

PROJECT 10073 RECORD CARD

1. DATE 7 Sep 61	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
3. DATE-TIME GROUP Local 0503 GMT 071003Z	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		<input type="checkbox"/> Was Astronomical <input checked="" type="checkbox"/> Probably Astronomical METEOR <input type="checkbox"/> Possibly Astronomical
7. LENGTH OF OBSERVATION 1 1/2 sec	8. NUMBER OF OBJECTS 1	9. COURSE WNW	
10. BRIEF SUMMARY OF SIGHTING 1 red-blue-green objt, no sound described as a 4th of July rocket only larger.		11. COMMENTS Description of objt is limited however short duration coupled with rocket appearance is characteristic of a meteor observation. It is therefore concluded that sighting was a meteor observation.	

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 a light on an airplane

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 | Don't Know |
| b. Suddenly speed up and rush away at any time? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Don't Know |
| c. Break up into parts or explode? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | Don't Know |
| d. Give off smoke? | <input 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 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 type="radio"/> 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 | 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 | <input checked="" type="radio"/> Yes | No | h. Other | <i>Naked eye Also</i> | |

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

- a. Sound NONE
- b. Color CHANGED COLOR FROM GREEN-TO-WHITE-TO-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.

1. First round object size of an alarm clock and appeared about 5 miles away, traveling NNE 30° above horizon.

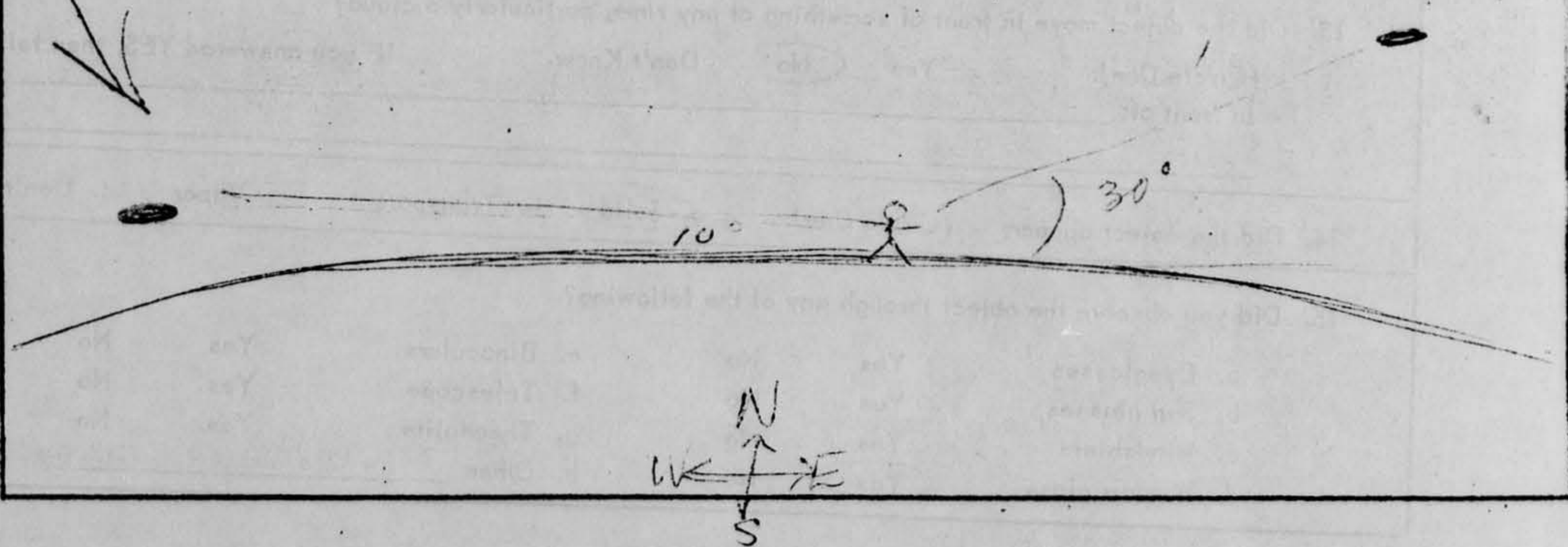
2. Second round object same description as 1. above but was traveling westward and sinking at 10° above horizon.

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 light on airplane

19. IF there was MORE THAN ONE object, then how many were there? two
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.



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 Huber HTS Residential Area

27. What were you doing at the time you saw the object, and how did you happen to notice it?

Just looked out the window
and then saw it holding position
& blinking (green), so went outdoors to 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)

- | | | | |
|---|--------------|--------------|--------------|
| <input checked="" type="radio"/> a. North | c. East | e. South | g. West |
| <input checked="" type="radio"/> 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>1st object</i> | e. South | <input checked="" type="radio"/> g. West <i>2nd object</i> |
| <input checked="" type="radio"/> b. Northeast <i>1st object</i> | 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 15° degrees.
- b. From horizon 30° degrees.

