

PROJECT 10073 RECORD CARD

1. DATE 9 November 1957		2. LOCATION Waynesville, 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 type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical  <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown	
3. DATE-TIME GROUP Local 1905 GMT 10/0005Z		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			
7. LENGTH OF OBSERVATION 20-25 minutes		8. NUMBER OF OBJECTS one	9. COURSE SW		
10. BRIEF SUMMARY OF SIGHTING Round, bright white object, size of baseball, looked like a bright star. Thought object to be satellite.			11. COMMENTS Very poor report. Contradictory information. Cannot evaluate. Insufficient data.		

10/00052  
Multi

Contradictory info (other)

*[Handwritten signature]*

### 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?

9 NOV 57  
Day Month Year

2. Time of day:

1905  
Hour Minutes

(Circle One): A.M. or P.M.

1910

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] 1200' E. OF RT 48 S  
Nearest Postal Address City or Town State or Country

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

5. Estimate how long you saw the object.

Hours 20 Minutes Seconds  
25

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
- contradictory to item #6*

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 NO

b. Color BRIGHT 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.

Round

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? ONE  
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.

NE → SW

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?

OVER HORIZON

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.

<p>25. Where were you located when you saw the object? (Circle One):</p> <ul style="list-style-type: none"> <li>a. Inside a building</li> <li>b. In a car</li> <li><input checked="" type="radio"/> c. Outdoors</li> <li>d. In an airplane</li> <li>e. At sea</li> <li>f. Other _____</li> </ul>	<p>26. Were you (Circle One)</p> <ul style="list-style-type: none"> <li>a. In the business section of a city?</li> <li>b. In the residential section of a city?</li> <li><input checked="" type="radio"/> c. In open countryside?</li> <li>d. Flying near an airfield?</li> <li>e. Flying over a city?</li> <li>f. Flying over open country?</li> <li>g. Other _____</li> </ul>								
<p>27. What were you doing at the time you saw the object, and how did you happen to notice it?</p> <p style="font-size: 1.2em; margin-left: 20px;"><u>JUST looked UP</u></p> <hr/> <hr/>									
<p>28. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:</p> <p>28.1 What direction were you moving? (Circle One)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">a. North</td> <td style="width: 25%;">c. East</td> <td style="width: 25%;">e. South</td> <td style="width: 25%;">g. West</td> </tr> <tr> <td>b. Northeast</td> <td>d. Southeast</td> <td>f. Southwest</td> <td>h. Northwest</td> </tr> </table> <p>28.2 How fast were you moving? _____ miles per hour.</p> <p>28.3 Did you stop at any time while you were looking at the object? (Circle One)      Yes                      No</p>		a. North	c. East	e. South	g. West	b. Northeast	d. Southeast	f. Southwest	h. Northwest
a. North	c. East	e. South	g. West						
b. Northeast	d. Southeast	f. Southwest	h. Northwest						
<p>29. What direction were you looking when you first saw the object? (Circle One) <span style="float: right; border: 1px solid black; border-radius: 50%; padding: 2px;">Over Head</span></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">a. North</td> <td style="width: 25%;">c. East</td> <td style="width: 25%;">e. South</td> <td style="width: 25%;">g. West</td> </tr> <tr> <td>b. Northeast</td> <td>d. Southeast</td> <td>f. Southwest</td> <td>h. Northwest</td> </tr> </table>		a. North	c. East	e. South	g. West	b. Northeast	d. Southeast	f. Southwest	h. Northwest
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<p>30. What direction were you looking when you last saw the object? (Circle One)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">a. <u>North</u></td> <td style="width: 25%;">c. East</td> <td style="width: 25%;">e. South</td> <td style="width: 25%;">g. West</td> </tr> <tr> <td>b. Northeast</td> <td>d. Southeast</td> <td><input checked="" type="radio"/> f. Southwest</td> <td>h. Northwest</td> </tr> </table>		a. <u>North</u>	c. East	e. South	g. West	b. Northeast	d. Southeast	<input checked="" type="radio"/> f. Southwest	h. Northwest
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<p>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).</p> <p>31.1 When it first appeared:</p> <ul style="list-style-type: none"> <li>a. From true North <u>90°</u> degrees.</li> <li>b. From horizon _____ degrees.</li> </ul> <p>31.2 When it disappeared:</p> <ul style="list-style-type: none"> <li>a. From true North <u>SW</u> degrees.</li> <li>b. From horizon _____ degrees.</li> </ul>									

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?

11

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:

[Redacted 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?

Satellite

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.

*Several miles lower than 21000*

41. Please give the following information about yourself:

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

ADDRESS \_\_\_\_\_  
Street City Zone State *OH 10*

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

What is your present job? *CONTRACTOR*

Age *59* Sex *N* *What kind of sex is this?*

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