PROJECT 10073 RECORD CARD

1. DATE 16 Aug 61	**2. LOCATION** Flushing, New York	**12. CONCLUSIONS**
3. DATE-TIME GROUP Local 2103 GMT 1701037	**4. TYPE OF OBSERVATION** [X] Ground-Visual [ ] Ground-Radar [ ] Air-Visual [ ] Air-Intercept Radar	[ ] Was Balloon [ ] Probably Balloon [ ] Possibly Balloon [ ] Was Aircraft [ ] Probably Aircraft [ ] Possibly Aircraft
5. PHOTOS [ ] Yes [X] No	**6. SOURCE** Civilian	[ ] Was Astronomical [ ] Probably Astronomical [ ] Possibly Astronomical
7. LENGTH OF OBSERVATION 10 min	**8. NUMBER OF OBJECTS** 1 / **9. COURSE** E	[X] Other Echo I [ ] Insufficient Data for Evaluation [ ] Unknown

10. BRIEF SUMMARY OF SIGHTING Shiny silvery objt, brighter than most stars. Size of a star or planet.

11. COMMENTS Objt of sighting has been determined to be satellite Echo I. Satellite was making a pass SW-NE at time of sighting and could be seen fm witnesses' location.

ATIC FORM 329 (REV 26 SEP 52)

HEADQUARTERS
FOREIGN TECHNOLOGY DIVISION
AIR FORCE SYSTEMS COMMAND
UNITED STATES AIR FORCE
WRIGHT-PATTERSON AIR FORCE BASE, OHIO

11 SEP 1961

REPLY TO
ATTN OF: TD-E/Major Friend

SUBJECT: UFO Sighting

TO: M[redacted]
Flushing 65, New York

Dear Mr. [redacted]

Your letter reporting the sighting of a UFO has been forwarded to the Foreign Technology Division. It does not contain sufficient information for a valid conclusion; therefore, request you complete the attached form and return it in the attached self-addressed envelope as soon as possible.

Sincerely

Nicholas Pat
for EDWARD H. WYNN
Colonel, USAF
Deputy for Science
and Components

2 Atchs
1. ATIC Form 164, 2 cys.
2. Self-addressed envelope.

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?

16 (Day) AUG (Month) 61 (Year)

2. Time of day: 9 (Hour) 03 (Minutes)

(Circle One): A.M. or P.M. (X)

3. Time Zone: (Circle One): a. Eastern-X
b. Central
c. Mountain
d. Pacific
e. Other _____

(Circle One): a. Daylight Saving -X
b. Standard

4. Where were you when you saw the object?

[redacted] Avenue (Nearest Postal Address) [redacted] (City or Town) New York (State or Country)

Additional remarks: on rooftop

5. How long was object in sight? ____ Hours 10 Minutes ____ Seconds

5.1 How was time in sight determined?

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

6. What was the condition of the sky?

DAY
a. Bright
b. Cloudy

NIGHT
a. Bright-X
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.

UFO

To: ATIC for to have a wife reply — CO

[redacted]

Flushing 65, New York
August 17, 1961

National Aeronautics and Space Administration
Cleveland, Ohio

Gentlemen:

Last night at 9:03 P.M. I sighted an object in the sky whose magnitude was approximately that of Saturn at the time. From my vantage point in New York City, I noted that this object was traveling west to east, reaching a maximum inclination of 70° above due north.

Kindly inform me of the nature of this object. If you are not able to do so, please direct my request through appropriate channels.

Your consideration of this request would be greatly appreciated. A stamped, self-addressed envelope is enclosed for your convenience.

