

JAMES BOND

1

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL NUMBER 21-R158

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

DECLASSIFIED AUTHORITY NND 930221 BY JEM HAVL DIB 7084

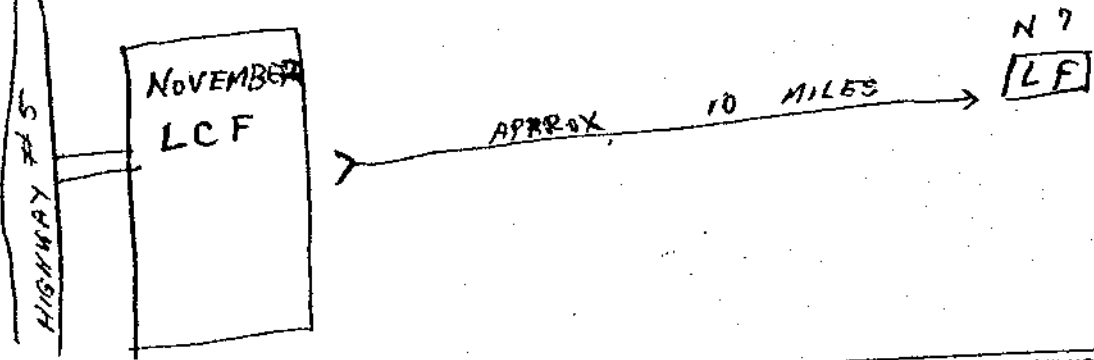
1. WHEN DID YOU SEE THE PHENOMENON? DAY 24 MONTH OCT YEAR 68

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON? HOUR 0300 MINUTES 08 [X] A.M. [] P.M.

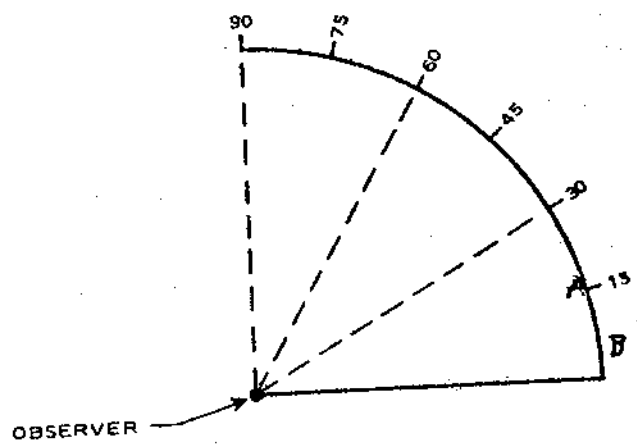
3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON? HOUR 0500 MINUTES [] [X] A.M. [] P.M.

4. TIME/ZONE [] EASTERN [] CENTRAL [X] DAYLIGHT SAVINGS [] MOUNTAIN [] PACIFIC [] STANDARD [] OTHER

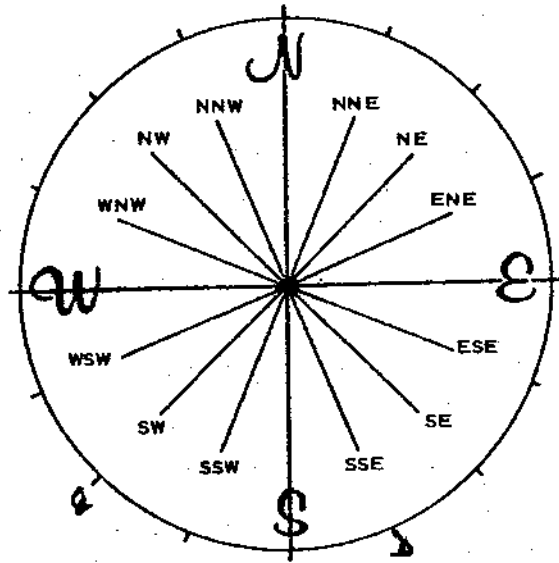
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.



