

# PROJECT 10073 RECORD CARD

1. DATE 2 Apr 64		2. LOCATION Lakeview, south Carolina		12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon	
3. DATE-TIME GROUP Local 0600 GMT 02/1100Z		4. TYPE OF OBSERVATION <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Air-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Intercept Radar		<input checked="" type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft	
5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6. SOURCE Civilian		<input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical	
7. LENGTH OF OBSERVATION 10 Minutes		8. NUMBER OF OBJECTS Three		9. COURSE Varied	
10. BRIEF SUMMARY OF SIGHTING  Sun rising, not visible but light in East. Three dark shiny objects. Contrails. Flight generally straight. Manuvered and went in/ different directions.				11. COMMENTS  No Data presented to conflict with evaluation as A/C. Duration, of flight pattern, description of sighting in accord with analysis.	



## 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 Day April Month 1962 Year

2. Time of day:

6:00  
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 \_\_\_\_\_

City or Town Lake View

State or Country \_\_\_\_\_

Additional remarks: \_\_\_\_\_

5. How long was object in sight?

Hours \_\_\_\_\_

10 Minutes

Seconds \_\_\_\_\_

5.1 How was time in sight determined?

Was wearing a watch

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

EAST

it was just before the sun came up, but  
the sun was just up



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: *Subjects*

(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?

*No*

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? <i>as a jet plane might</i>           | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | <input type="radio"/> Don't Know |
| e. Change brightness? <i>not the only object in sky</i>  | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | <input type="radio"/> Don't Know |
| f. Change shape? <i>between the sun</i>                  | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't Know |
| g. Flash or flicker?                                     | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | <input type="radio"/> Don't Know |
| h. Disappear and reappear? <i>The rocket disappeared</i> | <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 <i>clear standing over my head</i> |     |                                     |
- don't wear glasses.*



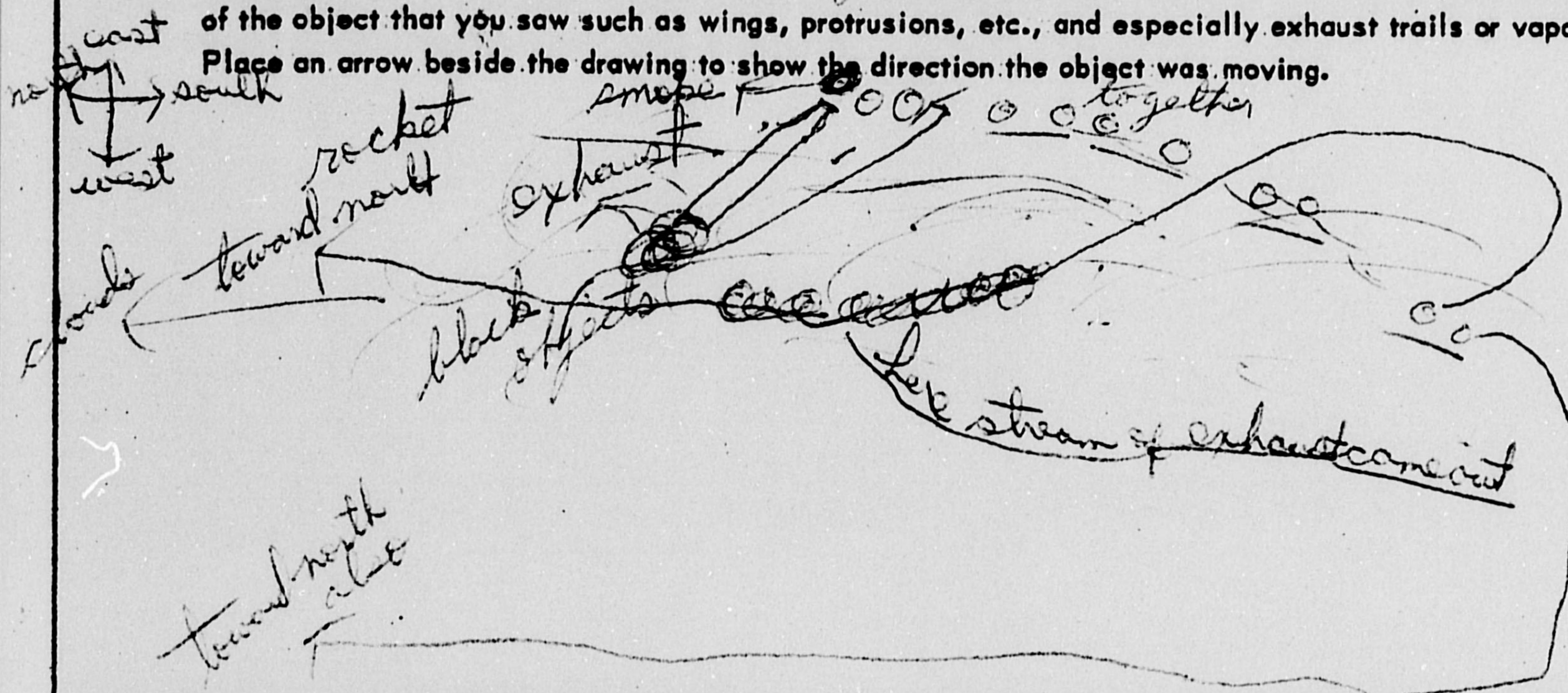
16. Tell in a few words the following things about the object.

