PROJECT 10073 RECORD CARD

1. DATE
24 Mar 59

2. LOCATION
Vandalia, Ohio

3. DATE-TIME GROUP
Local _____
GMT 25/0300Z

4. TYPE OF OBSERVATION
☐ Ground-Visual ☐ Ground-Radar
☐ Air-Visual ☐ Air-Intercept Radar

5. PHOTOS
☐ Yes
☐ No

6. SOURCE
Civilian

7. LENGTH OF OBSERVATION
2-3 secs

8. NUMBER OF OBJECTS
one

9. COURSE
falling

10. BRIEF SUMMARY OF SIGHTING
Rnd, blue-green obj, disappeared falling straight down.

11. COMMENTS
Description, flight path & duration is typical of a meteor.

12. CONCLUSIONS
☐ Was Balloon
☐ Probably Balloon
☐ Possibly Balloon
☐ Was Aircraft
☐ Probably Aircraft
☐ Possibly Aircraft
☒ Was Astronomical Meteor
☐ Probably Astronomical
☐ Possibly Astronomical
☐ Other _____
☐ Insufficient Data for Evaluation
☐ Unknown

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.

1. When did you see the object?

24 (Day) MAR (Month) 59 (Year)

2. Time of day: _____ (Hour) APPROX 2200 (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) VANDALIA (City or Town) _____ (State or Country)

Additional remarks: ~~PARKING LOT~~ DRIVING INTO PARKING LOT AT [redacted]

5. Estimate how long you saw the object. _____ (Hours) _____ (Minutes) 2 OR 3 (Seconds)

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

See 8

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

See 8

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?

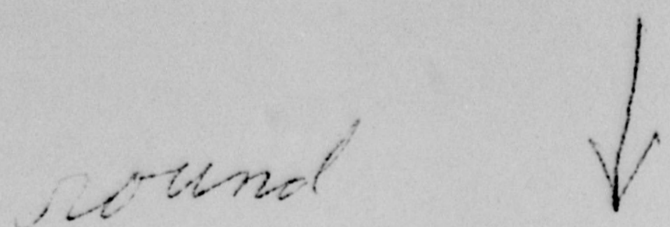
a. Eyeglasses	Yes	No	e. Binoculars	Yes	No
b. Sun glasses	Yes	No	f. Telescope	Yes	No
c. Windshield	(Yes)	No	g. Theodolite	Yes	No
d. Window glass	Yes	No	h. Other _____		

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

a. Sound _____

b. Color BLUE GREEN - BURNT OUT ABOUT 100' ABOVE GROUND ON AN ANGLE OF 25° FROM PARTY

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? ONE.
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.
22 1/2 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 (SHARPENED PENCIL) - OR SIZE of RUNWAY LIGHTS

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? STRAIGHT DOWN

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 COL AIRPORT PARKING LOT

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

DRIVING INTO PARKING LOT – NOTICED OBJECT OVER CONTROL TOWER.

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? 120 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 270 degrees.
b. From horizon 75 degrees.

31.2 When it disappeared:

a. From true North 210 degrees.
b. From horizon 25 degrees.

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 ABOUT 60°
c. Warm
d. Hot
e. Don't remember

35. When did you report to some official 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? _____ 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] (Last Name) (First Name) (Middle Name)

ADDRESS [redacted] (Street) WEST MILTON (City) (Zone) (State)

TELEPHONE NUMBER —

What is your present job? STATION AGENT LAKE CENTRAL

Age 19 Sex M

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)