

PROJECT 10073 RECORD CARD

1. DATE 18 Jul 62		2. LOCATION Dayton Ohio Area		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  <input type="checkbox"/> Was Astronomical Jupiter <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 _____ GMT 19/0245Z-0615Z		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 type="checkbox"/> No		6. SOURCE Civilian			
7. LENGTH OF OBSERVATION 2 hrs plus		8. NUMBER OF OBJECTS one	9. COURSE West		
10. BRIEF SUMMARY OF SIGHTING Multiple sightings of obj fluctuating or oscillating. In sight for over two hrs & still visible. Movement slow to west. Believed to be star or planet by official taking rpt.				11. COMMENTS Rptd obj visible to official taking info. Multiple calls. Planet Jupiter was at 30dgr elev, 110dgr azimuth at 1115PM Local. At 0115 it had moved to an azimuth of 120dgr & elev of 130 dgr. Jupiter <sup>only</sup> not visible at this time, as both Venus & Mars had either set or were not yet up. Case evaluated as Jupiter.	

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?

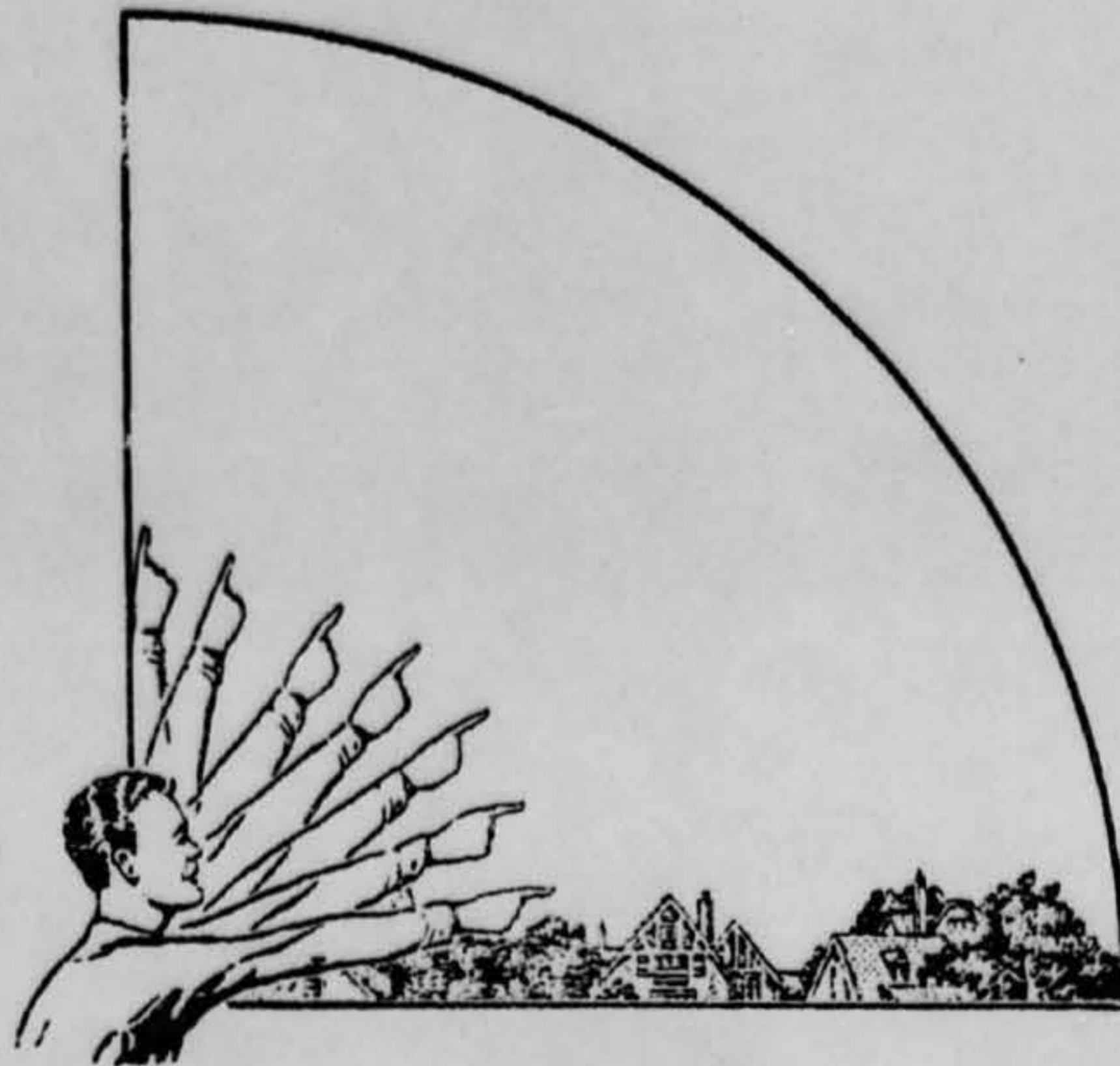
22. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

