PROJECT 10073 RECORD CARD

1. DATE 23 October 1956	**2. LOCATION** Dayton, Ohio	**12. CONCLUSIONS** ☐ Was Balloon ☐ Probably Balloon ☐ Possibly Balloon ☐ Was Aircraft ☐ Probably Aircraft ☐ Possibly Aircraft ☐ Was Astronomical Mars ☐ Probably Astronomical ☒ Possibly Astronomical ☐ Other_____ ☐ Insufficient Data for Evaluation ☐ Unknown
3. DATE-TIME GROUP Local 2145 EST (N) GMT 24/0245Z	**4. TYPE OF OBSERVATION** ☒ Ground-Visual ☐ Ground-Radar ☐ Air-Visual ☐ Air-Intercept Radar	
5. PHOTOS ☐ Yes ☒ No	**6. SOURCE** Civilian	
7. LENGTH OF OBSERVATION 20 mins/still in sight	**8. NUMBER OF OBJECTS** one	**9. COURSE** stationary in South

10. BRIEF SUMMARY OF SIGHTING

One object sharply outlined, size of a nickel. Had a red glow. Object was more or less stationary but seemed to move fast at time and was still in sight at time of rpt.

11. COMMENTS

Mars at 210dgr azimuth 56dgr elevation approximating position of reported object.

ATIC FORM 329 (REV 26 SEP 52)

24/0245. Received 2110 hrs. 23 Oct 56 by SDO - Capt C Colodle 4Fain-4316 36

Multi

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?

23 (Day) Oct (Month) 56 (Year)

2. Time of day: 21 (Hour) 45 (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?

[redacted] (Nearest Postal Address) Dayton (City or Town) Ohio (State or Country)

Additional remarks: _____

5. Estimate how long you saw the object. _____ (Hours) 20 min (Minutes) to call (Seconds)

object still in sight after call

5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.

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

6. What was the condition of the sky?

(Circle One): a. Bright daylight
b. Dull daylight
c. Bright twilight
d. Just a trace of daylight
e. No trace of daylight
f. Don't remember

7. If you saw the object during DAYLIGHT, TWILIGHT, or DAWN, 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

south

ATIC FORM NO. 164 (13 OCT 54)

8. IF you saw the object at NIGHT, TWILIGHT, or DAWN, 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. Was the object brighter than the background of the sky?

(Circle One): a. Yes b. No c. Don't remember

10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile headlight?:

(Circle One) a. A mile or more away (a distant car)?
b. Several blocks away?
c. A block away?
d. Several yards away?
e. Other

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. Flicker, throb, or pulsate?	Yes	No	Don't Know

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

(Circle One): Yes No Don't Know. IF you answered YES, than tell what it moved in front of: _____

_____

14. Did the object appear: *(Circle One)*: a. Solid? b. Transparent? c. 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 none

b. Color red glow

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? no.
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. IF POSSIBLE, try to guess or estimate what the real size of the object was in its longest dimension.
_____feet.

22. How large did the object or objects appear as compared with one of the following objects *held in the hand* and at about arm's length?

(Circle One):

a. Head of a pin
b. Pea
c. Dime
d. Nickel
e. Quarter
f. Half dollar
g. Silver dollar
h. Baseball
i. Grapefruit
j. Basketball
k. Other _____

22.1 *(Circle One* of the following to indicate how certain you are of your answer to Question 22.

a. Certain
b. Fairly certain
c. Not very sure
d. Uncertain

23. How did the object or objects disappear from view? _____
Did not disappear.

24. In order that you can give as clear a picture as possible of what you saw, we would like for you to imagine that you could construct the object that you saw. Of what type material would you make it? How large would it be, and what shape would it have? 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
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. Flying 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
b. Northeast
c. East
d. Southeast
e. South
f. Southwest
g. West
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
b. Northeast
c. East
d. Southeast
e. South
f. Southwest
g. West
h. Northwest

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

a. North
b. Northeast
c. East
d. Southeast
e. South
f. Southwest
g. West
h. Northwest

31. If you are familiar with bearing terms (angular direction), try to estimate the number of degrees the object was from true North and also the number of degrees it was upward from the horizon (elevation).

