

PROJECT 10073 RECORD CARD

2. LOCATION Kelly AFB, Texas		12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input checked="" type="checkbox"/> Possibly Balloon <input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft <input type="checkbox"/> Was Astronomical <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	
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			
6. SOURCE 5 airman			
7. LENGTH OF OBSERVATION 1 minute	8. NUMBER OF OBJECTS 1	9. COURSE	
10. BRIEF SUMMARY OF SIGHTING dull white color. Round.		11. COMMENTS	



4. How did you happen to notice the object? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. When did you report to some official that you had seen the object?

11 / 11 / 1954  
Day Month Year

SECTION B

6. What were you doing at the time you saw the object? \_\_\_\_\_

\_\_\_\_\_

6.1 What had you been doing for the 30 minutes before you saw the object? Try to list the activity or activities, and the approximate amount of time spent on each.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Were you moving at any time while you saw the object? (Circle One)

Yes or No.

IF you answered YES, then complete the following questions.

7.1 What direction were you moving?

- (Circle One):
- |              |              |
|--------------|--------------|
| a. North     | e. South     |
| b. Northeast | f. Southwest |
| c. East      | g. West      |
| d. Southeast | h. Northwest |

7.2 How fast were you moving? \_\_\_\_\_ miles per hour.

7.3 Did you stop at any time while you were looking at the object?

(Circle One): Yes or No

8. What direction were you facing when you first saw the object?

- (Circle One):
- |                     |              |
|---------------------|--------------|
| a. North            | e. South     |
| b. <u>Northeast</u> | f. Southwest |
| c. East             | g. West      |
| d. Southeast        | h. Northwest |

8.1 What direction were you facing when the object disappeared?

- (Circle One):
- |                     |              |
|---------------------|--------------|
| a. North            | e. South     |
| b. Northeast        | f. Southwest |
| c. East             | g. West      |
| d. <u>Southeast</u> | h. Northwest |

8.2 Circle one of the following to indicate how certain you are of your answer to the above two questions. (8 and 8.1).

- |                    |                  |
|--------------------|------------------|
| a. <u>Definite</u> | e. Not very sure |
| b. Fairly certain  | d. Just a guess  |

9. Were you wearing eyeglasses when you saw the object? (Circle One):

Yes or No

10. How was the object seen?

- (Circle One):
- |                         |                               |
|-------------------------|-------------------------------|
| a. Through window glass | e. Through theodolite         |
| b. Through windshield   | f. <u>Through sun glasses</u> |
| c. Through binoculars   | g. <u>Through open space</u>  |
| d. Through telescope    | h. <u>Other</u>               |

11. What do you remember about the weather conditions at the time you saw the object?

11.1 CLOUDS (Circle One)

- |                          |
|--------------------------|
| a. <u>Clear sky</u>      |
| b. Hazy                  |
| c. Scattered Clouds      |
| d. Thick or heavy clouds |
| e. Don't remember        |

11.3 WEATHER (Circle One)

- |                             |
|-----------------------------|
| a. <u>Dry</u>               |
| b. Fog, Mist, or light rain |
| c. Moderate or heavy rain   |
| d. Snow                     |
| e. Don't remember           |

11.2 WIND (Circle One)

- |                         |
|-------------------------|
| a. No wind              |
| b. <u>Slight breeze</u> |
| c. Strong wind          |
| d. Don't remember       |

11.4 TEMPERATURE (Circle One)

- |                   |
|-------------------|
| a. Cold           |
| b. Cool           |
| c. Warm           |
| d. <u>Hot</u>     |
| e. Don't remember |



18. Did the object at any time:

18.1 Move behind something? (Circle One) Yes No Don't know

IF you answered YES, then tell what it moved behind.

18.2 Move in front of something? (Circle One) Yes No Don't know

IF you answered YES, then tell what it moved in front of.

18.3 Blend with the background? (Circle One) Yes No Don't know

19. Which of the following object's is about the same actual size as the object you saw? (Circle One)

- |                    |                   |
|--------------------|-------------------|
| a. Pea             | f. Automobile     |
| b. <u>Baseball</u> | g. Small airplane |
| c. Basketball      | h. Large airplane |
| d. Bicycle wheel   | i. Dirigible      |
| e. Office desk     | j. Other _____    |

19.1 Circle one of the following to indicate how certain you are of your answer to Question 19.

- |                   |                  |
|-------------------|------------------|
| a. <u>Certain</u> | e. Not very sure |
| b. Fairly certain | d. Uncertain     |

20. Try to tell the following things about the object:

20.1 How high above the earth was it? \_\_\_\_\_ feet.

20.2 How far was it from you? \_\_\_\_\_ feet or \_\_\_\_\_ miles.

20.3 How fast was it going? \_\_\_\_\_ miles per hour.

20.4 Circle one of the following to indicate how certain you are of your answer to the above questions:

- |                   |                  |
|-------------------|------------------|
| a. <u>Certain</u> | c. Not very sure |
| b. Fairly certain | d. Just a guess  |

21. How did the object disappear from view?

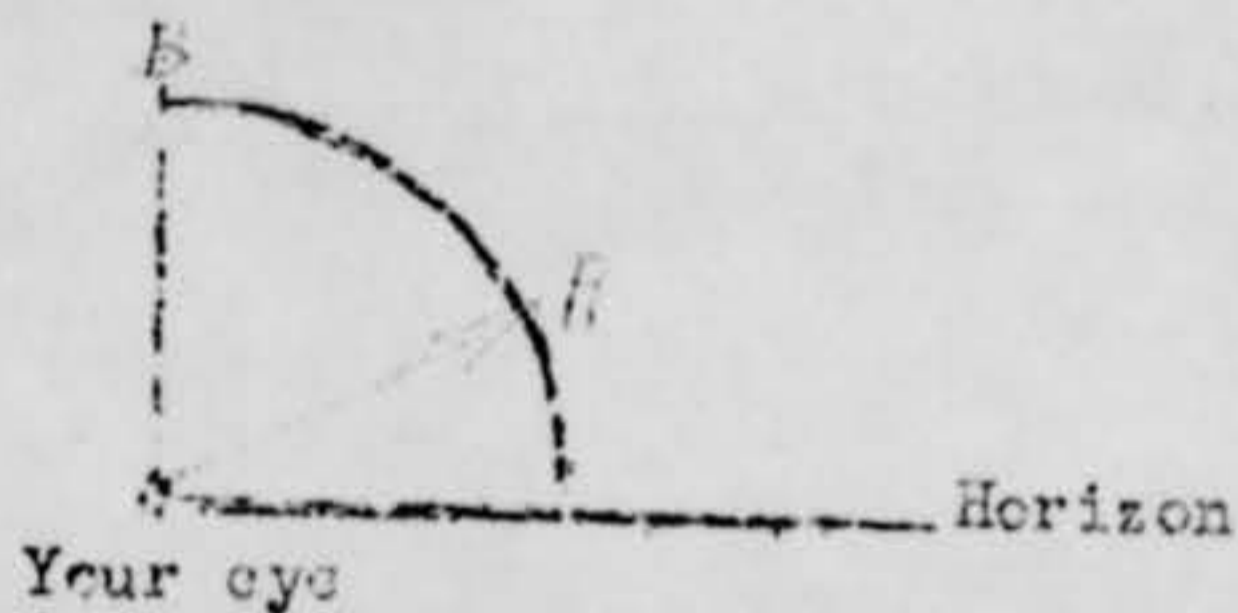
- (Circle One):
- |                    |                   |
|--------------------|-------------------|
| a. <u>Suddenly</u> | c. Other _____    |
| b. Gradually       | d. Don't remember |

CONT.

## SECTION D

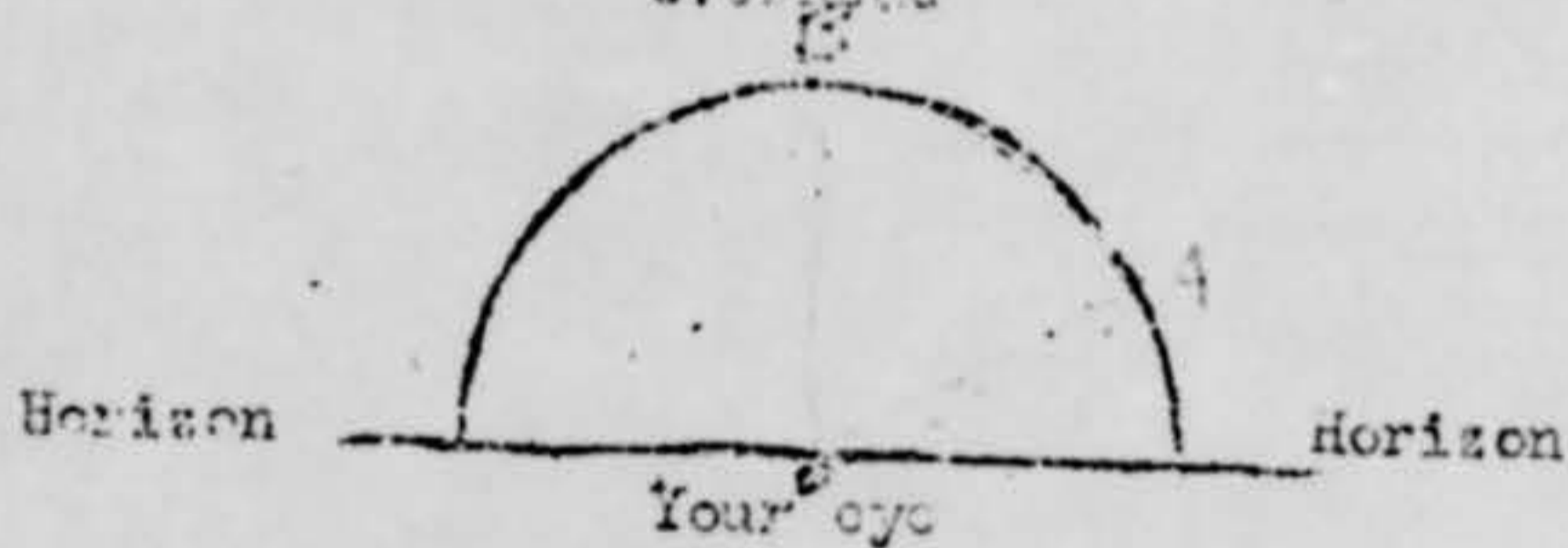
22. In the following sketch, imagine your eye at the point shown. Place an "A" on the curved line to show how high the object was above the horizon when you first saw it. Place a "B" to show where it was when you last saw it.

Overhead



23. In the following 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.

Overhead



24. Draw a picture that will show the motion that the object made. Place an "A" at the beginning of its path and a "B" at the end of its path.



Cont.

25. Draw a picture that will show the shape of the object. Label and include in your sketch any details of the object that you saw, and place an arrow beside the drawing to show the direction the object was moving.

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SECTION E

26. Was this the first time that you have seen an object like this?  
(Circle One): (Yes) No

26.1 IF you answered NO, then when, where, and under what conditions did you see other ones? \_\_\_\_\_

27. In your opinion what do you think the object was and what might have caused it?

*Last known*

28. Give the following information about yourself:

NAME \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

Zone \_\_\_\_\_

State \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

What is your present job? \_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

Last School Attended \_\_\_\_\_

Year of last attendance at this school \_\_\_\_\_



29. Was anyone else with you at the time you saw the object?

(Circle One):  Yes or  No

29.1 IF you answered Yes, did they see the object too?

(Circle One):  Yes or  No

29.2 Please list their name and address:

30. Please add here any further comments which you believe are important.  
Use additional pieces of the same size paper if necessary.

*None*

OBSERVERS QUESTIONNAIRE

SECTION A

1. When did you see the object:

1.1 Date: 12 August 1952  
Day Month Year

1.2 Time of day: 2 . A.M. or P.M. (Circle One)  
Hrs. Min.

1.3 Time Zone: (Circle One):

- a. Eastern                      d. Pacific  
b. Central                      e. Other \_\_\_\_\_  
c. Mountain
- (Circle One) a. Daylight Saving  
b. Standard

1.4 Circle one of the following to indicate how certain you are of your answer to the above question 1.2:

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

2. Where did you see the object?

[Redacted] Washington Tx U.S.A.  
Postal Address City or Town State Country

3. Where were you located when you saw the object:

- (Circle One): a. Inside a building              d. In an airplane  
b. In a car                              e. At sea  
c. Outdoors                              f. Other \_\_\_\_\_

3.1 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 Washington Co. Airport

CONT.

7-5719-11

4. How did you happen to notice the object? 11:45

Went to my room by stairs

5. When did you report to some official that you had seen the object?

11 August 1952  
Day Month Year

SECTION B

6. What were you doing at the time you saw the object? \_\_\_\_\_

Working at Control Room

6.1 What had you been doing for the 30 minutes before you saw the object? Try to list the activity or activities, and the approximate amount of time spent on each.

Working at Control Room - From 7:30 AM  
to time airplane was shown at 1:30 PM was  
waiting for message to be sent to Rose.

7. Were you moving at any time while you saw the object? (Circle One)  
Yes or No.

IF you answered YES, then complete the following questions.

7.1 What direction were you moving?

- (Circle One):
- |              |              |
|--------------|--------------|
| a. North     | e. South     |
| b. Northeast | f. Southwest |
| c. East      | g. West      |
| d. Southeast | h. Northwest |

7.2 How fast were you moving? \_\_\_\_\_ miles per hour.

7.3 Did you stop at any time while you were looking at the object?

(Circle One): Yes or No

OBSERVERS QUESTIONNAIRE

SECTION A

1. When did you see the object:

1.1 Date: 14 Aug 57  
Day Month Year

1.2 Time of day: 1 45 A.M. or P.M. (Circle One)  
Hrs. Min.

1.3 Time zone: (Circle One):

- a. Eastern  
b. Central  
c. Mountain  
d. Pacific  
e. Other \_\_\_\_\_

(Circle One) a. Daylight Saving  
b. Standard

1.4 Circle one of the following to indicate how certain you are of your answer to the above question 1.2:

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

2. Where did you see the object?

[Redacted] Suburban Texas U.S.A.  
Postal Address City or Town State Country

3. 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  
e. At sea  
f. Other \_\_\_\_\_

3.1 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 Compass Rose

CONT.

RAF B

8. What direction were you facing when you first saw the object?

- (Circle One):
- |  |              |
|--|--------------|
| a. North                                 | e. South     |
| b. Northeast                             | f. Southwest |
| <input checked="" type="radio"/> c. East | g. West      |
| d. Southeast                             | h. Northwest |

8.1 What direction were you facing when the object disappeared?

- (Circle One):
- |   |              |
|---|--------------|
| a. North                                      | e. South     |
| b. Northeast                                  | f. Southwest |
| c. East                                       | g. West      |
| <input checked="" type="radio"/> d. Southeast | h. Northwest |

8.2 Circle one of the following to indicate how certain you are of your answer to the above two questions. (8 and 8.1).

- |   |                  |
|---|------------------|
| <input checked="" type="radio"/> a. Certain | e. Not very sure |
| b. Fairly certain                           | d. Just a guess  |

9. Were you wearing eye glasses when you saw the object? (Circle One):  
Yes or  No

10. How was the object seen:

- (Circle One):
- |                         |  |
|-------------------------|--|
| a. Through window glass | e. Through theodolite                                  |
| b. Through windshield   | f. Through sun glasses                                 |
| c. Through binoculars   | <input checked="" type="radio"/> g. Through open space |
| d. Through telescope    | h. Other _____   |

11. What do you remember about the weather conditions at the time you saw the object?

11.1 CLOUDS (Circle One)

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

11.3 WEATHER (Circle One)

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

11.2 WIND (Circle One)

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

11.4 TEMPERATURE (Circle One)

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

## SECTION 3

12. Estimate how long you saw the object? OFF-ON  
 Hours 1 Minutes 15 Seconds

12.1 Circle one of the following to indicate how certain you are of your answer to Question 12:

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

13. Did the object look (circle one): Solid or Transparent?

14. Did the object do any of the following?

(Circle One for each question)

14.1	Change direction?	<u>Yes</u>	No	Don't know
14.2	Change <u>SPEED</u>	<u>Yes</u>	No	Don't know
14.3	Change <u>SIZE</u>	<u>Yes</u>	No	Don't know
14.4	Change <u>COLOR</u>	<u>Yes</u>	No	Don't know
14.5	Break up into parts or explode?	No	<u>Yes</u>	Don't know
14.6	Give off smoke?	No	<u>Yes</u>	Don't know
14.7	Change brightness?	<u>Yes</u>	No	Don't know
14.8	Flicker, throb, or pulse?	<u>Yes</u>	No	Don't know
14.9	Remain motionless?	<u>Yes</u>	No	Don't know

15. Did the object give off a light? (Circle One): Yes NO Don't know

15.1 IF you answered YES, what was the color of the light? \_\_\_\_\_

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

16.1 Sound NONE

16.2 Color SILVER

17. IF there was MORE THAN ONE object, then how many were there? 1  
 Draw a picture of how they were arranged, and put an arrow to show the direction they were traveling.

