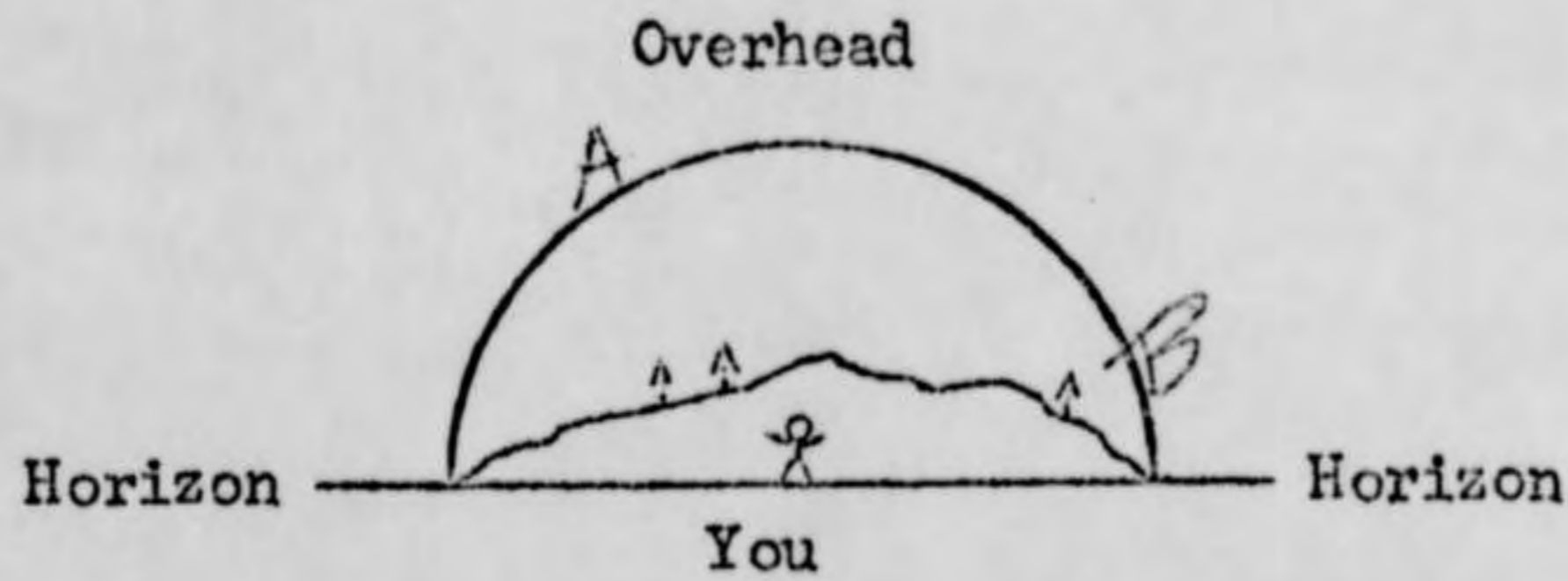


PROJECT 10073 RECORD CARD

DATE-TIME GROUP <u>02 Apr 52</u>		LOCATION New York, N.Y.	12. CONCLUSIONS <input type="checkbox"/> Was 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 checked="" type="checkbox"/> Possibly Astronomical (s/r)
3. DATE-TIME GROUP Local _____ GMT <u>0700</u>	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 GCC post		
7. LENGTH OF OBSERVATION 1 hr.	8. NUMBER OF OBJECTS	9. COURSE	<input type="checkbox"/> Other _____ <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
10. BRIEF SUMMARY OF SIGHTING White. Round light.		11. COMMENTS Stationary. Fighter interceptor scrambled - saw nothing.	

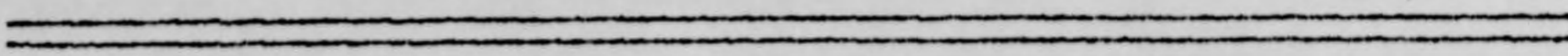
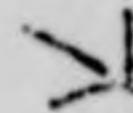
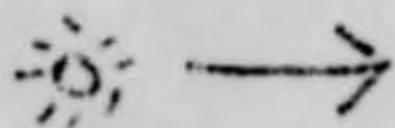
23. In the following sketch place an "A" at the position the object was when you first saw it, and a "B" at its position when you last saw it.



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.

CAN'T ESTIMATE

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 or 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?

WISH I KNEW

28. Give the following information about yourself:

NAME MARTIN JERALD _____
Last Name First Name Middle Name

ADDRESS MANHATTAN TOWERS NEW YORK _____
B'WAY 76TH STREET City Zone State

TELEPHONE NUMBER SU 7-1900

What is your present job? JUNIOR PHARMACIST

Age 24

Sex MALE

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:

*1. LEWIS STEINBERG # 356

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

ACTION

11. Otian
2. Otian
3. C. Files

FE

RB064 A

WPA067

YDA054

TYD046

TMA029UV

JEPQW B048

RR JEPHQ JEDWP JEDEN JEPNB 444

DE ROSLYN NY 208/JEPQW 49D

R 261900Z

FM CO 646TH AC&W SQDN HIGHLANDS NJ

TO JEPHQ/HQ USAF WASH 25 DC

JEDWP/AIR TECH INTEL CTR WRIGHT PATTERSON AFB OHIO

JEDEN/CG ENT AFB COLORADO SPRINGS COL

JEPNB/CG EADF STEWART AFB NY

ZF6/CG 26TH AIR DIV DEF ROSLYN NY

[REDACTED] ACOB 54 PD ATTN DIR INTEL WASH PD ATTN ATIAA-2C
WRIGHT PATTERSON PD FLYOBRPT PD IN ACCORDANCE WITH PROVISIONS OF
PARAGRAPH SEVEN C CMA AFL TWO HUNDRED DASH FIVE PD PAREN ONE PAREN NO
DEFINATE SHAPE TO OBJECT BUT MORE OR LESS ROUND PD ESTIMATED THIRTY

ATTN
ACQ INFOR. ACQ INFOR.

