

PROJECT 10073 RECORD CARD

1. DATE 17 Jan 61	2. LOCATION 2 1/2 mi N of Troy, 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 checked="" type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
3. DATE-TIME GROUP Local 2040 GMT 180140Z	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 5 sec.	8. NUMBER OF OBJECTS 1	9. COURSE N-S the S-NE	
10. BRIEF SUMMARY OF SIGHTING Light traveled across sky. Came from N; disappeared to S; reappeared traveling NE; returned about half way; then exploded. No sound. Gave appearance of jet exhaust, but much faster.		11. COMMENTS Witness reported shape of object as that of lightning with no color. It must have had some light color for him to see it. Object was reported to have disappear, then returned and exploded. Elevation of object when in view was not reported. Attempts to contact witnesses by analyst were in vain. Although duration and explosion is characteristic of a bolide, the other information reported is too general to permit a valid conclusion. Therefore, this report is categorized as Insufficient Data.	



## 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.

<p>1. When did you see the object?</p> <p style="text-align: center;"> <u>17</u>      <u>Jan</u>      <u>61</u>              Day      Month      Year         </p>	<p>2. Time of day: <u>2000</u>      <u>40</u>              Hour      Minutes</p> <p>(Circle One):      A.M.      or      <u>P.M.</u></p>		
<p>3. Time Zone: (Circle One):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">                 a. Eastern                  b. Central                  c. Mountain                  d. Pacific                  e. Other _____             </td> <td style="width: 50%; vertical-align: top;">                 (Circle One): a. Daylight Saving                  b. Standard             </td> </tr> </table>		a. Eastern b. Central c. Mountain d. Pacific e. Other _____	(Circle One): a. Daylight Saving b. Standard
a. Eastern b. Central c. Mountain d. Pacific e. Other _____	(Circle One): a. Daylight Saving b. Standard		
<p>4. Where were you when you saw the object?</p> <p style="text-align: center;"> <u>2 1/2 miles N of Troy</u>      <u>alt route 25</u>              Nearest Postal Address      City or Town      State or Country         </p> <p>Additional remarks: _____</p>			
<p>5. How long was object in sight?      _____      _____      <u>5</u>              Hours      Minutes      Seconds</p> <p>5.1 How was time in sight determined?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">                 a. Certain                  b. Fairly certain             </td> <td style="width: 50%; vertical-align: top;">                 c. Not very sure  <u>d. Just a guess</u> </td> </tr> </table>		a. Certain b. Fairly certain	c. Not very sure <u>d. Just a guess</u>
a. Certain b. Fairly certain	c. Not very sure <u>d. Just a guess</u>		
<p>6. What was the condition of the sky?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">                 DAY                  a. Bright                  b. Cloudy             </td> <td style="width: 50%; vertical-align: top;"> <u>NIGHT</u>  <u>a. Bright</u>                  b. Cloudy             </td> </tr> </table>		DAY a. Bright b. Cloudy	<u>NIGHT</u> <u>a. Bright</u> b. Cloudy
DAY a. Bright b. Cloudy	<u>NIGHT</u> <u>a. Bright</u> b. Cloudy		
<p>7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?</p> <p>(Circle One):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">                 a. In front of you                  b. In back of you                  c. To your right             </td> <td style="width: 50%; vertical-align: top;">                 d. To your left                  e. Overhead                  f. Don't remember             </td> </tr> </table>		a. In front of you b. In back of you c. To your right	d. To your left e. Overhead f. Don't remember
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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?

*Like lightning*

11. Did the object:

(Circle One for each question)

- |   |                                      |                                     |            |
|---|--------------------------------------|-------------------------------------|------------|
| a. Appear to stand still at any time?           | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No | Don't Know |
| b. Suddenly speed up and rush away at any time? | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | Don't Know |
| c. Break up into parts or explode?              | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | Don't Know |
| d. Give off smoke?                              | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No | Don't Know |
| e. Change brightness?                           | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | Don't Know |
| f. Change shape?                                | <input checked="" type="radio"/> Yes | <input checked="" type="radio"/> No | Don't Know |
| g. Flash or flicker?                            | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | Don't Know |
| h. Disappear and reappear?                      | <input checked="" type="radio"/> Yes | <input 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?

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

b. Color None

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.