CONTD.

18. Did the object at any time:

18.1 Move behind something? (Circle One)  Yes  No  Don't know

IF you answered YES, then tell what it moved behind.

Cloud

18.2 Move in front of something? (Circle One)  Yes  No  Don't know

IF you answered YES, then tell what it moved in front of.

18.3 Blend with the background? (Circle One)  Yes  No  Don't know

19. Which of the following object's is about the same actual size as the object you saw? (Circle One)

- |  |                   |
|--|-------------------|
| a. Pea   | f. Automobile     |
| b. Baseball                                    | g. Small airplane |
| <input checked="" type="radio"/> c. Basketball | h. Large airplane |
| d. Bicycle wheel                               | i. Dirigible      |
| e. Office desk                                 | j. Other _____    |

19.1 Circle one of the following to indicate how certain you are of your answer to Question 19.

- |   |                  |
|---|------------------|
| <input checked="" type="radio"/> a. Certain | c. Not very sure |
| b. Fairly certain                           | d. Uncertain     |

20. Try to tell the following things about the object:

20.1 How high above the earth was it? 20 to 3000 feet.

20.2 How far was it from you? 2000 feet or \_\_\_\_\_ miles.

20.3 How fast was it going? 400 to 4000 miles per hour.

20.4 Circle one of the following to indicate how certain you are of your answer to the above questions:

- |  |                  |
|--|------------------|
| a. Certain   | c. Not very sure |
| <input checked="" type="radio"/> b. Fairly certain | d. Just a guess  |

21. How did the object disappear from view?

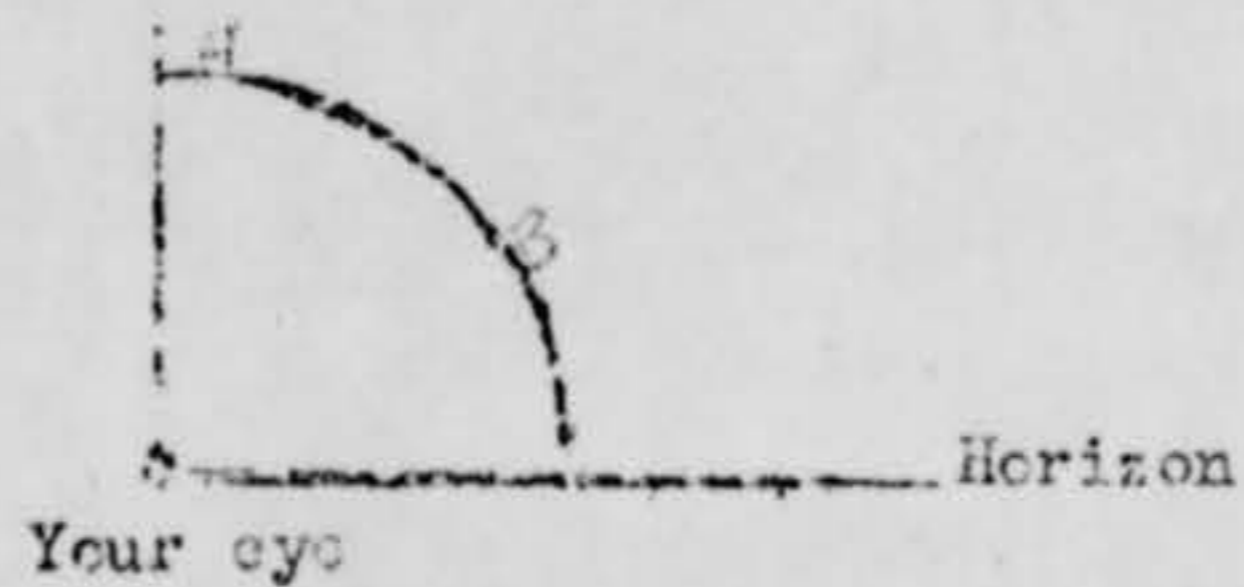
- (Circle One):
- |   |                   |
|---|-------------------|
| a. Suddenly                                   | c. Other _____    |
| <input checked="" type="radio"/> b. Gradually | d. Don't remember |

CONT.

## SECTION D

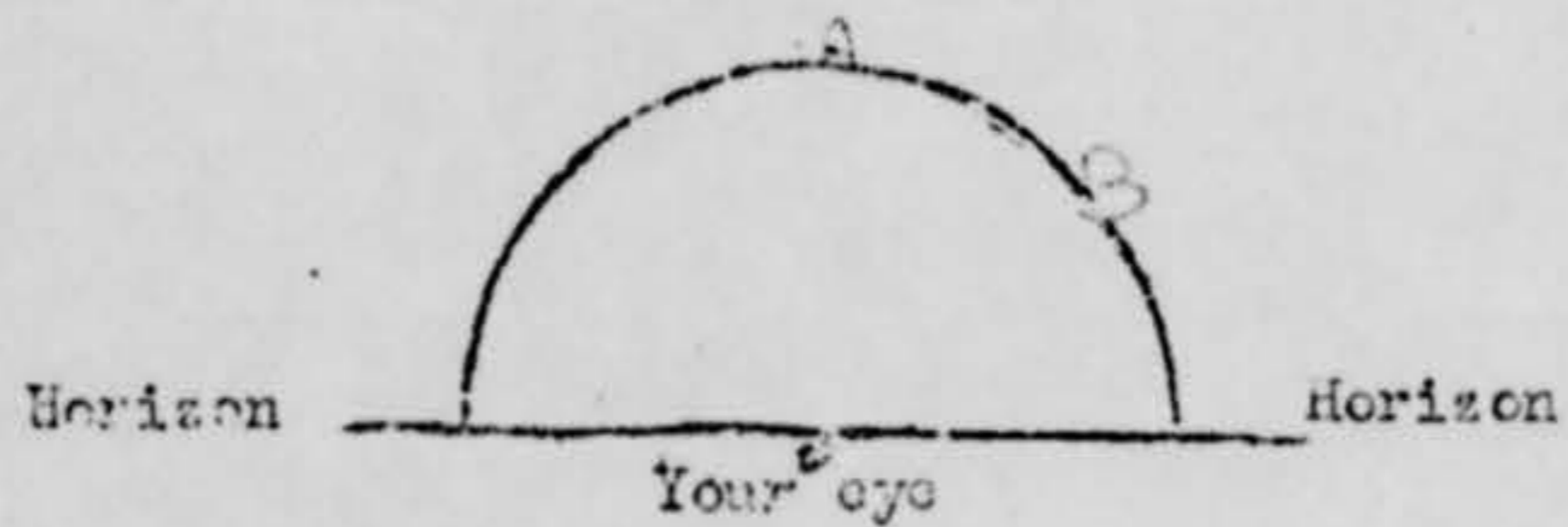
22. In the following sketch, imagine your eye at the point shown. Place an "A" on the curved line to show how high the object was above the horizon when you first saw it. Place a "B" to show where it was when you last saw it.

Overhead



23. In the following sketch place an "A" at the position the object was when you first saw it, and a "B" at the position when you last saw it.

Overhead



24. Draw a picture that will show the motion that the object made. Place an "A" at the beginning of its path and a "B" at the end of its path.

Cont.



- 25. Draw a picture that will show the shape of the object. Label and include in your sketch any details of the object that you saw, and place an arrow beside the drawing to show the direction the object was moving.

SECTION E

- 26. Was this the first time that you have seen an object like this? (Circle One): Yes No

26.1 If you answered NO, then when, where, and under what conditions did you see other ones? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 27. In your opinion what do you think the object was and what might have caused it?

*I have no idea, but it is my opinion that it was an alien object because it was seen from a distance.*

- 28. Give the following information about yourself:

NAME [REDACTED]  
Last Name First Name Middle Name

ADDRESS [REDACTED] San Antonio 1 TEXAS  
Street City Zone State

TELEPHONE NUMBER [REDACTED]

What is your present job? Insurance Broker

Age 35

Sex Male

Last School Attended San Antonio Community College

Year of last attendance at this school 1955

(Circle One): Yes or No

29.2 Please list their name and addresses:

30. Please add here any further comments which you believe are important.  
Use additional space of the same size block if necessary.

OBSERVERS QUESTIONNAIRE

SECTION A

1. When did you see the object:

1.1 Date: 17 Aug 52  
Day Month Year

1.2 Time of day: 2 - A.M. or P.M. (Circle One)  
Hrs. Min.

1.3 Time Zone: (Circle One):

- a. Eastern                      d. Pacific  
b. Central                      e. Other \_\_\_\_\_  
c. Mountain

(Circle One) a. Daylight Saving  
b. Standard

1.4 Circle one of the following to indicate how certain you are of your answer to the above question 1.2:

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

2. Where did you see the object?

KAFB San Antonio Texas US  
Postal Address City or Town State Country

3. Where were you located when you saw the object:

- (Circle One): a. Inside a building                      d. In an airplane  
b. In a car    e. At sea  
c. Outdoors    f. Other \_\_\_\_\_

3.1 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 Campy Hill

CONT.

4. How did you happen to notice the object? A MAN

called my attention

5. When did you report to some official that you had seen the object?

14 Aug 52  
Day Month Year

A Friend called the Tower

SECTION B

6. What were you doing at the time you saw the object? \_\_\_\_\_

Waiting for Mr. Haddam at airport

6.1 What had you been doing for the 30 minutes before you saw the object? Try to list the activity or activities, and the approximate amount of time spent on each.

Waiting for Mr. Haddam at airport

7. Were you moving at any time while you saw the object? (Circle One)

Yes or No

IF you answered YES, then complete the following questions.

7.1 What direction were you moving?

- (Circle One):
- |              |              |
|--------------|--------------|
| a. North     | e. South     |
| b. Northeast | f. Southwest |
| c. East      | g. West      |
| d. Southeast | h. Northwest |

7.2 How fast were you moving? \_\_\_\_\_ miles per hour.

7.3 Did you stop at any time while you were looking at the object?

(Circle One): Yes or No

8. What direction were you facing when you first saw the object?

- (Circle One):
- |   |              |
|---|--------------|
| a. North                                      | e. South     |
| <input checked="" type="radio"/> b. Northeast | f. Southwest |
| c. East                                       | g. West      |
| d. Southeast                                  | h. Northwest |

8.1 What direction were you facing when the object disappeared?

- (Circle One):
- |   |              |
|---|--------------|
| <input checked="" type="radio"/> a. North | e. South     |
| b. Northeast                              | f. Southwest |
| c. East                                   | g. West      |
| d. Southeast                              | h. Northwest |

8.2 Circle one of the following to indicate how certain you are of your answer to the above two questions. (8 and 8.1).

- |   |                  |
|---|------------------|
| <input checked="" type="radio"/> a. Certain | e. Not very sure |
| b. Fairly certain                           | d. Just a guess  |

9. Were you wearing eye glasses when you saw the object? (Circle One):

Yes or  No

10. How was the object seen?

- (Circle One):
- |                         |  |
|-------------------------|--|
| a. Through window glass | e. Through theodolite                                  |
| b. Through windshield   | f. Through sun glasses                                 |
| c. Through binoculars   | <input checked="" type="radio"/> g. Through open space |
| d. Through telescope    | h. Other _____   |

11. What do you remember about the weather conditions at the time you saw the object?

11.1 CLOUDS (Circle One)

- |  |
|--|
| a. Clear sky   |
| b. Hazy  |
| <input checked="" type="radio"/> c. Scattered Clouds |
| d. Thick or heavy clouds                             |
| e. Don't remember                                    |

11.3 WEATHER (Circle One)

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

11.2 WIND (Circle One)

- |   |
|---|
| a. No wind  |
| <input checked="" type="radio"/> b. Slight breeze |
| c. Strong wind                                    |
| d. Don't remember                                 |

11.4 TEMPERATURE (Circle One)

- |   |
|---|
| a. Cold                                 |
| b. Cool                                 |
| c. Warm                                 |
| d. <input checked="" type="radio"/> Hot |
| e. Don't remember                       |

SECTION 3

12. Estimate how long you saw the object?           /           
Hours Minutes Seconds

12.1 Circle one of the following to indicate how certain you are of your answer to Question 12:

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

13. Did the object look (Circle one)  solid or Transparent?

14. Did the object do any of the following?

(Circle one for each question)

14.1	Change direction?	Yes	<input checked="" type="radio"/>	Don't know
14.2	Change <i>SPEED</i>	Yes	<input checked="" type="radio"/>	Don't know
14.3	Change <i>size</i>	Yes	<input checked="" type="radio"/>	Don't know
14.4	Change <i>color</i>	Yes	<input checked="" type="radio"/>	Don't know
14.5	Break up into parts or explode?	Yes	<input checked="" type="radio"/>	Don't know
14.6	Give off smoke?	Yes	<input checked="" type="radio"/>	Don't know
14.7	Change brightness?	Yes	<input checked="" type="radio"/>	Don't know
14.8	Flicker, vibrate, or pulsate?	Yes	<input checked="" type="radio"/>	Don't know
14.9	Remain motionless?	Yes	<u>No</u>	Don't know

15. Did the object give off a light? (Circle one): Yes  Don't know

15.1 IF you answered YES, what was the color of the light?       

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

16.1 Sound   ?  

16.2 Color   ?  

17. IF there was MORE THAN ONE object, when how many were there?         
Draw a picture of how they were arranged, and put an arrow to show the direction they were traveling.

CONTD.

4. How did you happen to notice the object? \_\_\_\_\_

was in the air when I followed the object in the air travelling from East to West

5. When did you report to some official that you had seen the object?

14 Aug 57  
Day Month Year

SECTION B

6. What were you doing at the time you saw the object? \_\_\_\_\_

taking a break -

6.1 What had you been doing for the 30 minutes before you saw the object? Try to list the activity or activities, and the approximate amount of time spent on each.

the kid I was carrying the equipment  
on a high chair and the kid  
and had put out equipment in the  
equipment stack

7. Were you moving at any time while you saw the object? (Circle One)

Yes or No.

IF you answered YES, then complete the following questions.

7.1 What direction were you moving?

- (Circle One):
- |              |              |
|--------------|--------------|
| a. North     | e. South     |
| b. Northeast | f. Southwest |
| c. East      | g. West      |
| d. Southeast | h. Northwest |

7.2 How fast were you moving? \_\_\_\_\_ miles per hour.

7.3 Did you stop at any time while you were looking at the object?

(Circle One): Yes or No

18. Did the object at any time:

18.1 Move behind something? (Circle One) Yes No Don't know

IF you answered YES, then tell what it moved behind.

\_\_\_\_\_

18.2 Move in front of something? (Circle One) Yes No Don't know

IF you answered YES, then tell what it moved in front of.

