

PROJECT 10073 RECORD CARD

1. DATE 23 August 52	2. LOCATION Navarre, Minnesota	12. CONCLUSIONS <input type="checkbox"/> Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon <input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft <input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical <input type="checkbox"/> Other <input checked="" type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
3. DATE-TIME GROUP Local 10:00 CST GMT	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	
5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. SOURCE civiliann	
7. LENGTH OF OBSERVATION 5-6 seconds	8. NUMBER OF OBJECTS 1	9. COURSE N
10. BRIEF SUMMARY OF SIGHTING Silver. very fast. Erratic	11. COMMENTS Report does not follow 200-5.	

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

THIS OBJECT TRAVELED AT A TERRIFIC
RATE OF SPEED AND MOVED AS NO CONVEN-
TIONAL AIRCRAFT I HAVE EVER SEEN

PROJECT 10073 WORKSHEET

I. GENERAL

1. DATE <i>13 Aug 52</i>	2. LOCATION <i>Nawane, Minn.</i>	3. TIME Local: <i>1043 CST</i> Zebra: <i>1640</i>
4. WAS OBJECT OBSERVED FROM THE GROUND?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input checked="" type="checkbox"/> Naked Eye <input type="checkbox"/> Binoculars <input type="checkbox"/> Telescope <input type="checkbox"/> Theodolite
5. WAS OBJECT OBSERVED BY GROUND RADAR?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> By One Set <input type="checkbox"/> By Two Sets <input type="checkbox"/> By Three Sets
6. WAS OBJECT OBSERVED FROM THE AIR?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> A/C Observed Object <input type="checkbox"/> Interception Attempted <input type="checkbox"/> No Intercept Attempted
7. WERE AIRCRAFT SCRAMBLED TO INTERCEPT?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> A/C Scrambled <input type="checkbox"/> Visual Contact Made <input type="checkbox"/> A/I Contact Made <input type="checkbox"/> No Contact Made
8. DID OBJECT CHANGE DIRECTION AT ANY TIME?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Violent
9. IF OBJECT WAS A "LIGHT", WAS IT:		<input type="checkbox"/> Blinking <input type="checkbox"/> Steady
10. LENGTH OF TIME IN SIGHT:		<input checked="" type="checkbox"/> 1-15 Seconds <input type="checkbox"/> 1-5 Minutes <input type="checkbox"/> Over 10 Minutes
11. REPORTING AGENCY (Unit Number and Mailing Address)		
<i>Hq. 31st Air Division, Fort Snelling, Minn.</i>		

II. ASTRONOMICAL DATA

12. WHAT ASTRONOMICAL ACTIVITY WAS NOTED?		
<i>N/A</i>		
13. DID OBJECT APPEAR TO ARCH DOWNWARD?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. DID OBJECT HAVE A TAIL?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. DID OBJECT APPEAR TO DISINTEGRATE?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16. TIME OF SIGHTING RELATIVE TO SUNRISE OR SUNSET (Data From Air Almanac)		
<input type="checkbox"/> Night <input checked="" type="checkbox"/> Day <input type="checkbox"/> Sunrise <input type="checkbox"/> Sunset		

III. AIRCRAFT DATA

17. WERE AIRCRAFT NOTED IN AREA?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>None.</i>
	<input type="checkbox"/> One Aircraft <input type="checkbox"/> More Than One Aircraft	
18. WAS ANY SOUND HEARD?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19. WERE THERE INDICATIONS OF HIGH BACKGROUND NOISE?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20. WAS THE OBJECT VIEWED ABOVE 45° ELEVATION?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

IV. BALLOON DATA

21. WERE BALLOONS RELEASED IN AREA? Yes No

22. TIME SINCE SCHEDULED BALLOON RELEASE: _____ Minutes

23. POSSIBLE BALLOON LAUNCH SITES DOWNWIND OF SIGHTING:

	Location	Type	Launching Agency	Lighted?		Describe Lighting
				Yes	No	
a.						
b.						
c.						
d.						

