

PROJECT 10073 RECORD CARD

1. DATE 23 Nov 60	2. LOCATION Dayton, Ohio		12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon
3. DATE-TIME GROUP Local 1845 GMT 23/2345Z	4. TYPE OF OBSERVATION <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar		<input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft
5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. SOURCE Civilian		<input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical Meteor <input type="checkbox"/> Possibly Astronomical
7. LENGTH OF OBSERVATION 5-6 sec	8. NUMBER OF OBJECTS one	9. COURSE S	<input type="checkbox"/> Other <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
10. BRIEF SUMMARY OF SIGHTING Object which looked like a planet but larger. Color was bright yellowish-white like a bright star. Speed was similar to Echo I, but slightly faster.		11. COMMENTS The object sighted was probably a meteor.	

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 phenomenon that you have observed. Please try to answer as many questions as you possibly 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?

23 APR 1966
Day Month Year

2. Time of day: 18 45
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?

[REDACTED] Dayton _____
Nearest Postal Address City or Town State or Country

Additional remarks: Space Dayton New

5. How long was object in sight?

_____ Hours _____ Minutes 5 06 Seconds

5.1 How was time in sight determined?

a. Certain c. Not very sure
b. Fairly certain d. Just a guess

6. What was the condition of the sky?

DAY NIGHT
a. Bright a. Bright
b. Cloudy b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you d. To your left
b. In back of you e. Overhead
c. To your right f. Don't remember

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight — pitch dark
- d. Don't remember

9. The object appeared:

Like a planet, but larger

(Circle One):

- a. As a light
- b. Shiny
- c. Dark
- d. Don't remember

10. If it appeared as a light, was it brighter than the brightest stars?

yes

11. Did the object:

(Circle One for each question)

- | | | | |
|---|-----|-------------------------------------|------------|
| a. Appear to stand still at any time? | Yes | <input checked="" type="radio"/> No | Don't Know |
| b. Suddenly speed up and rush away at any time? | Yes | <input checked="" type="radio"/> No | Don't Know |
| c. Break up into parts or explode? | Yes | <input checked="" type="radio"/> No | Don't Know |
| d. Give off smoke? | Yes | <input checked="" type="radio"/> No | Don't Know |
| e. Change brightness? | Yes | <input checked="" type="radio"/> No | Don't Know |
| f. Change shape? | Yes | <input checked="" type="radio"/> No | Don't Know |
| g. Flash or flicker? | Yes | <input checked="" type="radio"/> No | Don't Know |
| h. Disappear and reappear? | Yes | <input checked="" type="radio"/> No | Don't Know |

12. Did the object move behind something at any time, particularly a cloud?

(Circle One):

- Yes
- No
- Don't Know.

IF you answered YES, then tell what

it moved behind: _____

13. Did the object move in front of something at any time, particularly a cloud?

(Circle One):

- Yes
- No
- Don't Know.

