

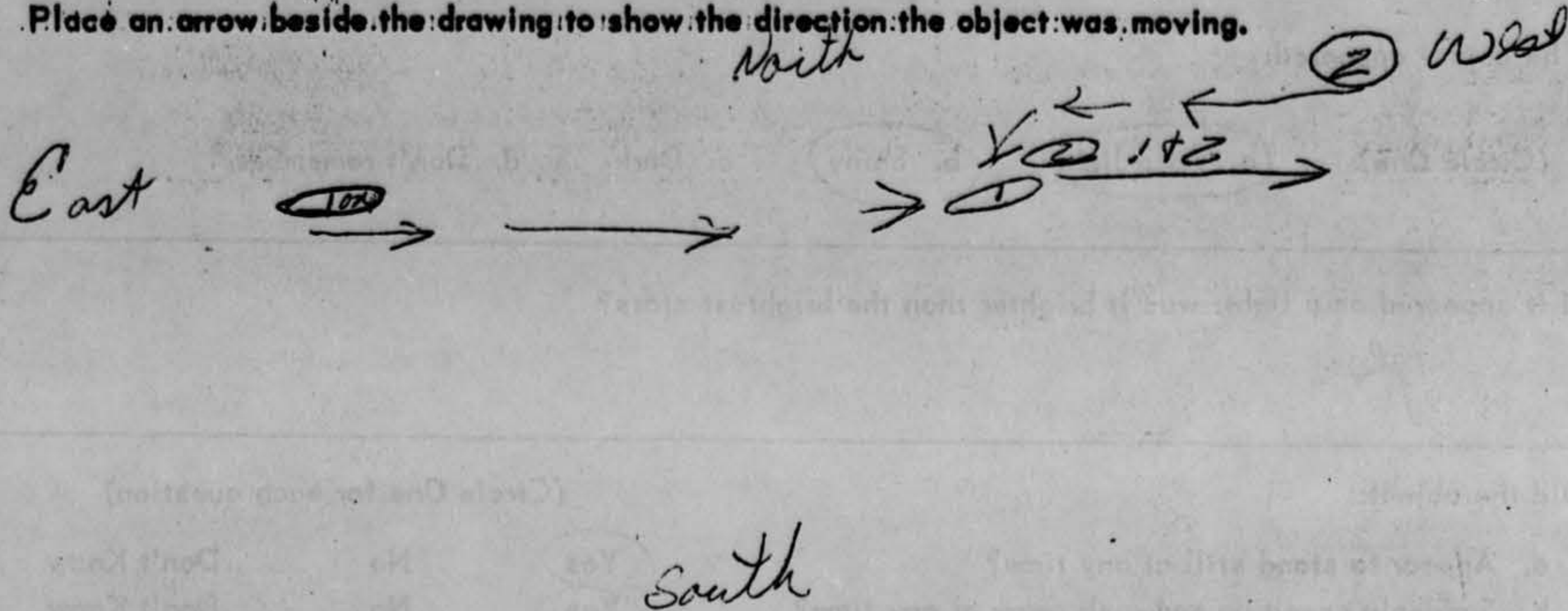
**PROJECT 10073 RECORD CARD**

1. DATE <b>19 June 1960</b>		2. LOCATION <b>Coudersport, Pennsylvania</b>		12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon	
3. DATE-TIME GROUP Local _____ GMT <b>19/2215Z</b>		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 checked="" 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 <b>Civilian</b>		<input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical	
7. LENGTH OF OBSERVATION <b>12 minutes</b>		8. NUMBER OF OBJECTS <b>two</b>	9. COURSE <b>varied EAST</b>	<input type="checkbox"/> Other _____ <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown	
10. BRIEF SUMMARY OF SIGHTING <b>Report sent in two years after sighting. There were two objects observed to approach each other and join up, change directions and then disappear over the horizon. Sighting in early evening toward the East. Objects disappeared to the West.</b>			11. COMMENTS <b>Nothing conflicting with analysis as a/c. Report submitted on form 164. Information sketchy.</b>		

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

- a. Sound None
- b. Color High polished metal (Al)?

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.