(attach overlay)

V. EVALUATION

<p>21. EVALUATION OF SOURCE:</p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Good</p> <p><input checked="" type="checkbox"/> Fair</p> <p><input type="checkbox"/> Poor</p> <p><input type="checkbox"/> Unreliable</p> <p><input type="checkbox"/> Extremely Doubtful</p> <p><input type="checkbox"/> Hoax</p>	<p>22. DETAILS OF REPORT:</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Poor</p> <p><input checked="" type="checkbox"/> Insufficient to Evaluate</p>
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23. FINAL EVALUATION:

<p><input type="checkbox"/> Was Balloon</p> <p><input type="checkbox"/> Probably Balloon</p> <p><input type="checkbox"/> Possibly Balloon</p> <p><input type="checkbox"/> Was Aircraft</p> <p><input type="checkbox"/> Probably Aircraft</p> <p><input type="checkbox"/> Possibly Aircraft</p>	<p><input type="checkbox"/> Was Astronomical</p> <p><input type="checkbox"/> Probably Astronomical</p> <p><input type="checkbox"/> Possibly Astronomical</p> <p><input type="checkbox"/> Other: _____</p> <p><input checked="" type="checkbox"/> Insufficient Data For Evaluation</p> <p><input type="checkbox"/> Unknown</p>
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24. COMMENTS:

PROJECT 10073 WEATHER DATA SHEET

1. DATE OF OBSERVATION	2. TIME OF OBSERVATION	3. STATION OBSERVING
4. WINDS ALOFT:		
ALTIMUDE (feet)	VELOCITY (knots)	DIRECTION (degrees)
0		25,000
1,000		30,000
2,000		35,000
3,000		40,000
4,000		45,000
5,000		50,000
6,000		55,000
7,000		60,000
8,000		65,000
9,000		70,000
10,000		75,000
12,000		80,000
14,000		85,000
16,000		90,000
18,000		95,000
20,000		100,000
5. WAS AN INVERSION LAYER NOTED? (If yes, at what altitude? _____)		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. WERE ANY THUNDERSTORMS NOTED IN AREA? (If yes, at what quadrant? _____)		<input type="checkbox"/> Yes <input type="checkbox"/> No
7. CLOUD COVER: _____ tenths at _____ feet. _____ tenths at _____ feet. _____ tenths at _____ feet. _____ tenths at _____ feet.		8. VISIBILITY WAS <u>CAVU</u> MILES.
9. COMMENTS:		

HEADQUARTERS
31ST AIR DIVISION
FORT SNELLING, MINNESOTA

WD 319.1

SUBJECT: FLYOBRPT

28 AUG 1952

TO: Chief, Air Technical Intelligence Center
Wright-Patterson Air Force Base
Dayton, Ohio

Forwarded herewith is FLYOBRPT in accordance with AFL 200-5, 29 April 1952.

FOR THE COMMANDING GENERAL:

Halbert B. Heintz

1 Incl
FLYOBRPT (1 cy)

HALBERT B. HEINTZ
MAJOR
ADJUTANT

AIR TECHNICAL INTELLIGENCE CENTER
WRIGHT-PATTERSON AIR FORCE BASE
OHIO

4
4 September 1952

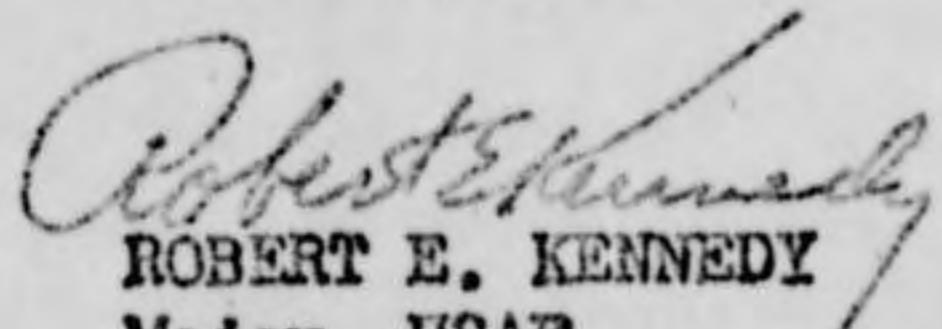
Mr. [REDACTED]
[REDACTED]
Mound, Minnesota

Dear Mr. [REDACTED]

Your recent report of unidentified aerial phenomena has been received by the Air Technical Intelligence Center. Inclosed is a questionnaire, which, when completed by you and returned in the inclosed, self-addressed envelope, will aid in standardizing the data and will provide a complete record of the occurrence.

