

PROJECT 10073 RECORD

1. DATE - TIME GROUP 19 May 54 20/0400Z	2. LOCATION 55 Utica St, Hamilton, New York
3. SOURCE civilian	10. CONCLUSION PROBABLY AIRCRAFT Possible a/c sighting, flight, speed and general description consistant with this analysis.
4. NUMBER OF OBJECTS one	
5. LENGTH OF OBSERVATION 30 seconds	
6. TYPE OF OBSERVATION ground visual	
7. COURSE East	11. BRIEF SUMMARY AND ANALYSIS Object appeared as a faint "glob" of light, milky in color with two faint reddish dots. Oval in shape. Elevation 20°. No clouds in sky, temp cool, weather, dry. Object near Saturn. Disappeared after level flight beyond buildings obstructing view. Observed in SE, passed through about 20° arc. Witness listened for sound of a/c but didn't hear any.
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. If you saw the object as MOON, SUN, STAR, or PLANET, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One) None MOON (Circle One) Bright moonlight Dark moonlight No starlight or pink stars

8.2 MOON (Circle One) None MOON (Circle One) Bright moonlight Dark moonlight No starlight or pink stars

9. Was the object brighter than the background of the sky?

(Circle One) Yes No Don't remember

10. If it was BRIGHTER THAN the sky background, was the brightness like that of an ordinary headlight?

(Circle One) A white or more gray (a distant star) Several black spots A black spot Several pink spots Other *Several black spots*

11. Did the object:

	Yes	No	Don't Know
a. Appear to wobble with or wobble?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Don't Know
b. Suddenly speed up and wobble or wobble?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Don't Know
c. Break up into parts or explode?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Don't Know
d. Give off sparks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Don't Know
e. Change brightness?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Don't Know
f. Change shape?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Don't Know
g. Flicker, twinkle, or pulsate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Don't Know

(Circle One for each question)

12. Did the object seem to have something or engine, particularly a shield?

(Circle One) Yes Don't Know If you answered YES, then tell what it seemed to have at _____

13. Did the object move in front of something or engine, particularly a shield?

(Circle One) Yes Don't Know If you answered YES, then 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?

	Yes	No	Don't Know
a. Eyeglasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Don't Know
b. Sun glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Don't Know
c. Windshield	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Don't Know
d. Window glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Don't Know
e. Binoculars	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Don't Know
f. Telescope	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Don't Know
g. Periscope	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Don't Know
h. Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Don't Know

Witness 19/10002 14
 HAMILTON N.Y.

Appendix III

Form 8

U. S. AIR FORCE TECHNICAL INFORMATION SHEET	
<p>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.</p>	
<p>1. When did you see the object? <i>Wed. May 1954</i> <small>Day Month Year</small></p>	<p>2. Time of day <i>12:00 P.M.</i> <small>Hour Minutes</small> (Circle One) A.M. or P.M.</p>
<p>3. Time zone: (Circle One) <i>a. Eastern</i> b. Central c. Mountain d. Pacific e. Other _____</p>	<p>(Circle One) <i>a. Daylight Saving</i> b. Standard</p>
<p>4. Where were you when you saw the object? <small>Home Postal Address</small> <i>Hamilton New York</i> <small>City or Town State or Country</small> Additional remarks: _____</p>	
<p>5. Estimate how long you saw the object. _____ <small>Hours Minutes Seconds</small></p> <p>5.1 Circle one of the following to indicate how certain you are of your answer to Question 5. a. Certain b. Fairly certain c. <i>Just a guess</i> d. Just a hunch e. Just a guess</p>	
<p>6. What was the condition of the sky? (Circle One) a. Bright daylight b. Dull daylight c. Bright twilight d. <i>Just a trace of twilight</i> e. <i>No trace of twilight</i> f. Don't remember</p>	
<p>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 b. In back of you c. To your right d. To your left e. Overhead f. Don't remember</p>	

Page 9

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

a. Sound None

b. Color faint milky with 2 faint globe-like redish dots

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 whether trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

a saturn

East ←

milky appearance

faint redish

18. The edges of the object were:

(Circle One) Fuzzy or blurred

LINE'S EDGE

Sharply outlined

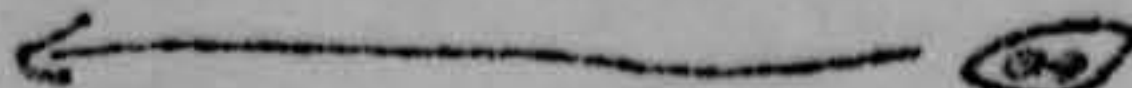
Don't remember

a. 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.

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.



Through the sky

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 the following objects, held in the hand and at about arm's length?

(Circle One)

