

**PROJECT 10073 RECORD CARD**

1. DATE 24 Oct 61	2. LOCATION Baltimore, Maryland	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 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
3. DATE-TIME GROUP Local 2130 GMT 25/0230Z	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	
5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. SOURCE Civilian	
7. LENGTH OF OBSERVATION	8. NUMBER OF OBJECTS 1	9. COURSE
10. BRIEF SUMMARY OF SIGHTING Obj appeared as flashing lights. White, green, and yellow, blinking in circular form. Like soup bowl with top.		11. COMMENTS Observers could not give complete info. Direction, altitude, speed, and flight characteristics left out. Reports contain insufficient data for evaluation.

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? about <u>24</u> <u>October</u> <u>1961</u> Day Month Year	2. Time of day: <u>9</u> <u>30</u> Hour Minutes (Circle One): A.M. or <u>P.M.</u>
3. Time Zone: (Circle One): a. <u>Eastern</u> b. Central c. Mountain d. Pacific e. Other	
(Circle One): a. Daylight Saving b. Standard	
4. Where were you when you saw the object? Nearest Postal Address <u>Port Huron</u> City or Town <u>Mich.</u> State or Country	
Additional remarks: _____	
5. How long was object in sight? _____ Hours _____ Minutes _____ Seconds	
5.1 How was time in sight determined? a. <u>Certain</u> 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. <u>Bright</u> 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?

No

11. Did the object:

(Circle One for each question)

a. Appear to stand still at any time?	Yes	<input type="radio"/> No	Don't Know
b. Suddenly speed up and rush away at any time?	Yes	<input type="radio"/> No	Don't Know
c. Break up into parts or explode?	Yes	<input type="radio"/> No	Don't Know
d. Give off smoke?	Yes	<input type="radio"/> No	Don't Know
e. Change brightness?	Yes	<input type="radio"/> No	Don't Know
f. Change shape?	Yes	<input type="radio"/> No	Don't Know
g. Flash or flicker?	<input type="radio"/> Yes	No	Don't Know
h. Disappear and reappear?	Yes	<input type="radio"/> 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?

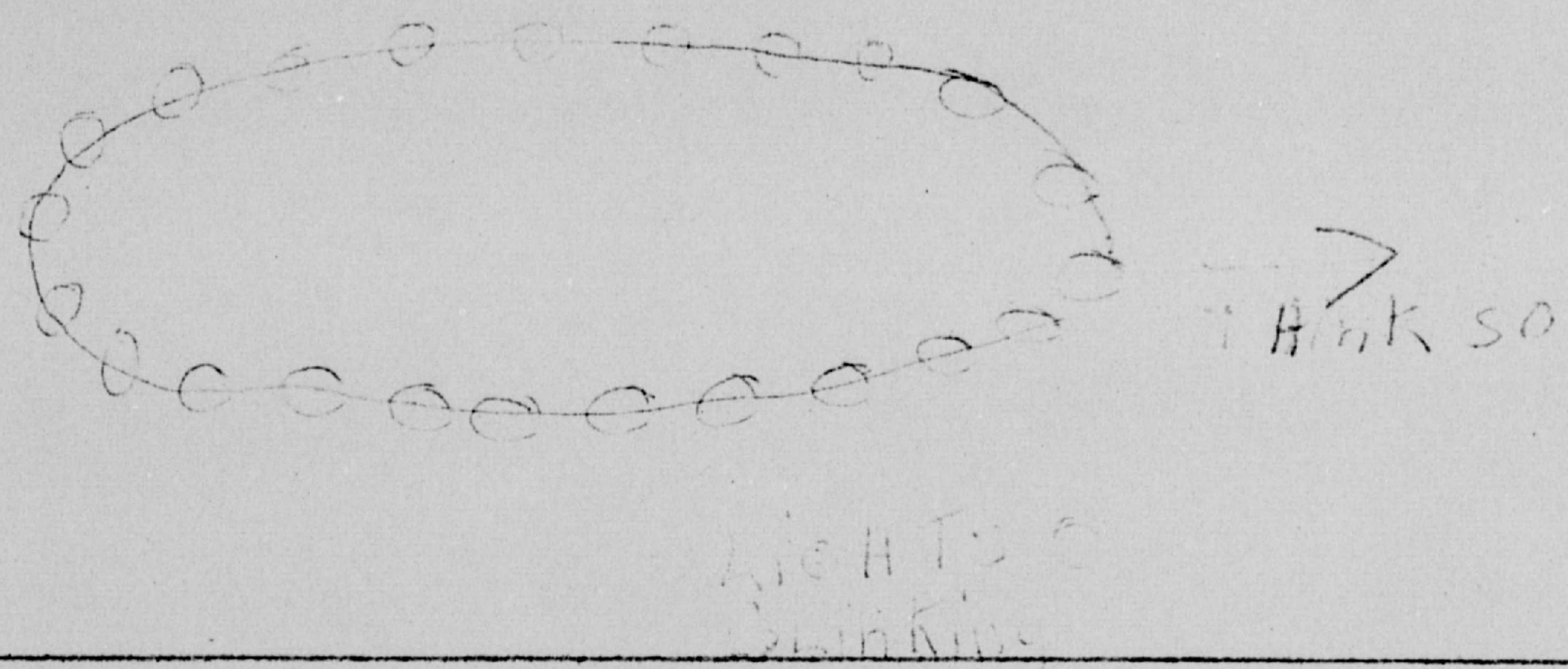
a. Eyeglasses	Yes	No	e. Binoculars	Yes	No
b. Sun glasses	Yes	No	f. Telescope	Yes	No
c. Windshield	Yes	No	g. Theodolite	Yes	No
d. Window glass	<input type="radio"/> Yes	No	h. Other _____		

