PROJECT 10073 RECORD CARD

1. DATE 28 Sep 59		2 LOCATION West Carrolton, Ohio		0	CONCLUSIONS Was Balloon Probably Balloon
3.	DATE-TIME GROUP Local	4. TYPE OF OBSERVATION Ground-Visual Ground-Radar Air-Visual Air-Intercept Radar 6. SOURCE Civilian		000	Possibly Balloon Was Aircraft Probably Aircraft Possibly Aircraft
5.	PHOTOS O Yes Dine			Q X	Was Astronomical Meteor Probably Astronomical Possibly Astronomical
7.	LENGTH OF OBSERVATION 5 secs	8. NUMBER OF OBJECTS one	9. COURSE N	000	Insufficient Data for Evaluation Unknown
10.	White brilliant obj moving to the North. No tail. Lil very brilliant.	g in a straight li	ne Apparently a	me	teor at extreme alt.

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? 28 Squit Nonth Year	2. Time of day: OOY/ Hour 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
Additional remarks: Additional remarks:	City or Town State or Country wholies
5. Estimate how long you saw the object. Hours 5.1 Circle one of the following to indicate how c	Minutes Seconds ertain you are of your answer to Question 5.
	. Not very sure
	. 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 the object?	HT, or DAWN, where was the SUN located as you looked at
(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

ATIC FORM NO. 164 (13 OCT 54)

8. IF you so	w the object	of NIGHT, TW	ILIGHT, or	DAWN,	what did you	notice concerning	the STA	RS and MOON?
	TARS (Circle					N (Circle One):		
	a. None					. Bright moonligh		
	b. A few				Ь	. Dull moonlight		
	E. Many				(c	No moonlight -	· pitch dar	k
	d. Don't re	momber				Don't remember		
9. Was the o	bject brighter	than the back	ground of t	he sky?	1º K	5 +21	- /	2 7c B
(Circle	One):	0. (Y.s)		b. No		c. Don't remen	ber	
). IF it was	BRIGHTER	THAN the sky	background	, was the	brightness	like that of an aut	omobile h	eadlight?:
						ay (a distant car)?		
					ol blocks aw			
					k away?			
					ek awayr			
				. Other	ir yaras awa			
D. 1. 1.				· Uniter				
. Did the ob						cle One for each		
		still at any tin			Yes	(No	Don't K	
		up and rush aw rts or explode?		Ime?	Yes	No No	Don't K Don't K	
	e off smoke?				Yes	No	Don't K	
	nge brightnes				Yes	No	Don't K	
	nge shape?				Yes	No-	Don't K	
	ker, throb, or	r nulsate?			Yes	No	Don't K	
		hind something						
(Circle	One): d behind:	Yes	10	on't Kno	w.	IF you answered	YES, the	n tell what
Did the ob	ect move in	front of someth	ing at any	ime, par	ticularly a c	loud?		
(Circle it moved	One): d in front of:		10 D	on't Kno	~.	IF you answered	YES, that	n tell what
Did the obj	ect appear:	(Circle One)	σ.	Solid?	b.	Transparent?	c.	Don't Know.
Did you ob	serve the obj	ect through an	y of the fol	lowing?				
a. Eyes	lasses	Yes	(No)		Binoculars	Yes	No	
	glasses	Yes	No		Telescope	Yes	No	
					TL 1-1:4-	V	N-	
c. Wind	shield	Yes	No	g.	Theodolite	Yes	No	

