

PROJECT 10073 RECORD CARD

1. DATE 2-3 May 1962	2. LOCATION Vandalia, Ohio	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 VENUS <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 2000 GMT	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 Hour (Approx)	8. NUMBER OF OBJECTS 1	9. COURSE
10. BRIEF SUMMARY OF SIGHTING Witnesses observed object toward NW, quite low, displayed many colors and appeared to move very slowly toward N, witnesses observed object with 7x50 binoculars but were unable to determine shape. Disappeared by suddenly flashing out. Witnesses did not watch object continuously but returned to house for short periods between observations.		
11. COMMENTS Object was probably planet Venus. Planet was in a direction coincident with that reported by the witnesses and set at approx. same time as conclusion of sighting. Venus was of magnitude 3.3 at time of sighting. Venus is on opposite side of sun from earth and has a semi-diameter of only 5".52; therefore, it is understandable that witnesses were unable to determine shape through 7x50 binoculars. Cause of sighting misidentification of Venus.		

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. Time of day:	20	00	→
3 May	1962	Hour	Minutes	
Day	Month	Year		
(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?	Not sure, Walla Walla, Washington		City or Town	Vandalaia
		State or Country		
Additional remarks:				
5. How long was object in sight?	Hours	Minutes	Seconds	
5.1 How was time in sight determined?	Seen in sight			
a. Certain	c. Not very sure			
b. Fairly certain	d. Just a guess			
6. What was the condition of the sky?	DAY Dusk		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?	Dusk - near down			
(Circle One): a. In front of you	d. To your left			
b. In back of you	e. Overhead			
c. To your right	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? *Yes*

11. Did the object:

15-20 min

(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?

<input checked="" type="radio"/> Yes	No	Don't Know
<input checked="" type="radio"/> Yes	No	Don't Know
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Don't Know
<input checked="" type="radio"/> Yes	No	<input checked="" type="radio"/> Don't Know
<input checked="" type="radio"/> Yes	No	Don't Know
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	Don't Know
<input checked="" type="radio"/> Yes	No	Don't Know
<input checked="" type="radio"/> 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

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

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
 b. Sun glasses
 c. Windshield
 d. Window glass

Yes No
 Yes No
 Yes No
 Yes No

e. Binoculars
 f. Telescope
 g. Theodolite
 h. Other

Yes No
 Yes No
 Yes No

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

a. Sound None

b. Color Red, green, yellow, red white - glistens

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.

Round - size of star at first then larger

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

Can't tell - It glistens

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.

Two last night

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.

In South West - moving South West

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

~~The size of dime at end of hand arm outstretched.~~

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?

No - still out

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.

Don't know - possibly a diamond

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 looking at stars

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:

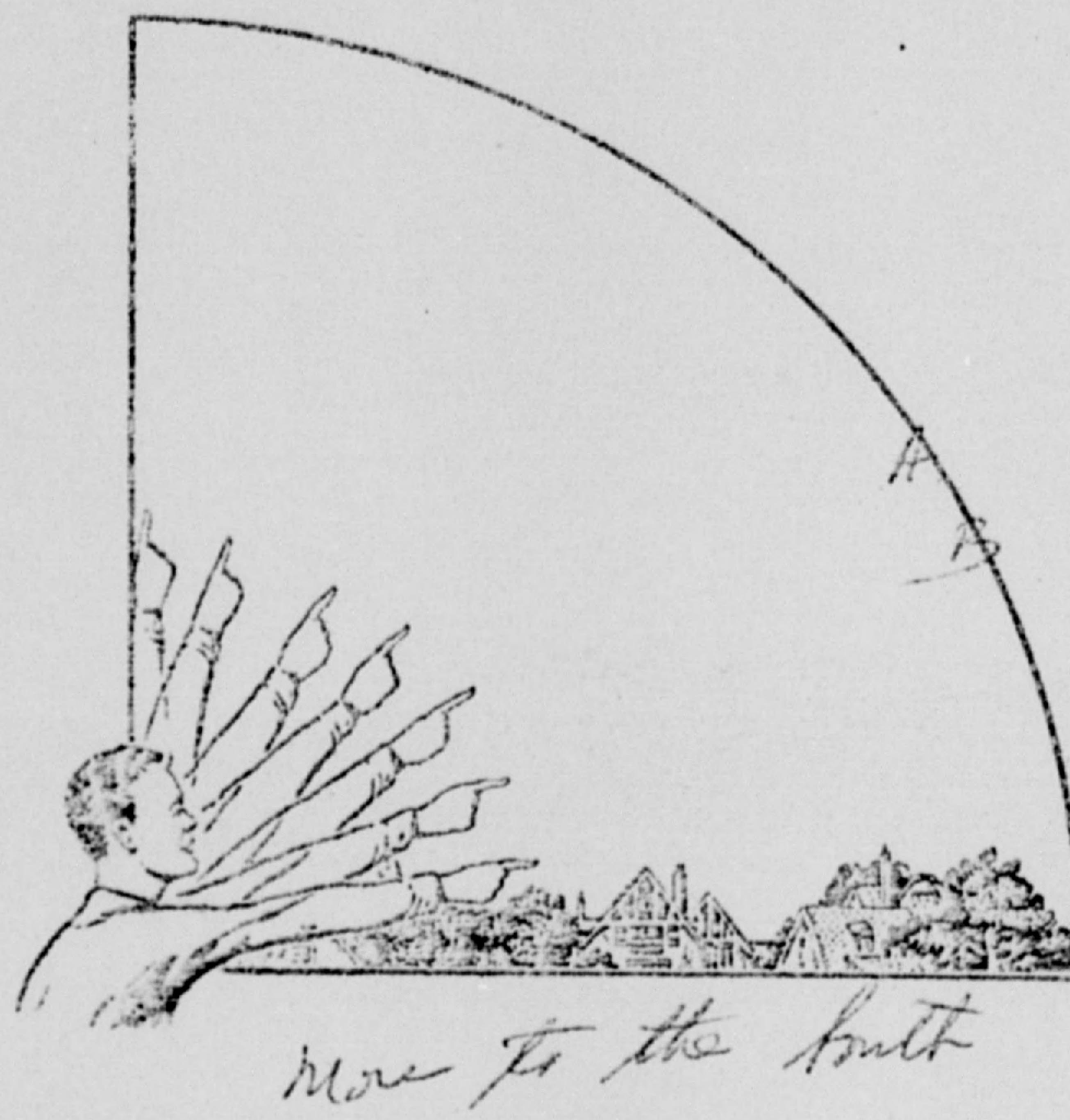
- a. From true North 225 degrees.
- b. From horizon 30 degrees.

