

PROJECT 10073 RECORD CARD

1. DATE 3 Sep 60	2. LOCATION Dayton, Ohio		12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon
3. DATE-TIME GROUP Local 2230 GMT 04/0330Z	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 checked="" type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical
7. LENGTH OF OBSERVATION 45 min plus	8. NUMBER OF OBJECTS one	9. COURSE stationary	<input type="checkbox"/> Other <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
10. BRIEF SUMMARY OF SIGHTING A green light with red light revolving around it. Was seen through binoculars and telescope. A match head would cover the object.		11. COMMENTS The SDO stated that he went out at the time of the call about the sighting and saw a bright star in that part of the sky reported by the witness. Star charts indicate the constellation Andromeda in the location reported by the witness. This constellation has several 2nd magnitude stars in it.	

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)

CODE:

SIGNATURE _____

DATE _____

SDG Comment.

Went outside of building 925 and observed bright flickering star in direction and at approximate elevation of reported object. Star gave appearance of alternating green and red color. Party had asked to be called back if object could be identified. This was done and party seemed convinced that object was star.

Donald H. Perry
1st USAF, 300

PROJECT 10073 RECORD CARD

1. DATE 7 Sep 60		2. LOCATION Dayton, 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 type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown	
3. DATE-TIME GROUP Local 0635 GMT 07/1125Z		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 4 min		8. NUMBER OF OBJECTS one	9. COURSE E		
10. BRIEF SUMMARY OF SIGHTING A very bright aluminum colored object, similar to a bomber, but a bit larger. Definitely had wings and tail. Object gave a bright flash and was gone from sight. Stated object similar to C-118. SAC had B-52 in area at time of sighting.			11. COMMENTS Probably an a/c.		

Report received by Lt. F. Papelli
on 7 Sept 60 A 0640

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?

7 Sept '60
Day Month Year

2. Time of day:

6 25
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 _____ City or Town Dayton State or Country _____

Additional remarks: Hudson 9 Riverside

5. How long was object in sight?

_____ abn + 4 _____
Hours Minutes 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
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

U → E into sun

What did you notice concerning the STARS and MOON?

8. IF you saw the object at _____

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. ~~A few~~ b. Shiny c. Dark d. Don't remember

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

(Circle One for each question)

11. Did the object:

- | | | | |
|---|------------|-----------|------------|
| a. Appear to stand still <u>or not?</u> | Yes | <u>No</u> | Don't Know |
| b. Suddenly speed up <u>and then slow down?</u> | Yes | <u>No</u> | Don't Know |
| c. Break up into parts <u>or reappear?</u> | Yes | <u>No</u> | Don't Know |
| d. Give off smoke? | <u>Yes</u> | No | Don't Know |
| e. Change brightness? | Yes | <u>No</u> | Don't Know |
| f. Change shape? | Yes | <u>No</u> | Don't Know |
| g. Flash or flicker? | Yes | <u>No</u> | Don't Know |
| h. Disappear and reappear? | Yes | <u>No</u> | Don't Know |

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

(Circle One): 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): No Don't Know. IF you answered YES, then tell what in front of: _____

14. Did the object appear:

- Solid a. Solid b. Transparent c. Vapor d. Don't Know

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

- | | | | | |
|-----------------|-----------|---------------|-------------|-----------|
| a. Eyeglasses | <u>No</u> | e. Binoculars | Yes | No |
| b. Sun glasses | <u>No</u> | f. Telescope | Yes | <u>No</u> |
| c. Windshield | <u>No</u> | g. Theodolite | Yes | <u>No</u> |
| d. Window glass | <u>No</u> | h. Other | <u>none</u> | |

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

- a. Sound None
- b. Color Aluminum colored - very bright

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.

Definitely had wings

18. The edges of the object were:

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

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.

One object

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?

looked similar to a bomber - but a bit larger

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?

bright flash and then it was gone

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.

B-52

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?