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

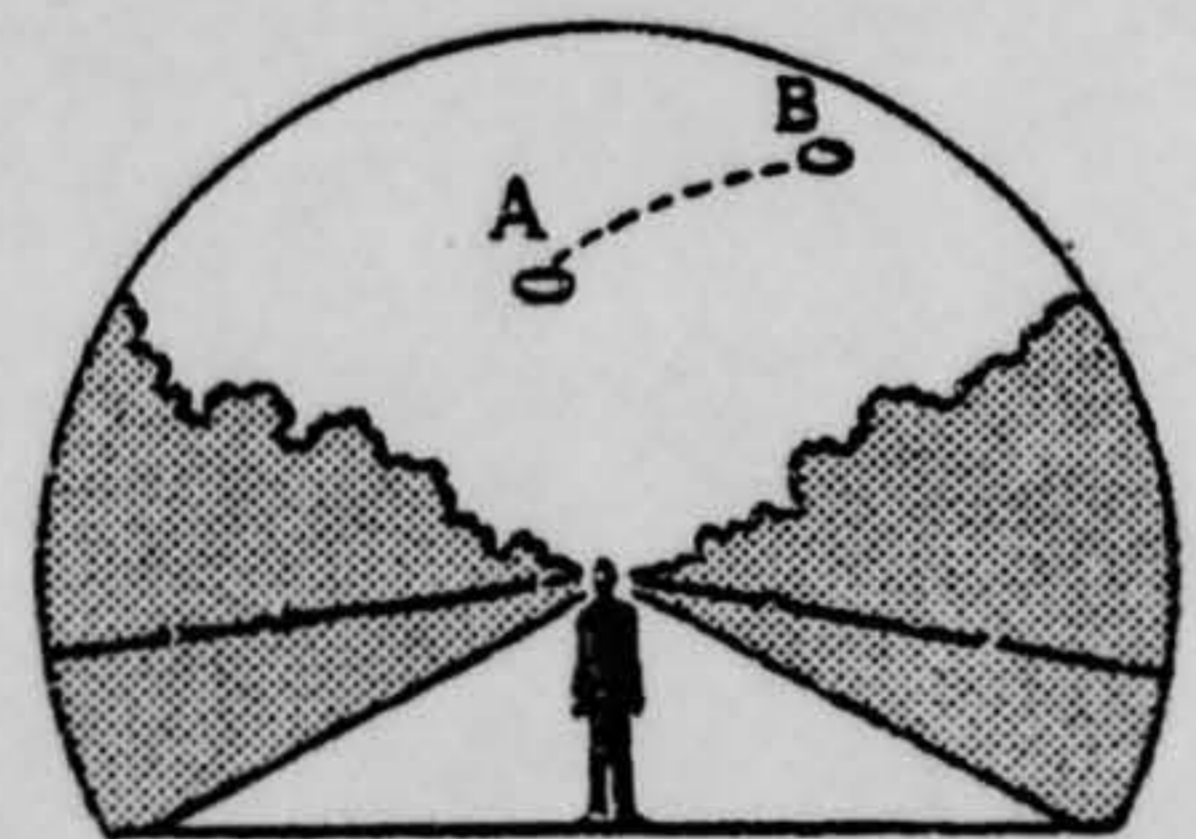
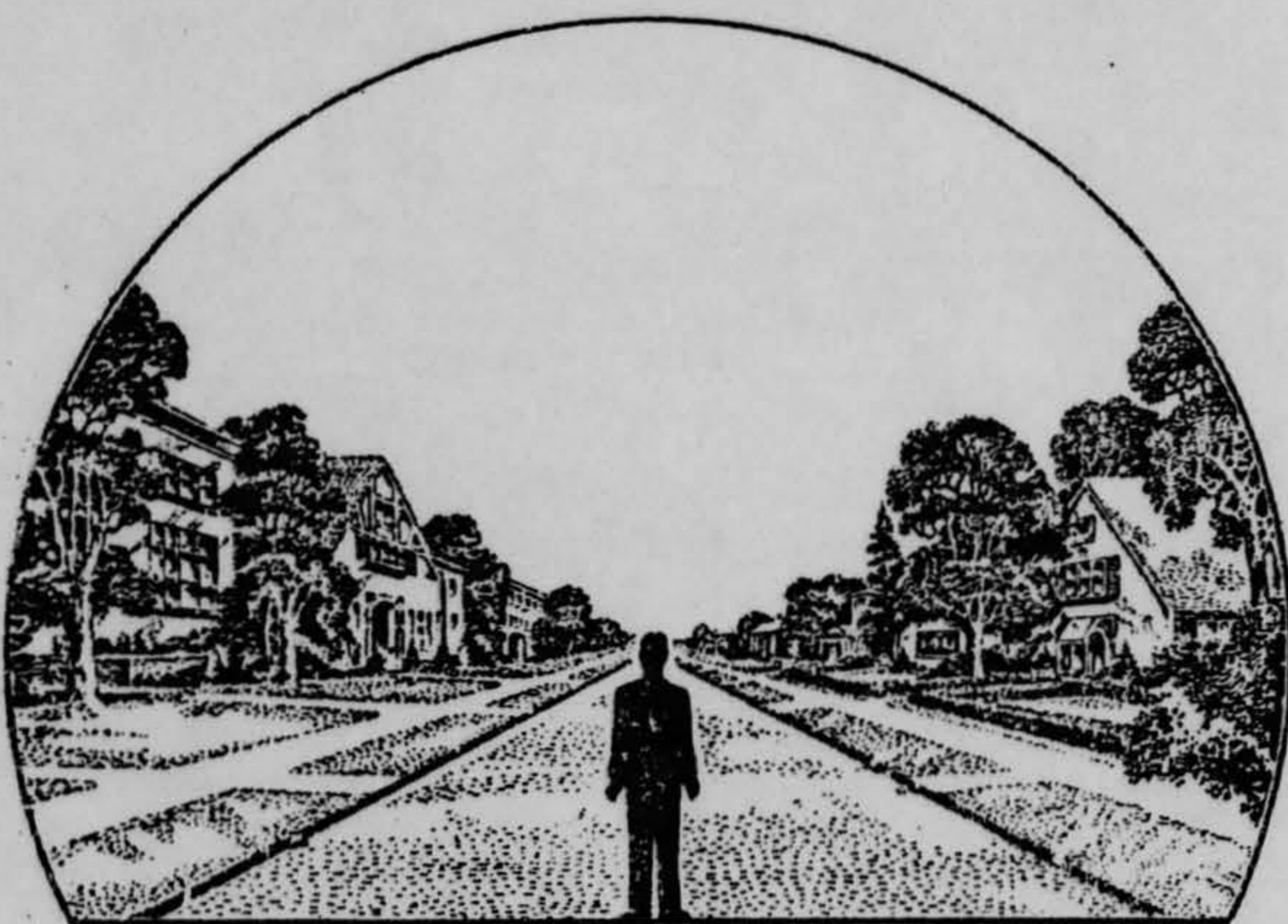
24. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

