

PROJECT 10073 RECORD CARD

1. DATE 25 Oct 61	2. LOCATION Akron, Ohio	12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon <input type="checkbox"/> Was Aircraft <input checked="" 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 type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
3. DATE-TIME GROUP Local 2330 GMT 260430Z	4. TYPE OF OBSERVATION XEL-Ground-Visual □ Air-Visual	□ Ground-Radar □ Air-Intercept Radar
5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. SOURCE Civilian	
7. LENGTH OF OBSERVATION 3 min	8. NUMBER OF OBJECTS 4-5	9. COURSE E
10. BRIEF SUMMARY OF SIGHTING 4-5 objts changing brightness like bright stars. Bluish-white. Appeared as Z or X formation moving W-E.		11. COMMENTS Objts described by witnesses have all characteristics ascribed to high flying a/c displaying formation lights. There is no evidence available in this report which would indicate that objts reported by witnesses were other than high flying jet a/c displaying formation lights.

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?

25 OCT 1961

Day

Month

Year

2. Time of day:

23

Hour

30

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?

Nearest Postal Address

Atlanta

Georgia

City or Town

State or Country

Additional remarks:

5. How long was object in sight?

Hours

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:

white

(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?

about as bright as a star

11. Did the object:

(Circle One for each question)

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

IF you answered YES, then tell what

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

(Circle One): Yes No Don't Know.
in front of: _____

IF you answered YES, then tell what

14. Did the object appear: (Circle One): a. Solid b. Transparent c. Vapor d. Don't Know

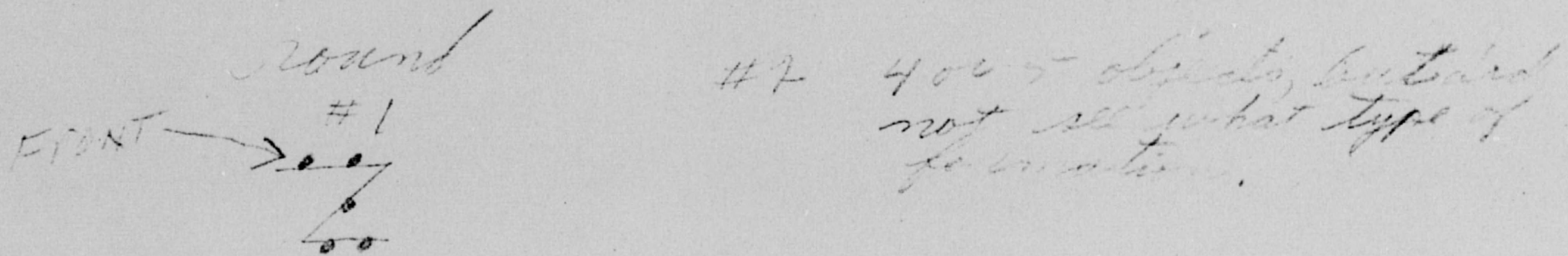
15. Did you observe the object through any of the following?

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

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

a. Sound no
b. Color bright 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? 2 fast up & each

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?

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?

size of match head

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

below the clouds

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?

*outside to sit. Dad. neighbor saw them
through his window, and called my
attention to them.*

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
			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.

31.2 When it disappeared:

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

*From up from horizon
(both eyes)
From up from horizon*

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 - *cold*
- 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

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:

See written answer

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 _____ City _____ Zone _____ State _____

TELEPHONE NUMBER _____

Age _____ Sex _____

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

42. Date you completed this questionnaire:

Day _____ Month _____ Year _____

U.S. AIR FORCE TECHNICAL INFORMATION SHEET

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1. When did you see the object?

25
Day

OCT
Month

61
Year

2. Time of day: 11 00

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?

Nearest Postal Address

Akron
City or Town

Ohio
State or Country

Additional remarks: _____

5. How long was object in sight?

Hours

5

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:

LIKE BRIGHT STARS —

(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?
- 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	No	Don't Know
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.

it moved behind:

Clouds

IF you answered YES, then tell what

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

(Circle One):

Yes No Don't Know.

in front of:

IF you answered YES, then tell what

14. Did the object appear: (Circle One):

POINTS OF LIGHT

a. Solid b. Transparent c. Vapor d. Don't Know

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

- a. Eyeglasses
- b. Sun glasses
- c. Windshield
- d. Window glass

Yes

Yes

Yes

Yes

e. Binoculars

Yes

No

f. Telescope

Yes

No

g. Theodolite

Yes

No

h. Other

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

a. Sound NO.
b. Color BLUISH - 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.

POINTS OF LIGHT

Possibly 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 Don't Know

19. IF there was MORE THAN ONE object, then how many were there? 5 THEN 4 THEN 5
Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

APPEARED AS



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.

Moving toward WEST from EAST

Bent to NORTH of westness.

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

Like a regular 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?

Approx. the same

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

STOPPED LOOKING

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.

I don't know -

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

WINDOWS OPEN

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?

WATCHING TV

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 90 degrees.

b. From horizon 60 degrees.

31.2 When it disappeared:

a. From true North 330 degrees.

b. From horizon 30 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 _____

No

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] - [REDACTED]
[REDACTED] - [REDACTED] wife
[REDACTED] - [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? FAST

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? VERY HIGH

41. Please give the following information about yourself:

NAME _____
Last Name _____ First Name _____ Middle Name _____

ADDRESS _____
Street _____ City _____ Zone _____ State _____ OHIO

TELEPHONE NUMBER _____

Age 24 Sex M

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

42. Date you completed this questionnaire:

Day _____ Month _____ Year _____