

PROJECT 10073 RECORD CARD

1. DATE 11 Sep 52	2. LOCATION Lake Charles, La.	8. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon
3. DATE-TIME GROUP Local 2045 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 civilian	<input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input checked="" type="checkbox"/> Possibly Aircraft
7. LENGTH OF OBSERVATION 10 seconds.	6. NUMBER OF OBJECTS 1	9. COURSE <input type="checkbox"/> Other <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
10. BRIEF SUMMARY OF SIGHTING Normal maneuvers		11. COMMENTS (From drive in movie) Aircraft in area.

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 *Just saw lights no outline.*

14. Did the object at any time:

(Circle One for each question)

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

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

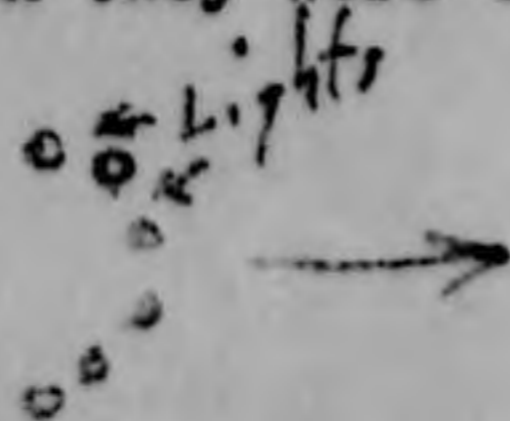
15.1 IF you answered YES, what was the color of the light? ordinary lights

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

16.1 Sound no sound at all

16.2 Color couldn't tell

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. Pea | f. Automobile |
| b. Baseball | g. Small airplane |
| c. Basketball | <u>h. Large airplane</u> |
| 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? 1500 feet.

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

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

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

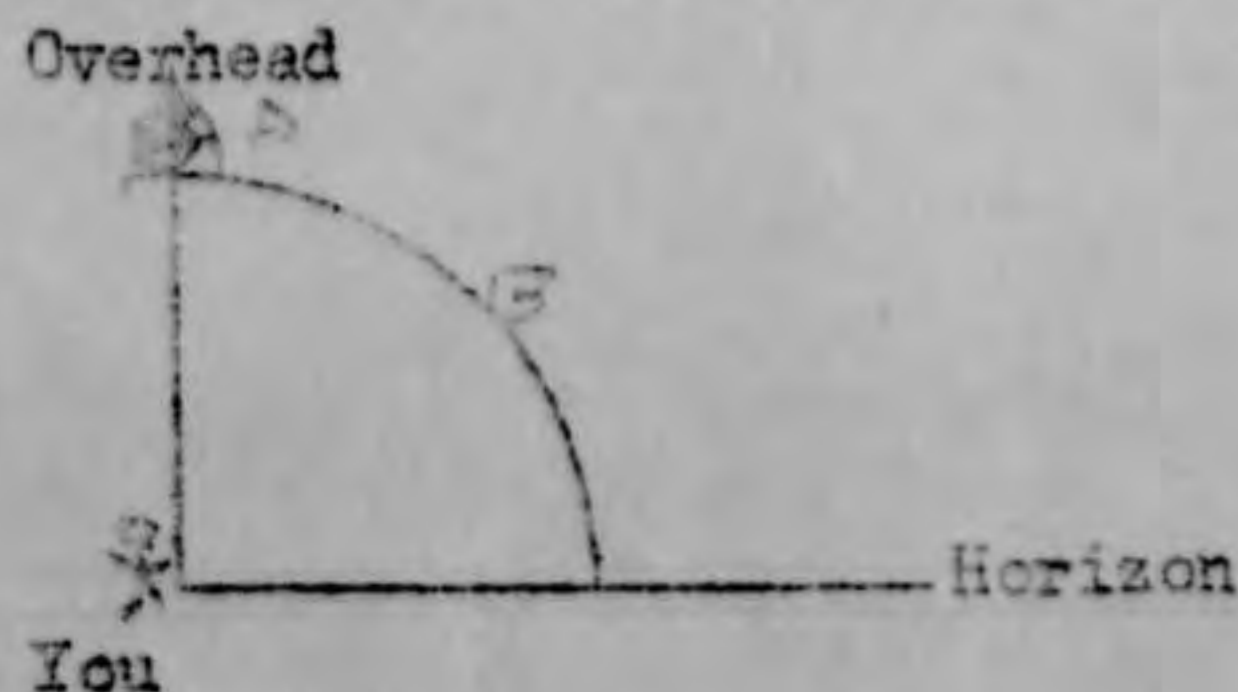
- | | |
|-------------------|------------------|
| <u>a. Certain</u> | c. Not very sure |
| b. Fairly certain | d. Just a guess |