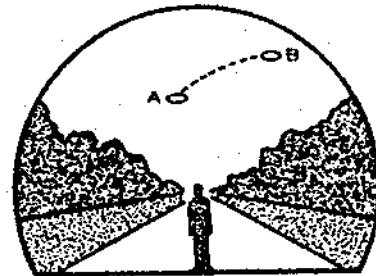
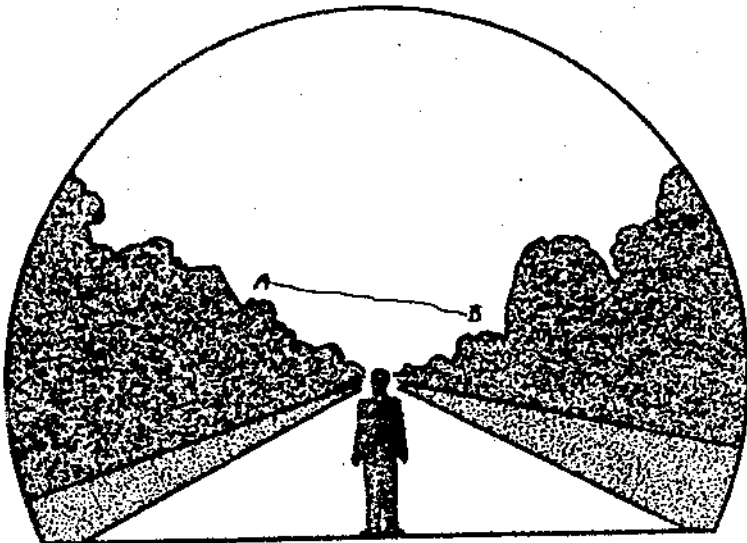
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



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 By: EM 11/15/01 DMS RSH

8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)

| | | | |
|---|--|-------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> OUTDOORS | | | IN BUSINESS SECTION OF CITY |
| IN BUILDING | | | IN RESIDENTIAL SECTION OF CITY |
| IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER | | <input checked="" type="checkbox"/> | IN OPEN COUNTRYSIDE |
| IN BOAT | | | NEAR AIRFIELD |
| IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER | | | FLYING OVER CITY |
| OTHER | | | FLYING OVER OPEN COUNTRY |
| | | | OTHER |

A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:

| | | |
|---------------------------------|-----------|--|
| WHAT DIRECTION WERE YOU MOVING? | | HOW FAST WERE YOU MOVING? |
| NORTH | EAST | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| SOUTH | WEST | |
| NORTHEAST | SOUTHEAST | |
| NORTHWEST | SOUTHWEST | |

EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.

DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.

HOW MUCH OTHER TRAFFIC WAS THERE?

DID YOU NOTICE ANY AIRPLANES? YES NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.

9. HOW LONG WAS THE PHENOMENON IN SIGHT?

| | | |
|----------------|---|--|
| LENGTH OF TIME | <input checked="" type="checkbox"/> CERTAIN OF TIME | <input type="checkbox"/> NOT VERY SURE |
| 2. 26. MINUTES | <input type="checkbox"/> FAIRLY CERTAIN | <input type="checkbox"/> JUST A GUESS |

HOW WAS TIME DETERMINED?

BY AN EIGHT DAY CLOCK.

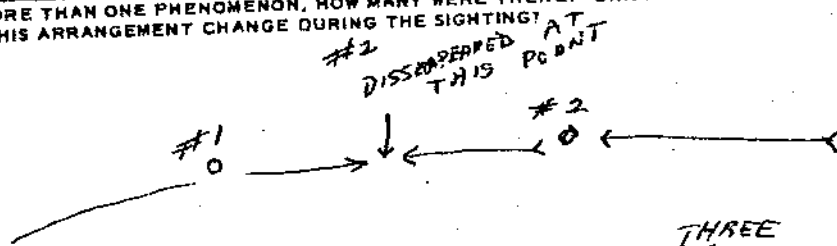
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? YES NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.

MOVEMENT OF PHENOMENON.