IF you answered YES, then tell what

in front of: _____

14. Did the object appear:

(Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- d. Don't Know

15. Did you observe the object through any of the following?

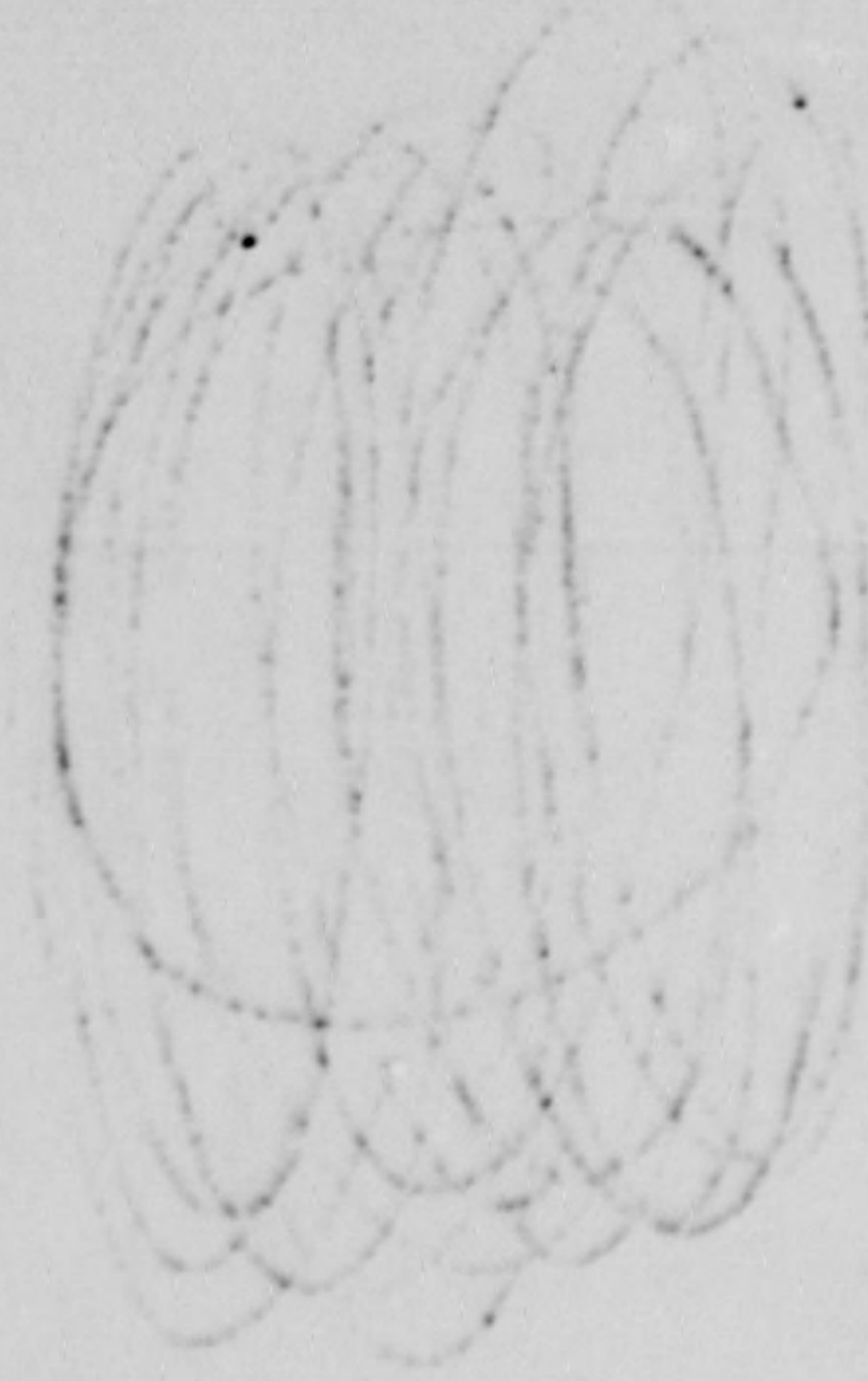
- | | | | | | |
|-----------------|-----|-------------------------------------|---------------|----------------|-------------------------------------|
| a. Eyeglasses | Yes | <input checked="" type="radio"/> No | e. Binoculars | Yes | <input checked="" type="radio"/> No |
| b. Sun glasses | Yes | <input checked="" type="radio"/> No | f. Telescope | Yes | <input checked="" type="radio"/> No |
| c. Windshield | Yes | <input checked="" type="radio"/> No | g. Theodolite | Yes | <input checked="" type="radio"/> No |
| d. Window glass | Yes | <input checked="" type="radio"/> No | h. Other | <i>nothing</i> | |

16. Tell in a few words the following things about the object.

a. Sound None

b. Color light blue - yellowish - white

17. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.



18. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
 - b. Like a bright star
 - c. Sharply outlined
 - d. Don't remember

e. Other _____

19. IF there was MORE THAN ONE object, then how many were there? _____

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

20. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

*must have been visible to you at
some point*

21. How large did the object appear to you as compared to an object with which you are familiar?

lightly larger than any plane

22. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

23. Did the object disappear while you were watching it? If so, how?

*Had to move around her
to follow object*

24. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

*Larger than the
red light on an A/C*

25. Where were you located when you saw the object?
(Circle One):

- a. Inside a building
 b. In a car, with window down
 c. Outdoors
 d. In an airplane (type)
 e. At sea
 f. Other _____

26. Were you (Circle One)

- a. In the business section of a city?
 b. In the residential section of a city?
 c. In open countryside?
 d. Near an airfield?
 e. Flying over a city?
 f. Flying over open country?
 g. Other _____

27. What were you doing at the time you saw the object, and how did you happen to notice it?

walking in car for child to come out
 and was looking at the clear sky

28. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

28.1 What direction were you moving? (Circle One)

- a. North c. East e. South g. West
 b. Northeast d. Southeast f. Southwest h. Northwest

28.2 How fast were you moving? _____ miles per hour.

28.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

29. What direction were you looking when you first saw the object? (Circle One)

- a. North c. East e. South g. West
 b. Northeast d. Southeast f. Southwest h. Northwest
 i. Overhead

30. What direction were you looking when you last saw the object? (Circle One)

- a. North c. East e. South *andly* g. West
 b. Northeast d. Southeast f. Southwest h. Northwest
 i. Overhead

31. If you are familiar with bearing terms (angular direction), try to estimate the number of degrees the object was from true North (thru east) and also the number of degrees it was upward from the horizon (elevation).