\_\_\_\_\_

18.3 Blend with the background? (Circle One) Yes No Don't know

19. Which of the following object's is about the same actual size as the object you saw? (Circle One)

- |                    |                   |
|--------------------|-------------------|
| a. Pea             | f. Automobile     |
| <u>b.</u> Baseball | g. Small airplane |
| c. Basketball      | h. Large airplane |
| d. Bicycle wheel   | i. Dirigible      |
| e. Office desk     | j. Other _____    |

19.1 Circle one of the following to indicate how certain you are of your answer to Question 19.

- |                          |                  |
|--------------------------|------------------|
| a. Certain               | c. Not very sure |
| <u>b.</u> Fairly certain | d. Uncertain     |

20. Try to tell the following things about the object:

- 20.1 How high above the earth was it? about 1000 feet.
- 20.2 How far was it from you? \_\_\_\_\_ feet or \_\_\_\_\_ miles. about 1000
- 20.3 How fast was it going? \_\_\_\_\_ miles per hour. about 1000
- 20.4 Circle one of the following to indicate how certain you are of your answer to the above questions:

- |                   |                  |
|-------------------|------------------|
| <u>a.</u> Certain | c. Not very sure |
| b. Fairly certain | d. Just a guess  |

21. How did the object disappear from view?

- (Circle One):
- |                     |                   |
|---------------------|-------------------|
| a. Suddenly         | c. Other _____    |
| <u>b.</u> Gradually | d. Don't remember |

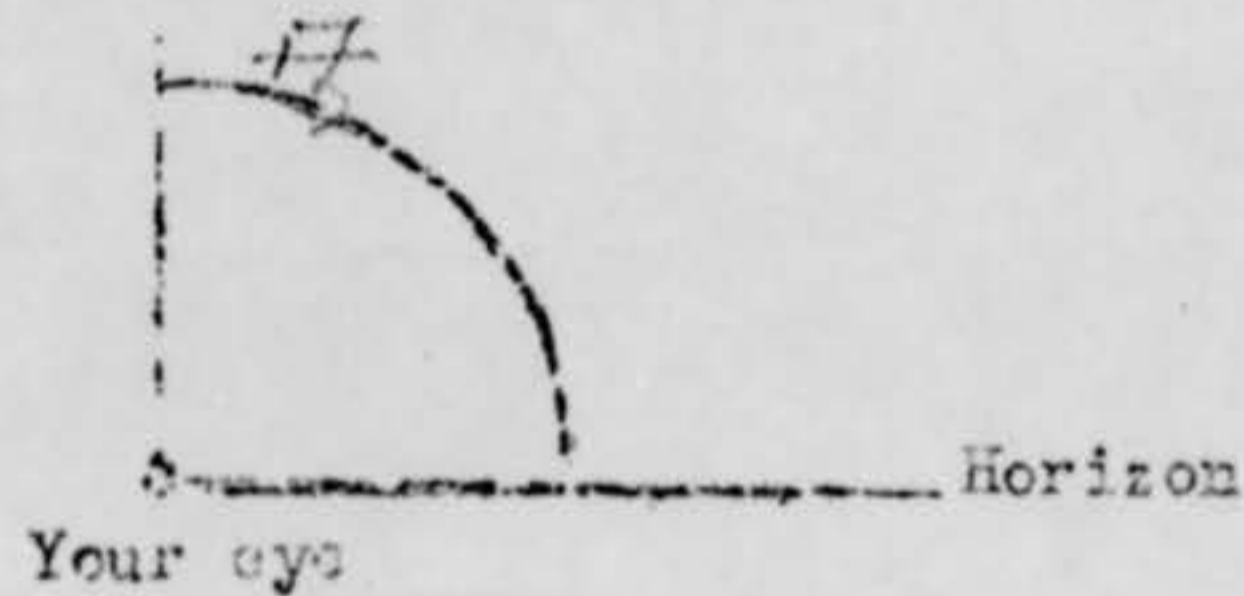
CONT.



## SECTION D

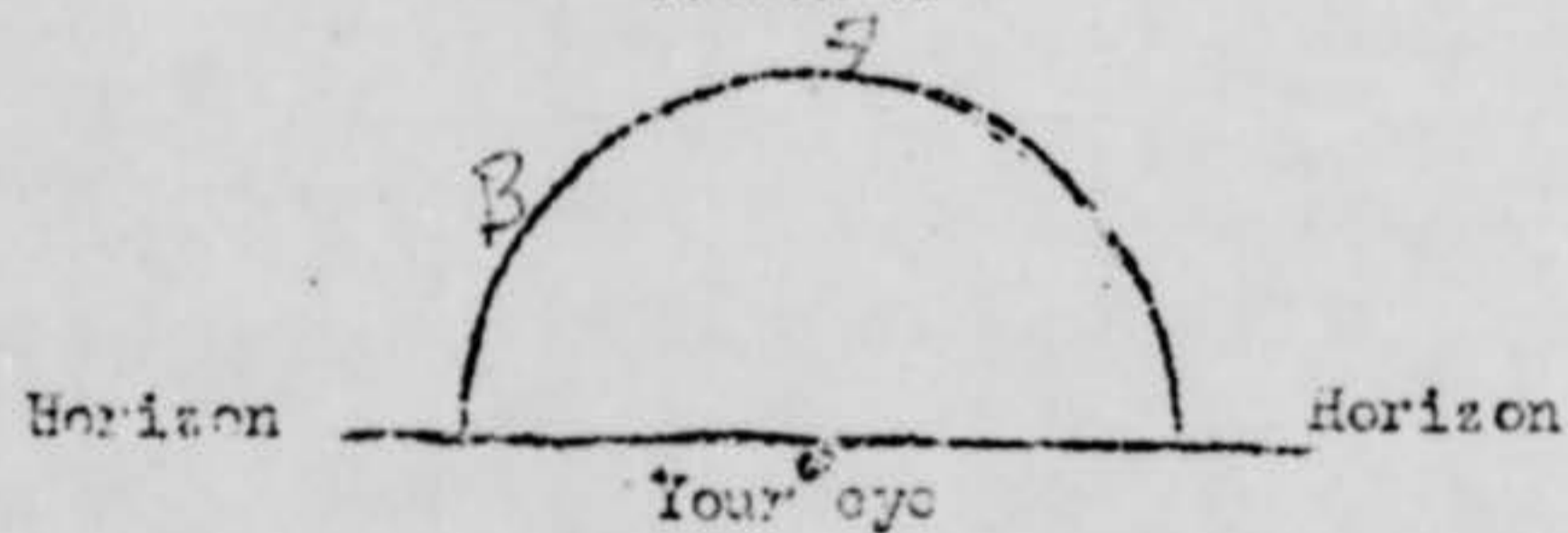
22. In the following sketch, imagine your eye at the point shown. Place an "A" on the curved line to show how high the object was above the horizon when you first saw it. Place a "B" to show where it was when you last saw it.

Overhead



23. In the following 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.

Overhead



24. Draw a picture that will show the motion that the object made. Place an "A" at the beginning of its path and a "B" at the end of its path.



Cont.

- 25. Draw a picture that will show the shape of the object. Label and include in your sketch any details of the object that you saw, and place an arrow beside the drawing to show the direction the object was moving.



just a round object

SECTION E

- 26. Was this the first time that you have seen an object like this? (Circle One): Yes No

26.1 If you answered NO, then when, where, and under what conditions did you see other ones? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 27. In your opinion what do you think the object was and what might have caused it?

don't know

- 28. Give the following information about yourself:

NAME: \_\_\_\_\_ Middle Name \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zone \_\_\_\_\_ State Texas

TELEPHONE NUMBER: \_\_\_\_\_

What is your present job? Electrician

Age 31

Sex male

Last School Attended Abundant High School

Year of last attendance at this school 1942

29. Was anyone else with you at the time you saw the object?

(Circle One):  Yes or  No

29.1 IF you answered YES, did they see the object too?

(Circle One):  Yes or  No

29.2 Please list their name and addresses:

30. Please add here any further comments which you believe are important.  
Use additional pages of the same size paper if necessary.

*None*

HEADQUARTERS  
SAN ANTONIO AIR MATERIEL AREA  
KELLY AIR FORCE BASE, TEXAS

IN REPLY, ADDRESS BOTH  
COMMUNICATION AND EN-  
VELOPE TO ATTENTION OF  
FOLLOWING OFFICE SYMBOL  
SAIP

15 August 1952

SUBJECT: (Unclassified) FLYOBREP

THRU: Commanding General  
ATTN: Intelligence Section  
Air Materiel Command  
Wright-Patterson AF Base, Ohio

TO: Director of Intelligence  
Headquarters, USAF  
Washington 25, D. C.

In compliance with AF Letter 200-5, dated 29 April 1952,  
the attached AF Form 112 is forwarded.

FOR THE COMMANDING GENERAL:

2 Incls:

- 1. AF Form 112
- 2. Statement- [REDACTED]

*Robert W. Fox*  
 ROBERT W. FOX  
 Major, USAF  
 Asst Air Provost Marshal

cc: Chief, Air Technical Intelligence  
ATTN: ATIAA-2c  
Wright-Patterson AFB, Ohio

*[Faint, illegible text]*

7-3719-11

[REDACTED]

COUNTRY United States	REPORT NO.	(LEAVE BLANK)
<b>AIR INTELLIGENCE INFORMATION REPORT</b>		
SUBJECT FLYOBREP		
AREA REPORTED ON San Antonio, Texas	FROM (Agency) SAAMA	
DATE OF REPORT 15 August 1952	DATE OF INFORMATION 14 August 1952	EVALUATION Unknown
PREPARED BY (Officer) Major Robert W. Fox	SOURCE Eye-Witnesses	
REFERENCES (Control number, directive, previous report, etc., as applicable) AF Letter 200-5 dated 29 April 1952		
SUMMARY: (Enter concise summary of report. Give significance in final one-sentence paragraph. List inclosures at lower left. Begin text of report on AF Form 112—Part II.)		
<p>One oval-shaped unidentified object that emitted a dull, whitish color, and estimated to be approximately one-third the size of a B-36 aircraft, was observed flying over Kelly Air Force Base, Texas.</p>		
INCL.		
DISTRIBUTION BY ORIGINATOR		

NOTE: THIS DOCUMENT CONTAINS INFORMATION AFFECTING THE NATIONAL DEFENSE OF THE UNITED STATES WITHIN THE MEANING OF THE ESPIONAGE ACT, 50 U. S. C.—31 AND 32, AS AMENDED. ITS TRANSMISSION OR THE REVELATION OF ITS CONTENTS IN ANY MANNER TO AN UNAUTHORIZED PERSON IS PROHIBITED BY LAW. IT MAY NOT BE REPRODUCED IN WHOLE OR IN PART, BY OTHER THAN UNITED STATES AIR FORCE AGENCIES, EXCEPT BY PERMISSION OF THE DIRECTOR, AIR FORCE INTELLIGENCE, USAF.

# AIR INTELLIGENCE INFORMATION REPORT

FROM (Agency)	REPORT NO.	PAGE	1	OF	1	PAGES
SAAMA						

In compliance with AF letter 200-5, dated 29 April 1952, the following information is submitted:

(1) Object was oval-shaped and appeared to observers to be approximately one-third the size of a B-36 Aircraft. Object emitted a dull, whitish color. No aerodynamic features, trail, or exhaust was noticed nor was there any visible propulsion system. Speed estimated at between 500 and 750 mph. Object flew a level course and performed no maneuvers. Object disappeared by traveling beyond the range of vision.

(2) Object sighted <sup>1110 hours</sup> ~~15:00 hours~~, CST, 14 August 1952 and was visible to observers approximately one minute.

(3) A visual surface observation without optical or electronic equipment was made.

(4) Observers were on the parking ramp by the Flight Line, near Building 1610, at Kelly AF Base, Texas. Object was in the South sky bearing North at an estimated altitude of between 5,000 and 7,000 feet.

(5) Object was observed by the following listed Airmen from the 75th AD Wing, Kelly AF Base, Texas: Reliability unknown.

GRADE	NAME	MAILING ADDRESS
M/Sgt	[REDACTED]	Kelly AFB, Texas
M/Sgt	[REDACTED]	San Antonio, Texas
S/Sgt	[REDACTED]	Sq, Kelly AFB, Texas
S/Sgt	[REDACTED]	Kelly AFB, Texas

(6) Fair weather prevailed at the time of the sighting.

(7) No activity, meteorological or otherwise, is known to have existed which may have accounted for the sighting.

(8) No physical evidence of the sighting.

(9) No interception or identification action taken.


(10) Location of any air traffic in the general area at the time of the sighting unknown.


NOTE: THIS DOCUMENT CONTAINS INFORMATION AFFECTING THE NATIONAL DEFENSE OF THE UNITED STATES WITHIN THE MEANING OF THE ESPIONAGE ACT, 50 U. S. C. — 31 AND 32, AS AMENDED. ITS TRANSMISSION OR THE REVELATION OF ITS CONTENTS IN ANY MANNER TO AN UNAUTHORIZED PERSON IS PROHIBITED BY LAW. IT MAY NOT BE REPRODUCED IN WHOLE OR IN PART, BY OTHER THAN UNITED STATES AIR FORCE AGENCIES, EXCEPT BY PERMISSION OF THE DIRECTOR OF INTELLIGENCE, USAF.

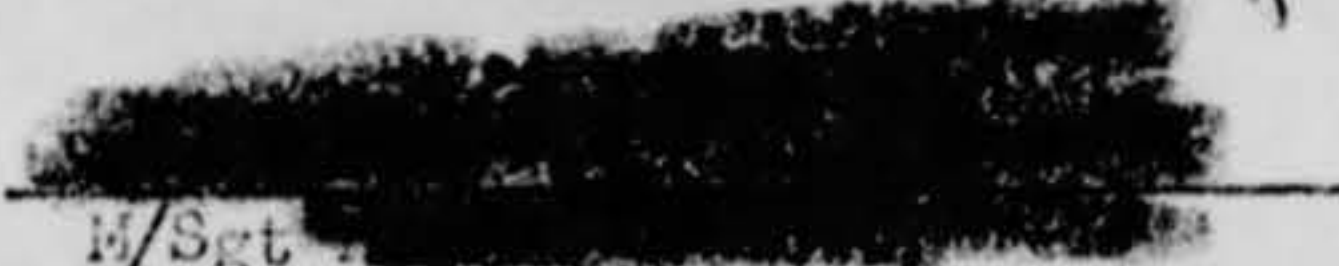
STATEMENT


We, the undersigned, are members of the 75th Air Depot Wing, Kelly AF Base, Texas. We are mechanics and work near Building 1610 on the Flight Line. We had just finished lunch 14 August 1952 and were lying on our backs near Building 1610 resting and awaiting the end of our lunch break. At 1110 hours, Central Standard Time, we noticed an object in the South sky heading North in a straight flight. The object appeared to be moving at an estimated speed of between 500 and 750 miles per hour at an estimated altitude of between 5000 to 7000 feet. The object appeared oval in shape, and gave off a dull whitish color. A B-36 flew over approximately fifteen minutes later at about the same altitude and we decided that the object was about one third as large as the B-36. We could hear no noise and could see no wings, tail, or any other visible aerodynamic features. We did not see any trail or exhaust. We watched the object fly on it's course about thirty seconds or a minute until it disappeared.


We certify that the above statement is true and correct to the best of our knowledge:

  
S/Sgt

  
S/Sgt

  
M/Sgt

  
M/Sgt

  
A/2C

OBSERVERS QUESTIONNAIRE

SECTION A

1. When did you see the object:

1.1 Date: 14 8 52  
Day Month Year

1.2 Time of day: 11 15 A.M. or P.M. (Circle One)  
Hrs. Min.

1.3 Time Zone: (Circle One):

- a. Eastern                                  d. Pacific  
b. Central                                e. Other \_\_\_\_\_  
c. Mountain

(Circle One) a. Daylight Saving  
b. Standard

1.4 Circle one of the following to indicate how certain you are of your answer to the above question 1.2:

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

2. Where did you see the object?

Kelly AFB.                                  SAN ANTONIO                                  TX                                  USA  
Postal Address                                  City or Town                                  State                                  Country

3. Where were you located when you saw the object:

(Circle One): a. Inside a building                                  d. In an airplane  
b. In a car    e. At sea  
c. Outdoors    f. Other \_\_\_\_\_

3.1 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 BAMP Kelly AFB.

