

PROJECT 10073 RECORD CARD

LOCATION

Duluth Grove, Ohio

4. TYPE OF OBSERVATION

XXXXXXXXXXXX

2. Ground Radar

3. Aerial Radar

3. Aerial Radar

6. SOURCE

4. Civilian

12. CONCLUSIONS

1. Was Balloon
2. Possibly Rocket
3. Possibly Rocket

4. Was Rocket
5. Probably Rocket
6. Possibly Rocket

7. Was Astronomical
8. Probably Astronomical
9. Possibly Astronomical

10. Other
11. Insufficient Data for Evaluation
12. Unknown

7. LENGTH OF OBSERVATION

8. NUMBER OF OBJECTS 9. COURSE

1

10. BRIEF SUMMARY OF SIGHTING

White, yellow, red color.

11. COMMENTS

Balloon release RA at 0700.

1016. G. 5822

13 Aug 1952
2305 4w 16

TENTATIVE
OBSERVERS QUESTIONNAIRE

Statement from DO Agent
"Flying Saucer report at 2305. Notified Patterson Operations. Operations reported Radar not operating (2400)"
SECTION A PPK

1. When did you see the object:

1.1 Date: 13 Aug 52
Day Month Year

1.2 Time of day: 2245 A.M. or P.M. (Circle One)
Hrs. Min.

1.3 Time Zone: (Circle One):

- a. Eastern
- b. Central
- c. Mountain
- d. Pacific
- e. Other _____

(Circle One): a. Daylight Saving
b. Standard

1.4 Circle one of the following to indicate how certain you are of your answer to the above question 1.2:

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

2. Where did you see the object?

Sulphur Grove
Postal Address City or Town State Country
near Radar Station WAB Ill USA
State Route 201 and
Taylorville Road

3. 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 _____

3.1 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 _____

7-3719-11

4. How did you happen to notice the object?

Had been watching
it for about 30 minutes at 12:50 hrs

5. When did you report to some official that you had seen the object?

Day Month Year

SECTION B

6. What were you doing at the time you saw the object?

Sitting
in the yard

6.1 What had you been doing for the 30 minutes before you saw the object? Try to list the activity or activities, and the approximate amount of time spent on each.

Sitting in yard 15 mins

7. Were you moving at any time while you saw the object? (Circle One):

Yes or No.

If you answered YES, then complete the following questions.

7.1 What direction were you moving?

(Circle One):

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

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

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

(Circle One): Yes or No

8. What direction were you facing when you first saw the object?

- (Circle One):
- | | |
|--------------|--------------|
| a. North | e. South |
| b. Northeast | f. Southwest |
| c. East | g. West |
| d. Southeast | h. Northwest |

8.1 What direction were you facing when the object disappeared?

- (Circle One):
- | | |
|--------------|--------------|
| a. North | e. South |
| b. Northeast | f. Southwest |
| c. East | g. West |
| d. Southeast | h. Northwest |

8.2 Circle one of the following to indicate how certain you are of your answer to the above two questions. (8 and 8.1).

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

9. Were you wearing eye glasses when you saw the object? (Circle One):

Yes or No UNK

10. How was the object seen?

- (Circle One):
- | | |
|-------------------------|------------------------|
| a. Through window glass | e. Through theodolite |
| b. Through windshield | f. Through sun glasses |
| c. Through binoculars | g. Through open space |
| d. Through telescope | h. Other _____ |

11. What do you remember about the weather conditions at the time you saw the object?

11.1 CLOUDS (Circle One)

- a. Clear sky
b. Hazy
c. Scattered clouds
d. Thick or heavy clouds
e. Don't remember

11.3 WEATHER (Circle One)

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

11.2 WIND (Circle One)

- a. No wind
b. Slight breeze
c. Strong wind
d. Don't remember

11.4 TEMPERATURE (Circle One)

- a. Cold
b. Cool
c. Warm
d. Hot
e. Don't remember

SECTION C

12. Estimate how long you saw the object? 1 Hours Minutes Seconds

12.1 Circle one of the following to indicate how certain you are of your answer to Question 12:

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

13. Did the object look: (Circle One) Solid or Transparent?

14. Did the object at any time:

(Circle One for each question)

14.1	Change direction?	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
14.2	Change speed?	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
14.3	Change size?	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
14.4	Change color?	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
14.5	Break up into parts or explode?	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
14.6	Give off smoke?	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
14.7	Change brightness?	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
14.8	Flicker, throb, or pulsate?	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
14.9	Remain motionless?	<u>Yes</u>	<u>No</u>	<u>Don't know</u>

15. Did the object give off a light? (Circle One): Yes No Don't know

15.1 If you answered YES, what was the color of the light? white-yellow-red

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

16.1 Sound None

16.2 Color White - yellow - red

17. IF there was MORE THAN ONE object, then how many were there? 16
Draw a picture of how they were arranged, and put an arrow to show the direction they were traveling.