31.1 When it first appeared:

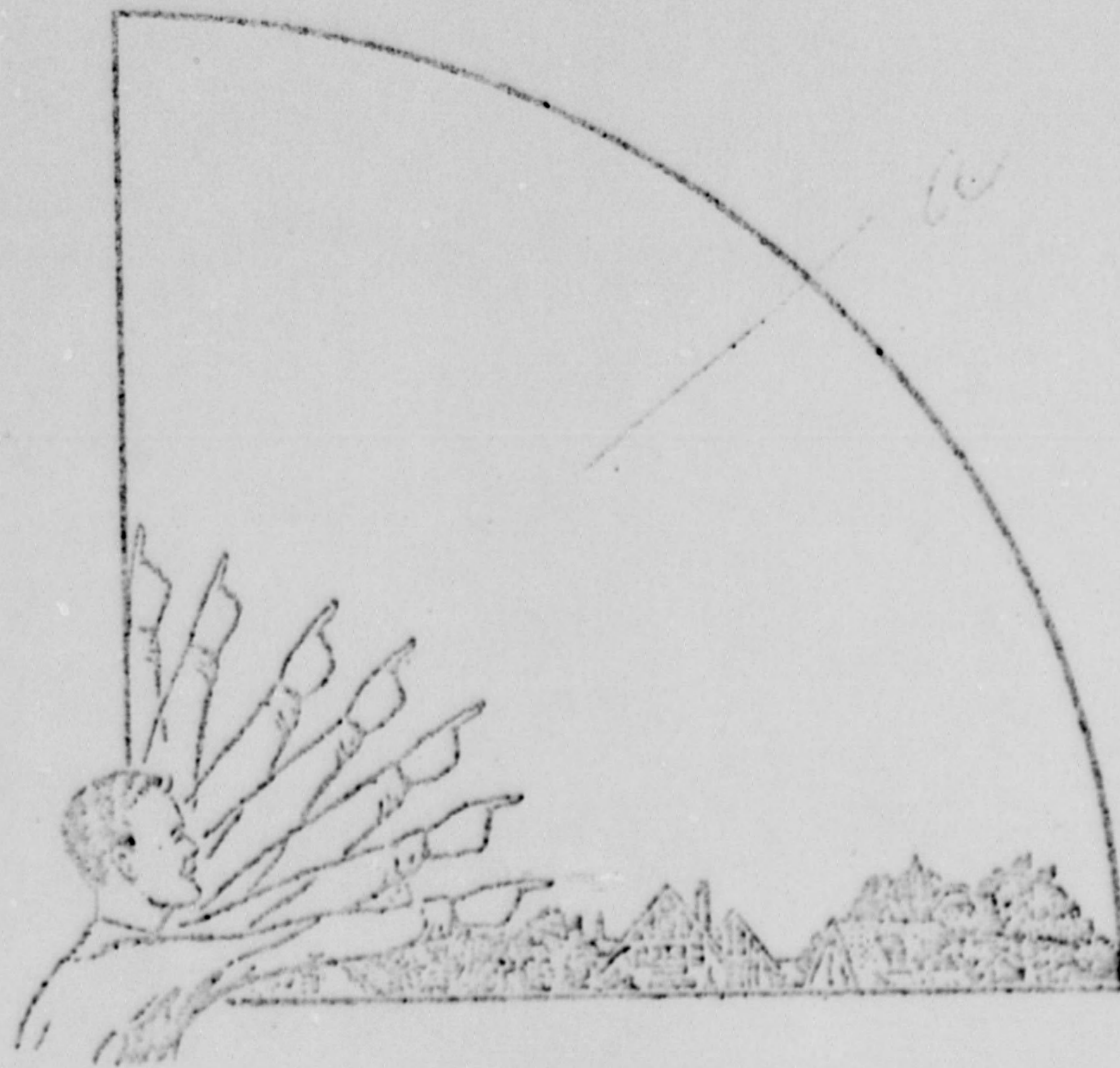
- a. From true North 160 degrees.
 b. From horizon 40-70 degrees.