CONT.



4. How did you happen to notice the object? AT Noon

Time Notice object IN sky

5. When did you report to some official that you had seen the object?

14 / 8 / 52  
Day / Month / Year

SECTION B

6. What were you doing at the time you saw the object? EATING

Lunch

6.1 What had you been doing for the 30 minutes before you saw the object? Try to list the activity or activities, and the approximate amount of time spent on each.

Eating lunch

7. Were you moving at any time while you saw the object? (Circle One)

Yes or No

IF you answered YES, then complete the following questions.

7.1 What direction were you moving?

- (Circle One):
- |              |              |
|--------------|--------------|
| a. North     | e. South     |
| b. Northeast | f. Southwest |
| c. East      | g. West      |
| d. Southeast | h. Northwest |

7.2 How fast were you moving? \_\_\_\_\_ miles per hour.

7.3 Did you stop at any time while you were looking at the object?

(Circle One): Yes or No

8. What direction were you facing when you first saw the object?

- (Circle One):
- |                 |              |
|-----------------|--------------|
| a. <u>North</u> | e. South     |
| b. Northeast    | f. Southwest |
| c. East         | g. West      |
| d. Southeast    | h. Northwest |

8.1 What direction were you facing when the object disappeared?

- (Circle One):
- |                     |              |
|---------------------|--------------|
| a. North            | e. South     |
| b. Northeast        | f. Southwest |
| c. East             | g. West      |
| d. <u>Southeast</u> | h. Northwest |

8.2 Circle one of the following to indicate how certain you are of your answer to the above two questions. (8 and 8.1).

- |                   |                  |
|-------------------|------------------|
| a. <u>Certain</u> | e. Not very sure |
| b. Fairly certain | d. Just a guess  |

9. Were you wearing eye glasses when you saw the object? (Circle One):  
Yes or No

10. How was the object seen?

- (Circle One):
- |                         |                              |
|-------------------------|------------------------------|
| a. Through window glass | e. Through theodolite        |
| b. Through microscope   | f. Through sun glasses       |
| c. Through binoculars   | g. <u>Through open space</u> |
| d. Through telescope    | h. Other _____               |

11. What do you remember about the weather conditions at the time you saw the object?

11.1 CLOUDS (Circle One)

- |                          |
|--------------------------|
| a. <u>Clear sky</u>      |
| b. Hazy                  |
| c. Scattered Clouds      |
| d. Thick or heavy clouds |
| e. Don't remember        |

11.3 WEATHER (Circle One)

- |                             |
|-----------------------------|
| a. <u>Dry</u>               |
| b. Fog, Mist, or light rain |
| c. Moderate or heavy rain   |
| d. Snow                     |
| e. Don't remember           |

11.2 WIND (Circle One)

- |                         |
|-------------------------|
| a. No wind              |
| b. <u>Slight breeze</u> |
| c. Strong wind          |
| d. Don't remember       |

11.4 TEMPERATURE (Circle One)

- |                   |
|-------------------|
| a. Cold           |
| b. Cool           |
| c. <u>Warm</u>    |
| d. Hot            |
| e. Don't remember |

8. What direction were you facing when you first saw the object?

- (Circle One):
- |                 |              |
|-----------------|--------------|
| a. <u>North</u> | e. South     |
| b. Northeast    | f. Southwest |
| c. East         | g. West      |
| d. Southeast    | h. Northwest |

8.1 What direction were you facing when the object disappeared?

- (Circle One):
- |                 |              |
|-----------------|--------------|
| a. <u>North</u> | e. South     |
| b. Northeast    | f. Southwest |
| c. East         | g. West      |
| d. Southeast    | h. Northwest |

8.2 Circle one of the following to indicate how certain you are of your answer to the above two questions. (8 and 8.1).

- |                        |                  |
|------------------------|------------------|
| a. <u>Very certain</u> | e. Not very sure |
| b. Fairly certain      | d. Just a guess  |

9. Were you wearing eye glasses when you saw the object? (Circle One):  
Yes or

10. How was the object seen?

- (Circle One):
- |                         |   |
|-------------------------|---|
| a. Through window glass | e. Through theodolite   |
| b. Through windshield   | f. Through sun glasses  |
| c. Through binoculars   | <input checked="" type="checkbox"/> <u>Through open space</u> |
| d. Through telescope    | g. Other _____  |

11. What do you remember about the weather conditions at the time you saw the object?

11.1 CLOUDS (Circle One)

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

11.3 WEATHER (Circle One)

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

11.2 WIND (Circle One)

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

11.4 TEMPERATURE (Circle One)

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

CONTD.

## SECTION 3

12. Estimate how long you saw the object? \_\_\_\_\_  
 Hours Minutes Seconds

12.1 Circle one of the following to indicate how certain you are of your answer to Question 12:

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

13. Did the object look (Circle one) opaque or transparent?

14. Did the object do any of the following?

(Circle one for each question)

14.1	Change direction?	Yes	<input checked="" type="checkbox"/>	Don't know
14.2	Change color	Yes	<input checked="" type="checkbox"/>	Don't know
14.3	Change size	Yes	<input checked="" type="checkbox"/>	Don't know
14.4	Change shape	Yes	<input checked="" type="checkbox"/>	Don't know
14.5	Break up into parts or explode?	Yes	<input checked="" type="checkbox"/>	Don't know
14.6	Give off smoke?	Yes	<input checked="" type="checkbox"/>	Don't know
14.7	Change brightness?	Yes	<input checked="" type="checkbox"/>	Don't know
14.8	Flash, vibrate, or pulsate?	Yes	<input checked="" type="checkbox"/>	Don't know
14.9	Remain motionless?	Yes	<input checked="" type="checkbox"/>	Don't know

15. Did the object give off a light? (Circle One): Yes  Don't know

15.1 IF you answered YES, what was the color of the light? \_\_\_\_\_

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

16.1 Sound Couldn't hear sound.

16.2 Color cream color.

17. IF there was MORE THAN ONE object, then how many were there? 1.  
 Draw a picture of how they were arranged, and put an arrow to show the direction they were traveling.

CONTD.

18. Did the object at any time:

18.1 Move behind something? (Circle One) Yes   No  Don't know

IF you answered YES, then tell what it moved behind.

---

18.2 Move in front of something? (Circle One) Yes   No  Don't know

IF you answered YES, then tell what it moved in front of.

---

18.3 Blend with the background? (Circle One) Yes   No  Don't know

19. Which of the following object's is about the same actual size as the object you saw? (Circle One)

- |                  |   |
|------------------|---|
| a. Pea           | f. Automobile   |
| b. Baseball      | <input checked="" type="checkbox"/> g. Small airplane |
| c. Basketball    | h. Large airplane                                     |
| d. Bicycle wheel | i. Dirigible  |
| e. Office desk   | j. Other _____  |

19.1 Circle one of the following to indicate how certain you are of your answer to Question 19.

- |   |                  |
|---|------------------|
| a. Certain  | c. Not very sure |
| b. <input checked="" type="checkbox"/> Fairly certain | d. Uncertain     |

20. Try to tell the following things about the object:

20.1 How high above the earth was it? <sup>Between</sup> ~~5000 to~~ 7500 feet.

20.2 How far was it from you? <sup>Between</sup> ~~1000~~ 1000 feet or \_\_\_\_\_ miles.

20.3 How fast was it going? <sup>Between</sup> ~~500~~ 750 miles per hour.

20.4 Circle one of the following to indicate how certain you are of your answer to the above questions:

- |   |                  |
|---|------------------|
| a. Certain  | c. Not very sure |
| b. <input checked="" type="checkbox"/> Fairly certain | d. Just a guess  |

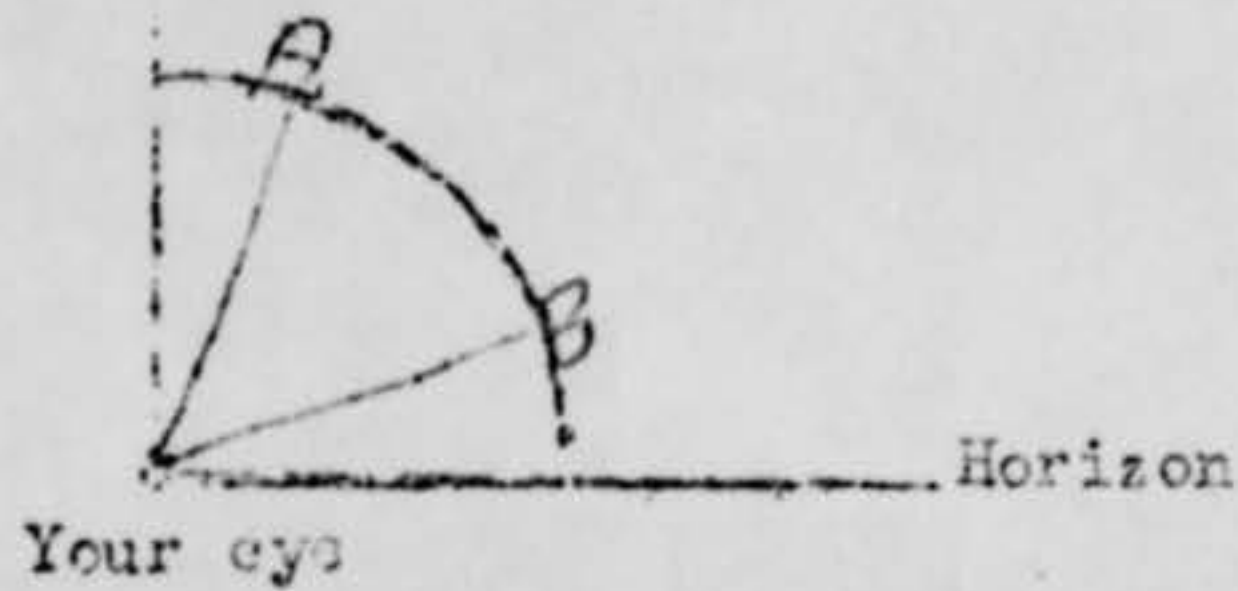
21. How did the object disappear from view?

- (Circle One):
- |  |                   |
|--|-------------------|
| a. Suddenly                                      | c. Other _____    |
| b. <input checked="" type="checkbox"/> Gradually | d. Don't remember |

## SECTION D

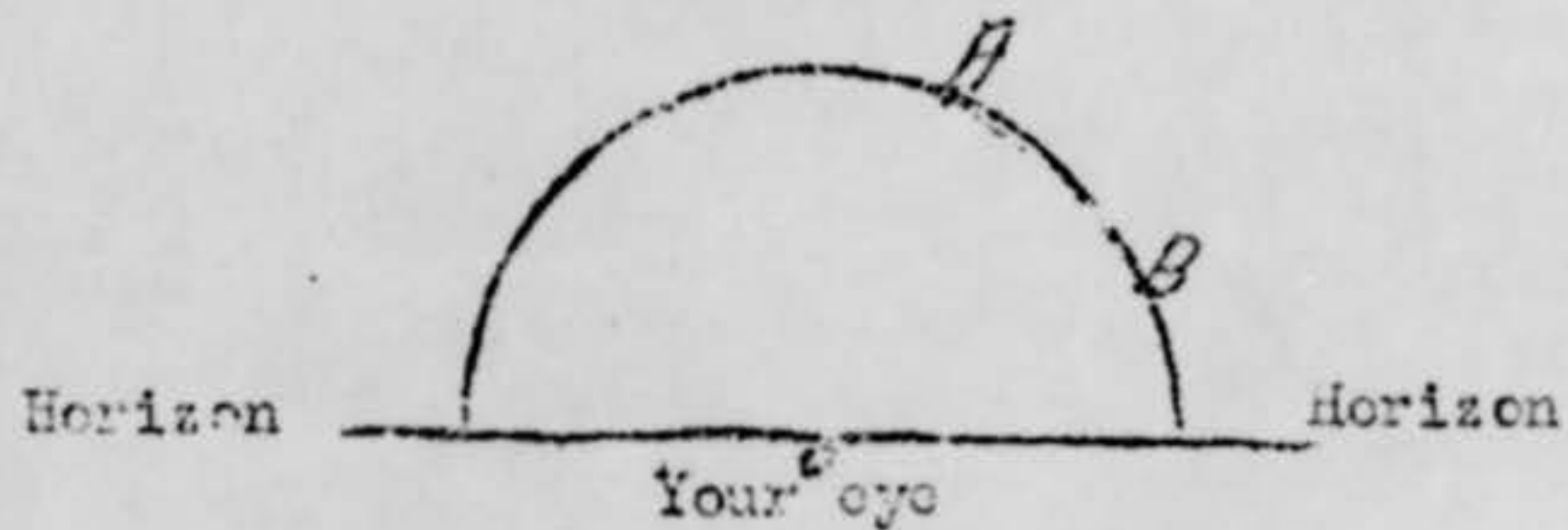
22. In the following sketch, imagine your eye at the point shown. Place an "A" on the curved line to show how high the object was above the horizon when you first saw it. Place a "B" to show where it was when you last saw it.

Overhead



23. In the following 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.

Overhead



24. Draw a picture that will show the motion that the object made. Place an "A" at the beginning of its path and a "B" at the end of its path.



Cont.

- 25. Draw a picture that will show the shape of the object. Label and include in your sketch any details of the object that you saw, and place an arrow beside the drawing to show the direction the object was moving.



SECTION E

- 26. Was this the first time that you have seen an object like this? (Circle One):  Yes  No

26.1 IF you answered NO, then when, where, and under what conditions did you see other ones? \_\_\_\_\_

- 27. In your opinion what do you think the object was and what might have caused it?

Could HAVE BEEN A Jet A/C.  
OR it could HAVE BEE SOMETHING ELSE

- 28. Give the following information about yourself:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street City Zone State

TEXAS

TELEPHONE NUMBER \_\_\_\_\_

What is your present job? PILOT

Age 33

Sex M

Last School Attended Powderly High School

Year of last attendance at this school 1937





29. Was anyone else with you at the time you saw the object?

(Circle One):  Yes

29.1 IF you answered Yes, did they see the object too?

(Circle One):  Yes

29.2 Please list their name and addresses:

	BT	S/sgt.
	BH.	S/sgt.
	JE	CP1
	WE	M/sgt

30. Please add here any further comments which you believe are important. Use additional sheets of the same size paper if necessary.

NONE



Thames

OBSERVERS QUESTIONNAIRE

---

SECTION A

1. When did you see the object:

1.1 Date: 14 AUG. 1952  
Day Month Year

1.2 Time of day: 11 15 A.M. or P.M. (Circle One)  
Hrs. Min.

1.3 Time Zone: (Circle One):

a. Eastern  
b. Central  
c. Mountain  
d. Pacific  
e. Other \_\_\_\_\_

(Circle One) a. Daylight Saving  
b. Standard

1.4 Circle one of the following to indicate how certain you are of your answer to the above question 1.2:

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

2. Where did you see the object?

KELLY AFB SAN ANTONIO TEXAS USA  
Postal Address City or Town State Country

3. 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  
e. At sea  
f. Other \_\_\_\_\_

3.1 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 KELLY PARKING RAMP

CONT.

4. How did you happen to notice the object? \_\_\_\_\_

WERE ON LUNCH TIME AND NOTICED  
IT WHILE RESTING.

5. When did you report to some official that you had seen the object?

14      Aug      52  
Day      Month      Year

SECTION B

6. What were you doing at the time you saw the object? \_\_\_\_\_

WAS ON LUNCH PERIOD

6.1 What had you been doing for the 30 minutes before you saw the object? Try to list the activity or activities, and the approximate amount of time spent on each.

EATING LUNCH

7. Were you moving at any time while you saw the object? (Circle One)

Yes or No.

IF you answered YES, then complete the following questions.

