[redacted]

PROJECT 10073 RECORD CARD

1. DATE: 3 Dec 60	2. LOCATION: Dayton, Ohio	12. CONCLUSIONS ☐ Was Balloon ☐ Probably Balloon ☐ Possibly Balloon ☐ Was Aircraft ☐ Probably Aircraft ☐ Possibly Aircraft ☐ Was Astronomical ☐ Probably Astronomical ☐ Possibly Astronomical ☐ Other ☒ Insufficient Data for Evaluation ☐ Unknown
3. DATE-TIME GROUP Local 2315 GMT 04/0415Z	4. TYPE OF OBSERVATION ☒ Ground-Visual ☐ Ground-Radar ☐ Air-Visual ☐ Air-Intercept Radar	
5. PHOTOS ☐ Yes ☒ No	6. SOURCE: Civilian	
7. LENGTH OF OBSERVATION: 4 min	8. NUMBER OF OBJECTS: one	9. COURSE: NW

10. BRIEF SUMMARY OF SIGHTING

A red ball of fire, shooting flame, changed from silver glow to reddish glow, sharply outlined. Disappeared by fading from sight.

11. COMMENTS

The originator of this report could not be contacted for further information. Since the data is so limited in nature, case is categorized as insufficient data.

ATIC FORM 329 (REV 26 SEP 52)

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?

2 / 2 / 1965
Day / Month / Year

2. Time of day: 1115 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?

[redacted] / Dr. Tow / [illegible]
Nearest Postal Address / City or Town / State or Country

Additional remarks: _____

5. How long was object in sight? _____ Hours 4 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	NIGHT
a. Bright	a. Bright
b. Cloudy	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?

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)*: 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

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.

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.

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?

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?

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

- Yes -

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)*:

a. Inside a building
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_____

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

Walking along and happen to look up

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
b. Northeast
c. East
d. Southeast
e. South
f. Southwest
g. West
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
b. Northeast
c. East
d. Southeast
e. South
f. Southwest
g. West
h. Northwest ✓
i. Overhead

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

a. North
b. Northeast
c. East
d. Southeast
e. South
f. Southwest
g. West
h. Northwest ✓
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).

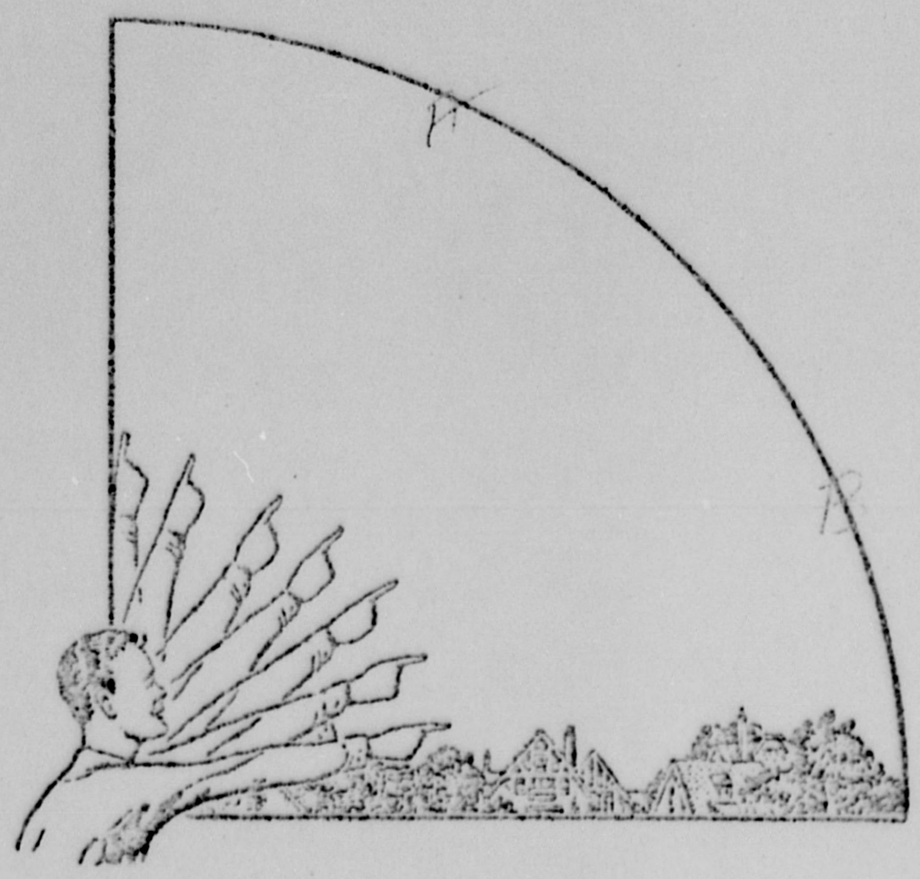
31.1 When it first appeared:

a. From true North_____degrees.
b. From horizon_____degrees.

