

PROJECT 10073 RECORD CARD

1. DATE 18 Jul 62	2. LOCATION Dayton Ohio Area	12. CONCLUSIONS		
3. DATE-TIME GROUP Local _____ GMT 18/0245Z-0615Z	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	<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 Jupiter <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		
5. PHOTOS <input type="checkbox"/> Yes <input type="checkbox"/> No	6. SOURCE Civilian			
7. LENGTH OF OBSERVATION 2 hrs plus	8. NUMBER OF OBJECTS one	9. COURSE West		
10. BRIEF SUMMARY OF SIGHTING Multiple sightings of obj fluctuating or oscillating. In sight for over two hrs & still visible. Movement slow to west. Believed to be star or planet by official taking rpt.			11. COMMENTS Rptd obj visible to official taking info. Multiple calls. Planet Jupiter was at 30dgr elev, 110dgr azimuth at 1115PM Local. At 0115 it had moved to an azimuth of 130dgr & elev of 130 dgr. Jupiter ^{only} not visible at this time, as both Venus & Mars had either set or were not yet up. Case evaluated as Jupiter.	

1556
1556
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?

18 Jul 62

Day

Month

Year

2. Time of day:

2305
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

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

FORM

FTD JUL 61 164 This form supersedes ATIC 164, Feb 60, which is obsolete.

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?	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.
it moved behind: _____

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	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 _____		

Verbal

Civilian Police Mr. [REDACTED]

V. 1032 K. 56
Mars 4 12 32 56

(Jup 22 56 56.23 32)

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1. When did you see the object?

18 Jul 62
Day Month Year

2. Time of day:

2305

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

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

FORM

FTD JUL 61 164 This form supersedes ATIC 164, Feb 60, which is obsolete.

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 _____

First Name _____

Middle Name _____

ADDRESS _____

Street _____

City _____

Zone _____

State _____

Civilian Police WPAFB

TELEPHONE NUMBER _____

Age _____

Sex _____

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

Civilian Police

42. Date you completed this questionnaire:

Day _____

Month _____

Year _____

Lege Edie S. Steppen, FTD O.D

17 JUL 1962

4 20 130° 46' 06" N
110° 42' at 30' elev
U.S. AIR FORCE TECHNICAL INFORMATION SHEET

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1. When did you see the object?

15
Day

Jul
Month

62
Year

2. Time of day: 2115

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

AVE

City or Town

State or Country

Additional remarks:

5. How long was object in sight?

2
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

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?

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):

Appeared as very bright object, much larger than any star.

- 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?

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:

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

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 1/372
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.

Mo

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?

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?

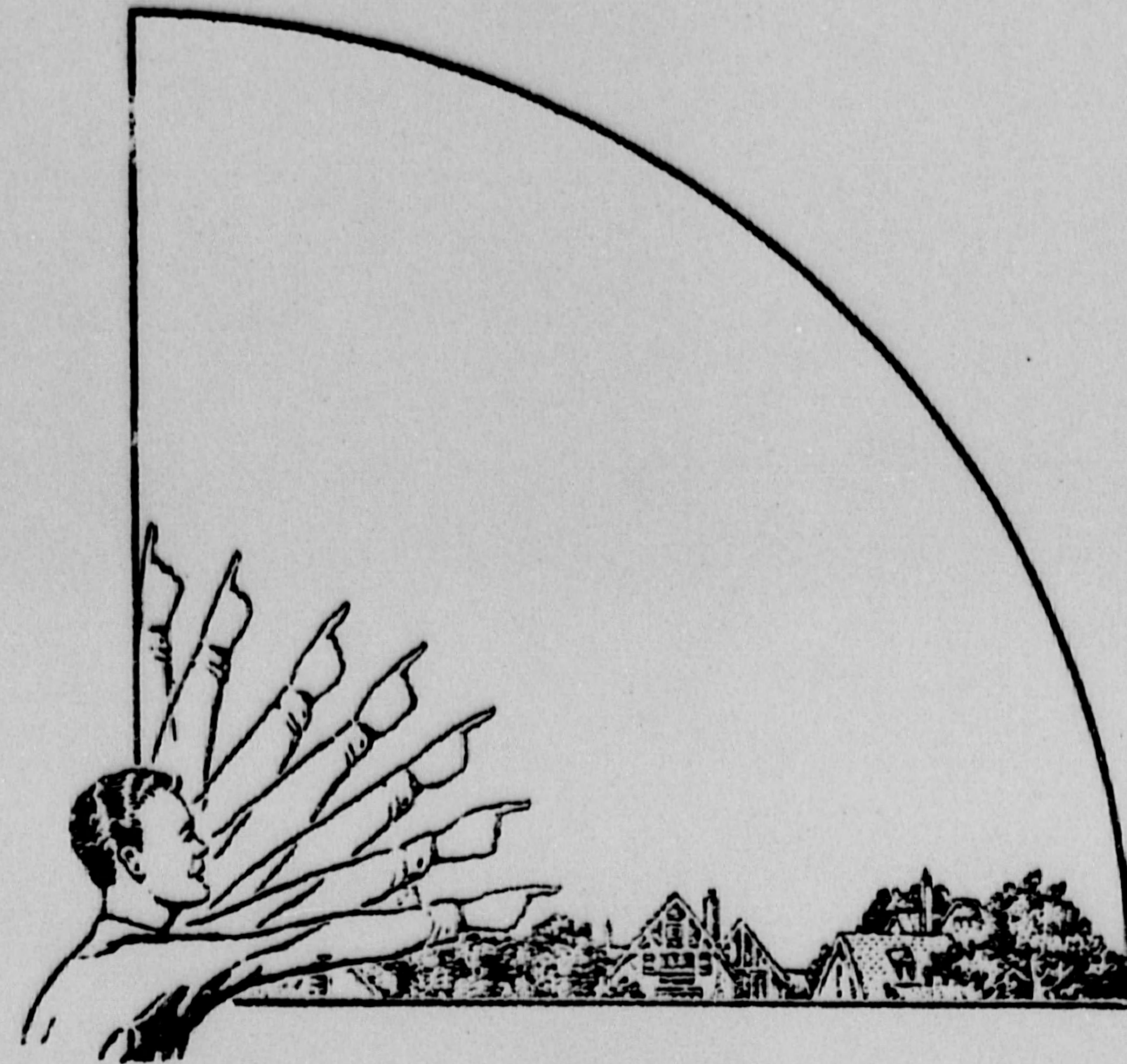
23. Did the object disappear while you were watching it? If so, how?

