## PROJECT 10073 RECORD CARD

1. DATE	2. LOCATION		12.	CONCLUSIONS	
19 Apr 64 3. DATE-TIME GROUP Local 2015 7/65	Dayton, Obio  4. TYPE OF OBSERVATION  XX Ground-Visual	TYPE OF OBSERVATION		Was Balloon Probably Balloon Possibly Balloon Was Aircraft Probably Aircraft	
GMT 20/0205Z	D Air-Visual	O Air-Intercept Rodar	0	Possibly Aircraft	
S. PHOTOS  D Yes  XXX No	6. SOURCE Civilian		000	Was Astronomical Probably Astronomical Possibly Astronomical	
7-10 Minutes	8. NUMBER OF OBJECTS  One	9. COURSE	XX	Other Searchlight Insufficient Data for Evaluation Unknown	
10. BRIEF SUMMARY OF SIGHTING		11. COMMENTS			

Hapy night after storm. Scattered clouds.
Some fog. Object as bright as full moon.
Obj. chainged brightness, shape and size.
Appeared in SE. Size of basketball.
Moved to NE climbing, changed to reddish color. Observed at 45 deg elevation.
Speed of ECHO sateilite. Distance same as that

Possible searchlight observation.
Atmospheric conditions and general description of observation in accord with this analysis.

of light a/z in flight. Several observers, no noise.

19 111-

## U.S. AIR FORCE TECHNICAL INFORMATION

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 abserved. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. 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.

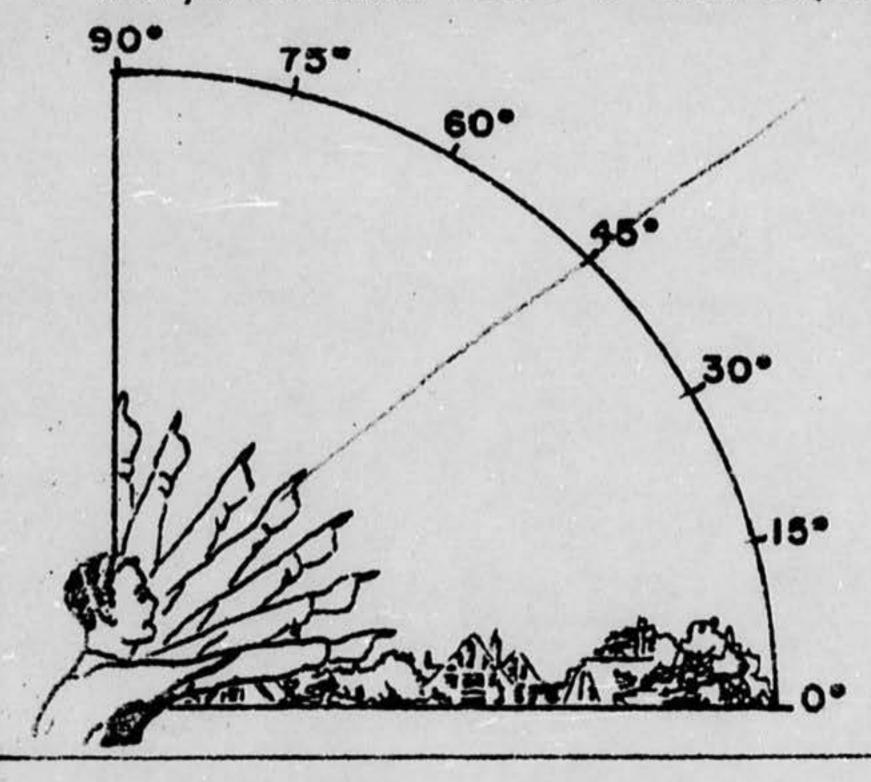
1. When did you see the object?	2. Time of day: 21 OS Minutes
19 1964 Doy Month Year	(Circle One): A.M. or P.M.
3. Time Zone:  (Circle One): a. Eastern b. Central c. Mountain d. Pacific e. Other	(Circle One): a Daylight Saving b. Standard
4. Where were you when you saw the object?	
Late Frank Traile Court	Desten 14 Ohin
Negrest Postal Address	City or Town State or Count,
5. How long was object in sight? (Total Duration)	7-10 Hours Seconds
and a second sec	Not very sure
b. Fairly certain d.	Just a guess
5.1 How was time in sight determined?	and the state of t
5.2 Was object in sight continuously? Yes	No
6. What was the condition of the sky?	
THE CONTRACT OF THE CONTRACT O	GHT
a. Bright a. B. Cloudy	Bright Cloudy
7. IF you saw the object during DAYLIGHT, where was t	the SUN located as you looked at the object?
(Circle One): a. In front of you d.	To your left
(Circle One): a. In front of you d. 5 b. In back of you e. ( c. To your right f. (	To your left Overhead Don't remember