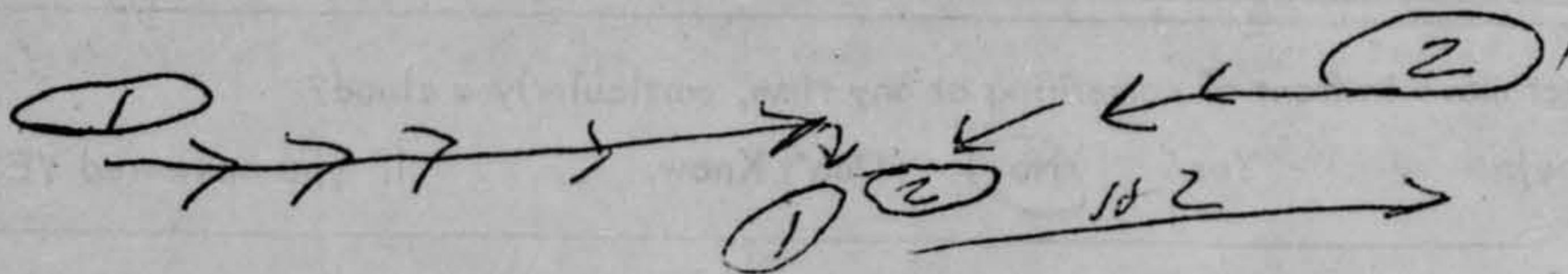
18. The edges of the object were:

- (Circle One): a. Fuzzy or blurred
- b. Like a bright star
- c. Sharply outlined
- d. Don't remember

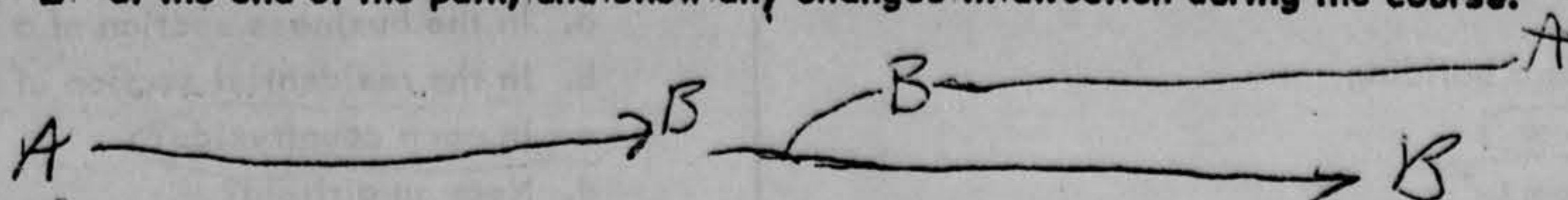
e. Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.



21. How large did the object appear to you as compared to an object with which you are familiar? *Size*

*of a airplane from distance which we were*

22. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

*All of it*

23. Did the object disappear while you were watching it? If so, how? *going west &*

*out of sight*

24. In order that you can give as clear a picture as possible of what you saw, 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.

*None*

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 (type)  
 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. 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?

*Looking at Top of mountain while in car  
 & then when it got out + watched it for a while  
 they went out of sight.*

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? 30 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  
 i. Overhead

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  
 i. Overhead

31. If you are familiar with bearing terms (angular direction), try to estimate the number of degrees the object was from true North (thru east) and also the number of degrees it was upward from the horizon (elevation).