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

a. Sound no sound

b. Color white

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.

A

B

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

Do not understand

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?

Do not understand

23. Did the object disappear while you were watching it? If so, how? *No*

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.

~~English~~ Saucer with tops

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?

in a car and noticed 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? 35 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)

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

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
			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:

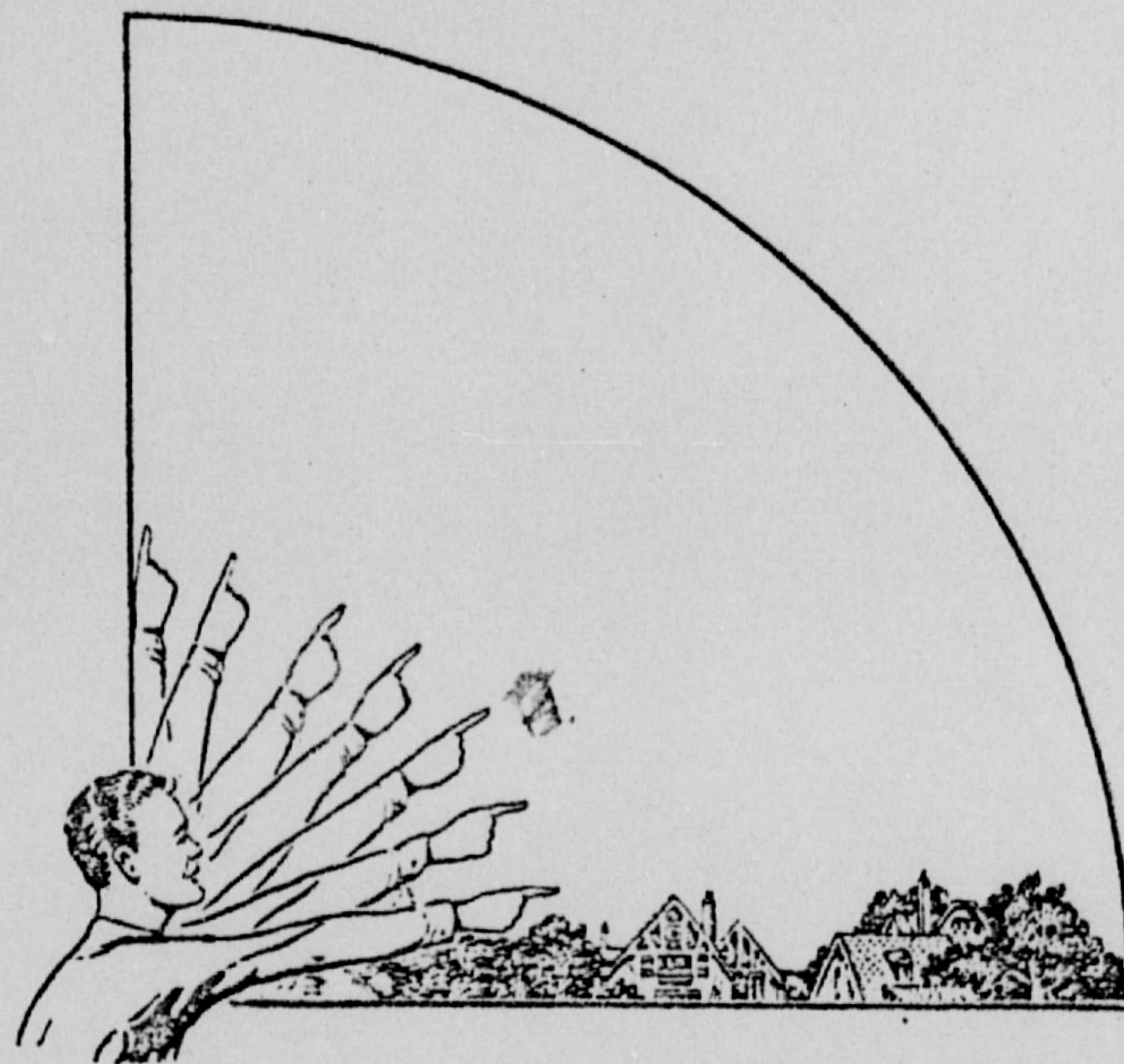
- a. From true North \_\_\_\_\_ degrees.
- b. From horizon \_\_\_\_\_ degrees.