[redacted]

DIRECTOR
ASSOC DIR
L-P
M&S
ENG
R
CEO
F-A
H-S
PSO
ADM
Security
Pro Off
Procurement
Budget
Pers
Acct&Aud
Serv
Pub
Tech
Inst
Oper
Des
Log

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 x
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 x c. Dark d. Don't remember

10. If it appeared as a light, was it brighter than the brightest stars?

no, brighter than most stars

11. Did the object: *(Circle One for each question)*

a. Appear to stand still at any time?	Yes	No x	Don't Know
b. Suddenly speed up and rush away at any time?	Yes	No x	Don't Know
c. Break up into parts or explode?	Yes	No x	Don't Know
d. Give off smoke?	Yes	No x	Don't Know
e. Change brightness?	Yes x	No	Don't Know
f. Change shape?	Yes	No x	Don't Know
g. Flash or flicker?	Yes	No x	Don't Know
h. Disappear and reappear ?	Yes	No x	Don't Know

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

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

14. Did the object appear: *(Circle One)*: a. Solid x 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 _____

b. Color silvery

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.

through a telescope

no definite direction — Object turned upside down and sideways as it moved across the sky

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

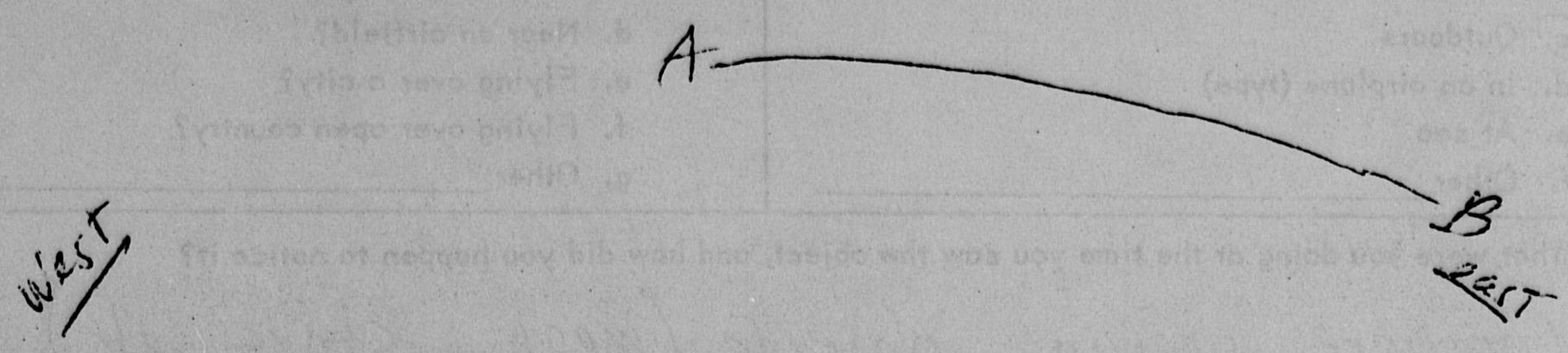
Through a telescope

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?

as large as a star or planet

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 the object

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

No

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.

I noted that its magnitude was practically the same as that of Saturn on the night of the sighting.

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?

We were viewing objects (moon, stars, etc.) through telescope. Suddenly, I looked up and saw a moving object.

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).

