

PROJECT 10073 RECORD CARD

| | | | | |
|---|--|--------------------------|---|--|
| 1. DATE July 55 | 2. LOCATION Hollywood, Calif | | 12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon | |
| 3. DATE-TIME GROUP Local <u>2230 PST</u> GMT _____ | 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 | | <input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft | |
| 5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6. SOURCE CIVILIAN | | <input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical | |
| 7. LENGTH OF OBSERVATION 10 minutes | 8. NUMBER OF OBJECTS one | 9. COURSE West | <input type="checkbox"/> Other/Unreliable Rpt <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown | |
| 10. BRIEF SUMMARY OF SIGHTING Yellowish glowing light sharply outlined, shape of a large egg. Obj moved very slowly and steadily toward the west and disappeared beyond some hills. <div style="text-align: center; font-size: 2em; opacity: 0.5;">SMC</div> | | | 11. COMMENTS Not reported until 5½ years after the sighting, too old to evaluate and one witness report. Case carried as Other (Unreliable Rpt) | |

RETURN TO

Director
Aerospace Studies Inst
ATTN: Archives Branch
Maxwell AFB, Alabama

K2#3.6012-1
1-15041
1955

**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 _____

SIGNATURE _____

DATE _____

(Do Not Write in This Space)

CODE:

On a warm evening in July, 1955, as I was sitting on my bed, I was reading a book. I was attracted by a bright light outside my living room window. I looked up and saw a large, oval-shaped illuminated object slowly moving across the sky. I watched this for a few seconds and then went outside to try to see further observation. It moved very slowly and I was able to see it for a few seconds and then it disappeared. I was very surprised by this and I have not seen anything like this before.

PROJECT 10073 RECORD CARD

| | | | |
|--|---|---|---|
| 1. DATE 8 Jul 55 | 2. LOCATION Hollywood, Calif | | 12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon |
| 3. DATE-TIME GROUP Local _____ GMT 09/0615Z | 4. TYPE OF OBSERVATION XXX <input type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar | | <input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft |
| 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 |
| 7. LENGTH OF OBSERVATION 3 - 4 seconds | 8. NUMBER OF OBJECTS 1 | 9. COURSE N | <input type="checkbox"/> Other _____ <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown |
| 10. BRIEF SUMMARY OF SIGHTING Round, white with green/ | | 11. COMMENTS Meteor 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.

| | | | |
|---|--|---|---|
| <p>1. When did you see the object?</p> <p style="text-align: center;"> <input type="text" value=""/> Day <input type="text" value="July"/> Month <input type="text" value="1958"/> Year </p> | <p>2. Time of day: <input type="text" value="11"/> Hour <input type="text" value="39"/> Minutes</p> <p>(Circle One): A.M. or <input checked="" type="radio"/> P.M.</p> | | |
| <p>3. Time Zone: (Circle One):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> a. Eastern b. Central c. Mountain d. Pacific e. Other _____ </td> <td style="width: 50%; vertical-align: top;"> (Circle One): a. <input checked="" type="radio"/> Daylight Saving b. <input type="radio"/> Standard </td> </tr> </table> | | a. Eastern b. Central c. Mountain d. Pacific e. Other _____ | (Circle One): a. <input checked="" type="radio"/> Daylight Saving b. <input type="radio"/> Standard |
| a. Eastern b. Central c. Mountain d. Pacific e. Other _____ | (Circle One): a. <input checked="" type="radio"/> Daylight Saving b. <input type="radio"/> Standard | | |
| <p>4. Where were you when you saw the object?</p> <p> <input type="text" value=""/> Nearest Postal Address <input type="text" value="Hollywood"/> City or Town <input type="text" value="California"/> State or Country </p> <p>Additional remarks: _____</p> | | | |
| <p>5. How long was object in sight? <input type="text" value=""/> Hours <input type="text" value="10"/> Minutes <input type="text" value=""/> Seconds</p> <p>5.1 How was time in sight determined?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> a. <input checked="" type="radio"/> Certain b. <input type="radio"/> Fairly certain </td> <td style="width: 50%; vertical-align: top;"> c. <input type="radio"/> Not very sure d. <input type="radio"/> Just a guess </td> </tr> </table> | | a. <input checked="" type="radio"/> Certain b. <input type="radio"/> Fairly certain | c. <input type="radio"/> Not very sure d. <input type="radio"/> Just a guess |
| a. <input checked="" type="radio"/> Certain b. <input type="radio"/> Fairly certain | c. <input type="radio"/> Not very sure d. <input type="radio"/> Just a guess | | |
| <p>6. What was the condition of the sky?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> DAY a. <input type="radio"/> Bright b. <input type="radio"/> Cloudy </td> <td style="width: 50%; vertical-align: top;"> NIGHT a. <input checked="" type="radio"/> Bright b. <input type="radio"/> Cloudy </td> </tr> </table> | | DAY a. <input type="radio"/> Bright b. <input type="radio"/> Cloudy | NIGHT a. <input checked="" type="radio"/> Bright b. <input type="radio"/> Cloudy |
| DAY a. <input type="radio"/> Bright b. <input type="radio"/> Cloudy | NIGHT a. <input checked="" type="radio"/> Bright b. <input type="radio"/> Cloudy | | |
| <p>7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?</p> <p>(Circle One):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> a. <input type="radio"/> In front of you b. <input type="radio"/> In back of you c. <input type="radio"/> To your right </td> <td style="width: 50%; vertical-align: top;"> d. <input type="radio"/> To your left e. <input type="radio"/> Overhead f. <input type="radio"/> Don't remember </td> </tr> </table> | | a. <input type="radio"/> In front of you b. <input type="radio"/> In back of you c. <input type="radio"/> To your right | d. <input type="radio"/> To your left e. <input type="radio"/> Overhead f. <input type="radio"/> Don't remember |
| a. <input type="radio"/> In front of you b. <input type="radio"/> In back of you c. <input type="radio"/> To your right | d. <input type="radio"/> To your left e. <input type="radio"/> Overhead f. <input type="radio"/> Don't remember | | |

