

PROJECT 10073 RECORD

1. DATE - TIME GROUP 29 Oct 54 29/2220Z	2. LOCATION OLMSTED AFB, PENNSYLVANIA
3. SOURCE MILITARY	10. CONCLUSION PROBABLY BALLOON
4. NUMBER OF OBJECTS ONE	
5. LENGTH OF OBSERVATION 30 MINUTES	11. BRIEF SUMMARY AND ANALYSIS White, appeared transparent. Appeared to have string hanging from bottom. Disappeared with darkness.
6. TYPE OF OBSERVATION GROUND VISUAL	COMMENTS: All indications from observers report suggest a balloon. (Film also received, Videon)
7. COURSE SW	(Where is film?)
8. PHOTOS <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No VIDEON	See Film: 7-3745-459
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input type="checkbox"/> No	(FILM IN SPECIMEN FILE)

FORM

FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.

GLMSTED AFB, PENN

29 OCT 54

CASE INCLUDES FILM IN

SEPARATE FOLDER

File

Oct. 29, 1954

D/HST-04A AFB, Pennsylvania

Observer - Military

File # 1003412

In custody of Audio-Visual Division

1975

Muti

29/1720 GLASTERS/PENNA

Form A

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?

29 October 1954
Day Month Year

2. Time of day:

17 20
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

4. Where were you when you saw the object?

Nearest Postal Address City or Town State or Country
Additional remarks: Olmsted AFB, Middletown Penna.

5. Estimate how long you saw the object.

0 30 -
Hours Minutes Seconds

5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.

a. Certain ☒ b. Fairly certain
c. Not very sure
d. 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, or DAWN, 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

8. IF you saw the object at NIGHT, TWILIGHT, or DAWN, 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. Was the object brighter than the background of the sky?

(Circle One):

☒ a. Yes

b. No

c. Don't remember

10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile headlight?:

(Circle One) a. A mile or more away (a distant car)?

☒ b. Several blocks away?

c. A block away?

d. Several yards away?

e. Other

11. Did the object:

(Circle One for each question)

- | | | | |
|---|--------------------------------------|-------------------------------------|------------|
| a. Appear to stand still at any time? | <input checked="" type="radio"/> Yes | No | Don't Know |
| b. Suddenly speed up and rush away at any time? | Yes | <input checked="" type="radio"/> No | Don't Know |
| c. Break up into parts or explode? | Yes | <input checked="" type="radio"/> No | Don't Know |
| d. Give off smoke? | Yes | <input checked="" type="radio"/> No | Don't Know |
| e. Change brightness? | Yes | <input checked="" type="radio"/> No | Don't Know |
| f. Change shape? | Yes | <input checked="" type="radio"/> No | Don't Know |
| g. Flicker, throb, or pulsate? | Yes | <input checked="" type="radio"/> No | Don't Know |

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

(Circle One):

Yes

☒ No

Don't Know.

IF you answered YES, then tell what

it moved in front of: _____

14. Did the object appear: (Circle One):

a. Solid?

☒ b. Transparent?

c. Don't Know.

