

PROJECT 10073 RECORD CARD

<b>1. DATE</b> 22 March 1957	<b>2. LOCATION</b> Dayton, Ohio		<b>12. CONCLUSIONS</b> <input type="checkbox"/> Was Balloon <input checked="" 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 <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
<b>3. DATE-TIME GROUP</b> Local 1800-1805-1810 GMT 22/2300Z	<b>4. TYPE OF OBSERVATION</b> <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar		
<b>5. PHOTOS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6. SOURCE</b> Civilian		
<b>7. LENGTH OF OBSERVATION</b> 3 sightings same area still visible to 30 mins	<b>8. NUMBER OF OBJECTS</b> one	<b>9. COURSE</b> mostly stationary	
<b>10. BRIEF SUMMARY OF SIGHTING</b>  One object described by all observers as a kite to parachute shape color white and remained mostly stationary altitude. guessed from 4000 ft to 4500ft.		<b>11. COMMENTS</b>  As this coincides with release of weather balloons from Sulphur grove these sightings are most logically a WX balloon.  O.D.H.	



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

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

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.

*resembled a parachute*

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

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.



34. What were the weather conditions at the time you saw the object?

34.1 CLOUDS (Circle One)

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds
- e. Don't remember

34.2 WIND (Circle One)

- a. No wind
- b. Slight breeze
- c. Strong wind
- d. Don't remember

34.3 WEATHER (Circle One)

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

34.4 TEMPERATURE (Circle One)

- a. Cold
- b. Cool
- c. Warm
- d. Hot
- e. Don't remember

35. When did you report to some official that you had seen the object?

22 July 57  
Day Month Year

Telephone Call

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

*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

*10 miles*

IF you answered YES, then how far away would you say it was? \_\_\_\_\_ feet.

41. Please give the following information about yourself:

NAME \_\_\_\_\_  
Last Name First Name Middle Name

ADDRESS \_\_\_\_\_  
City Zone State

*[Redacted Name and Address]*

*Dr. Dayton Ohio*

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

What is your present job? \_\_\_\_\_

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

Please indicate any special educational training that you have had.

- a. Grade school \_\_\_\_\_
- b. High school \_\_\_\_\_
- c. College \_\_\_\_\_
- d. Post graduate \_\_\_\_\_
- e. e. Technical school \_\_\_\_\_  
(Type) \_\_\_\_\_
- f. Other special training \_\_\_\_\_

42. Date you completed this questionnaire: \_\_\_\_\_  
Day Month Year



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)

SIGNATURE \_\_\_\_\_

CODE:

DATE \_\_\_\_\_

round object similar to a  
parachute. altitude about  
4000 to 4500 ft.



4203-7-3

### 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?

22 May 1957  
Day Month Year

2. Time of day: 1800

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?

\_\_\_\_\_ Dayton Ohio  
Nearest Postal Address City or Town State or Country  
Additional remarks: Newcom North Plat off Woodman Dr.  
East Dayton

5. Estimate how long you saw the object.

\_\_\_\_\_ Hours \_\_\_\_\_ Minutes \_\_\_\_\_ Seconds  
*object still continued to be visible*

5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.

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

6. What was the condition of the sky?

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



8. IF you saw the object, at NIGHT, TWILIGHT, or DAWN, 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. Was the object brighter than the background of the sky?

(Circle One):

a. Yes

b. No

c. Don't remember

10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile headlight?:

(Circle One) a. A mile or more away (a distant car)?

b. Several blocks away?

c. A block away?

d. Several yards away?

e. Other

11. Did the object:

(Circle One for each question)

- |   |                                      |                          |                                  |
|---|--------------------------------------|--------------------------|----------------------------------|
| a. Appear to stand still at any time?           | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't Know |
| b. Suddenly speed up and rush away at any time? | <input type="radio"/> Yes            | <input type="radio"/> No | <input type="radio"/> Don't Know |
| c. Break up into parts or explode?              | <input type="radio"/> Yes            | <input type="radio"/> No | <input type="radio"/> Don't Know |
| d. Give off smoke?                              | <input type="radio"/> Yes            | <input type="radio"/> No | <input type="radio"/> Don't Know |
| e. Change brightness?                           | <input type="radio"/> Yes            | <input type="radio"/> No | <input type="radio"/> Don't Know |
| f. Change shape?                                | <input type="radio"/> Yes            | <input type="radio"/> No | <input type="radio"/> Don't Know |
| g. Flicker, throb, or pulsate?                  | <input type="radio"/> Yes            | <input type="radio"/> No | <input type="radio"/> Don't Know |

12. Did the object move behind something at anytime, 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 anytime, particularly a cloud?

(Circle One):

Yes

No

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?

- |                 |                           |                                     |                |                           |                                     |
|-----------------|---------------------------|-------------------------------------|----------------|---------------------------|-------------------------------------|
| a. Eyeglasses   | <input type="radio"/> Yes | <input checked="" type="radio"/> No | e. Binoculars  | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| b. Sun glasses  | <input type="radio"/> Yes | <input checked="" type="radio"/> No | f. Telescope   | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| c. Windshield   | <input type="radio"/> Yes | <input checked="" type="radio"/> No | g. Theodolite  | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| d. Window glass | <input type="radio"/> Yes | <input checked="" type="radio"/> No | h. Other _____ |                           |                                     |



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? \_\_\_\_\_

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

one object resembled a kite except  
for the height.



