

PROJECT 10073 RECORD CARD

1. DATE 7 August 1957	2. LOCATION 2 sightings in Dayton, Ohio		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 checked="" 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
3. DATE-TIME GROUP Local 8:30 <sup>8</sup> :40 EST (N) GMT 08/0130Z	4. TYPE OF OBSERVATION <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Air-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Intercept Radar		
5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. SOURCE Civilian	9. COURSE stationary in west	
7. LENGTH OF OBSERVATION 10 minutes 30 seconds	8. NUMBER OF OBJECTS two	11. COMMENTS These people were interviewed by M/Sgt [redacted] and it was determined these two sightings to be the planets Jupiter & Venus.	
10. BRIEF SUMMARY OF SIGHTING Two objects brighter than stars, size of peas.			

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 \_\_\_\_\_

Two lights were visible in the west. Both of the lights were of greater apparent magnitude than Venus. The lights were motionless. The lower light had the tint of Mars. The upper had the coloration of Venus. A check of the same portion of the sky, at the same time the following evening, revealed no similar lights.



## 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?

7      8      1957  
Day      Month      Year

2. Time of day:

8      40  
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?

Arcadia Blvd.      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      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? not applicable

(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

*Did Not Notice*

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?:

*2 objects sighted*

(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

*(1) Resembled the brightness of a star but much larger.*

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 checked="" type="radio"/> No | <input type="radio"/> Don't Know |
| c. Break up into parts or explode?              | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't Know |
| d. Give off smoke?                              | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't Know |
| e. Change brightness?                           | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't Know |
| f. Change shape?                                | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't Know |
| g. Flicker, throb, or pulsate?                  | <input type="radio"/> Yes            | <input checked="" 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 checked="" type="radio"/> Yes | <input 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 \_\_\_\_\_

*One object appeared to be on the left side of the field of view and to glow with a white, brown 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? 2  
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?

*While I was on a road in B... the two objects were cited because  
 the unusual size, shape, check with the other stars  
 indicated they were much larger than normal.*

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? 15 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.

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:

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?

