

PROJECT 10073 RECORD CARD

1. DATE 24 Oct 61	2. LOCATION Baltimore, Maryland		12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon
3. DATE-TIME GROUP Local <u>2130</u> GMT <u>25/0230Z</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 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	8. NUMBER OF OBJECTS 1	9. COURSE	<input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
10. BRIEF SUMMARY OF SIGHTING Objt appeared as flashing lights. White, green, and yellow, blinking in circular form. Like soup bowl with top.		11. COMMENTS Observers could not give complete info. Direction, altitude, speed, and flight characteristics left out. Reports contain insufficient data for evaluation.	

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 [REDACTED]
(Please Print)

(Do Not Write in This Space)

SIGNATURE [REDACTED]

CODE:

DATE 5 November 6, 1961

It was blinking white, green and yellow lights. Also many of my other friends that were not in the car saw it. One girl and her brother saw it. They thought it landed on the top of the school. I do not want to mention any ~~names~~ name.

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><i>about 24</i> <i>October</i> <i>1961</i> <small>Day Month Year</small></p>	<p>2. Time of day: <u>89</u>: <u>30</u> <small>Hour Minutes</small></p> <p>(Circle One): A.M. or <u>P.M.</u></p>
<p>3. Time Zone: (Circle One): a. <u>Eastern</u> b. Central c. Mountain d. Pacific e. Other _____</p> <p style="text-align: right;">(Circle One): a. Daylight Saving b. Standard</p>	
<p>4. Where were you when you saw the object?</p> <p>_____ <u>Baltimore</u> <u>Md.</u> <small>Nearest Postal Address City or Town State or Country</small></p> <p>Additional remarks: _____</p>	
<p>5. How long was object in sight? _____ _____ _____ <small>Hours Minutes Seconds</small></p> <p>5.1 How was time in sight determined?</p> <p>a. <u>Certain</u> c. Not very sure b. Fairly certain d. Just a guess</p>	
<p>6. What was the condition of the sky?</p> <p style="text-align: center;">DAY NIGHT</p> <p>a. Bright a. <u>Bright</u> b. Cloudy b. Cloudy</p>	
<p>7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?</p> <p>(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</p>	

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? No

11. Did the object:

(Circle One for each question)

- | | | | |
|---|------------|-----------|------------|
| a. Appear to stand still at any time? | <u>Yes</u> | <u>No</u> | 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? | Yes | <u>No</u> | 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?

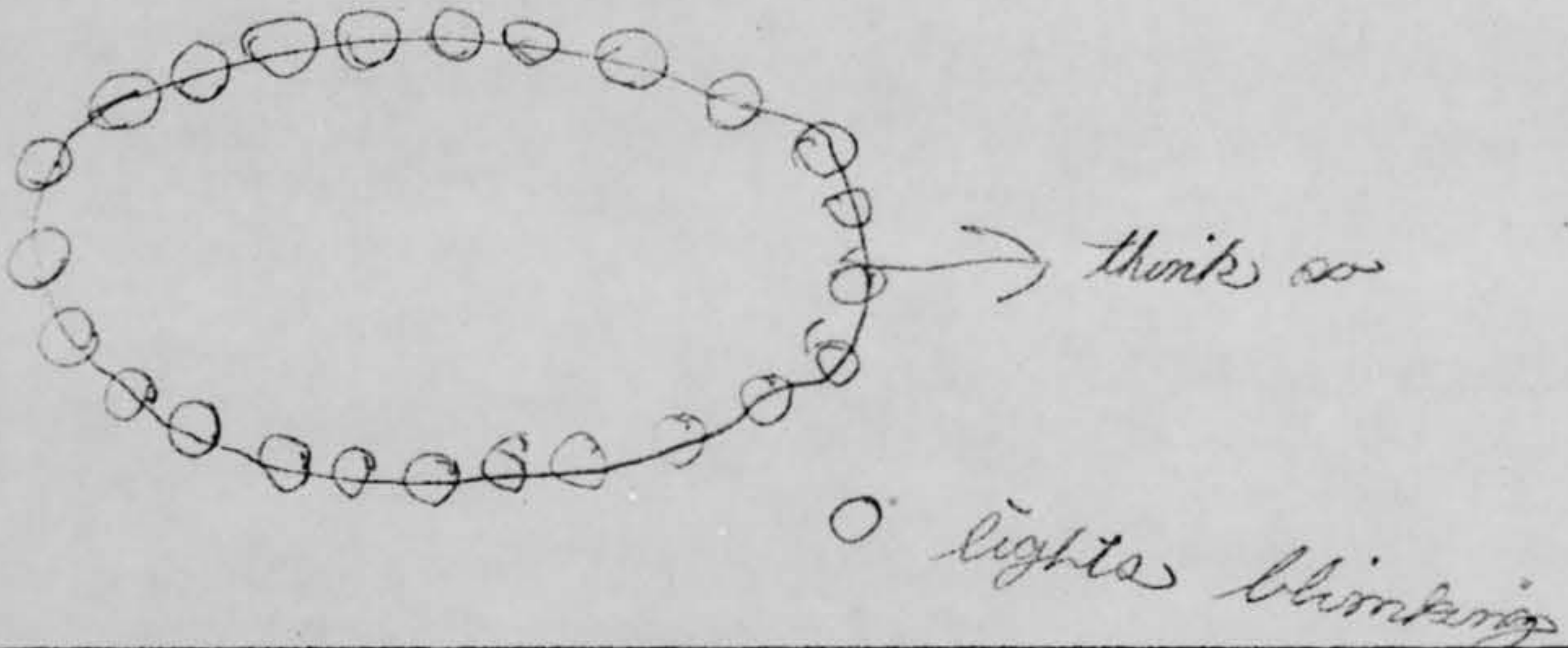
- | | | | | | |
|-----------------|------------|----|----------------|-----|----|
| a. Eyeglasses | Yes | No | e. Binoculars | Yes | No |
| b. Sun glasses | Yes | No | f. Telescope | Yes | No |
| c. Windshield | Yes | No | g. Theodolite | Yes | No |
| d. Window glass | <u>Yes</u> | No | h. Other _____ | | |