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.

*No motion*

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

(Circle One):

- a. Head of a pin
- b. Pea
- c. Dime
- d. Nickel
- e. Quarter
- f. Half dollar

- g. Silver dollar
- h. Baseball
- i. Grapefruit
- j. Basketball
- k. Other \_\_\_\_\_

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

- a. Certain
- b. Fairly certain
- c. Not very sure
- d. Uncertain

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

24. In order that you can give as 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.



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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 |

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 |

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.

*NNW*

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?

34.1 CLOUDS (Circle One)

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds
- e. Don't remember

34.2 WIND (Circle One)

- a. No wind
- b. Slight breeze
- c. Strong wind
- d. Don't remember

34.3 WEATHER (Circle One)

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

34.4 TEMPERATURE (Circle One)

- a. Cold
- b. Cool
- c. Warm
- d. Hot
- e. Don't remember

35. When did you report to some official 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:

*Based on phone conversation the object was observed by the various members of the family*

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?



27/3000

Waltli

1920337-1

### 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?

22 March 1957  
Day Month Year

2. Time of day:

900 10  
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] Five Dayton Ohio  
Nearest Postal Address City or Town State or Country

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

5. Estimate how long you saw the object.

\_\_\_\_\_ 30 \_\_\_\_\_  
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

No Sun



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 \_\_\_\_\_  
Last Name First Name Middle Name

ADDRESS \_\_\_\_\_  
City Zone State

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

What is your present job? \_\_\_\_\_

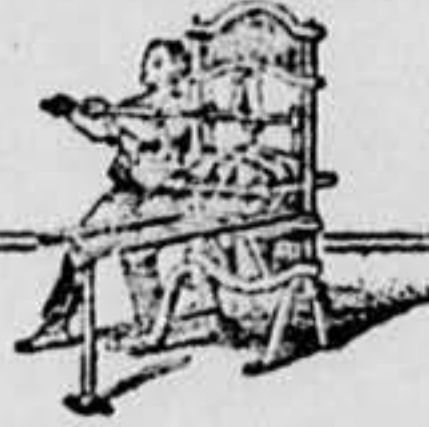
Age \_\_\_\_\_ Sex \_\_\_\_\_

Please indicate any special educational training that you have had.

- a. Grade school \_\_\_\_\_
- b. High school \_\_\_\_\_
- c. College \_\_\_\_\_
- d. Post graduate \_\_\_\_\_
- e. e. Technical school \_\_\_\_\_  
(Type) \_\_\_\_\_
- f. Other special training \_\_\_\_\_

42. Date you completed this questionnaire: \_\_\_\_\_  
Day Month Year





# THE LEADER PRINTING COMPANY

PUBLISHERS

THE EVENING LEADER

ST. MARYS, OHIO

March 25, 1957.


Wright Patterson Air Force Base  
Public Relations  
WPAB, Dayton, O.

Gentlemen:

Last Friday night an object was spotted in the southeastern sky about 5:30 p.m. It continued to be visible until about 7 p.m. when it was no longer possible to see because of the dusk. People who saw it described it as having a red or ruddy colored base with a bright, shiny top, that it appeared to be miles away. Do you know if this was a weather balloon sent up from your base or do you have any record of it having been seen from other points? Observers here said it was moving very slowly but that they were unable to distinguish for sure whether it was a balloon. One observer estimated it was 60 miles or more away.

We would appreciate any information you can give concerning what it was, from where it might have been sent up, where it came down etc. The object was first spotted by youngsters. They thought it was a new planet-- their very own discovery.

Thanks for what you can tell us.

  
Editor  
The Evening Leader  
St. Marys, Ohio.

P.S. It's got my curiosity aroused-- I couldn't see it, although I tried. Too many obstacles -- buildings trees etc in my vision.



[Redacted]

*John - 2-5*

AFOIN-4X3/Mr Heatt/np/55266/4 Apr 57  
5 APR 1957  
*JH*

Miss [Redacted]  
The Evening Leader  
St. Marys, Ohio

Dear Miss [Redacted]

Your letter of 25 March 1957 to the Public Relations Office, Wright-Patterson Air Force Base, has been referred to this Center for reply.

We are of the opinion that the object sighted in your area about 5:20 PM, 22 March was a weather balloon which had been released locally just before sunset. Our files reveal that several sightings of the same object were reported from the general area during the specific times you mentioned. These balloons reach an altitude of four to six miles, and can present some unusual effects and characteristics when observed under dusk conditions. We have inclosed a rough sketch which will help to explain the peculiar effects sometimes observed when the sun is below the horizon. We have also inclosed a copy of the summary of our Project Bluebook Special Report #14 which may be useful to you.

We appreciate your interest in the matter, and we are glad to have the opportunity to serve you.

