PROJECT 10073 RECORD CARD

1. DATE 23 Feb 61	2. LOCATION Oakwood, Ohio	12. CONCLUSIONS ☐ Was Balloon ☐ Probably Balloon ☐ Possibly Balloon ☐ Was Aircraft ☐ Probably Aircraft ☐ Possibly Aircraft ☐ Was Astronomical ☐ Probably Astronomical ☐ Possibly Astronomical ☐ Other_____ ☒ Insufficient Data for Evaluation ☐ Unknown
3. DATE-TIME GROUP Local 1935 GMT 240035Z	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 min	8. NUMBER OF OBJECTS 1	9. COURSE SW-NE

10. BRIEF SUMMARY OF SIGHTING White objt size of star. Very bright and very fast. Disappeared behind trees. Appeared in SW. Disappeared in Ne. Appeared to turn toward N a little.

11. COMMENTS Light observed was possibly on an a/c. Even after re-contacting witness, enough info could not be ~~gotten~~ to form a valid conclusion. OBTAINED

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?

23 (Day) Feb (Month) 61 (Year)

2. Time of day: 19 (Hour) 35 (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) Oakwood (City or Town) Ohio (State or Country)

Additional remarks: _____

5. How long was object in sight? _____ Hours 6 Minutes _____ Seconds

5.1 How was time in sight determined?

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

6. What was the condition of the sky?

DAY	NIGHT
a. Bright	a. Bright clear
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
b. In back of you
c. To your right
d. To your left
e. Overhead
f. Don't remember

ATIC FORM FEB 60 164 This form supersedes ATIC 164, 13 Oct 54.

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?	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. Flash or flicker?	Yes	No	Don't Know
h. Disappear and reappear ?	Yes	No	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?

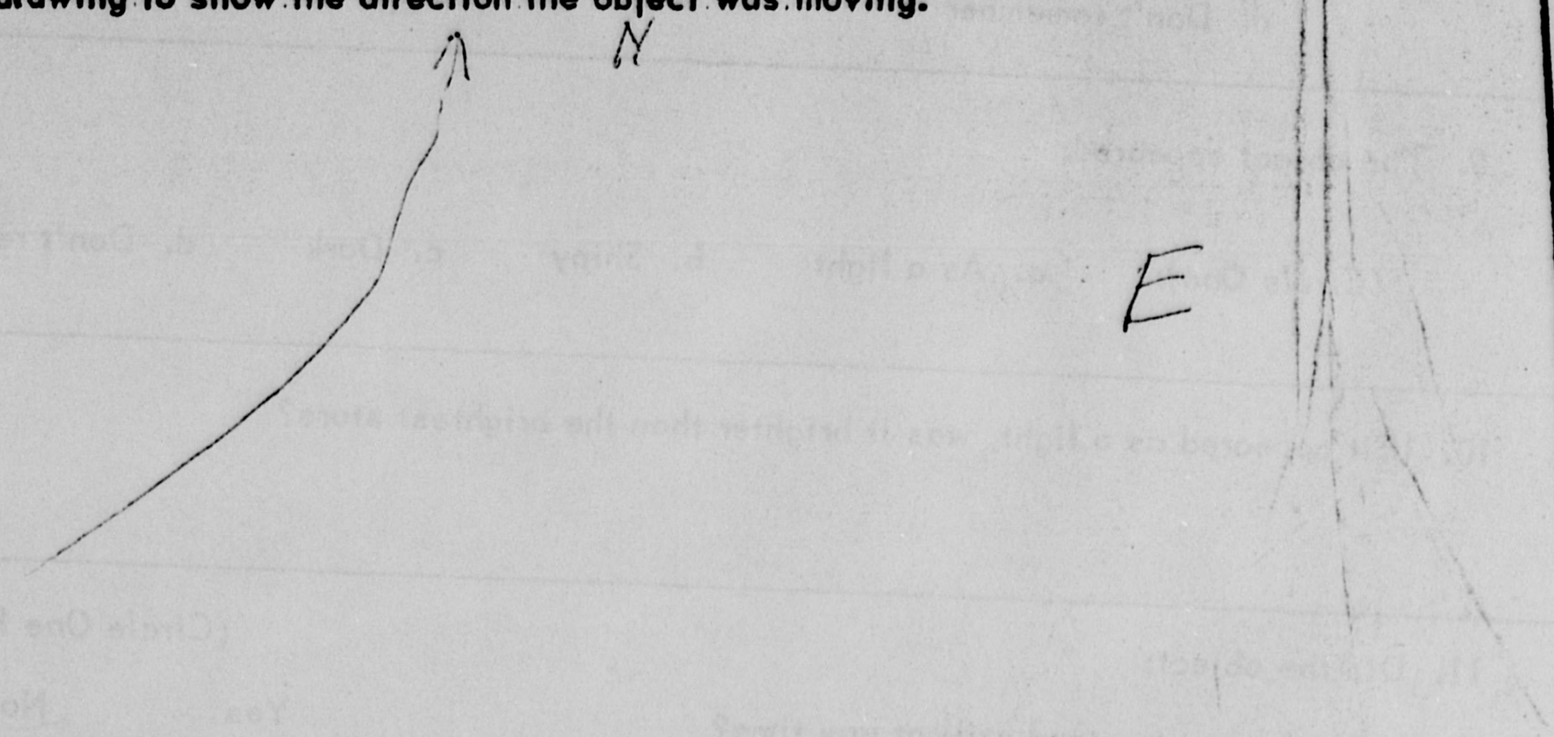
a. Eyeglasses	Yes	No	e. Binoculars	Yes	No
b. Sun glasses	Yes	No	f. Telescope	Yes	No
c. Windshield	Yes	No	g. Theodolite	Yes	No
d. Window glass	Yes	No	h. Other _____		

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

a. Sound none

b. Color white

17. Draw a picture that will show the shape of the object or objects. Label and include in your sketch c ny details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor tr ails. 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.

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

size of height 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?

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

went behind trees

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.

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
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
i. Overhead

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
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.

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? Very fast

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 [redacted] Last Name [redacted] First Name [redacted] Middle Name

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

TELEPHONE NUMBER [redacted]

Age _____ Sex M

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

42. Date you completed this questionnaire:

_____ Day _____ Month _____ Year

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?

_____ 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?