

**PROJECT 10073 RECORD**

<b>1. DATE - TIME GROUP</b> 30 May 54 30/1600Z	<b>2. LOCATION</b> Columbus, Ohio
<b>3. SOURCE</b> civilian	<b>10. CONCLUSION</b> INSUFFICIENT DATA FOR EVALUATION  no other information
<b>4. NUMBER OF OBJECTS</b> 11 or 12	
<b>5. LENGTH OF OBSERVATION</b> seconds	
<b>6. TYPE OF OBSERVATION</b> ground visual	<b>11. BRIEF SUMMARY AND ANALYSIS</b>  11 or 12 objects observed in SW moving to NE in seconds observed by witness painting.
<b>7. COURSE</b> NE	
<b>8. PHOTOS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9. PHYSICAL EVIDENCE</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

FORM  
 FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.

Witness

301 [Redacted] H-0

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Form A

### 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?

30 Day    May Month    1954 Year

2. Time of day:

1100 Hour    15 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] Nearest Postal Address    Columbus City or Town    Ohio State or Country

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

5. Estimate how long you saw the object.

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

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. Not very sure
- d. Just a guess

6. What was the condition of the sky?

- (Circle One):
- a. Bright daylight
  - b. Dull daylight
  - c. Bright twilight
  - d. Just a trace of daylight
  - e. No trace of daylight
  - 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
  - b. In back of you
  - c. To your right
  - d. To your left
  - e. Overhead
  - f. Don't remember

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

a. Sound \_\_\_\_\_

b. Color \_\_\_\_\_

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? 11 or 12  
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

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?

Painting

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     | c. East      | e. South            | g. West      |
| b. Northeast | d. Southeast | <u>f. Southwest</u> | h. Northwest |

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

- |                     |              |              |              |
|---------------------|--------------|--------------|--------------|
| a. North            | c. East      | e. South     | g. West      |
| <u>b. Northeast</u> | 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 \_\_\_\_\_ degrees.
- b. From horizon \_\_\_\_\_ degrees.

31.2 When it disappeared:

- a. From true North \_\_\_\_\_ degrees.
- b. From horizon \_\_\_\_\_ degrees.

**U. S. AIR FORCE TECHNICAL INFORMATION SHEET**  
**(SUMMARY DATA)**

In order that your information may be filed and coded as accurately as possible, please use the following space to write out a short description of the event that you observed. You may repeat information that you have already given in the questionnaire, and add any further comments, statements, or sketches that you believe are important. Try to present the details of the observation in the order in which they occurred. Additional pages of the same size paper may be attached if they are needed.

NAME \_\_\_\_\_

(Please Print)

(Do Not Write in This Space)

CODE:

SIGNATURE \_\_\_\_\_

DATE

30 May 1954