Your interest in reporting the matter and your public spirited desire to be of service are greatly appreciated.

Sincerely yours,


ROBERT E. KENNEDY
Major, USAF
Air Adjutant General

2 Incls
a/s

7-3919-15-

TENTATIVE
OBSERVERS QUESTIONNAIRE

SECTION A

1. When did you see the object:

1.1 Date: 23 AUG 1952
Day Month Year

1.2 Time of Day: 10 40 (A.M.) or P.M. (Circle One)
Hrs. Min.

1.3 Time Zone: (Circle One):

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

2. Where were you when you saw the object:

_____ NAVARRE MINN _____
Postal Address City or Town State Country

Additional Remarks: _____

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. <u>Outdoors</u> | 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. <u>Other</u> <u>SMALL TOWN</u> |

4. How did you happen to notice the object? GLANCED UP TO
WATCH TWO P-51 FIGHTERS

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

 Day Month Year NOT SURE OF DATE
APPROX. ~~4~~ 4 DAYS
LATER.

SECTION B

6. What were you doing at the time you saw the object? FILLING A
CAR WITH GAS IN A FILLING STATION

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.

NOT POSITIVE - I BELIEVE I SPENT
MOST OF THE 30 MIN. TALKING WITH
FRIENDS IN STATION

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 looking 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 looking 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 question and preceding question (8 and 8.1).

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

12. Estimate how long you saw the object?

—	—	<u>5026</u>
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 at any time:

(Circle One for each question)

- | | | | | |
|------|---------------------------------|------------|-----------|-------------------|
| 14.1 | Change direction? | <u>Yes</u> | <u>No</u> | <u>Don't know</u> |
| 14.2 | Change speed? | <u>Yes</u> | <u>No</u> | <u>Don't know</u> |
| 14.3 | Change size? | <u>Yes</u> | <u>No</u> | <u>Don't know</u> |
| 14.4 | Change color? | <u>Yes</u> | <u>No</u> | <u>Don't know</u> |
| 14.5 | Break up into parts or explode? | <u>Yes</u> | <u>No</u> | <u>Don't know</u> |
| 14.6 | Give off smoke? | <u>Yes</u> | <u>No</u> | <u>Don't know</u> |
| 14.7 | Change brightness? | <u>Yes</u> | <u>No</u> | <u>Don't know</u> |
| 14.8 | Flicker, throb, or pulsate? | <u>Yes</u> | <u>No</u> | <u>Don't know</u> |
| 14.9 | Remain motionless? | <u>Yes</u> | <u>No</u> | <u>Don't know</u> |

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 - TOO MUCH NOISE FROM P-51'S

16.2 Color SAME AS SILVER AIRCRAFT - LOTS OF REFLECTION

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.

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 objects 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>GOLF BALL</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. Fairly certain | d. Uncertain |

