

PROJECT 10073 RECORD CARD

| | | |
|---|---|---|
| 1. DATE 18 May 1963 | 2. LOCATION New Plymouth, New Zealand | 12. CONCLUSIONS |
| 3. DATE-TIME GROUP Local 2230 GMT 18/1030Z | 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 |
| 5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6. SOURCE Civilian | <input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft |
| 7. LENGTH OF OBSERVATION 4 minutes | 8. NUMBER OF OBJECTS one | <input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical |
| 10. BRIEF SUMMARY OF SIGHTING Object observed on moonlit night. Stationary, sudden speeds, flashing changing brightness associated with object. Observed between camp & mountain (below horizon). No sound. White red and blue colors, changing. Extremely bright, fuzzy & blurred. Observed in West and disappeared in south. WX dry & warm. Slight breeze, clear sky. Witness 16 year old. | 9. COURSE maneuvered | <input type="checkbox"/> Other <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown |
| | 11. COMMENTS UNIDENTIFIED | |

APPENDIX III

Form A

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?

19 MAY 63
Day Month Year

2. Time of day: 10:30
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?

NEW PLYMOUTH

NEW ZEALAND

Nearest Postal Address

State or Country

Additional remarks:

NEW PLYMOUTH, NEW ZEALAND

5. Estimate how long you saw the object.

4
Hours Minutes Seconds

5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.

a. Certain
b. Fairly certain
c. Not very sure
d. Just a guess

6. What was the condition of the sky?

(Circle One): a. Bright daylight
b. Dull daylight
c. Bright twilight
d. Just a trace of daylight
e. No trace of daylight
f. Don't remember

7. If you saw the object during DAYLIGHT, TWILIGHT, or DAWN, 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

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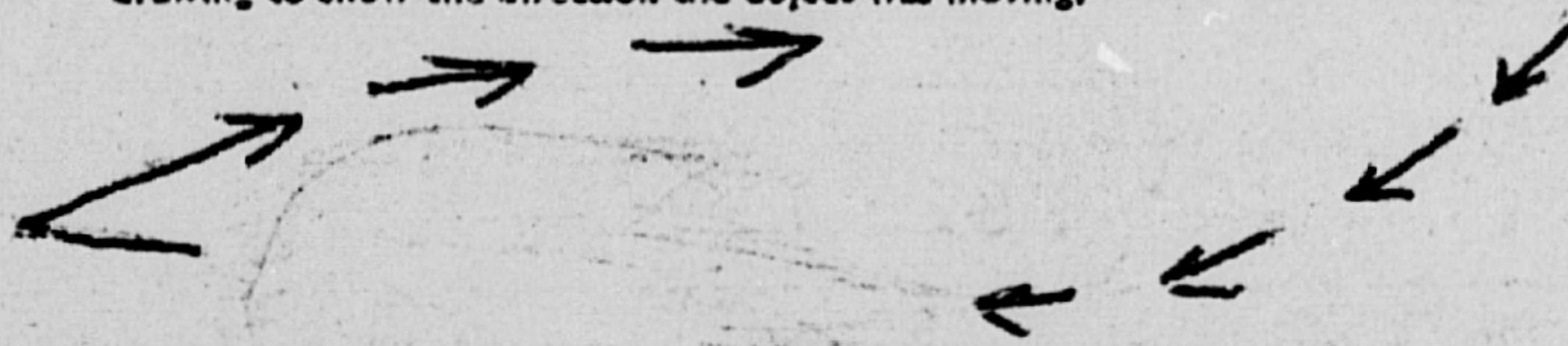
| | | | | | |
|---|---|--------------------|------------------------------|-----|----|
| 8. IF you saw the object at NIGHT, TWILIGHT, or DAWN, what did you notice concerning the STARS and MOON? | | | | | |
| 8.1 STARS (Circle One): | | | | | |
| a. None | b. Bright moonlight | | | | |
| <input checked="" type="radio"/> A few | <input checked="" type="radio"/> Dull moonlight | | | | |
| c. Many | e. No moonlight—pitch dark | | | | |
| d. Don't remember | d. Don't remember | | | | |
| 8.2 MOON (Circle One): | | | | | |
| a. Bright moonlight | b. Dull moonlight | | | | |
| c. Many | e. No moonlight—pitch dark | | | | |
| d. Don't remember | d. Don't remember | | | | |
| 9. Was the object brighter than the background of the sky? | | | | | |
| (Circle One): a. Yes b. No c. Don't remember | | | | | |
| 10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile headlight? | | | | | |
| (Circle One): a. A mile or more away (a distant car)? | | | | | |
| b. Several blocks away? | | | | | |
| c. A block away? | | | | | |
| <input checked="" type="radio"/> d. Several yards away? | | | | | |
| e. Other _____ | | | | | |
| 11. Did the object: (Circle One for each question) | | | | | |
| a. Appear to stand still at any time? | <input checked="" type="radio"/> Yes | No Don't know | | | |
| b. Suddenly speed up and rush away at any time? | <input checked="" type="radio"/> Yes | No Don't know | | | |
| c. Break up into parts or explode? | <input checked="" type="radio"/> Yes | No Don't know | | | |
| d. Give off smoke? | <input checked="" type="radio"/> Yes | No Don't know | | | |
| e. Change brightness? | <input checked="" type="radio"/> Yes | No Don't know | | | |
| f. Change shape? | <input checked="" type="radio"/> Yes | No Don't know | | | |
| g. Flicker, throb, or pulsate? | <input checked="" type="radio"/> Yes | No Don't know | | | |
| 12. Did the object move behind something at any time, particularly a cloud? | | | | | |
| (Circle One): Yes <input checked="" type="radio"/> 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): <input checked="" type="radio"/> Yes No Don't know. IF you answered YES, then tell what it moved in front of: <u>BETWEEN CLOUD AND MOUNTAIN SIDE</u> | | | | | |
| 14. Did the object appear: (Circle One): a. Solid? b. Transparent? c. 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 <u>HAROKO/ZHIEF</u> | | |