1003429

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: behind the moon

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?

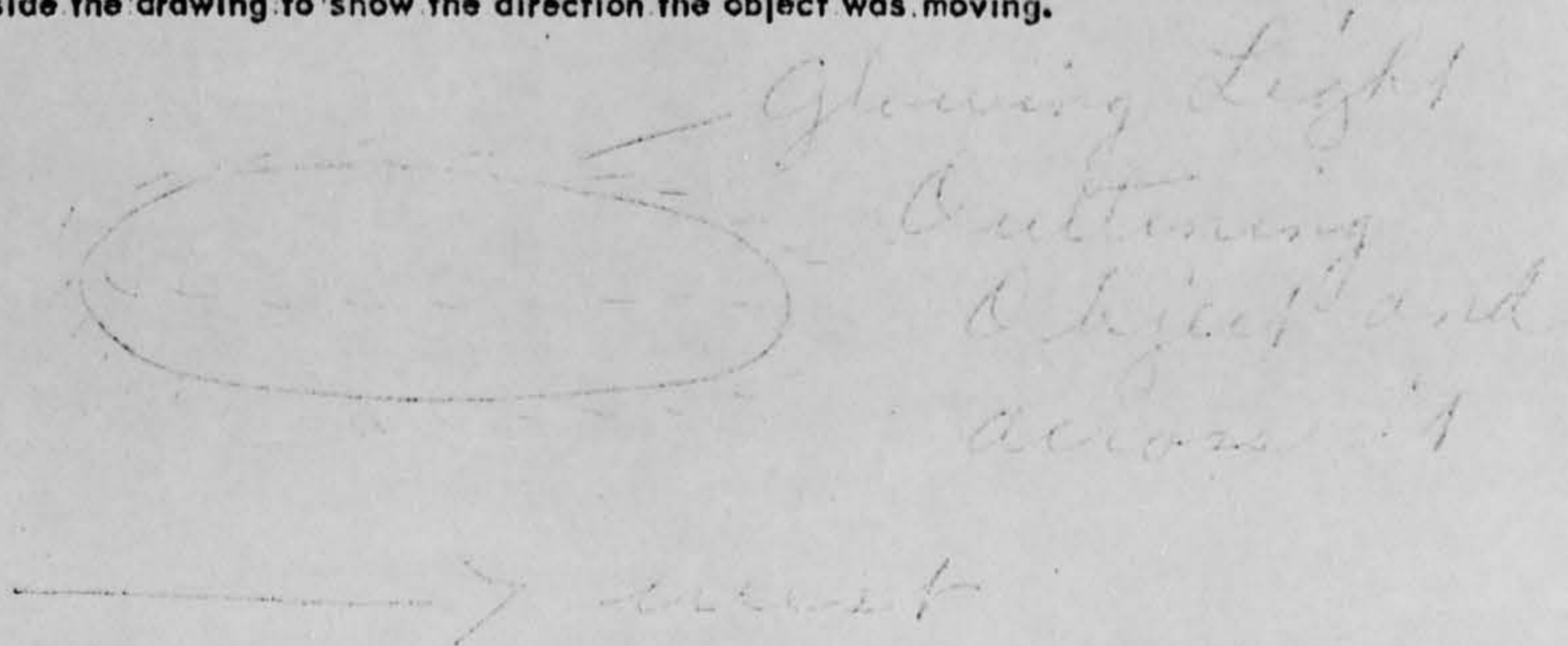
| | | | | | |
|-----------------|-----|----|---------------|-----------------------|----|
| a. Eyeglasses | Yes | No | e. Binoculars | Yes | No |
| b. Sun glasses | Yes | No | f. Telescope | Yes | No |
| c. Windshield | Yes | No | g. Theodolite | Yes | No |
| d. Window glass | Yes | No | h. Other | <u>Went out there</u> | |

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

a. Sound no sound

b. Color yellowish-brownish

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.

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?

As large as a person's eye

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?

1/100 of the object

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

It disappeared behind a hill

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.

A large egg

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?

While in my car, I was driving on a road that was not very busy. I was looking out the window and saw a small object in the sky. I was not sure what it was, but I was interested in it. I stopped the car and watched it for a few minutes.

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 | 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).

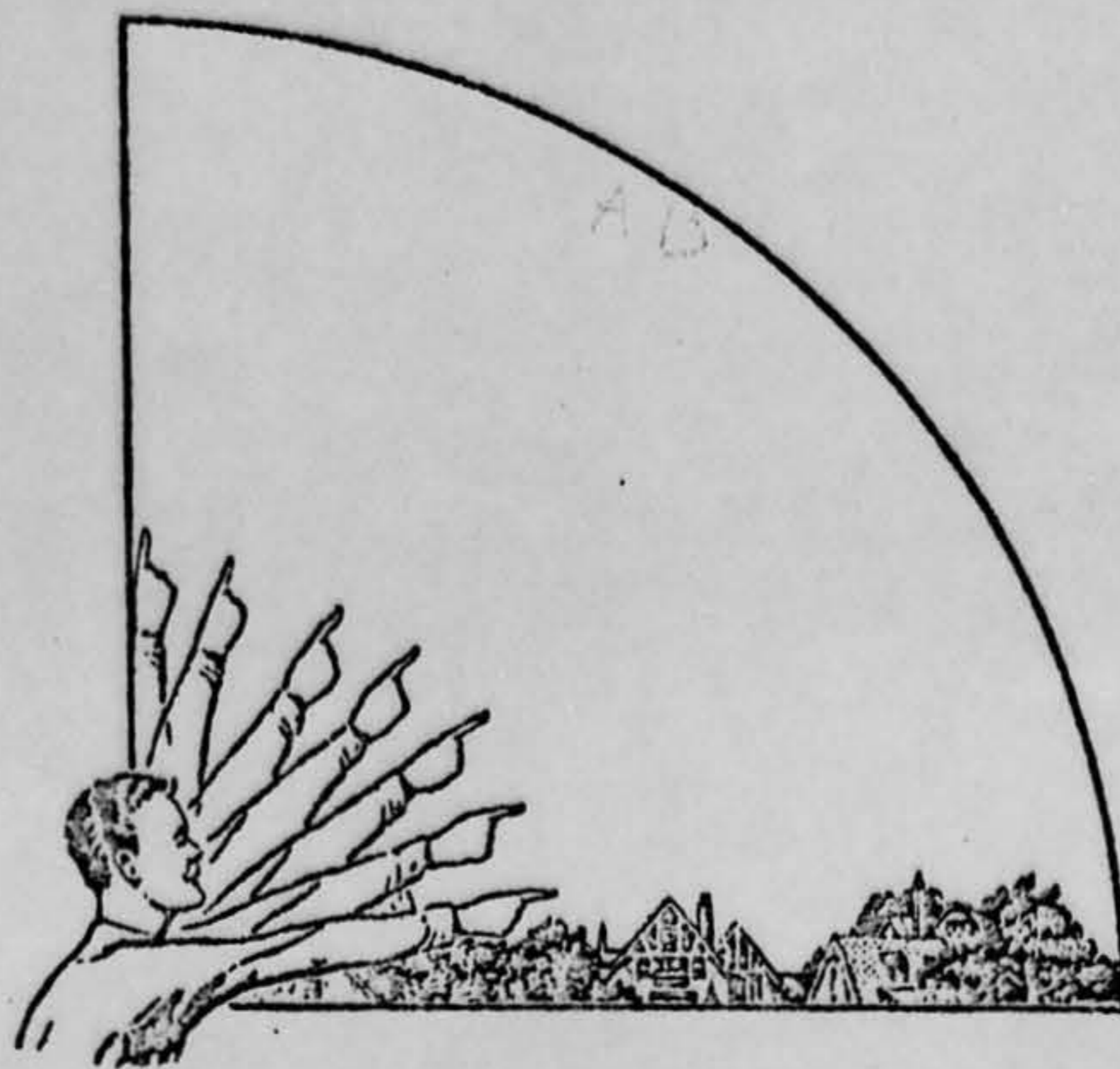
31.1 When it first appeared:

- a. From true North _____ degrees.
- b. From horizon _____ degrees.

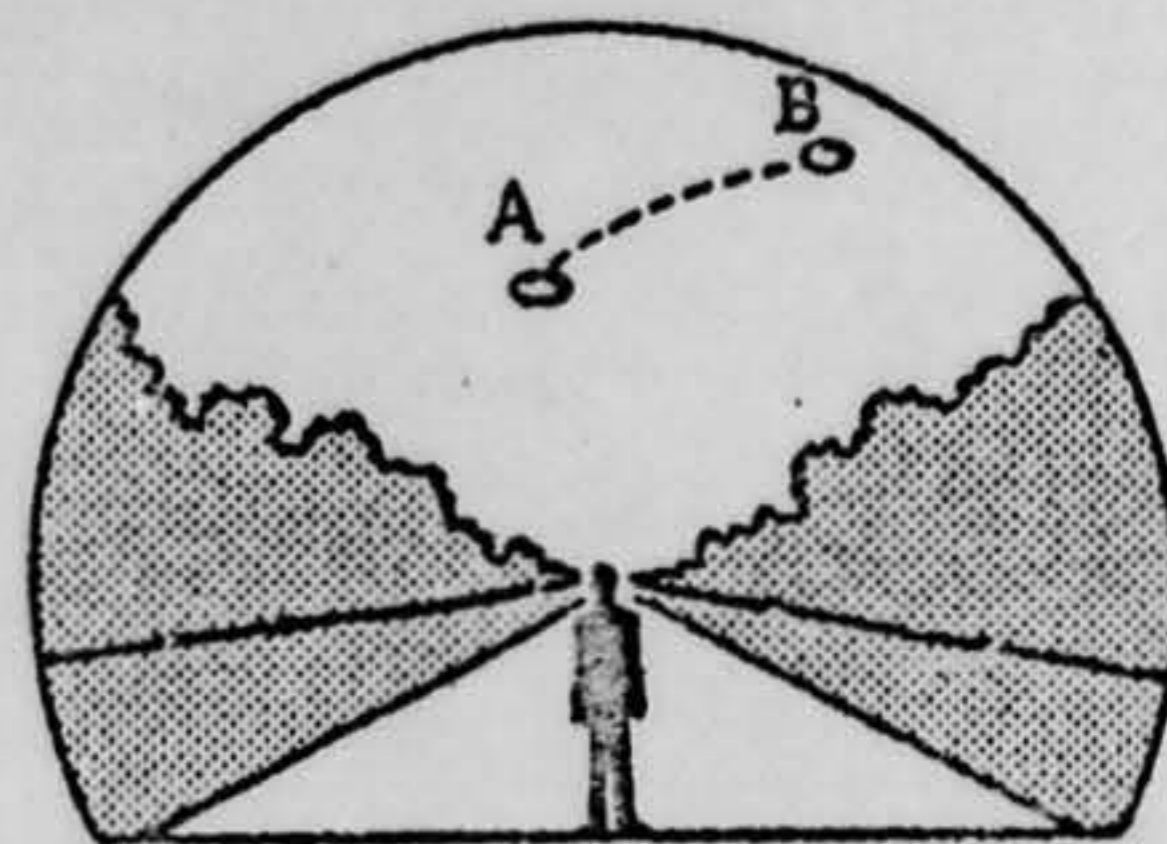
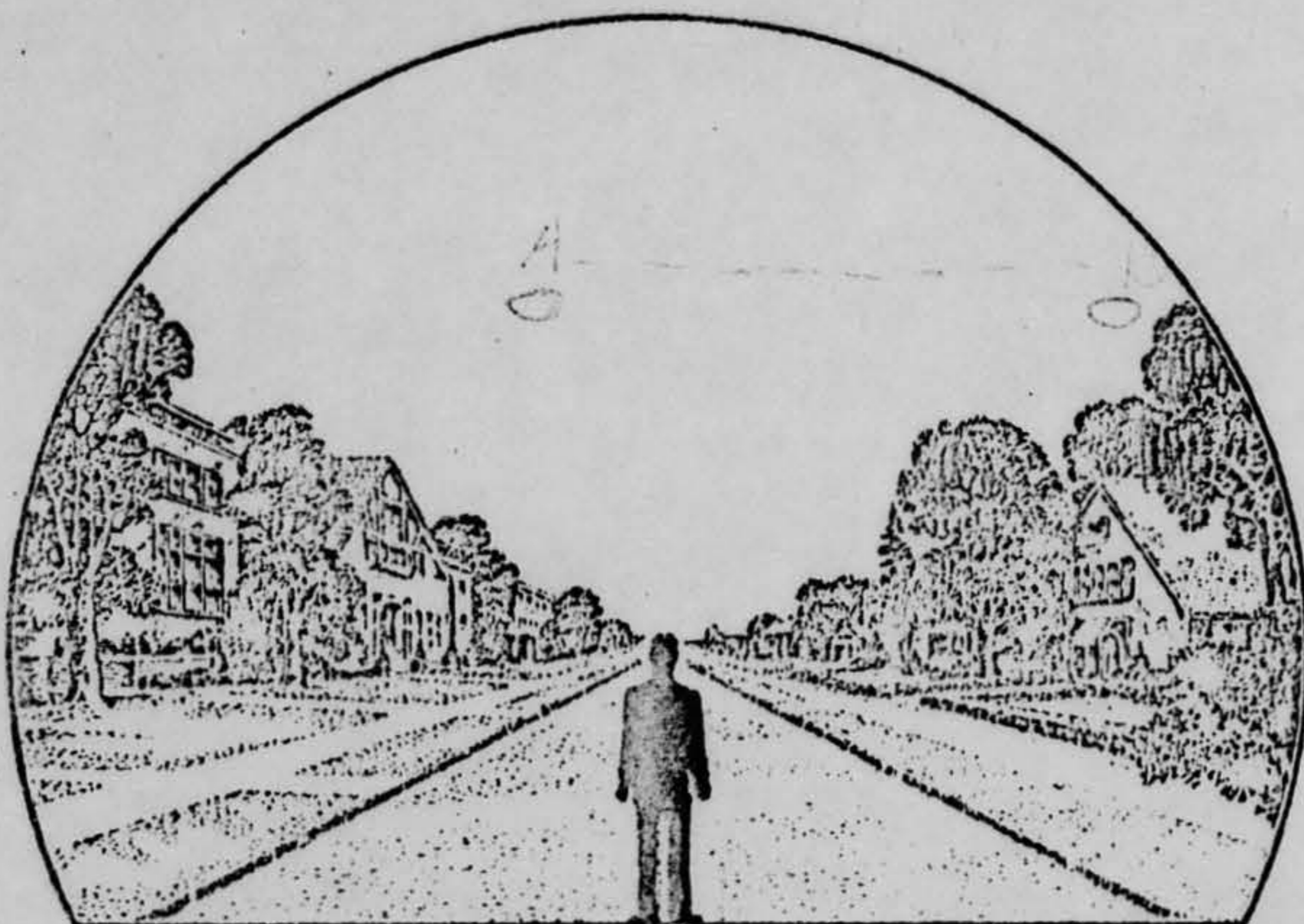
31.2 When it disappeared:

- a. From true North _____ degrees.
- b. From horizon _____ 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?

LOUDS (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?

17 Oct 1960
 Day Month Year

LEW GIBSON

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?

U. Don't know

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? 200 mph

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? 4000 ft

41. Please give the following information about yourself:

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

ADDRESS [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Street City Zone State

TELEPHONE NUMBER [REDACTED]

Age 40 Sex Female

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

HIGH SCHOOL GRADUATE, ONE YEAR JUNIOR COLLEGE, ONE YEAR BUSINESS SCHOOL, PROFESSIONAL SECRETARIAL TRAINING, 16 YEARS AS ADMINISTRATIVE SECRETARY, BUSINESS ADMINISTRATION.

42. Date you completed this questionnaire:

11 11 1960
Day Month Year