7.1 What direction were you moving?

- (Circle One):
- |              |              |
|--------------|--------------|
| a. North     | e. South     |
| b. Northeast | f. Southwest |
| c. East      | g. West      |
| d. Southeast | h. Northwest |
- Not Appli*

7.2 How fast were you moving? \_\_\_\_\_ miles per hour. *Not Appli*

7.3 Did you stop at any time while you were looking at the object?

(Circle One): Yes or No *Not Appli*

8. What direction were you facing when you first saw the object?

- (Circle One):
- |                 |              |
|-----------------|--------------|
| a. <u>North</u> | e. South     |
| b. Northeast    | f. Southwest |
| c. East         | g. West      |
| d. Southeast    | h. Northwest |

8.1 What direction were you facing when the object disappeared?

- (Circle One):
- |                 |              |
|-----------------|--------------|
| a. <u>North</u> | e. South     |
| b. Northeast    | f. Southwest |
| c. East         | g. West      |
| d. Southeast    | h. Northwest |

8.2 Circle one of the following to indicate how certain you are of your answer to the above two questions (8 and 8.1).

- |                     |                  |
|---------------------|------------------|
| a. <u>Certain</u>   | e. Not very sure |
| b. Somewhat certain | d. Just a guess  |

9. Were you wearing eyeglasses when you saw the object? (Circle One):

- Yes or No

10. How was the object seen?

- (Circle One):
- |                         |                               |
|-------------------------|-------------------------------|
| a. Through window glass | e. Through theodolite         |
| b. Through windshield   | f. <u>Through sun glasses</u> |
| c. Through binoculars   | g. <u>Through open space</u>  |
| d. Through telescope    | h. Other _____                |

11. What do you remember about the weather conditions at the time you saw the object?

11.1 CLOUDS (Circle One)

- |                          |
|--------------------------|
| a. <u>Clear sky</u>      |
| b. Hazy                  |
| c. Scattered Clouds      |
| d. Thick or heavy clouds |
| e. Don't remember        |

11.3 WEATHER (Circle One)

- |                             |
|-----------------------------|
| a. <u>Dry</u>               |
| b. Fog, Mist, or light rain |
| c. Moderate or heavy rain   |
| d. Snow                     |
| e. Don't remember           |

11.2 WIND (Circle One)

- |                         |
|-------------------------|
| a. No wind              |
| b. <u>Slight breeze</u> |
| c. Strong wind          |
| d. Don't remember       |

11.4 TEMPERATURE (Circle One)

- |                   |
|-------------------|
| a. Cold           |
| b. Cool           |
| c. <u>Warm</u>    |
| d. Hot            |
| e. Don't remember |

SECTION 3

12. Estimate how long you saw the object? 0 0 60  
 Hours Minutes Seconds

12.1 Circle one of the following to indicate how certain you are of your answer to Question 12:

- a. Very sure                      b. Not very sure  
 c. Fairly sure                      d. Just a guess

13. Did the object look (Circle one) opaque or transparent?

14. Did the object do any of the following?

(Circle one for each question)

- |      |                                 |     |                                  |            |
|------|---------------------------------|-----|----------------------------------|------------|
| 14.1 | Change direction?               | Yes | <input checked="" type="radio"/> | Don't know |
| 14.2 | Change speed                    | Yes | <input checked="" type="radio"/> | Don't know |
| 14.3 | Change shape                    | Yes | <input checked="" type="radio"/> | Don't know |
| 14.4 | Change color                    | Yes | <input checked="" type="radio"/> | Don't know |
| 14.5 | Break up into parts or explode? | Yes | <input checked="" type="radio"/> | Don't know |
| 14.6 | Give off smoke?                 | Yes | <input checked="" type="radio"/> | Don't know |
| 14.7 | Change brightness?              | Yes | <input checked="" type="radio"/> | Don't know |
| 14.8 | Flicker, vibrate, or pulsate?   | Yes | <input checked="" type="radio"/> | Don't know |
| 14.9 | Remain motionless?              | Yes | <input checked="" type="radio"/> | Don't know |

15. Did the object give off a light? (Circle one): Yes  Don't know

15.1 IF you answered YES, what was the color of the light? not applicable

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

16.1 Sound NONE

16.2 Color CREAM DULL WHITE

17. 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 they were traveling.

SECTION 3

*The object was in the first position for about a minute and a half at intervals of about 30 seconds.*

12. Estimate how long you saw the object? 2 0 0  
 Hours Minutes Seconds

12.1 Circle one of the following to indicate how certain you are of your answer to Question 12:

- a.  Very sure                      c. Not very sure  
 b. Fairly sure                              d. Just a guess

13. Did the object look like (circle one)  solid or Transparent?

14. Did the object do any of the following?

(Circle one for each question)

- |      |                                 |                                  |    |            |
|------|---------------------------------|----------------------------------|----|------------|
| 14.1 | Change direction?               | <input checked="" type="radio"/> | No | Don't know |
| 14.2 | Change speed                    | <input checked="" type="radio"/> | No | Don't know |
| 14.3 | Change size                     | <input checked="" type="radio"/> | No | Don't know |
| 14.4 | Change color?                   | <input checked="" type="radio"/> | No | Don't know |
| 14.5 | Break up into parts or explode? | <input checked="" type="radio"/> | No | Don't know |
| 14.6 | Give off smoke?                 | <input checked="" type="radio"/> | No | Don't know |
| 14.7 | Change brightness?              | <input checked="" type="radio"/> | No | Don't know |
| 14.8 | Flicker, blink, or pulse?       | <input checked="" type="radio"/> | No | Don't know |
| 14.9 | Remain motionless?              | <input checked="" type="radio"/> | No | Don't know |

15. Did the object give off a light? (Circle one): Yes NO Don't know

*Answer to reflect it was a bright light.*  
 15.1 IF you answered YES, what was the color of the light? \_\_\_\_\_

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

16.1 Sound None

16.2 Color Green (or blue)

17. 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 they were traveling.

*Only saw one at a time*

18. Did the object at any time:

18.1 Move behind something? (Circle One) Yes No Don't know

IF you answered YES, then tell what it moved behind.

18.2 Move in front of something? (Circle One) Yes No Don't know

IF you answered YES, then tell what it moved in front of.

Not Appl.

18.3 Blend with the background? (Circle One) Yes No Don't know

19. Which of the following object's is about the same actual size as the object you saw? (Circle One)

- |                  |                          |
|------------------|--------------------------|
| a. Pea           | f. Automobile            |
| b. Baseball      | g. <u>Small airplane</u> |
| c. Basketball    | h. Large airplane        |
| d. Bicycle wheel | i. Dirigible             |
| e. Office desk   | j. Other _____           |

19.1 Circle one of the following to indicate how certain you are of your answer to Question 19.

- |                          |                  |
|--------------------------|------------------|
| a. <u>Certain</u>        | e. Not very sure |
| b. <u>Fairly certain</u> | d. Uncertain     |

20. Try to tell the following things about the object:

20.1 How high above the earth was it? 6000 feet.

20.2 How far was it from you? 2000 feet or \_\_\_\_\_ miles.

20.3 How fast was it going? 600 miles per hour.

20.4 Circle one of the following to indicate how certain you are of your answer to the above questions:

- |                   |                         |
|-------------------|-------------------------|
| a. Certain        | e. <u>Not very sure</u> |
| b. Fairly certain | d. Just a guess         |

21. How did the object disappear from view?

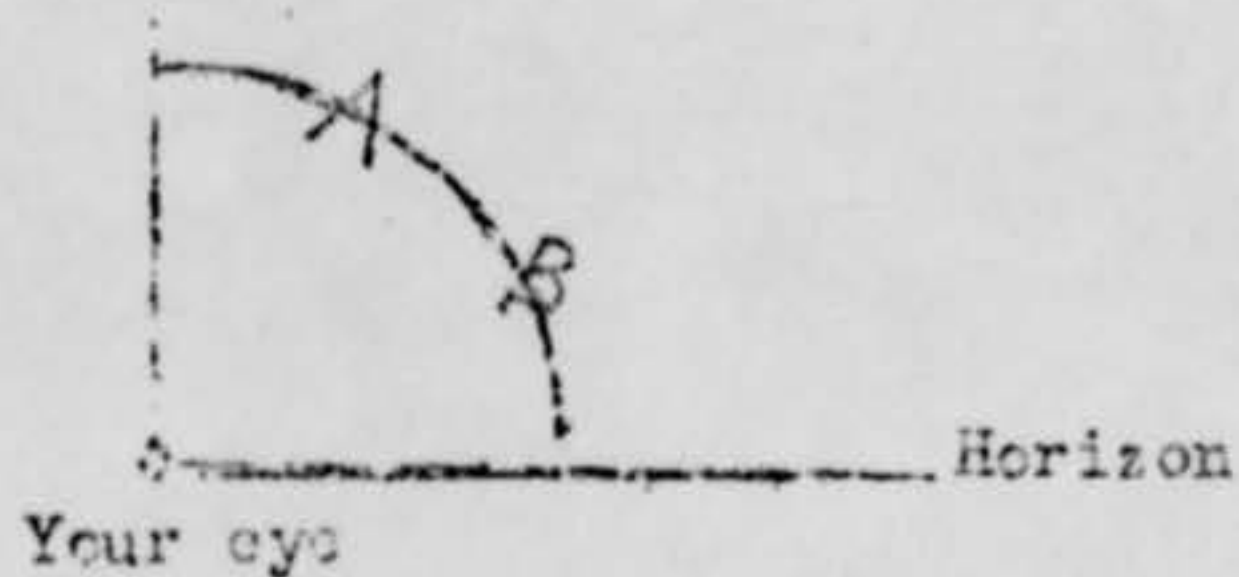
- (Circle One):
- |                     |                   |
|---------------------|-------------------|
| a. <u>Suddenly</u>  | c. Other _____    |
| b. <u>Gradually</u> | d. Don't remember |

CONT.

## SECTION D

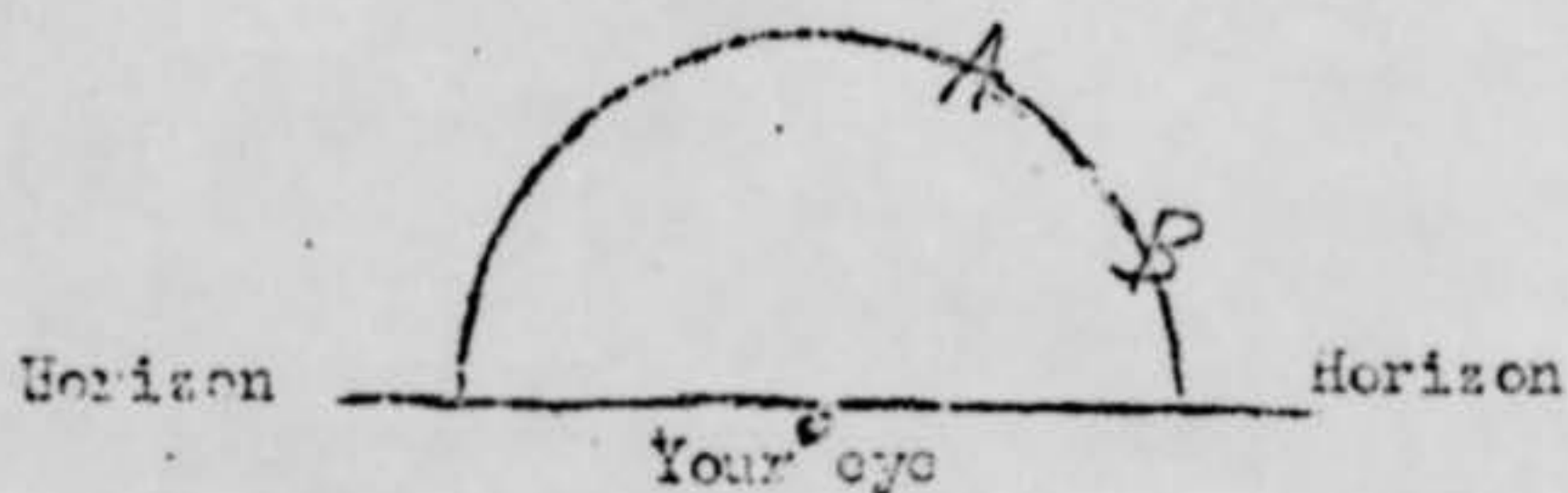
22. In the following sketch, imagine your eye at the point shown. Place an "A" on the curved line to show how high the object was above the horizon when you first saw it. Place a "B" to show where it was when you last saw it.

Overhead

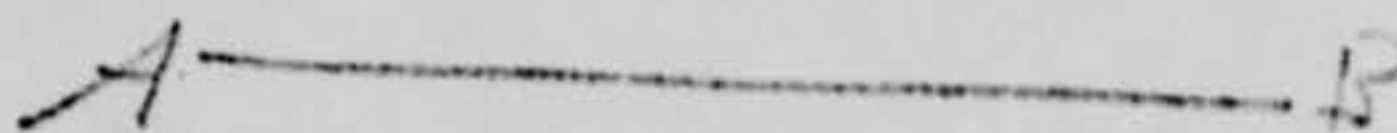


23. In the following sketch place an "A" at the position the object was when you first saw it, and a "B" at the position when you last saw it.

Overhead

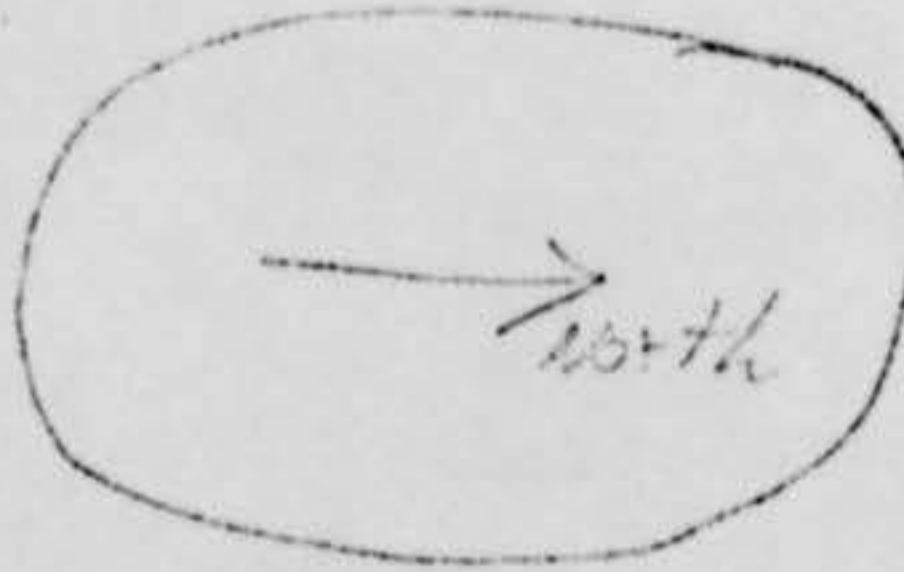


24. Draw a picture that will show the motion that the object made. Place an "A" at the beginning of its path and a "B" at the end of its path.



Cont.

- 25. Draw a picture that will show the shape of the object. Label and include in your sketch any details of the object that you saw, and place an arrow beside the drawing to show the direction the object was moving.



SECTION E

- 26. Was this the first time that you have seen an object like this? (Circle One): Yes No

26.1 IF you answered NO, then when, where, and under what conditions did you see other ones? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 27. In your opinion what do you think the object was and what might have caused it?

No idea

- 28. Give the following information about yourself:

NAME [REDACTED] [REDACTED] [REDACTED]

First Name Middle Name

ADDRESS [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Street Zone State

TELEPHONE NUMBER [REDACTED]

What is your present job? AIRCRAFT MECH.

Age 22

Sex M

Last School Attended High school

Year of last attendance at this school 1947



29. Was anyone else with you at the time you saw the object?

(Circle One)  Yes  No

29.1 If you answered Yes, did they see the object too?

(Circle One)  Yes  No

29.2 Please list their name and addresses:

M/Sgt	[REDACTED]	75 <sup>th</sup> Ave	REPAIR 59
M/Sgt	[REDACTED]	"	"
S/Sgt	[REDACTED]	"	"
Cpl	[REDACTED]	"	"

30. Please add here any further comments which you believe are important.  
Use additional space of the same size paper if necessary.