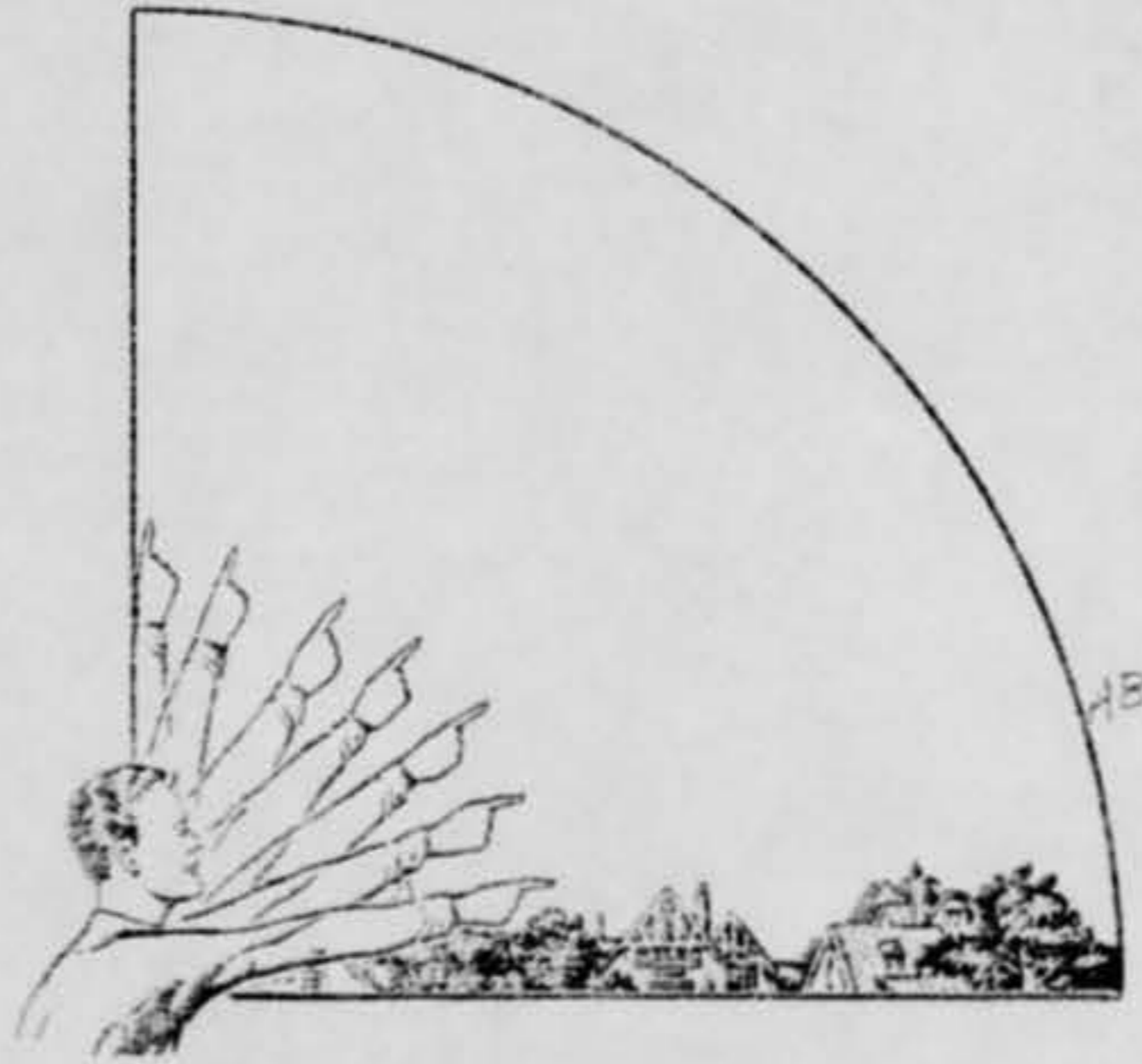
\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

