

# PROJECT 10073 RECORD CARD

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. DATE<br>2 Nov 61                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 2. LOCATION<br>Dayton, Ohio                                                                                                                                                                           |  | 12. CONCLUSIONS<br><input type="checkbox"/> Was Balloon<br><input type="checkbox"/> Probably Balloon<br><input type="checkbox"/> Possibly Balloon<br><br><input type="checkbox"/> Was Aircraft<br><input checked="" type="checkbox"/> Probably Aircraft<br><input type="checkbox"/> Possibly Aircraft<br><br><input type="checkbox"/> Was Astronomical<br><input type="checkbox"/> Probably Astronomical<br><input type="checkbox"/> Possibly Astronomical<br><br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Insufficient Data for Evaluation<br><input type="checkbox"/> Unknown |  |
| 3. DATE-TIME GROUP<br>Local 1915<br>GMT 030015Z                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 4. TYPE OF OBSERVATION<br><input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar<br><input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 5. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 6. SOURCE<br>Civilian                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 7. LENGTH OF OBSERVATION<br>10-15 min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 8. NUMBER OF OBJECTS<br>1                                                                                                                                                                             |  | 9. COURSE<br>Varied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 10. BRIEF SUMMARY OF SIGHTING 2 people saw a light clockwise direction, passing over about 4 times. Patterson dispatcher was contacted and he stated that there were 3 T-33's in area at time, 1 which was shooting landings 3 or 5 times. Witnesses stated that when light was overhead it would go out, then come back on again, then when it was over Wright-Patterson it would go out again. This can be explained by fact that T-33 has two landing lights located in the nosewheel well, and upon taking off it will retract when the wheels are retracted. Then when preparing for a landing wheels are extended, landing lights are extended and at a distance they can appear to be one instead of 2. Light that disappeared to S was probably 1 of the other T-33's flying S. It is therefore concluded that lights observed by witnesses were those on an a/c. |  |                                                                                                                                                                                                       |  | 11. COMMENTS circle over Dayton area in 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?

2 NOV 61  
Day Month Year

2. Time of day: 1915-1930  
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]  
Nearest Postal Address

DAYTON  
City or Town

OHIO  
State or Country

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

5. How long was object in sight?

Hours

10-15  
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

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:

(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    *as a light*    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 _____ |     |                                     |

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

a. Sound \_\_\_\_\_

b. Color orange 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.

*round - circled clockwise over  
Dayton area passing over the witnesses  
position.*

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

*size of star*

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?

*all of it*

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

*overhead, light went out, came back on, over field went out again.*

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.

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 (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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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                                 |
|              |              |              | <input checked="" type="radio"/> i. Overhead |

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

- |              |                                               |              |              |
|--------------|-----------------------------------------------|--------------|--------------|
| a. North     | c. East                                       | e. South     | g. West      |
| b. Northeast | <input checked="" type="radio"/> 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 \_\_\_\_\_ degrees.
- b. From horizon \_\_\_\_\_ degrees.  $\frac{3}{4}$

31.2 When it disappeared:

- a. From true North \_\_\_\_\_ degrees.
- b. From horizon \_\_\_\_\_ degrees.  $\frac{3}{4}$

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

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:

MRS

DAYTON OHIO

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? \_\_\_\_\_

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

DAYTON  
City

\_\_\_\_\_  
Zone

OHIO  
State

TELEPHONE NUMBER

NONE AT RES.