Don't know

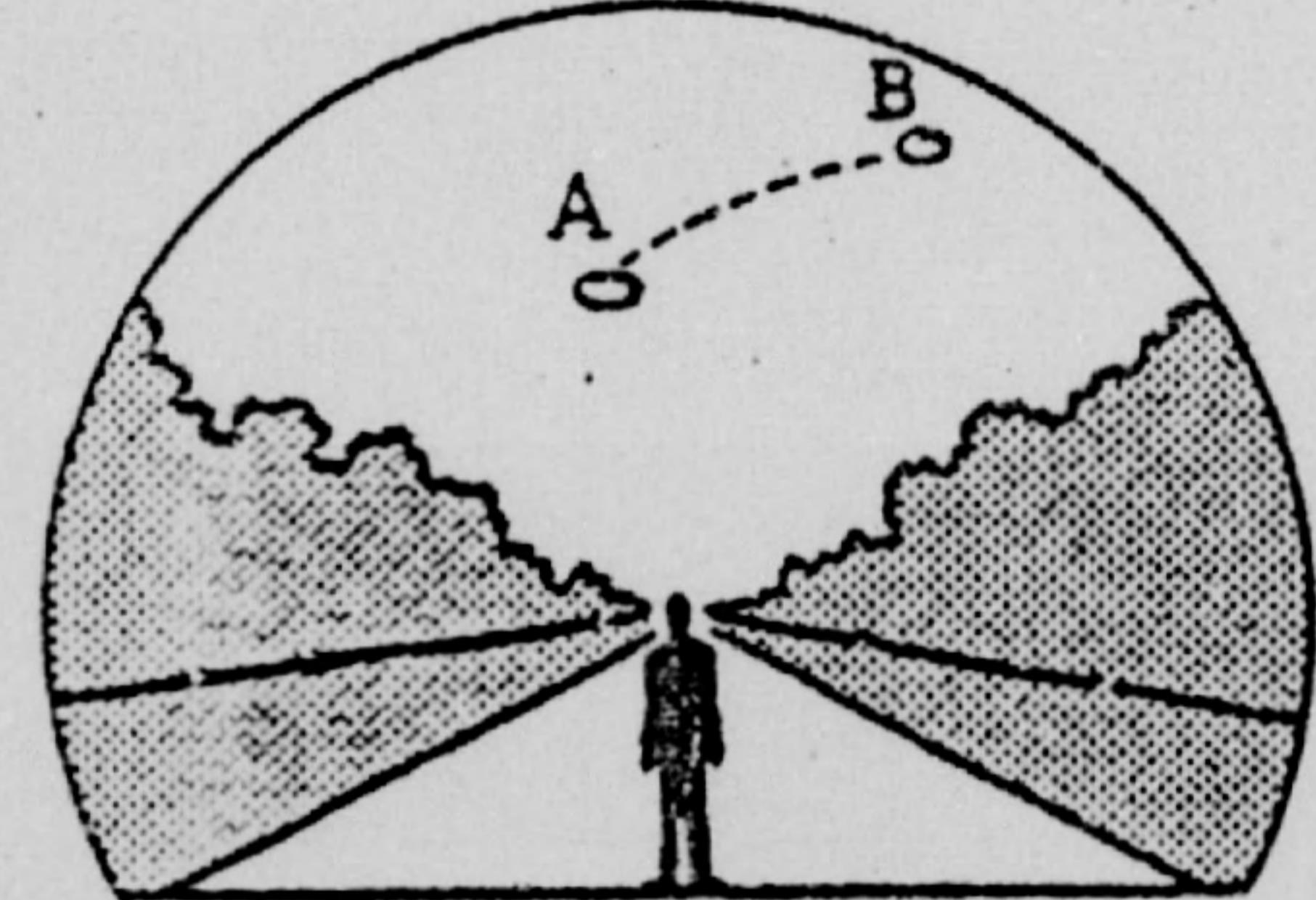
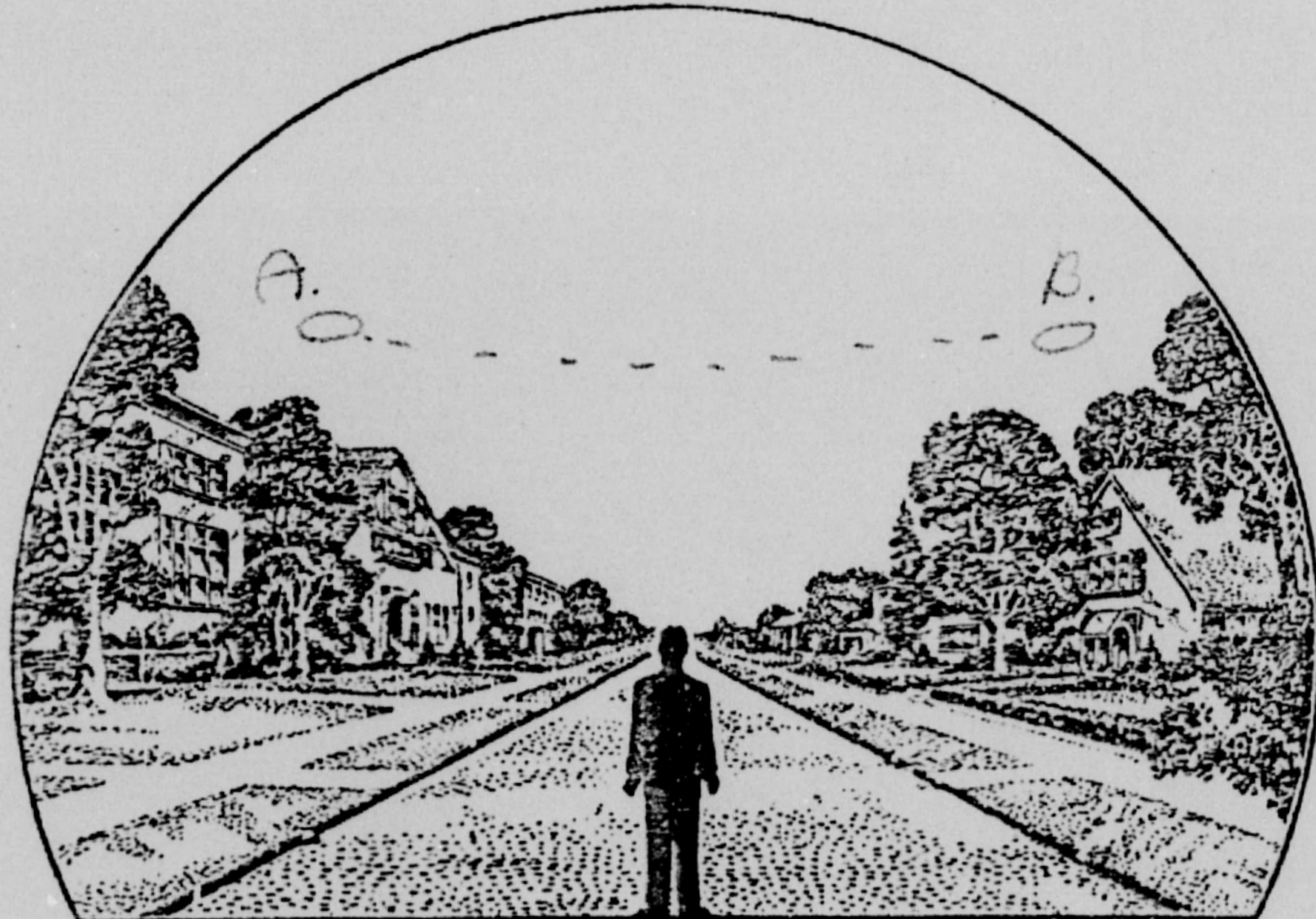
31.2 When it disappeared:

- 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?

24  
Day

October  
Month

1961  
Year

Father

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:

*Don't want to mention names*

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?

*Don't know*

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 \_\_\_\_\_ City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

Age 11 Sex female

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

42. Date you completed this questionnaire:

6 Day December Month 1961 Year

U.S. AIR FORCE TECHNICAL INFORMATION SHEET  
(SUMMARY DATA)

In order that your information may be filed and coded as accurately as possible, please use the following space to write out a short description of the event that you observed. You may repeat information that you have already given in the questionnaire, and add any further comments, statements, or sketches that you believe are important. Try to present the details of the observation in the order in which they occurred. Additional pages of the same size paper may be attached if they are needed.

