

PROJECT 10073 RECORD CARD

<b>1. DATE</b> 13 Nov 61	<b>2. LOCATION</b> Canton, Ohio		<b>12. CONCLUSIONS</b> <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon  <input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft  <input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical  <input checked="" type="checkbox"/> Other <del>Poss</del> Hallucination <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
<b>3. DATE-TIME GROUP</b> Local <u>0602</u> GMT <u>131102Z</u>	<b>4. TYPE OF OBSERVATION</b> <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar		
<b>5. PHOTOS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6. SOURCE</b> Civilian		
<b>7. LENGTH OF OBSERVATION</b> 3-5 min	<b>8. NUMBER OF OBJECTS</b> 1	<b>9. COURSE</b> Stationary	
<b>10. BRIEF SUMMARY OF SIGHTING</b> Detailed report of objt in view 3-5 min with whirring sound, rays, 100-200' overhead, hovering, disc shaped. Observer "felt" rays.		<b>11. COMMENTS</b> Possible hallucination by observer.	

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? 100 - 200 ft.

41. Please give the following information about yourself:

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

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

TELEPHONE NUMBER [Redacted]

Age 18 Sex M

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

42. Date you completed this questionnaire: 13 Day 11 Month 61 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

(Please Print)

(Do Not Write in This Space)

CODE:

SIGNATURE

DATE

NOV. 13 1961

On the morning of November 13, 1961 at about 6:00 a.m., an object the color of highly polished aluminum hovered over my head at about 100 to 200 feet above the earth. It was disc shaped with a tube protruding from its underside. A ray, greenish in color came from the tube. It felt like a small charge of electricity. In the ray I saw the contents of my wallet.

5344 To Mr. Friend

DEPARTMENT OF THE AIR FORCE  
OFFICE OF THE SECRETARY

MEMORANDUM

Bob-

Do what you want  
with this. Obviously  
the guy is perpetrating  
a hoax and he was  
deluded at the time.

One guy in a place  
as large as Canton  
experiencing what he  
did is obviously  
trying to "pull some  
leg" or suffer through  
hallucinations -

