PROJECT 10073 RECORD CARD

1. DATE 4 Sep 61	**2. LOCATION** Springfield, Ohio	**12. CONCLUSIONS** ☐ Was Balloon ☐ Probably Balloon ☐ Possibly Balloon ☐ Was Aircraft ☐ Probably Aircraft ☐ Possibly Aircraft ☐ Was Astronomical ANTARES ☒ Probably Astronomical ☐ Possibly Astronomical ☐ Other_____ ☐ Insufficient Data for Evaluation ☐ Unknown
3. DATE-TIME GROUP Local 2015 GMT 050115Z	**4. TYPE OF OBSERVATION** ☒ Ground-Visual ☐ Ground-Radar ☐ Air-Visual ☐ Air-Intercept Radar	
5. PHOTOS ☐ Yes ☒ No	**6. SOURCE** Civilian	
7. LENGTH OF OBSERVATION 1 hr	**8. NUMBER OF OBJECTS** 1 / **9. COURSE** SW	

10. BRIEF SUMMARY OF SIGHTING Objt brighter than star viewed for 1 hr, size of evening star. Changing color--white to yellow; jumping around.

11. COMMENTS Although reported by 1 individual and info does not include elev, this Center has received several reports on varied days of star Antares (which is in SW) fm Dayton area all with these same reported characteristics. It is believed that this is an additional report of star Antares, mag +1.2 at this time.

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?

4 Sept (Day) _____ (Month) 1961 (Year)

2. Time of day: 20 (Hour) 15 (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] Main (Nearest Postal Address) Springfield (City or Town) Ohio (State or Country)

Additional remarks: _____

5. How long was object in sight? 1 (Hours) _____ (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
a. Bright
b. Cloudy

NIGHT
a. Bright
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? yes

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: Telephone Pole

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 _____

b. Color Changed from grey to white to yellow

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.

like star flinking

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.

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?

It was glittering + drew attention

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.

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?

evening 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?

due to distance

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.

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 First Name Middle Name

ADDRESS _____ _____ _____ _____
Street City Zone State

TELEPHONE NUMBER [redacted]

Age _____ Sex _____

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?

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 _____
(Please Print)

SIGNATURE _____

DATE _____

(Do Not Write in This Space)

CODE:

Called Highway Patrol. They said There was an accident in that area, but they had no helicopter out. Policeman on the scene said he saw nothing.

Received another call on same object.