Cap. Puder

1. When did you see the object:

1.1 Date: 14 Aug 52  
Day Month Year

1.2 Time of day: 10 15 A.M. or P.M. (Circle One)  
Hrs. Min.

1.3 Time Zone: (Circle One):

- a. Eastern
- b. Central
- c. Mountain
- d. Pacific
- e. Other \_\_\_\_\_

(Circle One) a. Daylight Saving  
b. Standard

1.4 Circle one of the following to indicate how certain you are of your answer to the above question 1.2:

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

2. Where did you see the object?

Kelly AFB. Texas U.S.A.  
Postal address City or Town State Country

3. 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  
e. At sea  
f. Other \_\_\_\_\_

3.1 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 On the way from B

CONT.

4. How did you happen to notice the object? flying around  
birds at lunch hour. Conversation was  
on flying saucers.
5. When did you report to some official that you had seen the object?

14    Aug    52  
 Day    Month    Year

## SECTION B

6. What were you doing at the time you saw the object? \_\_\_\_\_  
Resting during lunch hour.

6.1 What had you been doing for the 30 minutes before you saw the object? Try to list the activity or activities, and the approximate amount of time spent on each.

Eating

7. Were you moving at any time while you saw the object? (Circle One)  
Yes or No.

IF you answered YES, then complete the following questions.

7.1 What direction were you moving?

(Circle One): a. North            e. South  
 b. Northeast        f. Southwest  
 c. East                g. West  
 d. Southeast        h. Northwest

7.2 How fast were you moving? \_\_\_\_\_ miles per hour.

7.3 Did you stop at any time while you were looking at the object?

(Circle One): Yes or No

CONT.

8. What direction were you facing when you first saw the object?

- (Circle One):
- |                 |              |
|-----------------|--------------|
| a. <u>North</u> | e. South     |
| b. Northeast    | f. Southwest |
| c. East         | g. West      |
| d. Southeast    | h. Northwest |

8.1 What direction were you facing when the object disappeared?

- (Circle One):
- |                 |              |
|-----------------|--------------|
| a. <u>North</u> | e. South     |
| b. Northeast    | f. Southwest |
| c. East         | g. West      |
| d. Southeast    | h. Northwest |

8.2 Circle one of the following to indicate how certain you are of your answer to the above two questions. (8 and 8.1).

- |                        |                  |
|------------------------|------------------|
| a. <u>Very certain</u> | e. Not very sure |
| b. Fairly certain      | d. Just a guess  |

9. Were you wearing eye glasses when you saw the object? (Circle One):

Yes or No

10. How was the object seen?

- (Circle One):
- |                         |                               |
|-------------------------|-------------------------------|
| a. Through window glass | e. Through theodolite         |
| b. Through windshield   | f. <u>Through sun glasses</u> |
| c. Through binoculars   | g. <u>Through open space</u>  |
| d. Through telescope    | h. Other _____                |

11. What do you remember about the weather conditions at the time you saw the object?

11.1 CLOUDS (Circle One)

- |                          |
|--------------------------|
| a. <u>Clear sky</u>      |
| b. Hazy                  |
| c. Scattered clouds      |
| d. Thick or heavy clouds |
| e. Don't remember        |

11.3 WEATHER (Circle One)

- |                             |
|-----------------------------|
| a. <u>Dry</u>               |
| b. Fog, Mist, or light rain |
| c. Moderate or heavy rain   |
| d. Snow                     |
| e. Don't remember           |

11.2 WIND (Circle One)

- |                         |
|-------------------------|
| a. No wind              |
| b. <u>Slight breeze</u> |
| c. Strong wind          |
| d. Don't remember       |

11.4 TEMPERATURE (Circle One)

- |                   |
|-------------------|
| a. Cold           |
| b. Cool           |
| c. Warm           |
| d. <u>Hot</u>     |
| e. Don't remember |

SECTION 3

12. Estimate how long you saw the object?

Hours 0 Minutes 20 Seconds 45

12.1 Circle one of the following to indicate how certain you are of your answer to question 12:

- a.  Very sure                      c. Not very sure  
 b. Fairly sure                              d. Just a guess

13. Did the object look (Circle one) Solid or Transparent?

14. Did the object do any of the following?

(Circle one for each question)

- |      |                                 |     |                                  |            |
|------|---------------------------------|-----|----------------------------------|------------|
| 14.1 | Change direction?               | Yes | <input checked="" type="radio"/> | Don't know |
| 14.2 | Change size                     | Yes | <input checked="" type="radio"/> | Don't know |
| 14.3 | Change color                    | Yes | <input checked="" type="radio"/> | Don't know |
| 14.4 | Change shape                    | Yes | <input checked="" type="radio"/> | Don't know |
| 14.5 | Break up into parts or explode? | Yes | <input checked="" type="radio"/> | Don't know |
| 14.6 | Give off smoke?                 | Yes | <input checked="" type="radio"/> | Don't know |
| 14.7 | Change brightness?              | Yes | <input checked="" type="radio"/> | Don't know |
| 14.8 | Flicker, flash, or pulsate?     | Yes | <input checked="" type="radio"/> | Don't know |
| 14.9 | Remain motionless?              | Yes | <input checked="" type="radio"/> | Don't know |

15. Did the object give off a light? (Circle One): Yes  No  Don't know

15.1 IF you answered YES, what was the color of the light? \_\_\_\_\_

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

16.1 Sound No sound at all

16.2 Color creamy white

17. IF there was MORE THAN ONE object, then how many were there? only 1  
 Draw a picture of how they were arranged, and put an arrow to show the direction they were traveling.

18. Did the object at any time:

18.1 Move behind something? (Circle One) Yes No Don't know

IF you answered YES, then tell what it moved behind.

---

18.2 Move in front of something? (Circle One) Yes No Don't know

IF you answered YES, then tell what it moved in front of.

---

18.3 Blend with the background? (Circle One) Yes No Don't know

19. Which of the following object's is about the same actual size as the object you saw? (Circle One)

- |                  |                              |
|------------------|------------------------------|
| a. Pea           | f. Automobile                |
| b. Baseball      | g. Small airplane            |
| c. Basketball    | h. Large airplane            |
| d. Bicycle wheel | i. Dirigible                 |
| e. Office desk   | j. Other <u>about 15 ft.</u> |

19.1 Circle one of the following to indicate how certain you are of your answer to Question 19.

- |                          |                  |
|--------------------------|------------------|
| a. <u>Certain</u>        | c. Not very sure |
| b. <u>Fairly certain</u> | d. Uncertain     |

20. Try to tell the following things about the object:

20.1 How high above the earth was it? 5000 to 8000 feet.

20.2 How far was it from you? 5 to 8 thousand ft. miles.

20.3 How fast was it going? 600 to 800 mph. miles per hour.

20.4 Circle one of the following to indicate how certain you are of your answer to the above questions:

- |                          |   |
|--------------------------|---|
| a. <u>Certain</u>        | c. <u>Not very sure</u> <i>it was fast</i>        |
| b. <u>Fairly certain</u> | d. Just a guess <i>with any thing I have seen</i> |

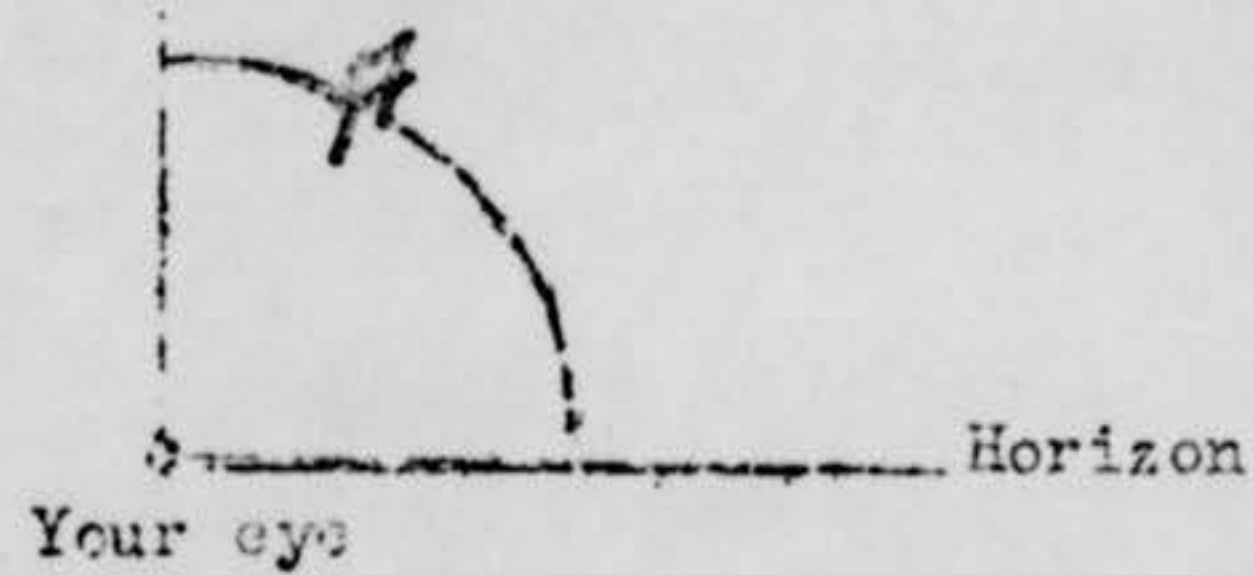
21. How did the object disappear from view?

- (Circle One):
- |                     |                   |
|---------------------|-------------------|
| a. Suddenly         | c. Other _____    |
| b. <u>Gradually</u> | d. Don't remember |

SECTION D

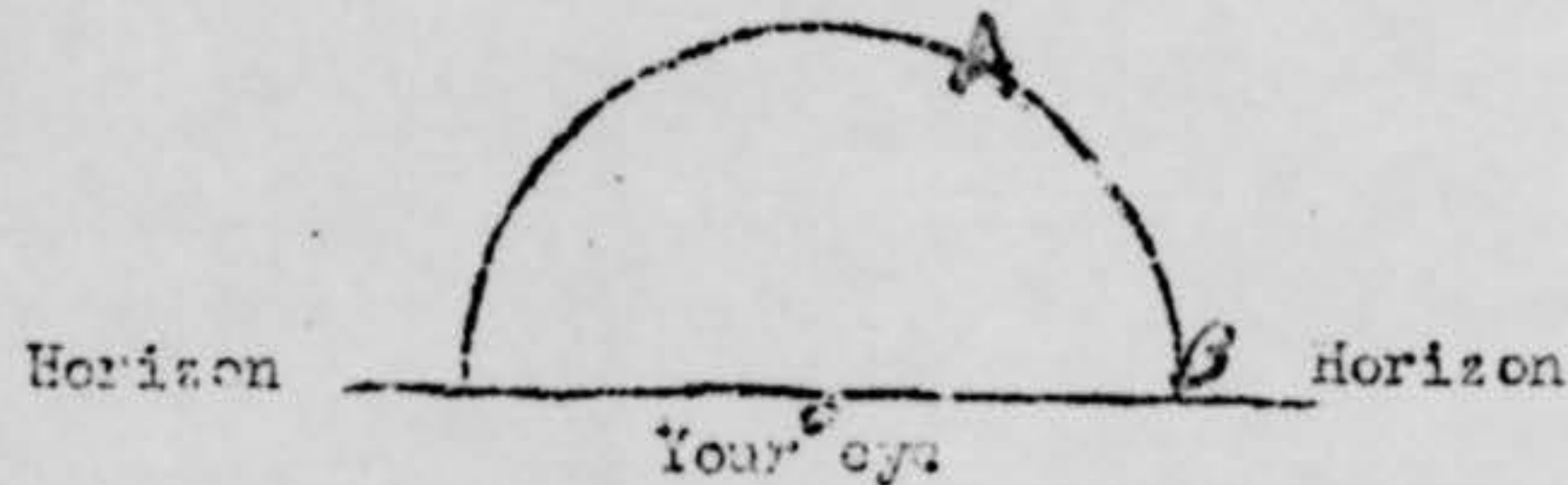
22. In the following sketch, imagine your eye at the point shown. Place an "A" on the curved line to show how high the object was above the horizon when you first saw it. Place a "B" to show where it was when you last saw it.

Overhead



23. In the following 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.

Overhead



24. Draw a picture that will show the motion that the object made. Place an "A" at the beginning of its path and a "B" at the end of its path.



Cont.

18. Did the object at any time:

18.1 Move behind something? (Circle One) Yes No Don't know

IF you answered YES, then tell what it moved behind.

\_\_\_\_\_

18.2 Move in front of something? (Circle One) Yes No Don't know

IF you answered YES, then tell what it moved in front of.

\_\_\_\_\_

18.3 Blend with the background? (Circle One) Yes No Don't know

19. Which of the following object's is about the same actual size as the object you saw? (Circle One)

- |                      |                   |
|----------------------|-------------------|
| a. Pea               | f. Automobile     |
| b. Baseball          | g. Small airplane |
| c. <u>Basketball</u> | h. Large airplane |
| d. Bicycle wheel     | i. Dirigible      |
| e. Office desk       | j. Other _____    |

19.1 Circle one of the following to indicate how certain you are of your answer to Question 19.

- |                   |                  |
|-------------------|------------------|
| a. <u>Certain</u> | c. Not very sure |
| b. Fairly certain | d. Uncertain     |

20. Try to tell the following things about the object:

20.1 How high above the earth was it? 30000 feet.

20.2 How far was it from you? \_\_\_\_\_ feet or \_\_\_\_\_ miles.

20.3 How fast was it going? 4500 miles per hour.

20.4 Circle one of the following to indicate how certain you are of your answer to the above questions:

- |                   |                  |
|-------------------|------------------|
| a. <u>Certain</u> | c. Not very sure |
| b. Fairly certain | d. Just a guess  |

21. How did the object disappear from view?

- (Circle One):
- |                     |                   |
|---------------------|-------------------|
| a. Suddenly         | c. Other _____    |
| b. <u>Gradually</u> | d. Don't remember |

CONT.



- 25. Draw a picture that will show the shape of the object. Label and include in your sketch any details of the object that you saw, and place an arrow beside the drawing to show the direction the object was moving.

*couldnt actually tell. Looked like a hollow oval but traveled on true line and terrific rate of speed. couldnt detect wings or tail.*



SECTION E

- 26. Was this the first time that you have seen an object like this? (Circle One): Yes No

26.1 If you answered NO, then when, where, and under what conditions did you see other ones? \_\_\_\_\_

- 27. In your opinion what do you think the object was and what might have caused it? *don't know*

- 28. Give the following information about yourself:

NAME \_\_\_\_\_  
Last Name First Name Middle Name

ADDRESS \_\_\_\_\_  
Street City Zone State *F.F.B. Texas*

TELEPHONE NUMBER \_\_\_\_\_

What is your present job? Hydraulic Mechanic Air Force

Age 28

Sex Male

Last School Attended East High School

Year of last attendance at this school 1949

29. Was anyone else with you at the time you saw the object?

(Circle One):  Yes  No

29.1 IF you answered Yes, did they see the object too?

(Circle One):  Yes  No

29.2 Please list their name and addresses:

<i>M/sgt</i>		
<i>S/sgt</i>		
<i>S/sgt</i>		
<i>M/sgt</i>		

30. Please add here any further comments which you believe are important. Use additional sheets of the same size paper if necessary.

OBSERVERS QUESTIONNAIRE

*W. J. Gray*

*Ballroom*

SECTION A

1. When did you see the object:

1.1 Date: 14 Aug 1952  
Day Month Year

1.2 Time of day: 11 15 (A.M. or P.M. (Circle One))  
Hrs. Min.

1.3 Time Zone: (Circle One):

- a. Eastern
- b. Central
- c. Mountain
- d. Pacific
- e. Other \_\_\_\_\_

(Circle One) a. Daylight Saving  
 b. Standard

1.4 Circle one of the following to indicate how certain you are of your answer to the above question 1.2:

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

2. Where did you see the object?

Kelly Ave San Antonio Texas USA  
Postal Address City or Town State Country

3. 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
  - e. At sea
  - f. Other \_\_\_\_\_

3.1 Where 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 \_\_\_\_\_

CONT.

