

PROJECT 10073 RECORD CARD

1. DATE <u>10 August 1957</u>	2. LOCATION <u>Syracuse, Indiana</u>	12. CONCLUSIONS	
3. DATE-TIME GROUP Local <u>2000 EST</u> GMT <u>11/0100Z</u>	4. TYPE OF OBSERVATION <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar	<input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon <input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft <input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical <input type="checkbox"/> Other <input checked="" type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown	
5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. SOURCE <u>Civilian</u>		
7. LENGTH OF OBSERVATION <u>unknown</u>	8. NUMBER OF OBJECTS <u>one</u>	9. COURSE	
10. BRIEF SUMMARY OF SIGHTING One object looked like a balloon with black circle.		11. COMMENTS Very meager information. Cannot make an evaluation.	

U. S. AIR FORCE TECHNICAL INFORMATION SHEET

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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?			2. Time of day: <u>7000</u>	
<u>10</u>	<u>August</u>	<u>1957</u>	Hour	Minutes
Day	Month	Year	(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?				
<u>Syracuse</u> Nearest Postal Address			<u>(Lake WAWA-SEE)</u> City or Town	State or Country
Additional remarks: _____				
5. Estimate how long you saw the object.				
Hours		Minutes	Seconds	
5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.				
(Circle One): a. Certain b. Fairly certain		c. Not very sure d. Just a guess		
6. What was the condition of the sky? <u>Clear</u>				
(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):

8.2 MOON (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

- 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?
- b. Suddenly speed up and rush away at any time?
- c. Break up into parts or explode?
- d. Give off smoke?
- e. Change brightness?
- f. Change shape?
- g. Flicker, throb, or pulsate?

Yes

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
b. Sun glasses	Yes	No
c. Windshield	Yes	No
d. Window glass	Yes	No

e. Binoculars	Yes	No
f. Telescope	Yes	No
g. Theodolite	Yes	No
h. Other _____		

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

a. Sound _____

b. Color _____

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.

Two objects follow with trail

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.

34. What were the weather conditions at the time you saw the object?

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)

- 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?

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? *COULD HAVE BEEN BALLOON*

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 _____ INDIANA

TELEPHONE NUMBER _____

What is your present job? NEWSDAPR R

Age _____ Sex _____ M

Please indicate any special educational training that you have had.

a. Grade school _____

e. e. Technical school _____

b. High school _____

(Type) _____

c. College _____

f. Other special training _____

d. Post graduate _____

42. Date you completed this questionnaire:

Day _____ Month _____ Year _____