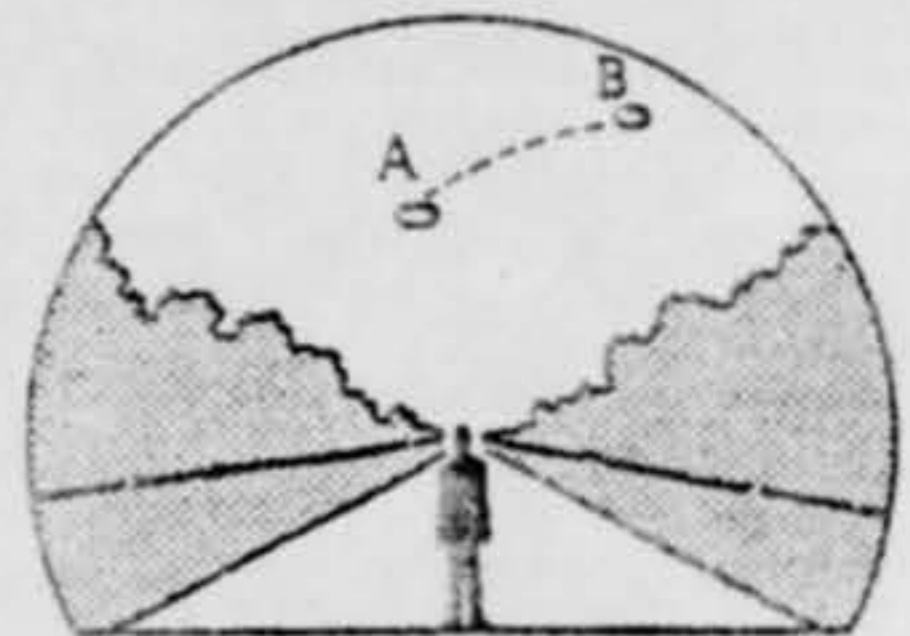
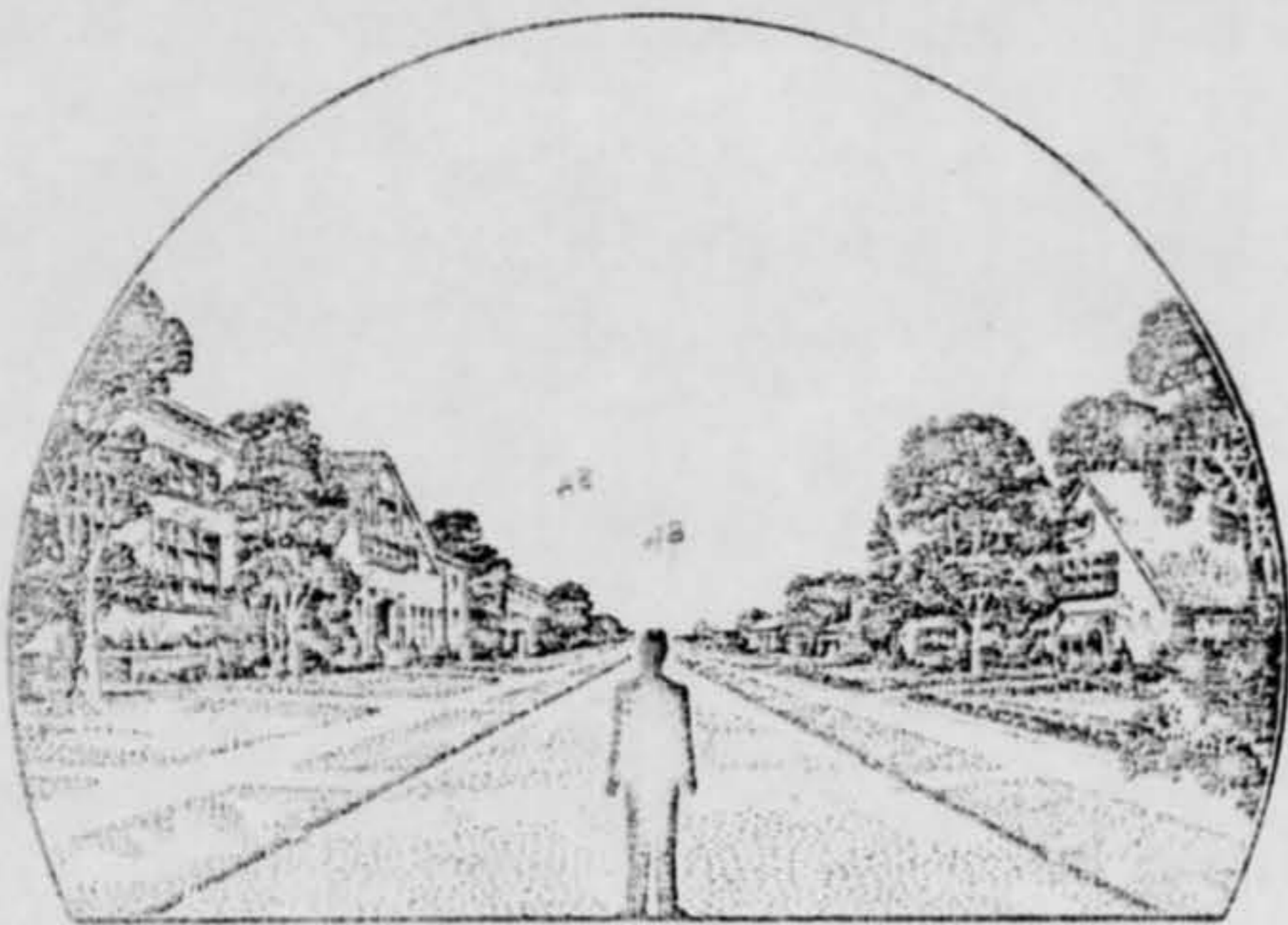
No serious explanation



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.





