

## PROJECT 10073 RECORD CARD

1. DATE 4 Jun 61	2. LOCATION Silver Grove, Kentucky	12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon <input type="checkbox"/> Was Aircraft <input checked="" type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft <input type="checkbox"/> Was Astronomical <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
3. DATE-TIME GROUP Local 2150 GMT 05/0650Z Jun 61	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	
7. LENGTH OF OBSERVATION 5 minutes	8. NUMBER OF OBJECTS one	9. COURSE NW-SE then E-W
10. BRIEF SUMMARY OF SIGHTING Shiny object changing red back to shiny several times during observation. Bright as the brightest star. Movement included "U" turn. Object disappeared by fading.		11. COMMENTS This witness has been searching for objects to report. He has made numerous reports of lights in his area. The <del>movement</del> movement and manner of disappearance of this object indicate that a light a/c on a local mission was the most probable cause of the 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?

Oct June 61  
Day Month Year

2. Time of day: 21.50  
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 City or Town State or Country  
Silver Grove Kentucky

Additional remarks: Called from phone booth near home.

5. How long was object in sight?

\_\_\_\_\_  
Hours Minutes 5 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 NIGHT  
a. Bright a. Bright  
b. Cloudy b. Cloudy (c) Dark

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

NA

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?

Bright as brightest star

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? | <input checked="" type="radio"/> Yes | 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?                           | <input checked="" type="radio"/> Yes | 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?                      | <input checked="" type="radio"/> 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: Tree

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

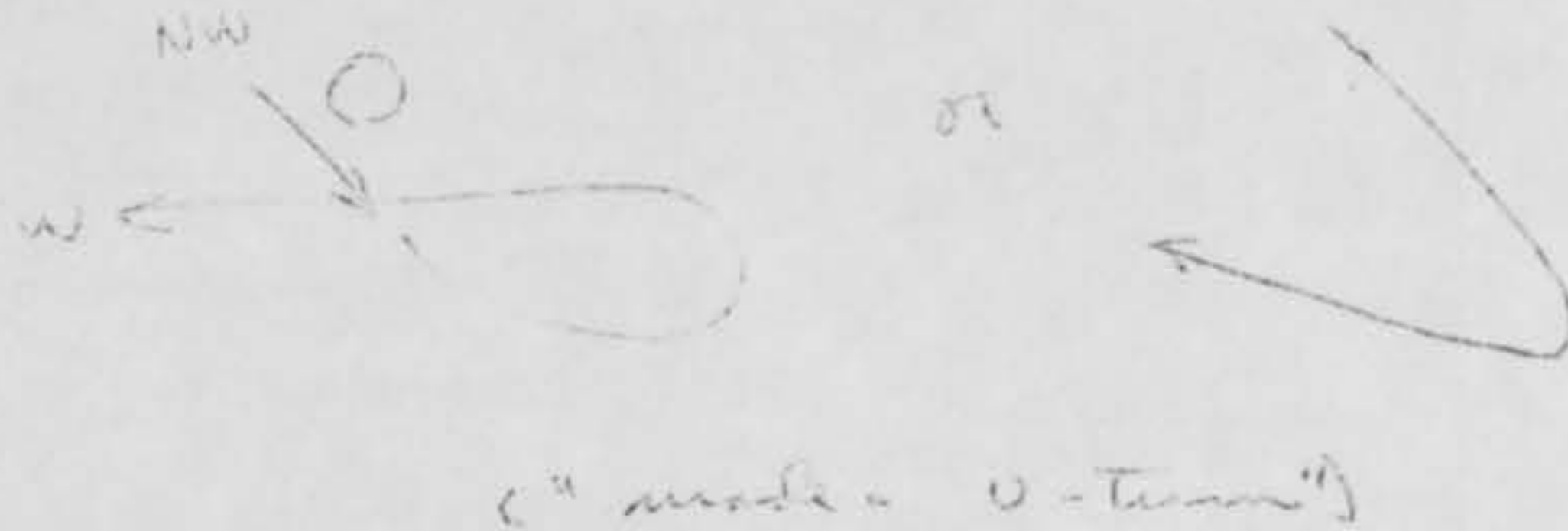
15. Did you observe the object through any of the following?