*Like lightning, returned + exploded*

18. The edges of the object were:

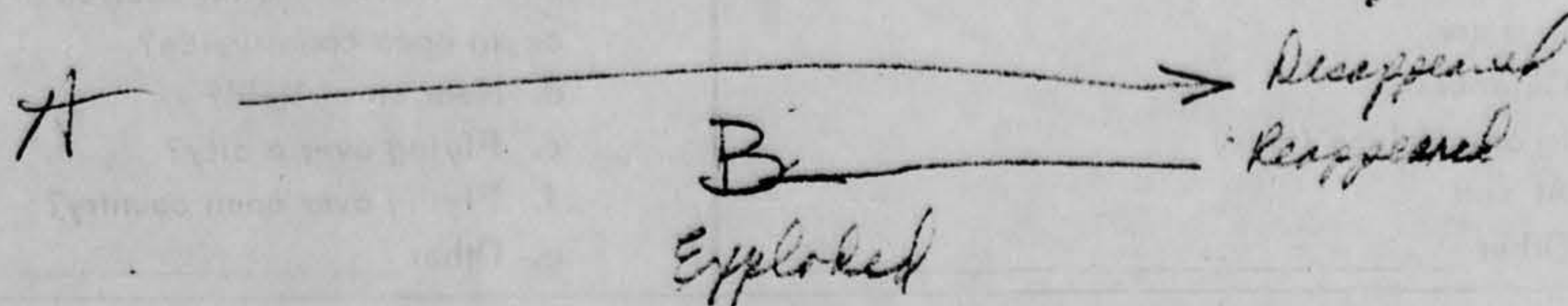
- (Circle One):
- a. Fuzzy or blurred
  - b. Like a bright star
  - c. Sharply outlined
  - d. Don't remember

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

19. IF there was MORE THAN ONE object, then how many were there? only one object  
 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? *Larger than meters*

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*

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.

*gave appearance of jet exhaust,  
but much faster*



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?

*Out walking the 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)

- crossing sky from North to South*  
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)

- object returned from South & appeared in East*  
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:

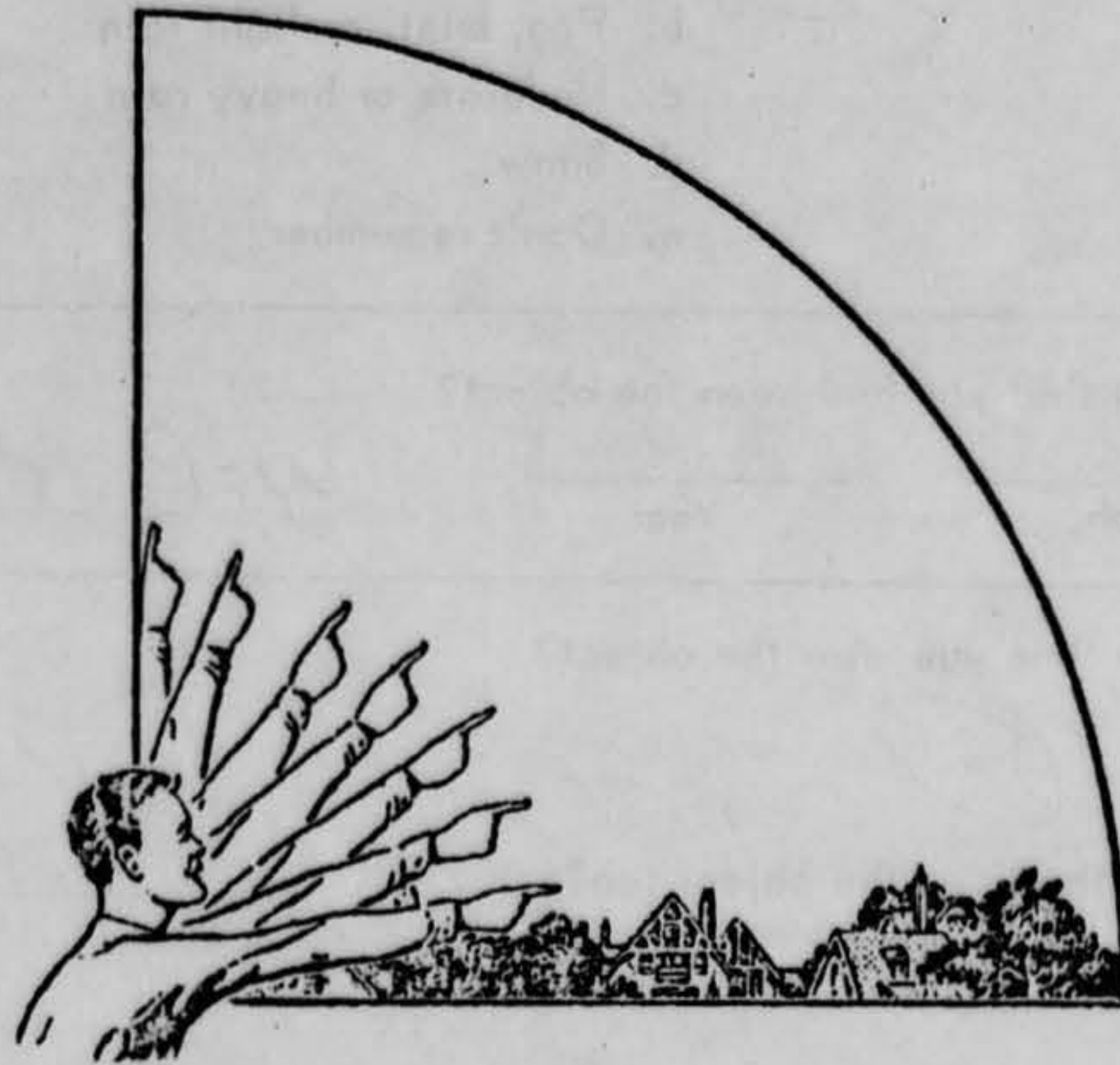
- a. From true North \_\_\_\_\_ degrees.  
b. From horizon \_\_\_\_\_ degrees.