Age \_\_\_\_\_

Sex

M

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

42. Date you completed this questionnaire:

\_\_\_\_\_  
Day

\_\_\_\_\_  
Month

\_\_\_\_\_  
Year

# PROJECT 10073 RECORD CARD

|                                                                                                                  |  |                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. DATE<br>11 Nov 61                                                                                             |  | 2. LOCATION<br>Dayton, Ohio                                                                                                                                                                           |  | 12. CONCLUSIONS<br><input type="checkbox"/> Was Balloon<br><input type="checkbox"/> Probably Balloon<br><input type="checkbox"/> Possibly Balloon<br><br><input type="checkbox"/> Was Aircraft<br><input type="checkbox"/> Probably Aircraft<br><input type="checkbox"/> Possibly Aircraft<br><br><input type="checkbox"/> Was Astronomical <i>Sirius</i><br><input checked="" type="checkbox"/> Probably Astronomical<br><input type="checkbox"/> Possibly Astronomical |  |
| 3. DATE-TIME GROUP<br>Local _____<br>GMT 110530Z                                                                 |  | 4. TYPE OF OBSERVATION<br><input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar<br><input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 5. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                              |  | 6. SOURCE<br>Civilian                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 7. LENGTH OF OBSERVATION<br>30 min                                                                               |  | 8. NUMBER OF OBJECTS<br>1                                                                                                                                                                             |  | 9. COURSE<br>Stationary                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|                                                                                                                  |  |                                                                                                                                                                                                       |  | <input type="checkbox"/> Other _____<br><input type="checkbox"/> Insufficient Data for Evaluation<br><input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                    |  |
| 10. BRIEF SUMMARY OF SIGHTING Shiny red and green objt<br>Moved to left and right slightly. larger than<br>star. |  |                                                                                                                                                                                                       |  | 11. COMMENTS Objt was probably bright star<br>Sirius, magnitude -1.6. Motion ascribed<br>to objt was probably due to autokinesis<br>and the appearance is due to scintillation.<br>Fact that direction of star and reported<br>objt along with duration of sighting sub-<br>stantiates this conclusion.                                                                                                                                                                  |  |

# 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 Nov 61  
Day Month Year

2. Time of day: 0030  
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] DASTON Ohio  
Nearest Postal Address City or Town State or Country

Additional remarks:

5. How long was object in sight?

30  
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

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:

(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 | No | Don't Know |
| b. Suddenly speed up and rush away at any time? | Yes | No | Don't Know |
| c. Break up into parts or explode?              | Yes | No | Don't Know |
| d. Give off smoke?                              | Yes | No | Don't Know |
| e. Change brightness?                           | Yes | No | Don't Know |
| f. Change shape?                                | Yes | No | Don't Know |
| g. Flash or flicker?                            | Yes | No | Don't Know |
| h. Disappear and reappear?                      | Yes | 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 | No | e. Binoculars | Yes   | No |
| b. Sun glasses  | Yes | No | f. Telescope  | Yes   | No |
| c. Windshield   | Yes | No | g. Theodolite | Yes   | No |
| d. Window glass | Yes | No | h. Other      | _____ |    |

3 T-birds were in the area at 1900, 7 Nov.,  
one shooting landings three or four times.  
The pattern on this date was a right hand  
pattern. Also a C-130 and a bomber  
took off at 1900.

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

- a. Sound NONE
- b. Color Red & GREEN

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.

A  
B ← → • ← → B  
Left & Right slightly

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 MORE color in  
BINOCULARS

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

B ← A → B

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

LARGER THAN STAR

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?

MATCH DOESN'T COVER IT

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

No

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.

A ROUND DISC with lights revolving on edges

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 (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?

Looking AT 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 | <u>d. Southeast</u> | 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     | g. West      |
| b. Northeast | <u>d. Southeast</u> | 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:

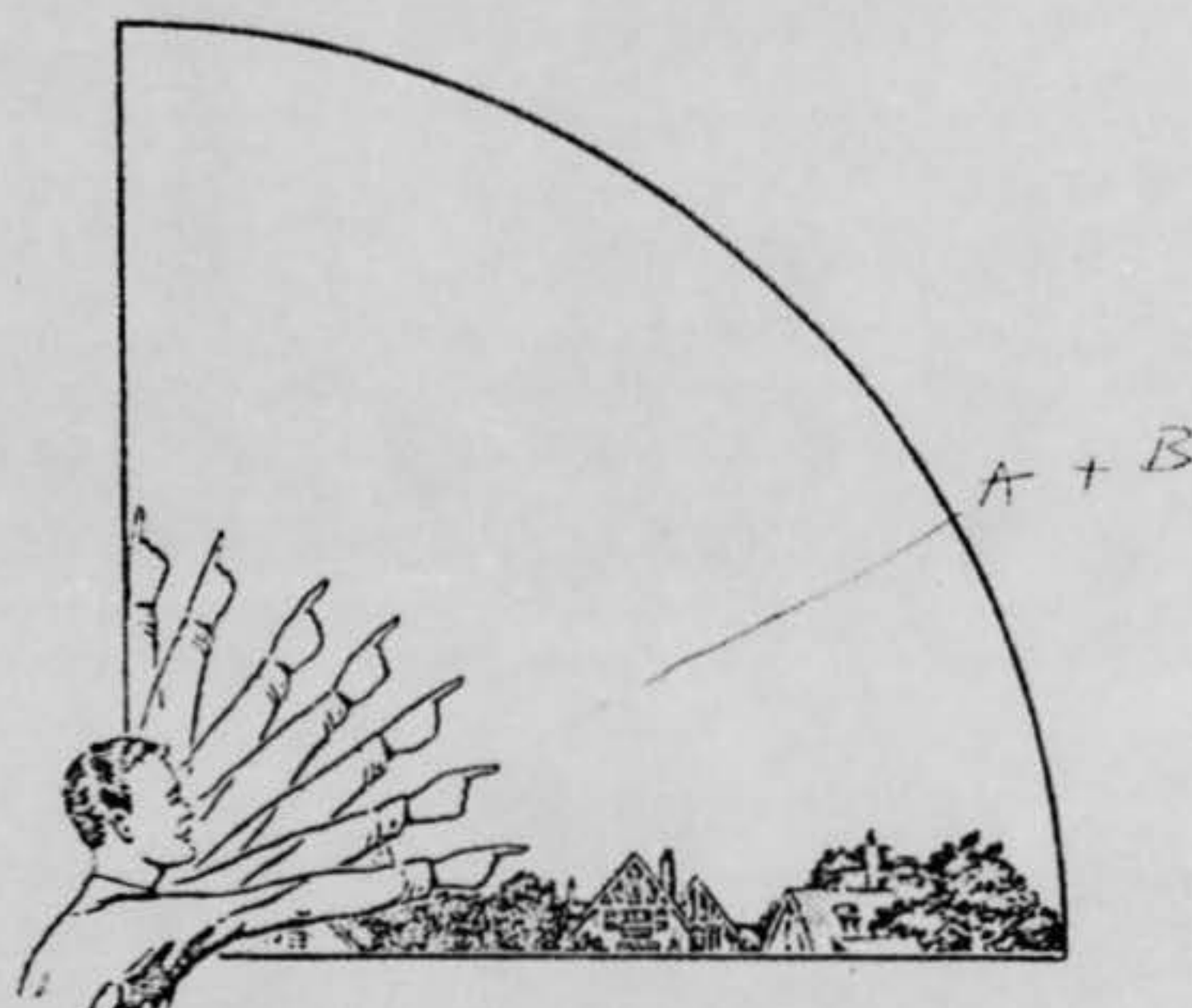
- a. From true North 150° degrees.
- b. From horizon 60° degrees.

31.2 When it disappeared:

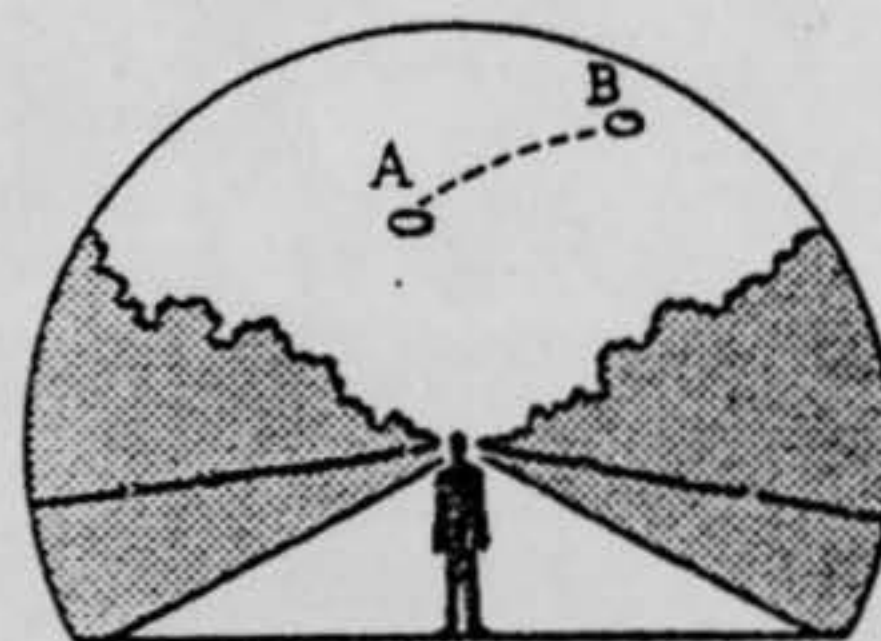
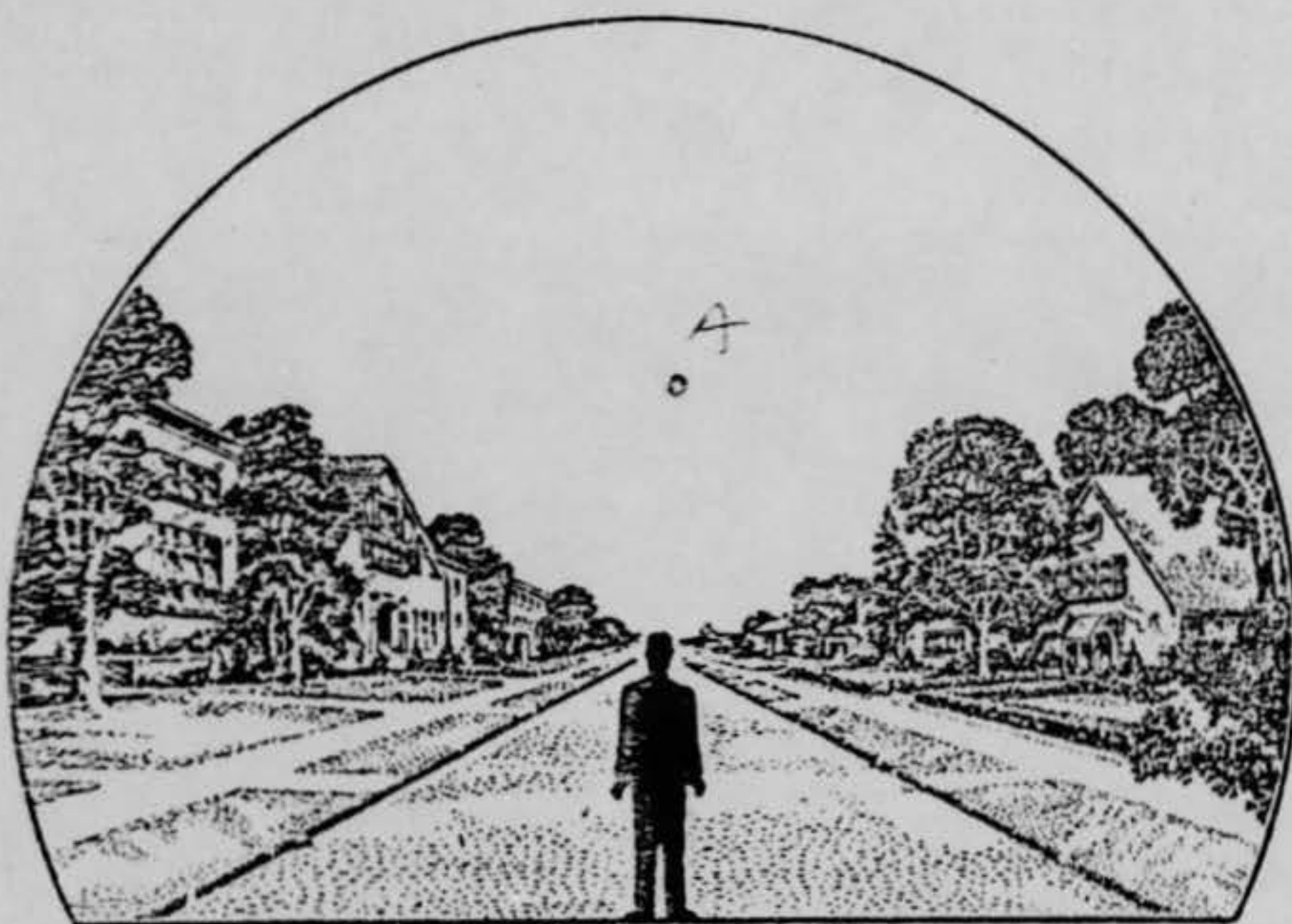
- a. From true North \_\_\_\_\_ degrees.
- b. From horizon \_\_\_\_\_ degrees.

still in sight

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?

11 Nov 61  
Day Month Year

FTD

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:

[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?