Object rose slowly and moved across heavens at slow rate (I believe observer was viewing planet — I visually checked his observation and it appeared to be Venus or other large planet. It was unusually bright and appeared about 30° above horizon.) Observer reports tracking this object for 2 hrs.  
 OD Capt. S. E. [unclear]

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.



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?

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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     | <input checked="" type="radio"/> 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     | <input checked="" type="radio"/> 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?

\_\_\_\_\_ 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 \_\_\_\_\_  
Street      City      Zone      State  
MAD RIVER Township      DAYTON      OHIO

TELEPHONE NUMBER \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

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

42. Date you completed this questionnaire:

\_\_\_\_\_ Day      \_\_\_\_\_ Month      \_\_\_\_\_ Year

155-1556  
J 7256  
Mr. [REDACTED]

### 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?

18 Jul 62  
Day Month Year

2. Time of day: 2305

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

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

5. How long was object in sight?

\_\_\_\_\_  
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?

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 _____ |     |    |



Venus

Civilian Police

Mr. [REDACTED]

V. 1032 15.56 (Jul 22 56 56.73) 2  
Mass 4 17 32.56

U.S. AIR FORCE TECHNICAL INFORMATION SHEET

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1. When did you see the object?

18 Jul 62  
Day Month Year

2. Time of day:

2305

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

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

5. How long was object in sight?

\_\_\_\_\_  
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       | NIGHT     |
| a. Bright | a. Bright |
| b. Cloudy | 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

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 Civilian Police WPAFB \_\_\_\_\_  
Street City Zone State

TELEPHONE NUMBER \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

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

Civilian Police

42. Date you completed this questionnaire:

\_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

Capt Edw A. Steffen, FTD OD 17 JUL 1962

4200 130' 42" at 010

110' 52" at 30' 0" elev

### U.S. AIR FORCE TECHNICAL INFORMATION SHEET

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1. When did you see the object?

15 Day      June Month      62 Year

2. Time of day: 0115 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] AVE      MAD RIVER      DAYTON OHIO  
Nearest Postal Address      City or Town      State or Country

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

5. How long was object in sight?

2 Hours      \_\_\_\_\_ Minutes      \_\_\_\_\_ Seconds

5.1 How was time in sight determined?

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

6. What was the condition of the sky?

DAY      NIGHT  
a. Bright      a. Bright  
b. Cloudy      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

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?

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

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

*appeared as very bright object, much larger than any star.*

10. If it appeared as a light, was it brighter than the brightest stars?

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: cloud

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 | 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 none
- b. Color 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.

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.

*MO*