*North to south*

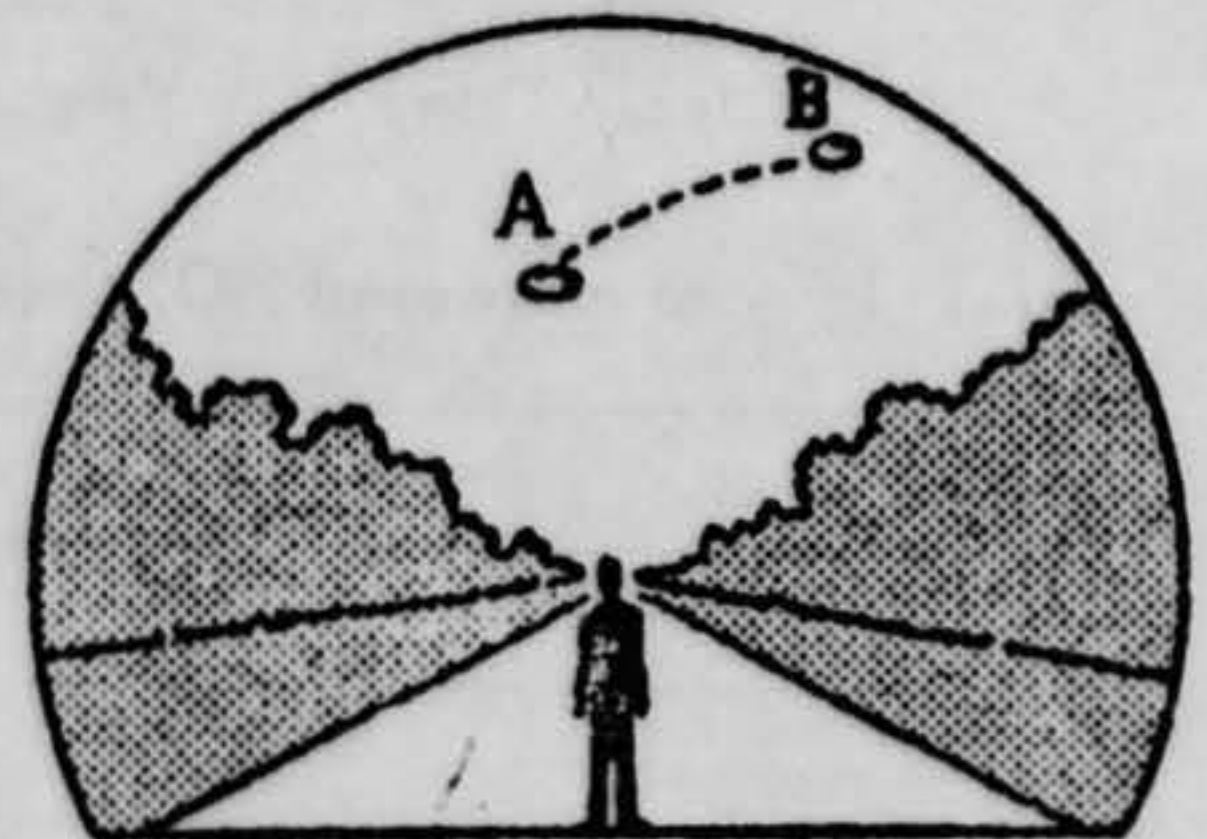
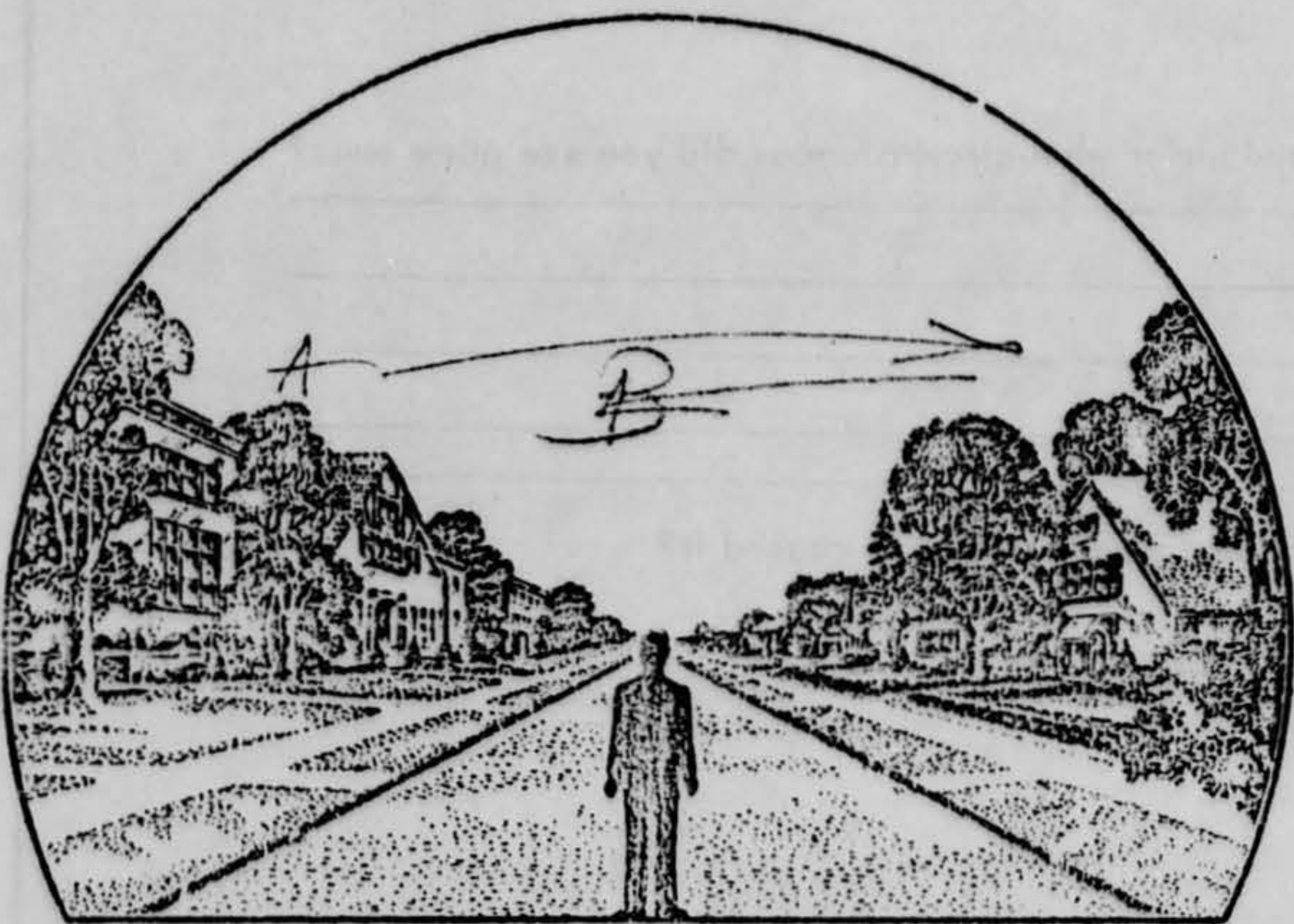
*Returned about 1/2 way before explode*



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)

WEATHER (Circle One)

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

- 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?

17 JAN 1961 W-P AFB  
 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:

*However his wife saw it from the house. Explosion also disturbed his dog.*

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?

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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

*Speed of flight*

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

*[Redacted]* Last Name *[Redacted]* First Name *[Redacted]* Surname

ADDRESS

*[Redacted]* Street *Troy* City *Ohio* Zone State

TELEPHONE NUMBER

*[Redacted]*

Age

*55*

Sex

*M*

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

42. Date you completed this questionnaire:

*17* Day *Jan* Month *61* Year