31.2 When it disappeared:

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

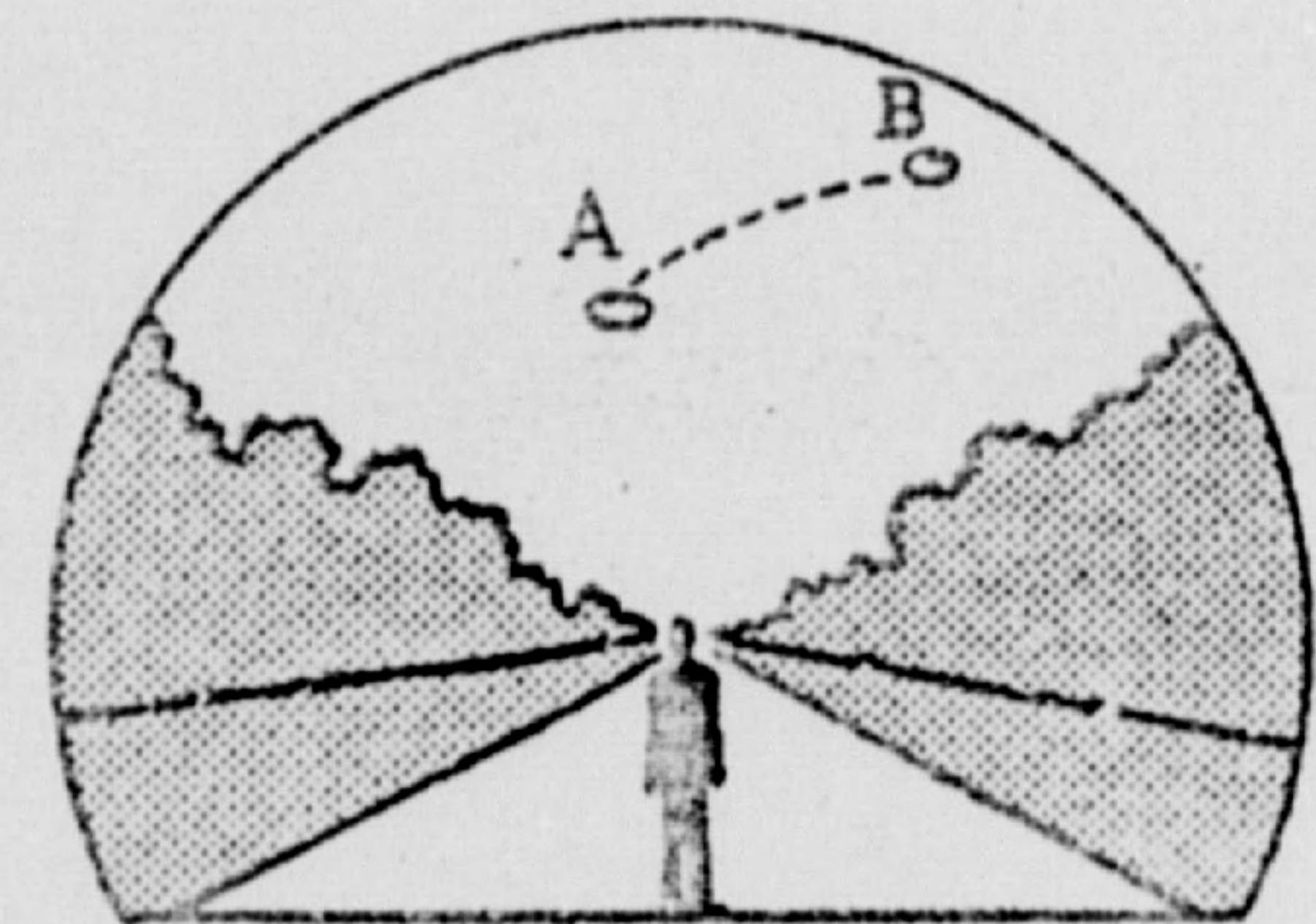
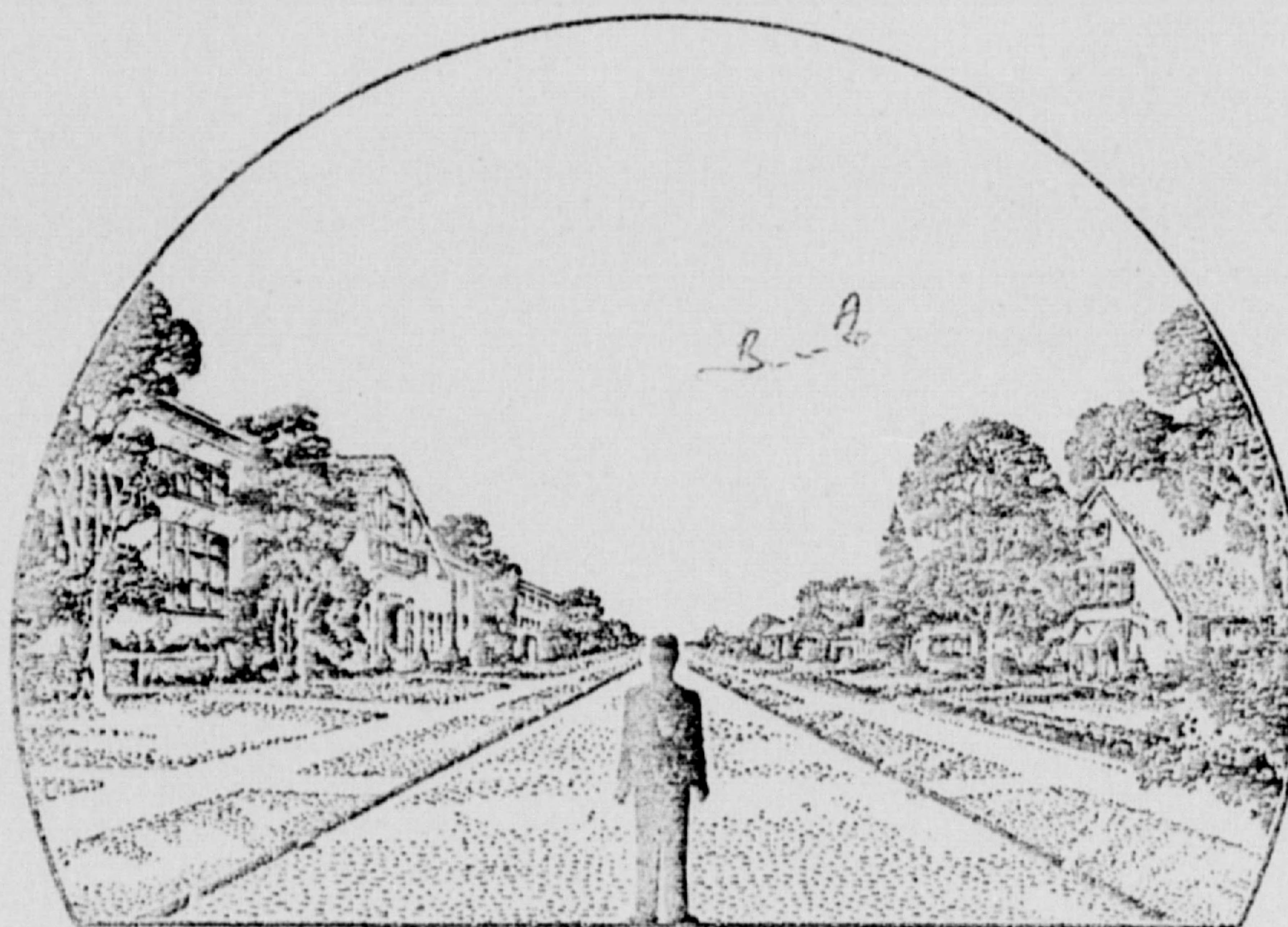
about same when came in to phone