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? Management Analyst

Age 31 Sex M

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:

9 8 1957  
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 [REDACTED]  
(Please Print)

(Do Not Write in This Space)

SIGNATURE [REDACTED]

CODE:

DATE 9 Aug 57

Driving west on Arcadia Blvd I noticed the two objects in the sky. They appeared unusually bright and large to be stars. After checking other stars out the window of the car, I decided they were not stars. One appeared to glow with the brightness of a star and the other glowed as if it were an automobile light about a mile away.



7

Muller

17

## 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?

7 Day      AUG Month      1957 Year

2. Time of day:

8 Hour      30 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?

Hickman Dr      Dartton      Ohio  
 Nearest Postal Address      City or Town      State or Country

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

5. Estimate how long you saw the object.

\_\_\_\_\_ Hours      10 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 _____ |     |    |



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

a. Sound None

b. Color 1. color of metal #2 color of vapor

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

a. Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. IF there was MORE THAN ONE object, then how many were there? 2  
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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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?

LEAVING HOUSE

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     | <input checked="" type="radio"/> 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. <u>North</u> | c. East      | e. South     | <input checked="" type="radio"/> 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:

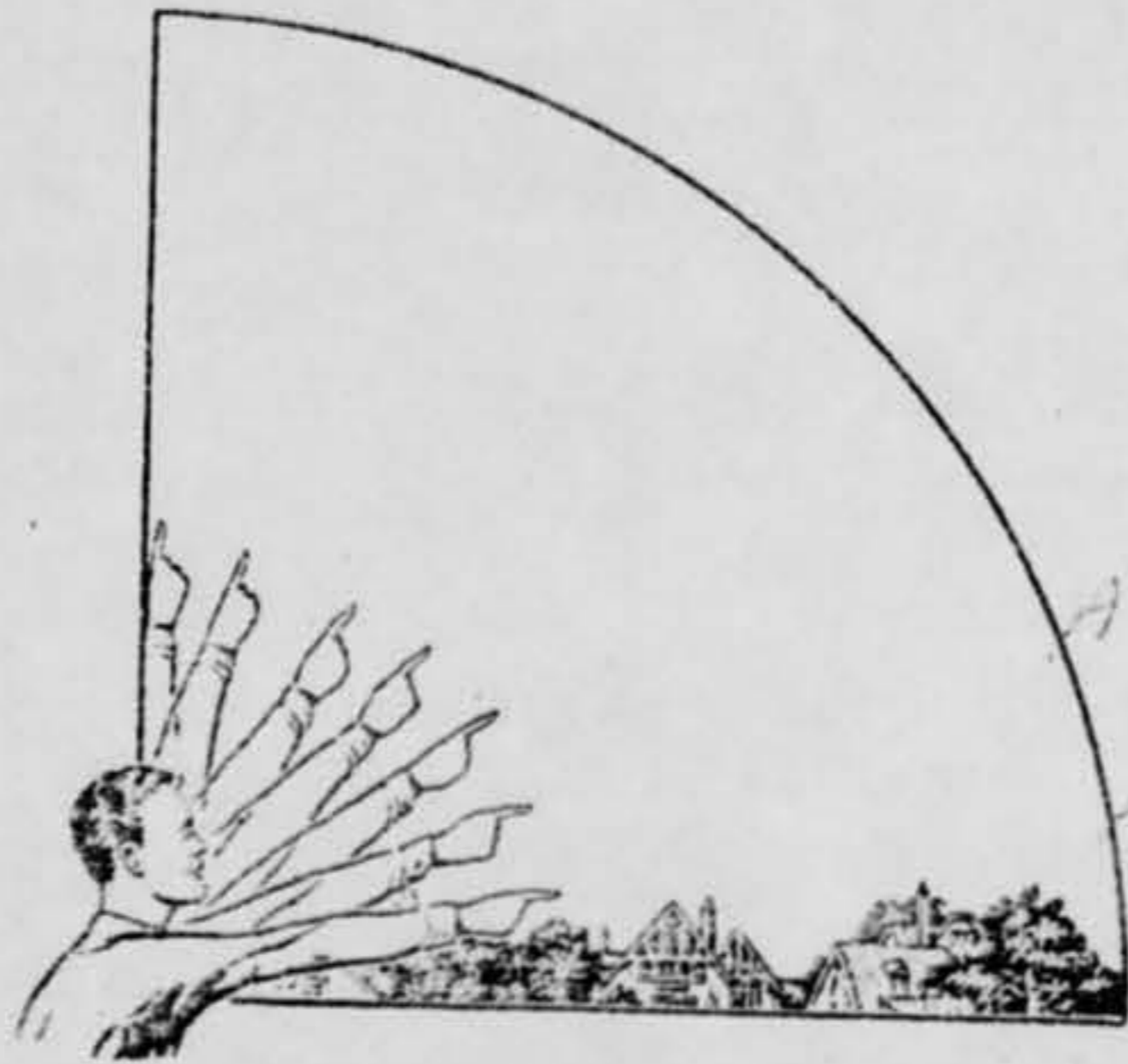
- a. From true North \_\_\_\_\_ degrees.
- b. From horizon \_\_\_\_\_ degrees.