1st object } *2nd obj.* } 85° from true N
10° from horizon

31.2 When it disappeared:

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

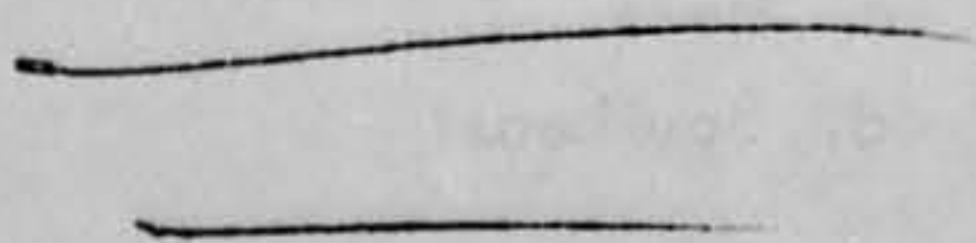
20. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

motion was slow like a balloon traveling in air currents.

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

alarm clock and appeared 5 miles away.

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?



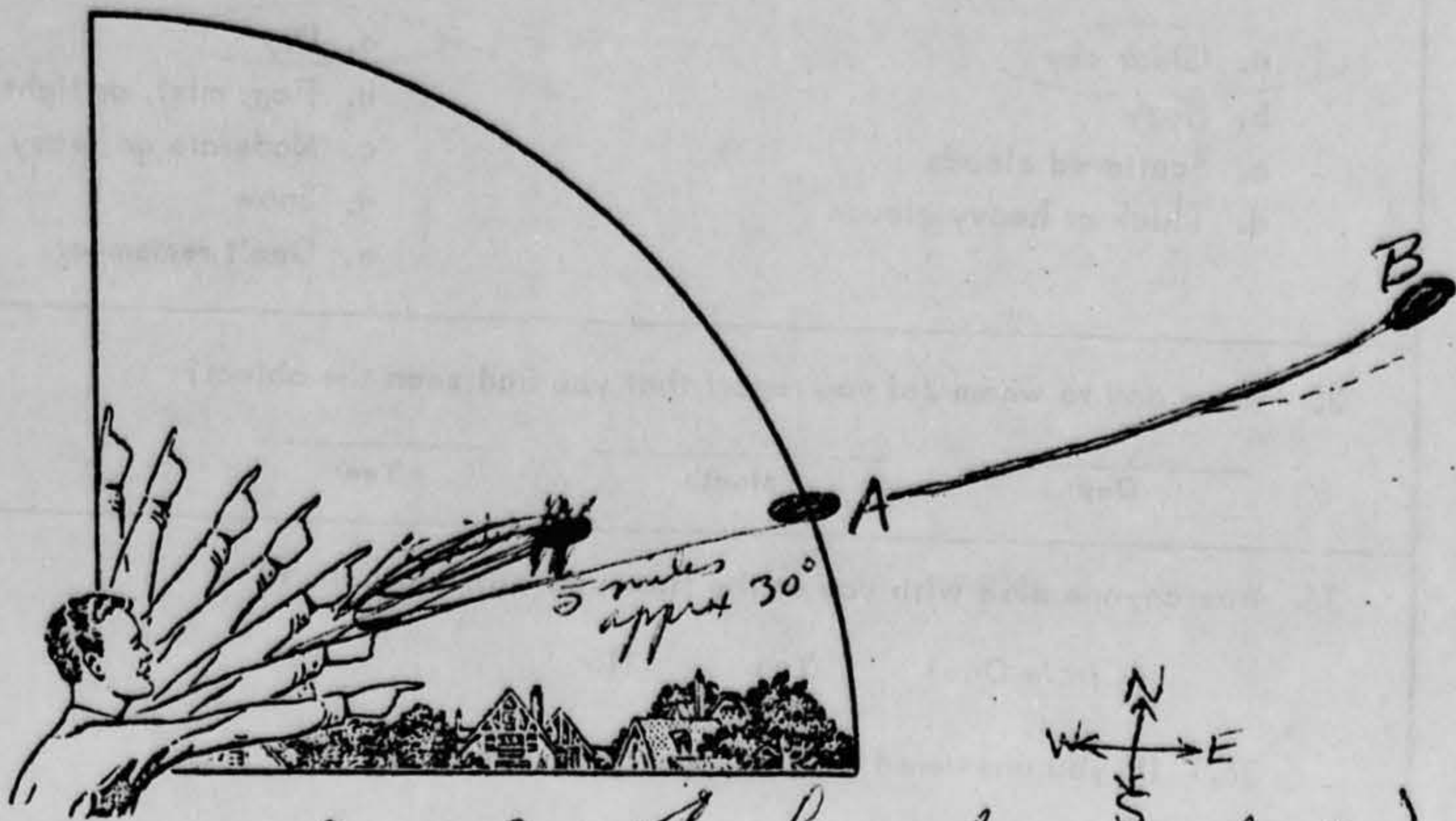
23. Did the object disappear while you were watching it? If so, how?

no held position for relatively long time.

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. *(compared to jets)*

alarm clock and appeared to be about 5 miles away.

