

PROJECT 10073 RECORD CARD

| | | | |
|---|--|---|--|
| 1. DATE 10 November 1957 | 2. LOCATION Muncie, Indiana | | 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 _____ GMT 10/2340Z | 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 type="checkbox"/> Was Astronomical Meteor <input type="checkbox"/> Probably Astronomical <input checked="" type="checkbox"/> Possibly Astronomical <input type="checkbox"/> Other _____ <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown |
| 7. LENGTH OF OBSERVATION unknown | 8. NUMBER OF OBJECTS one | 9. COURSE horizon to horizon | |
| 10. BRIEF SUMMARY OF SIGHTING One luminous long white streak going from horizon to horizon. | | 11. COMMENTS Description, flight path indicate that this was probably a meteor. | |

10/23/40

Muncy Ind. 1830 Eastern STD

Pilot - [Redacted] [Redacted] [Redacted] [Redacted]

Witness

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.

Other
INCONSISTANT

1. When did you see the object?

10 Nov
Day Month Year

2. Time of day:

1840
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?

Flying MUNCIE IND
Nearest Postal Address City or Town State or Country

Additional remarks: MUNCIE IND

5. Estimate how long you saw the object.

Hours Minutes Seconds

How long was obj in sight?

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

DARK

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

b. Color BRIGHT LIGHT BLUE

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? FRON E TO W

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"> a. Inside a building b. In a car c. Outdoors <input checked="" type="radio"/> d. In an airplane e. At sea f. Other _____ | <p>26. Were you (Circle One)</p> <ul style="list-style-type: none"> 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? <input checked="" type="radio"/> 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?

1

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)

| | | | |
|---|--------------|---|--------------|
| <input checked="" type="radio"/> a. North TO | c. East | <input checked="" type="radio"/> e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

28.2 How fast were you moving? VERY FAST 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)

where was obj first seen?

| | | | |
|--------------|--------------|--------------|--------------|
| 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)

CONTRADICTIONARY TO ITEM # 23

| | | | |
|--------------|--|--------------|--------------|
| a. North | <input checked="" type="radio"/> 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.

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

STRAIGHT LINE.

Pilot, [REDACTED]

CONNORSVILLE IND.

FILE IN 3802 POPA.