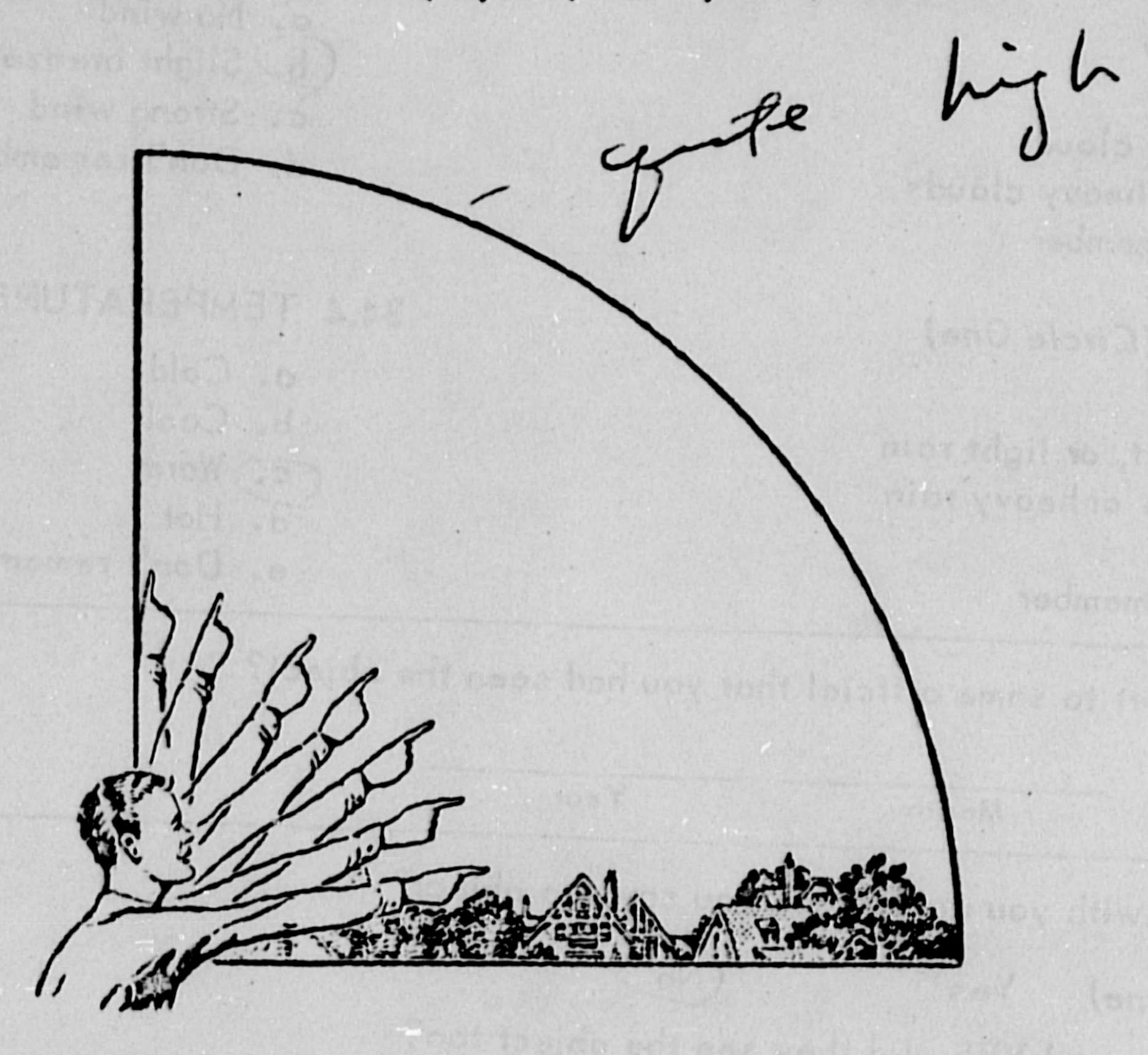
16	Tell in a few words the following things about the object.	
	a. Sound None	
	b. Color None - white - Brillant	
17.	Draw a picture that will show the shape of the object or objects. Label and include in your sketch any det of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. an arrow beside the drawing to show the direction the object was moving. Object mony in the line object was moving.	Place
	The state of the s	
	Another sup Anno tot etto etto etto etto etto etto et	
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	
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.	
	ten de les abes de la company	