Bill

## 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;"> <span style="margin-right: 40px;"><u>13</u> Day</span> <span style="margin-right: 40px;"><u>11</u> Month</span> <span><u>61</u> Year</span> </p>	<p>2. Time of day: <u>6</u> Hour <u>02</u> Minutes</p> <p>(Circle One): <input checked="" type="radio"/> A.M. or <input type="radio"/> P.M.</p>		
<p>3. Time Zone: (Circle One):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><input checked="" type="radio"/> a. Eastern  <input type="radio"/> b. Central  <input type="radio"/> c. Mountain  <input type="radio"/> d. Pacific  <input type="radio"/> e. Other _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>(Circle One): <input type="radio"/> a. Daylight Saving  <input checked="" type="radio"/> b. Standard</p> </td> </tr> </table>		<p><input checked="" type="radio"/> a. Eastern  <input type="radio"/> b. Central  <input type="radio"/> c. Mountain  <input type="radio"/> d. Pacific  <input type="radio"/> e. Other _____</p>	<p>(Circle One): <input type="radio"/> a. Daylight Saving  <input checked="" type="radio"/> b. Standard</p>
<p><input checked="" type="radio"/> a. Eastern  <input type="radio"/> b. Central  <input type="radio"/> c. Mountain  <input type="radio"/> d. Pacific  <input type="radio"/> e. Other _____</p>	<p>(Circle One): <input type="radio"/> a. Daylight Saving  <input checked="" type="radio"/> b. Standard</p>		
<p>4. Where were you when you saw the object?</p> <p> <span style="background-color: black; color: black;">[REDACTED]</span> <span style="margin-left: 100px;"><u>Cincinnati</u> City or Town</span> <span style="margin-left: 100px;"><u>Ohio</u> State or Country</span> </p> <p>Nearest Postal Address _____</p> <p>Additional remarks: _____</p>			
<p>5. How long was object in sight? _____ Hours <u>2-5</u> 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;"> <p><input type="radio"/> a. Certain  <input checked="" type="radio"/> b. Fairly certain</p> </td> <td style="width: 50%; vertical-align: top;"> <p><input type="radio"/> c. Not very sure  <input type="radio"/> d. Just a guess</p> </td> </tr> </table>		<p><input type="radio"/> a. Certain  <input checked="" type="radio"/> b. Fairly certain</p>	<p><input type="radio"/> c. Not very sure  <input type="radio"/> d. Just a guess</p>
<p><input type="radio"/> a. Certain  <input checked="" type="radio"/> b. Fairly certain</p>	<p><input type="radio"/> c. Not very sure  <input type="radio"/> d. Just a guess</p>		
<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>DAY</p> <p><input type="radio"/> a. Bright  <input checked="" type="radio"/> b. Cloudy</p> </td> <td style="width: 50%; vertical-align: top;"> <p>NIGHT</p> <p><input type="radio"/> a. Bright  <input type="radio"/> b. Cloudy</p> </td> </tr> </table>		<p>DAY</p> <p><input type="radio"/> a. Bright  <input checked="" type="radio"/> b. Cloudy</p>	<p>NIGHT</p> <p><input type="radio"/> a. Bright  <input type="radio"/> b. Cloudy</p>
<p>DAY</p> <p><input type="radio"/> a. Bright  <input checked="" type="radio"/> b. Cloudy</p>	<p>NIGHT</p> <p><input type="radio"/> a. Bright  <input type="radio"/> 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):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><input type="radio"/> a. In front of you  <input checked="" type="radio"/> b. In back of you  <input type="radio"/> c. To your right</p> </td> <td style="width: 50%; vertical-align: top;"> <p><input type="radio"/> d. To your left  <input type="radio"/> e. Overhead  <input type="radio"/> f. Don't remember</p> </td> </tr> </table>		<p><input type="radio"/> a. In front of you  <input checked="" type="radio"/> b. In back of you  <input type="radio"/> c. To your right</p>	<p><input type="radio"/> d. To your left  <input type="radio"/> e. Overhead  <input type="radio"/> f. Don't remember</p>
<p><input type="radio"/> a. In front of you  <input checked="" type="radio"/> b. In back of you  <input type="radio"/> c. To your right</p>	<p><input type="radio"/> d. To your left  <input type="radio"/> e. Overhead  <input type="radio"/> 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?

11. Did the object:

(Circle One for each question)

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

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

(Circle One):    Yes     No    Don't Know.    IF you answered YES, then tell what it moved behind: \_\_\_\_\_