a. Sound None

b. Color The rocket appeared blackish. The other <sup>two</sup> objects from the rocket  
appeared black except when it was between it & the sun it ~~was~~ <sup>appeared</sup> shiny

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.



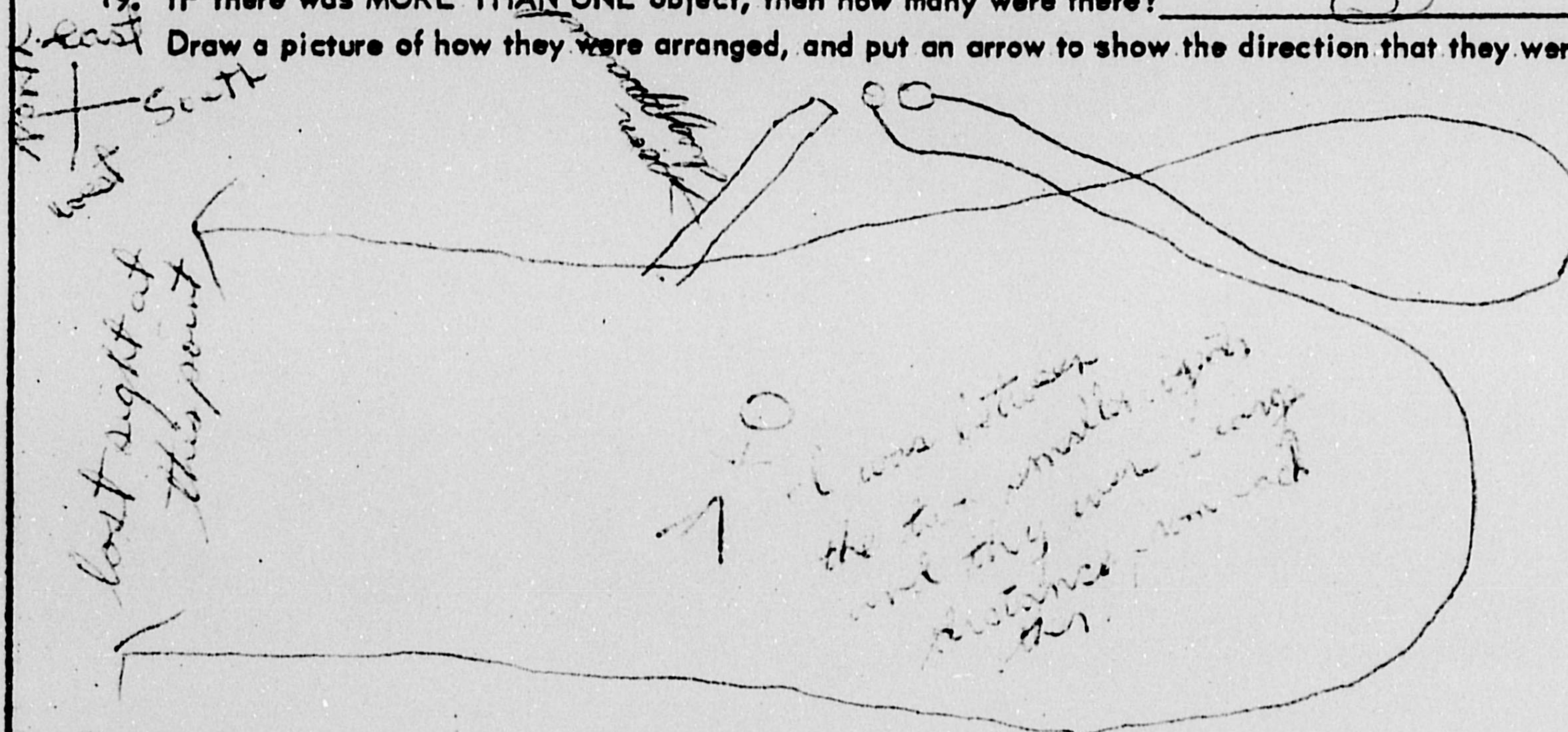
18. The edges of the object were:

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

e. Other just about sharply  
outlined

19. IF there was MORE THAN ONE object, then how many were there? (3)

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.