21. How did the object disappear from view?

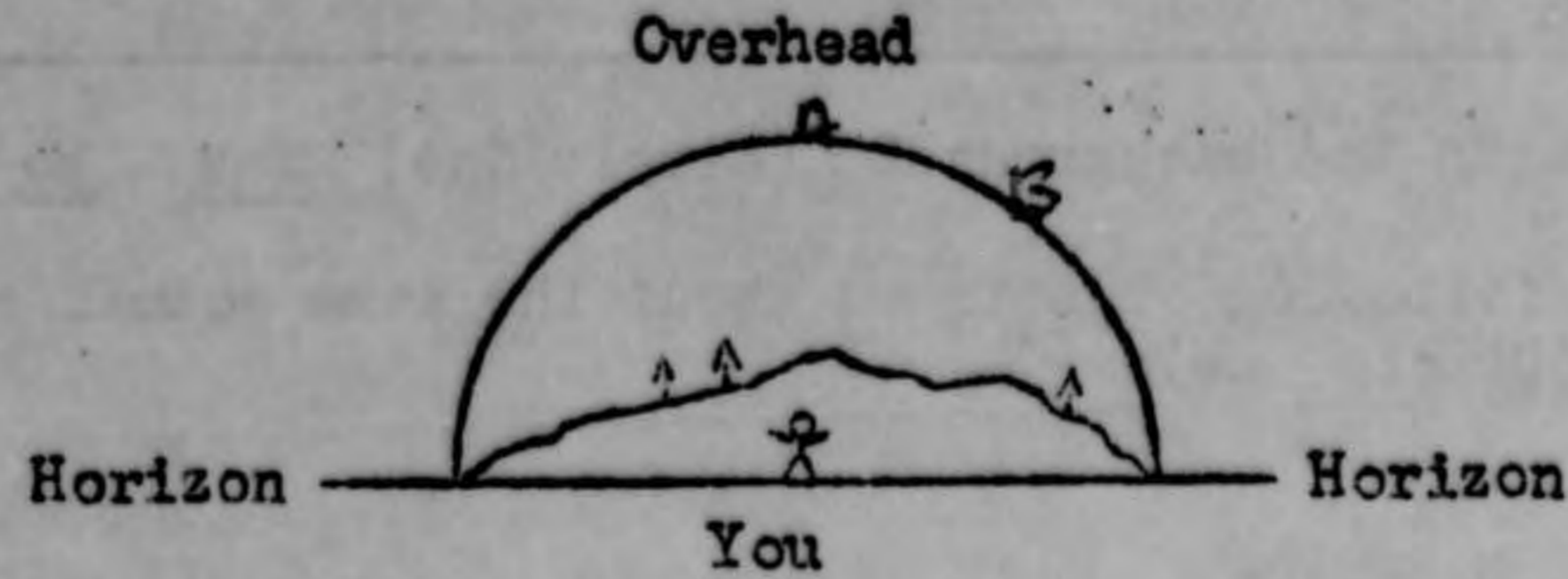
- (Circle One): a. Suddenly c. Other _____
b. Gradually d. Don't remember

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.



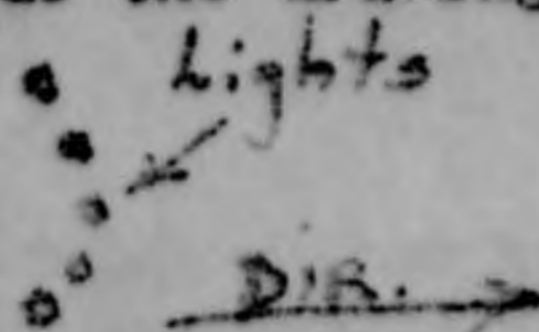
23. In the following sketch place an "A" at the position the object was when you first saw it, and a "B" at its position when you last saw it.



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.



Lights appeared in an arc (as shown) almost overhead. There could have been more but I didn't see any.

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

I definitely saw something. It was ^{no}
reflection or ~~mirage~~. mirage.

PROJECT 10073 WORKSHEET

I. GENERAL

6

1. DATE <i>11 Sept '52</i>	2. LOCATION <i>Lake Charles, La.</i>	3. TIME Local: <i>2045 EST</i> Zebra: <i>1245</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Normal <input type="checkbox"/> Violent		
9. IF OBJECT WAS A "LIGHT", WAS IT: <input type="checkbox"/> Blinking <input checked="" 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>CO ADIN 806 Lake Charles AFB, La.</i>		

II. ASTRONOMICAL DATA

12. WHAT ASTRONOMICAL ACTIVITY WAS NOTED? <i>No</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 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 checked="" type="checkbox"/> No		
<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. HAD THE OBJECT VIEWED ABOVE 90° ELEVATION? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

