

PROJECT 10073 RECORD CARD

1. DATE 10 Oct 60		2. LOCATION Kenton, Ohio		12. CONCLUSIONS ☐ Was Balloon ☐ Probably Balloon ☐ Possibly Balloon	
3. DATE-TIME GROUP Local 2230 GMT 11/0330Z		4. TYPE OF OBSERVATION ☒ Ground-Visual ☐ Ground-Radar ☐ Air-Visual ☐ Air-Intercept Radar		☐ Was Aircraft ☒ Probably Aircraft ☐ Possibly Aircraft	
5. PHOTOS ☐ Yes ☒ No		6. SOURCE Civilian		☐ Was Astronomical ☐ Probably Astronomical ☐ Possibly Astronomical	
7. LENGTH OF OBSERVATION 3-5 min		8. NUMBER OF OBJECTS three	9. COURSE W	☐ Other ☐ Insufficient Data for Evaluation ☐ Unknown	
10. BRIEF SUMMARY OF SIGHTING 3 objects appearing as lights, came into view in 15-20 min intervals. Color was like an electric light bulb, appeared to be the size of a big star. Disappeared behind trees about 100 ft away. Each object in sight for 3-5 min.			11. COMMENTS Probably a/c.		

MEMO ROUTING SLIP		NEVER USE FOR APPROVALS, DISAPPROVALS, CONCURRENCES, OR SIMILAR ACTIONS	
1 NAME OR TITLE	Major Friend	INITIALS	CIRCULATE
ORGANIZATION AND LOCATION	4E2	DATE	COORDINATION
2			FILE
			INFORMATION
3		XX	NECESSARY ACTION
			NOTE AND RETURN
4			SEE ME
			SIGNATURE
REMARKS The attached information was a part of the ATIC OD report for 10 Oct 60, submitted by Capt Miatech, USAF, 4F3a.			
FROM NAME OR TITLE	Sm Lt L H Steffenburg	DATE	31 OCT 1960
ORGANIZATION AND LOCATION	4X2	TELEPHONE	59117

DD FORM 95
1 FEB 50

Replaces DA AGO Form 895, 1 Apr 48, and AFHQ
Form 12, 10 Nov 47, which may be used.

48-16-74007-2
GPO

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?

10 Oct 60
Day Month Year

2. Time of day: 2230 +
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?

At home about Kenton, Ohio
Nearest Postal Address City or Town State or Country

Additional remarks: _____

5. How long was object in sight?

Hours

3-5 Min. Each
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

a. Bright
b. Cloudy

NIGHT

a. Bright
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

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?

JUST APPEARED TO LOOK LIKE AN electric light bulb

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): *like a light* 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 | | |

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

a. Sound No

b. Color Like an electric light bulb - not as blue as a star

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.

Couldn't distinguish see any shape

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

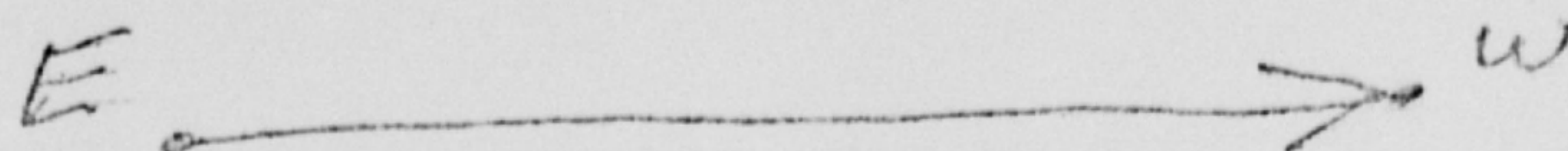
e. Other didn't see any

19. IF there was MORE THAN ONE object, then how many were there? 3

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

The three objects appeared in 15 to 20 minute intervals, moving east to west.

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

appeared to be the size of a big star

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?

couldn't say. It just looked like a big star moving across the sky.

23. Did the object disappear while you were watching it? If so, how?

moved behind trees about 100' away

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):

- ☒ Inside a building *2nd floor bedroom*
 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 *rural district*

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

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 | <i>Couldn't say</i> | g. West |
| b. Northeast | d. Southeast | e. South | h. Northwest |
| | | f. Southwest | i. Overhead |

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

- | | | | |
|--------------|--------------|---------------------|--------------|
| a. North | c. East | <i>Couldn't say</i> | g. West |
| b. Northeast | d. Southeast | e. South | h. Northwest |
| | | f. Southwest | 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 _____ degrees.
 b. From horizon _____ degrees.

Couldn't say

31.2 When it disappeared:

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

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

Renton Police

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?

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

Last Name

First Name

Middle Name

ADDRESS

Street

Kent
City

Zone

Ohio
State

TELEPHONE NUMBER

Age _____

Sex

F

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

42. Date you completed this questionnaire:

Day

Month

Year