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 | <u>g. West</u> |
| 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 | <u>c. East</u> | 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 280 degrees.
- b. From horizon 75 degrees.

31.2 When it disappeared:

- a. From true North 100 degrees.
- b. From horizon 5 degrees.

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?

7 April 60
 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?

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

AF Bomber - had swept wings

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? _____

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? _____

41. Please give the following information about yourself:

NAME _____
Last Name First Name Middle Name

ADDRESS _____
Street City Zone State Dayton 5, Ohio

TELEPHONE NUMBER _____

Age 40 Sex M

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

Sgt. in AF Reserve

42. Date you completed this questionnaire:

Day Month Year

The analyst called 404311, SIC, and the last contacted
 and he was waiting for a copy of about the
 time of the sighting. He further stated that he
 saw an object similar to a C-108 in the air
 flying in about the same direction as the
 witness reported for the object in question.

PROJECT 10073 RECORD CARD

1. DATE 7 Sep 60	2. LOCATION Dayton, Ohio		12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon <input type="checkbox"/> Was Aircraft <input checked="" 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 type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
3. DATE-TIME GROUP Local 2215 GMT 08/0315Z	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 10 min	8. NUMBER OF OBJECTS one	9. COURSE N then S	
10. BRIEF SUMMARY OF SIGHTING Dull red object with red light on top was seen to left and below the moon. Object passed below moon to the right, turned to right and passed across moon; disappeared as if it vanished.		11. COMMENTS Probably an a/c.	

U.S. AIR FORCE TECHNICAL INFORMATION SHEET

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1. When did you see the object?

03 Day Sep Month 60 Year

2. Time of day: 10 Hour 30 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?

[REDACTED] Nearest Postal Address Davton View City or Town Ohio State or Country

Additional remarks: _____

5. How long was object in sight?

_____ Hours 45 + Minutes _____ Seconds

5.1 How was time in sight determined?

Present during phone conversation and after work.

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

5. What was the condition of the sky?

DAY	NIGHT
a. Bright	a. Bright
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

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?

7 Day Sept Month 60 Year

2. Time of day: 10 Hour 15 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?

[REDACTED] Nearest Postal Address DALTON 24 City or Town OHIO (HUBER HTS) State or Country

Additional remarks: _____

5. How long was object in sight?

_____ Hours 10 Minutes _____ 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. <u>Bright</u>	a. <u>Bright</u>
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?

SAME AS STARS

11. Did the object:

(Circle One for each question)

- | | | | |
|---|------------|-----------|-------------------|
| a. Appear to stand still at any time? | Yes | <u>No</u> | Don't Know |
| b. Suddenly speed up and rush away at any time? | Yes | No | <u>Don't Know</u> |
| 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. Flash or flicker? | Yes | No | Don't Know |
| h. Disappear and reappear? | <u>Yes</u> | 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 | <u>No</u> | 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 | <u>None</u> | |

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

a. Sound BOOM

b. Color RED

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? ONLY 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.

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

DID NOT KNOW

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?

UNKNOWN

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

YES, DISAPPEARED FOR SEVERAL SECONDS
THEN REAPPEARED.

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.

NORTH STAR

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?

Sitting on patio drinking coffee.
Happened to look up and see it

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)

- | | | | |
|---------------------|--------------|--------------|--------------|
| a. North | c. East | e. South | g. West |
| <u>b. Northeast</u> | 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 0 degrees.
b. From horizon 50 degrees.

31.2 When it disappeared:

- a. From true North 25 - 70 degrees.
b. From horizon 70 degrees.

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?

*CALLER ATTC IMMEDIATELY
AFTER OBSERVATION*

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] DAYTON 24 OHIO
[REDACTED] DAYTON 3 OHIO

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?

No opinion

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)

CODE:

SIGNATURE _____

DATE _____

I received the report by telephone at approximately 2230 hrs. After completion of the interview I asked the suggested agencies and organizations in the local area with the following results.