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

a. Sound NONE
b. Color WHITE TO RED TO BLUE

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 vapour trails. Place an arrow beside the drawing to show the direction the object was moving.



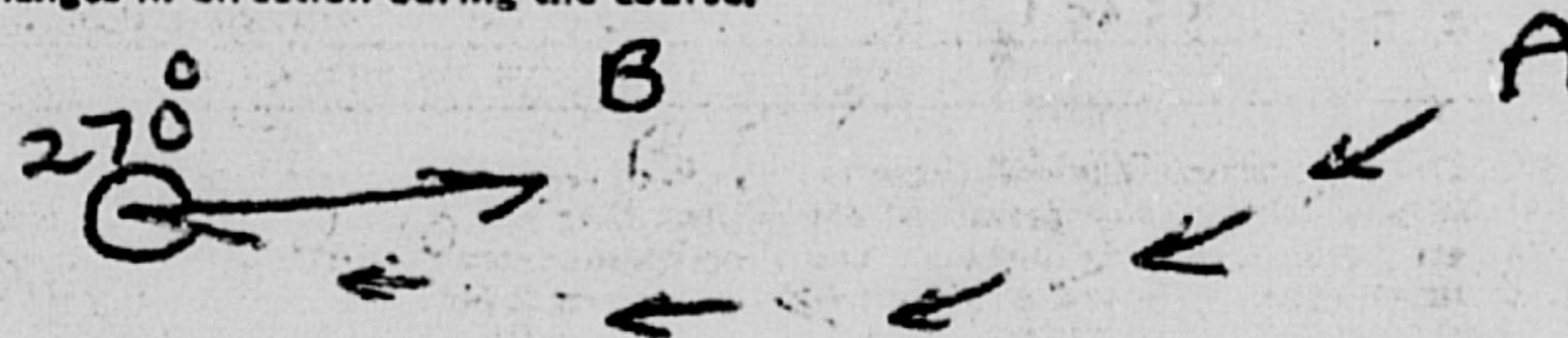
18. The edges of the object were:

(Circle One): a. Fuzzy or blurred e. Other _____
b. Like a bright star
c. Sharply outlined
d. Don't remember

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.

