

PROJECT 10073 RECORD CARD

1. DATE 26 Jun 64	2. LOCATION Dayton, 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 _____ GMT 27/0500Z	4. TYPE OF OBSERVATION ☒ Ground-Visual ☐ Ground-Radar ☐ Air-Visual ☐ Air-Intercept Radar		
5. PHOTOS ☐ Yes ☒ No	6. SOURCE civilian		
7. LENGTH OF OBSERVATION 10 minutes	8. NUMBER OF OBJECTS one	9. COURSE not specified	
10. BRIEF SUMMARY OF SIGHTING Object with two blinking lights. Large in front smaller light in rear. Looked like a bright star. Rushed away at greater speed than regular flight. Color white like stars. Speed same as a transport plane. Obj disappeared climbing at 60 deg elevation. Initial observation at 30 deg elevation.		11. COMMENTS No data presented to indicate object could NOT have been an a/c.	

26 JUN 64

U.S. AIR FORCE TECHNICAL INFORMATION

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. 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?

26 June 1964
Day Month Year

2. Time of day: 2400

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

Dr. Huber Heights
City or Town

State or County

5. How long was object in sight? (Total Duration)

Hours Minutes 10 Seconds

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

5.1 How was time in sight determined? _____

5.2 Was object in sight continuously? Yes ☒ No _____

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 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. 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

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor

- d. As a light
- e. Don't remember

(2) Large in front - small in rear and blinking

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer

- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

Approx like very bright star

12. 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 _____

13. 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 |

small light

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

Seemed to go up

15. 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:

16. 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:

17. Tell in a few words the following things about the object:

a. Sound

None

b. Color

~~White~~ White light like stars

18. 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?



19. 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.

