

PROJECT 10073 RECORD

1. DATE - TIME GROUP 4 Oct 0150Z/5	2. LOCATION L ^w afrenceburg, Indiana
3. SOURCE Civilian	10. CONCLUSION SATELLITE: Echo I
4. NUMBER OF OBJECTS 1	
5. LENGTH OF OBSERVATION 5-10 minutes	11. BRIEF SUMMARY AND ANALYSIS Observer sighted a bright blue white light that went from the west to the southeast. It was traveling about as fast as a satellite and looked like a satellite. The object grew dim and vanished. COMMENTS: Echo I was going SE at 88 deg long, 40 deg lat at 0852 EDT. It went into the earth shadow about 5 minutes later.
6. TYPE OF OBSERVATION Ground Visual	
7. COURSE West to Southeast	
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

4 Oct 67

DEC 1 1967

TDPT (UFO) Maj H Quintanilla, Jr/70916/lsb/1 Dec 67

UFO Observation, October 4, 1967

~~████████████████████~~
~~████████████████████~~

Lawrenceburg, Indiana 47025

1. This replies to your request for an evaluation on your unidentified flying objects (UFOs) sighting of October 4, 1967. It is probable that you observed Echo I, since at 8:52 pm, EDT the satellite was at 88 degrees longitude and 40 degrees latitude (Western Indiana) and should have been visible from your position. The satellite was going southeast and approximately five minutes later, at 8:57 pm, it passed into the earth's shadow.

2. Thank you for reporting your observation to the Air Force.

^H
MAJOR H. QUINTANILLA, Jr, Major, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

TDPT (UFO) OFFICIAL FILE CY

4 Oct 67

~~TOP SECRET~~
~~CONFIDENTIAL~~
~~RESTRICTED~~
~~SECRET~~

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 October 1967
Day Month Year

2. Time of day: 8 50
Hour Minutes

(Circle One): A.M. or **P.M.**

3. Time Zone:

(Circle One): a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other Eastern

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

4. Where were you when you saw the object?

[Redacted] Laurenceberg Indiana (Dearborn Co)
Nearest Postal Address City or Town State or County

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

0 5-10 ?
Hours Minutes Seconds

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

5.1 How was time in sight determined? Had a watch

5.2 Was object in sight continuously? Yes No X

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. Little 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:

A little brighter than Venus.

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? | Yes | <input checked="" type="radio"/> 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? | Yes | <input checked="" type="radio"/> 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?

Yes I had got my binoculars. Will mom was ~~was~~ watching it, it grew dimmer and dimmer then disappeared.

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:

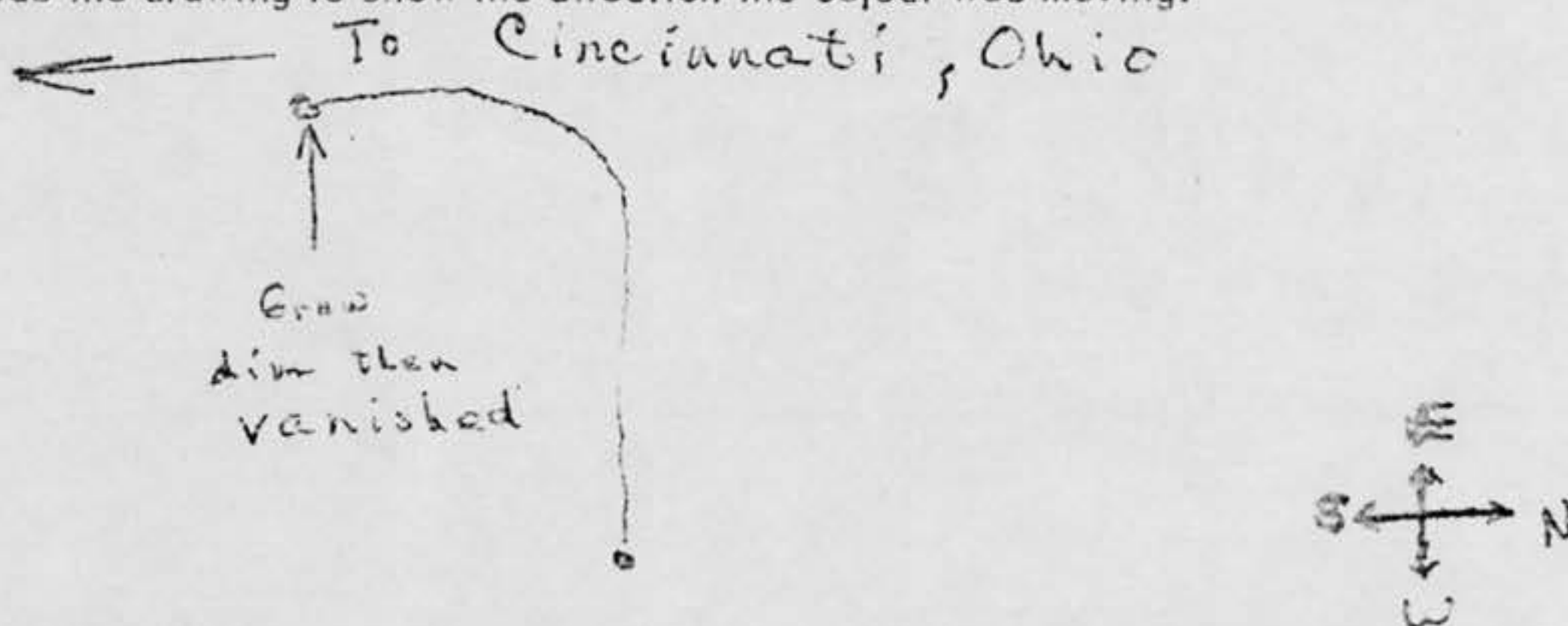
- a. Sound NONE
- b. Color White blue

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?

All

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?

It was traveling as fast as a satellite.

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 | 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

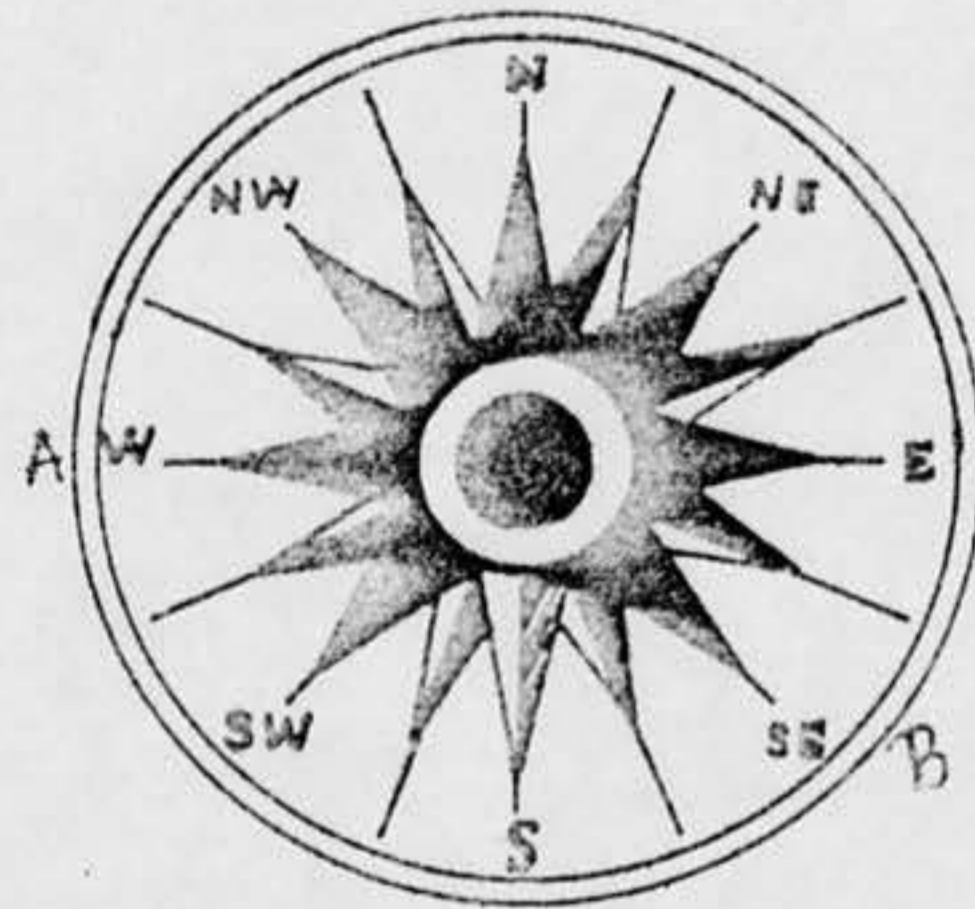
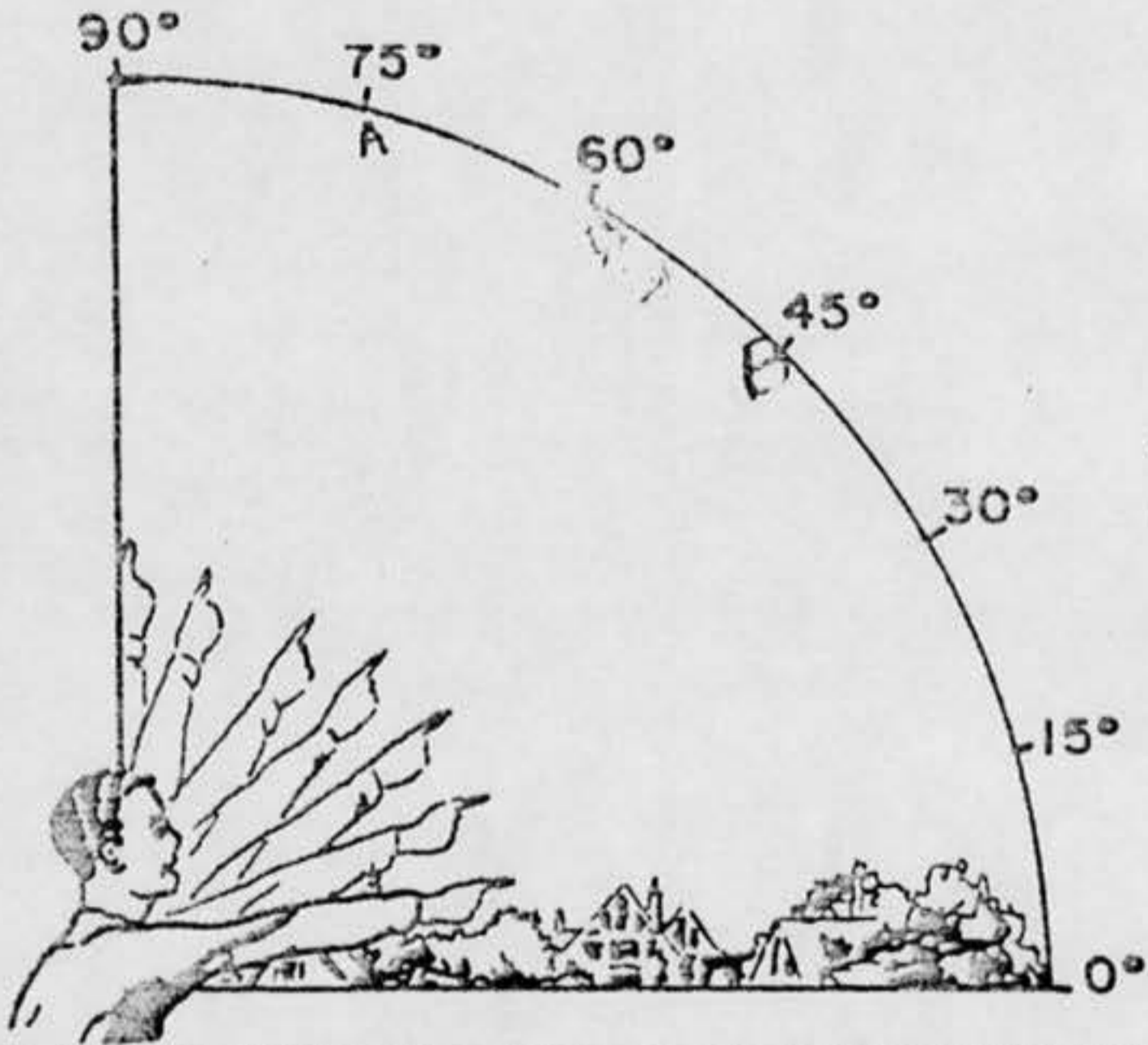
25. Did you observe the object through any of the following?