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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. IF POSSIBLE, try to guess or estimate what the real size of the object was in its longest dimension. 60 FT feet

22. How large did the object or objects appear as compared with one of the following objects held in the hand and at about arm's length?

(Circle One):

| | |
|------------------|------------------|
| a. Head of a pin | g. Silver dollar |
| b. Pea | h. Baseball |
| c. Dime | i. Grapefruit |
| d. Nickel | j. Basketball |
| e. Quarter | k. Other _____ |
| f. Half-dollar | |

22.1 Circle One of the following to indicate how certain you are of your answer to Question 22.

a. Certain
 b. Fairly certain
 c. Not very sure
 d. Uncertain

23. How did the object or objects disappear from view? AS IT MOVED
AS IT BECAME DARK BLUE
UNTILL IT FINALLY
DISAPPEARED

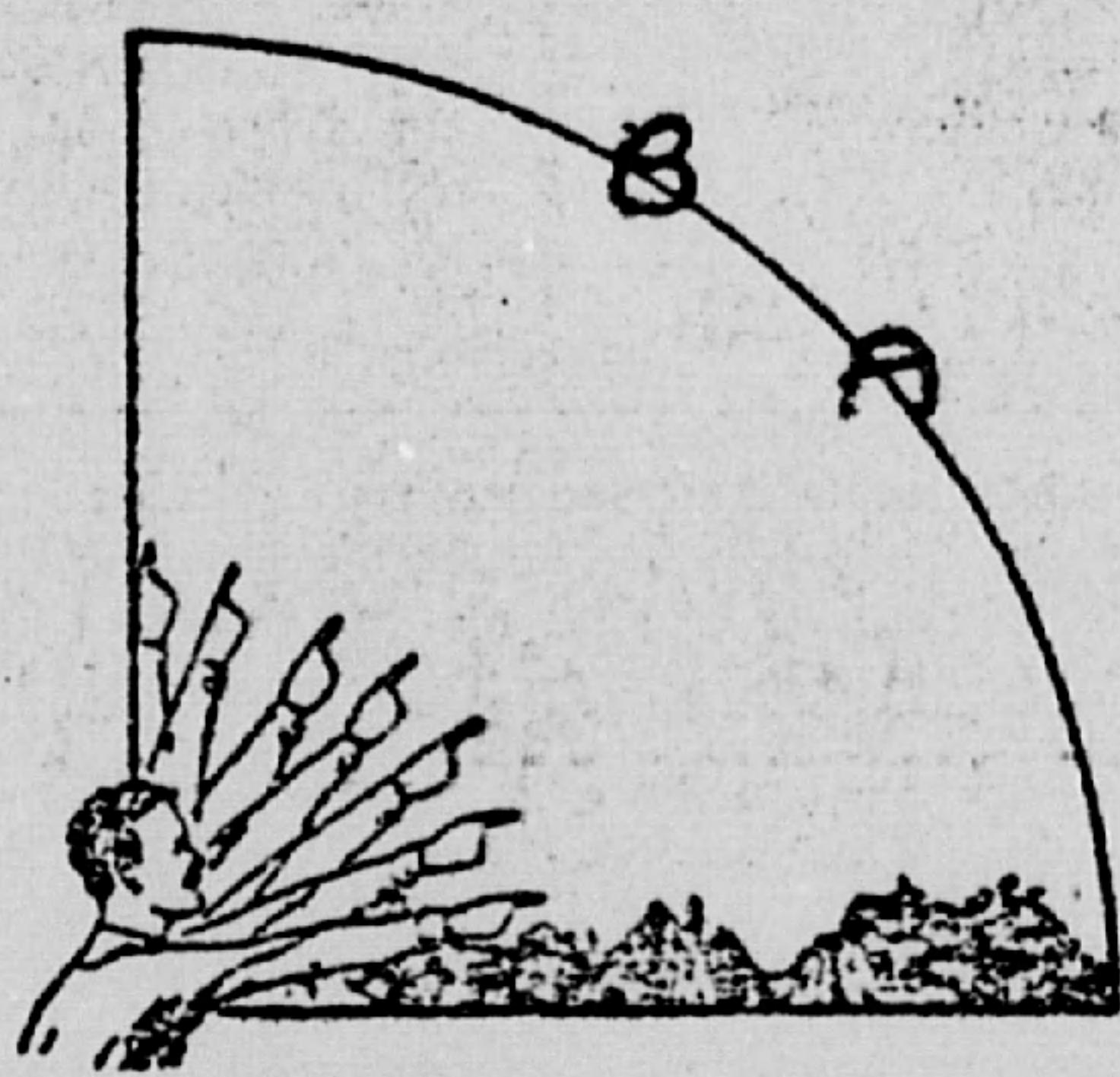
24. In order that you can give as clear a picture as possible of what you saw, we would like for you to imagine that you could construct the object that you saw. Of what type material would you make it? How large would it be, and what shape would it have? Describe in your own words a common object or objects which when placed up in the sky would give the same appearance as the object which you saw.