15. Did you observe the object through any of the following?

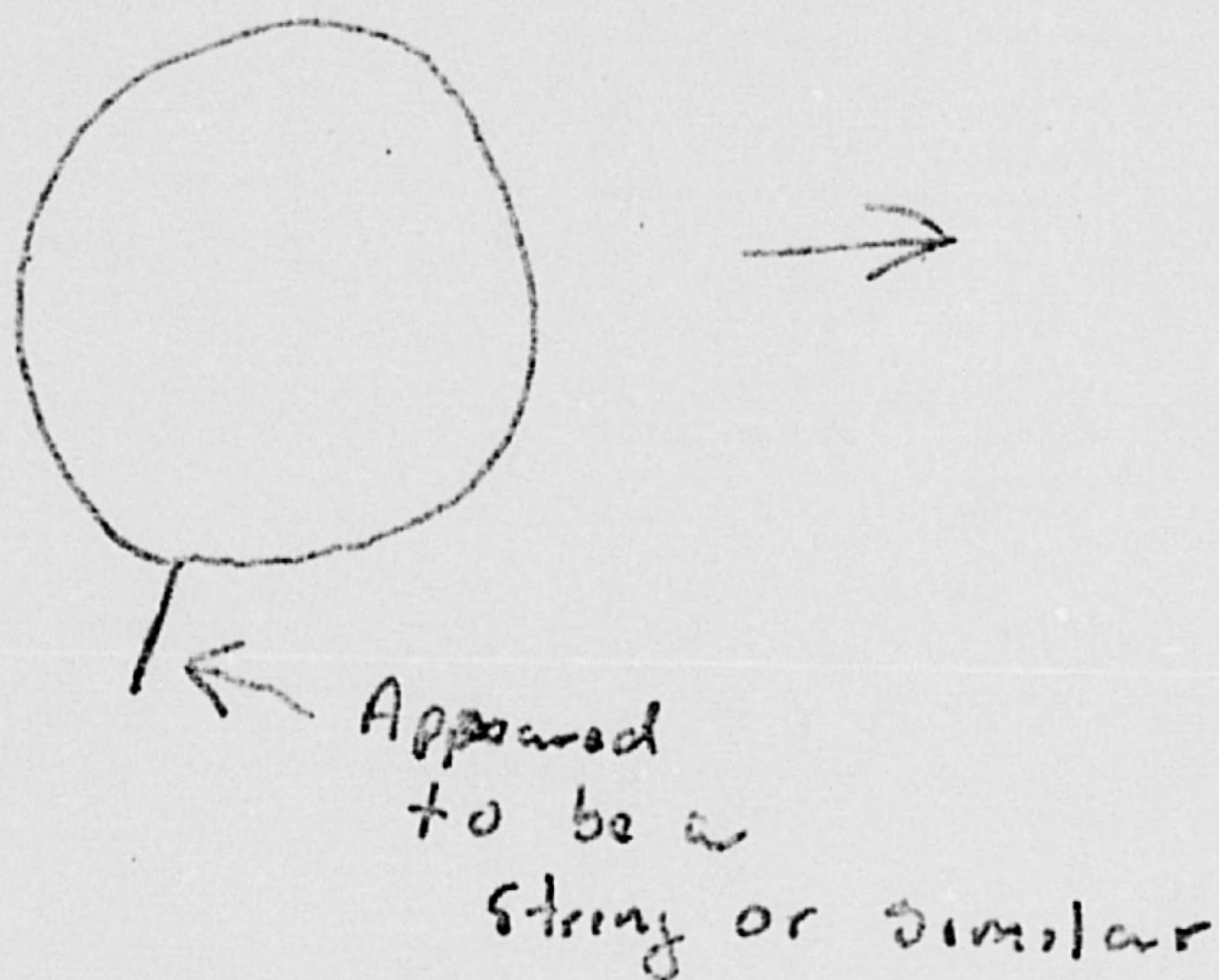
- | | | | | | |
|-----------------|-----|----|----------------|--------------------------------------|----|
| a. Eyeglasses | Yes | No | e. Binoculars | <input checked="" type="radio"/> Yes | No |
| b. Sun glasses | Yes | No | f. Telescope | Yes | No |
| c. Windshield | Yes | No | g. Theodolite | Yes | 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 Transparent

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.



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? X
 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. IF POSSIBLE, try to guess or estimate what the real size of the object was in its longest dimension.
6 feet.

22. How large did the object or objects appear as compared with one of the following objects *held in the hand* and at about arm's length?

(Circle One):

- | | |
|---|------------------|
| a. Head of a pin | g. Silver dollar |
| b. Pea | h. Baseball |
| c. Dime | i. Grapefruit |
| d. Nickel | j. Basketball |
| e. Quarter | k. Other _____ |
| <input checked="" type="radio"/> f. Half dollar | |

- 22.1 (Circle One of the following to indicate how certain you are of your answer to Question 22.

- | | |
|--|------------------|
| a. Certain | c. Not very sure |
| <input checked="" type="radio"/> b. Fairly certain | d. Uncertain |

23. How did the object or objects disappear from view? Darkness caused the
object to disappear from view

24. In order that you can give as clear a picture as possible of what you saw, we would like for you to imagine that you could construct the object that you saw. Of what type material would you make it? How large would it be, and what shape would it have? 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.

Wx ballon

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
- f. Other Control Tower

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?
- g. Other At AFB Control Tower

27. What were you doing at the time you saw the object, and how did you happen to notice it?

On normal duty.

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 | c. East | e. South | g. West |
| b. Northeast | d. Southeast | f. Southwest | 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 | c. East | e. South | g. West |
| b. Northeast | d. Southeast | <input checked="" type="radio"/> f. Southwest | h. Northwest |

30. What direction were you looking when you last saw the object? (Circle One)

- | | | | |
|--------------|--------------|---|--------------|
| a. North | c. East | e. South | g. West |
| b. Northeast | d. Southeast | <input checked="" type="radio"/> f. Southwest | h. Northwest |

31. If you are familiar with bearing terms (angular direction), try to estimate the number of degrees the object was from true North and also the number of degrees it was upward from the horizon (elevation).