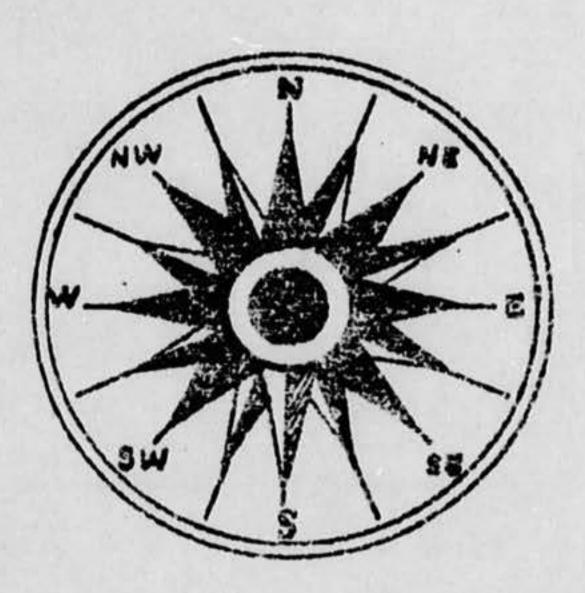
8.	IF you saw the object at NIGHT, what did you	u notice	concerning the	STARS and	MOON?			
va	8.1 STARS (Circle One):	8.2 N	OON (Circle O	ne):	11/1			
	a. None		a. Bright moon	nlight	17-1-C	1		
	b. A few		b. Dull moonli	The state of the s	. tom	- 1		
	c. Many		c. No moonlig		ark	- 1		
	d. Don't remember		d. Don't reme	mber				
9.	What were the weather conditions at the time	you saw	the object?					
	CLOUDS (Circle One):	WEAT	HER (Circle O	ne):				
	a. Clear sky	a. Dr				1		
	6. Hazy		g, mist, or ligh	roin .		1		
	c. Scattered clouds	A SAME OF THE SAME	derate or heav					
X	d. Thick or heavy clouds	d. Sn	the rest of the second second second second	y ruin		1		
	G. THICK OF HEAVY CIOODS	STATE OF STA	n't remember			- 1		
						-		
10.	The object appeared: (Circle One):					1		
	a. Solid d. As a light					1		
	b. Transparent e. Don't reme					- 1		
	c. Vapor							
	a. Brighter c. About the same b. Dimmer d. Don't know  11.1 Compare brightness to some common object:							
_								
12.	The edges of the object were:							
	(Circle One): a. Fuzzy or blurred		e. Other					
	b. Like a bright star					- 1		
	d. Don't remember					- 1		
	u. Don Fremember							
13.	Did the object:		(Circl	e One for e	sch question)	9		
	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	1		
			and the same of th	T.I.	Dan's Lanu	- 1		
	e. Change brightness?		Yes	No	Don't know			
	f. Change shape? / 5/ZE		Yes	No	Don't know			
	f. Change shape? / 5 ZE g. Flash or flicker?		Yes	No No	Don't know			
	f. Change shape? / 5/ZE		7. Table 19 (19)	No	Don't know			

14. Did the object disappear while you were watching it? It so, how?  Jes St. Mand to the will a limbing and for a series of the limbing and the formula and there will then						
15. 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:						
16. 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:						
17. Tell in a few words the following things about the object:  a. Sound						
18. 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?						
19. 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.						
14/14						

20.	20. Do you think you can estimate the speed of the object?  (Circle One) Yes No Like ECHO satallite								
	(Circle One	) Ye	s A	10	LU20 E	ECHO	, a. Ullette		
	IF you answered YE								
21.	21. Do you think you can estimate how far away from you the object was?  (Circle One) Yes No Sime as light wift.								
	(Circle One	) Ye	s (N	10)	Siml a	es lig	kt ceept.		
	IF you answered YE	S, then how	far away wo	uld you sa	y it was?	<u>√</u>	v		
22.	Where were you loca (Circle One):	ted when you	saw the ob	oject?	23. Were you	(Circle One	)		
							ection of a city?		
	a. Inside a building				1		section of a sity?		
v	b. In a car					en country si	de?		
	c. Outdoors				The state of the s	an airfield?			
	d. In an airplane (ty	(be)				g over a city			
	e. At sea					g over open	A CANADA		
	f. Other				g. Other				
24.	24.1 What direction	were you mo	oving? (Circ			e, then com	plate the following qu	estions:	
N NAC	a. North		c. East		e. South		g. Yest		
100	b. Northeast		d. Southeas	31	f. Southwe	st	h. Northwest		
	24.2 How fast were	you moving?		mi	les per hour.				
*	24.3 Did you stop a	t any time w	hile you we	re looking	at the object?				
	(Circle One	)	Yes	No					
25.	Did you observe the	object throu	gh any of th	e followin	o? Ne				
	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				
26.	The state of the s	ich, when pl	aced up in t	he sky, w	ould give the so	me appeara	nce as the object whi		

27. 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. Place an "A" on the compass when you first saw it. Place a "B" on the compass where you last saw the object.





28. Draw a picture that will show the motion that the object or objects made. Place an "A" or the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

30.	Have you ever seen this, or a similar object before. If so give date or dates and location.
31.	Was anyone else with you at the time you saw the object? (Circle One)  31.1 IF you answered YES, did they see the object too? (Circle One)  31.2 Please list their names and addresses:  Mimi Drive  Mimi Drive  14
32.	Please give the following information about yourself:
	NAME
	ADDRESS City Zone Store
	TELEPHONE NOMBER AGE SEX SEX
	Indicate any additional information about yourself, including any special experience, which might be pertinent.
33.	When and to whom did you report that you had seen the object?
	Day Month Year

					Page 7
34.	Date you completed this questionnaire:	Day	Month	Year	
35.	Information which you feel pertinent and which is no questionnaire or a narrative explanation of your sigh	iting.			
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