

# PROJECT 10073 RECORD CARD

1. DATE 17 Jan 1962	2. LOCATION Lynn, Mass.	12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input checked="" 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 checked="" type="checkbox"/> Other <u>UNRELIABLE REPORT</u> <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown	
3. DATE-TIME GROUP Local 1850 GMT 17/2350	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 1 hr. 2 min. 50 sec.	8. NUMBER OF OBJECTS 1	9. COURSE	
10. BRIEF SUMMARY OF SIGHTING An object described as "like a light, changing brightness, with the sharpness of a star" was observed by one witness at Lynn, Mass. Object described as elliptical and moving from the Northwest to overhead was observed for more than an hour.		11. COMMENTS The object observed by this witness was probably a Wx balloon. This was a bright night due to the moon approaching full and it would have been rather easy to spot a balloon. The length of the brightness tends to substantiate this as the probable cause. Sufficient information to definitely state the cause of this sighting is not available. Therefore, it is classed as insufficient information, but probably a balloon.	

SUBSEQUENT INFO INDICATES UNRELIABLE REPORT



NA ( 11 6 23 1962 )

TO:

AFP

Please inform to all as 231

that you get in the house

to 2 and 3

JAN 8 1962

SE RE

1-1-1



AFSS:NMI:mt

December 13, 1961

Dear Mr. [REDACTED]:

The form for Unidentified Flying Objects that you requested in your letter of November 28 is not related to programs now underway in the National Aeronautics and Space Administration. Therefore, we are returning your twenty-five cents and have forwarded your letter to the Department of the Air Force, Department of Defense, Washington 25, D. C.

We trust that you will receive the requested information within a reasonable period of time.

Very sincerely yours,

Everett E. Collin  
Assistant Chief, Educational Services Branch  
Office of Technical Information  
and Education

Mr. [REDACTED]  
[REDACTED] Street  
Lynn, Massachusetts



~~XXXXXXXXXX~~

January 8, 1962

Dear Sir:

Please send me 4 forms for  
considered flying objects

very sincerely yours,

~~XXXXXXXXXX~~

Vice President of  
my friends' astronomy  
club.

~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~

LXNN MASS

Sent request

11 Jan. 62



UNITED STATES GOVERNMENT

*Memorandum*

TO : Department of the Air Force  
Department of Defense

DATE: December 13, 1961

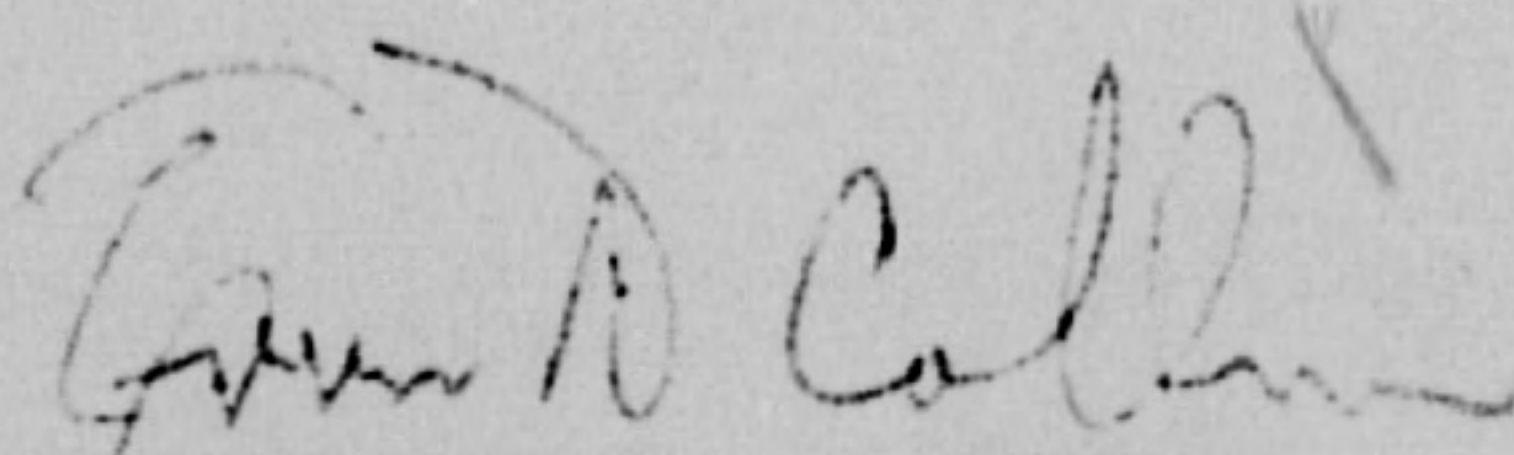
FROM : Educational Services Branch  
NASA

JAN 8 1962

SUBJECT: Correspondence about U. F. O.