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

(Circle One) Yes No

*approximately same as a
transport plane*

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

21. 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? _____

22. 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 _____

23. 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 _____

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

24.1 What direction were you moving? (Circle One)

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

No

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

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

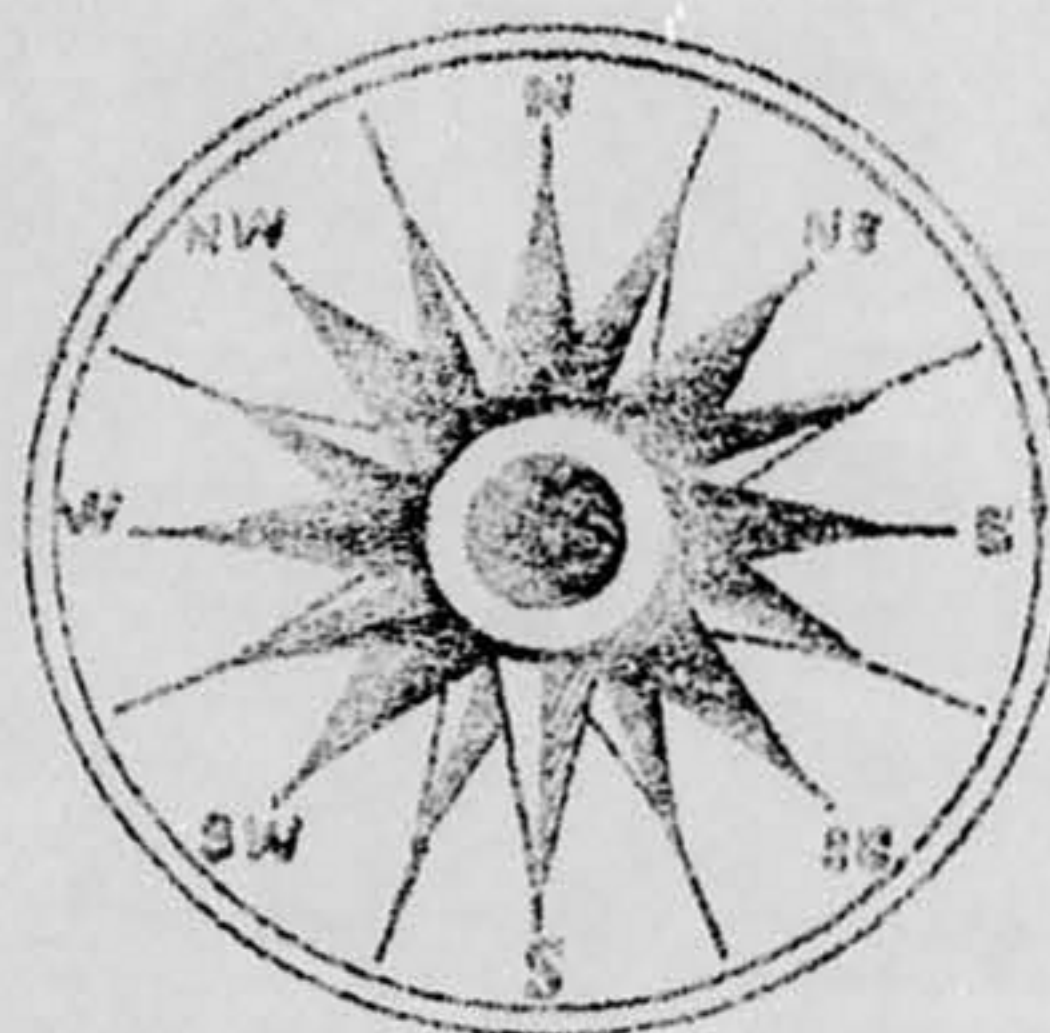
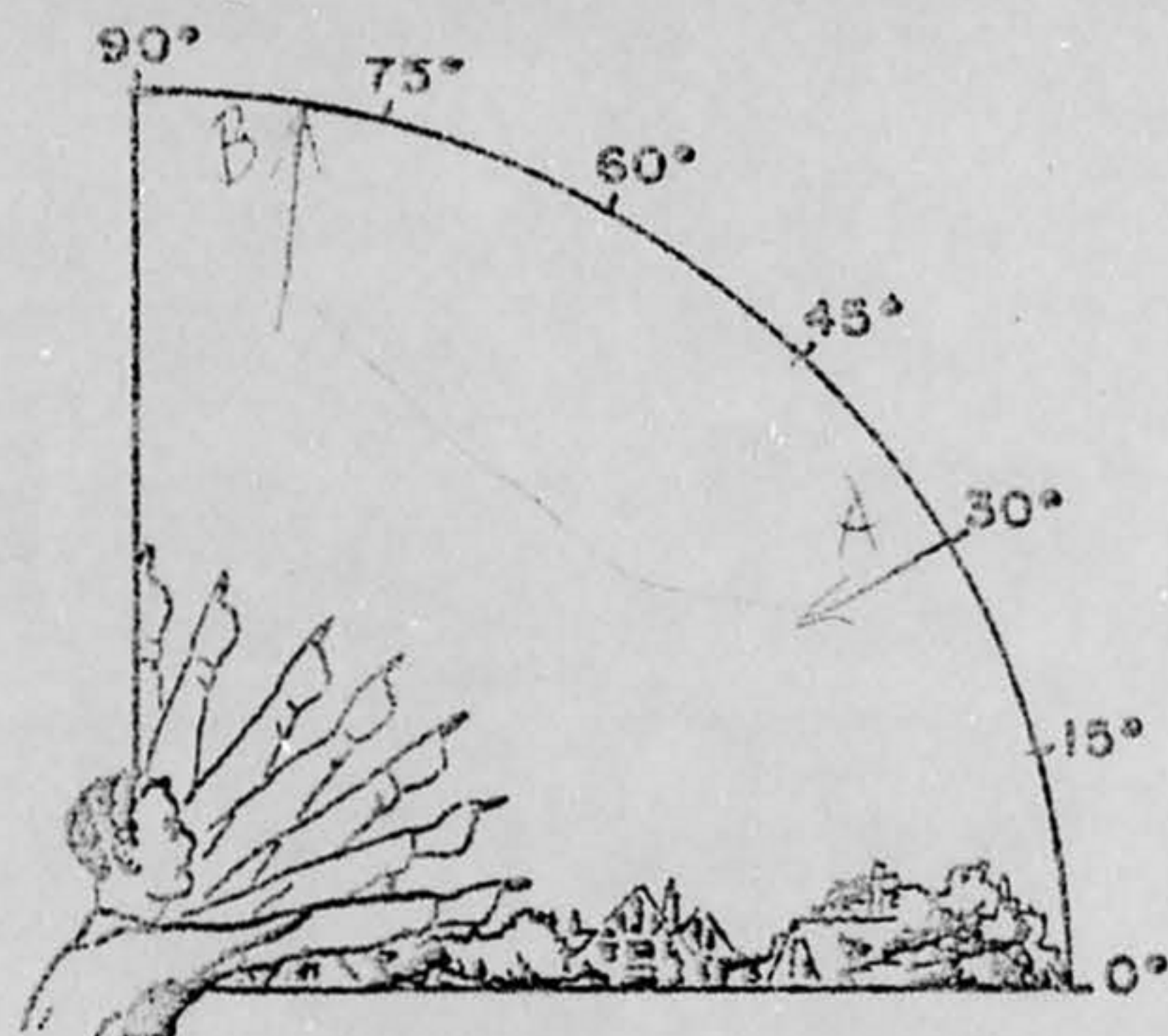
(Circle One) Yes No

25. 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 _____ | | |

26. 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

27. 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. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. 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.

29. 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.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

31. Was anyone else with you at the time you saw the object? (Circle One) Yes No

31.1 IF you answered YES, did they see the object too? (Circle One) Yes No

31.2 Please list their names and addresses:

32. Please give the following information about yourself:

NAME [REDACTED] Last Name First Name Middle Name

ADDRESS [REDACTED] Street City Zone State

TELEPHONE NUMBER [REDACTED] AGE 31 SEX M

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

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

Day

Month

Year