

PROJECT 10073 RECORD CARD

<b>1. DATE</b> <p style="text-align: center;">10 Oct 60</p>	<b>2. LOCATION</b> <p style="text-align: center;">Kenton, Ohio</p>		<b>12. CONCLUSIONS</b> <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
<b>3. DATE-TIME GROUP</b> Local <u>2230</u> GMT <u>11/0330Z</u>	<b>4. TYPE OF OBSERVATION</b> <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
<b>5. PHOTOS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6. SOURCE</b> <p style="text-align: center;">Civilian</p>		<input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical
<b>7. LENGTH OF OBSERVATION</b> <p style="text-align: center;">3-5 min</p>	<b>8. NUMBER OF OBJECTS</b> <p style="text-align: center;">three</p>	<b>9. COURSE</b> <p style="text-align: center;">W</p>	<input type="checkbox"/> Other _____ <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
<b>10. BRIEF SUMMARY OF SIGHTING</b> <p>3 objects appearing as lights, came into view in 15-20 min intervals. Color was like an electric light bulb, appeared to be the size of a big star. Disappeared behind trees about 100 ft away. Each object in sight for 3-5 min.</p>			<b>11. COMMENTS</b> <p>Probably a/c.</p>

MEMO ROUTING SLIP		NEVER USE FOR APPROVALS, DISAPPROVALS, CONCURRENCES, OR SIMILAR ACTIONS	
1 NAME OR TITLE Major Friend	INITIALS		CIRCULATE
ORGANIZATION AND LOCATION 4E2	DATE		COORDINATION
2			FILE
			INFORMATION
3		XX	NECESSARY ACTION
			NOTE AND RETURN
4			SEE ME
			SIGNATURE
REMARKS The attached information was a part of the ATIC OD report for 10 Oct 60, submitted by Capt Miatech, USAF, 4F3a.			
FROM NAME OR TITLE <i>SM 1st Lt L H Deffenbaugh</i>	DATE 31 OCT 1960		
ORGANIZATION AND LOCATION 4E2	TELEPHONE 59117		



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?

10 Day      Oct Month      60 Year

2. Time of day: 2230 +  
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?

AT HOME ABOUT \_\_\_\_\_ KENTON, OHIO  
Nearest Postal Address      City or Town      State or Country

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

5. How long was object in sight?

Hours

3-5 MIN. EACH  
Minutes      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

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?

*JUST APPEARED TO LOOK LIKE AN ELECTRIC LIGHT BULB*

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): *like a light*  
 a. Solid    b. Transparent    c. Vapor    d. Don't Know

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

- |                 |     |    |   |     |    |
|-----------------|-----|----|---|-----|----|
| a. Eyeglasses   | Yes | No | <input checked="" type="radio"/> 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

b. Color Like an electric light bulb - not as blue as a star

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.

*Couldn't distinguish see any shape*

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 didn't see any

19. IF there was MORE THAN ONE object, then how many were there? 3

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

*The three objects appeared in 15 to 20 minute intervals, moving east to west.*

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?

*appeared to be the size of a big star*

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?

*couldn't say. It just looked like a big star moving across the sky.*

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

*moved behind trees about 100' away*

24. In order that you can give us 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):

- Inside a building *2nd floor bedroom*  
 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 *rural district*

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 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      | <i>Couldn't say</i> | 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      | <i>Couldn't say</i> | 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. *Couldn't say*  
 b. From horizon \_\_\_\_\_ degrees.

31.2 When it disappeared:

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

\_\_\_\_\_ Day

\_\_\_\_\_ Month

\_\_\_\_\_ Year

*Renton Police*

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?



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 Kentox City \_\_\_\_\_ Zone \_\_\_\_\_ OHIO State

TELEPHONE NUMBER 

Age \_\_\_\_\_ Sex F

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

42. Date you completed this questionnaire:

\_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year