31.2 When it disappeared:

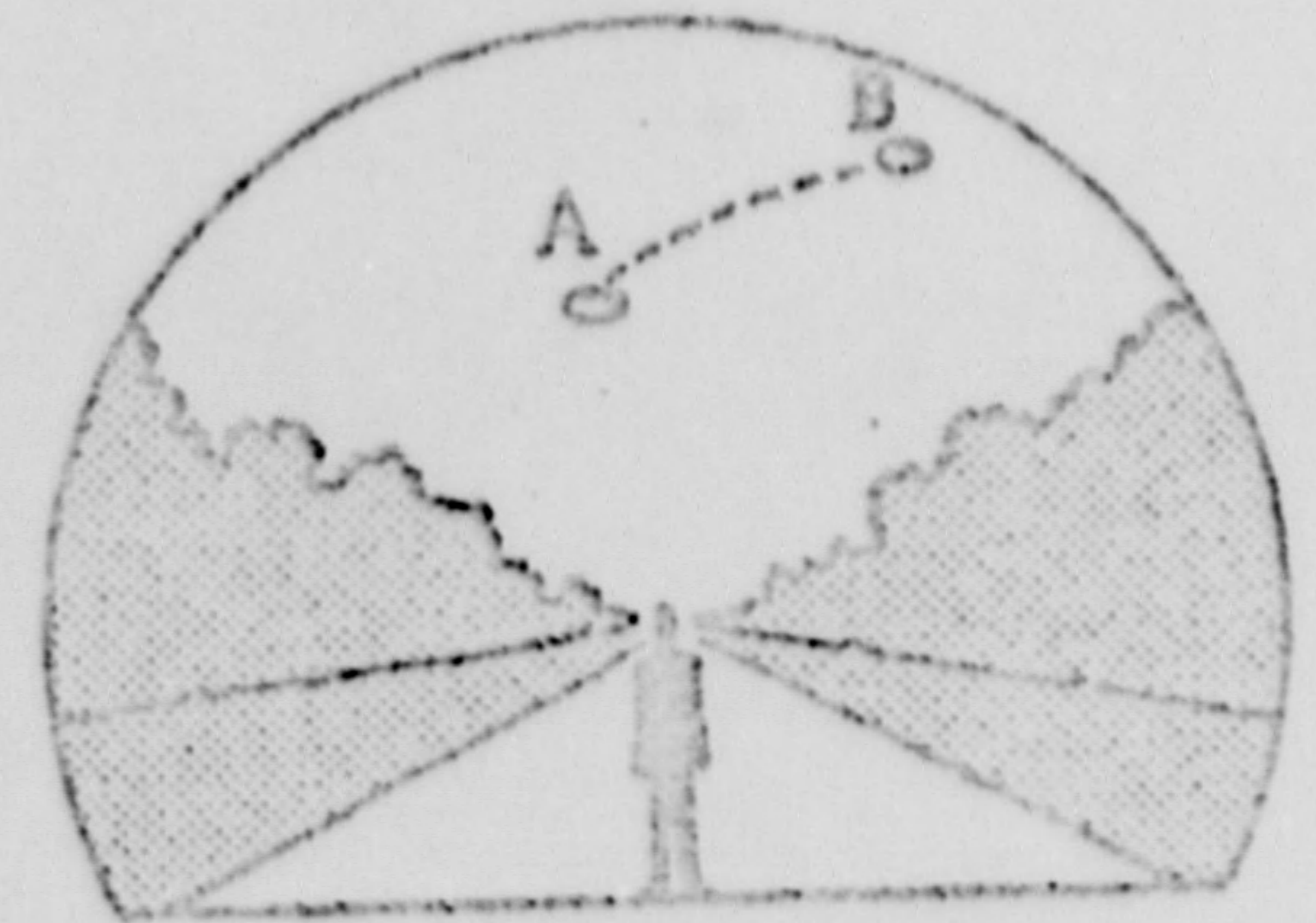
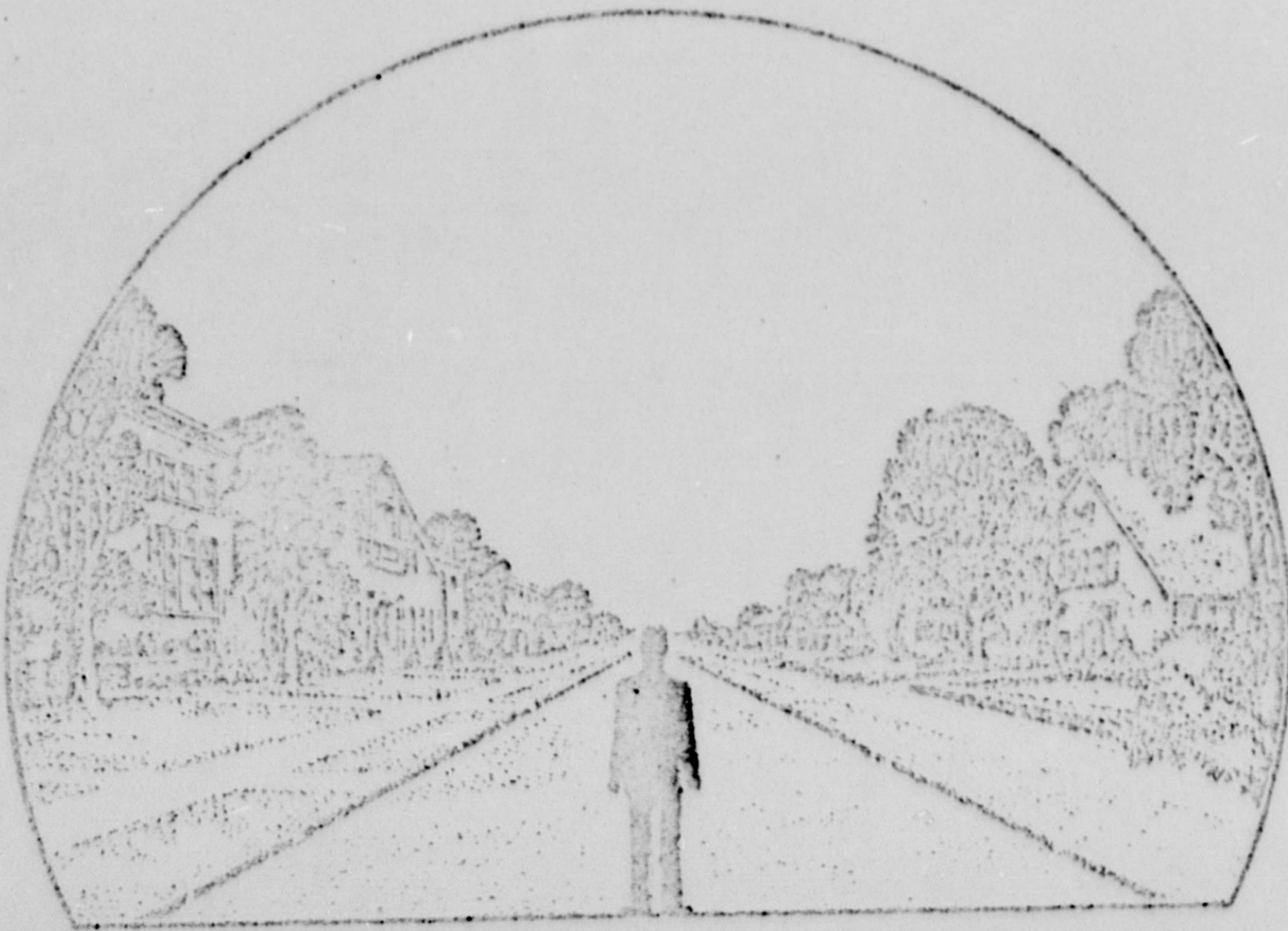
- a. From true North 150 degrees.
 b. From horizon _____ degrees.

*5th to North by
 then parallel to horizon
 toward south
 toward right
 left to south*

32. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it.



33. In the following larger sketch place an "A" at the position the object was when you *first* saw it, and a "B" at its position when you *last* saw it. Refer to smaller sketch as an example of how to complete the larger sketch.



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

CLOUDS (Circle One)

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One)

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

35. When and to whom did you report that you had seen the object?

_____ Day _____ Month _____ Year *did not report*

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:

none - 7 up

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?

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

✓ ?

39. Do you think you can estimate the speed of the object?

(Circle One)

Yes

No

similar to Echo - but slightly faster

IF you answered YES, then what speed would you estimate? _____

40. 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? _____

41. Please give the following information about yourself:

NAME

[Redacted Name]

First Name

Middle Name

ADDRESS

[Redacted Address]

Street

Weymouth

City

Zone

State

TELEPHONE NUMBER

[Redacted Telephone Number]

Age

mother

Sex

M

Indicate any additional information about yourself, including any education, which might be pertinent.

42. Date you completed this questionnaire:

Day

Month

Year