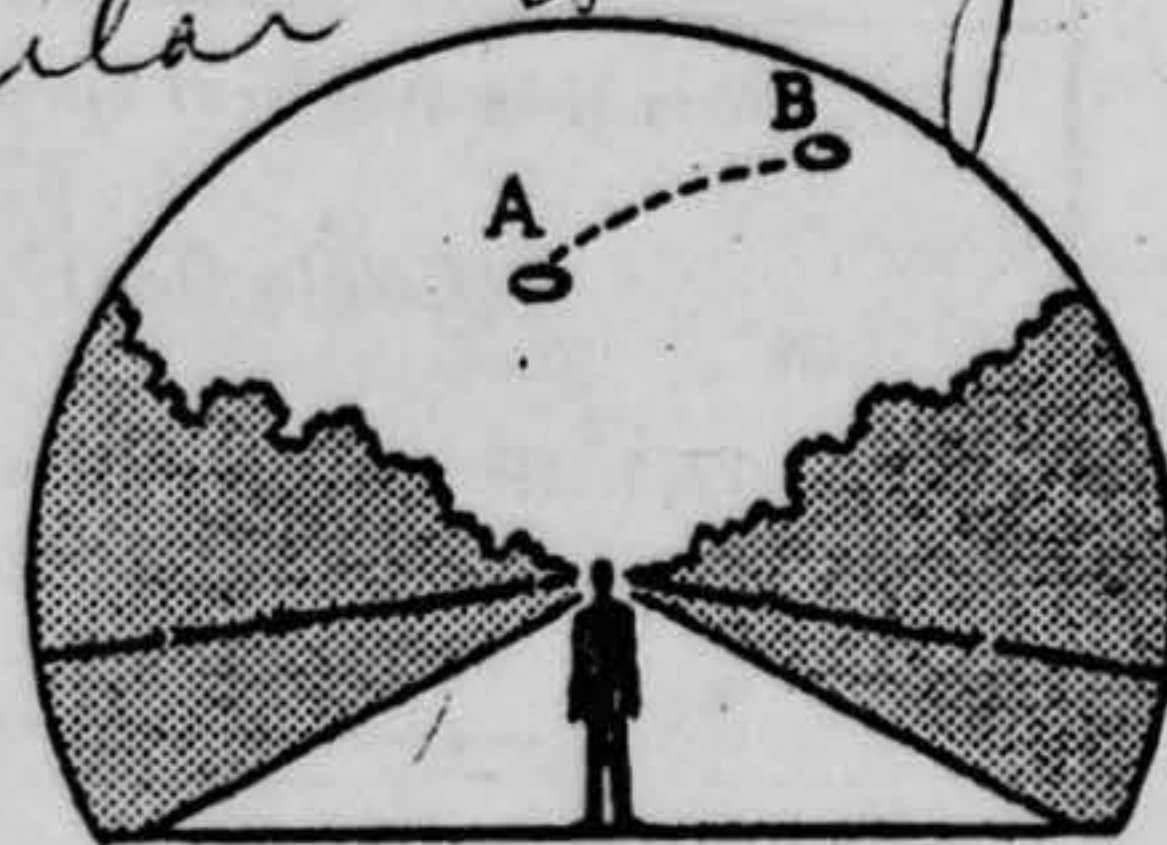
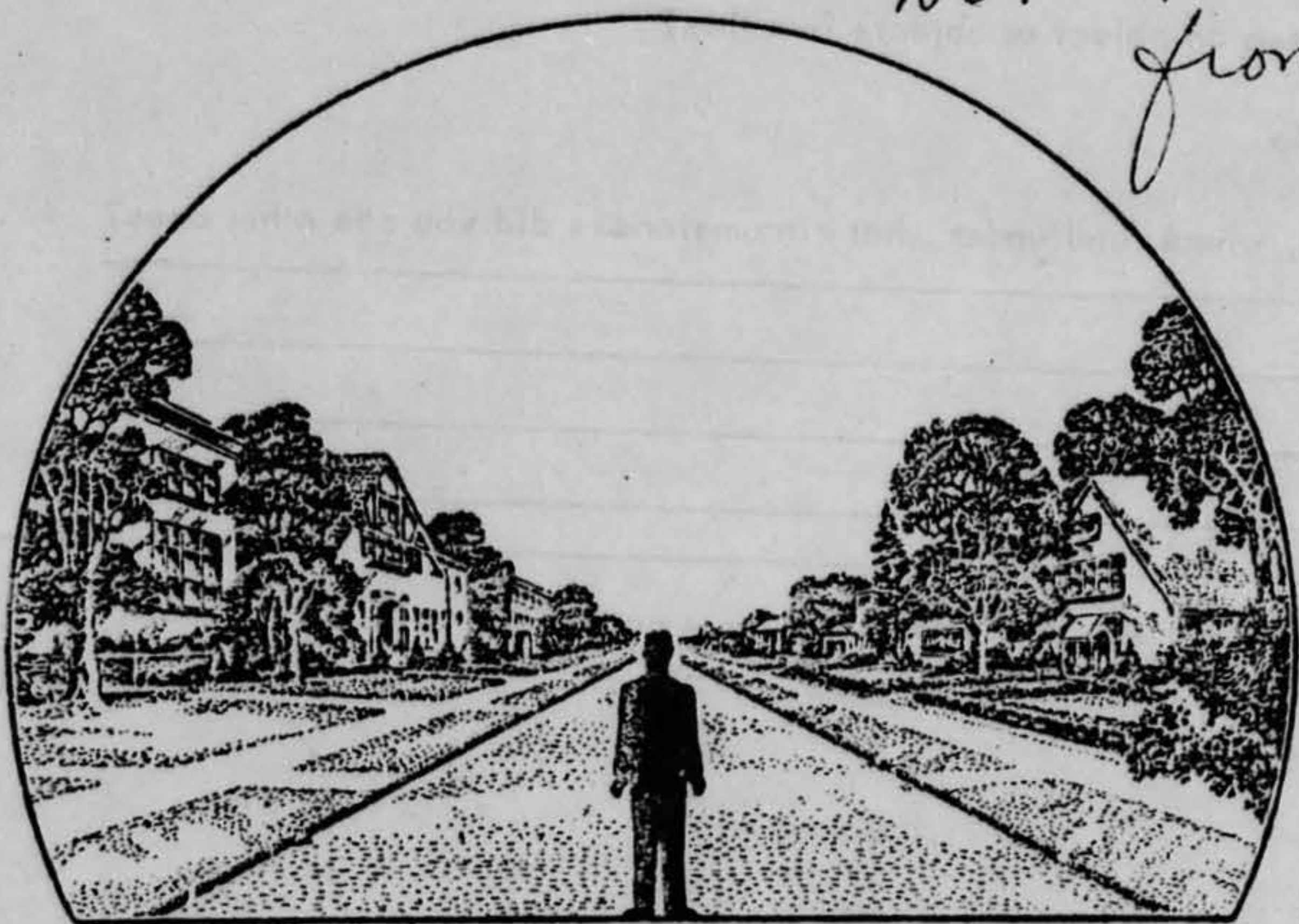
32. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it.



