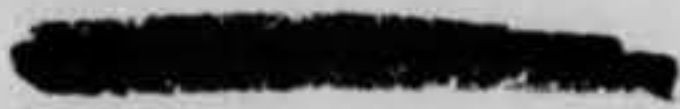


PROJECT 10075 RECORD CARD

1. DATE 27 January, 1960	2. LOCATION Sylvania, Ohio		12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon
3. DATE-TIME GROUP Local 1930 GMT 28/0032	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		<input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft
5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. SOURCE Civilian		<input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical
7. LENGTH OF OBSERVATION 2 seconds	8. NUMBER OF OBJECTS one	9. COURSE variable	<input checked="" type="checkbox"/> Other <u>Hallucination</u> <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
10. BRIEF SUMMARY OF SIGHTING Windows of bright light and dark contrast, on yellow-white with black object. This was all that was visible. Disappeared instantly.  		11. COMMENTS This report contains several contradictory statements. Witness stated that she was told that she would see this object by mental telepathy. States that she observed the path of the object by perception prior to the visual observation	



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 \_\_\_\_\_

The evening was cloudy and suddenly while standing out of doors noticed the object, which seemed to be all windows of bright light and dark contrasts. It could best be described, as a "break-through" type and yet I am certain it had density as I observed its path by perception before seeing it visually.



## 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?

27      Jan.      1960  
Day      Month      Year

2. Time of day: 7: 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

Sylvania  
City or Town

Ohio  
State or Country

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

5. Estimate how long you saw the object. \_\_\_\_\_  
Hours      Minutes      2 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?

- (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

*Intense light  
 general light*

11. Did the object:

(Circle One for each question)

- |   |                                      |    |            |
|---|--------------------------------------|----|------------|
| a. Appear to stand still at any time?           | <input checked="" type="radio"/> 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? <i>To darkness</i>        | <input checked="" type="radio"/> 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?      *high density*  
 c.  Don't Know.

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

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

b. Color yellow white with black

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

Seemed that  
only part of object  
was visible

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.

*perception: invisible. Several times around and then off to the west.*



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

*7 feet. visible portion.*

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 | 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?

*Instantly as though dematerialized.*

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.

*I will specify wood, because the surface was smooth, the dimensions similar to those used for wood.*



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?

*Was told by mental telepathy*

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)

- |   |              |              |              |
|---|--------------|--------------|--------------|
| <input checked="" type="radio"/> 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)

- |   |              |              |              |
|---|--------------|--------------|--------------|
| <input checked="" type="radio"/> 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 0 degrees.
- b. From horizon \_\_\_\_\_ degrees.

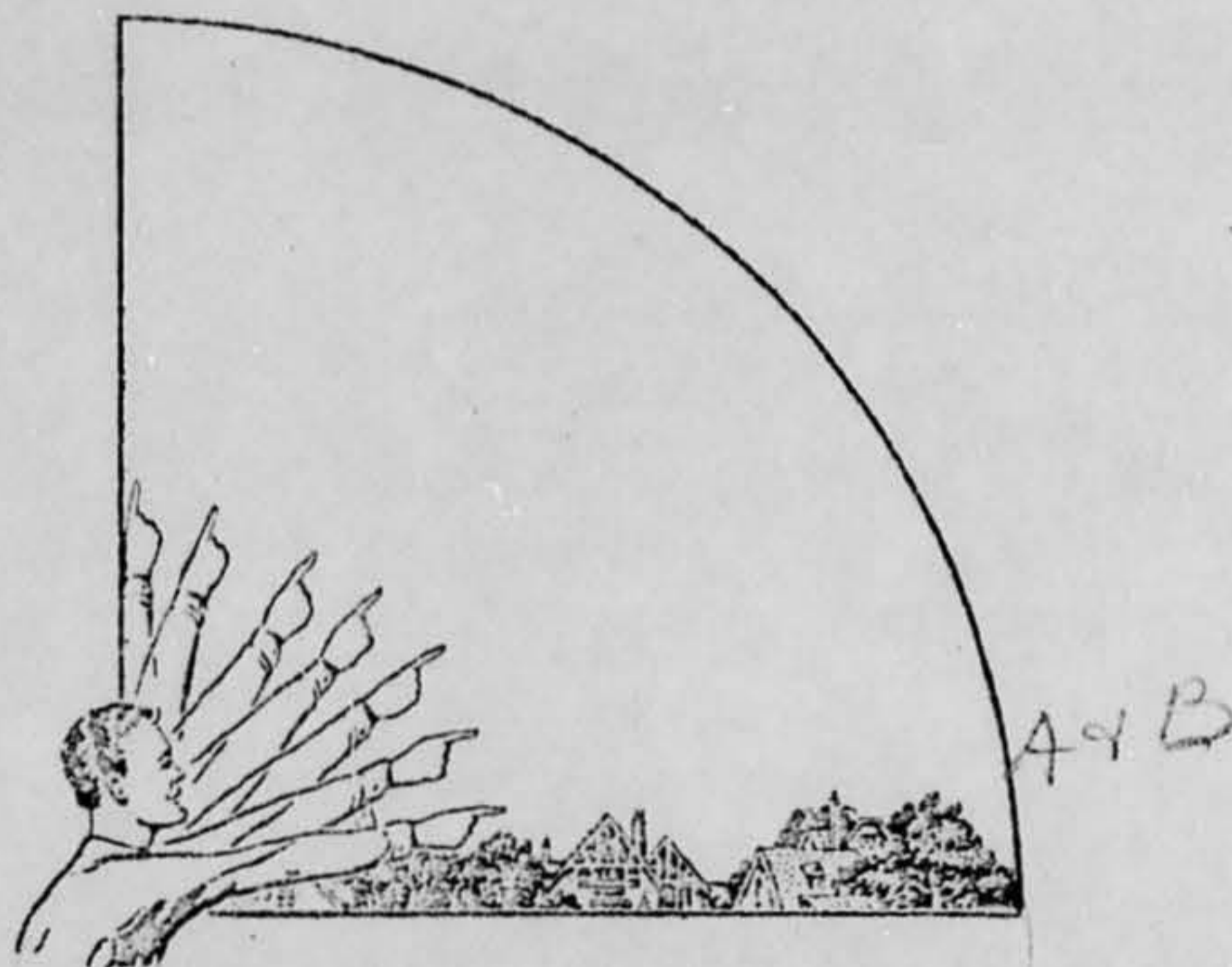
31.2 When it disappeared:

- a. From true North 0 degrees.
- b. From horizon \_\_\_\_\_ degrees.

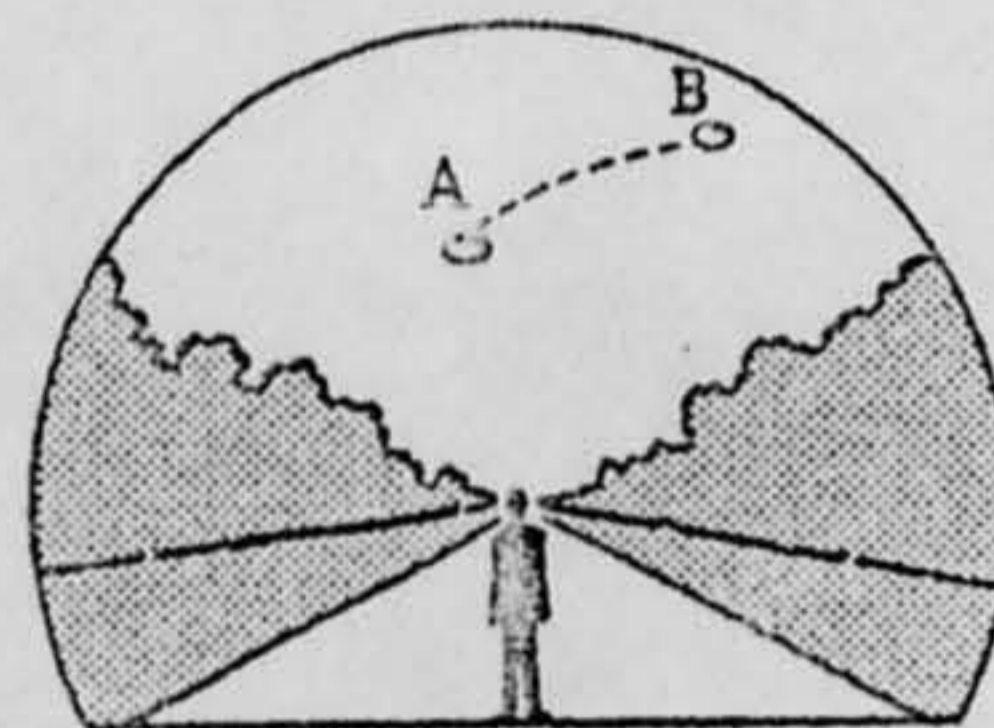
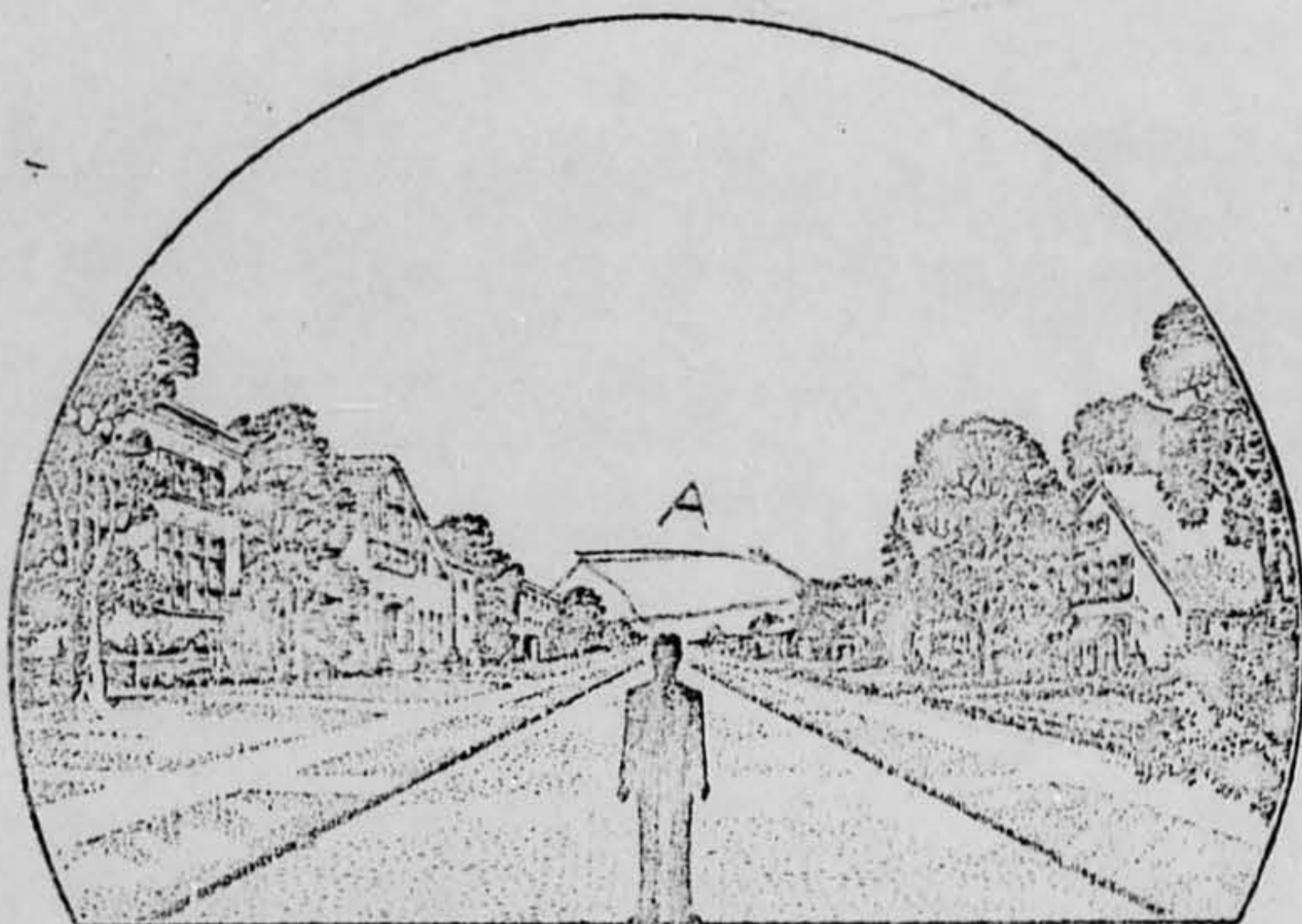
*gizmo*  
*ground*



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:

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?

*Have reported previously, eclipses,  
planets, disks, etc. stars (artificial)  
and lights, colored neon plasma*

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?

80 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?

50 feet.

41. Please give the following information about yourself:

NAME

[REDACTED]

Last Name

[REDACTED]

First Name

[REDACTED]

Middle Name

ADDRESS

[REDACTED]

Street

SYLVANIA

City

Zone

OHIO

State

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

What is your present job?

Homemaker

Age

45

Sex

Female

Please indicate any special educational training that you have had.

a. Grade school \_\_\_\_\_

e. e. Technical school \_\_\_\_\_

b. High school \_\_\_\_\_

(Type) \_\_\_\_\_

c. College \_\_\_\_\_

f. Other special training Art

d. Post graduate \_\_\_\_\_

42. Date you completed this questionnaire:

8  
Day

May  
Month

1960  
Year