*A rocket appeared from the east just before sunrise and then from stationary. Two small black objects came from the top and made a wide turn and then headed north.*

21. How large did the object appear to you as compared to an object with which you are familiar? *The rocket seemed very small, and the objects appeared smaller, it was something and very far away.*

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?

*The rocket then the two small objects came out of the top. It kind of disappeared out of sight.*

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.

*It looked like a rocket which appeared very large.*



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 (around spreaded houses of a community)

27. What were you doing at the time you saw the object, and how did you happen to notice it?

At that time I was riding on my moped, with a  
hooked straight ahead at the bright lights. I first  
noticed it. I stopped and waited till all of it disappeared

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? slowly miles per hour.

28.3 Did you stop at any time while you were looking at the object? after I had notice it

(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:

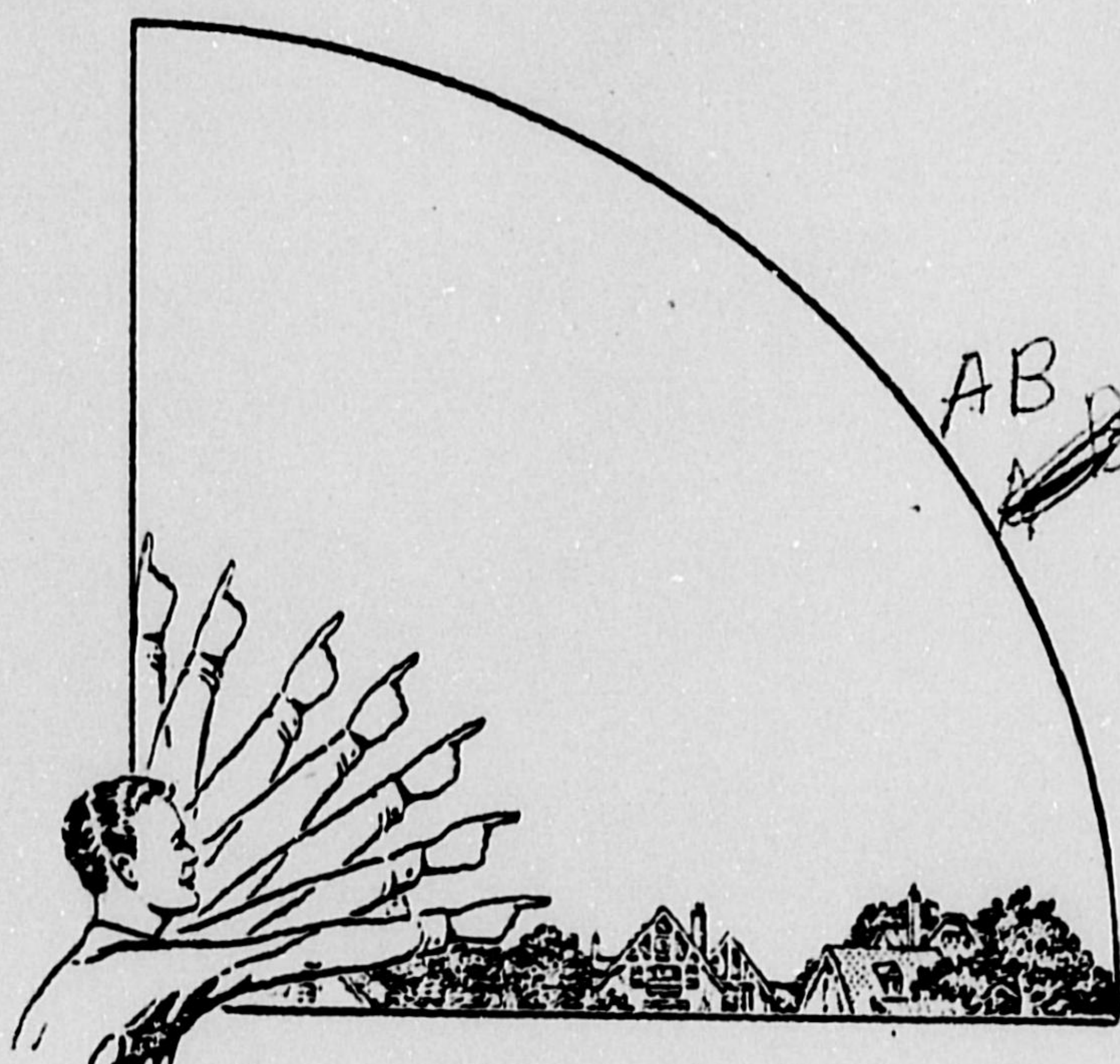
- a. From true North \_\_\_\_\_ degrees.
- b. From horizon \_\_\_\_\_ degrees.

