

RESTRICTED
SECURITY INFORMATION

UNCLASSIFIED

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SECTION 2

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

(Circle One) Yes or No

- 26.1 If you answered
- Yes
- , 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? _____
-
- _____

28. Give the following information about yourself:

NAME _____
Last Name First Name Middle NameADDRESS _____
Street City State ZIP

TELEPHONE NUMBER _____

What is your present job? _____

Age _____

Sex _____

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: _____
-
- _____

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