that you have seen an object like this?

(Circle One): Yes or No

26.1 IF you answered NO, then when, where, and under what conditions did you see other ones? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. In your opinion what do you think the object was and what might have caused it?

Unknown

28. Give the following information about yourself:

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

ADDRESS [Redacted] Chouteau AFB Illinois  
Street City Zone State

TELEPHONE NUMBER [Redacted]

What is your present job? [Redacted]

Age 32

Sex M

29. Was anyone else with you at the time you saw the object?

(Circle One): Yes or No

29.1 IF you answered YES, did they see the object too?

(Circle One): Yes or No

29.2 Please list their names and addresses:

Capt. & Mrs. [Redacted] Chouteau AFB, Ill.  
Mrs. [Redacted] Chouteau AFB, Ill.

30. Please add here any further comments which you believe are important.  
Use additional sheets of the same size paper, if necessary.

No comment