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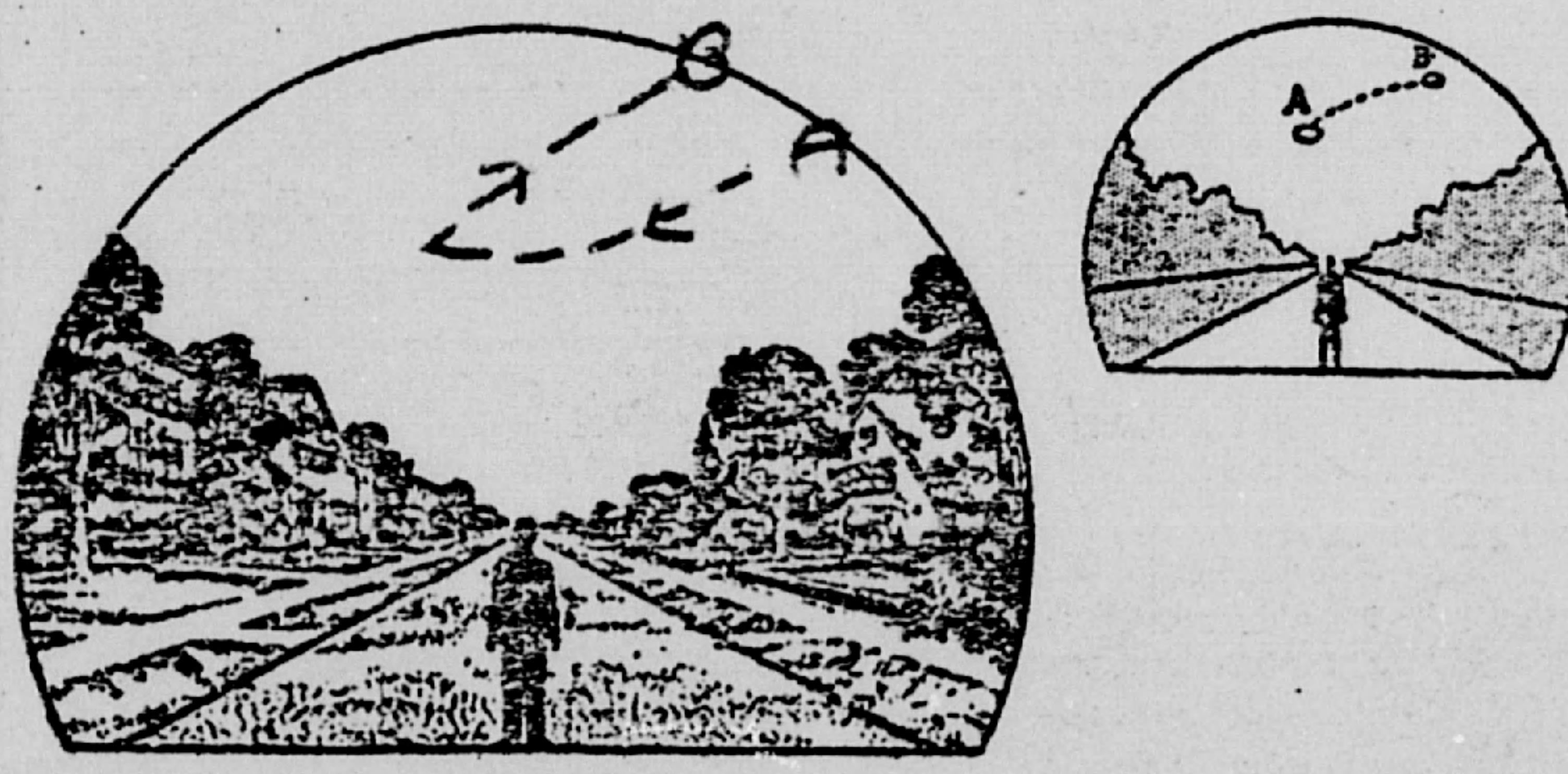
| | |
|--|--|
| 25. Where were you located when you saw the object? (Circle One): a. Inside a building b. In a car <input checked="" type="checkbox"/> c. <u>Outdoor</u> d. In an airplane e. At sea f. Other <u>CAMP, NY</u> | 26. Were you (Circle One) a. In the business section of a city? b. In the residential section of a city? c. In open countryside? d. Flying 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? <u>HEARD ANIMAL ON HILLSIDE</u> <u>LOOKED UP AND NOTICED</u> <u>BRIGHT MOVING OBJECT</u> | |
| 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. <u>West</u> b. Northeast d. Southeast f. Southwest h. Northwest | |
| 30. What direction were you looking when you last saw the object? (Circle One) a. North c. East e. <u>South</u> g. West b. Northeast d. Southeast f. Southwest h. Northwest | |
| 31. If you are familiar with bearing terms (angular direction), try to estimate the number of degrees the object was from true North 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 | |

