

PROJECT 10073 RECORD CARD

1. DATE 29 Oct 59	2. LOCATION Vandalia, Ohio		12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon <input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft
3. DATE-TIME GROUP Local _____ GMT 30/0110Z	4. TYPE OF OBSERVATION <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar		
5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. SOURCE Civilian		<input checked="" type="checkbox"/> Was Astronomical Meteor <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical <input type="checkbox"/> Other _____ <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
7. LENGTH OF OBSERVATION 4 secs	8. NUMBER OF OBJECTS one	9. COURSE West	
10. BRIEF SUMMARY OF SIGHTING Blunt white obj w/fuzzy front & a tapering tail, sharply outlined. Obj moved fm East to West. Disappeared by burning out.			11. COMMENTS Characteristics of a meteor observation are present.

Major [redacted] 1/8 AM C

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?

29 Oct. 59
Day Month Year

2. Time of day:

20 18
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?

Nearest Postal Address Vandalia Ohio
City or Town State or Country

Additional remarks: _____

5. Estimate how long you saw the object.

Hours Minutes 4
Seconds

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

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

6. What was the condition of the sky?

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

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 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, 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?:

(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? | 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. Flicker, throb, or pulsate? | Yes | No | 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, than 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 | 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 _____

b. Color Pink 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.

meteorite

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

Front Fuzzy
Top edge T-shield
Sharply outlined

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.

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.

Travelling E-W direction
falling 45° angle

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
b. Penny
c. Dime
d. Nickel
e. Quarter
f. Half dollar

- g. Silver dollar
h. Baseball
i. Grapefruit
j. Basketball
k. Other _____

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

- a. Certain
b. Fairly certain

- c. Not very sure
d. Uncertain

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

Burnt out

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.

To Bright

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 - appeared in sky ahead

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? 50 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

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

- a. North 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 180 degrees.
 b. From horizon 45 degrees.

31.2 When it disappeared:

- a. From true North 180 degrees.
 b. From horizon 20 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?

20 Day Oct Month 59 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]

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?

Meteorite or missile
A/C Rocket

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? _____ 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? USAF Hq Arm C

Age 34 Sex M

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 Pilot Training

42. Date you completed this questionnaire:

_____ Day _____ Month _____ Year