7-5719-11

4. How did you happen to notice the object? \_\_\_\_\_

\_\_\_\_\_

5. When did you report to some official that you had seen the object?

\_\_\_\_\_  
Day          Month          Year

SECTION B

6. What were you doing at the time you saw the object? \_\_\_\_\_

\_\_\_\_\_

6.1 What had you been doing for the 30 minutes before you saw the object? Try to list the activity or activities, and the approximate amount of time spent on each.

\_\_\_\_\_

7. Were you moving at any time while you saw the object? (Circle One)

Yes or No.

IF you answered YES, then complete the following questions.

7.1 What direction were you moving?

- (Circle One):
- |              |              |
|--------------|--------------|
| a. North     | e. South     |
| b. Northeast | f. Southwest |
| c. East      | g. West      |
| d. Southeast | h. Northwest |

7.2 How fast were you moving? \_\_\_\_\_ miles per hour.

7.3 Did you stop at any time while you were looking at the object?

(Circle One): Yes or No

8. What direction were you facing when you first saw the object?

- (Circle One):
- |              |              |
|--------------|--------------|
| a. North     | e. South     |
| b. Northeast | f. Southwest |
| c. East      | g. West      |
| d. Southeast | h. Northwest |

8.1 What direction were you facing when the object disappeared?

- (Circle One):
- |              |              |
|--------------|--------------|
| a. North     | e. South     |
| b. Northeast | f. Southwest |
| c. East      | g. West      |
| d. Southeast | h. Northwest |

8.2 Circle one of the following to indicate how certain you are of your answer to the above two questions. (8 and 8.1).

- |                   |                  |
|-------------------|------------------|
| 1. Certain        | a. Not very sure |
| 2. Fairly certain | d. Just a guess  |

9. Were you wearing any glasses when you saw the object? (Circle One):

Yes or  No

10. How was the object seen?

- (Circle One):
- |                         |  |
|-------------------------|--|
| a. Through window glass | e. Through theodolite                                  |
| b. Through windshield   | f. Through sun glasses                                 |
| c. Through binoculars   | <input checked="" type="radio"/> g. Through open space |
| d. Through telescope    | h. Other _____   |

11. What do you remember about the weather conditions at the time you saw the object?

11.1 CLOUDS (Circle One)

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

11.3 WEATHER (Circle One)

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

11.2 WIND (Circle One)

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

11.4 TEMPERATURE (Circle One)

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

CONTD.

## SECTION 3

12. Estimate how long you saw the object?

Hours	Minutes	Seconds
		9.7

12.1 Circle one of the following to indicate how certain you are of your answer to Question 12:

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

13. Did the object look (Circle one):  Opaque or  Transparent?

14. Did the object do any of the following?

(Circle one for each question)

- |      |                                 |     |                                     |            |
|------|---------------------------------|-----|-------------------------------------|------------|
| 14.1 | Change direction?               | Yes | <input checked="" type="radio"/> No | Don't know |
| 14.2 | Change color?                   | Yes | <input checked="" type="radio"/> No | Don't know |
| 14.3 | Change shape?                   | Yes | <input checked="" type="radio"/> No | Don't know |
| 14.4 | Change speed?                   | Yes | <input checked="" type="radio"/> No | Don't know |
| 14.5 | Break up into parts or explode? | Yes | <input checked="" type="radio"/> No | Don't know |
| 14.6 | Gave off smoke?                 | Yes | <input checked="" type="radio"/> No | Don't know |
| 14.7 | Change brightness?              | Yes | <input checked="" type="radio"/> No | Don't know |
| 14.8 | Flicker, flash, or pulsate?     | Yes | <input checked="" type="radio"/> No | Don't know |
| 14.9 | Row or motionless?              | Yes | <input checked="" type="radio"/> No | Don't know |

15. Did the object give off a light? (Circle one): Yes  NO  Don't know

15.1 IF you answered YES, what was the color of the light? \_\_\_\_\_

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

16.1 Sound \_\_\_\_\_

16.2 Color ~~white~~ Just white or light color17. 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 they were traveling.

CONTD.

18. Did the object at any time:

18.1 Move behind something? (Circle One) Yes No Don't know

IF you answered YES, then tell what it moved behind.

---

18.2 Move in front of something? (Circle One) Yes No Don't know

IF you answered YES, then tell what it moved in front of.

---

18.3 Blend with the background? (Circle One) Yes No Don't know

19. Which of the following object's is about the same actual size as the object you saw? (Circle One)

- |                  |                              |
|------------------|------------------------------|
| a. Pea           | f. Automobile                |
| b. Baseball      | g. Small airplane            |
| c. Basketball    | h. Large airplane            |
| d. Bicycle wheel | i. Dirigible                 |
| e. Office desk   | j. Other <u>Foot in shoe</u> |

19.1 Circle one of the following to indicate how certain you are of your answer to Question 19.

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

20. Try to tell the following things about the object:

20.1 How high above the earth was it? 1000 feet.

20.2 How far was it from you? \_\_\_\_\_ feet or \_\_\_\_\_ miles.

20.3 How fast was it going? \_\_\_\_\_ miles per hour.

20.4 Circle one of the following to indicate how certain you are of your answer to the above questions:

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

21. How did the object disappear from view?

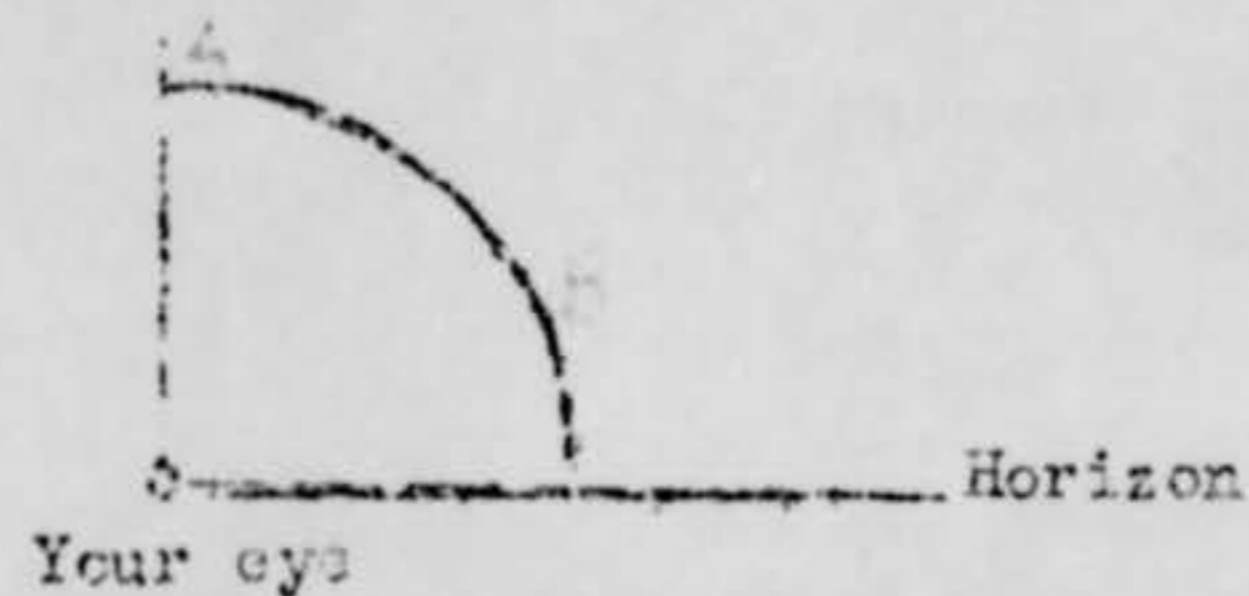
- (Circle One):
- |              |                   |
|--------------|-------------------|
| a. Suddenly  | c. Other _____    |
| b. Gradually | d. Don't remember |

CONT.

## SECTION D

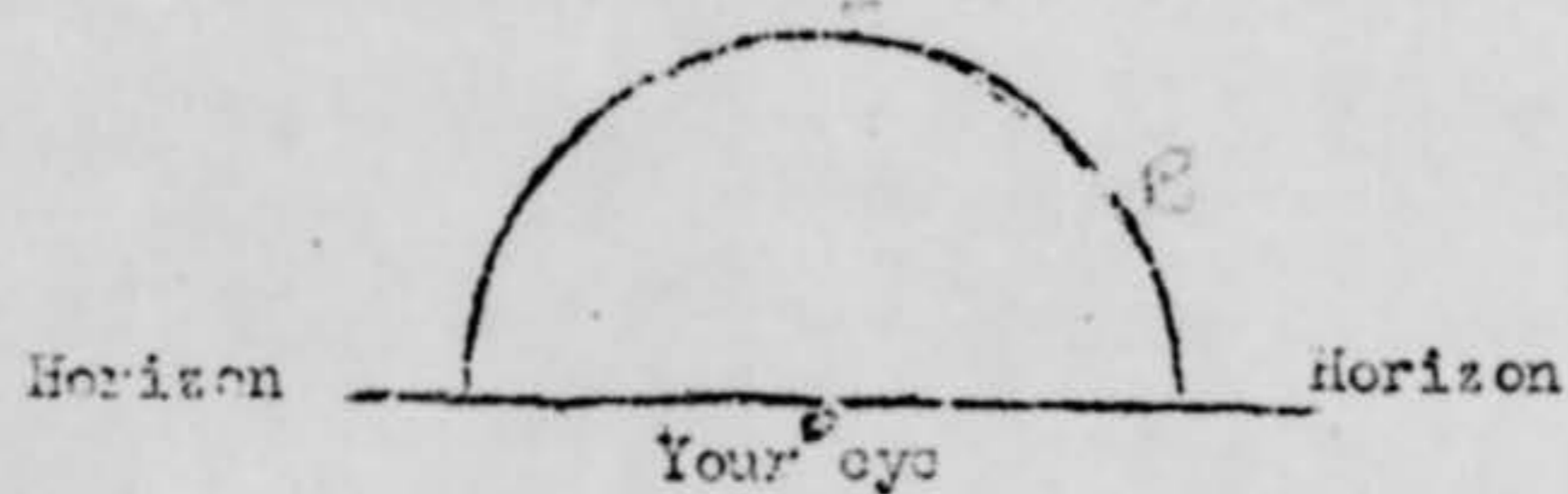
22. In the following sketch, imagine your eye at the point shown. Place an "A" on the curved line to show how high the object was above the horizon when you first saw it. Place a "B" to show where it was when you last saw it.

Overhead



23. In the following 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.

Overhead



24. Draw a picture that will show the motion that the object made. Place an "A" at the beginning of its path and a "B" at the end of its path.

Cont.



- 25. Draw a picture that will show the shape of the object. Label and include in your sketch any details of the object that you saw, and place an arrow beside the drawing to show the direction the object was moving.



SECTION E

- 26. Was this the first time that you have seen an object like this? (Circle One): Yes No

26.1 If you answered NO, then when, where, and under what conditions did you see other ones? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 27. In your opinion what do you think the object was and what might have caused it?

*It was a flying saucer.*

- 28. Give the following information about yourself:

NAME: \_\_\_\_\_  
Last Name First Name Middle Name

ADDRESS: \_\_\_\_\_  
Street City Zone State

TELEPHONE NUMBER: \_\_\_\_\_

What is your present job? \_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

Last School Attended \_\_\_\_\_

Year of last attendance at this school \_\_\_\_\_

29. Was anyone else with you at the time you saw the object?

(Circle one): Yes or No

29.1 IF you answered Yes, did they see the object too?

(Circle one): Yes or No

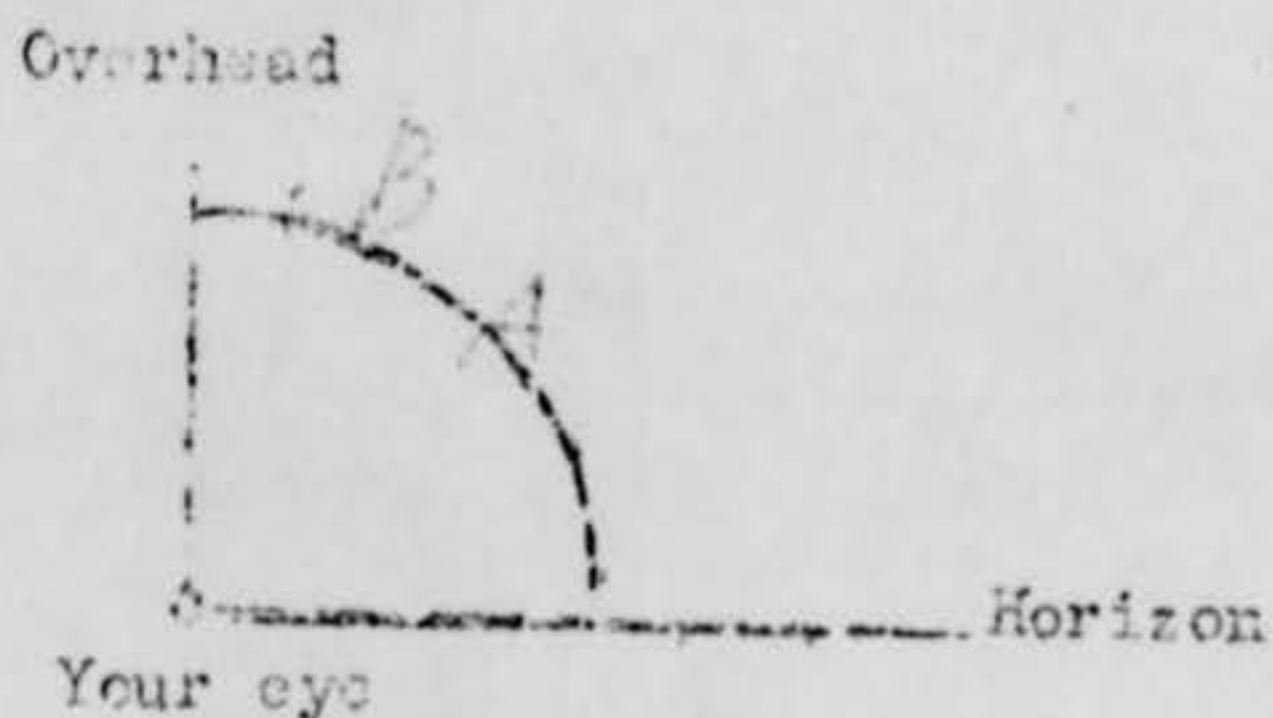
29.2 Please list their names and addresses:

[REDACTED]

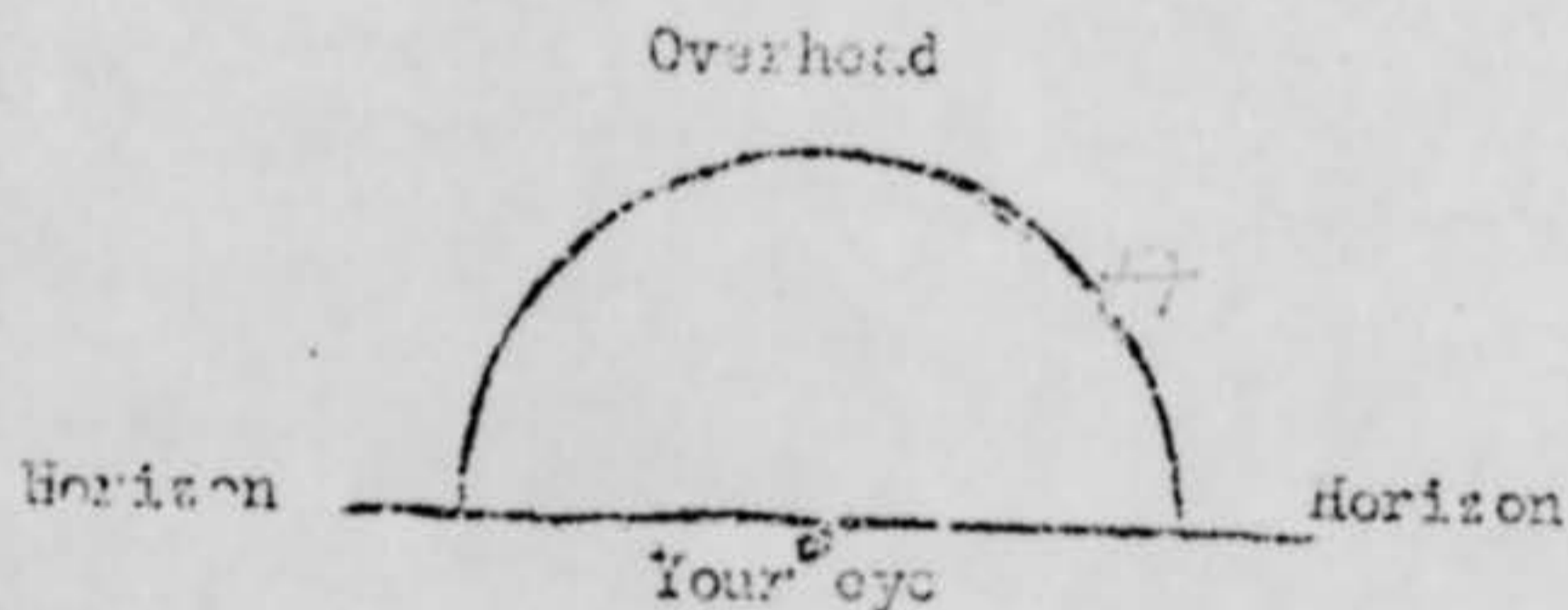
30. Please add here any further comments which you believe are important.  
Use additional sheets of the same size paper if necessary.