NAME \_\_\_\_\_  
(Please Print)

(Do Not Write in This Space)

SIGNATURE \_\_\_\_\_

CODE:

DATE 12/20/66

It was blinking white, green and yellow lights. Also many of my other friends that were not in the car saw it. One girl and her brother saw it. They thought it landed on the top of a school. I do not want to mention any ~~names~~ name.

## 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? about <u>24</u> <u>October</u> <u>1961</u> Day      Month      Year	2. Time of day: <u>89</u> : <u>30</u> Hour      Minutes (Circle One):      A.M.      or      P.M.
3. Time Zone: (Circle One): a. <u>Eastern</u> b. Central c. Mountain d. Pacific e. Other	
(Circle One): a. Daylight Saving b. Standard	
4. Where were you when you saw the object? Nearest Postal Address: <u>Baltimore</u> City or Town: <u>Baltimore, Md.</u> State or Country: <u>Md.</u> Additional remarks:	
5. How long was object in sight? Hours      Minutes      Seconds	
5.1 How was time in sight determined? a. <u>Certain</u> 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. <u>Bright</u> 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? No

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. Flash or flicker?
- h. Disappear and reappear?

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

No

No

No

No

No

No

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

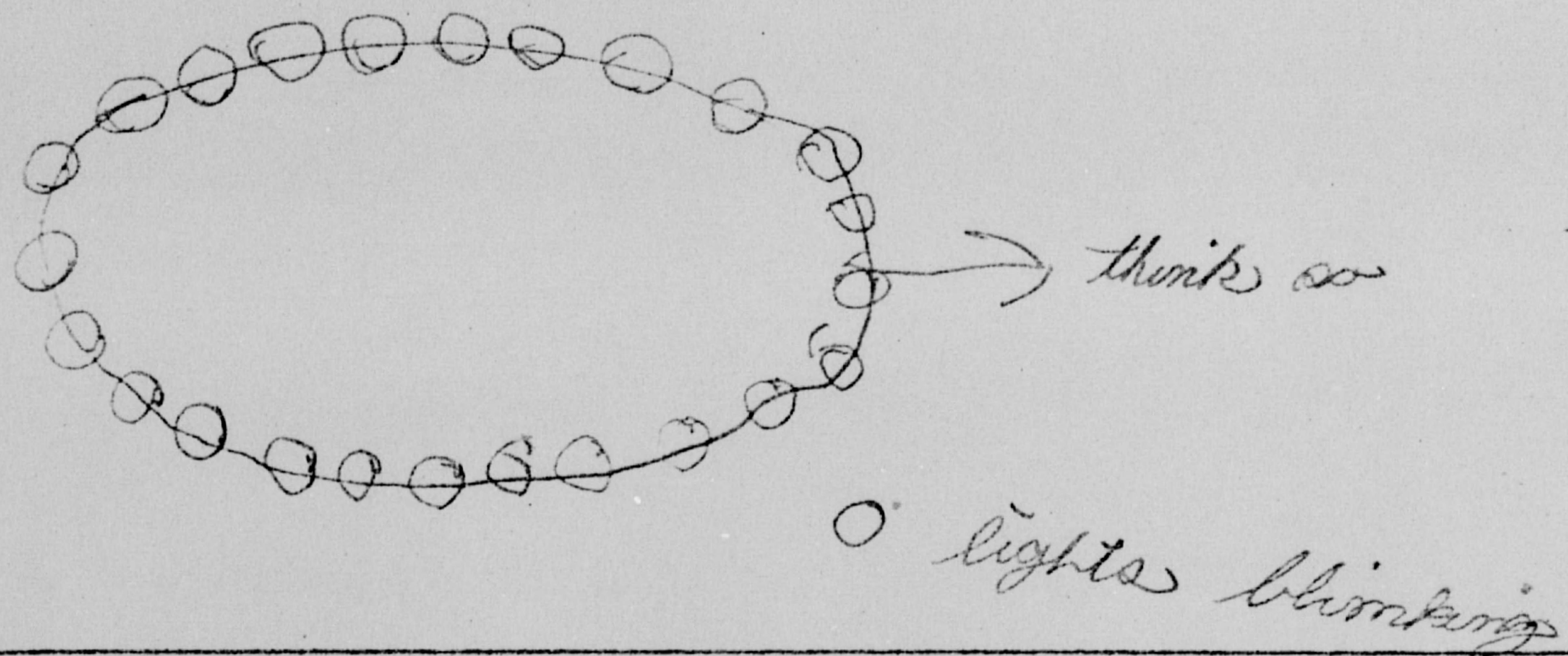
h. Other \_\_\_\_\_

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

a. Sound no sound

b. Color white

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 sound

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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.