13. Did the object move in front of something at any time, particularly a cloud?

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

14. Did the object appear: (Circle One):     a. Solid    b. Transparent    c. Vapor    d. Don't Know

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

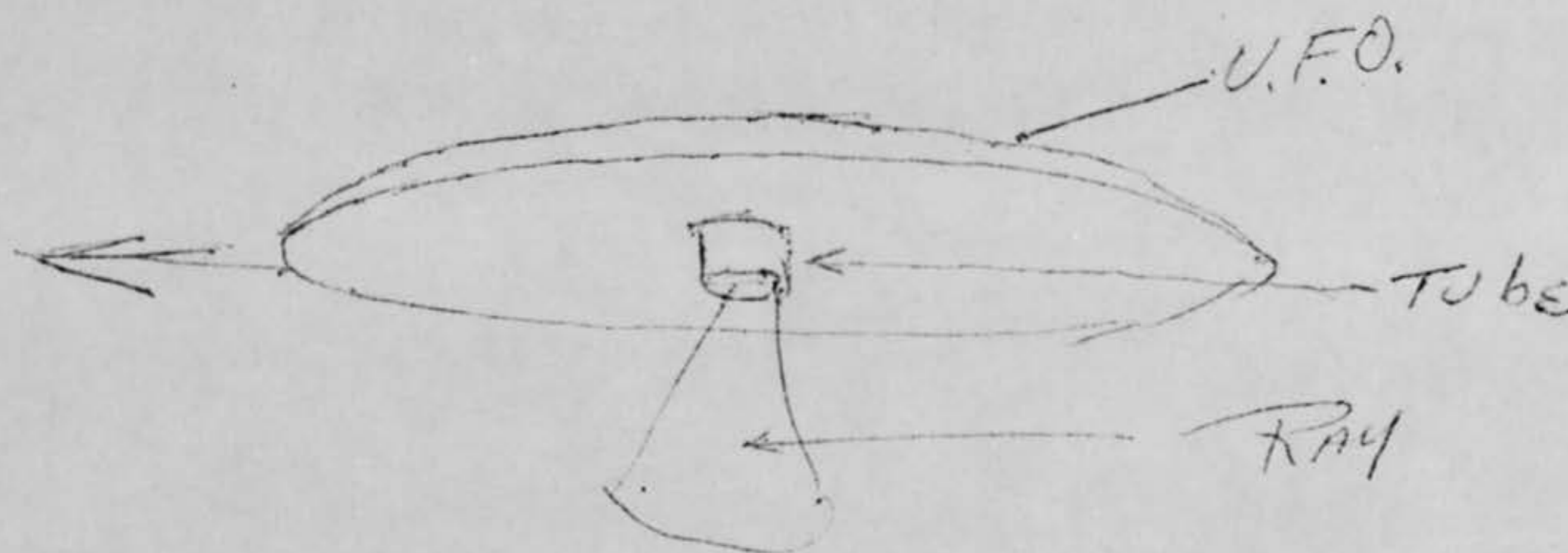
- |                 |     |                                     |                |     |                                     |
|-----------------|-----|-------------------------------------|----------------|-----|-------------------------------------|
| a. Eyeglasses   | Yes | <input checked="" type="radio"/> 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 _____ |     |                                     |

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

a. Sound WHIRR

b. Color HIGHLY POLISHED ALUMINUM

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.

B ————— A

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

a LARGE BEACH BALL

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?

about  $\frac{1}{100}$  of the object

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

The object did not disappear while under observance

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.

The object appeared to be that of a plate  
with a tube connected to the  
UNDER SIDE



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?

TAKING A WALK  
HEARD AN UNUSUAL SOUND

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     | <input checked="" type="radio"/> 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                                 |
|              |              |              | <input checked="" type="radio"/> 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).