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.

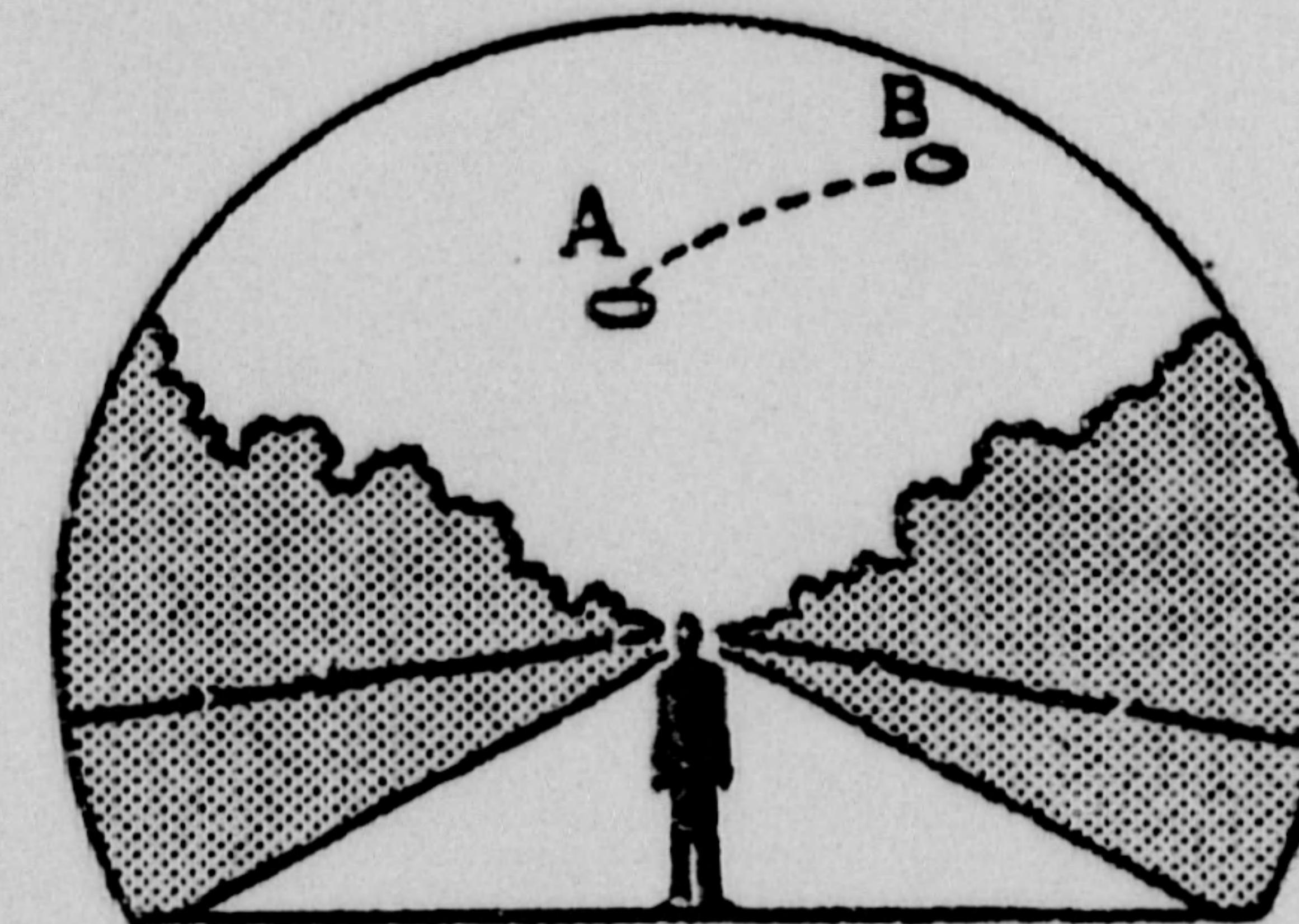
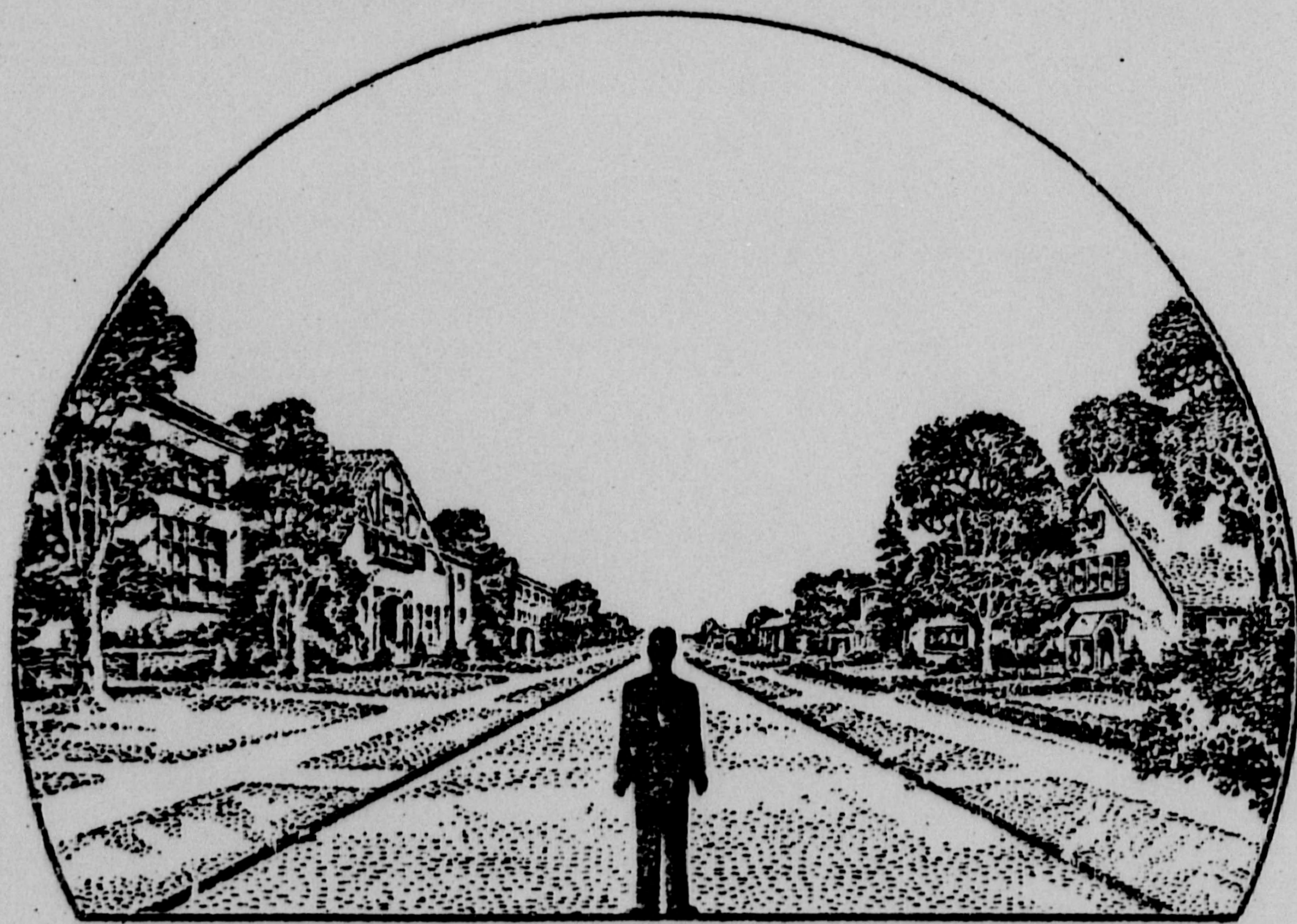
Object rose slowly and moved across heavens at slow rate (I believe observer was viewing planet — I visually checked his observation and it appeared to be venus or other large planet; it was unusually bright and appeared about 3° above horizon.) Observer reports tracking this object for 2 hrs.

OD Capt. Offr

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.



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?

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	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.

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

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 _____ 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 _____