18. Did the object at any time:

18.1 Move behind something? (Circle One) Yes No Don't know

If you answered YES, then tell what it moved behind.

18.2 Move in front of something? (Circle One) Yes No Don't know

If you answered YES, then tell what it moved in front of.

18.3 Blend with the background? (Circle One) Yes No Don't know

19. Which of the following objects is about the same actual size as the object you saw? (Circle One):

- | | |
|------------------|------------------------------------|
| a. Pea | f. Automobile |
| b. Baseball | g. Small airplane |
| c. Basketball | h. Large airplane |
| d. Bicycle wheel | i. Dirigible |
| e. Office desk | j. Other <u>Bigger than a star</u> |

19.1 Circle one of the following to indicate how certain you are of your answer to Question 19.

- | | |
|--------------------------|------------------|
| a. Certain | c. Not very sure |
| <u>b.</u> Fairly certain | d. Uncertain |

20. Try to tell the following things about the object:

20.1 How high above the earth was it? 3000 feet.

20.2 How far was it from you? _____ feet or 2 miles

20.3 How fast was it going? 1000 miles per hour.

20.4 Circle one of the following to indicate how certain you are of your answer to the above questions:

- | | |
|--------------------------|------------------|
| a. Certain | c. Not very sure |
| <u>b.</u> Fairly certain | d. Just a guess |

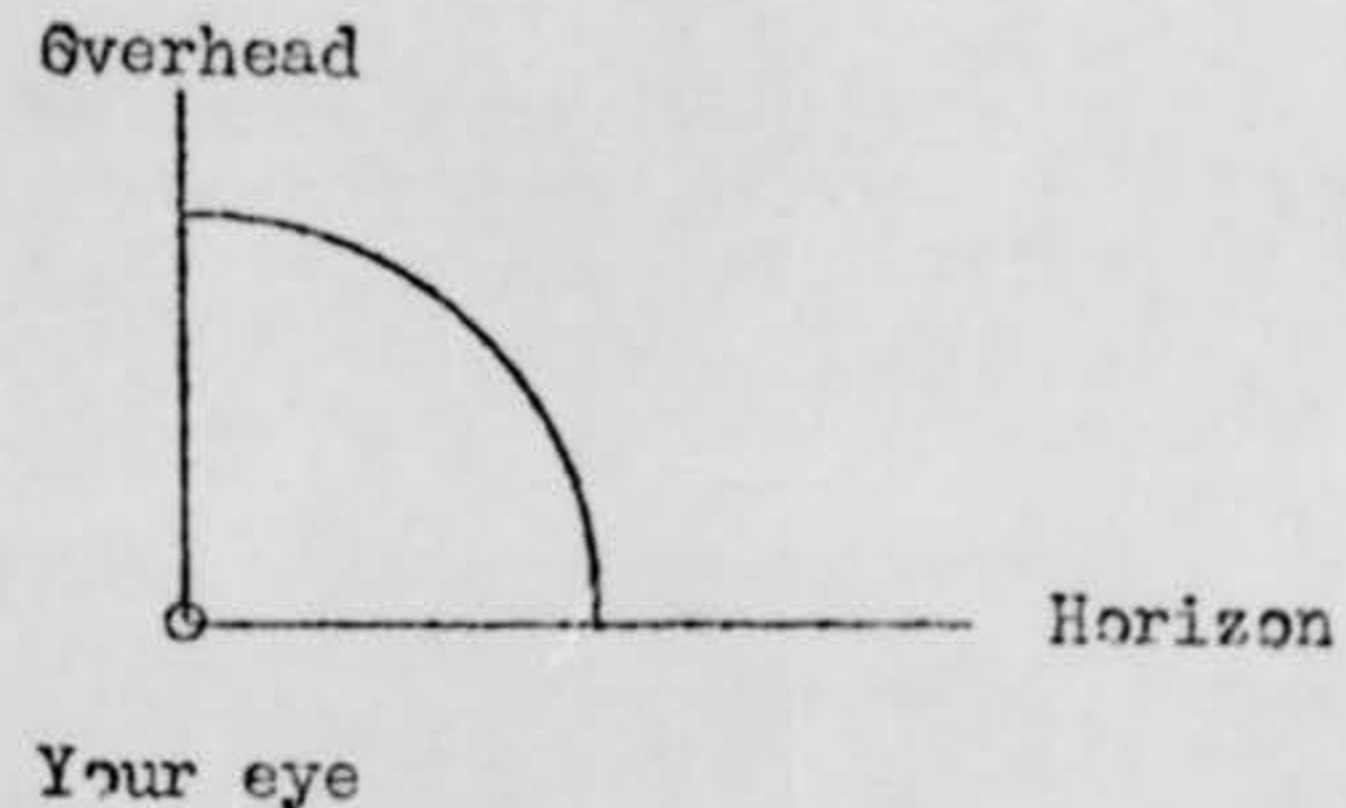
21. How did the object disappear from view?

