

Mich.

Summer, 1967

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(improb.)

One's inclination if he sights a strange object in the sky is to stand open mouthed and ogle.
Your report of a UFO can be of more value if you notice and record information on this sample report form.

NATIONAL INVESTIGATIONS COMMITTEE ON AERIAL PHENOMENA

1536 Connecticut Avenue N. W.
Washington 6, D.C.

North 7-9434

REPORT ON UNIDENTIFIED FLYING OBJECT(S)

This form includes questions asked by the United States Air Force and by other Armed Forces' investigating agencies, and additional questions to which answers are needed for full evaluation by NICAP.

After all the information has been fully studied, the conclusion of our Evaluation Panel will be published by NICAP in its regularly issued magazine or in another publication. Please try to answer as many questions as possible. Should you need additional room, please use another sheet of paper. Please print or typewrite. Your assistance is of great value and is genuinely appreciated. Thank you.

1. Name Tom Powers JIM HOSCOMB Place of Employment NONE (AGES 14)
 Address 26202 CATHEDRAL 9030 KINLOCH Occupation
DETROIT, MICH. 48239 DETROIT, MICH. 48239 Education
 Telephone KE-5-6656 KE-22541 Special Training
 Military Service
2. Date of Observation SUMMER OF 1967 Time 9:30 AM Time Zone EASTERN STANDARD
3. Locality of Observation REDFORD TOWNSHIP SUBURB OF DETROIT
4. How long did you see the object? Hours 2 Minutes Minutes Seconds
5. Please describe weather conditions and the type of sky; i.e., bright daylight, nighttime, dusk, etc. nighttime clear sky
6. Position of the Sun or Moon in relation to the object and to you. ?
7. If seen at night, twilight, or dawn, were the stars or moon visible? YES
8. Were there more than one object? NO If so, please tell how many, and draw a sketch of what you saw, indicating direction of movement, if any. ONLY ONE OBJECT
9. Please describe the object(s) in detail. For instance, did it (they) appear solid, or only as a source of light; was it revolving, etc? Please use additional sheets of paper, if necessary.
10. Was the object(s) brighter than the background of the sky? YES
11. If so, compare the brightness with the Sun, Moon, headlights, etc. Bright as the moon
12. Did the object(s) - (Please elaborate, if you can give details.)
 - a. Appear to stand still at any time?
 - b. Suddenly speed up and rush away at any time? yes it did it rushed
 - c. Break up into parts or explode?
 - d. Give off smoke?
 - e. Leave any visible trail?
 - f. Drop anything?
 - g. Change brightness?
 - h. Change shape?
 - i. Change color?away at a terrific rate of speed
13. Did the object(s) at any time pass in front of, or behind of, anything? If so, please elaborate giving distance, size, etc, if possible. NO
14. Was there any wind? NO If so, please give direction and speed. XXXX
15. Did you observe the object(s) through an optical instrument or other aid, windshield, windowpane, storm window, screening, etc? What? NO
16. Did the object(s) have any sound? NO What kind? ~~XXXXXX~~ How loud? ~~XXXXXX~~
17. Please tell if the object(s) was (were) -
 - a. Fuzzy or blurred.
 - b. Like a bright star.
 - c. Sharply outlined.