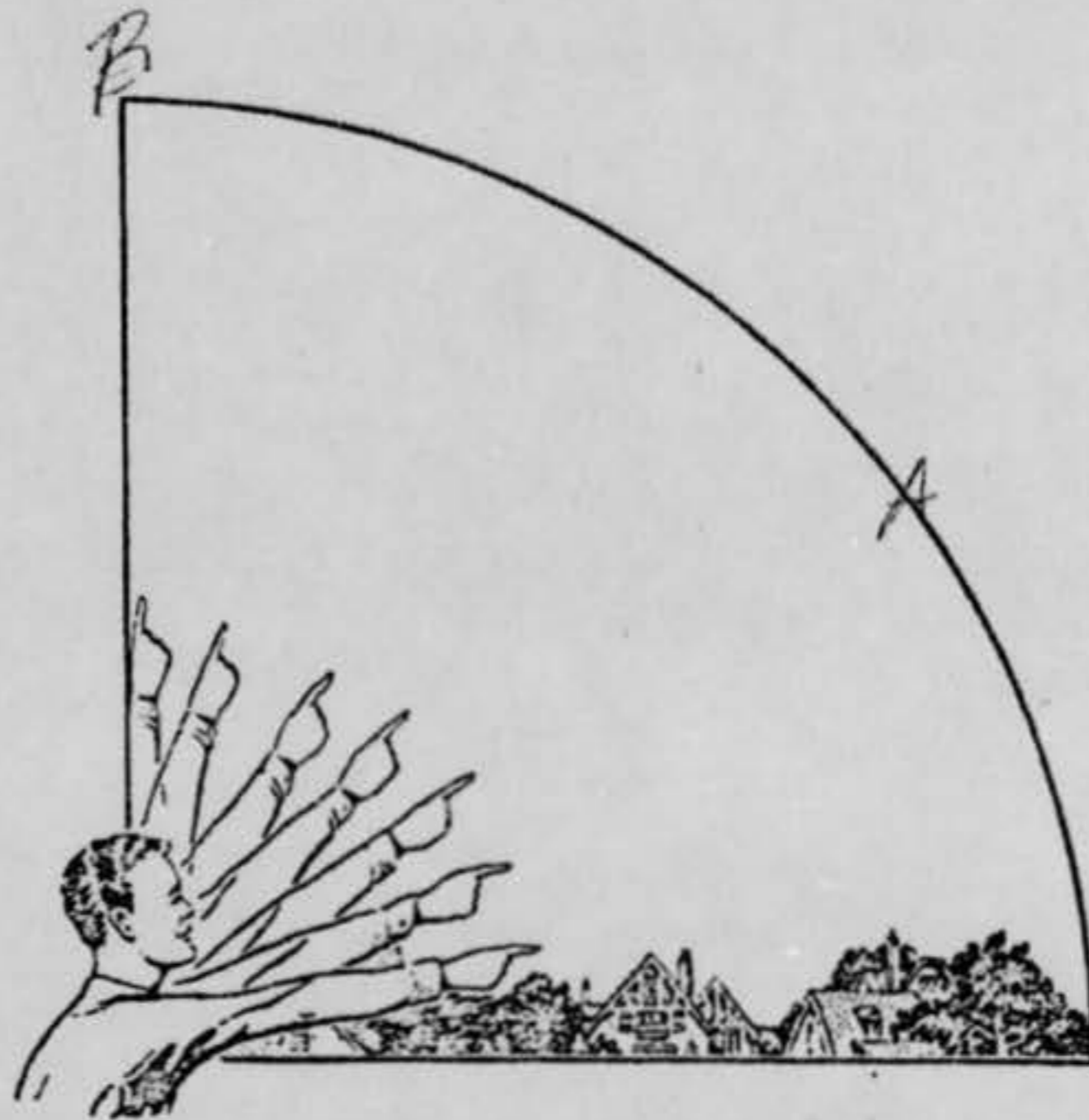
31.1 When it first appeared:

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

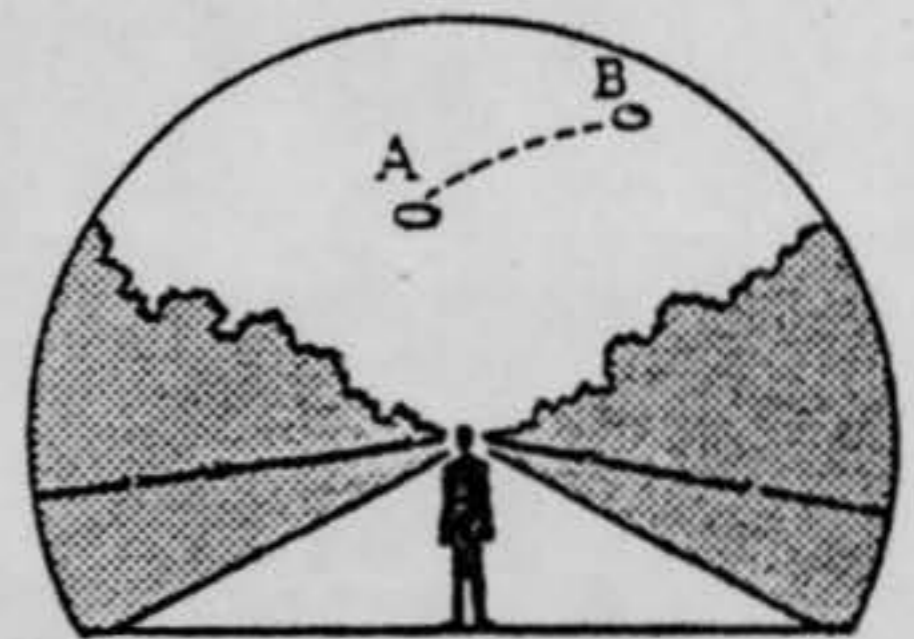
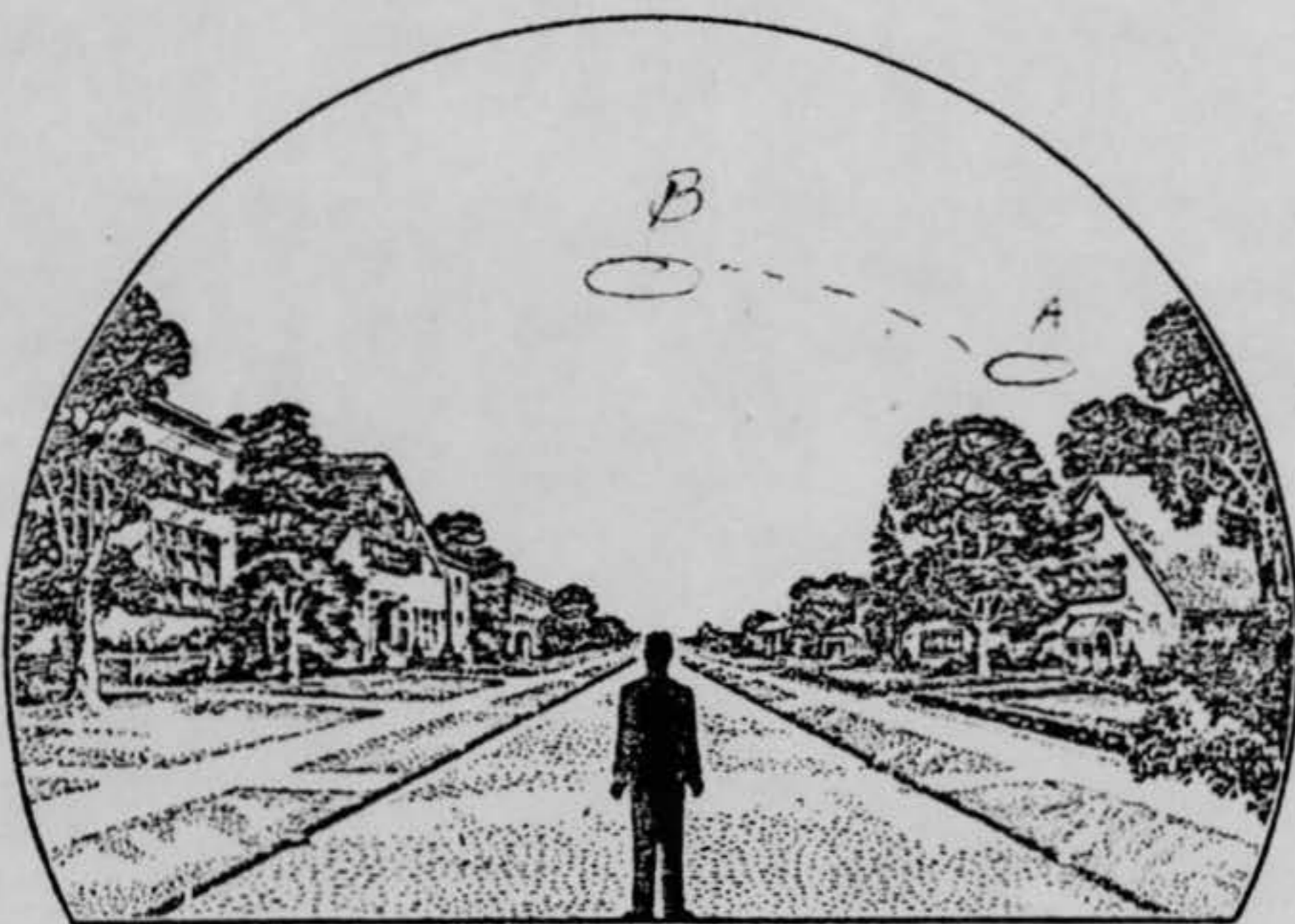
31.2 When it disappeared:

- 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?

13                      11                      61  
Day                      Month                      Year

UFO INVESTIGATION  
1504 PARK AVE. S.W.  
CANTON 6, OHIO

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?

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

a Flying Saucer