(from my impression of his description)

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.

NOT This much cover from angular standpoint.



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

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?

Had no idea until I said something about a balloon with lights from how slow he said it traveled. But it had a greater speed capacity than ordinary balloons, for he said it started moving away quite noticeably slightly upward and eastward.

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? 5 miles to start with

41. Please give the following information about yourself:

NAME

[Redacted]

First Name

[Redacted]

Middle Name

[Redacted]

ADDRESS

[Redacted]

Street

Dayton

City

24

Zone

Ohio

State

TELEPHONE NUMBER

[Redacted]

(Huber Hts)
off Troy Pike
202

Age _____

Sex

M

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

mm

42. Date you completed this questionnaire:

7

Day

Sep

Month

61

Year

*JM Short
Capt USAF*

*from description given by [Redacted]
on telephone while observing
and after observing for 15-20 minutes.*

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3. DATE-TIME GROUP Local <u>2305</u> GMT <u>09/0405Z</u>		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 Several hours		8. NUMBER OF OBJECTS 1	9. COURSE NE		
10. BRIEF SUMMARY OF SIGHTING Bright objt varying in color fm red to orange to blue observed on succeeding nights for several hours in the Northeast. Also gave appearance of changing size.			11. COMMENTS All indications point to observation of star Capella, 1 of brightest stars in northern hemisphere. Apparent color and birghtness hcange was due to scintillation. Earth's atmosphere has air currents at varying temperatures at the boundry between 2 currents there is a mixing of air masses which give rise to irregular motions in a beam of light coming fm a star. Fact that witness observed objt for long periods and on subsequent nights substantiates obser- vation of a star.		

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?

1 Sep 1961
Day Month Year

2. Time of day: 2305 100
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

[REDACTED]
City or Town

Dayton Ohio
State or Country

Additional remarks: _____

5. How long was object in sight?

Hours Minutes Seconds

5.1 How was time in sight determined?

SEVERAL HOURS

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

White, turning red and orange then blue

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

Brighter

11. Did the object:

(Circle One for each question)

- | | | | |
|---|------------|-----------|------------|
| a. Appear to stand still at any time? | <u>Yes</u> | No | Don't Know |
| b. Suddenly speed up and rush away at any time? | Yes | <u>No</u> | Don't Know |
| c. Break up into parts or explode? | Yes | <u>No</u> | Don't Know |
| d. Give off smoke? | Yes | <u>No</u> | Don't Know |
| e. Change brightness? | <u>Yes</u> | No | Don't Know |
| f. Change shape? | Yes | <u>No</u> | Don't Know |
| g. Flash or flicker? | <u>Yes</u> | No | 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): 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. <u>Eyeglasses</u> | <u>Yes</u> | No | e. Binoculars | Yes | <u>No</u> |
| b. <u>Sun glasses</u> | Yes | <u>No</u> | f. Telescope | Yes | <u>No</u> |
| c. Windshield | Yes | <u>No</u> | g. Theodolite | Yes | <u>No</u> |
| d. Window glass | Yes | <u>No</u> | h. Other _____ | | |

