

PROJECT 10073 RECORD CARD

1. DATE 21 August 1957	2. LOCATION Centerville, 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
3. DATE-TIME GROUP Local <u>2130 EST</u> GMT <u>22/0230Z</u>	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		
5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. SOURCE Civilian		<input checked="" type="checkbox"/> Was Astronomical (<i>VENUS & JUPITER</i>) <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
7. LENGTH OF OBSERVATION 10 minutes	8. NUMBER OF OBJECTS two	9. COURSE	
10. BRIEF SUMMARY OF SIGHTING Two star-like objects.			11. COMMENTS <i>JUPITER</i> Venus & Areturus , very bright at this time and disappear rather rapidly after sunset.

21 22/02302

Multi

35

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?

21 AUGUST 1957
Day Month Year

2. Time of day:

2100 30
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?

Nearest Postal Address

CENTERVILLE MONTGOMERY
City or Town State or Country

OH, O

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

Too far down on Horizon

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? *2 objects*
- d. Several yards away?
- e. Other *1/2 mile away*

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 checked="" type="radio"/> No | <input type="radio"/> Don't Know |
| c. Break up into parts or explode? | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No | <input type="radio"/> Don't Know |
| d. Give off smoke? | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No | <input type="radio"/> Don't Know |
| e. Change brightness? | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No | <input type="radio"/> Don't Know |
| f. Change shape? | <input checked="" type="radio"/> Yes | <input checked="" 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: _____

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.

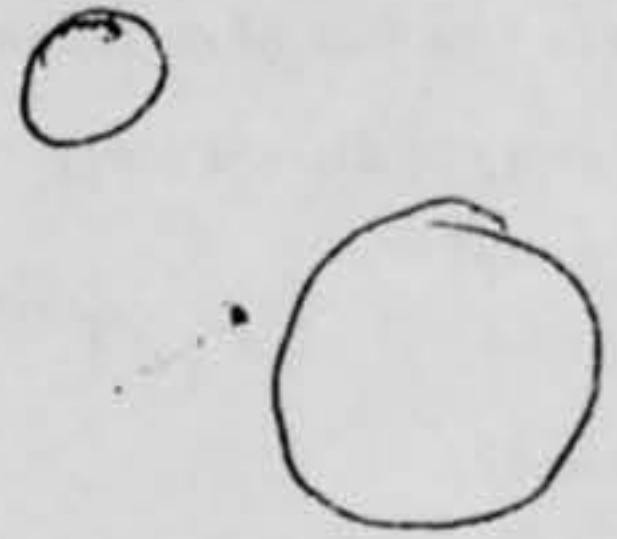
15. Did you observe the object through any of the following?

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

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

- a. Sound None
- b. Color ~~White~~ light then turned bright orange

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.