A.

B.

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

about 3 times as big as a car.

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?

do not understand

23. Did the object disappear while you were watching it? If so, how? No

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.

soup bowl with a top on it

25. Where were you located when you saw the object? (Circle One):

- a. Inside a building
- b. In a car
- c. ~~Overhead~~
- 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?

in the car and noticed 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? 35 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) do not know

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

30. What direction were you looking when you last saw the object? (Circle One) do not know

a. North	c. East	e. South	g. West
b. Northeast	d. Southeast	f. Southwest	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:

Dont know

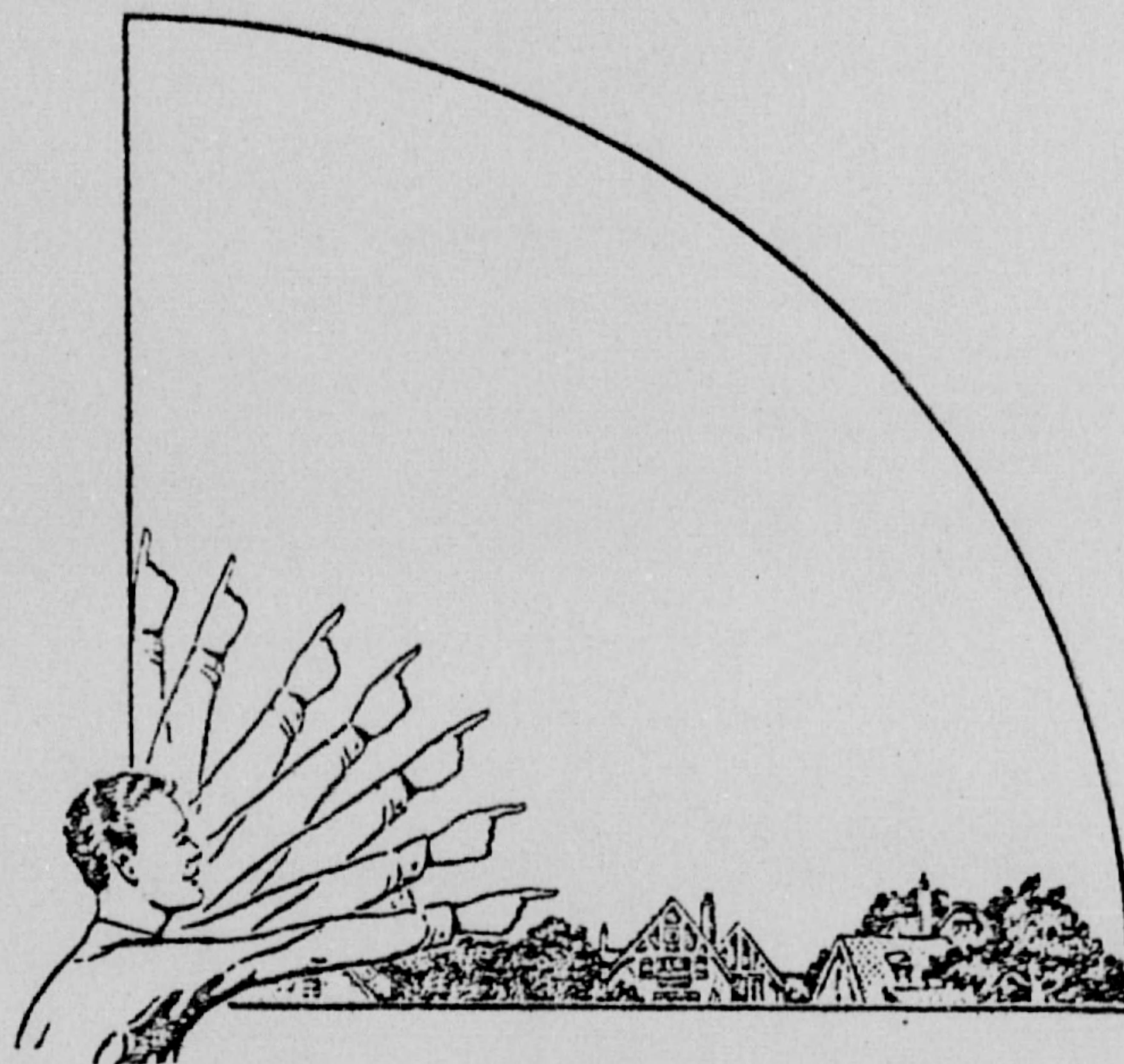
- a. From true North \_\_\_\_\_ degrees.
- b. From horizon \_\_\_\_\_ degrees.