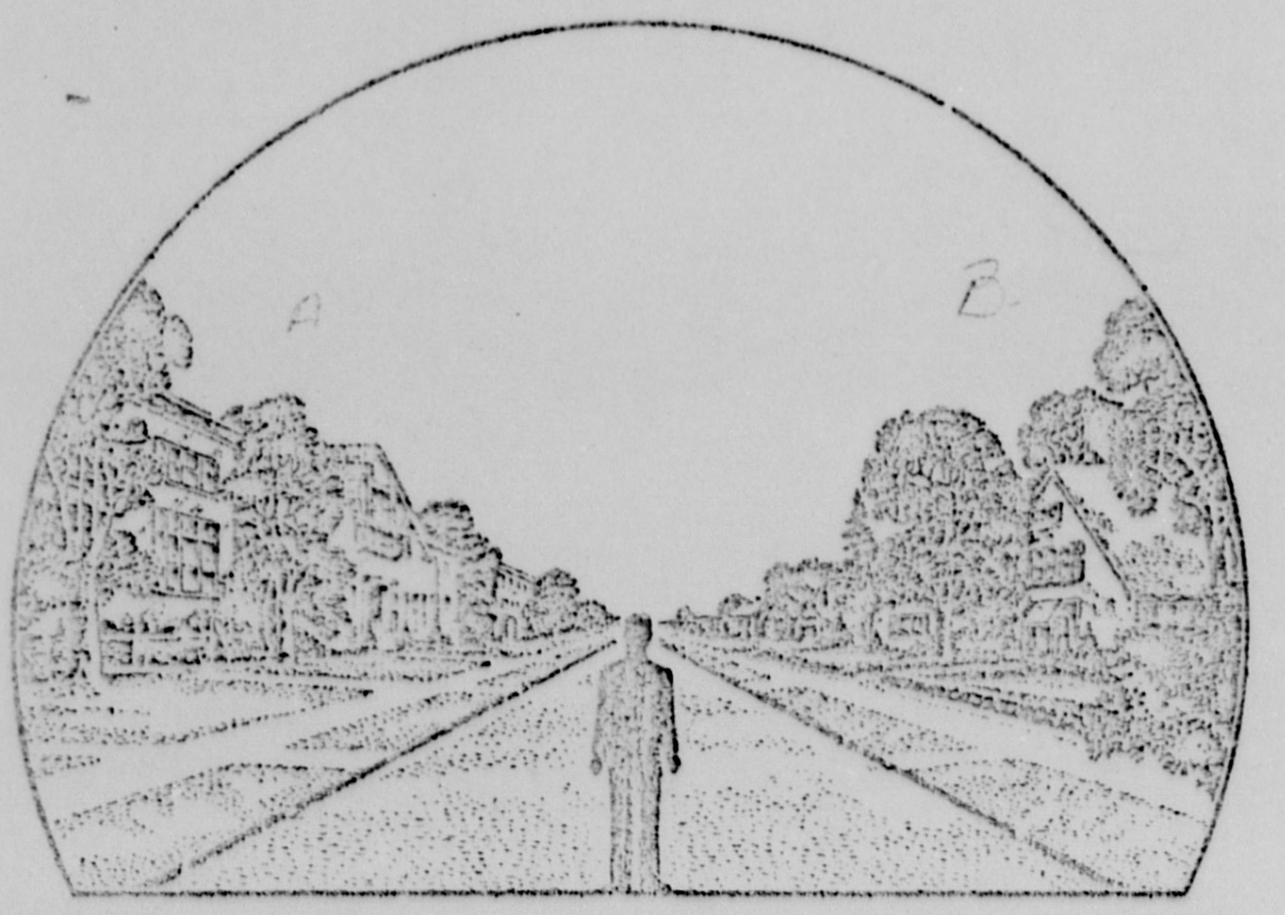
31.2 When it disappeared:

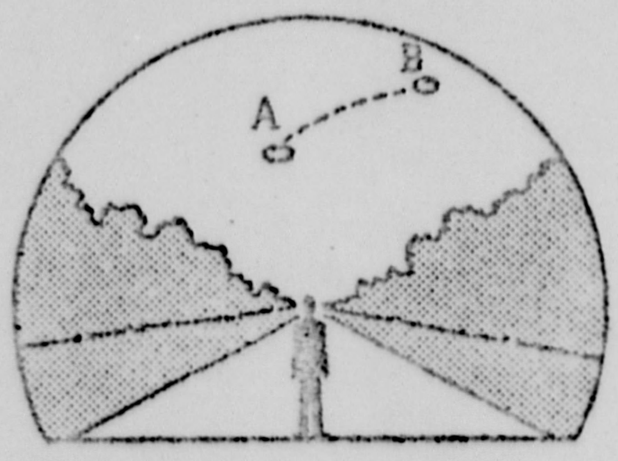
a. From true North_____degrees.
b. From horizon_____degrees.

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?

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?

3 (Day) Dec (Month) 60 (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:

[redacted]

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 [redacted] (Last Name) [redacted] (First Name) [redacted] (Middle Name)

ADDRESS [redacted] (Street) DAYTON (City) 2 (Zone) [redacted] (State)

TELEPHONE NUMBER _____

Age 18 Sex M

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

SENIOR IN HIGH SCHOOL

42. Date you completed this questionnaire: _____ (Day) _____ (Month) _____ (Year)