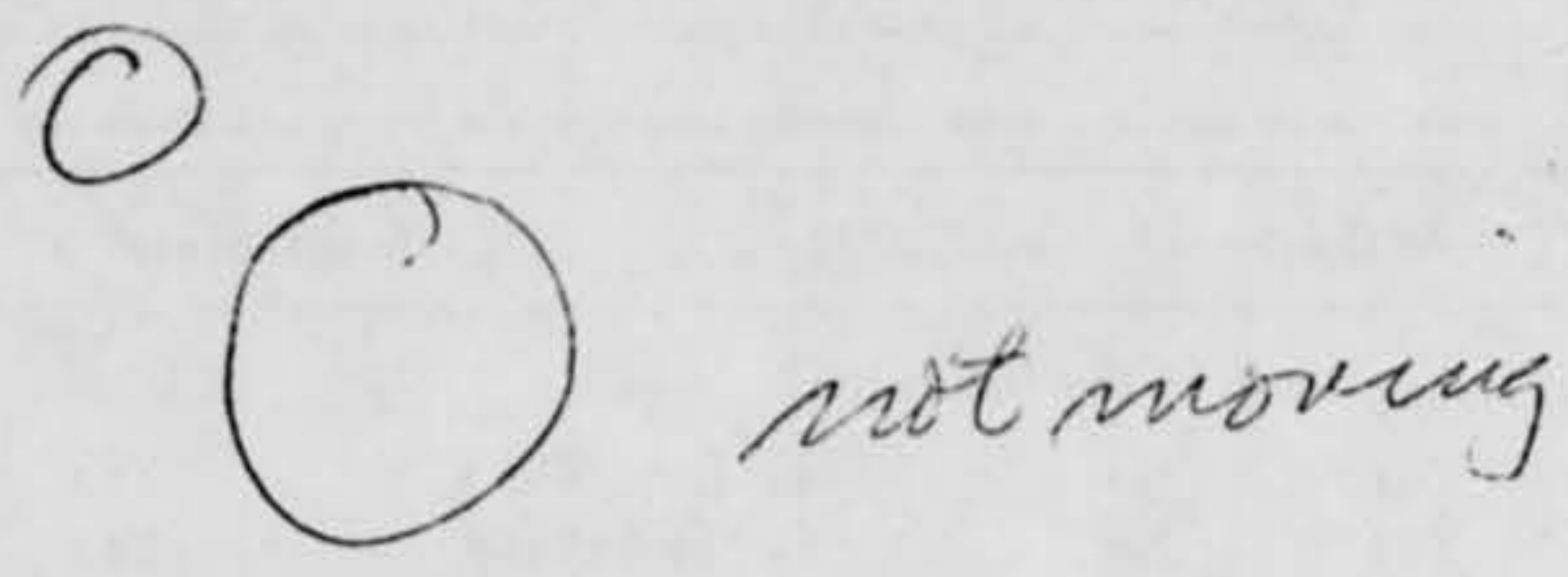


18. The edges of the object were:

- (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.



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.

None

21. IF POSSIBLE, try to guess or estimate what the real size of the object was in its longest dimension.
_____ feet. *Cent*

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):

- | | |
|---|------------------|
| <input checked="" type="radio"/> a. Head of a pin | g. Silver dollar |
| b. Pea | h. Baseball |
| c. Dime | i. Grapefruit |
| d. Nickel | j. Basketball |
| e. Quarter | k. Other _____ |
| f. Half dollar | |

22.1 (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 | d. Uncertain |

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

Faded 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?

Out in yard.

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
 b. Northeast d. Southeast f. Southwest g. West
 h. Northwest

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

- a. North c. East e. South
 b. Northeast d. Southeast f. Southwest g. West
 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).