## SECTION D

22. In the following sketch, imagine your eye at the point shown. Place an "A" on the curved line to show how high the object was above the horizon when you first saw it. Place a "B" to show where it was when you last saw it.



23. In the following sketch place an "A" at the position the object was when you first saw it, and a "B" at the position when you last saw it.



24. Draw a picture that will show the motion that the object made. Place an "A" at the beginning of its path and a "B" at the end of its path.



Cont.

OBSERVERS QUESTIONNAIRE

SECTION A

1. When did you see the object:

1.1 Date: 14 Aug. 1952  
Day Month Year

1.2 Time of day: 11 15 A.M. or P.M. (Circle One)  
Hrs. Min.

1.3 Time Zone: (Circle One):

- a. Eastern  
 b. Central  
c. Mountain  
d. Pacific  
e. Other \_\_\_\_\_

(Circle One) a. Daylight Saving  
 b. Standard

1.4 Circle one of the following to indicate how certain you are of your answer to the above question 1.2:

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

2. Where did you see the object?

Kelly AFB San Antonio Texas U.S.A.  
Postal Address City or Town State Country

3. 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  
e. At sea  
f. Other \_\_\_\_\_

3.1 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 over airfield

CONT.

4. How did you happen to notice the object? Another Airman  
has brought this to my attention

5. When did you report to some official that you had seen the object?

14 August 1952  
Day Month Year

SECTION B

6. What were you doing at the time you saw the object? \_\_\_\_\_

I have been resting, after lunch

6.1 What had you been doing for the 30 minutes before you saw the object? Try to list the activity or activities, and the approximate amount of time spent on each.

This was during our lunch  
period.

7. Were you moving at any time while you saw the object? (Circle One)

Yes or No

IF you answered YES, then complete the following questions.

7.1 What direction were you moving?

- (Circle One):
- |              |              |
|--------------|--------------|
| a. North     | e. South     |
| b. Northeast | f. Southwest |
| c. East      | g. West      |
| d. Southeast | h. Northwest |

7.2 How fast were you moving? \_\_\_\_\_ miles per hour.

7.3 Did you stop at any time while you were looking at the object?

(Circle One): Yes or No

8. What direction were you facing when you first saw the object?

- (Circle One):
- |              |              |
|--------------|--------------|
| a. North     | e. South     |
| b. Northeast | f. Southwest |
| c. East      | g. West      |
| d. Southeast | h. Northwest |

8.1 What direction were you facing when the object disappeared?

- (Circle One):
- |              |              |
|--------------|--------------|
| a. North     | e. South     |
| b. Northeast | f. Southwest |
| c. East      | g. West      |
| d. Southeast | h. Northwest |

8.2 Circle one of the following to indicate how certain you are of your answer to the above two questions. (8 and 8.1).

- |                   |                  |
|-------------------|------------------|
| a. Not at all     | e. Not very sure |
| b. Fairly certain | d. Just a guess  |

9. Were you wearing eye glasses when you saw the object? (Circle One):

Yes or  No

10. How was the object seen?

- (Circle One):
- |                         |                        |
|-------------------------|------------------------|
| a. Through window glass | e. Through theodolite  |
| b. Through windshield   | f. Through sun glasses |
| c. Through binoculars   | g. Through open space  |
| d. Through telescope    | h. Other _____         |

11. What do you remember about the weather conditions at the time you saw the object?

11.1 CLOUDS (Circle One)

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

11.3 WEATHER (Circle One)

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

11.2 WIND (Circle One)

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

11.4 TEMPERATURE (Circle One)

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

## SECTION 3

12. Estimate how long you saw the object? \_\_\_\_\_  
 Hours      Minutes      Seconds

12.1 Circle one of the following to indicate how certain you are of your answer to question 12:

- a. Fairly sure       c. Not very sure  
 b. Fairly sure       d. Just a guess

13. Did the object look (opaque or)  shiny or transparent?

14. Did the object do any of the following?

(Circle one for each question)

14.1	Change direction?	Yes	<input checked="" type="radio"/>	Don't know
14.2	Change speed?	Yes	<input checked="" type="radio"/>	Don't know
14.3	Change size?	Yes	<input checked="" type="radio"/>	Don't know
14.4	Change color?	Yes	<input checked="" type="radio"/>	Don't know
14.5	Break up into parts or explode?	Yes	<input checked="" type="radio"/>	Don't know
14.6	Gave off smoke?	Yes	<input checked="" type="radio"/>	Don't know
14.7	Change brightness?	Yes	<input checked="" type="radio"/>	Don't know
14.8	Flicker, throb, or pulse?	Yes	<input checked="" type="radio"/>	Don't know
14.9	Remain motionless?	Yes	<input checked="" type="radio"/>	Don't know

15. Did the object give off a light? (Circle one): Yes   No Don't know

15.1 IF you answered YES, what was the color of the light? \_\_\_\_\_

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

16.1 Sound \_\_\_\_\_ *none* \_\_\_\_\_

16.2 Color \_\_\_\_\_ *white, yellowish* \_\_\_\_\_

17. IF there was MORE THAN ONE object, when how many were there? \_\_\_\_\_  
 Draw a picture of how they were arranged, and put an arrow to show the direction they were traveling.

CONTD.

29. Was anyone else with you at the time you saw the object?

(Circle One) Yes or No

29.1 IF you answered Yes, did they see the object too?

(Circle One) Yes or No

29.2 Please list their name and address:

~~██████████~~ 15<sup>th</sup> Aircraft Repair Sq  
~~██████████~~ 15 Aircraft Rep. Sq  
~~██████████~~ 85<sup>th</sup> Aircraft Rep Sq  
~~██████████~~ 15<sup>th</sup> Aircraft Rep Sq

30. Please add here any further comments which you believe are important. Use additional space of the same size block if necessary.



- 25. Draw a picture that will show the shape of the object. Label and include in your sketch any details of the object that you saw, and place an arrow beside the drawing to show the direction the object was moving.



SECTION E

- 26. Was this the first time that you have seen an object like this? (Circle One) Yes No

26.1 IF you answered NO, then when, where, and under what conditions did you see other ones? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 27. In your opinion what do you think the object was and what might have caused it?

*Have no idea*

- 28. Give the following information about yourself:

NAME [REDACTED] [REDACTED] [REDACTED]  
Last Name First Name Middle Name

ADDRESS [REDACTED] SAN ANTONIO TEXAS  
Street City Zone State

TELEPHONE NUMBER [REDACTED]

What is your present job? Government Overhaul Technician

Age 37

Sex M

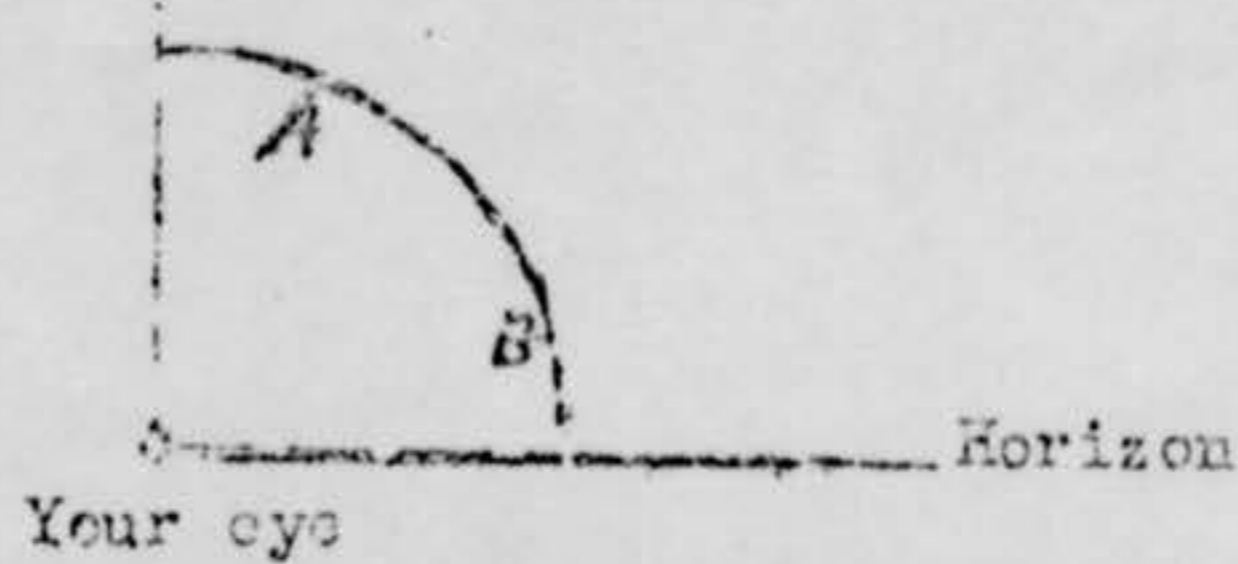
Last School Attended High School in Poland Europe

Year of last attendance at this school 1933

SECTION D

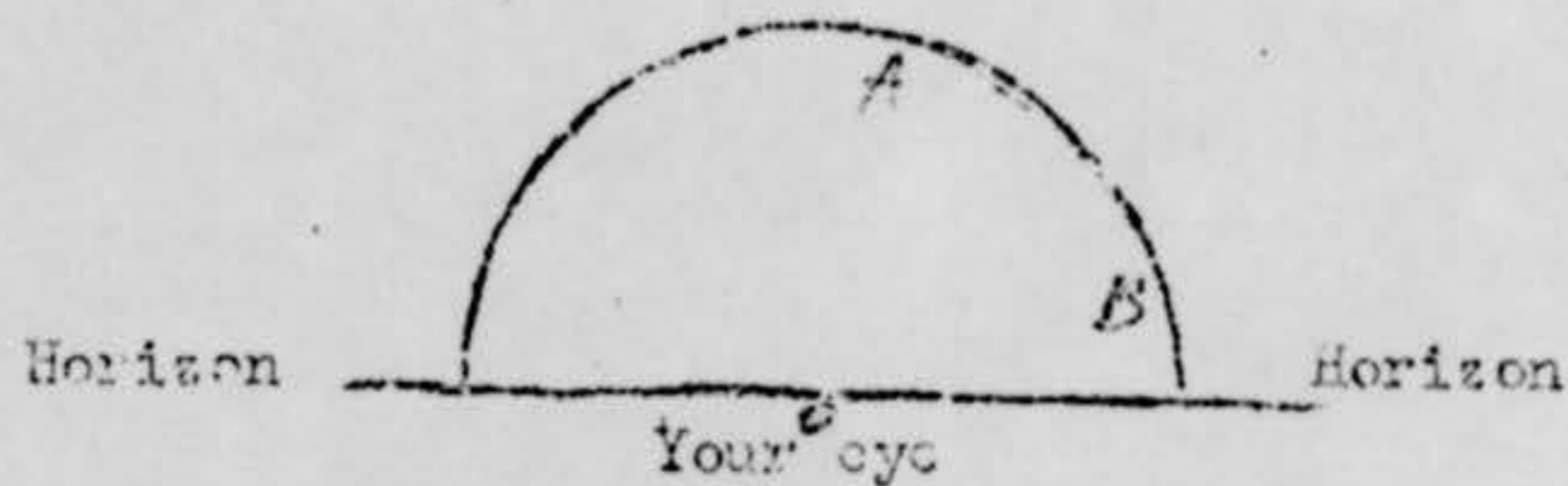
22. In the following sketch, imagine your eye at the point shown. Place an "A" on the curved line to show how high the object was above the horizon when you first saw it. Place a "B" to show where it was when you last saw it.

Overhead



23. In the following 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.

Overhead



24. Draw a picture that will show the motion that the object made. Place an "A" at the beginning of its path and a "B" at the end of its path.



Cont.

18. Did the object at any time:

18.1 Move behind something? (Circle One) Yes  Don't know

IF you answered YES, then tell what it moved behind.

\_\_\_\_\_

18.2 Move in front of something? (Circle One) Yes No Don't know

IF you answered YES, then tell what it moved in front of.

\_\_\_\_\_

18.3 Blend with the background? (Circle One) Yes  Don't know

19. Which of the following object's is about the same actual size as the object you saw? (Circle One)

- |                  |  |
|------------------|--|
| a. Pea           | <input checked="" type="radio"/> f. Automobile |
| b. Baseball      | g. Small airplane                              |
| c. Basketball    | h. Large airplane                              |
| d. Bicycle wheel | i. Dirigible                                   |
| e. Office desk   | j. Other _____                                 |

19.1 Circle one of the following to indicate how certain you are of your answer to Question 19.

- |   |                  |
|---|------------------|
| <input checked="" type="radio"/> a. Certain | c. Not very sure |
| b. Fairly certain                           | d. Uncertain     |

20. Try to tell the following things about the object:

20.1 How high above the earth was it? 500 feet feet.

20.2 How far was it from you? 5500 feet or \_\_\_\_\_ miles.

20.3 How fast was it going? 500 miles per hour.

20.4 Circle one of the following to indicate how certain you are of your answer to the above questions:

- |   |                  |
|---|------------------|
| <input checked="" type="radio"/> a. Certain | c. Not very sure |
| b. Fairly certain                           | d. Just a guess  |

21. How did the object disappear from view?

- (Circle One):
- |   |                   |
|---|-------------------|
| a. Suddenly                                   | c. Other _____    |
| <input checked="" type="radio"/> b. Gradually | d. Don't remember |

CONT.

- 25. Draw a picture that will show the shape of the object. Label and include in your sketch any details of the object that you saw, and place an arrow beside the drawing to show the direction the object was moving.



SECTION E

- 26. Was this the first time that you have seen an object like this? (Circle One): Yes No

26.1 If you answered NO, then when, where, and under what conditions did you see other ones? \_\_\_\_\_

- 27. In your opinion what do you think the object was and what might have caused it? I have no idea

*It is a small cylindrical object that was launched from a small ship.*

- 28. Give the following information about yourself:

NAME [REDACTED]

ADDRESS [REDACTED]  
 Street City Zone State Tex

TELEPHONE NUMBER [REDACTED]

What is your present job? Construction Inspector

Age 30

Sex Male

Last School Attended Lee W. Collins

Year of last attendance at this school 1942

29. Was anyone else with you at the time you saw the object?

(Circle One): Yes or No

29.1 IF you answered "Yes", did they see the object too?

(Circle One): Yes or No

29.2 Please list their names and addresses:

30. Please add here any further comments which you believe are important.  
Use additional sheets of the same size paper if necessary.