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.



Move to the right

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

Clear where object was

35. When and to whom did you report that you had seen the object?

34

MAY

62

Day Month Year

Duty OFF

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: *Husband, son & neighbors*

[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?

Last Night - Reported to Duty Officer

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? Stationary or slow

40. Do you think you can estimate how far away from you the object was?

(Circle One) Yes No An acre away

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 40

Sex F

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

42. Date you completed this questionnaire:

3
Day

APR
Month

62
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?	2. Time of day: <u>2000</u> Hour _____ Minutes _____		
<u>2</u> Day	<u>May</u> Month	<u>62</u> Year	
		(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	<u>Vandalia</u> City or Town	<u>Ill.</u> State or Country	
Additional remarks: _____			
5. How long was object in sight?	<u>1</u> Hours	Minutes _____	Seconds _____
5.1 How was time in sight determined?			
c. 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?

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

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

a. Sound None

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.

<p>25. Where were you located when you saw the object? (Circle One):</p> <p>a. Inside a building b. In a car <input checked="" type="radio"/> c. Outdoors d. In an airplane (type) e. At sea f. Other _____</p>	<p>26. Were you (Circle One)</p> <p>a. In the business section of a city? <input checked="" type="radio"/> 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 _____</p>		
<p>27. What were you doing at the time you saw the object, and how did you happen to notice it?</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<p>28. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:</p>			
<p>28.1 What direction were you moving? (Circle One)</p>			
<p>a. North b. Northeast</p>	<p>c. East d. Southeast</p>	<p>e. South f. Southwest</p>	<p>g. West h. Northwest</p>
<p>28.2 How fast were you moving? _____ miles per hour. <i>measuring, slowly</i></p>			
<p>28.3 Did you stop at any time while you were looking at the object? (Circle One) Yes _____ No _____</p>			
<p>29. What direction were you looking when you first saw the object? (Circle One) <i>object moved slowly</i></p>			
<p>a. North b. Northeast</p>	<p>c. East d. Southeast</p>	<p>e. South f. Southwest</p>	<p>g. West h. Northwest i. Overhead</p>
<p>30. What direction were you looking when you last saw the object? (Circle One)</p>			
<p><input checked="" type="radio"/> a. North b. Northeast</p>	<p>c. East d. Southeast</p>	<p>e. South f. Southwest</p>	<p>g. West h. Northwest i. Overhead</p>
<p>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).</p>			
<p>31.1 When it first appeared:</p>			
<p>a. From true North _____ degrees.</p>	<p>?</p>		
<p>b. From horizon _____ degrees.</p>	<p>?</p>		
<p>31.2 When it disappeared:</p>			
<p>a. From true North _____ degrees.</p>	<p>?</p>		
<p>b. From horizon _____ degrees.</p>	<p>?</p>		

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 _____

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?

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

object moved
slowly

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 _____

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 _____