NAME OF THE OWNER OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER

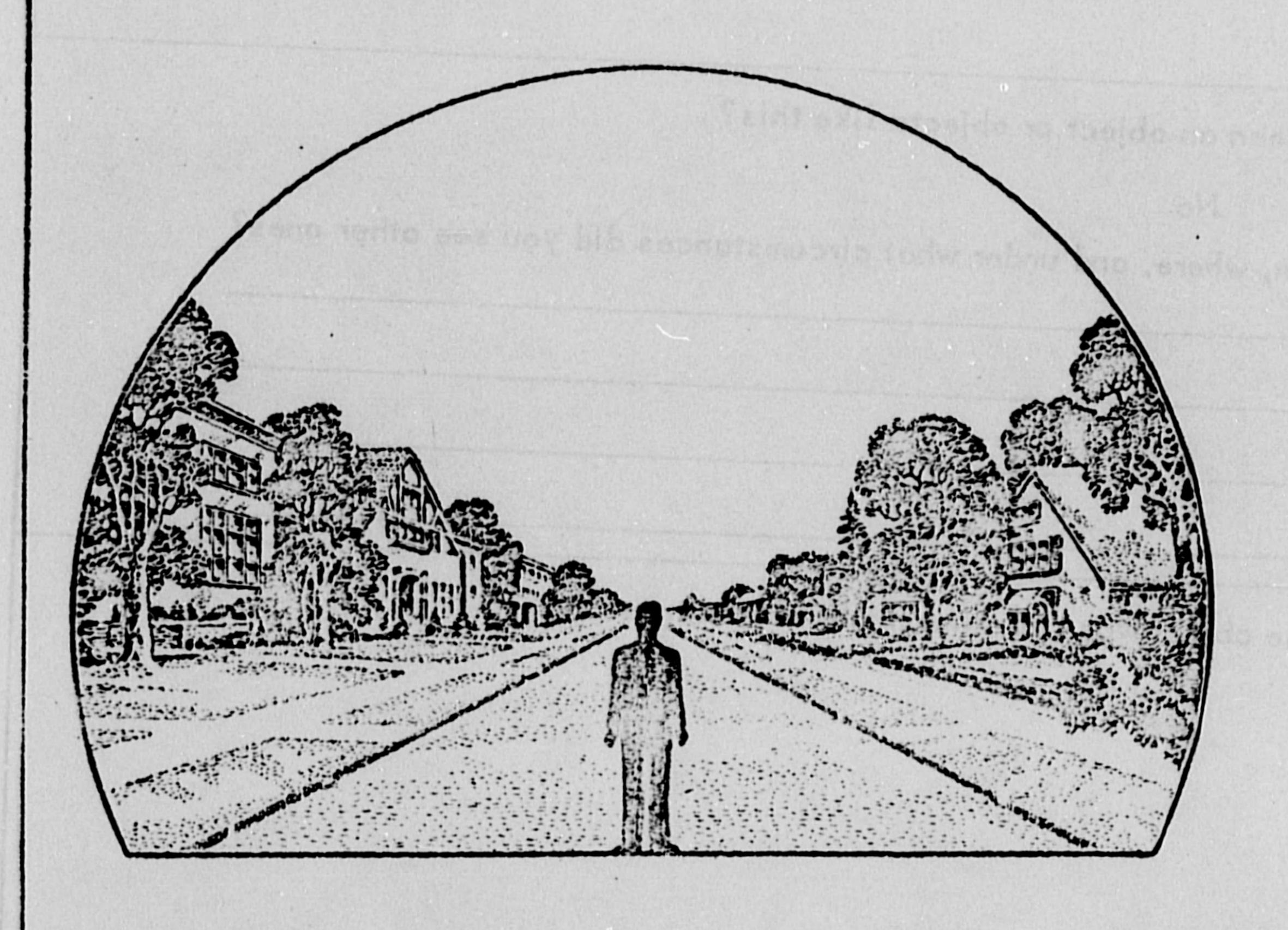
			e object or objects made. Place an "A" at the beginning ow any changes in direction during the course.
	or the pain, a b at	the end of the pain, and sho	w any changes in direction during the course.
21.		guess or estimate what the rest.	real size of the object was in its longest dimension.
22.	How large did the obj and at about arm's le		mpared with one of the following objects held in the hand
	(Circle One):	a. Head of a pin	g. Silver dollar
		b. Pea	h. Baseball
		c. Dime	i. Grapefruit
		d. Nicket	j. Basketball
		e. Quarter	k. Other
		f. Half dollar	
22	1 (Circle One of the	following to Indicate how co	ertain you are of your answer to Question 22.
		a. Certain b. Fairly certain	c. Not very sure d. Uncertain
		D. Fairly certain	
23.	How did the object or	objects disappear from view	
23.	How did the object or		
23.	How did the object or		
24.	In order that you can give construct the object that	objects disappear from view from objects disappear from	
24.	In order that you can give construct the object that would it have? Describe	objects disappear from view from objects disappear from	le of what you saw, we would like for you to imagine that you could lal would you make it? How large would it be, and what shape
4.	In order that you can give construct the object that would it have? Describe	objects disappear from view from objects disappear from	le of what you saw, we would like for you to imagine that you could lal would you make it? How large would it be, and what shape