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 BY: JEM/11004 DMS/7604

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

TWO:



#2 WAS IN VIEW FOR ONLY ABOUT ~~TWO~~ THREE MINUTES.

11. CONDITIONS (Check appropriate blocks.)

| A. SKY | | B. WEATHER | |
|--|--|---|--|
| <input type="checkbox"/> DAY | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy) | <input type="checkbox"/> FOG OR MIST | |
| <input type="checkbox"/> TWILIGHT | | <input type="checkbox"/> HEAVY RAIN | |
| <input checked="" type="checkbox"/> NIGHT | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE | |
| <input checked="" type="checkbox"/> CLEAR | | <input type="checkbox"/> HAIL | |
| <input type="checkbox"/> PARTLY CLOUDY | <input type="checkbox"/> NIMBUS CLOUDS (Rain) | <input type="checkbox"/> SNOW OR SLEET | |
| <input type="checkbox"/> COMPLETELY OVERCAST | | <input type="checkbox"/> UNKNOWN | |
| | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms) | <input checked="" type="checkbox"/> NONE OF THE ABOVE | |
| | <input type="checkbox"/> HAZE OR SMOG | | |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS | | (2) MOON | |
|---|---|---|--|
| <input type="checkbox"/> NONE | <input type="checkbox"/> BRIGHT MOONLIGHT | <input type="checkbox"/> NO MOONLIGHT | |
| <input checked="" type="checkbox"/> A FEW | | <input checked="" type="checkbox"/> UNKNOWN | |
| <input type="checkbox"/> MANY | <input type="checkbox"/> MOON WITH HALO | | |
| <input type="checkbox"/> UNKNOWN | <input type="checkbox"/> MOON HIDDEN BY CLOUDS | | |
| | <input type="checkbox"/> PARTIAL (New or quarter) | | |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? YES NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

| | | |
|--|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU | <input type="checkbox"/> TO YOUR LEFT | <input type="checkbox"/> UNKNOWN |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

TOWN OF MOHAI

DISTANCE TO MAJOR LIGHT SOURCE WAS ABOUT 4 MILES.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

1. OBJECT WAS LIGHT, BUT SHAPE COULDN'T BE DETERMINED.
2. APPEARED TO BE SELF LUMINOUS.
3. APPEARED TO BE SOLID.
4. EDGES APPEARED TO BE FUZZY.
5. APPEARED AS A POINT OF LIGHT.

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 BY: ECM, HAWA, DMB, P/04

| 13. | DID THE PHENOMENON | YES | NO | UNKNOWN |
|-----|---------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | MOVE IN A STRAIGHT LINE? | | <input checked="" type="checkbox"/> | |
| | STAND STILL AT ANYTIME? | <input checked="" type="checkbox"/> | | |
| | SUDDENLY SPEED UP AND RUN AWAY? | | <input checked="" type="checkbox"/> | |
| | BREAK UP IN PARTS AND EXPLODE? | | <input checked="" type="checkbox"/> | |
| | CHANGE COLOR? | <input checked="" type="checkbox"/> | | |
| | GIVE OFF SMOKE? | | <input checked="" type="checkbox"/> | |
| | CHANGE BRIGHTNESS? | <input checked="" type="checkbox"/> | | |
| | CHANGE SHAPE? | | | <input checked="" type="checkbox"/> |
| | FLASH OR FLICKER? | <input checked="" type="checkbox"/> | | |
| | DISAPPEAR AND REAPPEAR? | | | <input checked="" type="checkbox"/> |
| | SPIN LIKE A TOP? | | | <input checked="" type="checkbox"/> |
| | MAKE A NOISE? | | | <input checked="" type="checkbox"/> |
| | FLUTTER OR WOBBLE? | | | <input checked="" type="checkbox"/> |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

ATTENTION WAS FIRST CALLED BY A MAINTENANCE TEAM AT THE LAUNCH FACILITY.

A. HOW DID IT FINALLY DISAPPEAR?

APPEARED TO LAND AND SLOWLY CHANGED TO A DIM GREEN, AFTER ABOUT 15 MINUTES IT DISAPPEARED. (GRADUALLY).