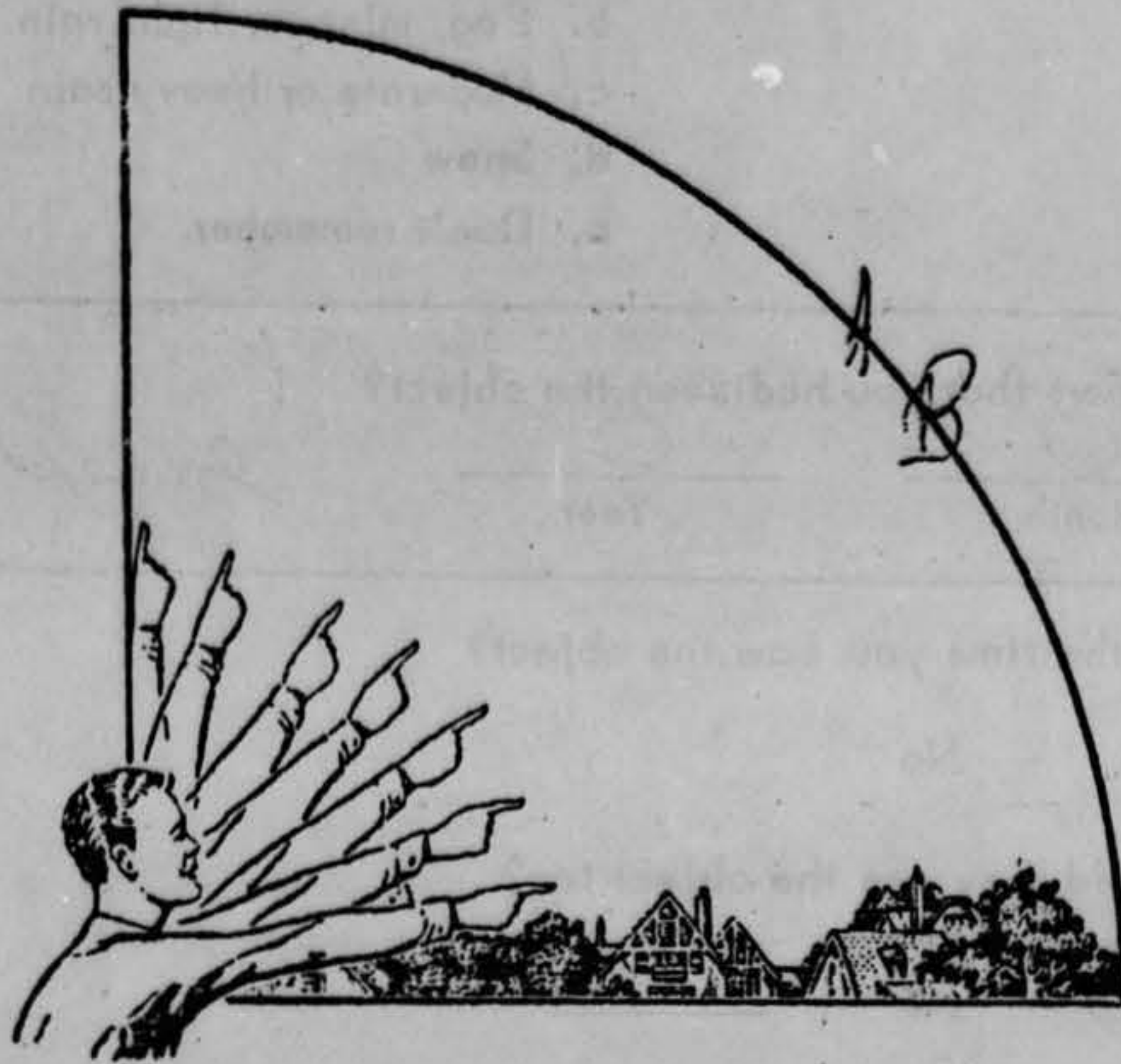
31.1 When it first appeared:

- a. From true North 5 degrees.  
 b. From horizon 5 degrees.