a. Head of a pin

g. Silver dollar

b. Pin

h. Baseball

c. Dime

i. Grapefruit

d. Nickel

j. Basketball

e. Quarter

k. Other

f. Half dollar

l. Small as spoon

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

a. Certain

c. Not very sure

b. Fairly certain

Uncertain

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

It went behind some trees and
over hills

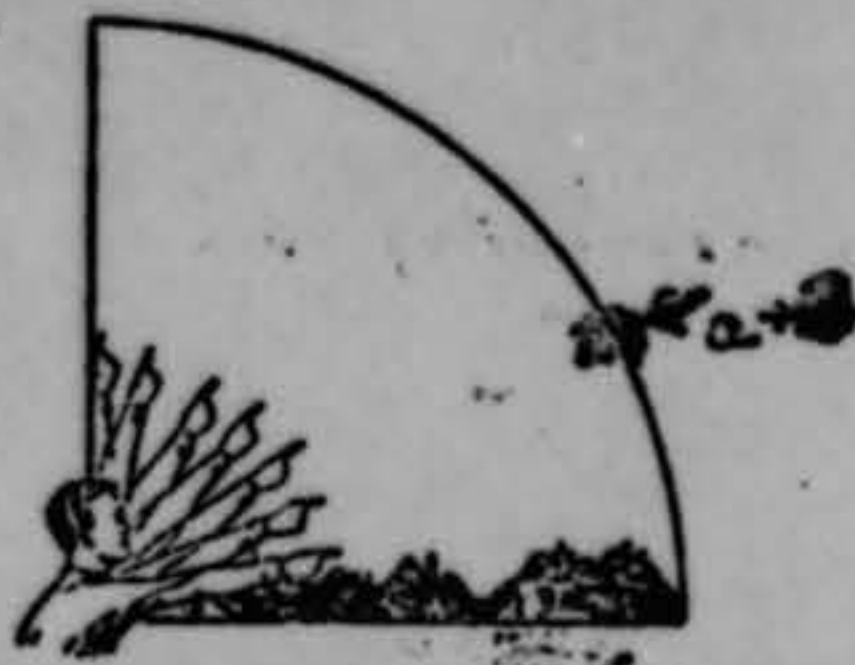
24. In order that you can give us clear a picture as possible of what you saw, we would like for you to imagine that you could construct the object that you saw. Of what type material would you make it? How large would it be, and what shape would it have? Describe in your own words a common object or objects which when placed up in the sky would give the same appearance as the object which you saw.

It was oval in shape, + I've
Never seen anything like it
before.

<p>25. Where were you located when you saw the object? (Circle One)</p> <p>a. Inside a building b. Outside c. In a vehicle d. In a structure e. At sea f. Other _____</p>	<p>26. How was the object seen? (Circle One)</p> <p>a. In the distance b. In the immediate vicinity of a ship c. In open country d. Flying over an island e. Flying over a ship f. Flying over open country g. Other _____</p>
<p>27. What were you doing at the time you saw the object, and how did you happen to notice it?</p> <p><u>I was observing stars and constellations</u></p>	
<p>28. If you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:</p> <p>28.1 What direction were you moving? (Circle One)</p> <p>a. North b. East c. Northwest d. South</p> <p>28.2 How fast were you moving? _____ miles per hour.</p> <p>28.3 Did you stop at any time while you were looking at the object? (Circle One) Yes No</p>	
<p>29. What direction were you looking when you first saw the object? (Circle One)</p> <p>a. North b. East c. Northwest d. South</p> <p>29. What direction were you looking when you last saw the object? (Circle One)</p> <p>a. North b. East c. Northwest d. South</p>	
<p>30. If you are familiar with locating items on a map, give the number of degrees the object was from true North and also the number of degrees it was observed from the horizon (bearing).</p> <p>30.1 When it first appeared _____ degrees</p> <p>30.2 From true North _____ degrees</p> <p>30.3 From horizon _____ degrees</p> <p style="text-align: center;">I couldn't say.</p>	

Page 6

23. 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.



24. 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.



Page 7

34. What were the weather conditions at the time you saw the object?	
34.1 CLOUDS (Circle One) <input checked="" type="radio"/> a. Clear sky <input type="radio"/> b. Hazy <input type="radio"/> c. Scattered clouds <input type="radio"/> d. Thick or heavy clouds <input type="radio"/> e. Don't remember	34.2 WIND (Circle One) <input type="radio"/> a. No wind <input type="radio"/> b. Slight breeze <input checked="" type="radio"/> c. Strong wind <input type="radio"/> d. Don't remember
34.3 WEATHER (Circle One) <input checked="" type="radio"/> a. Dry <input type="radio"/> b. Fog, mist, or light rain <input type="radio"/> c. Moderate or heavy rain <input type="radio"/> d. Snow <input type="radio"/> e. Don't remember	34.4 TEMPERATURE (Circle One) <input type="radio"/> a. Cold <input checked="" type="radio"/> b. Cool <input type="radio"/> c. Warm <input type="radio"/> d. Hot <input type="radio"/> e. Don't remember
35. When did you report to some official that you had seen the object? Day _____ Month _____ Year _____ <i>I didn't!</i>	
36. Was anyone else with you at the time you saw the object? (Circle One) Yes <input checked="" type="radio"/> No <input type="radio"/>	
36.1 IF you answered YES, did they see the object too? (Circle One) Yes <input type="radio"/> No <input type="radio"/>	
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 <input checked="" type="radio"/> No <input type="radio"/>	
37.1 IF you answered NO, then when, where, and under what circumstances did you see other ones? <i>I HAVE NOT SEEN REPLICAS AS THIS.</i> <i>High. Kids! but it was in the</i> <i>afternoon & the object was a</i> <i>shiny silver ring.</i>	
38. In your opinion what do you think the object was and what might have caused it? <i>I have no idea. I listened for</i> <i>a motor. There was none.</i>	

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 _____
Local Name First Name Middle Name

ADDRESS _____
Street City State Hamilton N.Y.

TELEPHONE NUMBER _____

What is your present job? High school student

Age 14 Sex girl

Please indicate any special educational training that you have had.

a. Grade school _____	a. a. Technical school _____
b. <u>High school</u> _____	(Type) _____
c. College _____	f. Other special training _____
d. Post graduate _____	

42. Date you completed this questionnaire: _____
Day Month Year April 1, 1954