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

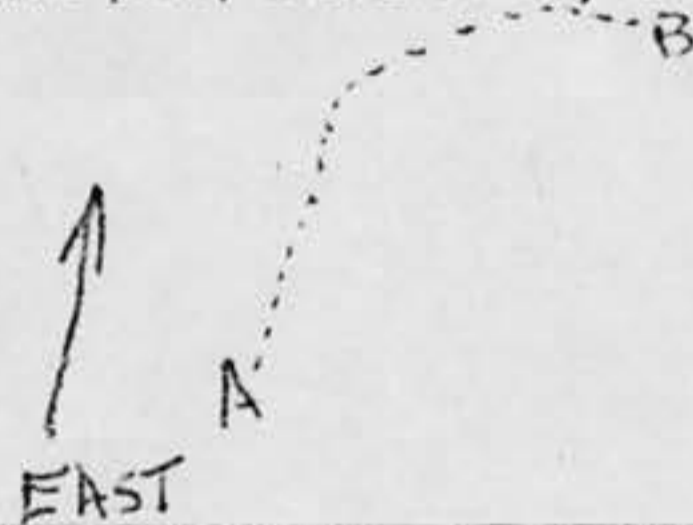
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

Satellite

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.

NO

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]

Lawrenceburg, Indiana 47025

32. Please give the following information about yourself:

NAME

[Redacted] Last Name

[Redacted] First Name

[Redacted] Middle Name

ADDRESS

[Redacted] Street

Lawrenceburg City

Indiana State

TELEPHONE NUMBER

[Redacted]

AGE

14

SEX

MALE

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

Had seen 5 or 6 others, also reported them

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

Day

Month

Year

34. Date you completed this questionnaire:

6 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.

Please return
your explanation of what
was seen.

