

**PROJECT 10073 RECORD CARD**

<b>1. DATE</b> 25 Jul 62	<b>2. LOCATION</b> Silver Grove, Kentucky		<b>12. CONCLUSIONS</b> <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon
<b>3. DATE-TIME GROUP</b> Local <u>0127Z</u> GMT <u>25/0627Z</u>	<b>4. TYPE OF OBSERVATION</b> <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar		<input checked="" type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft
<b>5. PHOTOS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6. SOURCE</b> Civilian		<input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical
<b>7. LENGTH OF OBSERVATION</b> 2-3 mins	<b>8. NUMBER OF OBJECTS</b> two	<b>9. COURSE</b> West	<input type="checkbox"/> Other _____ <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
<b>10. BRIEF SUMMARY OF SIGHTING</b> Shiny solid silver ball changing to red. No sound. Obj appeared fm true North 45dgr W of N, fm horizon 15dgr. Obj disappeared 15dgr W of N, 15dgr fm horizon.		<b>11. COMMENTS</b> Characteristics of a/c sighting.	



25/06272

### 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?

25 July 1962  
Day Month Year

2. Time of day: 1 Hour 27 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 City or Town State or Country

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

5. How long was object in sight?

\_\_\_\_\_  
Hours Minutes Seconds

5.1 How was time in sight determined?

a. Certain  c. Not very sure   
b. Fairly certain  d. Just a guess

6. What was the condition of the sky?

DAY NIGHT  
a. Bright  a. Bright   
b. Cloudy  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  d. To your left   
b. In back of you  e. Overhead   
c. To your right  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?

*about as bright*

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 checked="" type="radio"/> Yes | <input type="radio"/> No            | <input type="radio"/> Don't Know |
| c. Break up into parts or explode?              | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | <input type="radio"/> Don't Know |
| d. Give off smoke?                              | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | <input type="radio"/> Don't Know |
| e. Change brightness?                           | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | <input type="radio"/> Don't Know |
| f. Change shape?                                | <input checked="" 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 checked="" type="radio"/> Yes | <input 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 | 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      | <i>None</i> |    |







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.

*None*  
A

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

*Like a star*

22. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

*all of it*

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

*yes.*

*From NW to SE  
Sky*

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.

*None*



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:

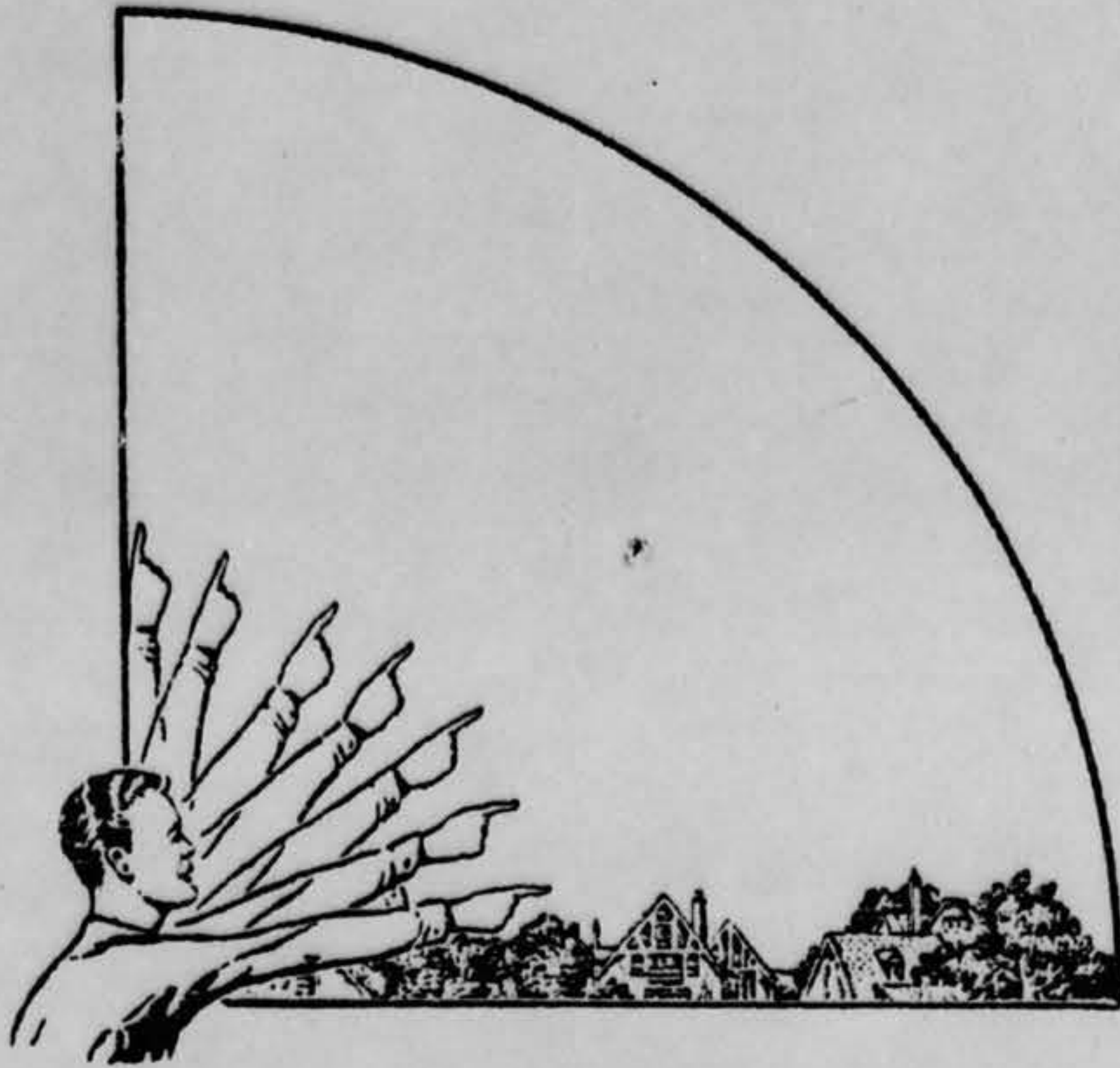
- a. From true North \_\_\_\_\_ degrees.
- b. From horizon \_\_\_\_\_ degrees.

31.2 When it disappeared:

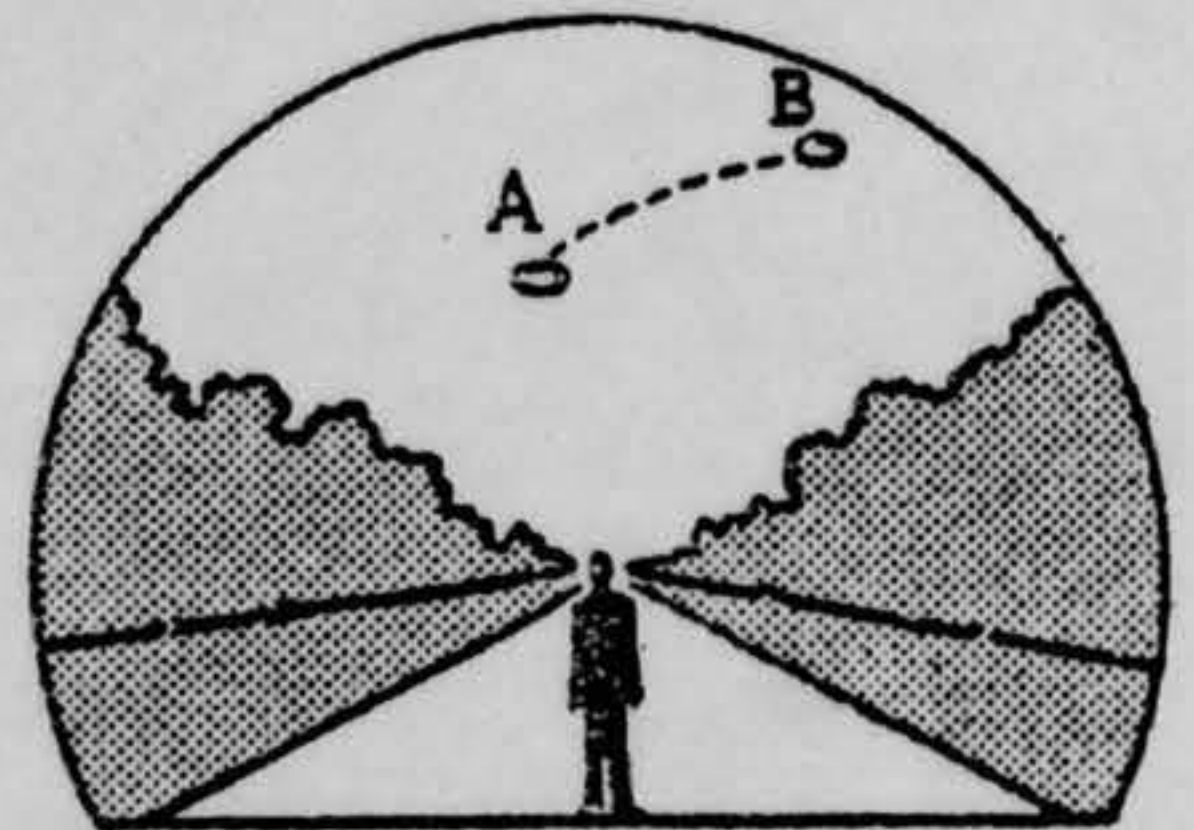
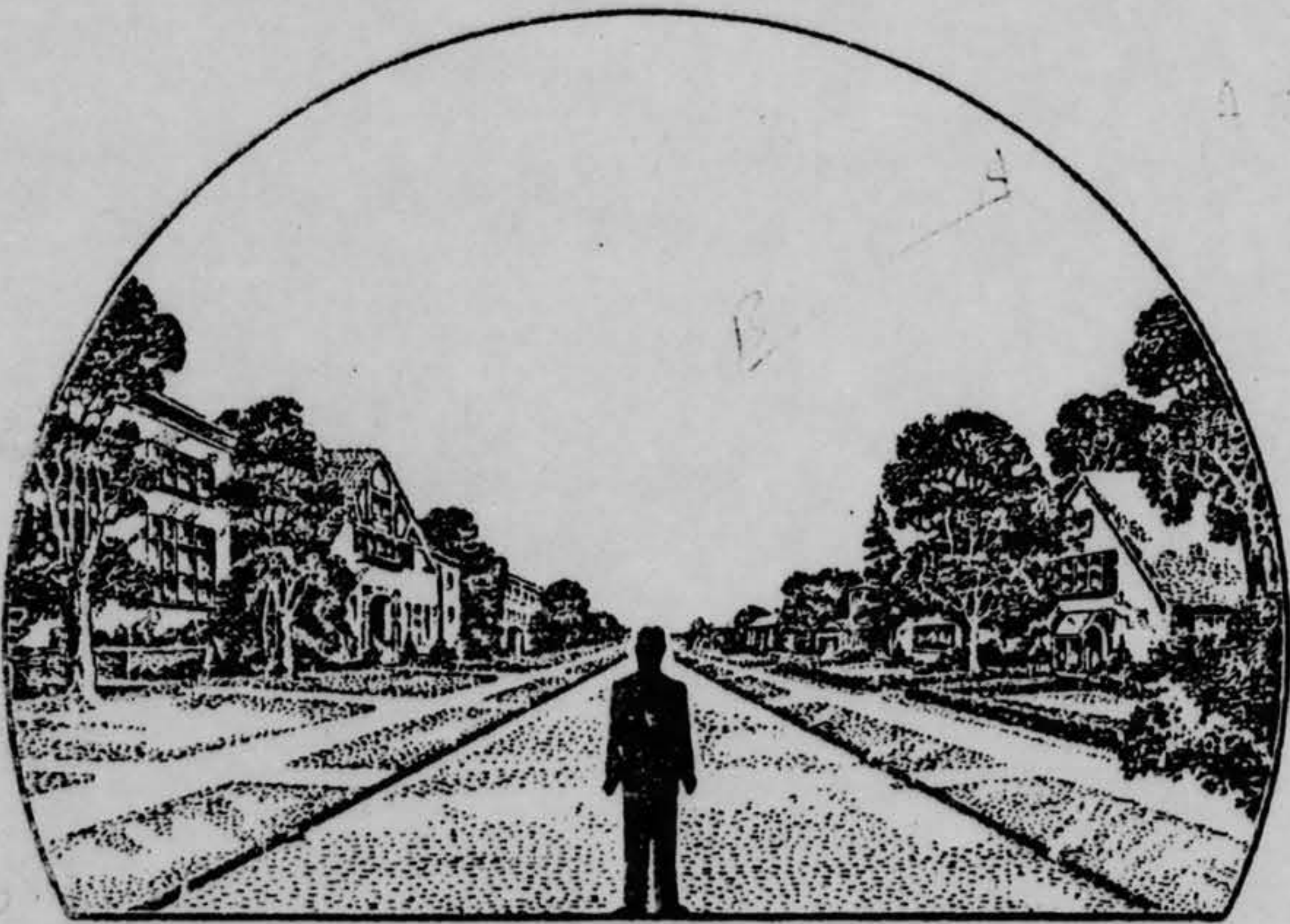
- a. From true North \_\_\_\_\_ degrees.
- b. From horizon \_\_\_\_\_ degrees.



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?

25 July 1962 11:27  
 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?

Two weeks ago, near the city -  
not in detail.

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

at night, it was in the sky and had  
no sound, what it was



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?

*I would estimate 1000 mph*

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?

*4-5 miles*

41. Please give the following information about yourself:

NAME

*[Redacted Name]*

Last Name

First Name

Middle Name

ADDRESS

*[Redacted Address]*

Street

City

Zone

State

TELEPHONE

*[Redacted Telephone Number]*

Age

*15*

Sex

*M*

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

*High school graduate*

42. Date you completed this questionnaire:

Day

Month

Year

*25 / 10 / 60*