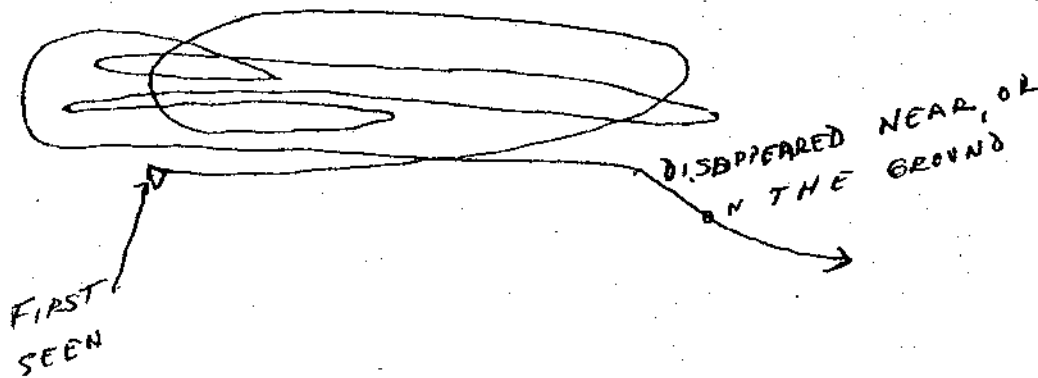
B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

YES NO. IF "YES," DESCRIBE.

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 BY: EM HADA, IND. 7/04

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

NO SHAPE COULD BE SEEN AND IT MOVED
IN DIRECTIONS INDICATED BELOW.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

A MATCH HEAD WOULD HAVE BEEN COVERED.

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Authority: ~~NOV 01 1993~~
By: EM HANA DML Tach

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Authority: AND-222222
By: EM HAM, DAD 7001

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

| | |
|------------------------|-------------------|
| EYEGASSES | CAMERA VIEWER |
| SUNGLASSES | BINOCULARS |
| WINDSHIELD | TELESCOPE |
| SIDE WINDOW OF VEHICLE | THEODOLITE |
| WINDOWPANE | OTHER <u>NONE</u> |

A. DO YOU ORDINARILY WEAR GLASSES? YES NO
B. DO YOU USE READING GLASSES? YES NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED COLD
NOT ESTIMATE

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE 10-12
MILES

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

OBJECT APPEARED ABOUT THE SAME AS LANDING LIGHTS ON AIRCRAFT (B-52 DIVERTED TO AREA) EXCEPT FOR FLASHING RED LIGHTS ON B-52. THE OBJECT ACTED LIKE A HELICOPTER IN FLIGHT.

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? YES NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. YES NO. IF "YES," DESCRIBE.

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BY: EAM... MWA... DAD 2681

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? YES NO. IF "YES," GIVE DATE AND LOCATION.

OF THE COAST OF ALASKA + OKINAWA.
(1956) (1965)

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? YES NO. IF "YES," DID THEY SEE IT TOO?
 YES NO.

A. LIST THEIR NAMES AND ADDRESSES

AIC [REDACTED]
AIC [REDACTED]
GREGORY ADAMS
JOSEPH JABLONSKI

(862ND SPS, MINOT AFB)
(" " " ")

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME FIRST NAME MIDDLE NAME

[REDACTED] BOND, JAMES FREDERICK

ADDRESS (Street, City, State and Zip Code) 203-2 WINDINGWAY
[REDACTED] MAFB. NORTH DAKOTA 58701

TELEPHONE (Area code and number) [REDACTED] 727-9577 AGE 30 MALE FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

SECURITY Police MAN

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME SSGT UNDERHILL (WSC) DAY 14 MONTH OCT YEAR 68

26. DATE YOU COMPLETED THIS QUESTIONNAIRE. DAY 26 MONTH OCT YEAR 68

27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

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Authority: WFO 023022
By: ECM, WFO, DMS, KAD