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

a. Sound no sound

b. Color white

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 sound

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.

A.

B.

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

3 times as big as a car.

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?

do not understand

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. *sculpture with a top on it*

25. Where were you located when you saw the object?
(Circle One):

- a. Inside a building
 b. In a car
 c. ~~Overhead~~
 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?

in the car and noticed 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? 30 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) do not know

- | | | | |
|--------------|--------------|--------------|--------------|
| 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) do not know

- | | | | |
|--------------|--------------|--------------|--------------|
| 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:

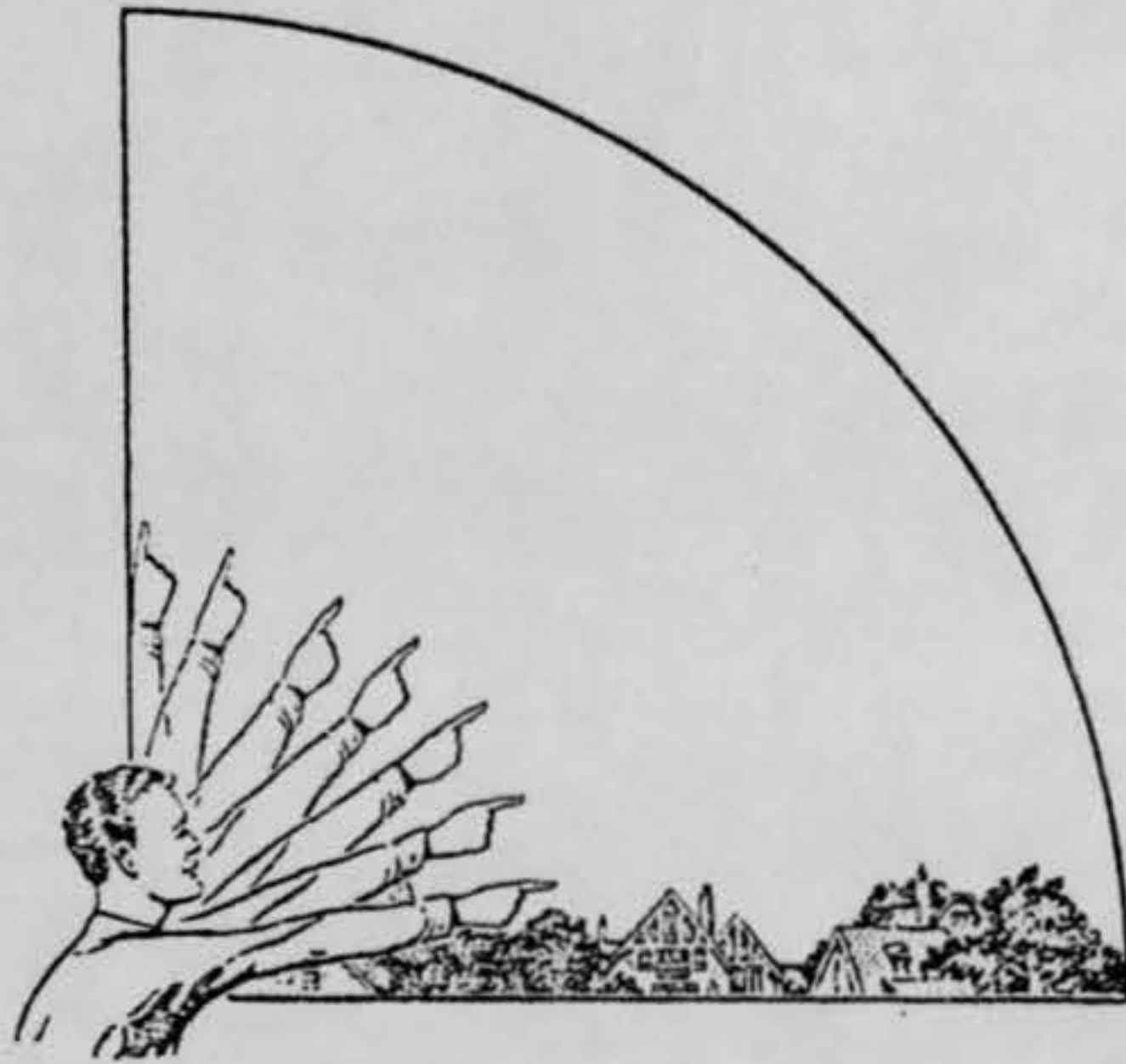
- a. From true North _____ degrees.
 b. From horizon _____ degrees.