31.2 When it disappeared:

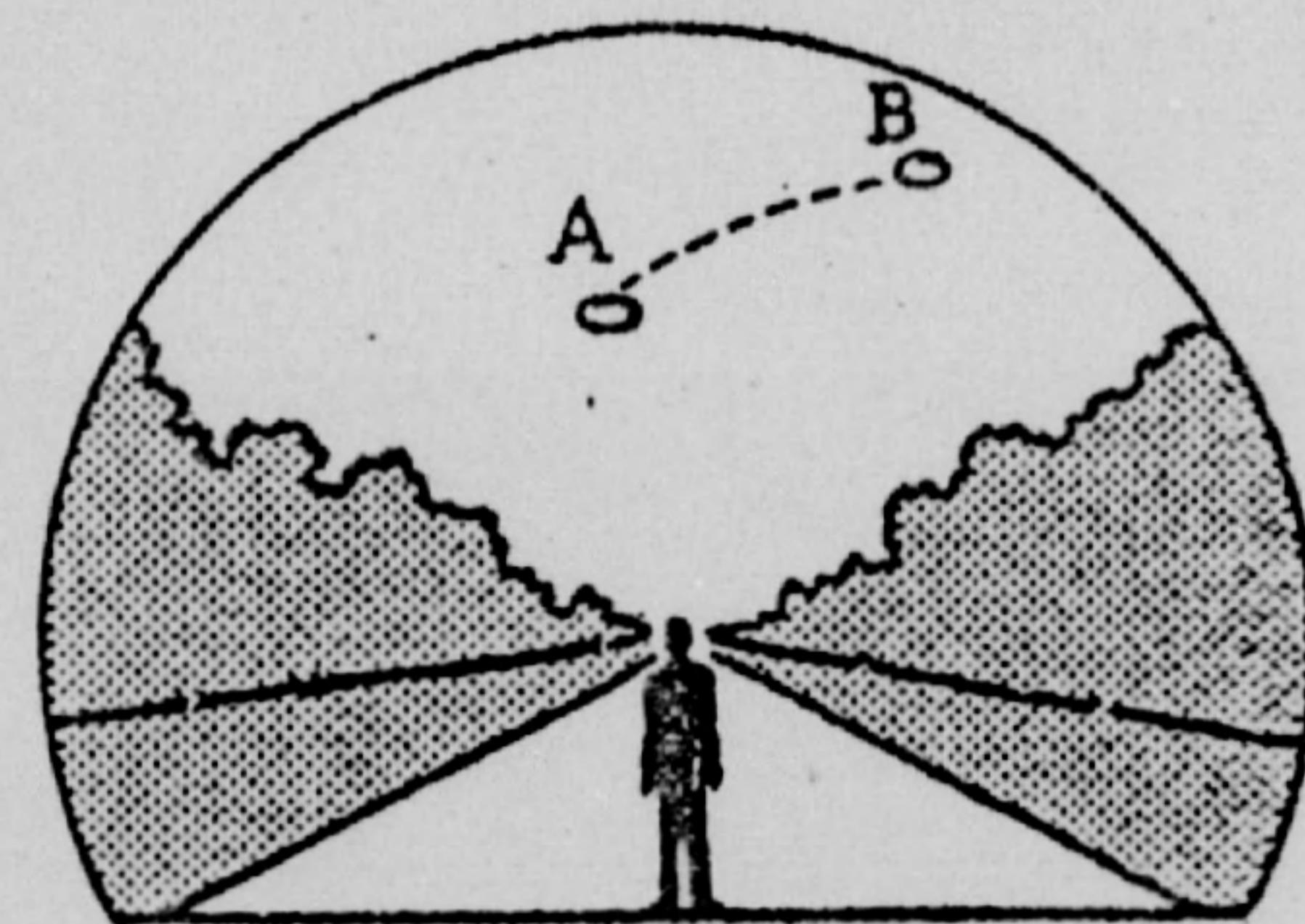
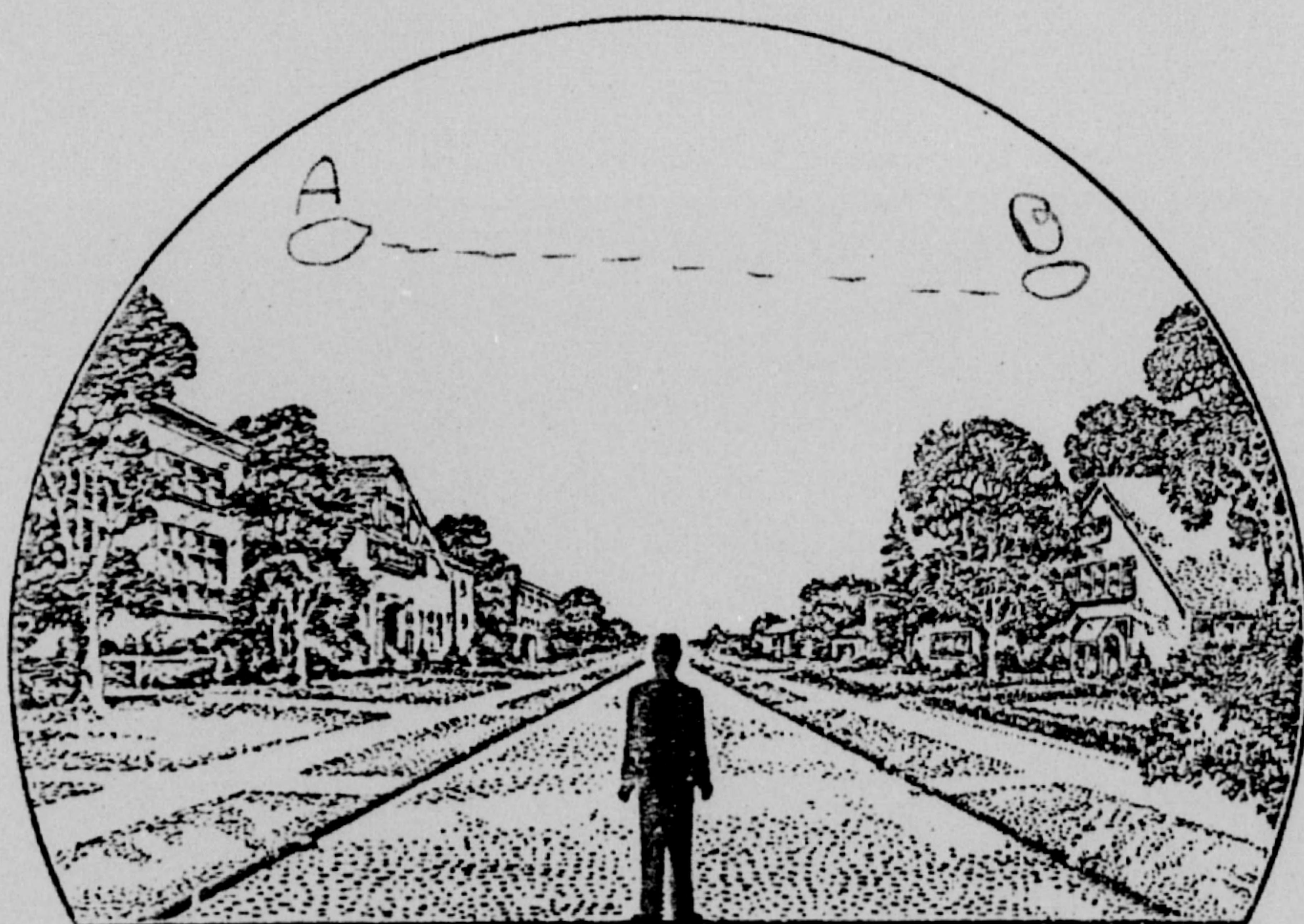
- a. From true North \_\_\_\_\_ degrees.
- b. From horizon \_\_\_\_\_ degrees.

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.

*Do not understand*



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?

24  
Day

Oct. Month

1961  
YEAR

Father

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:

Please list their names and addresses: ~~in~~  
Don't want to mention names

37. Was this the first time that you had seen an object or objects like this?

(Circle One)

Yes

Ne

37.1 IF you answered NO, then when, where, and under what circumstances did you see other ones?

Three horizontal black lines are spaced evenly apart on a white background. The lines are thin and extend across the width of the image.

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 \_\_\_\_\_ City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

Age 10 Sex female

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

42. Date you completed this questionnaire:

6 Day December Month 1961 Year

U.S. AIR FORCE TECHNICAL INFORMATION SHEET  
(SUMMARY DATA)

In order that your information may be filed and coded as accurately as possible, please use the following space to write out a short description of the event that you observed. You may repeat information that you have already given in the questionnaire, and add any further comments, statements, or sketches that you believe are important. Try to present the details of the observation in the order in which they occurred. Additional pages of the same size paper may be attached if they are needed.

NAME [REDACTED]

(Please Print)

(Do Not Write in This Space)

CODE:

SIGNATURE [REDACTED]DATE December 6, 1961

It was blinking white green & yellow lights. A girl and her brother saw it and they thought it landed over a school. I don't want to mention anybody's name.