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<p>1. When did you see the object?</p> <p style="text-align: center;"> <u>7</u> Day <u>SEP</u> Month <u>61</u> Year </p>	<p>2. Time of day: <u>5:03</u> Hour Minutes</p> <p>(Circle One): <input checked="" type="radio"/> A.M. or P.M.</p>
<p>3. Time Zone: (Circle One):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input checked="" type="radio"/> Eastern</p> <p><input type="radio"/> Central</p> <p><input type="radio"/> Mountain</p> <p><input type="radio"/> Pacific</p> <p><input type="radio"/> Other _____</p> </div> <div style="width: 45%;"> <p>(Circle One):</p> <p><input type="radio"/> a. Daylight Saving</p> <p><input type="radio"/> b. Standard</p> </div> </div>	
<p>4. Where were you when you saw the object?</p> <p>_____ Local Address</p> <p style="text-align: center;"><u>DAYTON</u> City or Town</p> <p style="text-align: right;"><u>OHIO</u> State or Country</p> <p>Additional remarks: _____</p>	
<p>5. How long was object in sight? _____ Hours Minutes Seconds <u>1 1/2</u></p> <p>5.1 How was time in sight determined?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="radio"/> a. Certain</p> <p><input type="radio"/> b. Fairly certain</p> </div> <div style="width: 45%;"> <p><input checked="" type="radio"/> c. Not very sure</p> <p><input type="radio"/> d. Just a guess</p> </div> </div>	
<p>6. What was the condition of the sky?</p> <div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p style="text-align: center;">DAY</p> <p><input type="radio"/> a. Bright</p> <p><input type="radio"/> b. Cloudy</p> </div> <div style="width: 45%;"> <p style="text-align: center;">NIGHT</p> <p><input type="radio"/> a. Bright</p> <p><input checked="" type="radio"/> b. Cloudy</p> </div> </div>	
<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> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="radio"/> a. In front of you</p> <p><input type="radio"/> b. In back of you</p> <p><input type="radio"/> c. To your right</p> </div> <div style="width: 45%;"> <p><input type="radio"/> d. To your left</p> <p><input type="radio"/> e. Overhead</p> <p><input type="radio"/> f. Don't remember</p> </div> </div>	

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

- a. Sound No sound
- b. Color White, Turning Red, Orange, then Blue,

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 and/or star-shaped

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.

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?

From Sun size to Pin Head

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 is covered.

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.

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?

Mother saw it first.

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 |
| <input checked="" type="radio"/> 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 |
| <input checked="" type="radio"/> 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 25 degrees.
- b. From horizon 45 degrees.

31.2 When it disappeared:

- a. From true North 25 degrees.
- b. From horizon 45 degrees.

39. Do you think you can estimate the speed of the object?

(Circle One) Yes No

Stationary

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 _____
First Name Middle Name

ADDRESS _____
Street City Zone State

TELEPHONE NUMBER _____

Age 21 Sex Male

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

42. Date you completed this questionnaire:

____ Day / ____ Month / ____ Year

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

FTD - 00

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 *three days in a row.*

37.1 IF you answered NO, then when, where, and under what circumstances did you see other ones?

Three days in a row. Approximately 2300-0100.

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

No opinion.

PROJECT 10073 RECORD CARD

1. DATE 24 Sep 61	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 0020 GMT 240520Z	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 checked="" type="checkbox"/> Possibly Aircraft
5. PHOTOS <input type="checkbox"/> Yes <input checked="" 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 10-15 min	8. NUMBER OF OBJECTS 1	9. COURSE INW	<input type="checkbox"/> Other _____ <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
10. BRIEF SUMMARY OF SIGHTING Light varying as red-yellow; round. Went S climbed at 45°, turned and went N and NW. Looked like star except for movement.		11. COMMENTS Although no estimate of speed or distance was given, duration of sighting and movement indicates probable sighting of a/c.	

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;"> <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year </p>	<p>2. Time of day: <input type="text"/> Hour <input type="text"/> Minutes</p> <p style="text-align: center;">(Circle One): A.M. or P.M.</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;"> <input type="text"/> Nearest Postal Address <input type="text"/> City or Town <input type="text"/> State or Country </p> <p>Additional remarks: _____</p>			
<p>5. How long was object in sight? <input type="text"/> Hours <input type="text"/> Minutes <input type="text"/> 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 d. Just a guess </td> </tr> </table>		a. Certain b. Fairly certain	c. Not very sure d. Just a guess
a. Certain b. Fairly certain	c. Not very sure d. Just a guess		
<p>6. What was the condition of the sky?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"> DAY a. Bright b. Cloudy </td> <td style="width: 50%; text-align: center;"> NIGHT a. Bright b. Cloudy </td> </tr> </table>		DAY a. Bright b. Cloudy	NIGHT a. Bright b. Cloudy
DAY a. Bright b. Cloudy	NIGHT a. Bright b. Cloudy		
<p>7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?</p> <p style="text-align: center;">(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
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?

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? | Yes | 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 | 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 _____

b. Color _____

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? _____

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?

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

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.

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

a. Sound None

b. Color Reddish, Black, Greenish

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.

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 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 |
| 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 _____ degrees.
- b. From horizon _____ degrees.

31.2 When it disappeared:

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

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)

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- f. Flying over open country?
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27. What were you doing at the time you saw the object, and how did you happen to notice it?

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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).