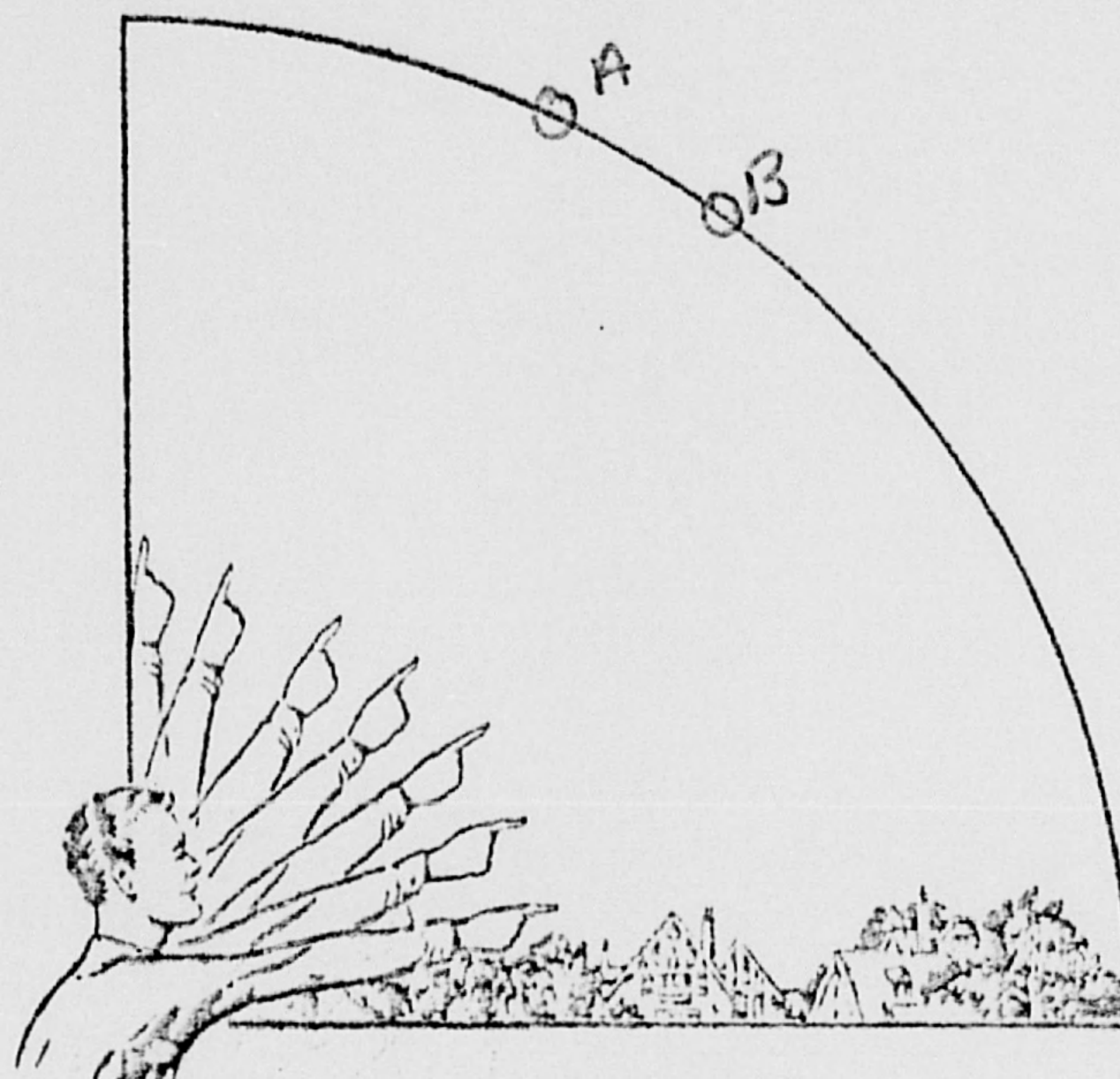
31.1 When it first appeared:

- a. From true North 210 degrees.
- b. From horizon 60 degrees.