27 JUN 7:19

FEET IN DIAMETER PD SEEMED TO BE ONE LARGE WHITE LIGHT PUTTING OUT RED
AND BLUE FLASHES PD OBJECT STATIONARY PD NEGATIVE SOUND FROM DISTANCE
PD REPORTED TO DOGCATCHER AT (ZERO SEVEN TWO FIVE)^{0725Z} ZEBRA CMA TWENTY-SIX
AUGUST NINE-TEEN FIFTY TWO PD PAREN TWO PAREN ZERO SEVEN HUNDRED ZEBRA
OVSERVED FOR ONE HOUR PD PAREN THREE PAREN VISUAL USING FIELD GLASSES PD
PAREN FOUR PAREN GOC POST AT BL ZERO ONE FOUR SEVEN PD OBJECT FIVE MILES

PAGE TWO JEPQW 49D

FRO POST CMA ESTIMATE HEIGHT TEN THOUSAND FEET PD PAREN FIVE PAREN
JERALD MARTIN CMA MANHATTAN TOWER CMA SEVENTY SIXTH STREET AND
BROADWAY CMA NEW YORK PD PAREN SIX PAREN CLEAR CMA VISIBILITY GOOD CMA
NEGATIVE FOG PD PAREN SEVEN PAREN NONE PD PAREN EIGHT PAREN NONE PD
PAREN NINE PAREN ORGAN WHITE SEARCHED AREA UNDER RELAYED DIRECTIONS OF
GOC OBSERVER FOR FORTY-FIVE MINUES AND SAW NOTHING PD PAREN TEN PAREN
NONE PD

26/1919Z AUG JEPQW

P. 1

PROJECT 10073 WORKSHEET

31

I. GENERAL

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

II. ASTRONOMICAL DATA

12. WHAT ASTRONOMICAL ACTIVITY WAS NOTED?		
13. DID OBJECT APPEAR TO ARCH DOWNWARD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. DID OBJECT HAVE A TAIL?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. DID OBJECT APPEAR TO DISINTEGRATE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. TIME OF SIGHTING RELATIVE TO SUNRISE OR SUNSET (Data From Air Almanac)		
	<input checked="" type="checkbox"/> Night	
	<input 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 type="checkbox"/> One Aircraft <input type="checkbox"/> More Than One Aircraft	<input type="checkbox"/> No
18. WAS ANY SOUND HEARD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. WERE THERE INDICATIONS OF HIGH BACKGROUND NOISE?	<input 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: 25 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

21. EVALUATION OF SOURCE:

- Excellent
- Good
- Fair
- Poor
- Unreliable
- Extremely Doubtful
- Hoax

22. DETAILS OF REPORT:

- Good
- Fair
- Poor
- Insufficient to Evaluate

23. FINAL EVALUATION:

- Was Balloon
- Probably Balloon
- Possibly Balloon
- Was Aircraft
- Probably Aircraft
- Possibly Aircraft

- Was Astronomical
- Probably Astronomical
- Possibly Astronomical
- Other: _____
- Insufficient Data For Evaluation
- Unknown

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 _____ MILES.
9. COMMENTS: <i>7:00 AM date ...</i>		

TENTATIVE
OBSERVERS QUESTIONNAIRE

SECTION A

1. When did you see the object:

1.1 Date: 26th August 1952
Day Month Year

1.2 Time of Day: 2 45 (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 were you when you saw the object:

1407 BROADWAY NEW YORK N.Y. _____
Postal Address City or Town State Country

Additional Remarks: OBSERVATION POST CE
GROUND OBSERVER CORPS

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 _____

4. How did you happen to notice the object? SCANNING SKY FOR PLANE WITH BINOCULARS, NOTICED OBJECT THAT KEPT CHANGING COLORS AND BLINKING.

5. When did you report to some official that you had seen the object?
26 AUGUST 1952
Day Month Year

SECTION B

6. What were you doing at the time you saw the object? SAME AS ANSWER 4 SECTION A

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 looking when you first saw the object?

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

8.1 What direction were you looking 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 question and preceding question (8 and 8.1).

- | | |
|-------------------|------------------|
| a. Certain | c. 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 sunglasses |
| 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 C

12. Estimate how long you saw the object?

3 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? BLUE, GREEN, RED

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

16.1 Sound NONE

16.2 Color FLICKERING BLUE, RED, AND GREEN

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.

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. <u>Pea</u> | 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.

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

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

20.1 How high above the earth was it? 15,000 feet.

20.2 How far was it from you? _____ feet or 5 miles.

20.3 How fast was it going? DONT KNOW 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 | <u>c. Not very sure</u> |
| b. Fairly certain | d. Just a guess |

21. How did the object disappear from view?

- | | | |
|---------------|--------------|-------------------------|
| (Circle One): | a. Suddenly | c. Other <u>AT DAWN</u> |
| | b. 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 (skyline) when you first saw it. Place a "B" to show where it was when you last saw it.