- |                 |     |                                     |               |                   |                                     |
|-----------------|-----|-------------------------------------|---------------|-------------------|-------------------------------------|
| a. Eyeglasses   | Yes | <input checked="" type="radio"/> No | a. 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      | <u>Washed eye</u> |                                     |

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

- a. Sound Noise
- b. Color Shiny changed to red, back to shiny several times

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.



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 this time  
 Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

Said he saw the object first on 6 Nov 61.  
 There was another one at that time which seemed  
 to follow and catch up to, but not pass the  
 first. On several occasions since he has seen  
 one or both of these objects.

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?

Bright 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?

$\frac{1}{4}$

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

Yes. Faded.

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.

Ball bearing.  
~~Sublimation~~

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 for 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)

- NA 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. 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 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).

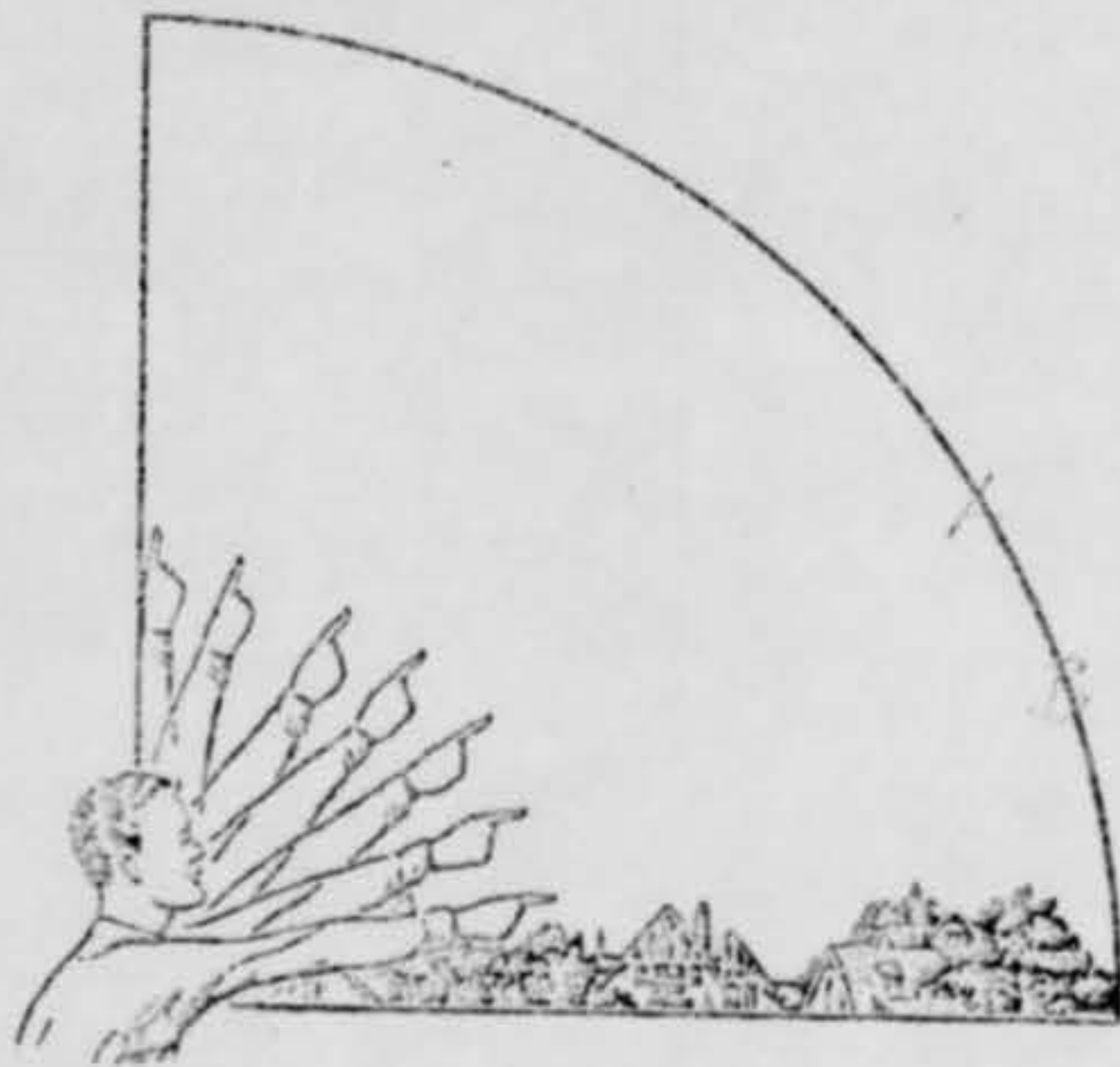
31.1 When it first appeared:

- a. From true North 340 degrees.  
b. From horizon 40 degrees.

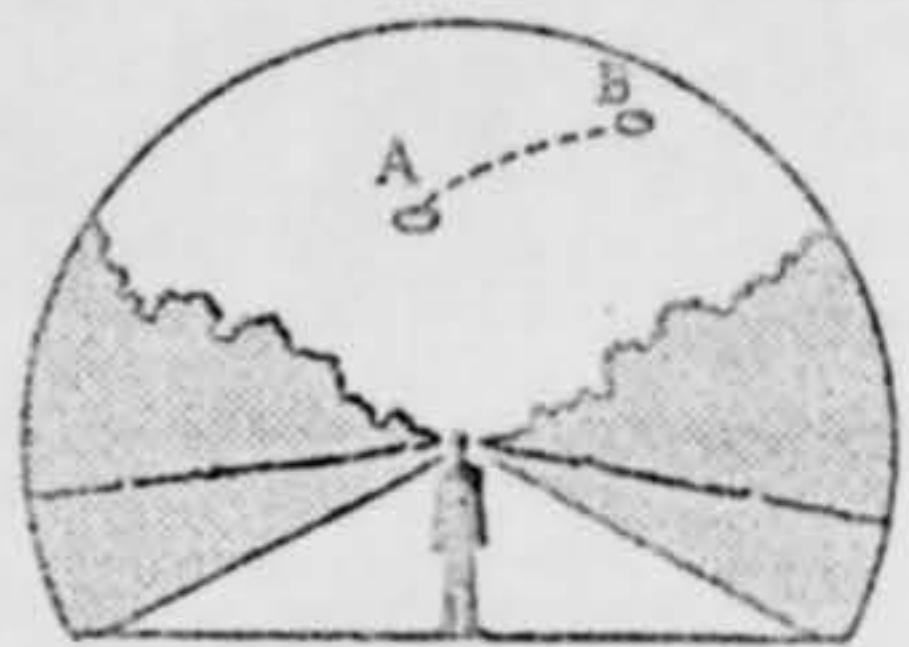
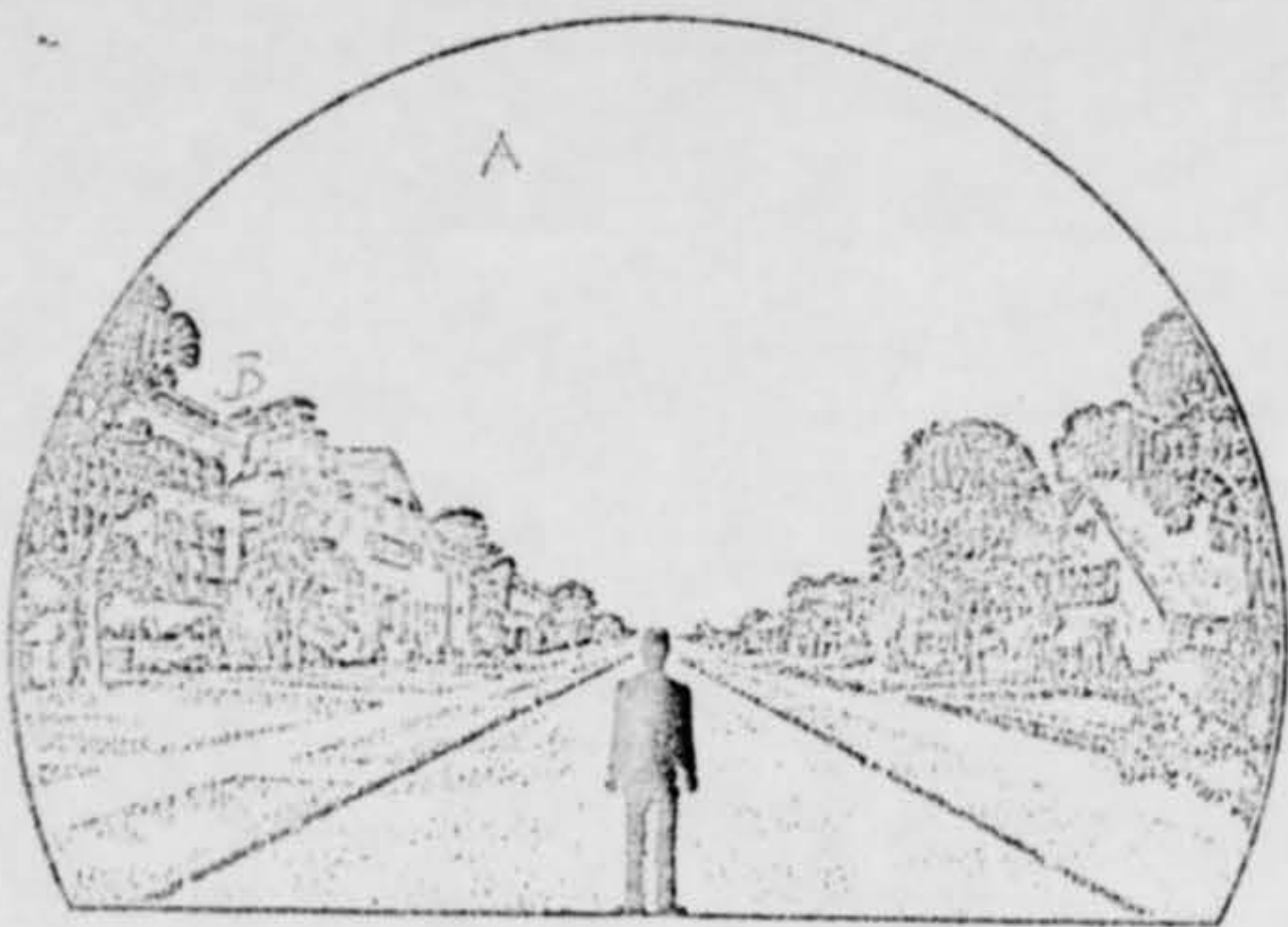
31.2 When it disappeared:

- a. From true North 240 degrees.  
b. From horizon 20 degrees.

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? *Local police officers*  
*Thou ATIC.*

03  
Day

June  
Month

61  
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:

~~\_\_\_\_\_~~  
 Silver Grove, Ky.

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?

*never for first time or 4 months has seen*  
*several times since then. On several occasions*  
*there were two objects.*

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

*Satellite.*

*He said he had checked London airport*  
*and they said there were no aircraft in*  
*area at time.*



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? Depend on view 5 minutes

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 Miles

41. Please give the following information about yourself:

NAME [REDACTED] Last Name [REDACTED] First Name [REDACTED] Middle Name

ADDRESS [REDACTED] Street Silver Grove City [REDACTED] Zone [REDACTED] State Ky

TELEPHONE NUMBER [REDACTED]

Age 13 1/2 Sex M

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

Has previously reported these object to AFIC and requests that we let him know what we think about the phenomenon. (my understanding) says about 40 people there are interested in the matter.

42. Date you completed this questionnaire:

04 Day June Month 61 Year

Received by:

Donald W. Gregory  
SDC