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## SECURITY ZONE REPORT

## I. GENERAL

1. DATE	2. LOCATION	3. TIME Local Zulu
15 SEP 68	SEA	0100Z
4. WAS OBJECT OBSERVED FROM THE GROUND?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Naked Eye <input type="checkbox"/> Binoculars <input type="checkbox"/> Telescope <input type="checkbox"/> Periscope	<input type="checkbox"/> No
5. WAS OBJECT OBSERVED BY GROUND PERSON?	<input type="checkbox"/> Yes <input type="checkbox"/> By One Set <input type="checkbox"/> By Two Sets <input type="checkbox"/> By Three Sets	<input checked="" type="checkbox"/> No
6. WAS OBJECT OBSERVED FROM THE AIR?	<input type="checkbox"/> Yes <input type="checkbox"/> A/C Observed Object <input type="checkbox"/> Interception Attempted	<input checked="" type="checkbox"/> No
7. WERE AIRCRAFT CAPABLE TO INTERCEPT?	<input type="checkbox"/> Yes <input type="checkbox"/> A/C Observed <input type="checkbox"/> Visual Contact Made <input type="checkbox"/> A/I Contact Made <input type="checkbox"/> No Contact Made	<input checked="" type="checkbox"/> No
8. DID OBJECT CHANGE DIRECTION AT ANY TIME?	<input type="checkbox"/> Yes <input type="checkbox"/> Normal <input type="checkbox"/> Evasive	<input checked="" type="checkbox"/> No
9. IF OBJECT WAS A "STEADY", WAS IT:	<input type="checkbox"/> Blinking <input type="checkbox"/> Steady	
10. LENGTH OF TIME IN SIGHT	<input type="checkbox"/> 1-15 Seconds <input type="checkbox"/> 1-5 Minutes <input checked="" type="checkbox"/> Over 10 Minutes	
11. REPORTING PERSON (Full Name and Calling Address)		

## II. AERONAUTICAL DATA

12. WHAT AERONAUTICAL ACTIVITY WAS NOTED?		
13. DID OBJECT APPEAR TO BE AN AIRCRAFT?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
14. DID OBJECT HAVE A TAIL?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
15. DID OBJECT APPEAR TO BE AN AIRCRAFT?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
16. TYPE OF ENGINEING RELATIVE TO DIRECTION OR ENERGY (Data From 415 Manual)	<input type="checkbox"/> Light <input type="checkbox"/> Day <input type="checkbox"/> Sunrise <input type="checkbox"/> Sunset	

## III. AIRCRAFT DATA

17. WERE AIRCRAFT NOTED IN AREA?	<input type="checkbox"/> Yes <input type="checkbox"/> One Aircraft <input type="checkbox"/> More Than One Aircraft	<input checked="" type="checkbox"/> No
18. WAS ANY OTHER DATA?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
19. WERE THERE OBSERVATIONS BY OTHER PERSONNEL WHILE:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
20. WAS THE OBJECT VIEWED ABOVE LOW ALTITUDE?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No