31.2 When it disappeared:

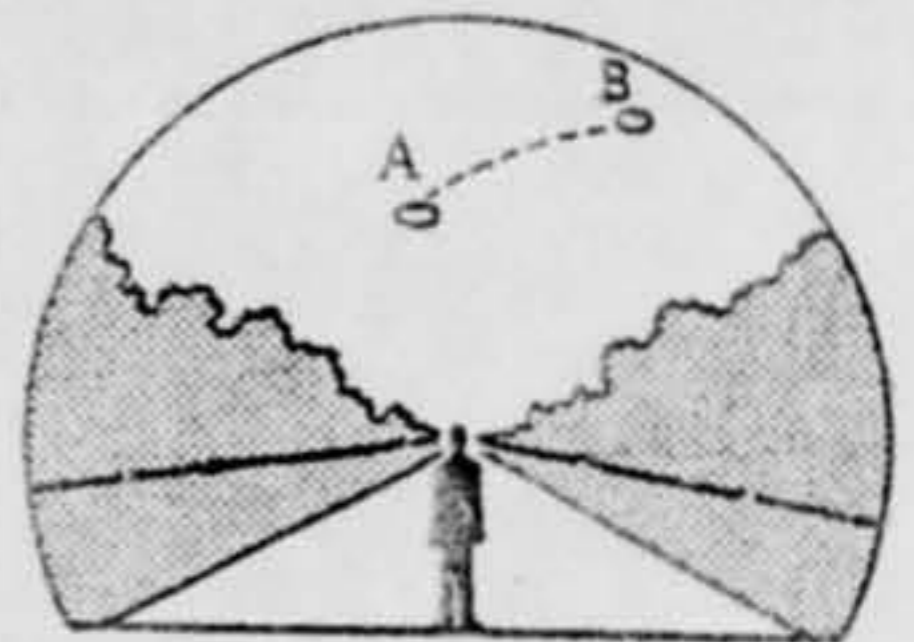
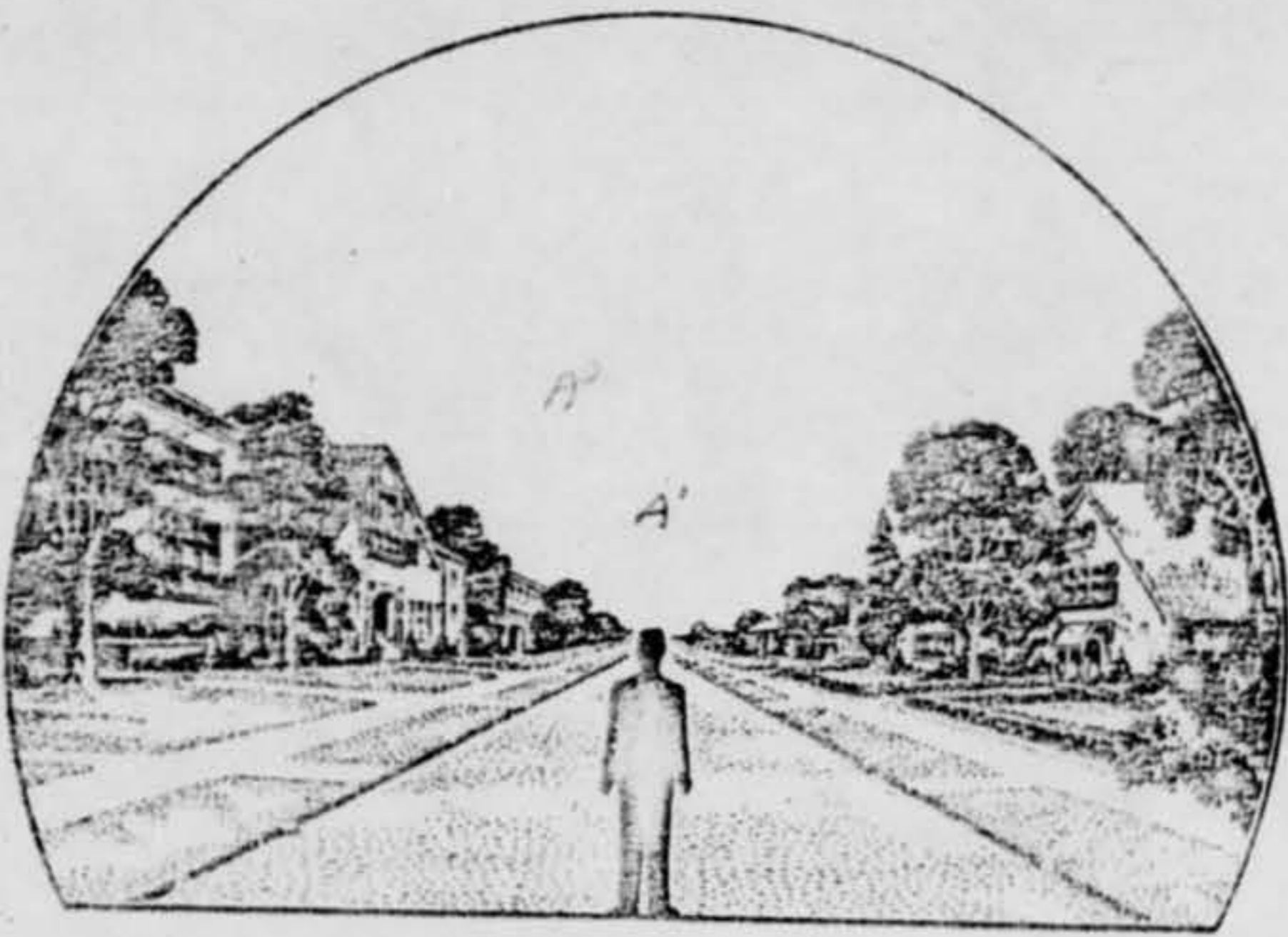
- a. From true North \_\_\_\_\_ degrees.
- b. From horizon \_\_\_\_\_ degrees.



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?

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?

8                      AUG                      1957  
 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?

NO OPINION



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? PROGRAMMING

Age 35 Sex M

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