

# 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"/> Ground-Radar <input checked="" type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar			
5. PHOTOS <input type="checkbox"/> Yes <input checked="" 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, valling 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?

7 NOV 58  
Day Month Year

2. Time of day:

20 50  
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?

see item # 42  
Nearest Postal Address 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.

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 *within 100 ft*

11. Did the object:

(Circle One for each question)

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

b. Transparent?

c. Don't Know.

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

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

round

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

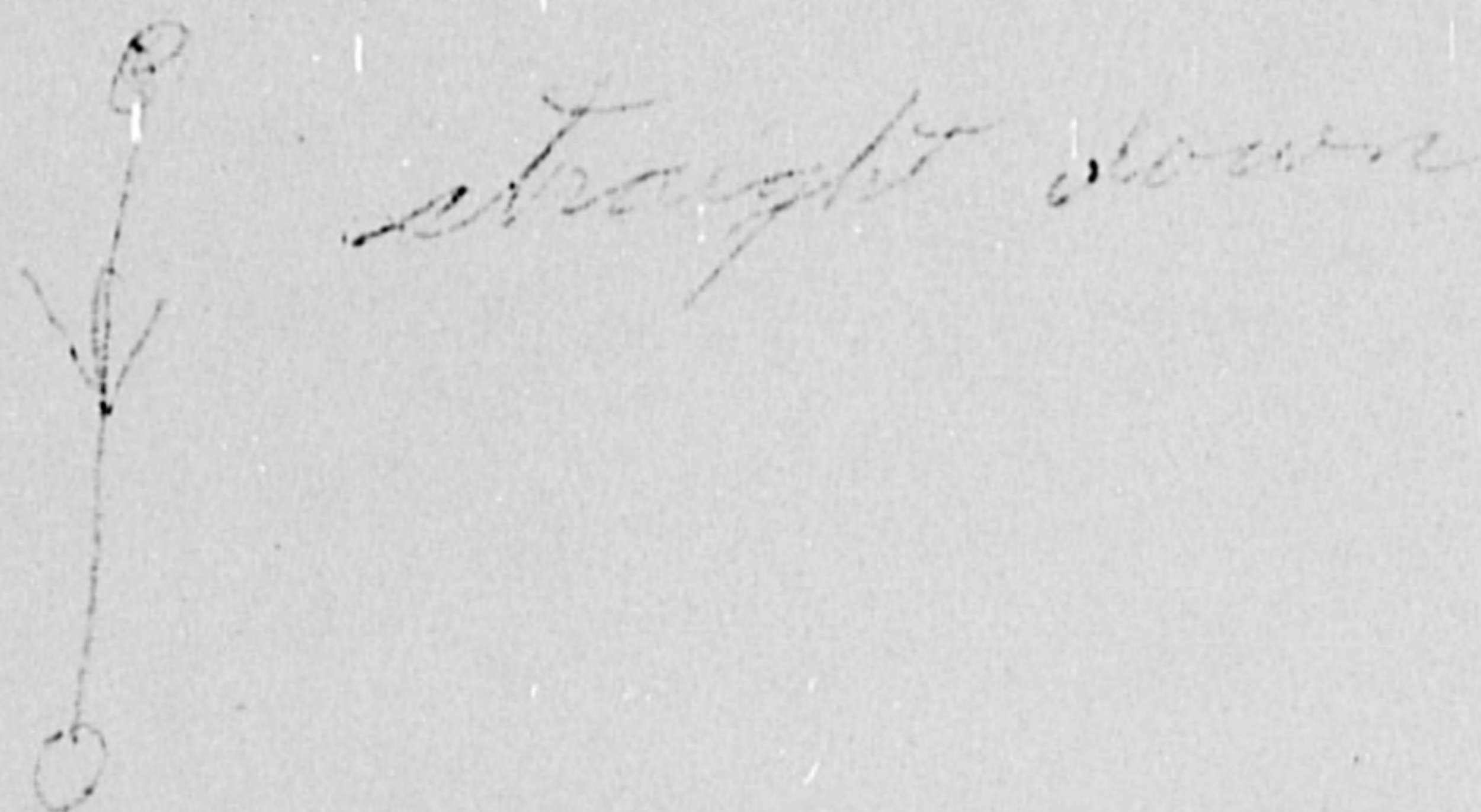
e. Other

19. IF there was MORE THAN ONE object, then how many were there? ONE

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.  
\_\_\_\_\_ 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 | <input checked="" type="radio"/> 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 225 degrees.
- b. From horizon 15 degrees.

31.2 When it disappeared:

- a. From true North 225 degrees.
- b. From horizon 0 degrees.



30000 ft 300 mi

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 *WIND @ 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?

*4*  
\_\_\_\_\_  
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?

*heating 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? 2,000 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? 150 Miles feet.

41. Please give the following information about yourself:

NAME [REDACTED] [REDACTED] [REDACTED]  
Last Name First Name Middle Name

ADDRESS [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
Street City Zone State

TELEPHONE NUMBER [REDACTED]

What is your present job? Flight Test Pilot

Age 35 Sex N

Please indicate any special educational training that you have had.

- |  |   |
|--|---|
| a. Grade school <u>✓</u>                     | e. e. Technical school <u>                    </u>    |
| b. High school <u>✓</u>                      | (Type) <u>EXP. FLT. Test Sch.</u>                     |
| c. College <u>✓</u>                          | f. Other special training <u>                    </u> |
| d. Post graduate <u>                    </u> | <u>                    </u>                           |

42. Date you completed this questionnaire:

Flying at 30,000 feet heading 300 mag  
Day Month Year

ALWAY J-26-L

BETWEEN Gordonsville VA, & Columbus, OHIO  
OPPOSITE MORGAN TOWN, W. VA.