31.2 When it disappeared:

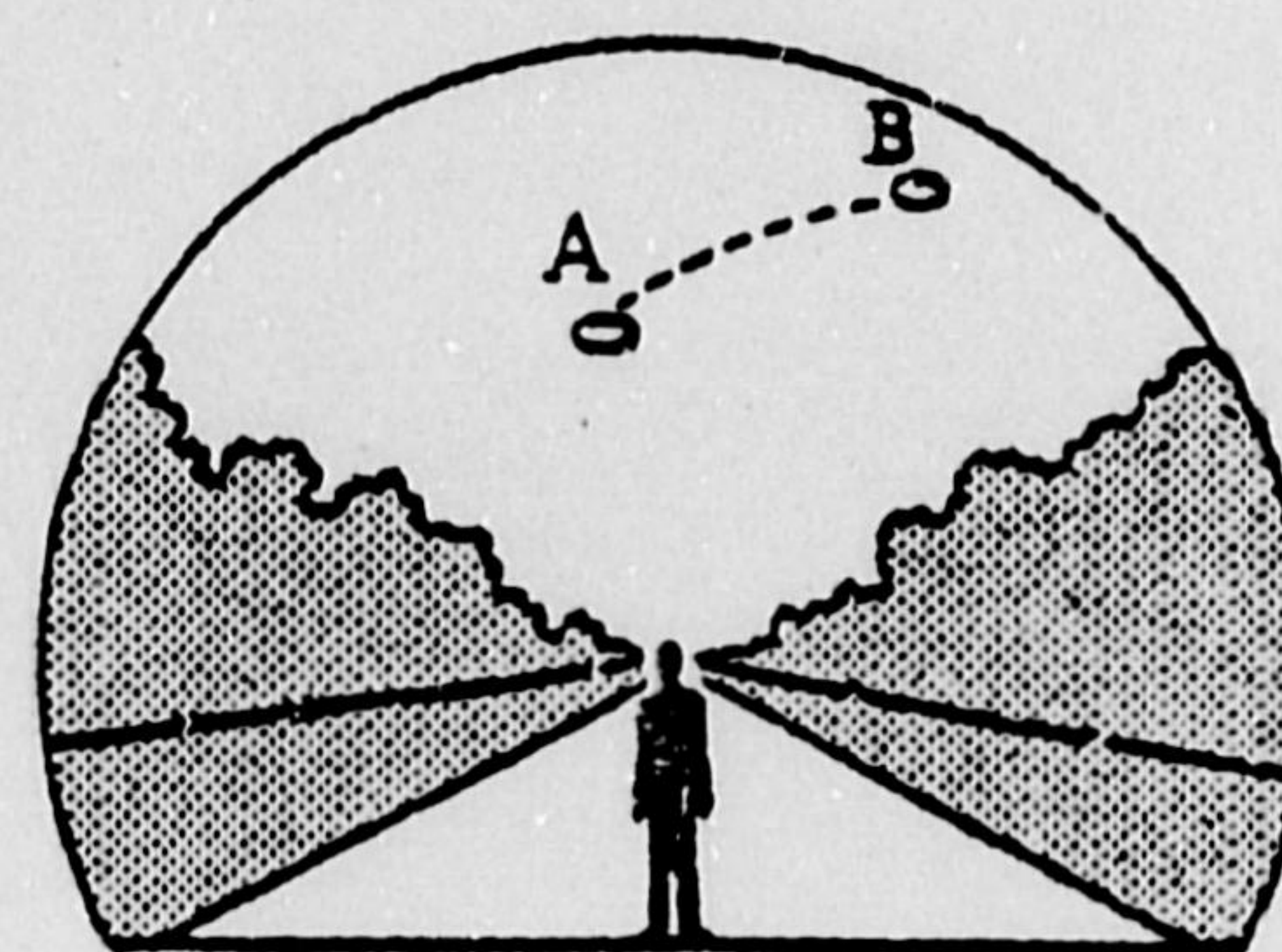
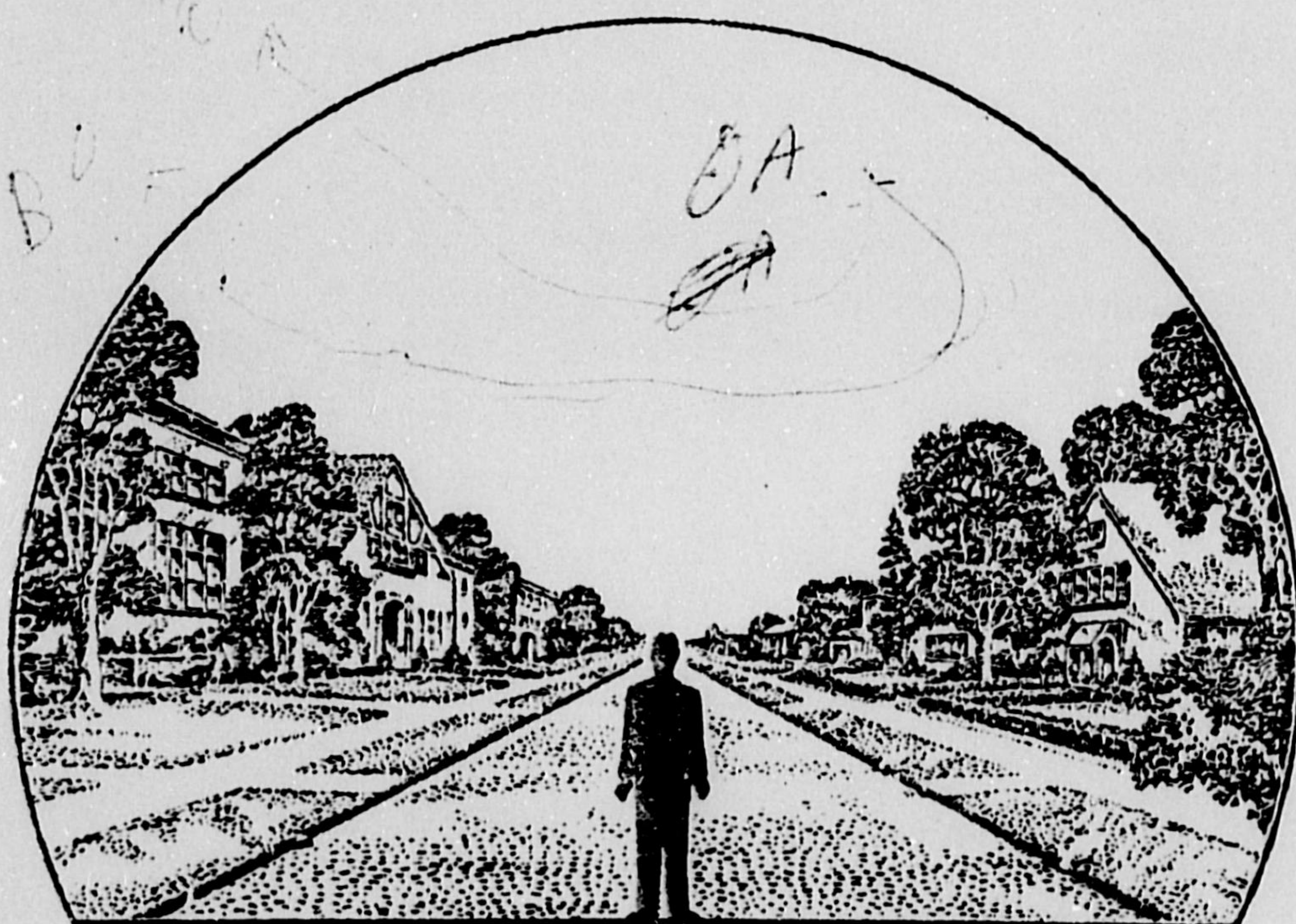
- a. From true North \_\_\_\_\_ degrees.
- b. From horizon \_\_\_\_\_ degrees.



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 - *less*

*below the object mostly*

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

Last 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