

# 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 <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 5 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.	



## 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- OCT 1961  
Day Month Year

2. Time of day:

73  
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?

[REDACTED]  
Nearest Postal Address

Shore  
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:

(Circle One):

- white*  
☐ 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.

IF you answered YES, then tell what

it moved behind: *Cloud*

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?

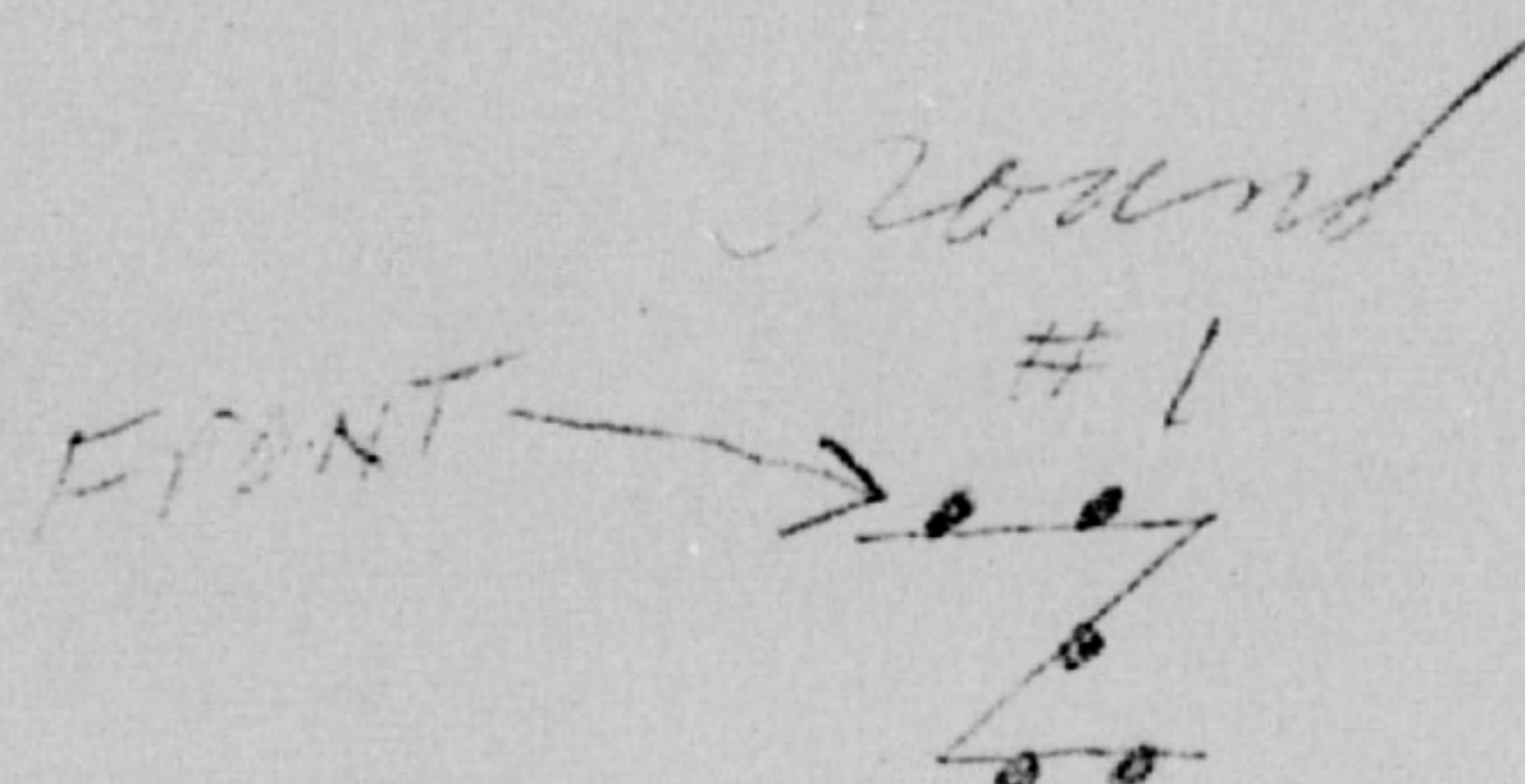
- |                 |     |                                     |               |       |                                     |
|-----------------|-----|-------------------------------------|---------------|-------|-------------------------------------|
| a. Eyeglasses   | Yes | <input checked="" type="radio"/>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



#2 4 or 5 objects, but not all what type of formation.

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 groups 5 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?

*behind 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 get dog. 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     | <input checked="" type="radio"/> 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     | <input checked="" type="radio"/> 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.

*1/3 way up from horizon  
(both proper)  
1/3 way 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 other report*

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 MC

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

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 61  
Day Month 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 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

LIKE BRIGHT STARS —

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        | <u>Don't Know</u> |
| b. Suddenly speed up and rush away at any time? | Yes        | <u>No</u> | Don't Know        |
| c. Break up into parts or explode?              | Yes        | <u>No</u> | Don't Know        |
| d. Give off smoke?                              | Yes        | <u>No</u> | Don't Know        |
| e. Change brightness?                           | <u>Yes</u> | No        | Don't Know        |
| f. Change shape?                                | Yes        | <u>No</u> | Don't Know        |
| g. Flash or flicker?                            | Yes        | <u>No</u> | Don't Know        |
| h. Disappear and reappear?                      | <u>Yes</u> | No        | Don't Know        |

BEHIND CLOUDS

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: CLOUDS

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):

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   | <u>Yes</u> | 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 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  
BUT TO NORTH OF WITNESSES.

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.

DONT KNOW -



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

- a. Inside a building  
 b. In a car Windows OPEN  
 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?

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     | 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 90 degrees.  
 b. From horizon 60 degrees.

31.2 When it disappeared:

- a. From true North 330 degrees.  
 b. From horizon 50 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] [REDACTED] [REDACTED]  
[REDACTED] [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 [REDACTED] [REDACTED] [REDACTED]  
Last Name First Name Middle Name

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

TELEPHONE NUMBER [REDACTED]

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