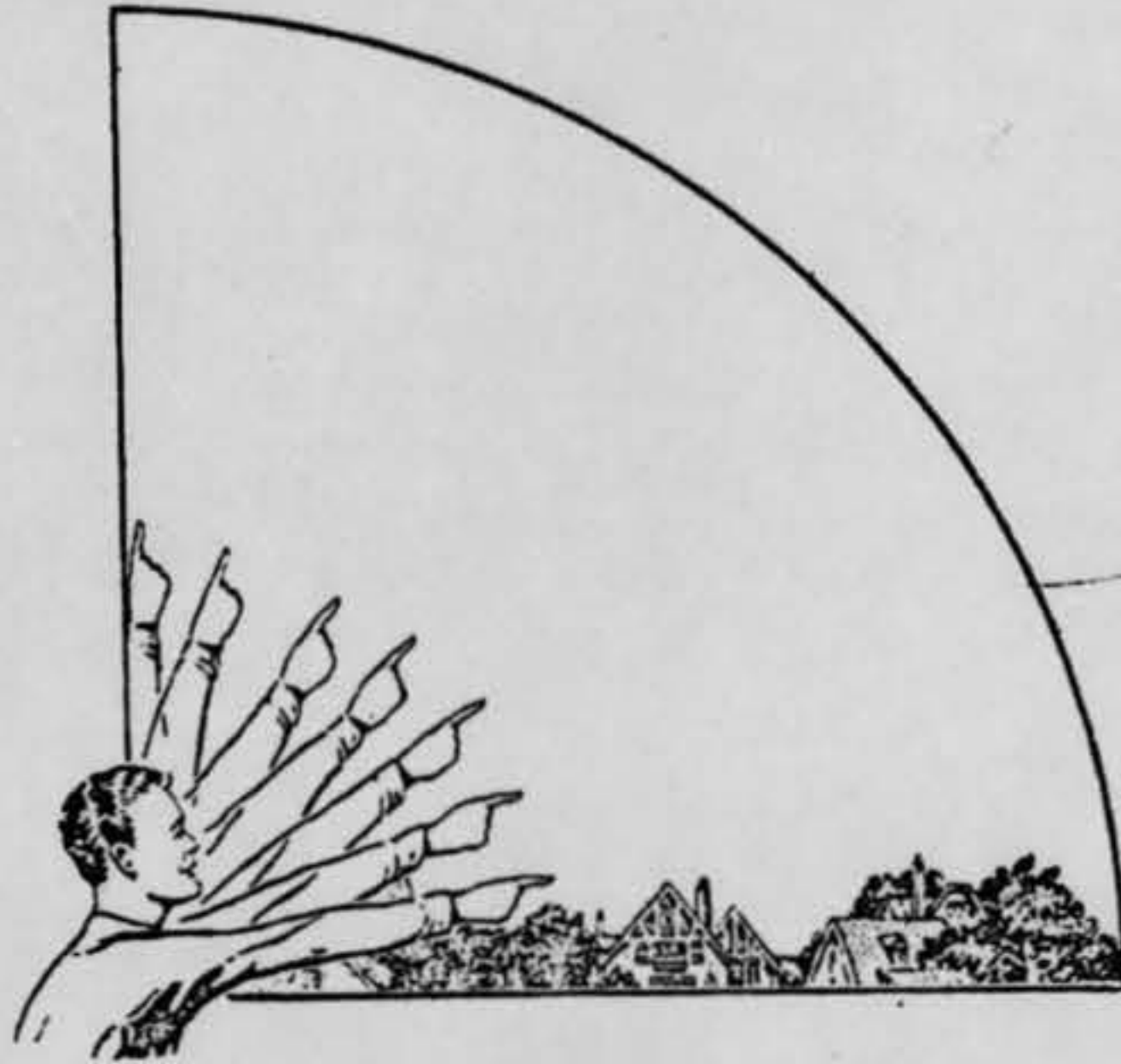
31.1 When it first appeared:

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

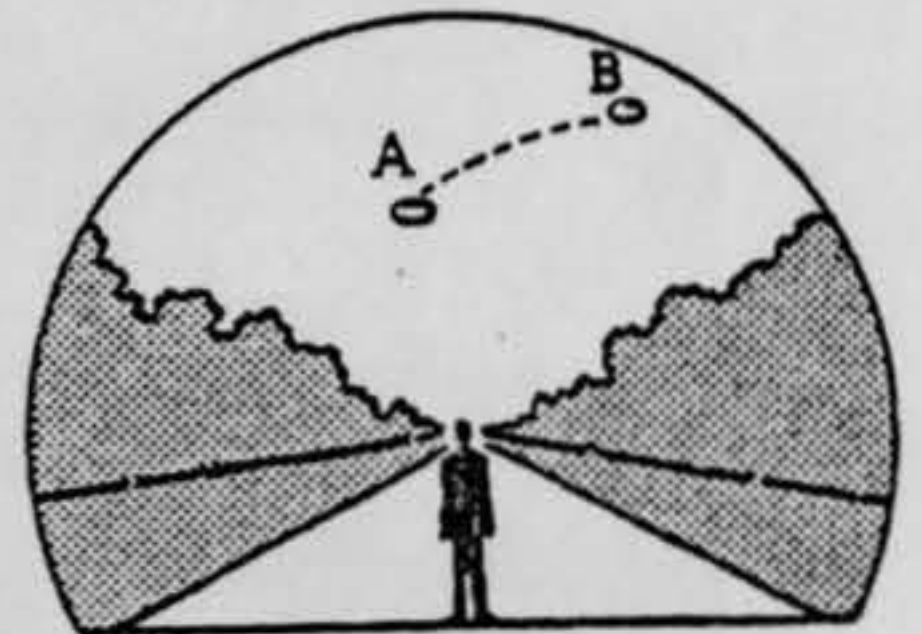
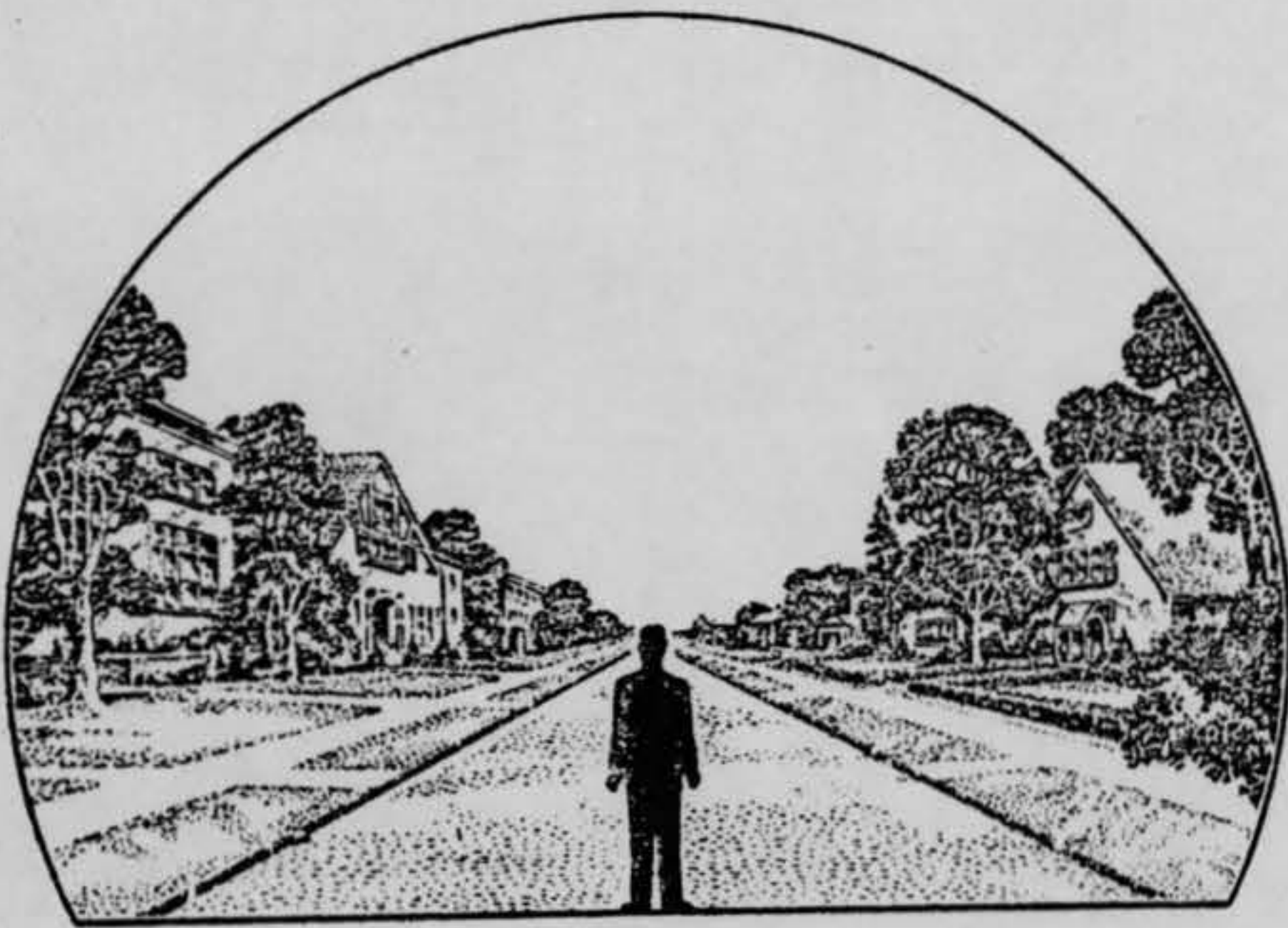
31.2 When it disappeared:

- 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?

_____ 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?

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

TELEPHONE NUMBER _____

Age _____ Sex _____

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

42. Date you completed this questionnaire:

_____ Day _____ Month _____ Year

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? | 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? | <input checked="" type="radio"/> Yes | 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 | 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 _____ | | |

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 - after Rain
- 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 Sept 61
 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:

~~_____~~ - ~~_____~~ DRV. 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?

*No idea - maybe 4" of grey rock
 only large - or a large tracer*

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?