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

20.1 How high above the earth was it? DON'T KNOW feet.

20.2 How far was it from you? DON'T KNOW feet or _____ miles.

20.3 How fast was it going? CAN'T ESTIMATE miles per hour. TERRIFICALLY FAST

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

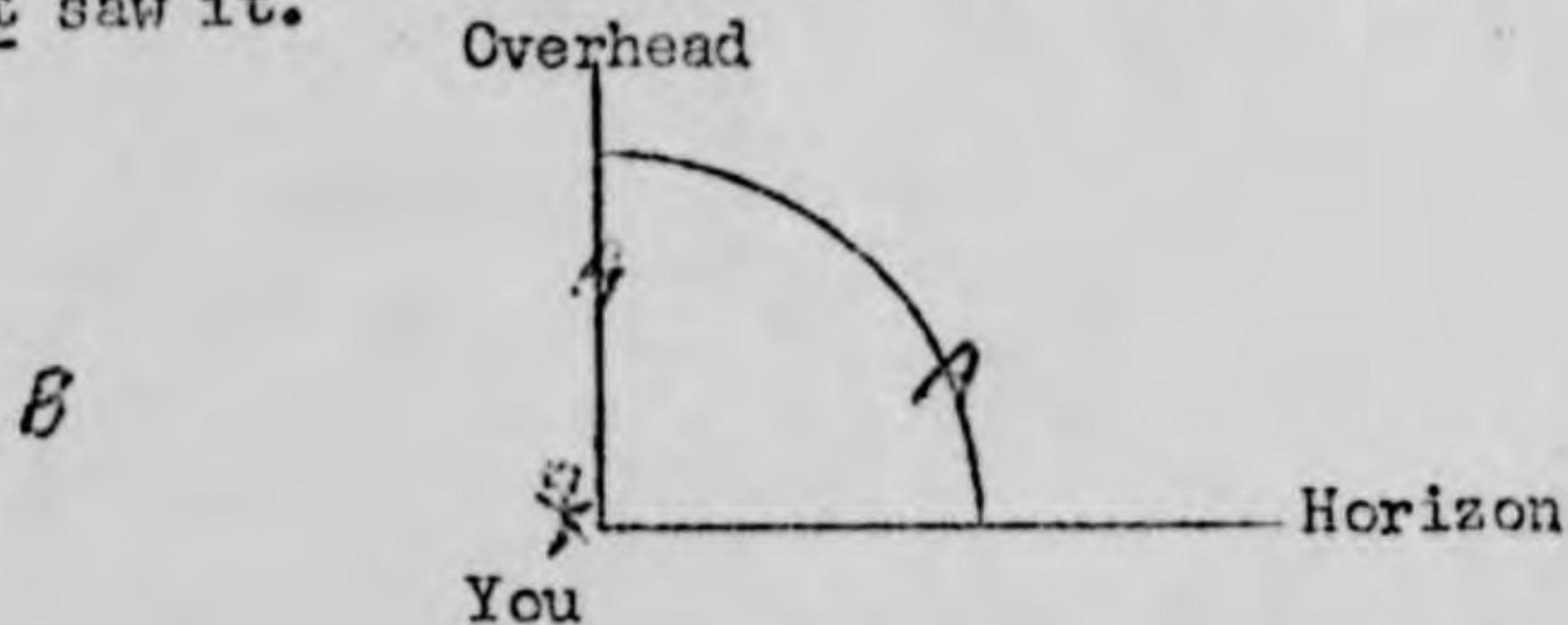
- | | |
|-------------------|------------------|
| a. <u>Certain</u> | c. Not very sure |
| b. Fairly certain | d. Just a guess |

21. How did the object disappear from view?

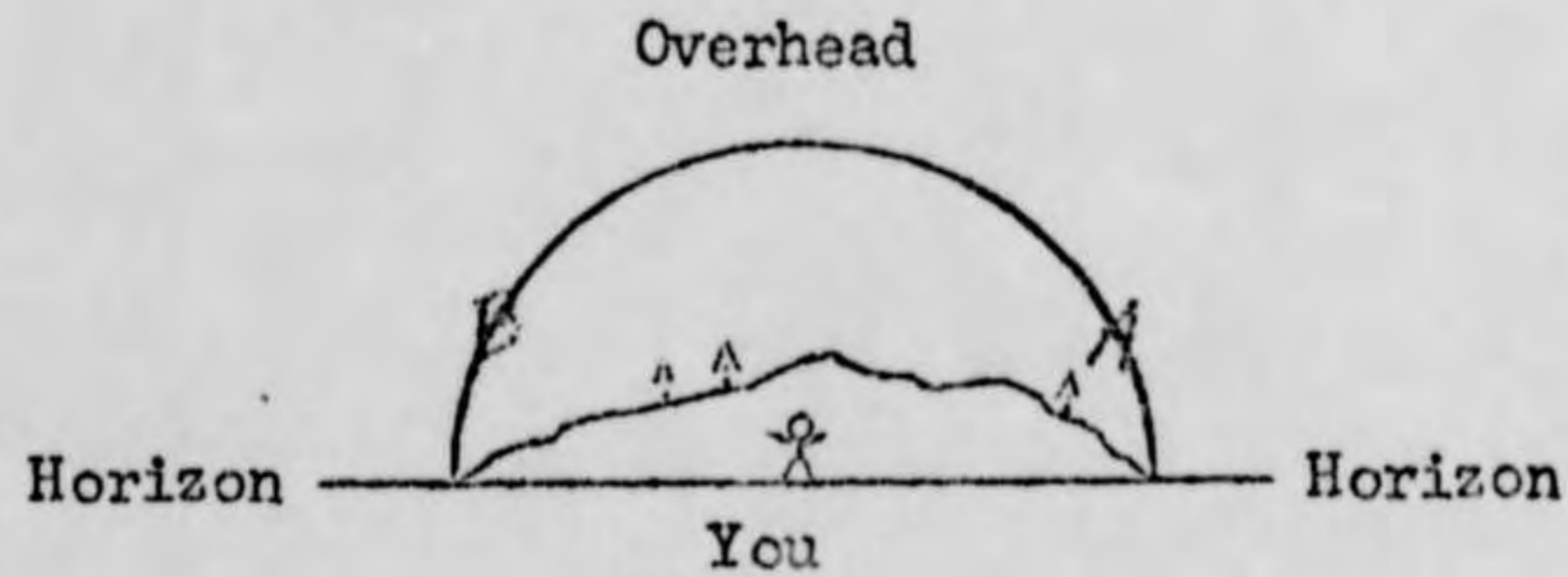
- (Circle One):
- | | |
|--------------|------------------------------------|
| a. Suddenly | c. Other <u>QUITE FAST BUT NOT</u> |
| b. Gradually | d. Don't remember <u>SUDDENLY</u> |
-