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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.



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34. What were the weather conditions at the time you saw the object?

34.1 CLOUDS (Circle One)

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds
- e. Don't remember

34.2 WIND (Circle One)

- a. No wind
- b. Slight breeze
- c. Strong wind
- d. Don't remember

34.3 WEATHER (Circle One)

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

34.4 TEMPERATURE (Circle One)

- a. Cold
- b. Cool
- c. Warm
- d. Hot
- e. Don't remember

35. When did you report to some official 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?

UFO

APPENDICES

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| | | |
|--|--|--|
| 39. Do you think you can estimate the speed of the object? (Circle One) Yes <input checked="" type="radio"/> No <input type="radio"/> If you answered YES, then what speed would you estimate? _____ m.p.h. | | |
| 40. Do you think you can estimate how far away from you the object was? (Circle One) Yes <input checked="" type="radio"/> No <input type="radio"/> If you answered YES, then how far away would you say it was? _____ feet. | | |
| 41. Please give the following information about yourself: NAME _____ Last Name _____ First Name _____ Middle Name _____ ADDRESS _____ N. PLYMOUTH N.Z. _____ Street _____ City _____ Zone _____ State _____ TELEPHONE NUMBER _____ What is your present job? STUDENT _____ Age 15 _____ Sex M/F _____ Please indicate any special educational training that you have had. a. Grade school _____ e. Technical school _____ b. High school _____ (Type) _____ c. College ST. STEPHENS _____ f. Other special training _____ d. Post graduate _____ | | |
| 42. Date you completed this questionnaire: 21 JUNE 1963 Day Month Year | | |