Saw a satellite that looked some way

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

Don't know

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? Closer than stars

41. Please give the following information about yourself:

NAME

[REDACTED]  
Last Name

[REDACTED]  
First Name

[REDACTED]  
Middle Name

ADDRESS

[REDACTED]  
Street

Dagton  
City

[REDACTED]  
Zone

Ohio  
State

TELEPHONE NUMBER [REDACTED]

Age 24

Sex M

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

4 years High School  
3 years Night School

42. Date you completed this questionnaire:

11  
Day

Dec.  
Month

61  
Year

# PROJECT 10073 RECORD CARD

|                                                                                                                         |  |                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. DATE<br>12 Nov 61                                                                                                    |  | 2. LOCATION<br>Dayton, Ohio                                                                                                                                                                           |  | 12. CONCLUSIONS<br><input type="checkbox"/> Was Balloon<br><input type="checkbox"/> Probably Balloon<br><input type="checkbox"/> Possibly Balloon<br><br><input type="checkbox"/> Was Aircraft<br><input type="checkbox"/> Probably Aircraft<br><input type="checkbox"/> Possibly Aircraft<br><br><input type="checkbox"/> Was Astronomical<br><input type="checkbox"/> Probably Astronomical<br><input type="checkbox"/> Possibly Astronomical<br><br><input checked="" type="checkbox"/> Other <u>Echo I</u><br><input type="checkbox"/> Insufficient Data for Evaluation<br><input type="checkbox"/> Unknown |  |
| 3. DATE-TIME GROUP<br>Local <u>1900</u><br>GMT <u>122400Z</u>                                                           |  | 4. TYPE OF OBSERVATION<br><input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar<br><input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 5. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                     |  | 6. SOURCE<br>Civilian                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 7. LENGTH OF OBSERVATION<br>10-12 min                                                                                   |  | 8. NUMBER OF OBJECTS<br>1                                                                                                                                                                             |  | 9. COURSE<br>NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 10. BRIEF SUMMARY OF SIGHTING Bright starlike objt fluctuating in sky W-E-NE dimming overhead disappearing at 60° elev. |  |                                                                                                                                                                                                       |  | 11. COMMENTS The objt responsible for sighting was satellite Echo I. Description and characteristics of objt as reported by witness parallel those for Echo I. Satellite could be seen fm location of witness in directions coincident with those reported for UFO and time of passage of satellite conform to those of sighting.                                                                                                                                                                                                                                                                               |  |

## 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?

12 Day      Nov Month      61 Year

2. Time of day: 1900 Hour      10-12 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] Nearest Postal Address      Denton City or Town      Chia State or Country

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

5. How long was object in sight?

\_\_\_\_\_ Hours      10-12 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

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:

(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?

*about same as a large star*

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. Flash or flicker?                            | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't Know |
| h. Disappear and reappear?                      | <input type="radio"/> Yes            | <input type="radio"/> No            | <input type="radio"/> 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 | No | e. Binoculars  | Yes | No |
| b. Sun glasses  | Yes | No | f. Telescope   | Yes | No |
| c. Windshield   | Yes | No | g. Theodolite  | Yes | No |
| d. Window glass | Yes | No | h. Other _____ |     |    |

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

a. Sound None

b. Color Bright 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.

*no shape - could only see a light*

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.

*From west to east - northwest*

## 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?

2 NOV 61  
Day Month Year

2. Time of day:

19 15 +  
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]  
Nearest Postal Address

DAYTON  
City or Town

OHIO  
State or Country

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

5. How long was object in sight?

\_\_\_\_\_ Hours

30

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

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

*size of large star*

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?

*No. began to dim*

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.

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 (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?

*Saw noticed it out of western window  
went outside to look at the rest of the time*

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. <u>Overhead</u> |

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

- |                 |              |              |              |
|-----------------|--------------|--------------|--------------|
| a. <u>North</u> | c. East      | e. South     | 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 \_\_\_\_\_ 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?

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?

12 Nov 61      \_\_\_\_\_      \_\_\_\_\_  
Day                      Month                      Year

PTD      Duty Off

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:

Son & daughter age 15 & 13

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?

No idea - would like to hear from PFD concerning 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? \_\_\_\_\_

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? Several million light years

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

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:

(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    *as a light*    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 _____ |     |                                     |

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

a. Sound no

b. Color orange - yellow

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.

*round*

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? one

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.

*circled W-P + Dayton*

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

*softball*

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?

*no*

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

*yes*

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.

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 (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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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)

- |                                           |              |              |              |
|-------------------------------------------|--------------|--------------|--------------|
| <input checked="" type="radio"/> 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      | <input checked="" type="radio"/> e. South | 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 \_\_\_\_\_ degrees.
- b. From horizon 45 degrees.

31.2 When it disappeared:

- a. From true North \_\_\_\_\_ degrees.
- b. From horizon 45 degrees.

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

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:

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? \_\_\_\_\_

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                                                                DAYTON OHIO  
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