(Circle One): a. Suddenly
b. Gradually

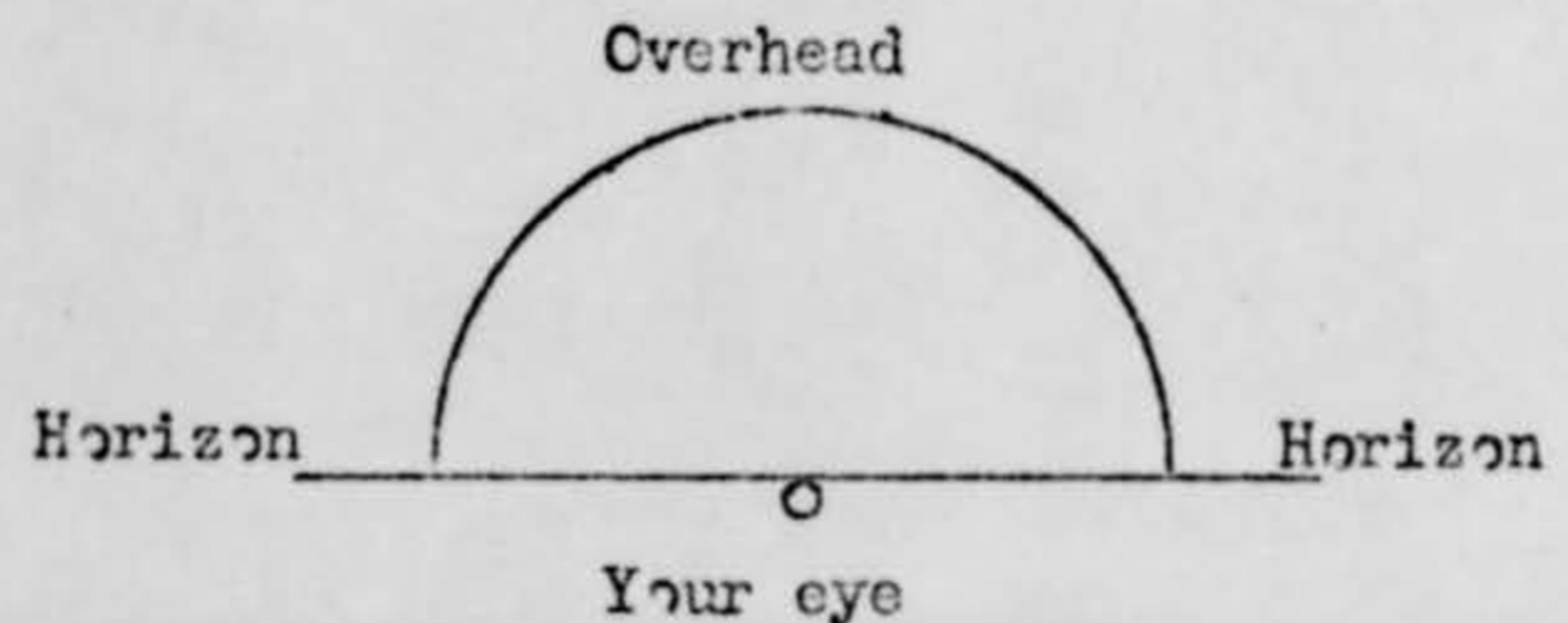
c. Other Did it disappear
d. Don't remember

SECTION D

22. In the following sketch, imagine your eye at the point shown. Place an "A" on the curved line to show how high the object was above the horizon when you first saw it. Place a "B" to show where it was when you last saw it.



23. In the following 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.



24. Draw a picture that will show the motion that the object made. Place an "A" at the beginning of its path and a "B" at the end of its path.

25. Draw a picture that will show the shape of the object. Label and include in your sketch any details of the object that you saw, and place an arrow beside the drawing to show the direction the object was moving.



SECTION E

26. Was this the first time that you have seen an object like this?
(Circle One): Yes No

26.1 IF you answered NO, then when, where, and under what conditions did you see other ones? _____

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

28. 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? _____

Age _____

Sex _____

Last School Attended _____

Year of last attendance at this school _____

*3 men of
12 women
110 names*

29. Was anyone else with you at the time you saw the object?

(Circle One): Yes or No

29.1 IF you answered YES, did they see the object too?

(Circle One): Yes or No

29.2 Please list their names and addresses:

30. Please add here any further comments which you believe are important.
Use additional sheets of the same size paper if necessary.

This report was taken over the
phone by the Duty Officer. The
report was made by the Sgt of
the Guard who had received four
telephone calls concerning