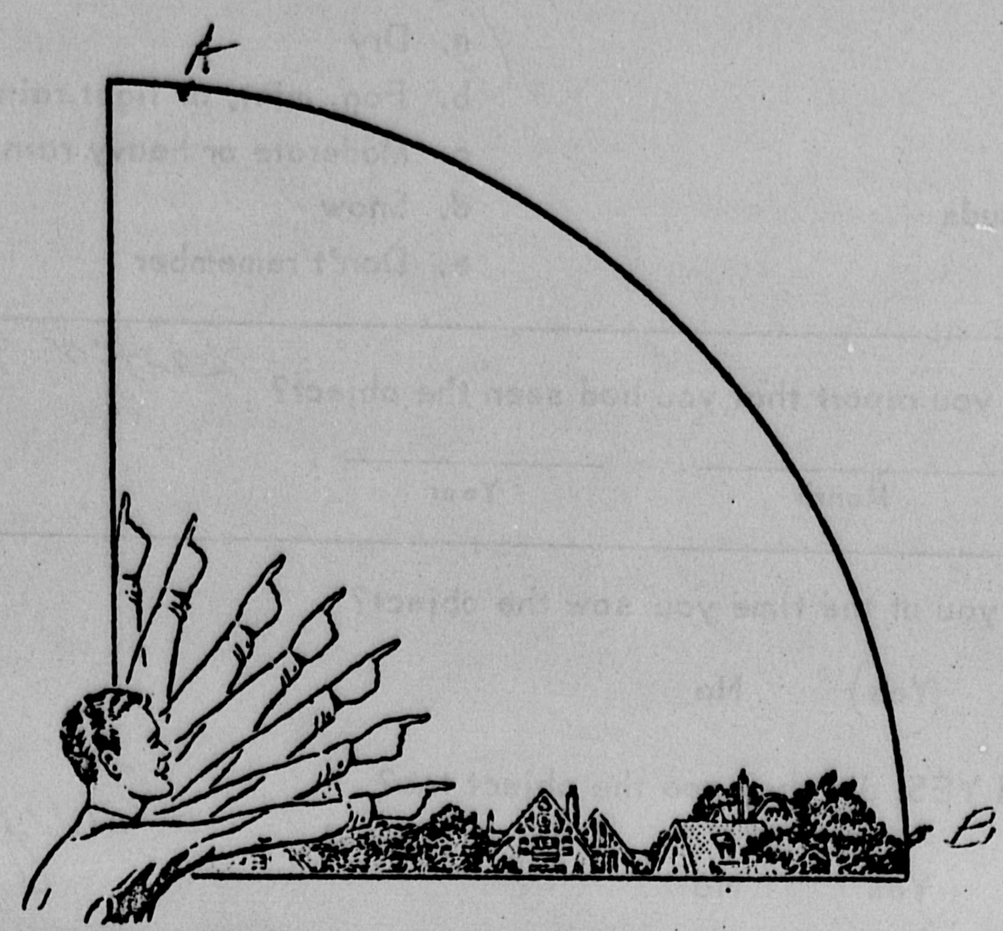
31.1 When it first appeared:

a. From true North 0 degrees.
b. From horizon 90 80 degrees.

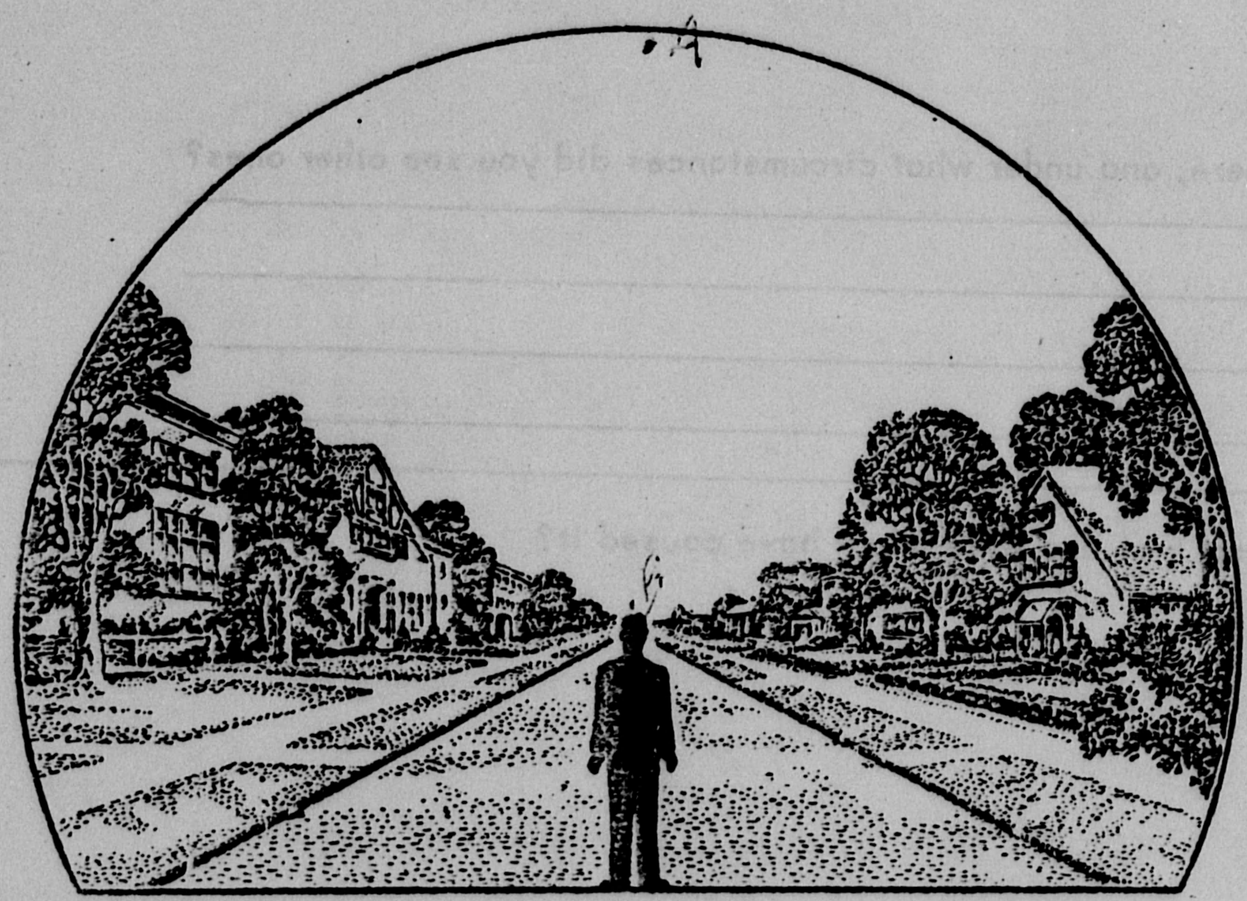
31.2 When it disappeared:

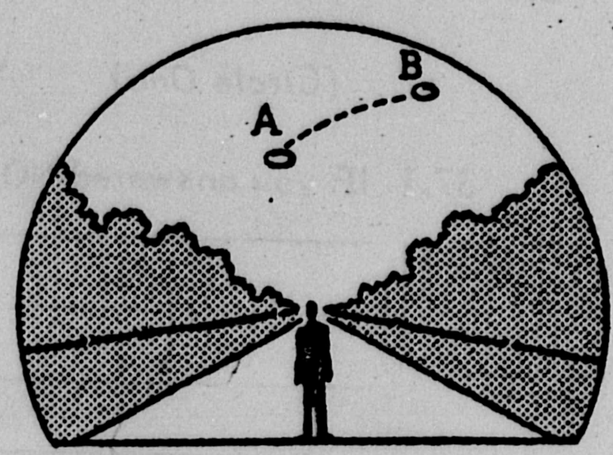
a. From true North 0 degrees.
b. From horizon 0 degrees.

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? Letter to NASA, OHIO, dated —

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 but not through telescope.

36.2 Please list their names and addresses [redacted]
Flushing 65, N.Y.

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?

Rocket Nose Cone

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 [redacted] (Last Name) [redacted] (First Name) [redacted] (Middle Name)

ADDRESS [redacted] Flushing (City) 65 (Zone) N.Y. (State)

TELEPHONE NUMBER [redacted]

Age 15 3/4 Sex Male

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

High School Senior, in honor science corps

42. Date you completed this questionnaire: 17 (Day) Sept. (Month) 1961 (Year)

U.S. AIR FORCE TECHNICAL INFORMATION SHEET

(SUMMARY DATA)

In order that your information may be filed and coded as accurately as possible, please use the following space to write out a short description of the event that you observed. You may repeat information that you have already given in the questionnaire, and add any further comments, statements, or sketches that you believe are important. Try to present the details of the observation in the order in which they occurred. Additional pages of the same size paper may be attached if they are needed.

NAME [redacted]
(Please Print)

SIGNATUR [redacted]

DATE 9-16-61

(Do Not Write in This Space)

CODE: