PROJECT 10073 RECORD CARD

1. DATE 11 Sep 61	2. LOCATION Englewood Hills, Ohio	12. CONCLUSIONS ☐ Was Balloon ☐ Probably Balloon ☐ Possibly Balloon ☐ Was Aircraft ☐ Probably Aircraft ☐ Possibly Aircraft ☒ Was Astronomical (S/P) ☐ Probably Astronomical ☐ Possibly Astronomical ☐ Other_____ ☐ Insufficient Data for Evaluation ☐ Unknown
3. DATE-TIME GROUP Local 2100 GMT 12/0200Z	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 hrs	8. NUMBER OF OBJECTS 2	9. COURSE NW

10. BRIEF SUMMARY OF SIGHTING 2 lights observed for about 2 hrs. with 1 disappearing, both in NW. Same objts viewed all last week. Described only as lights w/changing brightness.

11. COMMENTS Sighting was obviously of astronomical bodies due to presence in same location on sucessive days and observation of relatively long durations (2 hrs.) Planet Venus and 1st Mag Star Capella are in locations described by witness.

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?

11 (Day) Sept (Month) 61 (Year)

2. Time of day: 21 (Hour) 00 (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] Way (Nearest Postal Address) Englewood Hills (City or Town) Ohio (State or Country)

Additional remarks: _____

5. How long was object in sight? 3 2 (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	NIGHT
a. Bright	(a) Bright
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 Visual		

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.

Object stationary

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

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?

2 objects one disappeared

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?

Playing record player - looked up
Observed same object all last week

28. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

NA 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).

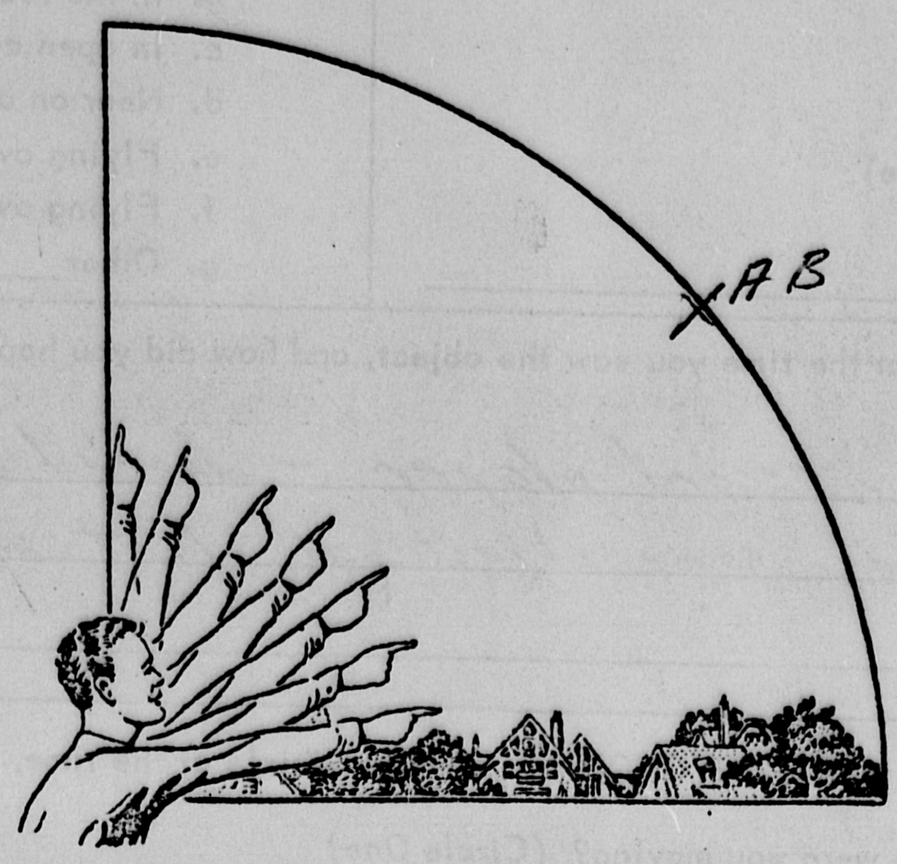
31.1 When it first appeared:

a. From true North 45 degrees.
b. From horizon 45 degrees.

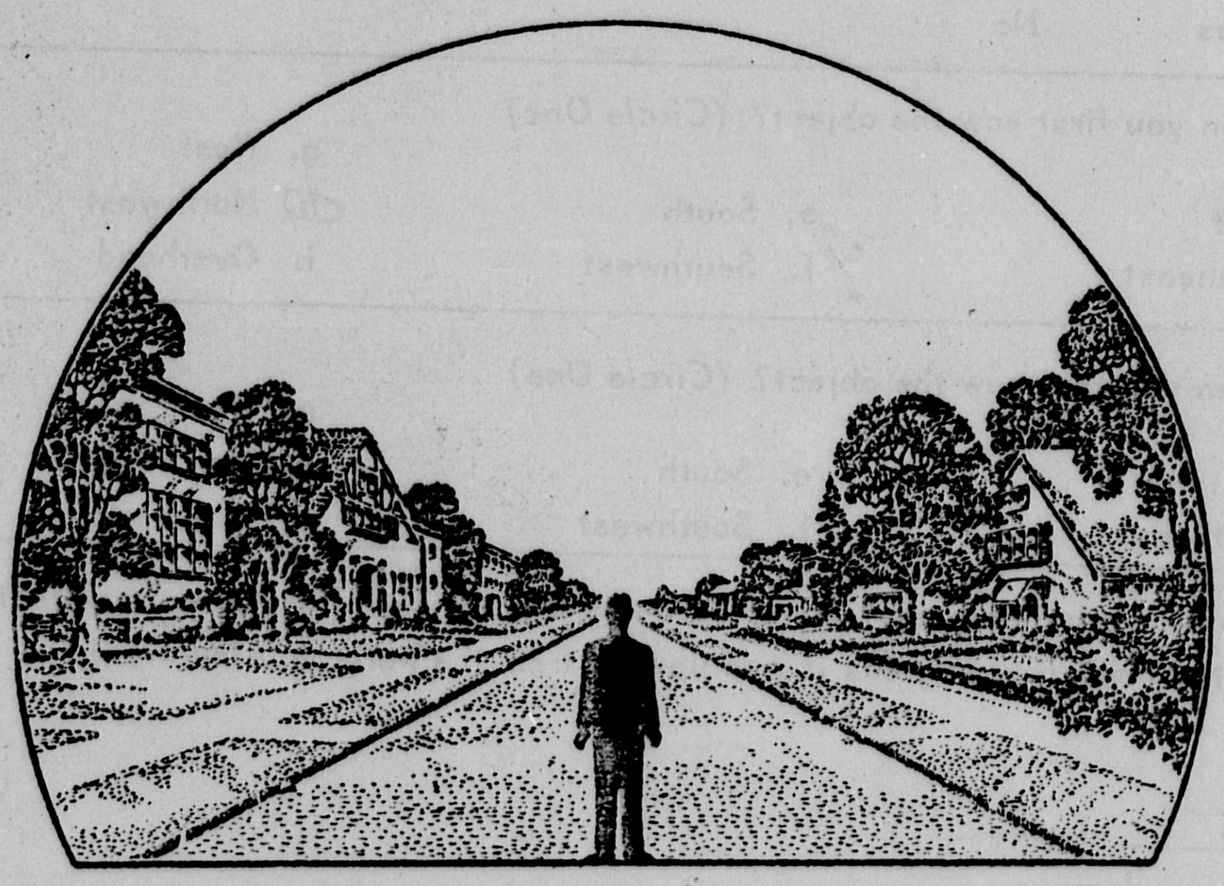
31.2 When it disappeared:

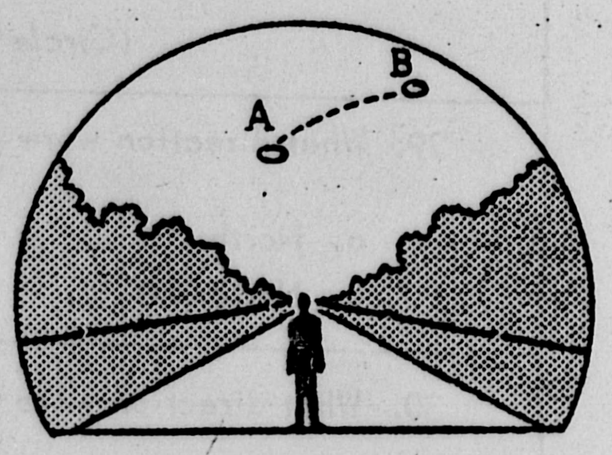
a. From true North _____ degrees.
b. From horizon _____ degrees.

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.





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 _____ _____ Middle Name

ADDRESS [redacted] Englewood Hills City _____ Zone _____ Ohio State

TELEPHONE NUMBER _____

Age _____ Sex _____

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

42. Date you completed this questionnaire: 11 Day Sept. Month 61 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?

Same object all last week

38. In your opinion what do you think the object was and what might have caused it?