31.2 When it disappeared:

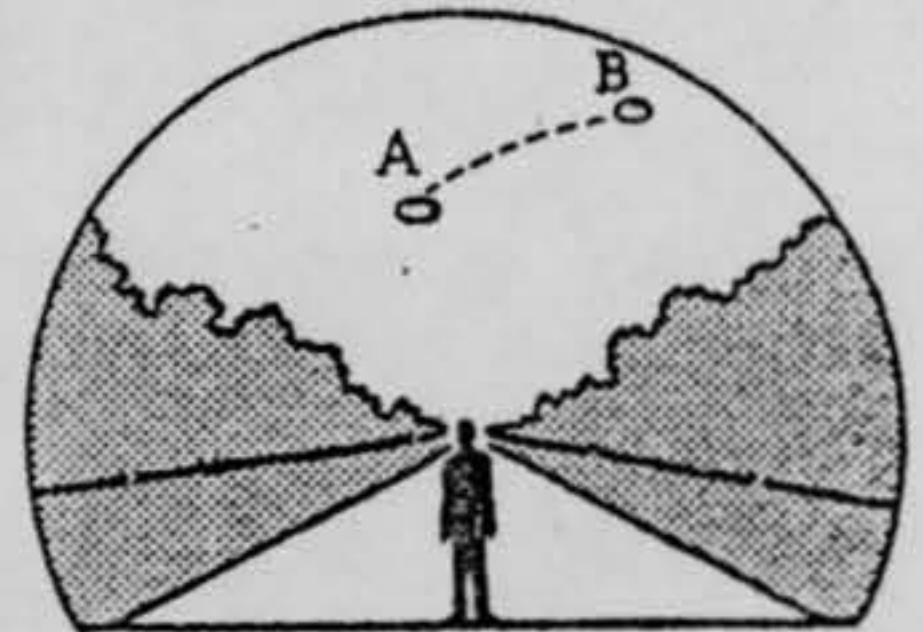
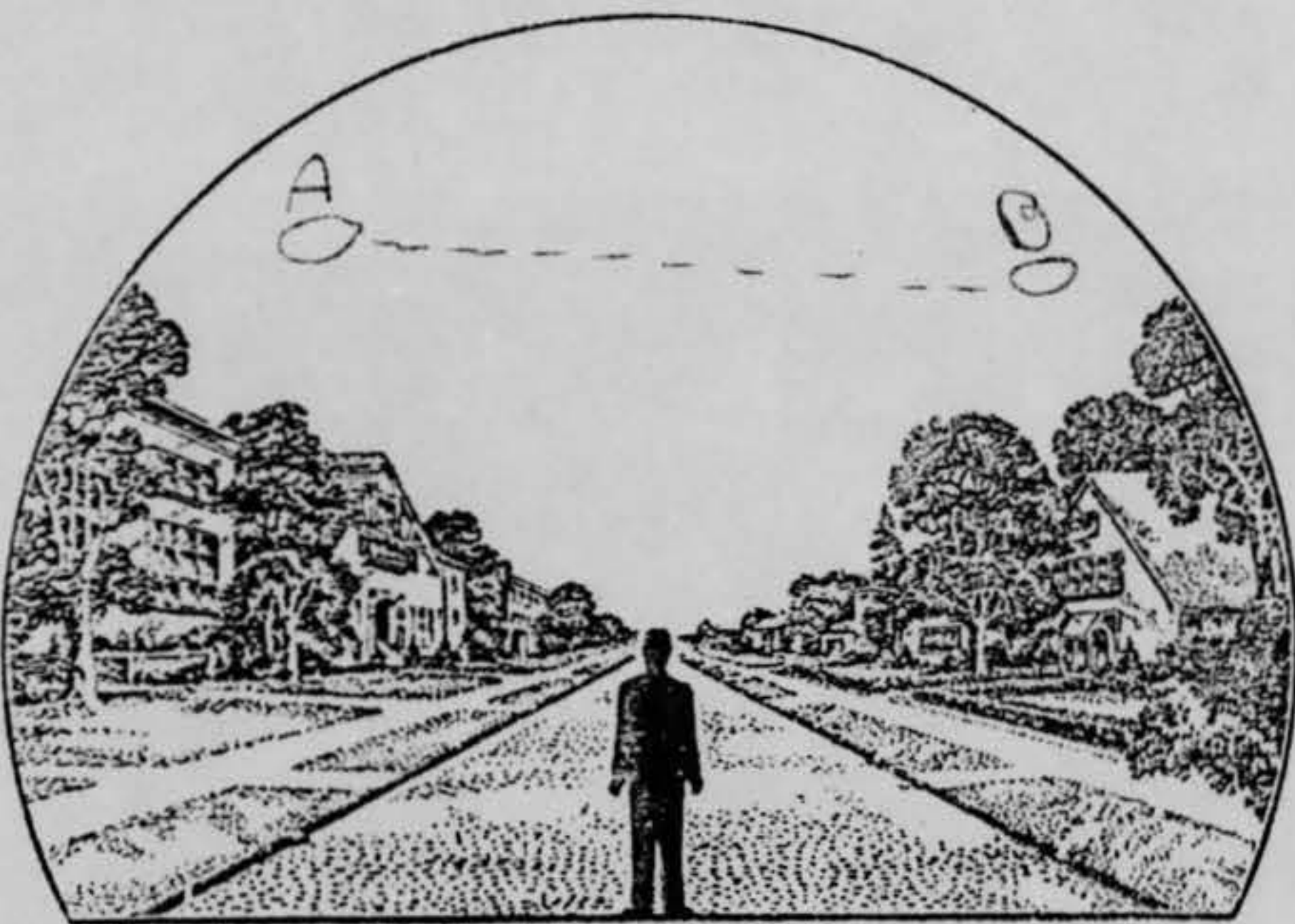
- a. From true North _____ degrees.
 b. From horizon _____ degrees.

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.

Do not understand



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?

27 Oct. 1961
 Day Month Year

Father

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:

Don't want to mention names

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 10 Sex female

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

42. Date you completed this questionnaire:

6 December 1961
Day Month Year

U.S. AIR FORCE TECHNICAL INFORMATION SHEET
(SUMMARY DATA)

In order that your information may be filed and coded as accurately as possible, please use the following space to write out a short description of the event that you observed. You may repeat information that you have already given in the questionnaire, and add any further comments, statements, or sketches that you believe are important. Try to present the details of the observation in the order in which they occurred. Additional pages of the same size paper may be attached if they are needed.

NAME [REDACTED]
(Please Print)

SIGNATURE [REDACTED]

DATE December 6, 1961

(Do Not Write in This Space)

CODE:

It was blinking white green & yellow lights. A girl was in notes saw it and they thought it landed on a school. I don't want to mention anybody's name.

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>about <u>24</u> Day <u>October</u> Month <u>1961</u> Year</p>	<p>2. Time of day: <u>9</u> Hour <u>30</u> 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%;"> <ul style="list-style-type: none"> a. <u>Eastern</u> b. Central c. Mountain d. Pacific e. Other _____ </td> <td style="width: 50%;"> <ul style="list-style-type: none"> (Circle One): a. Daylight Saving b. Standard </td> </tr> </table>		<ul style="list-style-type: none"> a. <u>Eastern</u> b. Central c. Mountain d. Pacific e. Other _____ 	<ul style="list-style-type: none"> (Circle One): a. Daylight Saving b. Standard
<ul style="list-style-type: none"> a. <u>Eastern</u> b. Central c. Mountain d. Pacific e. Other _____ 	<ul style="list-style-type: none"> (Circle One): a. Daylight Saving b. Standard 		
<p>4. Where were you when you saw the object?</p> <p>_____ Nearest Postal Address <u>Baltimore</u> City or Town <u> Md.</u> State or Country</p> <p>Additional remarks: _____</p>			
<p>5. How long was object in sight?</p> <p style="text-align: center;">_____ 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%;"> <ul style="list-style-type: none"> a. <u>Certain</u> b. Fairly certain </td> <td style="width: 50%;"> <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%; text-align: center;"> <p>DAY</p> <ul style="list-style-type: none"> a. Bright b. Cloudy </td> <td style="width: 50%; text-align: center;"> <p>NIGHT</p> <ul style="list-style-type: none"> a. <u>Bright</u> b. Cloudy </td> </tr> </table>		<p>DAY</p> <ul style="list-style-type: none"> a. Bright b. Cloudy 	<p>NIGHT</p> <ul style="list-style-type: none"> a. <u>Bright</u> b. Cloudy
<p>DAY</p> <ul style="list-style-type: none"> a. Bright b. Cloudy 	<p>NIGHT</p> <ul style="list-style-type: none"> a. <u>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%;"> <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%;"> <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
<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 		

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?

No

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 | <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? | Yes | <u>No</u> | 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. 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 | <u>Yes</u> | No | h. Other _____ | | |

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.

A

B

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

7-8 times as large as a car

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?

Do not understand

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.

~~rough~~ *rough bowl with top*

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?

was in the car and noticed 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? 35 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) Don't know

- | | | | |
|--------------|--------------|--------------|--------------|
| 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) Don't know

- | | | | |
|--------------|--------------|--------------|--------------|
| 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).

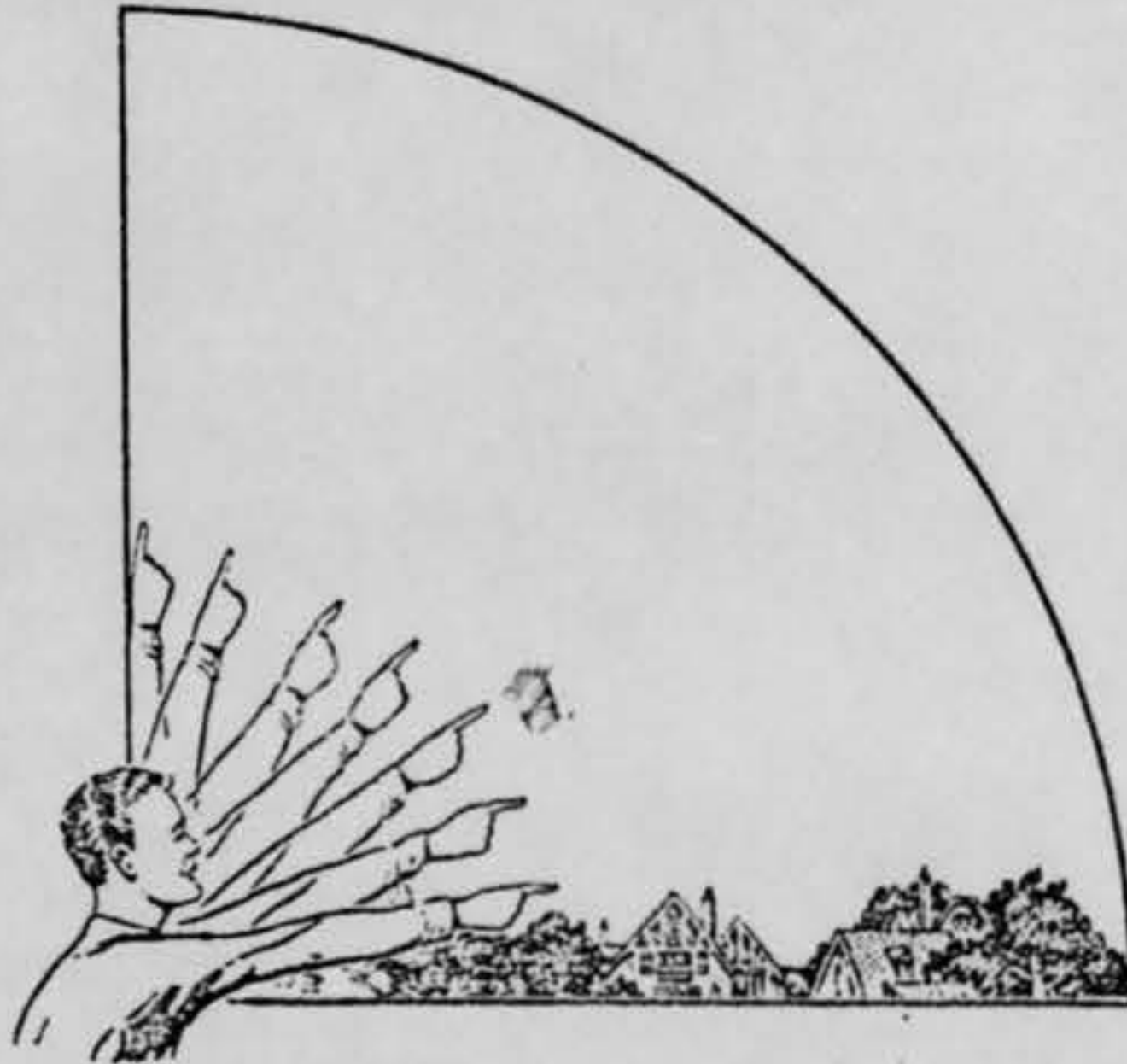
31.1 When it first appeared:

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

31.2 When It disappeared:

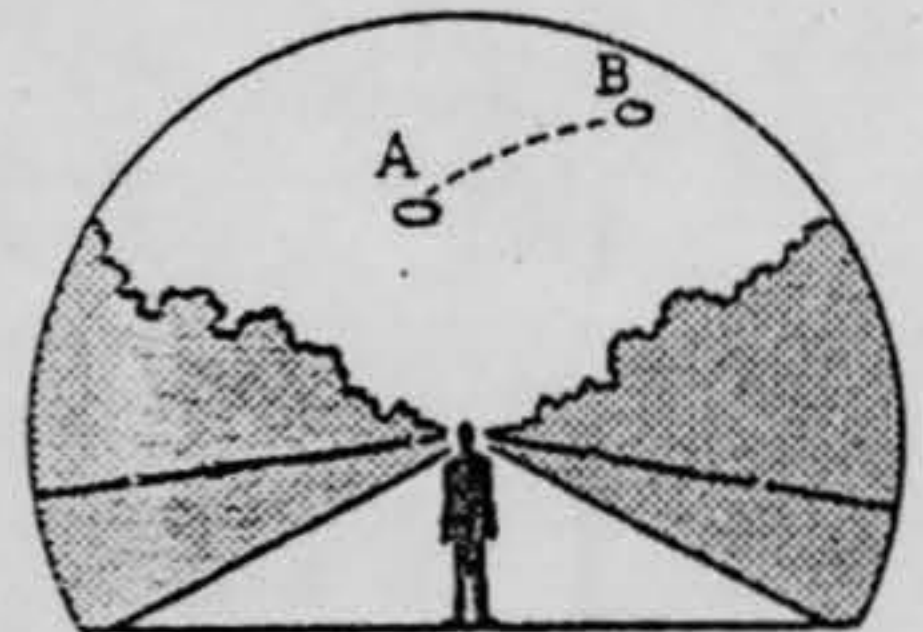
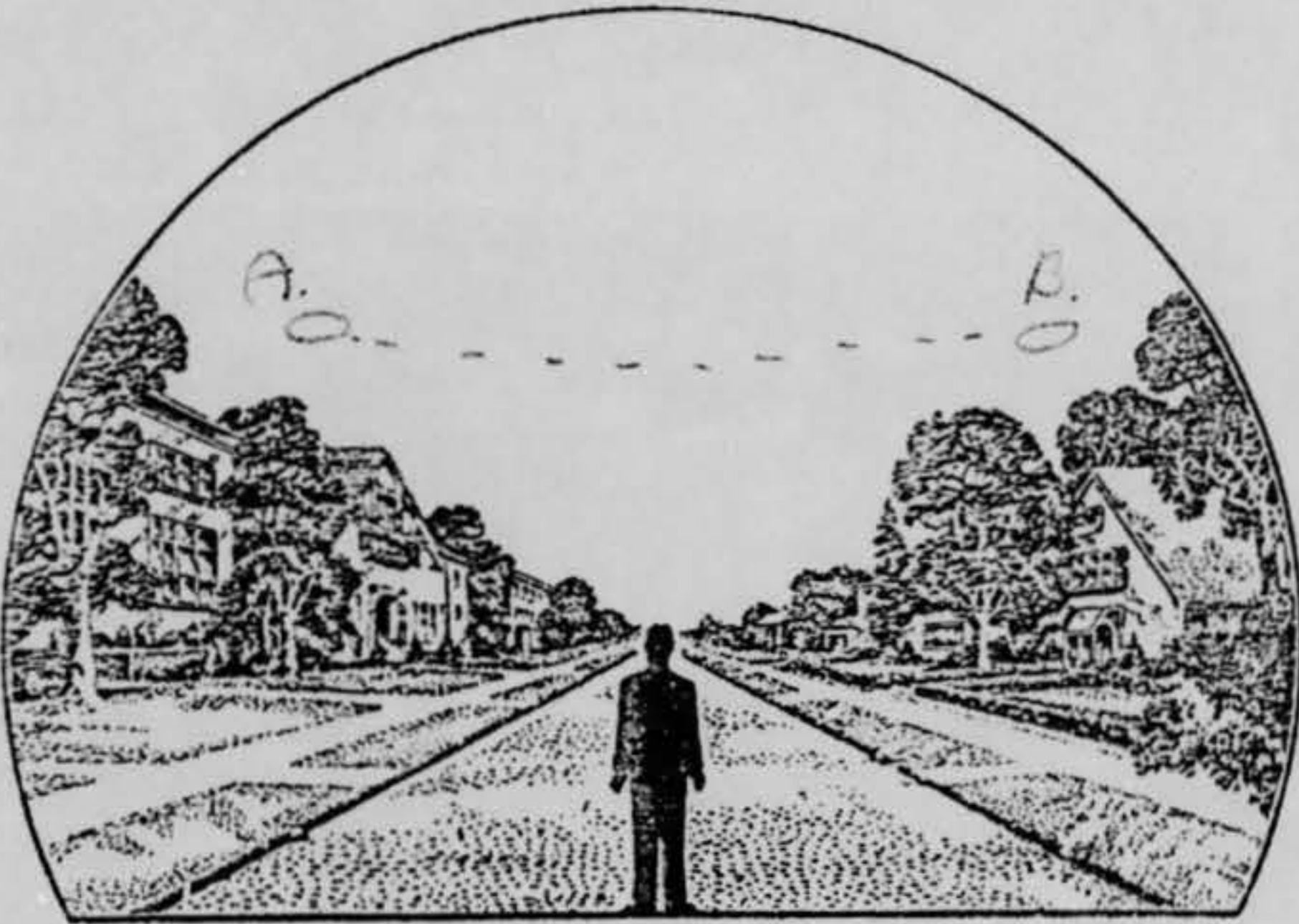
- a. From true North _____ degrees.
- b. From horizon _____ degrees.

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.



Don't understand

33. In the following larger sketch place an "A" at the position the object was when you *first* saw it, and a "B" at its position when you *last* saw it. Refer to smaller sketch as an example of how to complete the larger sketch.



34. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One)

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

WEATHER (Circle One)

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

35. When and to whom did you report that you had seen the object?

24 Day October Month 1951 Year Father

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:

Don't want to mention names

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?

Don't know

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 11 Sex female

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

42. Date you completed this questionnaire:

6 December 1961
Day Month Year