SE RE

Only [REDACTED] has been advised of this referral; copy  
of letter to him is attached.

  
Everett E. Collin

Assistant Chief, Educational Services Branch  
Office of Technical Information  
and Education

J. A.  
Send "burned"  
copies of UFO fact  
sheet to each —  
@



TO: FTD / 1400  
PR / END-

# 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?

17 FAV 62  
Day Month Year

2. Time of day: 6 50  
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]  
Nearest

LYNN  
City or Town

MASS  
State or Country

Additional remarks:

5. How long was object in sight?

1 2 50  
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

10. If it appeared as a light, was it brighter than the brightest stars? —

*2. Sub*

11. Did the object:

(Circle One for each question)

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

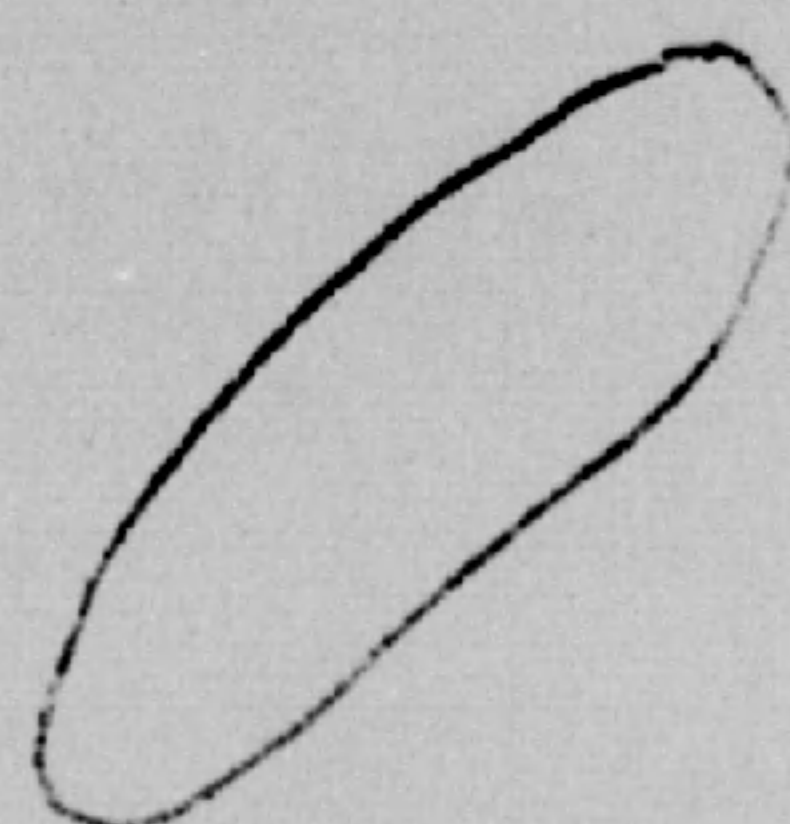


16. Tell in a few words the following things about the object.

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.



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

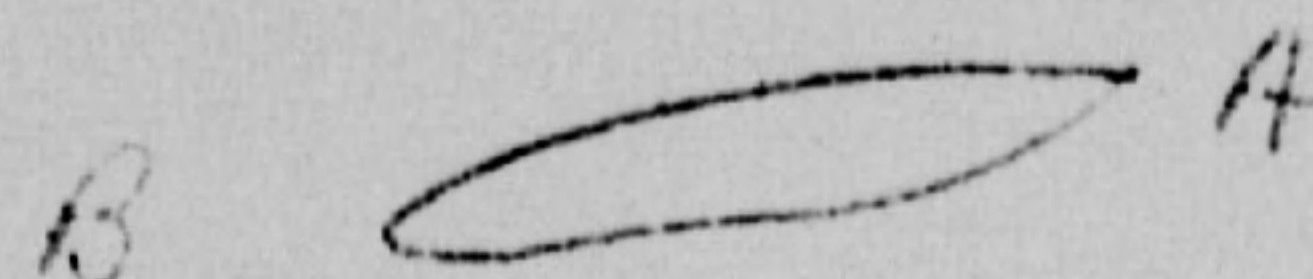
e. Other \_\_\_\_\_

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?

