

RESTRICTED UNCLASSIFIED

SECURITY INFORMATION

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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? _____ m.p.h.

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? _____ feet.

22. Please 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 _____

Please indicate any special educational training that you have had.

- | | |
|------------------------|---------------------------------|
| a. Grade school _____ | e. e. Technical school _____ |
| b. High school _____ | (Type) _____ |
| c. College _____ | f. Other special training _____ |
| d. Post graduate _____ | |

23. Have you completed this questionnaire?

Yes _____ No _____

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