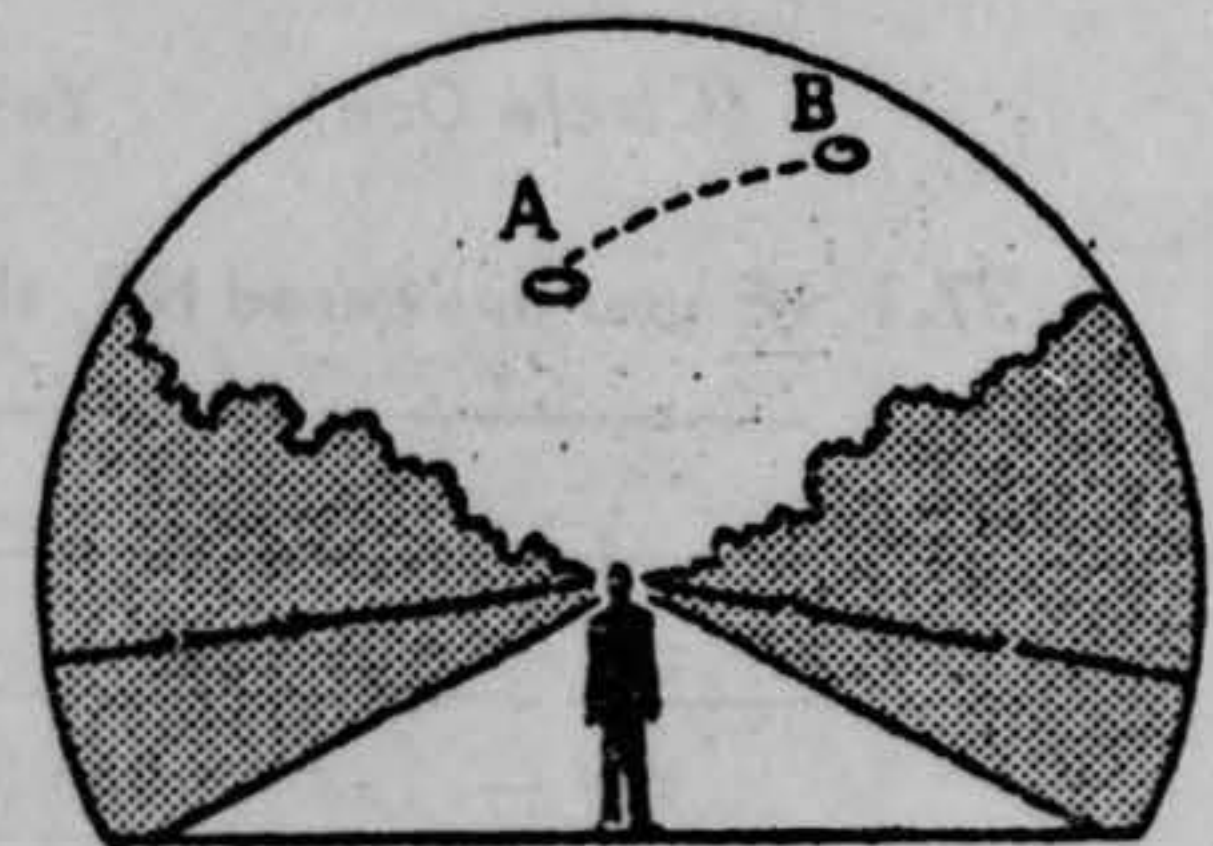
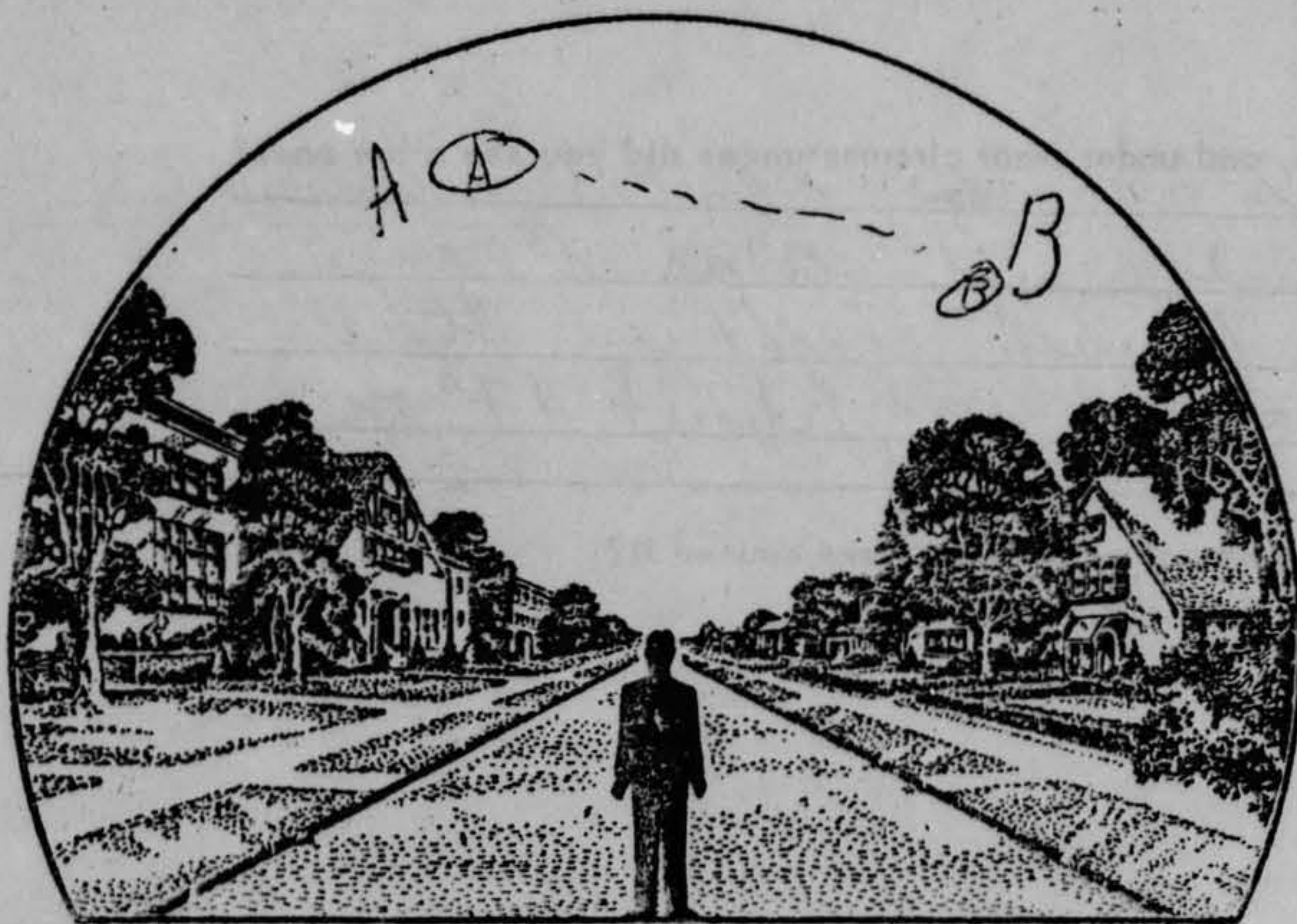
31.2 When it disappeared:

- 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?

CLOUDS (Circle One)

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One)

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

35. When and to whom did you report that you had seen the object?

                
 Day                      Month                      Year

*Except to you*

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:

~~no names and addresses listed~~

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?

*about 2 years ago ~~to~~ about 5 miles from this sighting, it was clear shaped with a bluish light in the front, traveling S to W. at about 17° on the horizon at about 8:00 a.m.*

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

*Can not assure this*

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?

0 - 650 - ?

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?

100,000 ft.

41. Please give the following information about yourself:

NAME

[Redacted] Last Name

[Redacted] First Name

[Redacted] Middle Name

ADDRESS

[Redacted] Street

[Redacted] City

[Redacted] Zone

Penn State

TELEPHONE NUMBER [Redacted]

Age

16

Sex

M

Indicate any additional information about yourself, including any education, which might be pertinent.

Jr. in High School.

42. Date you completed this questionnaire:

11  
Day

Feb  
Month

1963  
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.

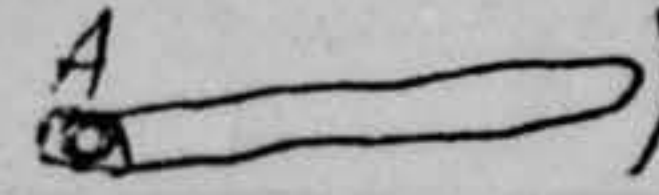
NAME 

(Please Print)

SIGNATURE DATE 2/11/63

(Do Not Write in This Space)

CODE:

Several of these have been seen here before. They always travel from East to West, or West to East. Some are large & some are small. They go from a stop to 40,000(?) MPH. Some have a Blue green (the  light) in the front of them. They could work on the magnetic fields of the earth. I would like all possible information on these lightings & others.

Thank you  




Jan. 20, 1963

Dear Sir:  
For days I have been  
thinking of a way to ask you  
this. I live on a farm in  
North Central Penn. and  
I have a new Telescope  
which I got a little while  
ago. For many years now  
my family and many other  
families have been seeing  
strange "objects" flying over  
head, not too high in the air.  
Some of them have come  
very close to us and I and  
other people have seen them.  
I have seen signs on the  
side that say something  
about the U.S. Government.  
I know they belong to you  
and would like to know

II

if you or someone else could  
give me all information on  
these unidentified flying  
objects. I have great faith  
in my government & will  
support it forever. I thank  
you so much for your time.  
will you please answer my  
letter for I would like  
to know more about this.

MR [REDACTED]  
[REDACTED]  
[REDACTED]

Thank  
you

DEPARTMENT OF DEFENSE  
OFFICE OF THE

33 1 83 1 38



COUDERSPORT  
JAN 24  
11-AM  
1963  
PA.