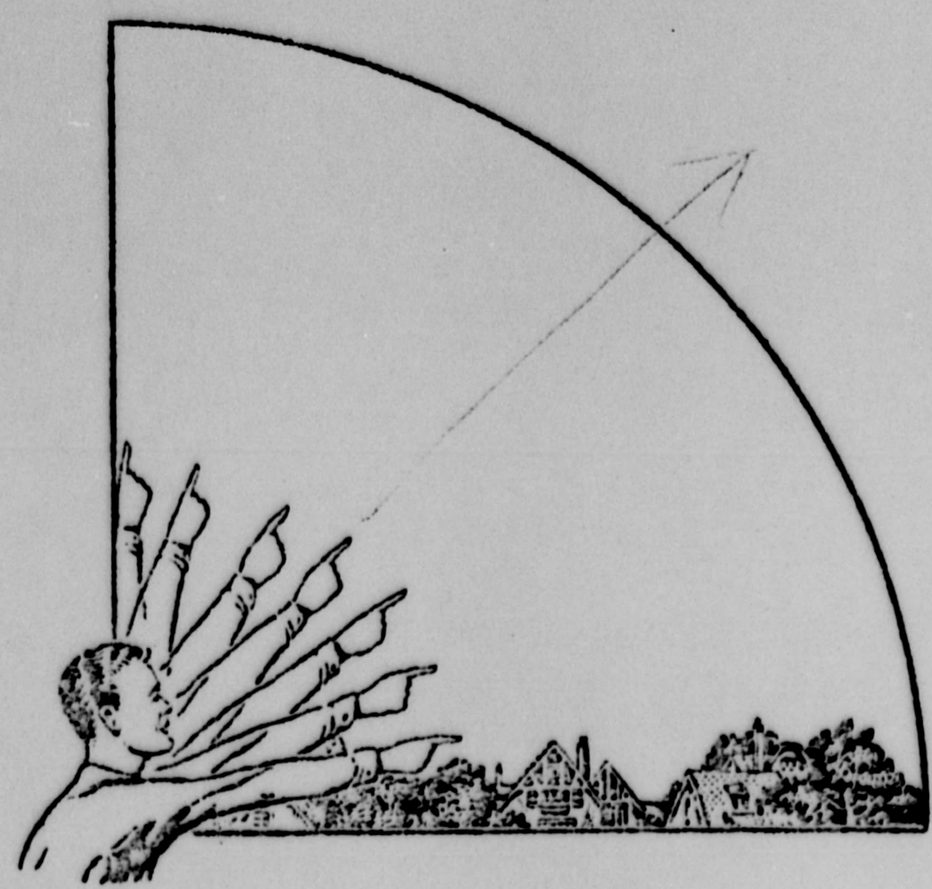
31.1 When it first appeared:

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

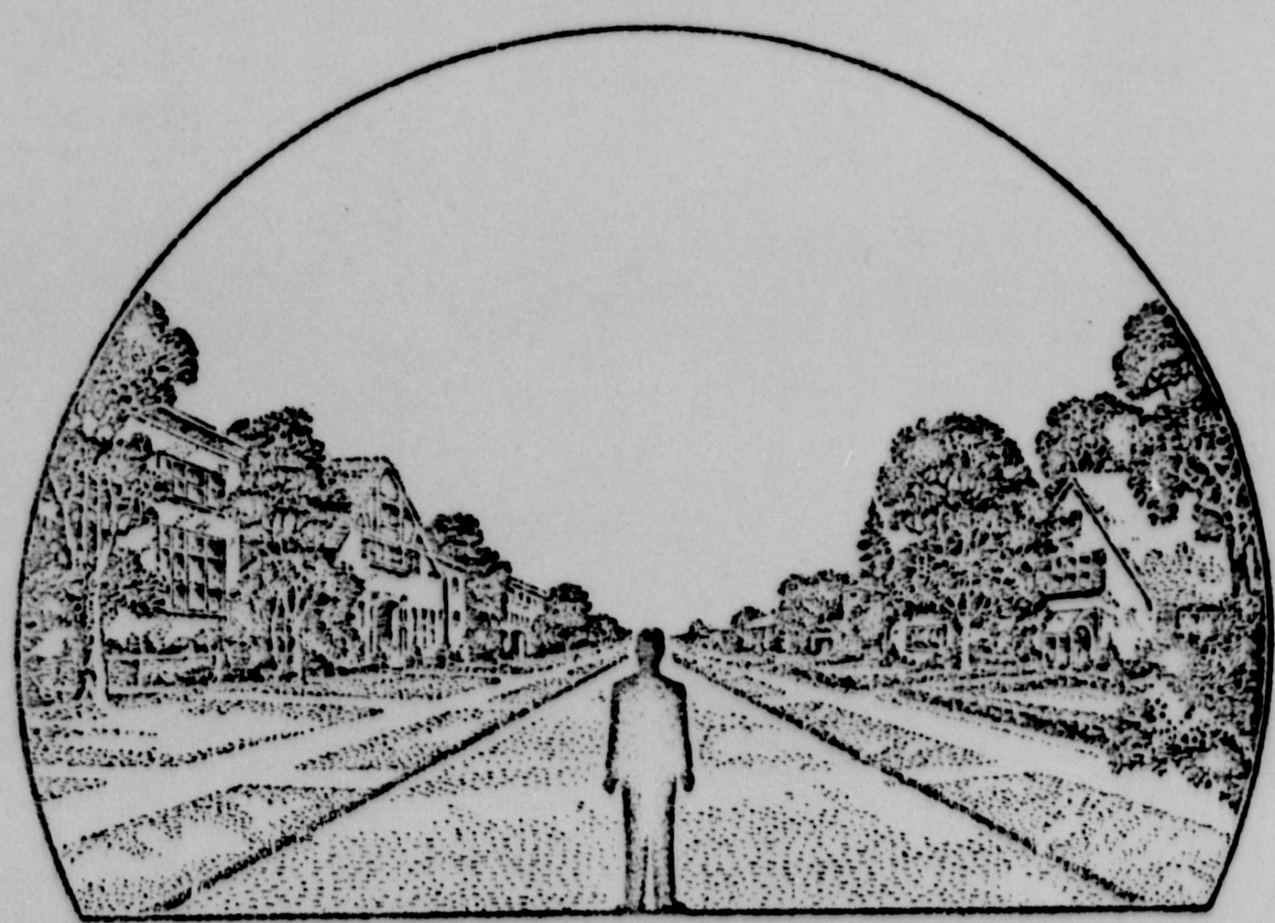
31.2 When it disappeared:

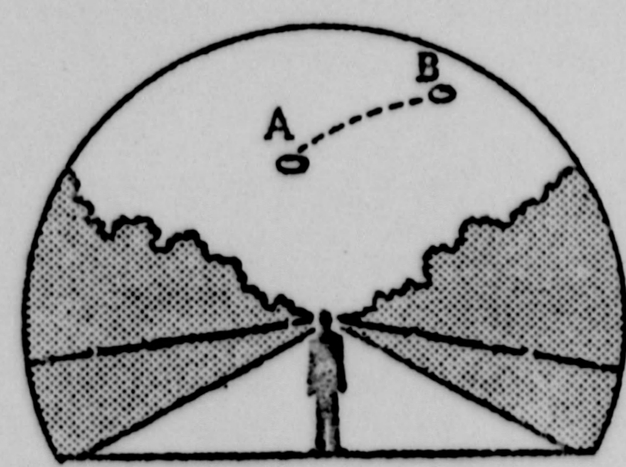
a. From true North _____ degrees.
b. From horizon _____ degrees.

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?

34.1 CLOUDS *(Circle One)*

a. Clear sky
b. Hazy
c. Scattered clouds
d. Thick or heavy clouds
e. Don't remember

34.2 WIND *(Circle One)*

a. No wind
b. Slight breeze
c. Strong wind
d. Don't remember

34.3 WEATHER *(Circle One)*

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

34.4 TEMPERATURE *(Circle One)*

a. Cold
b. Cool
c. Warm
d. Hot
e. Don't remember

35. When did you report to some official that you had seen the object?

23 (Day) Oct (Month) 56 (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:

wife and brother

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? _____ m.p.h.

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? _____ feet.

41. Please give the following information about yourself:

NAME [redacted] _____ [redacted] _____
Last Name First Name Middle Name

ADDRESS [redacted] Dayton _____ _____ Ohio
Street City Zone State

TELEPHONE NUMBER [redacted]

What is your present job? _____

Age _____ Sex _____

Please indicate any special educational training that you have had.

a. Grade school _____
b. High school _____
c. College _____
d. Post graduate _____
e. e. Technical school _____
(Type) _____
f. Other special training _____
_____

42. Date you completed this questionnaire: _____ _____ _____
Day Month Year