*Had been raining looked up to try to check weather
then noticed object*

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)

- | | | | |
|---|--------------|--------------|---|
| <input checked="" type="radio"/> a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | <input checked="" type="radio"/> h. Northwest |
| | | | i. Overhead |

30. What direction were you looking when you last saw the object? (Circle One)

- | | | | |
|--------------|--------------|--------------|---|
| a. North | c. East | e. South | <input checked="" type="radio"/> g. West |
| b. Northeast | d. Southeast | f. Southwest | <input checked="" type="radio"/> 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.

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

TELEPHONE NUMBER _____

Age 38 Sex M

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

*Operated & handled in U.S. Army.
 Basically an accountant on DATA Processing work.*

42. Date you completed this questionnaire:

7 sep 6
Day Month Year

*Works nights and request you do not call him
 until afternoon if you have other questions*

PROJECT 10073 RECORD CARD

1. DATE 7 Sep 61	2. LOCATION Dayton, Ohio		12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input checked="" type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon
3. DATE-TIME GROUP Local <u>R200</u> GMT <u>080300Z</u>	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 Civilian		<input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical
7. LENGTH OF OBSERVATION 1st not given 2nd 15-20 min	8. NUMBER OF OBJECTS 1 ea	9. COURSE 1st NNE 2nd Random	<input type="checkbox"/> Other <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
10. BRIEF SUMMARY OF SIGHTING Objt looked like light on a/c, flash, etc., however appeared to have random movement and stand still. Changed color fm green to white to red. 2 sightings. 1st traveled NNE; wnd going W and sinking motion, slow like balloon in air currents.		11. COMMENTS Fm description of observer 1st objt with red and green blinking lights was undoubtedly and a/c. Second sighting with random movement and a white light was probably a balloon.	

ATIC FORM 329 (REV 26 SEP 52)

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>7</u> <u>Sep</u> <u>61</u> <small>Day Month Year</small> </p>	<p>2. Time of day: <u>2200</u></p> <p style="text-align: center;"><small>Hour Minutes</small></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;"> <ul style="list-style-type: none"> a. <u>Eastern</u> b. Central c. Mountain d. Pacific e. Other _____ </td> <td style="width: 50%; vertical-align: top;"> <p>(Circle One):</p> <ul style="list-style-type: none"> a. Daylight Saving b. <u>Standard</u> </td> </tr> </table>		<ul style="list-style-type: none"> a. <u>Eastern</u> b. Central c. Mountain d. Pacific e. Other _____ 	<p>(Circle One):</p> <ul style="list-style-type: none"> a. Daylight Saving b. <u>Standard</u> 				
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<p>4. Where were you when you saw the object?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border-bottom: 1px solid black; background-color: black;"> <p style="text-align: center;"><small>Nearest Postal Address</small></p> </td> <td style="width: 30%; border-bottom: 1px solid black; text-align: center;"> <p><u>Dayton 24</u> (<u>Huber Hts.</u>)</p> <p style="text-align: center;"><small>City or Town</small></p> </td> <td style="width: 40%; border-bottom: 1px solid black; text-align: center;"> <p><u>Ohio</u></p> <p style="text-align: center;"><small>State or Country</small></p> </td> </tr> <tr> <td colspan="3"> <p>Additional remarks: _____</p> </td> </tr> </table>		<p style="text-align: center;"><small>Nearest Postal Address</small></p>	<p><u>Dayton 24</u> (<u>Huber Hts.</u>)</p> <p style="text-align: center;"><small>City or Town</small></p>	<p><u>Ohio</u></p> <p style="text-align: center;"><small>State or Country</small></p>	<p>Additional remarks: _____</p>		
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<p>Additional remarks: _____</p>							
<p>5. How long was object in sight? <u>15-20</u></p> <p style="text-align: center;"><small>Hours Minutes Seconds</small></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;"> <ul style="list-style-type: none"> a. <u>Certain</u> b. Fairly certain </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> c. Not very sure d. Just a guess </td> </tr> </table>		<ul style="list-style-type: none"> a. <u>Certain</u> b. Fairly certain 	<ul style="list-style-type: none"> c. Not very sure d. Just a guess 				
<ul style="list-style-type: none"> a. <u>Certain</u> b. Fairly certain 	<ul style="list-style-type: none"> c. Not very sure d. Just a guess 						
<p>6. What was the condition of the sky?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p style="text-align: center;">DAY</p> <ul style="list-style-type: none"> a. Bright b. Cloudy </td> <td style="width: 50%; vertical-align: top;"> <p style="text-align: center;">NIGHT</p> <ul style="list-style-type: none"> a. <u>Bright</u> (<u>STARS shining, NO MOON</u>) b. Cloudy </td> </tr> </table>		<p style="text-align: center;">DAY</p> <ul style="list-style-type: none"> a. Bright b. Cloudy 	<p style="text-align: center;">NIGHT</p> <ul style="list-style-type: none"> a. <u>Bright</u> (<u>STARS shining, NO MOON</u>) b. Cloudy 				
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<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;"> <ul style="list-style-type: none"> a. In front of you b. In back of you c. To your right </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> d. To your left e. Overhead f. Don't remember </td> </tr> </table>		<ul style="list-style-type: none"> a. In front of you b. In back of you c. To your right 	<ul style="list-style-type: none"> d. To your left e. Overhead f. Don't remember 				
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