Sincerely,

ROBERT E. O'CONNOR  
Captain, USAF  
Assistant Adjutant

- 3 Incls
- 1. Sketch
- 2. UFO Summary
- 3. News Release

COORDINATION: *Leo H. Strahl* DATE: *5 Apr 57*  
AFOIN-4X3  
*George T. Gregory* DATE: *5 Apr 57*  
AFOIN-4E4

AFOIN-4X3 Official File Copy



8. IF you saw the object, at NIGHT, TWILIGHT, or DAWN, 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. Was the object brighter than the background of the sky?

(Circle One):

- a. Yes
- b. No
- c. Don't remember

10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile headlight?:

- (Circle One)
- a. A mile or more away (a distant car)?
  - b. Several blocks away?
  - c. A block away?
  - d. Several yards away?
  - e. Other

11. Did the object:

(Circle One for each question)

- |   |                                      |                          |                                  |
|---|--------------------------------------|--------------------------|----------------------------------|
| a. Appear to stand still at any time?           | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't Know |
| b. Suddenly speed up and rush away at any time? | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't Know |
| c. Break up into parts or explode?              | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't Know |
| d. Give off smoke?                              | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't Know |
| e. Change brightness?                           | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't Know |
| f. Change shape?                                | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't Know |
| g. Flicker, throb, or pulsate?                  | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Don't Know |

12. Did the object move behind something at anytime, particularly a cloud?

(Circle One):

- Yes
- No
- Don't Know.

IF you answered YES, then tell what

it moved behind: high clouds

13. Did the object move in front of something at anytime, particularly a cloud?

(Circle One):

- Yes
- No
- 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?

- |                 |                           |                                     |               |                           |                                     |
|-----------------|---------------------------|-------------------------------------|---------------|---------------------------|-------------------------------------|
| a. Eyeglasses   | <input type="radio"/> Yes | <input checked="" type="radio"/> No | e. Binoculars | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| b. Sun glasses  | <input type="radio"/> Yes | <input checked="" type="radio"/> No | f. Telescope  | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| c. Windshield   | <input type="radio"/> Yes | <input checked="" type="radio"/> No | g. Theodolite | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| d. Window glass | <input type="radio"/> Yes | <input checked="" type="radio"/> No | h. Other      | <u>None</u>               |                                     |



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

a. Sound

short size & appearance of a train at night

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.



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. 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 one of the following objects held in the hand and at about arm's length?

(Circle One):

- a. Head of a pin
- b. Pea
- c. Dime
- d. Nickel
- e. Quarter
- f. Half dollar

- g. Silver dollar
- h. Baseball
- i. Grapefruit
- j. Basketball
- k. Other \_\_\_\_\_

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

- a. Certain
- b. Fairly certain
- c. Not very sure
- d. Uncertain

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

Behind a cloud

24. In order that you can give as 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.



34. What were the weather conditions at the time you saw the object?

34.1 CLOUDS (Circle One)

- a. Clear sky  
 b. Hazy  
 c. Scattered clouds *Very high*  
 d. Thick or heavy clouds  
 e. Don't remember

34.2 WIND (Circle One)

- a. No wind  
 b. Slight breeze  
 c. Strong wind  
 d. Don't remember

34.3 WEATHER (Circle One)

- a. Dry  
 b. Fog, mist, or light rain  
 c. Moderate or heavy rain  
 d. Snow  
 e. Don't remember

34.4 TEMPERATURE (Circle One)

- a. Cold  
 b. Cool  
 c. Warm  
 d. Hot  
 e. Don't remember

35. When did you report to some official that you had seen the object?

27 March 57  
 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? \_\_\_\_\_ 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 \_\_\_\_\_  
Last Name First Name Middle Name

ADDRESS \_\_\_\_\_  
Street City Zone State

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

What is your present job? \_\_\_\_\_

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

Please indicate any special educational training that you have had.

- a. Grade school \_\_\_\_\_
- b. High school \_\_\_\_\_
- c. College \_\_\_\_\_
- d. Post graduate \_\_\_\_\_
- e. e. Technical school \_\_\_\_\_  
(Type) \_\_\_\_\_
- f. Other special training \_\_\_\_\_

42. Date you completed this questionnaire: \_\_\_\_\_  
Day Month Year



220357-7

### 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?

22 Day    5 Month    57 Year

2. Time of day: 1805 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]  
Nearest Postal Address

Dayton  
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



8. IF you saw the object, at NIGHT, TWILIGHT, or DAWN, 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. Was the object brighter than the background of the sky?

(Circle One):

- a. Yes
- b. No
- c. Don't remember

10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile headlight?:

- (Circle One)
- a. A mile or more away (a distant car)?
  - b. Several blocks away?
  - c. A block away?
  - d. Several yards away?
  - e. Other

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. Flicker, throb, or pulsate?                  | Yes | No | Don't Know |

12. Did the object move behind something at anytime, 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 anytime, particularly a cloud?

(Circle One): Yes No 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?

- |                 |     |    |                |     |    |
|-----------------|-----|----|----------------|-----|----|
| 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 _____ |     |    |