Paterson Tower	Negative
Wright Tower	Negative
AACS	Negative
Motor Service	had a bulletin up at that time but it had no lights. up to 1000 meters and night low down.
CAA - Randolph	Negative.
WASD - Flight Test	No answer.


 BASE
 OFFICER

PROJECT 10073 RECORD CARD

1. DATE 14 Sep 60	2. LOCATION Dayton, Ohio	12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon
3. DATE-TIME GROUP Local 1520 GMT 14/2020Z	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 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 few sec	8. NUMBER OF OBJECTS two	9. COURSE ---
10. BRIEF SUMMARY OF SIGHTING Ball of dark black smoke in front of witness. No sound. One object behind the other. Witness always outside and saw object upon entering house.		11. COMMENTS Discussion with witness brought out the fact that when she saw the objects their position relative to her head was unchange even when she moved. She also had humming in her head. Further, she was usually emotionally upset prior to the sightings. A visit to the doctor brought out the fact that she suffered from high blood pressure. It is opinion of investigator that witness was seeing images due to excess blood in blood vessels of her eyes.

SUMMARY OF ALLEGED UFO SIGHTING

1. This case was investigated by personnel of the Aerial Phenomena Group.

2. The witness, when interviewed, again described the apparent appearance of the objects and the description was consistent with that reported on the phone during the initial interview. The investigator made a thorough search of the house and surrounding area in an effort to discover anything which could possibly be responsible for the sighting. This search revealed nothing to which the sightings could be attributed.

3. Further discussion with the witness brought out the fact that when she saw the objects their position relative to her head was unchanged even when she moved. When asked if she had any discomforting feeling, other than fear, when she saw the objects the witness replied that she had a humming in her head. Further interrogation brought out that the witness usually was emotionally upset prior to the sightings, and on a large number of occasions was seated outside and experienced the sightings after standing and entering the house. The witness stated that apprehension over her experiences had prompted a visit to the doctor; who diagnosed her case as high blood pressure.

4. It is the opinion of the investigator that the witness was seeing images due to the excess blood which was in the blood vessels of her eyes.

5. The probable conditions were explained to the witness and further she was advised as to what action she should take when having one of these experiences. The witness was further advised that she could prove the truth of the diagnosis by ~~scratching~~ scratching her eyes when having the next experience with the objects, and advised that she would still be able to see them.

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 Green with red
 b. Shiny light revolving
 c. Dark
 d. Don't remember around it.

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

No.

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 type="radio"/> Yes | <input checked="" 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 type="radio"/> Yes | <input checked="" 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 | <input type="radio"/> Yes | <input type="radio"/> No | e. Binoculars | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| b. Sun glasses | <input type="radio"/> Yes | <input type="radio"/> No | f. Telescope | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| c. Windshield | <input type="radio"/> Yes | <input type="radio"/> No | g. Theodolite | <input type="radio"/> Yes | <input type="radio"/> No |
| d. Window glass | <input type="radio"/> Yes | <input type="radio"/> No | h. Other _____ | | |

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?

14 SEPT 60
Day Month Year

2. Time of day: 15 20
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 DAYTON OHIO
City or Town State or Country

Additional remarks: DINING ROOM OF HOUSE. EAST

5. How long was object in sight?

Hours Minutes FEW
Seconds

5.1 How was time in sight determined?

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

6. What was the condition of the sky?

DAY
a. Bright
b. Cloudy

NIGHT
a. Bright
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
b. In back of you
c. To your right

- d. To your left
- e. Overhead
- f. Don't remember

FROM IN HOUSE

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

BALL OF BLACK SMOKE

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

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. Flash or flicker? | Yes | No | Don't Know |
| h. Disappear and reappear? | <u>Yes</u> | 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: _____

IN FRONT OF WITNESS

14. Did the object appear: (Circle One): a. Solid b. Transparent ^{Smoke} c. Vapor d. 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 NONE THAT WITNESS CAN BE SURE OF

b. Color 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.