SECTION D

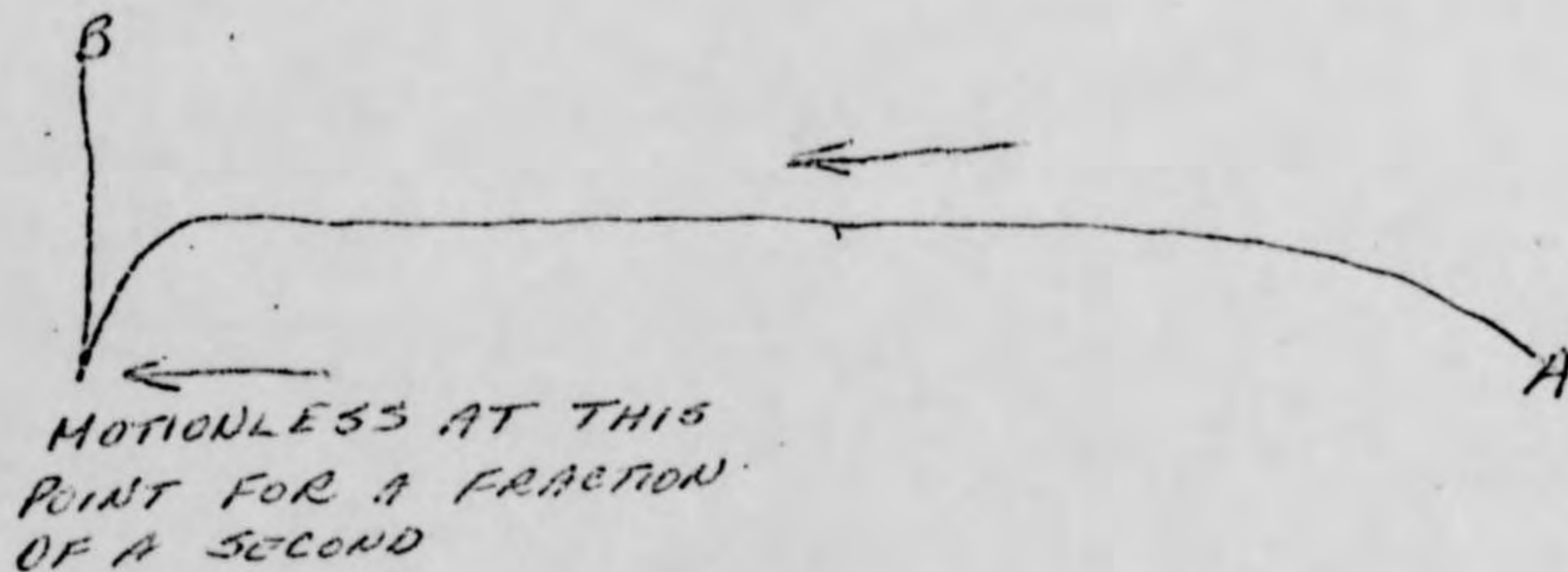
22. In the following sketch, imagine your eye at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" to show where it was when you last saw it.



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



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.

*PERFECTLY ROUND - THE SIZE OF A GOLF BALL
NO DISTINGUISHING MARKS VISIBLE*