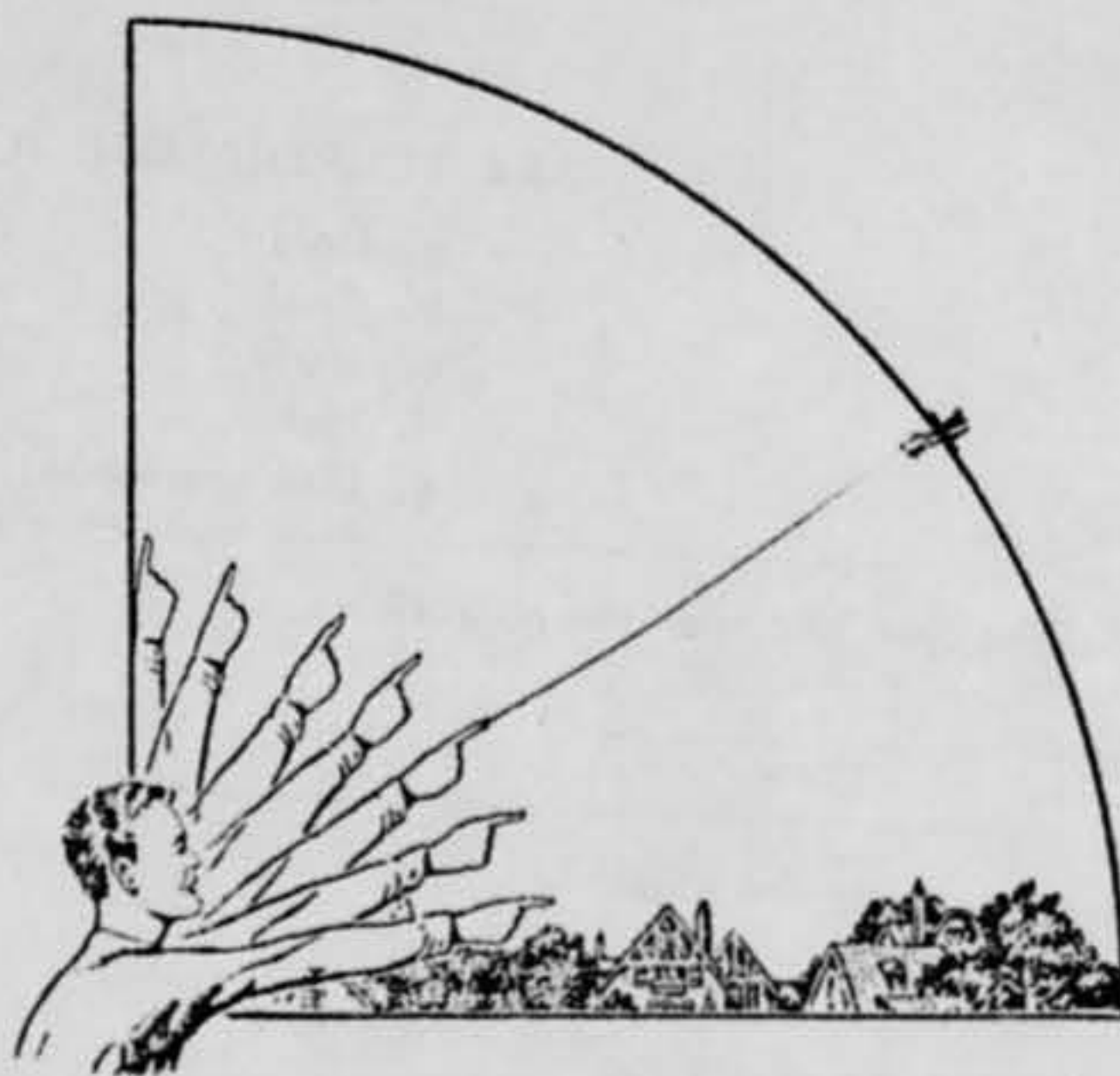
31.1 When it first appeared:

- a. From true North _____ degrees.
 b. From horizon 45 degrees. 450

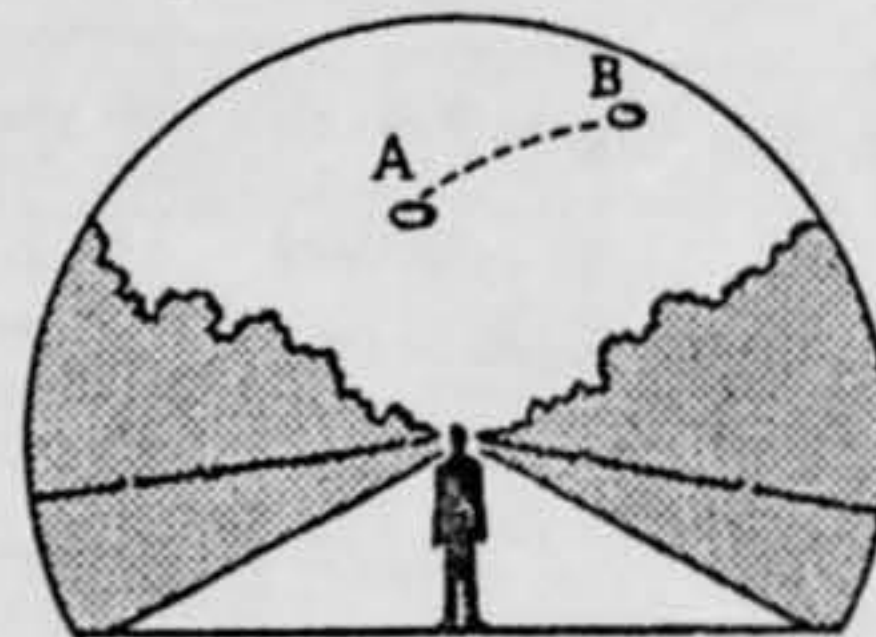
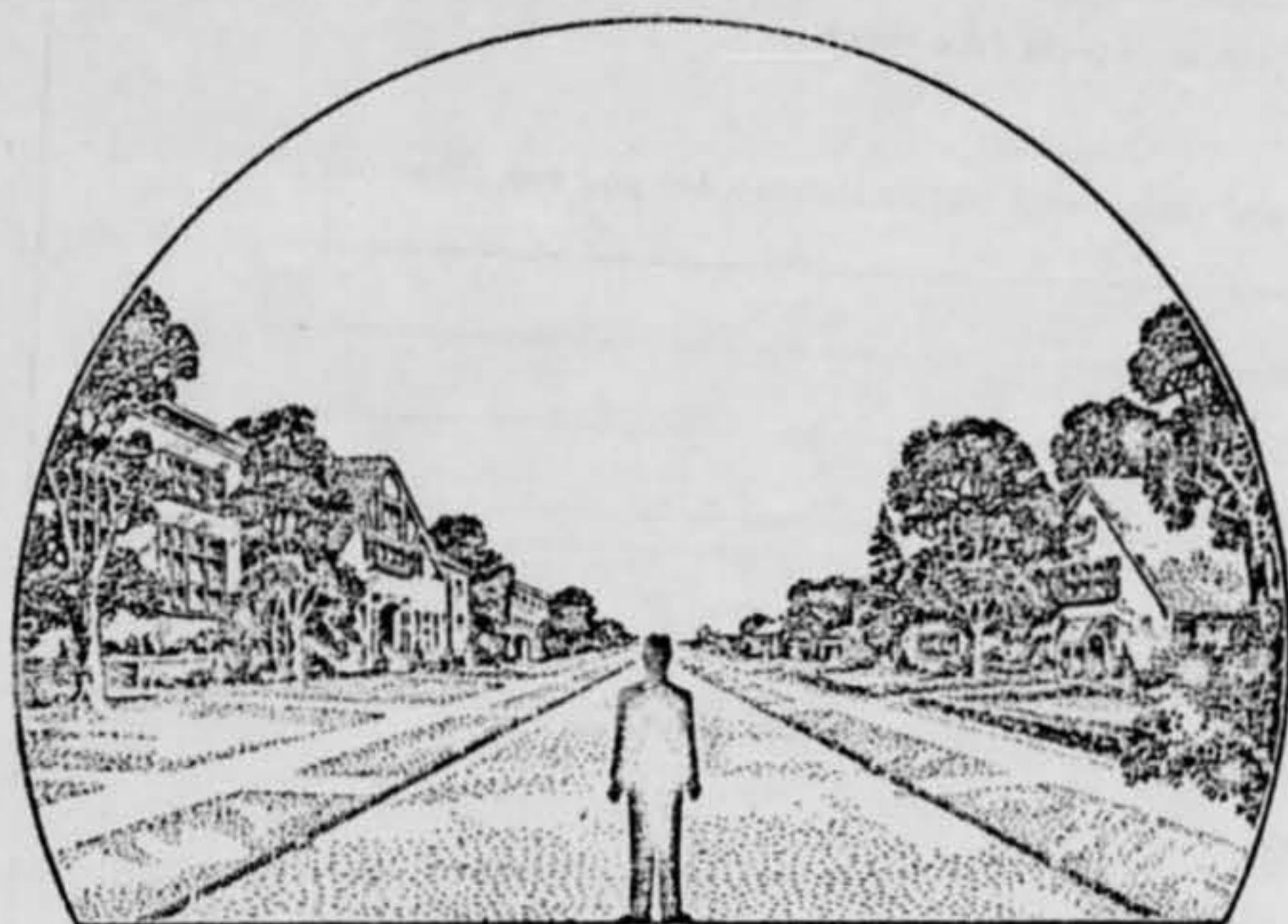
31.2 When it disappeared:

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

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?

_____ 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:

Husband

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?

Weather balloon, sun shining on it

39. Do you think you can estimate the speed of the object?

(Circle One) Yes No

not moving

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 Middle Name

ADDRESS _____
City Zone State

TELEPHONE NUMBER _____

What is your present job? *Not working*

Age _____ Sex *Female*

Please indicate any special educational training that you have had.

- a. Grade school *yes*
- b. High school *yes*
- c. College *Some*
- d. Post graduate _____
- e. e. Technical school _____
(Type) _____
- f. Other special training _____

42. Date you completed this questionnaire:

_____ Day _____ Month _____ Year