

PROJECT 10073 RECORD CARD

1. DATE 24 Aug 60	2. LOCATION McComb, 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 checked="" type="checkbox"/> Probably Astronomical Meteor <input type="checkbox"/> Possibly Astronomical <input type="checkbox"/> Other _____ <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown	
3. DATE-TIME GROUP Local 2200 GMT 25/0300Z	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 few sec	8. NUMBER OF OBJECTS one	9. COURSE NNE	
10. BRIEF SUMMARY OF SIGHTING Red light with a greenish tinge, round, large, very high speed.		11. COMMENTS Description is typical of a meteor.	

39. Do you think you can estimate the speed of the object? *very fast.*
(Circle One) Yes No

IF you answered YES, then what speed would you estimate? _____

40. Do you think you can estimate how far away from you the object was? *couple thousand feet*
(Circle One) Yes No

IF you answered YES, then how far away would you say it was? _____

41. Please give the following information about yourself:

NAME _____
Last Name First Name Middle Name

ADDRESS _____ Dr. *McComb* _____
City Zone State *(Ohio)?*

TELEPHONE NUMBER _____

Age *teenage?* Sex *M.*

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

42. Date you completed this questionnaire: *(ATIC)* _____
Day Month 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 _____

(Do Not Write in This Space)

CODE:

Duty Officer Comments: Capt Hill of
Flight Service (at 2235 24 Aug 60) reported
that reports were made at Lexington, Ky.
and St. Louis:

Lexington, Ky. - bright flashes in the
sky and explosions at 2200 EST

St. Louis: Man near Lambert Field
reported that a ^{bright} ~~red~~ disc with windows
was sighted at about 4000ft. ^{and 0035 EST time} It suddenly
turned and went straight up out of sight very fast

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?

24 Aug 1960
Day Month Year

2. Time of day: 2000 _____
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 McComb, Miss Miss near an air base (Findley)?
City or Town State or Country

Additional remarks: Jack Thompson - + 3 other boys camping out over night.

5. How long was object in sight?

Hours Minutes 2 few
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 NIGHT
a. Bright a. Bright buzzy
b. Cloudy b. Cloudy

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 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, 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 & larger, a red silvery light with a greenish tinge.

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

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 large

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.

path N to NE

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

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?

?

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

yes - very fast - no sound

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.

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?

Camping out, sitting on the ground.

28. IF you were MOVING IN AN AUTOMOBILE or other vehicle at this 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 | g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |
| | | | <input checked="" type="radio"/> i. Overhead |

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 |
| | | | 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).

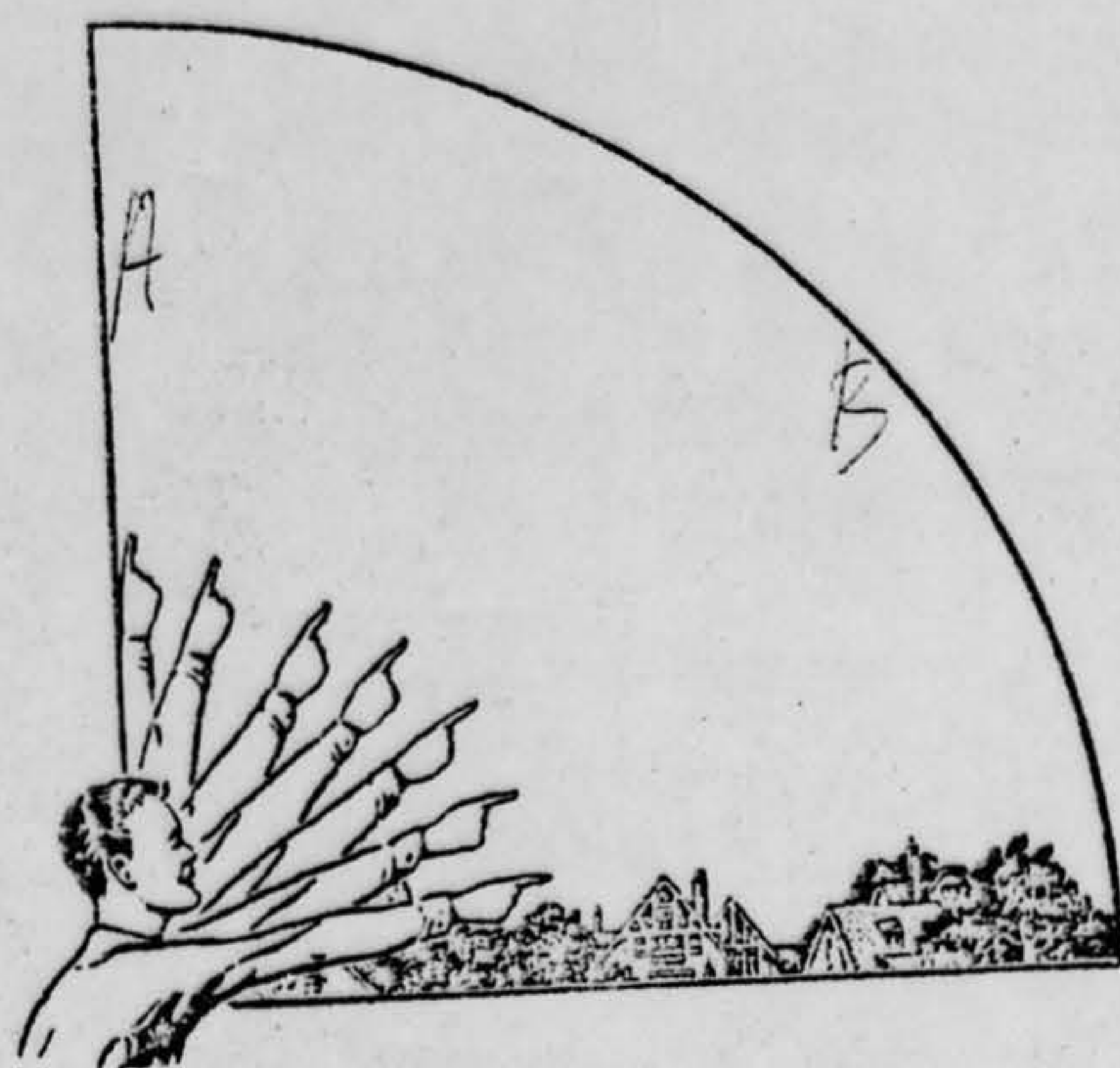
31.1 When it first appeared:

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

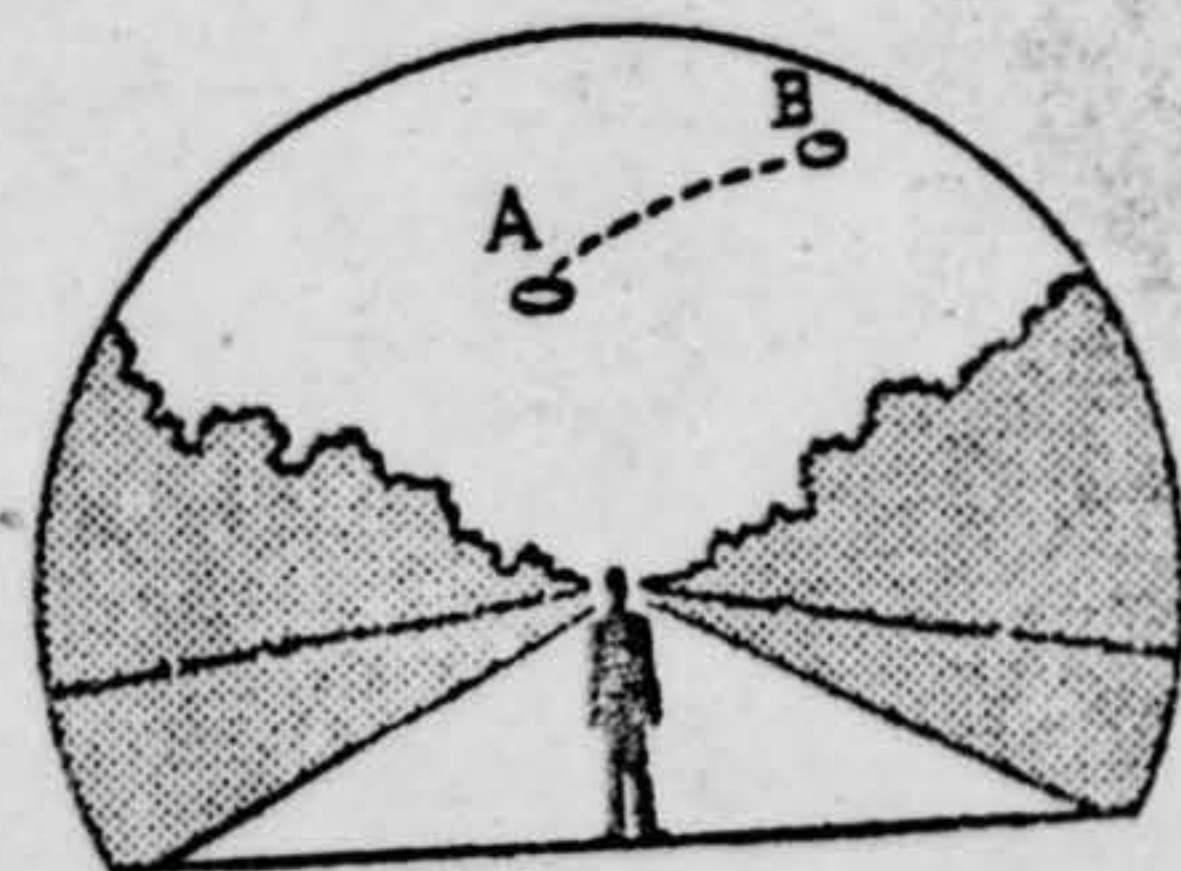
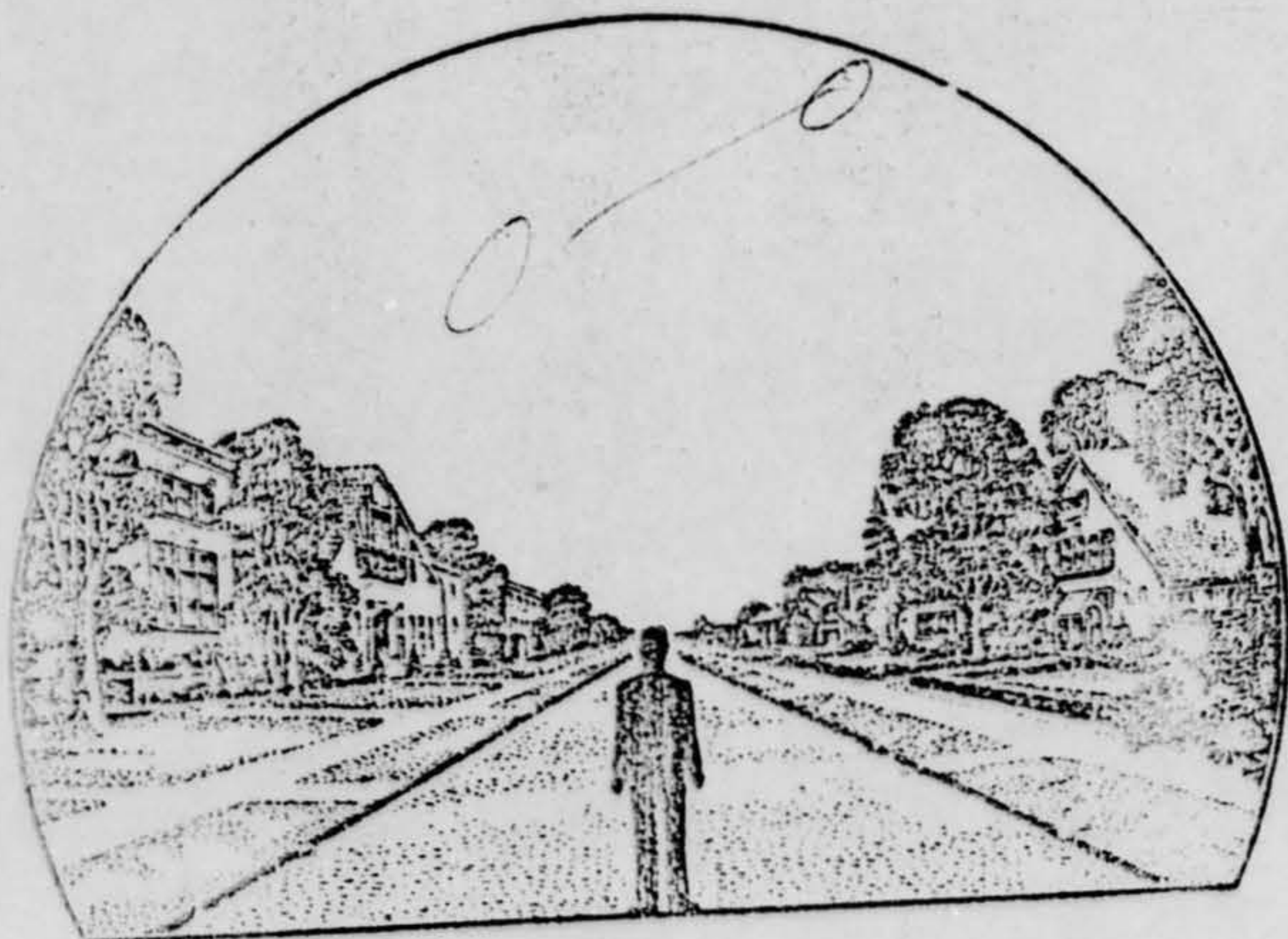
31.2 When it disappeared:

- 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?

24
Day

Aug
Month

1960
Year

ATC Duty Officer

36. Was anyone else with you at the time you saw the object?

(Circle One) Yes No

3

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?

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