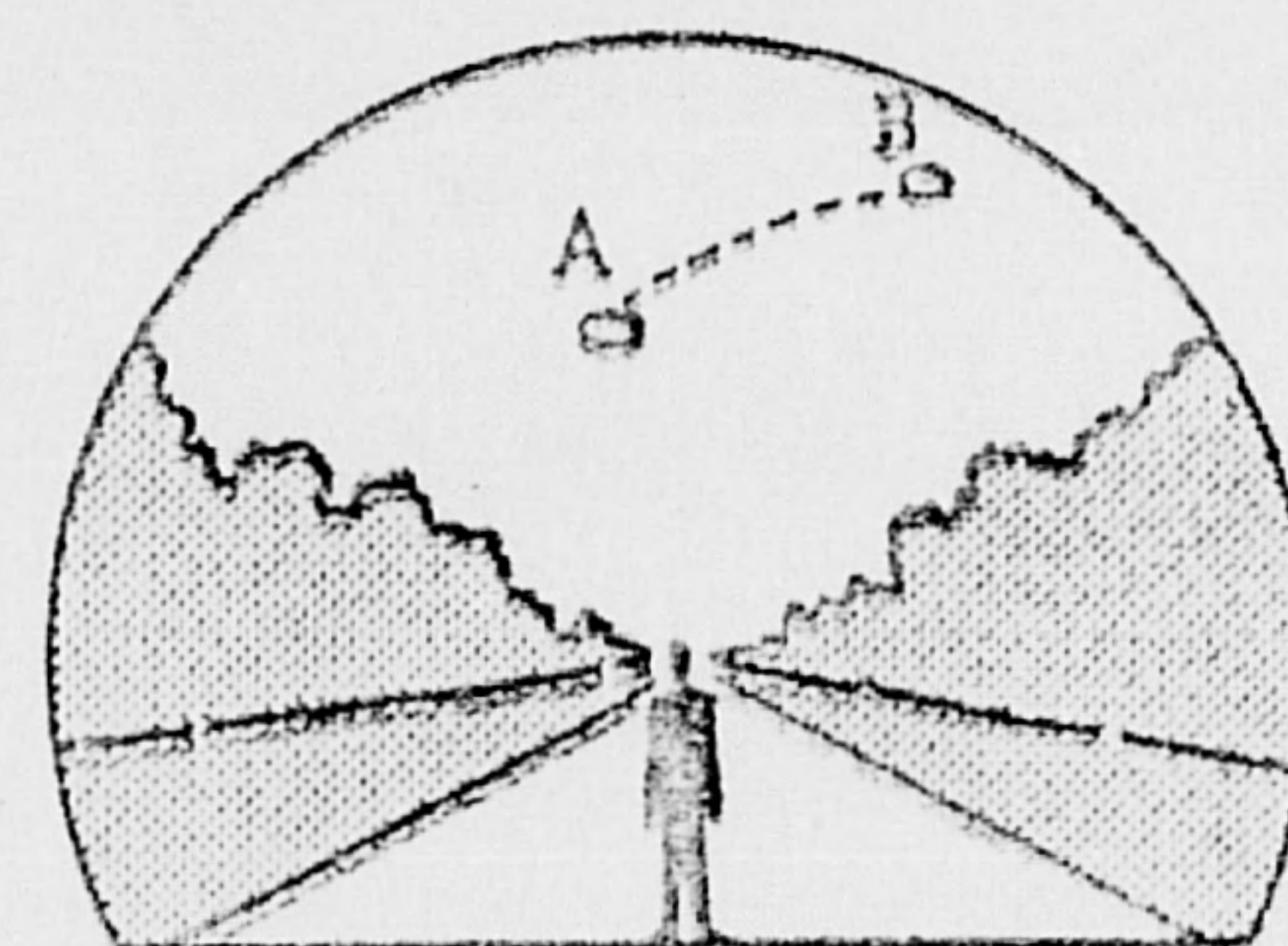
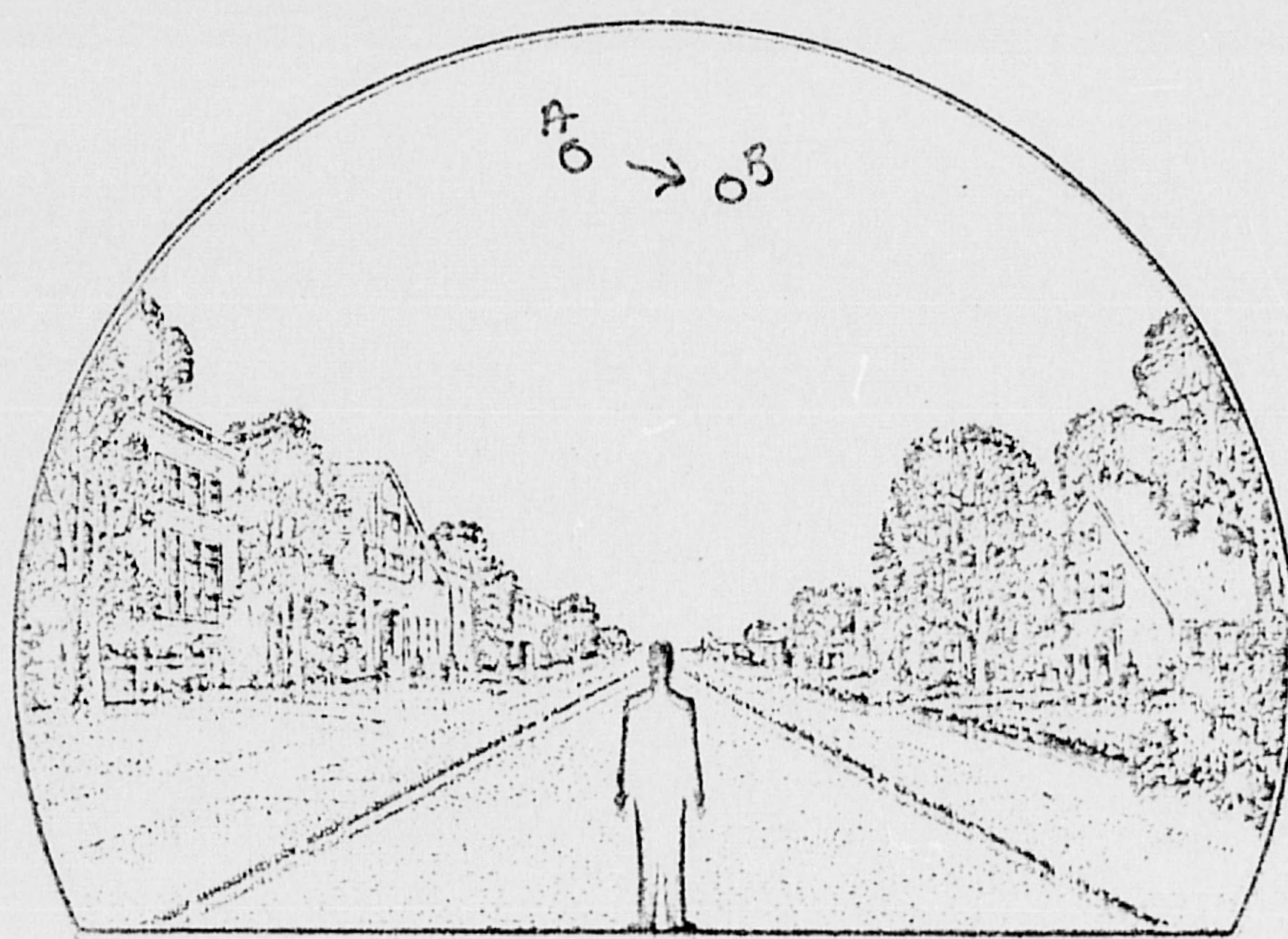
31.2 When it disappeared:

- a. From true North 240 degrees.
- b. From horizon 50 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?

E 40 @ 15 55/45

34.1 CLOUDS (Circle One)

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds
- e. Don't remember

34.2 WIND (Circle One)

W 7 29.65

- a. No wind
- b. Slight breeze
- c. Strong wind
- d. Don't remember

34.3 WEATHER (Circle One)

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

34.4 TEMPERATURE (Circle One)

- a. Cold
- b. Cool
- c. Warm
- d. Hot
- e. Don't remember

35. When did you report to some official that you had seen the object?

29 October 1951
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:

S/Sgt [redacted]
[redacted] AACS Det
Olmsted AFB, Middletown
Penna.

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?

Normal duty approximately 3 months ago
same type object

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

Wx balloon reflecting sunlight from below the
horizon

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? _____ m.p.h.

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? _____ feet.

41. Please give the following information about yourself:

NAME _____
Last Name First Name Middle Name

ADDRESS _____
Street City Zone State

TELEPHONE NUMBER _____

What is your present job? Control Tower Operator

Age 24 Sex Male

Please indicate any special educational training that you have had.

a. Grade school _____

b. High school X

c. College _____

d. Post graduate _____

e. e. Technical school Control Tower 27231

(Type) Tower Operator

f. Other special training Air Traffic Control 27230

Electronic Fundamentals 30220

42. Date you completed this questionnaire:

29 Oct 1954
Day Month 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) A/IC

(Do Not Write in This Space)

CODE:

SIGNATURE

[REDACTED]

DATE

29 October 1954