

RESTRICTED
SECURITY INFORMATION

UNCLASSIFIED

Form 1

U. S. AIR FORCE TECHNICAL INFORMATION SHEET

This questionnaire has been prepared so that you can give the U. S. Air Force as much information as possible concerning the unidentified aerial phenomena that you have observed. Please try to answer as fully as possible to any questions you can. The information that you give will be used for research purposes, and will be regarded as confidential material. 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?

Day Month Year

2. Time of day:

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?

Home Postal Address

City or Town

State or Country

Additional details:

5. Estimate how long you saw the object.

Hours Minutes Seconds

5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

6. What was the condition of the sky?

(Circle One) a. Bright daylight

b. Dull daylight

c. Bright twilight

d. Just a trace of daylight

e. No trace of daylight

f. Don't remember

7. If you saw the object during DAYLIGHT, TWILIGHT, or DARK, 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

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