

PROJECT 10073 RECORD CARD

1. DATE 11 May 61	2. LOCATION Centerville, Ohio		12. CONCLUSIONS ☐ Was Balloon ☐ Probably Balloon ☐ Possibly Balloon ☐ Was Aircraft ☐ Probably Aircraft ☐ Possibly Aircraft ☐ Was Astronomical ☐ Probably Astronomical ☐ Possibly Astronomical ☐ Other _____ ☐ Insufficient Data for Evaluation ☐ Unknown
3. DATE-TIME GROUP Local 0115 GMT 0615Z	4. TYPE OF OBSERVATION ☒ Ground-Visual ☐ Ground-Radar ☐ Air-Visual ☐ Air-Intercept Radar		
5. PHOTOS ☐ Yes ☒ No	6. SOURCE Civilian		
7. LENGTH OF OBSERVATION 5-10 min	8. NUMBER OF OBJECTS 1	9. COURSE E	
10. BRIEF SUMMARY OF SIGHTING Bright light golden in color, size of star was seen in N at about 20° elev. In sight 5-10 min. Hovered, then moved E slowly and picked up speed as it moved.		11. COMMENTS Form sent for additional info; returned blank. Insufficient data.	

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?

11 Day May Month 61 Year

2. Time of day:

01 Hour 15 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?

Nearest Postal Address

Centerville
City or Town

Ohio
State or Country

Additional remarks: _____

5. How long was object in sight?

Hours

Minutes

Seconds

5.1 How was time in sight determined?

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

6. What was the condition of the sky?

DAY

a. Bright

b. Cloudy

NIGHT

a. Bright

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
b. In back of you
c. To your right

d. To your left
e. Overhead
f. Don't remember

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? _____

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 _____
Last Name First Name Middle Name

ADDRESS _____
Street City Zone State

TELEPHONE NUMBER _____

Age _____ Sex F

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

42. Date you completed this questionnaire:

_____ Day _____ Month _____ Year