

**RESTRICTED**  
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34. What were the weather conditions at the time you saw the object?

34.1 CLOUDS (Circle One)

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

34.2 WIND (Circle One)

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

34.3 WEATHER (Circle One)

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

34.4 TEMPERATURE (Circle One)

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

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

Day	Month	Year

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

(Circle One) Yes No

36.1 If you answered YES, did they see the object too?

(Circle One) Yes No

36.2 Please list their names and addresses:

37. Was this the first time that you had seen an object or objects like this?

(Circle One) Yes No

37.1 If you answered NO, then when, where, and under what circumstances did you see other ones?

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

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