$\frac{1}{4}$

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?

don't know

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

fast

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?

*I was watching the moon and other celestial objects.*

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:

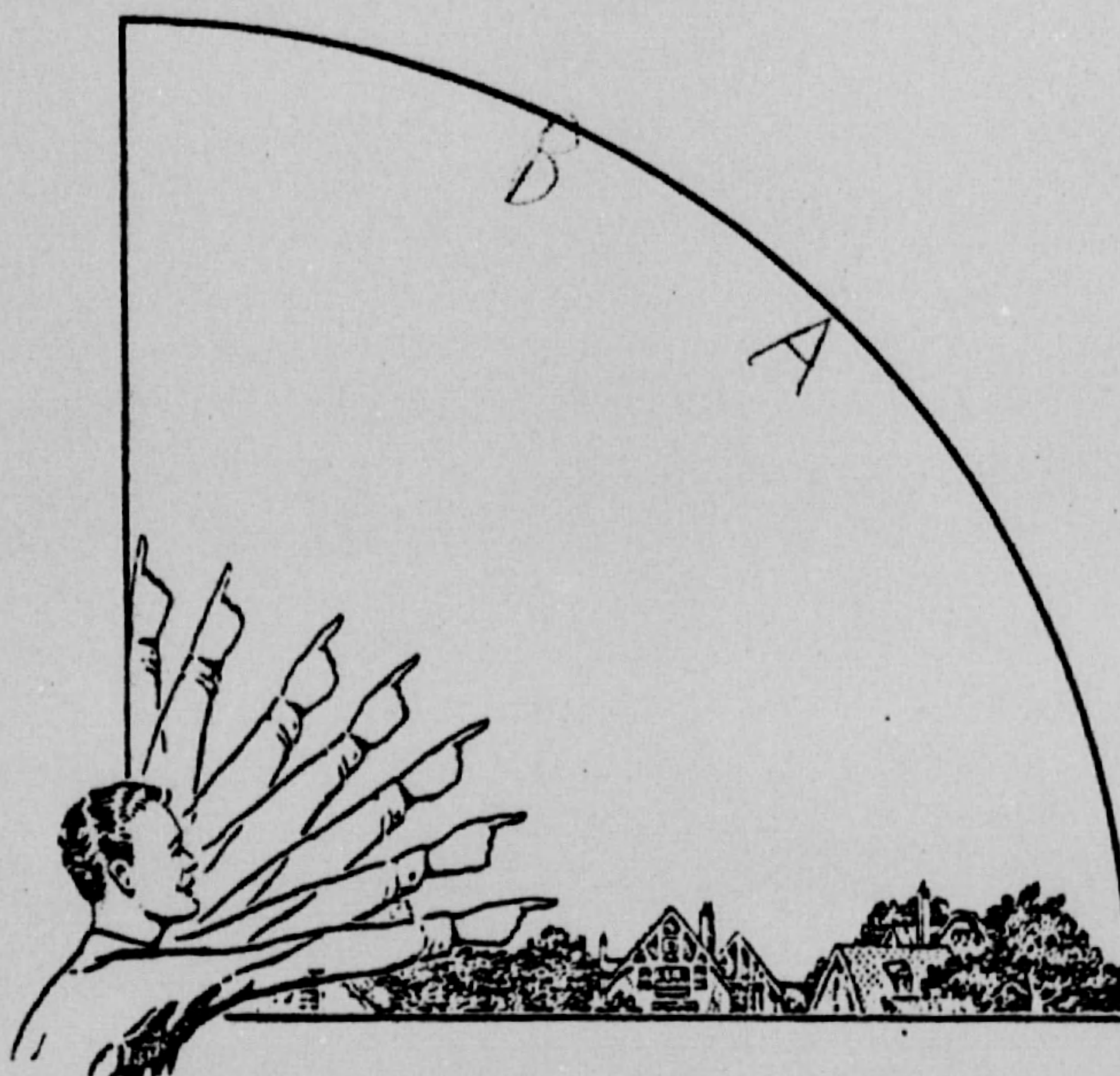
- a. From true North 40 degrees.
- b. From horizon 150 degrees.

