

## PROJECT 10073 RECORD CARD

1. DATE 4 November 1958	2. LOCATION E of Columbus, Ohio	12. CONCLUSIONS <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 checked="" type="checkbox"/> Was Astronomical Meteor <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical  <input type="checkbox"/> Other <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
3. DATE-TIME GROUP Local 2050 GMT 05/0150Z	4. TYPE OF OBSERVATION <input type="checkbox"/> Ground-Visual <input type="checkbox"/> Air-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Intercept Radar	
5. PHOTOS <input type="checkbox"/> Yes <input type="checkbox"/> No	6. SOURCE Military	
7. LENGTH OF OBSERVATION 3 seconds	8. NUMBER OF OBJECTS one	9. COURSE falling
10. BRIEF SUMMARY OF SIGHTING Round, green obj, size of head of pin to pea, falling straight down, hit ground & exploded giving white flash upon impact.		
11. COMMENTS Meteor.		

# STANDARD UFO QUESTIONNAIRE

## 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?  <u>7</u> <u>NOV</u> <u>58</u> Day Month Year			2. Time of day: <u>20</u> <u>50</u> Hour Minutes (Circle One): A.M. or P.M.
3. Time zone: (Circle One): a. Eastern b. Central c. Mountain d. Pacific e. Other			
4. Where were you when you saw the object?  <u>WALL Mtn # 42</u> Nearest Postal Address      City or Town      State or Country Additional remarks:			
5. Estimate how long you saw the object. <u>13</u> Hours Minutes Seconds			
5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.  a. Certain      c. Not very sure b. Fairly certain      d. Just a guess			
6. What was the condition of the sky?  (Circle One): a. Bright daylight      d. Just a trace of daylight b. Dull daylight      e. No trace of daylight c. Bright twilight      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      d. To your left b. In back of you      e. Overhead c. To your right      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 *WATER light at night*

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. Flicker, throb, or pulsate?	Yes	No	Don't Know

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

(Circle One): Yes  
it moved behind: \_\_\_\_\_

No

Don't Know.

IF you answered YES, then tell what

13. Did the object move in front of something at anytime, particularly a cloud?

(Circle One): Yes  
it moved in front of: \_\_\_\_\_

No

Don't Know.

IF you answered YES, then tell what

14. Did the object appear: (Circle One): a. Solid? *float* b. Transparent? c. 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 none

b. Color (green) white flash on impact)

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? 1/4  
Draw a picture of how they were arranged, and put an arrow to show the direction that they were travelling.

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.  
\_\_\_\_\_ 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  
 b. Pea  
 c. Dime  
 d. Nickel  
 e. Quarter  
 f. Half dollar

g. Silver dollar  
 h. Baseball  
 i. Grapefruit  
 j. Basketball  
 k. Other \_\_\_\_\_

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

a. Certain  
 b. Fairly certain  
 c. Not very sure  
 d. Uncertain

23. How did the object or objects disappear from view? HIT Ground & exploded

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.

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 \_\_\_\_\_

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 \_\_\_\_\_

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

*Flying & noticed out left corner of eye*

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	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	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 50 degrees.
- b. From horizon 15 degrees.

31.2 When it disappeared:

- a. From true North 22 degrees.
- b. From horizon 13 degrees.

30000 ft 3000 mag

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

34.1 CLOUDS (Circle One)

- a. Clear sky
- b. Hazy - ~~little~~
- 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 ~~about 2000 ft~~ 270°
- 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?

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

• floating star

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? 2000 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? 170 miles 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? Flight Test Pilot

Age 35 Sex M

Please indicate any special educational training that you have had.

a. Grade school ✓

e. e. Technical school \_\_\_\_\_

b. High school ✓

(Type) EXR. FLT. TEST SCH.

c. College ✓

f. Other special training \_\_\_\_\_

d. Post graduate \_\_\_\_\_

42. Date you completed this questionnaire:

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Flying at 30,000 feet heading 300 mag

Alley F-26-L

Between Gordonsville, Va. & Columbus, Ohio  
opposite Morgantown, W. Va.