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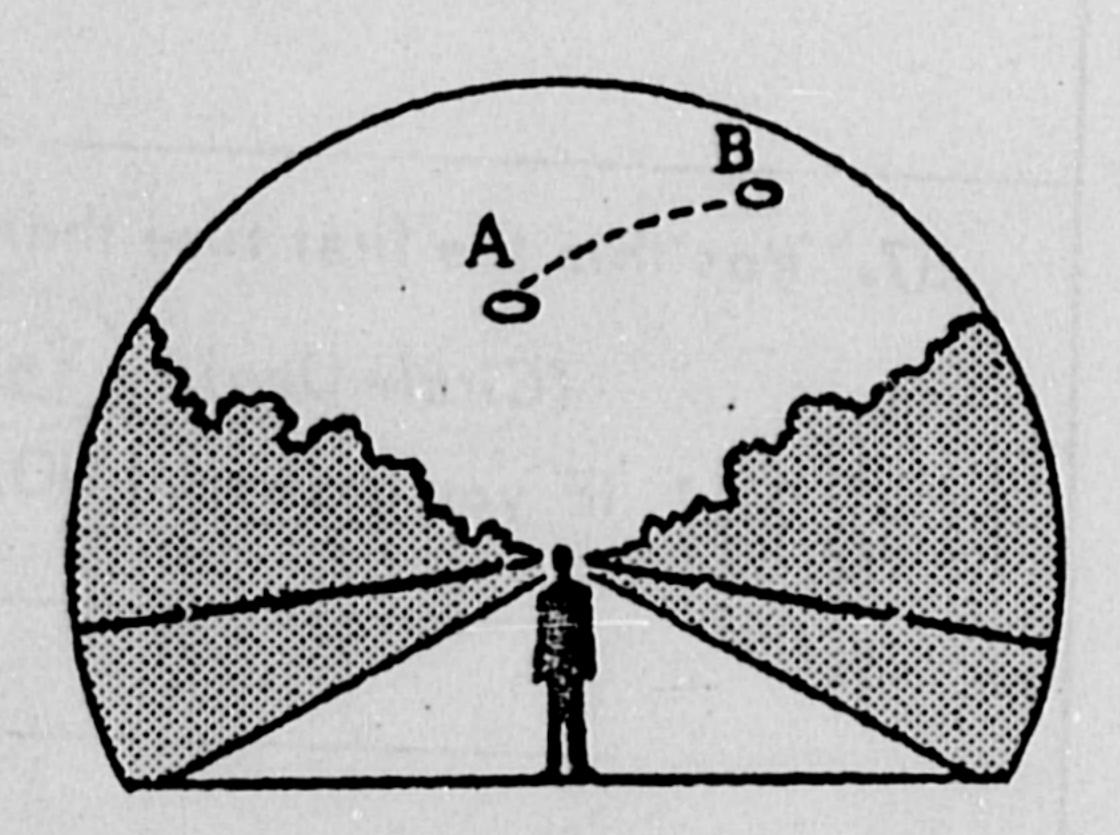
25.	25. Where were you located when you saw the object? (Circle One): a. Inside a building b. In a car C. Outdoors d. In an airplane e. At sea			26. Were you (Circle One) a. In the business section of a city? b. In the residential section of a city? c. In open countryside? d. Flying near an airfield? e. Flying over a city? f. Flying over open country?			
	f. Other <u>Level</u>	7-7		g. Other			
27.	What were you doing at the ti	me you saw the object, an	id how	did you happen to n	otice it		
28.	IF you were MOVING IN AN	AUTOMOBILE or other ve	hicle at	the time, then com	plete th	e following quest	ions:
	28.1 What direction were y	ou moving? (Circle One)					
	a. North b. Northeast	c. East d. Southeast		South		West Northwest	
	28.2 How fast were you ma	ving?		miles per hour.			
	28.3 Did you stop at any ti	me while you were lookin	g at the	object?			
	(Circle One)	Yes	No				
29.	What direction were you looki	ng when you first saw the	object	? (Circle One)			
	(a.) North b. Northeast	c. East		South Southwest	g.	West Northwest	
	D. INORTHEAST	d. Southeast		Journwest		INDITION	
30.	What direction were you looking	ng when you last saw the	object?	(Circle One)			
	O. North b. Northeast	c. East d. Southeast		South Southwest	g. h.	West Northwest	
	If you are familiar with bearin from true North and also the n						was
	31.1 When it first appeared						
	a. From true North						
	b. From horizon	degrees.					
	31.2 When it disappeared:						
	a. From true North 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.