31.2 When it disappeared:

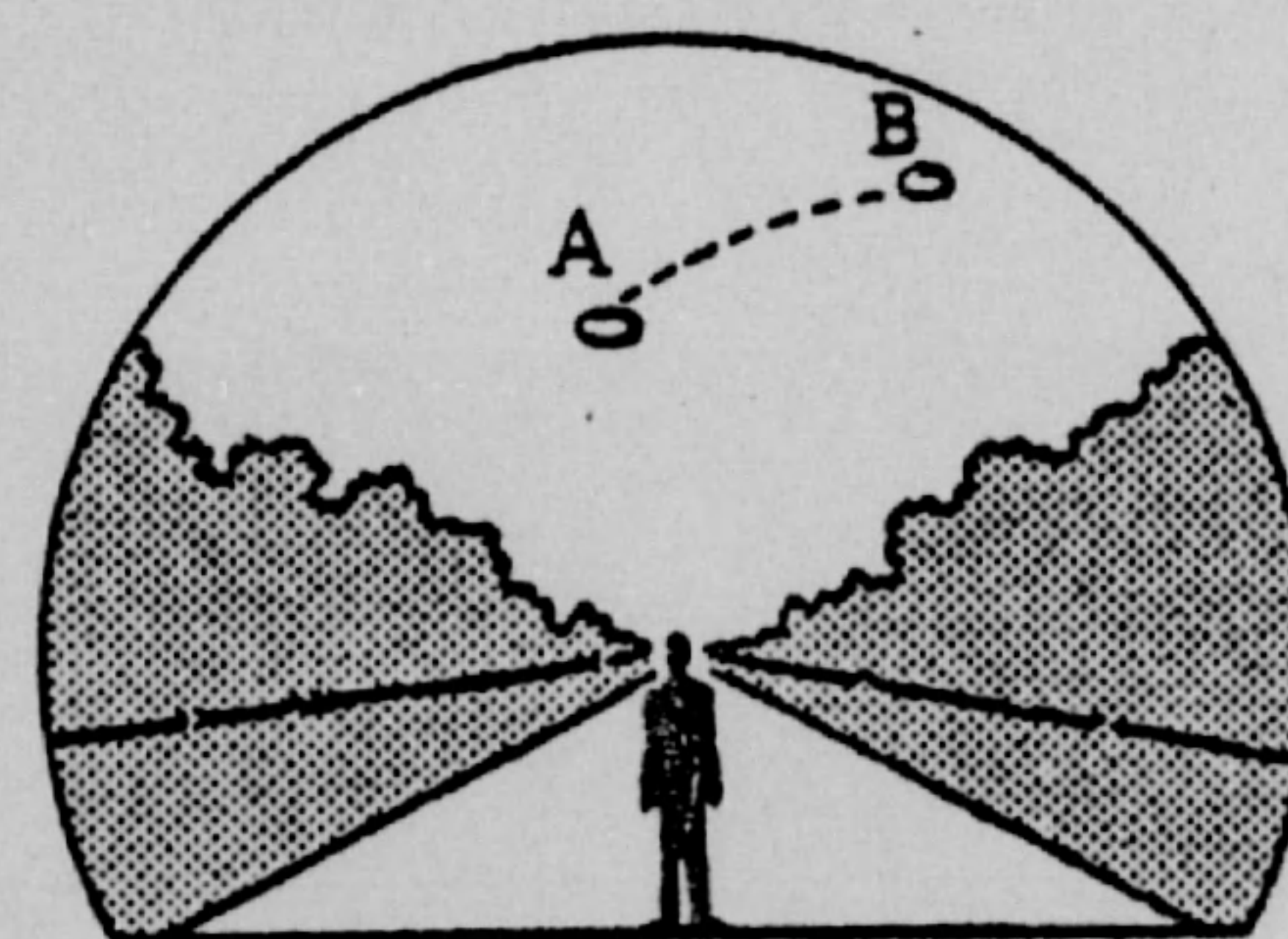
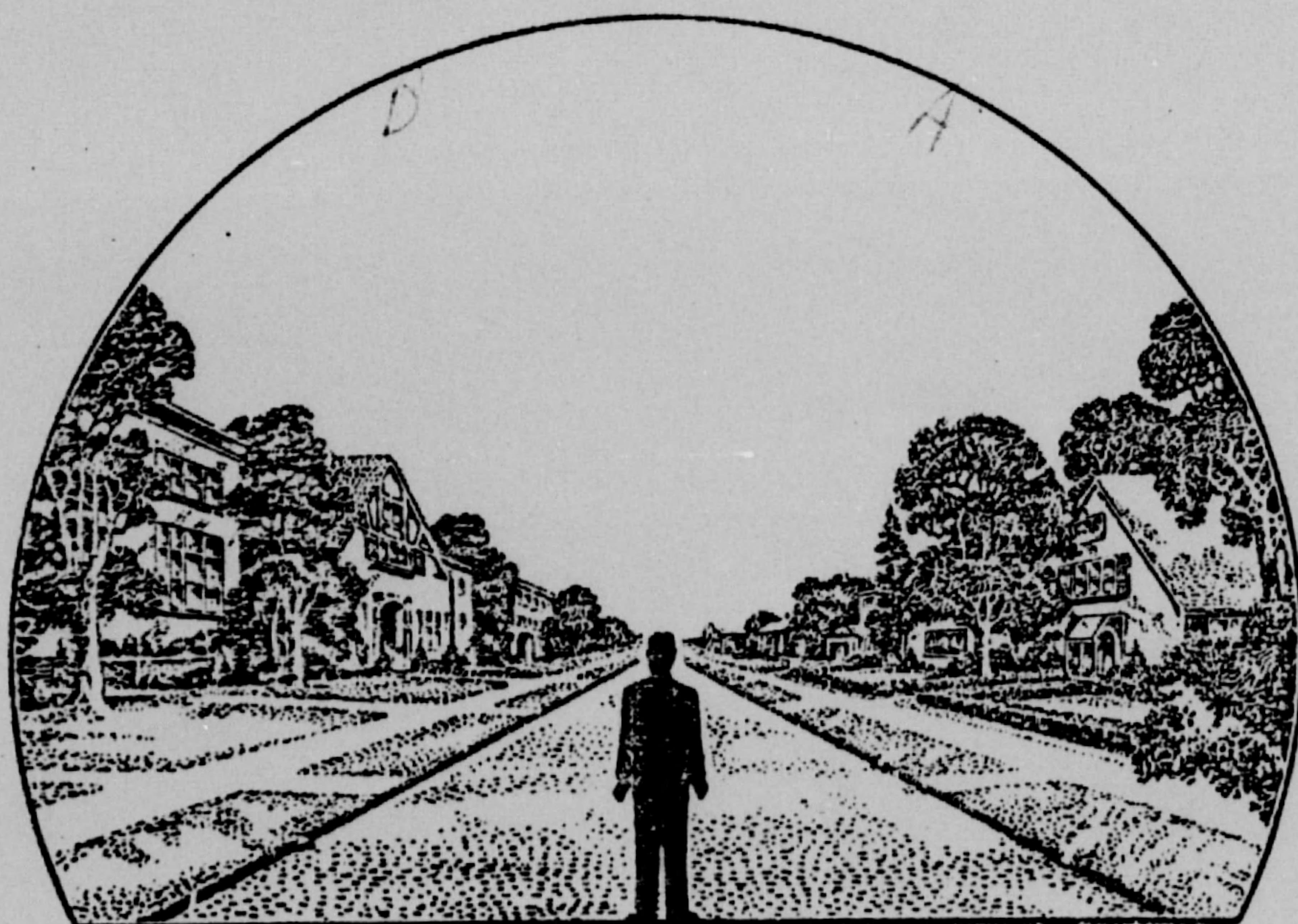
- a. From true North 100 degrees.
- b. From horizon 170 degrees.



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?

17  
Day

Jan  
Month

62  
Year

*nobody  
my 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:

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?

1961 July 17  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

38. In your opinion what do you think the object was and what might have caused it?

*[Sketch of a flying saucer]*

*I think? It was a flying saucer*



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

LYNN  
City

Zone

MASS  
State

TELEPHONE NUMBER

Age

44

Sex

MALE

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

42. Date you completed this questionnaire:

17  
Day

17 Jan  
Month

62  
Year