

<b>1. DATE - TIME GROUP</b> 1 Dec 53 2/0130z	<b>2. LOCATION</b> Dayton, Ohio
<b>3. SOURCE</b> civilian	<b>10. CONCLUSION</b> INSUFFICIENT DATA FOR EVALUATION
<b>4. NUMBER OF OBJECTS</b> two	Jupiter 5h30 below horizon. Venus 15h28 and Mars 13h08 below horizon.
<b>5. LENGTH OF OBSERVATION</b> 15 mins	<b>11. BRIEF SUMMARY AND ANALYSIS</b> Flashing light, no sound, remaining in view for some time.
<b>6. TYPE OF OBSERVATION</b> ground visual	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="text-align: center; font-size: 2em; margin: 0;">SMC</p> </div>
<b>7. COURSE</b> stationary	
<b>8. PHOTOS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9. PHYSICAL EVIDENCE</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

RETURN TO:  Director Aerospace Studies Inst AFTR: Archives Branch Maxwell AFB, Alabama	K243.6012-1 1-31 Dec 1953
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Multi

01/27/30  
DAYTON, OHIO

16  
Form A

### 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?

1 / Dec / 53  
Day Month Year

2. Time of day: 22 Hour 30 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?

Jackson of Route 98 - 725 South - Dayton  
Nearest Postal Address City or Town State or Country

Additional remarks: \_\_\_\_\_

5. Estimate how long you saw the object. \_\_\_\_\_ Hours 15 Minutes \_\_\_\_\_ Seconds

5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.

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

6. What was the condition of the sky?

(Circle One): a. Bright daylight  
b. Dull daylight  
c. Bright twilight  
d. Just a trace of daylight  
e. No trace of daylight  
f. Don't remember

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

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

8. IF you saw the object at NIGHT, TWILIGHT, or DAWN, 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. Was the object brighter than the background of the sky?

- (Circle One):       a. Yes                      b. No                      c. Don't remember

10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile headlight?:

*Large diamond  
15 ft*

- (Circle One) a. A mile or more away (a distant car)?  
 b. Several blocks away?  
 c. A block away?  
 d. Several yards away?  
 e. Other \_\_\_\_\_

11. Did the object:

(Circle One for each question)

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

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

- (Circle One):      Yes       No      Don't Know.      IF you answered YES, then tell what it moved in front of: \_\_\_\_\_

14. Did the object appear: (Circle One):      a. Solid?                      b. Transparent?                      c. Don't Know.

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

a. Eyeglasses	<input type="radio"/> Yes	<input type="radio"/> No	e. Binoculars	<input type="radio"/> Yes	<input type="radio"/> No
b. Sun glasses	<input type="radio"/> Yes	<input type="radio"/> No	f. Telescope	<input type="radio"/> Yes	<input type="radio"/> No
c. Windshield	<input type="radio"/> Yes	<input type="radio"/> No	g. Theodolite	<input type="radio"/> Yes	<input type="radio"/> No
d. Window glass	<input type="radio"/> Yes	<input type="radio"/> No	h. Other _____		

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

a. Sound no sound

b. Color dark red or flashing of light

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? 2

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.

21. IF POSSIBLE, try to guess or estimate what the real size of the object was in its longest dimension.  
\_\_\_\_\_ feet.

22. How large did the object or objects appear as compared with one of the following objects held in the hand and at about arm's length?

(Circle One):

a. Head of a pin

g. Silver dollar

b. Pea

h. Baseball

c. Dime

i. Grapefruit

d. Nickel

j. Basketball

e. Quarter

k. Other \_\_\_\_\_

f. Half dollar

22.1 (Circle One of the following to indicate how certain you are of your answer to Question 22.

a. Certain

c. Not very sure

b. Fairly certain

d. Uncertain

23. How did the object or objects disappear from view?

Remained in view for

considerable time

24. In order that you can give as clear a picture as possible of what you saw, we would like for you to imagine that you could construct the object that you saw. Of what type material would you make it? How large would it be, and what shape would it have? 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.

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

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane
- 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. Flying 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?

Driving and stopped to watch

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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     | <input checked="" type="radio"/> 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     | <input checked="" type="radio"/> c. East | e. South     | g. West      |
| b. Northeast | d. Southeast                             | f. Southwest | h. Northwest |

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

- |              |  |              |              |
|--------------|--|--------------|--------------|
| a. North     | <input checked="" type="radio"/> c. East | e. South     | g. West      |
| b. Northeast | d. Southeast                             | f. Southwest | h. Northwest |

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

31.1 When it first appeared:

- a. From true North \_\_\_\_\_ degrees.
- b. From horizon \_\_\_\_\_ degrees.

31.2 When it disappeared:

- a. From true North \_\_\_\_\_ degrees.
- b. From horizon \_\_\_\_\_ degrees.

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?

1 Day      Dec Month      1953 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:

*Mr* [Redacted] [Redacted]  
*Police* [Redacted]

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

IF you answered YES, then what speed would you estimate? Very slow m.p.h.

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? \_\_\_\_\_ feet.

41. Please give the following information about yourself:

NAME \_\_\_\_\_  
Last Name First Name Middle Name

ADDRESS \_\_\_\_\_  
Street City Zone State

TELEPHONE NUMBER \_\_\_\_\_

What is your present job? works in Hardware store

Age \_\_\_\_\_ Sex Male

Please indicate any special educational training that you have had.

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

42. Date you completed this questionnaire: \_\_\_\_\_  
Day Month Year