USUALLY ROUND —

OTHER TIMES AS A SHEET.

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.

ONE OBJECT BEHIND
THE OTHER

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?

14 SEPT 60
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?

SAME EXPERIENCE

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

No

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? SPEED OF A WALK.

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? CLOSE UP. —

41. Please give the following information about yourself:

NAME [REDACTED] [REDACTED] [REDACTED]
Last Name First Name Middle Name

ADDRESS [REDACTED] AVE DAYTON [REDACTED] OHIO
Street City Zone State

TELEPHONE NUMBER [REDACTED]

Age 46 Sex F

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

42. Date you completed this questionnaire:

_____ Day _____ Month _____ Year

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

a. Sound None

b. Color Green with red light trails

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 Like a light

19. IF there was MORE THAN ONE object, then how many were there? Only 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.

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?

Whole object

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

No.

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.

Transparent globe with green light inside and red light moving around it

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. Where 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?

Walking dog

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 |
| | | | 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).

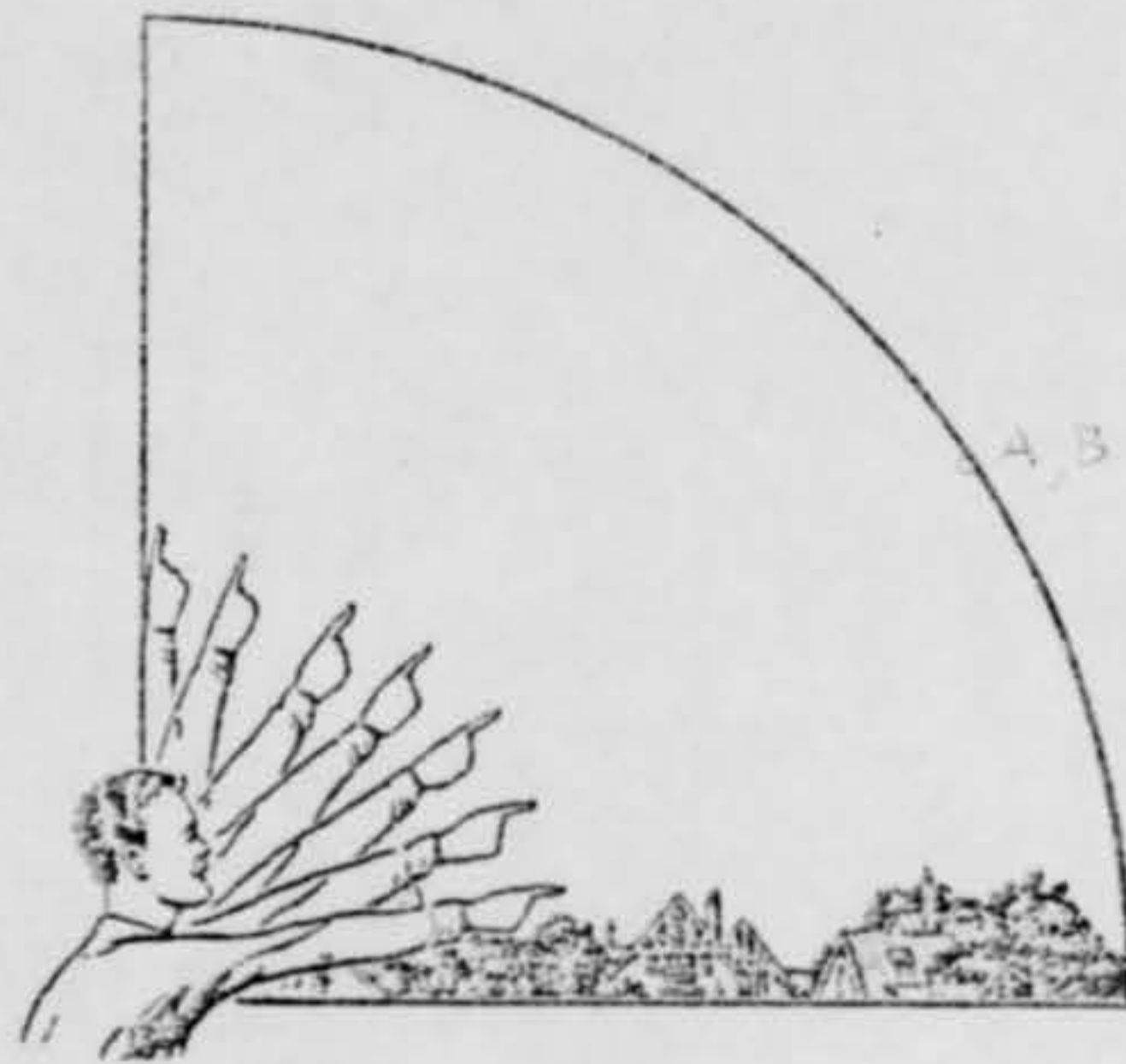
31.1 When it first appeared:

- a. From true North 45° degrees.
- b. From horizon 40° degrees.

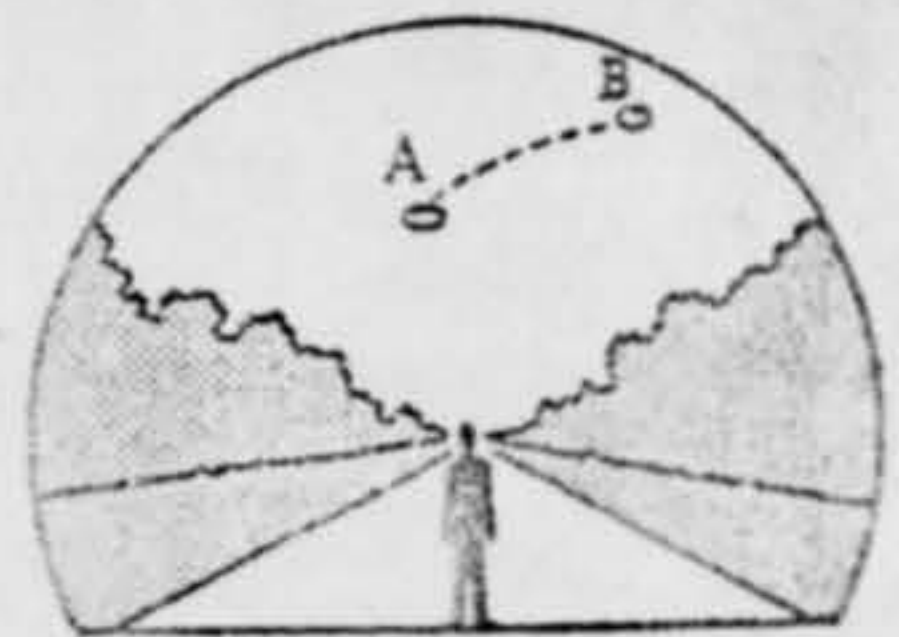
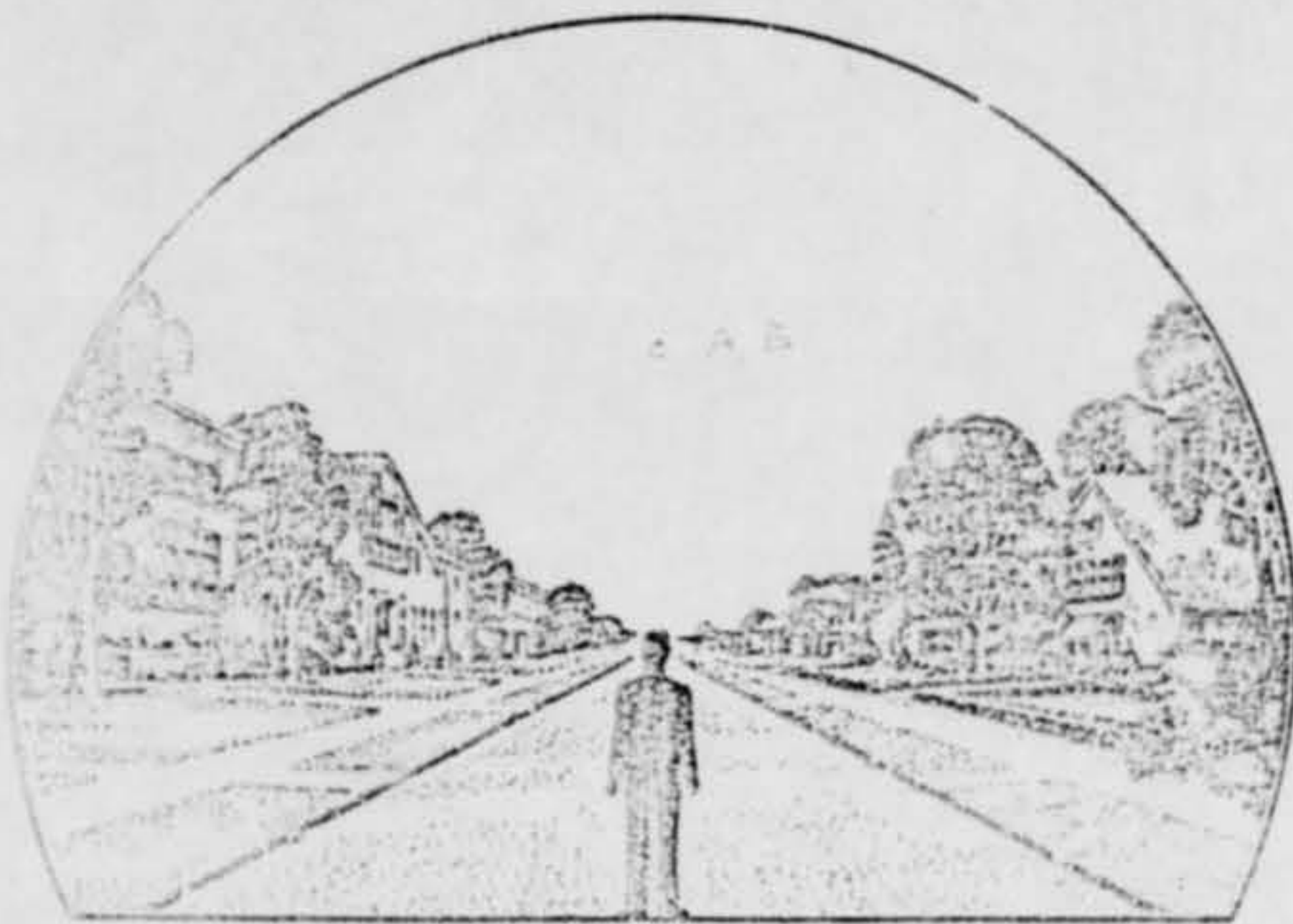
31.2 When it disappeared:

- a. From true North 45° degrees.
- b. From horizon 40° 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?

ATIC SDO

03 Sep 60
 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:

~~_____~~
 Mrs. ~~_____~~
 Mr. Mrs. ~~_____~~
 Mrs. ~~_____~~
 all of ~~_____~~
 Dayton, Ohio,

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?

Helicopter, or balloon

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? 210 mph

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? _____

41. Please give the following information about yourself:

NAME Mrs [Redacted] [Redacted] [Redacted]
Last Name First Name Middle Name

ADDRESS [Redacted] Dayton Ohio [Redacted] Ohio
Street City Zone State

TELEPHONE NUMBER [Redacted]

Age 24 Sex F

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

42. Date you completed this questionnaire: 23 5 63
Day Month Year