. . .

4. What were the weather conditions at the time you sa	w the object?
34.1 CLOUDS (Circle One)	34.2 WIND (Circle One)
Clear sky b. Hazy	a. No wind b. Slight breeze c. Strong wind
	c. Strong wind
c. Scattered clouds d. Thick or heavy clouds	d. Don't remember
e. Don't remember	
34.3 WEATHER (Circle One)	34.4 TEMPERATURE (Circle One)
a. Dry	a. Cold
a. Dry b. Fog, mist, or light rain	b. Cool
c. Moderate or heavy rain	G. Warm d. Hot
d. Snow	e. Don't remember
e. Don't remember	e. Don't lemono
5. When did you report to some official that you had so Month	
6. 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	et too?
(Circle One) Yes No	
36.2 Please list their names and addresses:	
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36.2 Please list their names and addresses:	t or objects like this?
36.2 Please list their names and addresses: 37. Was this the first time that you had seen an object	
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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 ADDRESS Street TELEPHONE NUMBER 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 f. Other special training d. Past graduate 42. Date you completed this questionnaire: Age Date you completed this questionnaire: Day Menih Year			
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 ADDRESS Street TELEPHONE NUMBER What is your present job? Age Sex Please indicate any special educational training that you have had. a. Grade school b. High school College f. Other special training d. Post graduate		(Circle One) Yes (No	ect? much faster then cany jet months
(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 ADDRESS Street TELEPHONE NUMBER 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. Past graduate OCS Age Sex Age Grade graduate OCS Age Age Grade graduate OCS Age Age Age Grade school Age Grade graduate OCS Age Age Age Age Age Grade school Age Grade graduate Age Age Age Age Age Age Age A			
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NAME ADDRESS Street TELEPHONE NUMBER What is your present job? Please indicate any special educational training that you have had. a. Grade school b. High school c. College f. Other special training d. Post graduate Middle Name Middle Name Middle Name Acutom YI D.C. State State TELEPHONE NUMBER No A Jie.S Other special training Middle Name Middle Name Middle Name Acutom YI D.C. State State Other Special training		F you answered YES, then how far away would you	say it was?feet.
ADDRESS Street TELEPHONE NUMBER What is your present job? Please indicate any special educational training that you have had. a. Grade school b. High school c. College d. Post graduate Middle Name Middle Name Active John State State Telephone Number John State State Telephone Number John State State Telephone Number John State State Other special training	41. F	Please give the following information about yoursel	lf:
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TELEPHONE NUMBER None What is your present job? O o dies Age Sex M Please indicate any special educational training that you have had. a. Grade school e. e. Technical school (Type) c. College f. Other special training d. Past graduate		DDDESS	
What is your present job? Woodies Age Sex		A CONTROL OF THE PARTY OF THE P	City Zone State
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a. Grade school e. e. Technical school b. High school (Type) c. College f. Other special training d. Post graduate	A	Sex	
a. Grade school e. e. Technical school b. High school (Type) c. College f. Other special training d. Post graduate			
b. High school	P	lease indicate any special educational training the	at you have had.
c. College f. Other special training d. Post graduate		a. Grade school	e. e. Technical school
d. Post graduate		b. High school	(Type)
0.00			f. Other special training
42. Date you completed this questionnaire: Day Sept 1859 Year		d. Post graduate	
42. Date you completed this questionnaire: Day Month Year			200 Sent 185-8
	42. U	ate you completed this questionnaire:	Day Month Year