*Dept. of Defense  
Washington, D.C.*

# SECRETARY OF DEFENSE ROUTING SLIP

TO		ADV ACTION COPY TO	INFO COPY TO	TO		ADV ACTION COPY TO	INFO COPY TO
	SECRETARY OF DEFENSE				ASSISTANT SECRETARY OF DEFENSE (M)		
	DEPUTY SECRETARY OF DEFENSE				ASSISTANT SECRETARY OF DEFENSE (PA)		
	ADMINISTRATIVE SECRETARY				ASSISTANT SECRETARY OF DEFENSE DEP DIR, DEFENSE RES & ENG		
	SECRETARY OF THE ARMY				GENERAL COUNSEL		
	SECRETARY OF THE NAVY				THE SPECIAL ASSISTANT		
✓	SECRETARY OF THE AIR FORCE, <i>SAFO</i>				ASST. TO THE SECRETARY OF DEFENSE (AE)		
	CHAIRMAN, JOINT CHIEFS OF STAFF				ASST. TO THE SECRETARY OF DEFENSE (LA)		
	DIRECTOR, DEFENSE RESEARCH AND ENG				ASSISTANT TO THE SECRETARY OF DEFENSE		
	ASSISTANT SECRETARY OF DEFENSE (CD)				ADMINISTRATIVE ASSISTANT		
	ASSISTANT SECRETARY OF DEFENSE (Comp)				STAFF SECRETARY		
	ASSISTANT SECRETARY OF DEFENSE (I & L)				DIRECTOR, DEFENSE SUPPLY AGENCY		
	ASSISTANT SECRETARY OF DEFENSE (ISA)						

## ACTION

<p>✓ APPROPRIATE ACTION</p> <p>REPLY DIRECT (<i>Forward copy of reply to Secretary of Defense files</i>)</p> <p>INFORMATION AND RETENTION</p> <p>DATA ON WHICH TO BASE A REPLY</p> <p>COMMENT AND/OR RECOMMENDATION</p>	<p>PREPARATION OF REPLY FOR SECRETARY OF DEFENSE SIGNATURE</p> <p>PREPARATION OF REPLY FOR DEPUTY SECRETARY OF DEFENSE SIGNATURE</p> <p>ACTION INDICATED ON WHITE HOUSE ROUTE SLIP; IF REPLY IS REQUIRED, TO BE SIGNED BY ACTION DESIGNEE UNLESS CHECKED HERE FOR SIGNATURE OF:</p> <p><input type="checkbox"/> SECRETARY OF DEFENSE</p> <p><input type="checkbox"/> DEPUTY SECRETARY OF DEFENSE</p> <p><input type="checkbox"/> THE SPECIAL ASSISTANT</p>
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REMARKS

THIS IS AN  ACTION COPY  ADVANCE ACTION COPY  INFORMATION COPY

ACTION DUE NOT LATER THAN

ROUTING DATE

CCS CONTROL NUMBER

JAN 28 1963

DEPARTMENT OF THE AIR FORCE  
OFFICE OF THE SECRETARY

MEMORANDUM

February 4, 1963

Dear Mr. [REDACTED]

Thank you for your letter of January 20th and for your concern of the welfare of this Country.

It is regretted that your letter did not contain sufficient information for an evaluation of your sighting. Will you please complete the attached form and using the pre-addressed envelope, mail it to our Foreign Technology Division in Ohio. Upon evaluation of the information you submit, you will be advised by this office.

Sincerely,

WILLIAM J. LOOKADOO  
Lt. Colonel, USAF  
Public Information Div  
Office of Information

DEPARTMENT OF THE AIR FORCE  
OFFICE OF THE SECRETARY

MEMORANDUM

February 4, 1963

Dear Colonel Friend:

Please advise this office upon  
evaluation of the 164 to be submitted by  
Mr. [REDACTED]

Sincerely,  
[REDACTED]

## 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?

19 Day      June Month      60 Year

2. Time of day: 5 Hour      5 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      ~~\_\_\_\_\_~~ City or Town      Pa. State or Country

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

5. How long was object in sight?

0 Hours      12 Minutes      0 Seconds

5.1 How was time in sight determined?

a. Certain      c. Not very sure  
b. Fairly certain      d. Just a guess

6. What was the condition of the sky?

DAY  
a. Bright  
b. Cloudy

NIGHT  
a. Bright  
b. Cloudy

*Overcast  
Sun was just going down*

7. IF you saw the object during DAYLIGHT, 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, 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. The object appeared:

(Circle One):

a. As a light

b. Shiny

c. Dark

d. Don't remember

10. If it appeared as a light, was it brighter than the brightest stars?

yes

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 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 checked="" type="radio"/> Yes | <input 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. Flash or flicker?                            | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't Know |
| h. Disappear and reappear?                      | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't Know |

12. Did the object move behind something at any time, 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 any time, particularly a cloud?

(Circle One):

Yes

No

Don't Know.

IF you answered YES, then tell what

in front of: \_\_\_\_\_

14. Did the object appear: (Circle One): a. Solid b. Transparent c. Vapor d. 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   | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | g. Theodolite | Yes                     | <input checked="" type="radio"/> No |
| d. Window glass | Yes                                  | <input checked="" type="radio"/> No | h. Other      | outside & inside of car |                                     |