7-3719-18

IV. BALLOON DATA

21. WERE BALLOONS RELEASED IN AREA? Yes No

22. TIME SINCE SCHEDULED BALLOON RELEASE: 6 hrs. Minutes

23. POSSIBLE BALLOON LAUNCH SITES DOWNWIND OF SIGHTING:

	Location	Type	Launching Agency	Lighted?		Describe Lighting
				Yes	No	
a.	<i>Lake Charles La</i>	<i>radio sonde parach payload</i>	<i>USDA Weather Bureau</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>white</i>
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:

flighty 15 minutes before scheduled balloon release

PR OCT 10073 WEATHER DATA SHEET (

1. DATE OF OBSERVATION	2. TIME OF OBSERVATION	3. STATION OBSERVING
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4. WINDS ALOFT:

ALTITUDE (feet)	VELOCITY (knots)	DIRECTION (degrees)	ALTITUDE (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? Yes No
 (If yes, at what altitude? _____)

6. WERE ANY THUNDERSTORMS NOTED IN AREA? Yes No
 (If yes, at what quadrant? _____)

7. CLOUD COVER: _____ tenths at _____ feet. _____ tenths at _____ feet. _____ tenths at _____ feet. _____ tenths at _____ feet.	8. VISIBILITY WAS _____ MILES.
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9. COMMENTS:
CNV conditions - slight wind - no wind direction given.

WERE WHITE WITH NO APPARENT BEAM SHOWING BEYOND OBJ PD TIME OF SIGHTING
CLM 2045 MRS 11 SEP 52 PD LSTW OF TIME OBSR CLM APRX 10 SEC PD MANNER
OF OBSR CLM VISUAL PD OBSR FR RND UP THEATER 3 MILES E OF LAKE CHARLES
LA PD OBJ OVERHEAD TVL W TO E PARALLELING HWY 90 PD APPX ALT OF OBJ
3000 FT PD IDENTIFYING INFO OF OBSR CLM C PD W PD LAMINGHAM CMA [REDACTED]
[REDACTED] LA PD EST OF RELIABILITY AND EXPERIENCE CLM
(D-4) PD (WEA AND WINDS ALOFT COND AT TIME AND PLACE OF SIGHTING CLM VERY
CLEAR CMA VERY LITTLE WIND) PD ANY ACTY OR COND CMA METEOROLOGICAL
OR OTHERWISE CMA WHICH MIGHT ACCT FOR SIGHTING CLM NONE TO KNOWLEDGE
OF OBSR PD EXISTENCE OF ANY PHYSICAL EVIDENCE SUCH AS FRAGMENTS CMA
PHOTOS AND THE LIKE CMA OF THE SIGHTING CMA NONE PD INTCP OR
IDENTIFICATION ACTION TAKEN CLM NONE PD LOC OF ANY AIR TRAFFIC IN GEN
AREA AT TIME OF SIGHTING CLM NONE PD WRITTEN REPT ICW AFL 200-5 BEING
SUBM THIS DATE PD
15/2055Z SEP JESKH ✓

Cyl

ACTION

1. Atria
2. Atria
3. C. files

SEP 15 22 22 1952

WPO257

VMA234

VVA274

VDC055

JESK 33

PP JEPND JEDMT JEDEN JEDMR 444

CC JESK 25

P 152026Z 20J

FM CO ADIV 636 LAKE CHARLES AFB LA

TO JEPND/DIR OF INTEL HQ USAF WASH 25 D C

JEDWP/ATIC FOR ATIAA-20 WRIGHT PATTERSON AFB OH

JEDEN/CG ENT AFB COLORADO-SPRINGS-COLO

JEDMR/CG SAC OFFUTT AFB NEBR

ATIC

INFO

5:01

[REDACTED] 4401 6482. FLYOBRPT PD ICW AFL 200-5 DTD 29
 APR 52 CMA UNIDENTIFIED OBJ REPTD SIGHTED BY CIV LISTED BELOW PD
 DESCRIPTION AS REQ BY PAR COCA OF CITED LTR FOL PD SNAPE OF OBJ CLM
ROUNDED FRONT CMA NOT CLEAR DUE TO DARKNESS PD SIZE OF OBJ CLM APROX
SIZE OF B-29 PD COLOR CLM NONE APPARENT PD FORMATION IF MORE THAN ONE
 OBJ CLM ONLY ONE OBJ SIGHTED PD AERODYNAMIC FEATURES CLM NONE APPARENT
 PD TRAIL OR EXY CLM NONE APPARENT PD PRPLN SYS CLM NONE APPARENT
PD TYPED CLM APROX THAT OF JET PD SOUND CLM NONE APPARENT PD ANSWERS
 CLM IN STRAIGHT LINE PD MANNER OF DISAPPEARANCE CLM IN STRAIGHT LINE
 TILL OUT OF SIGHT PD LIT OR SEVERAL LIGHTS IN FRONT OF OBJ PD LIGHTS

2500
25

4. How did you happen to notice the object?

The lights attracted
my attention

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

12 9 52
Day Month Year

SECTION B

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

Walking behind
my car.

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.

Watching the movie in progress at that
time

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. North | e. South |
| b. Northeast | f. Southwest |
| <input checked="" type="radio"/> 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).

- | | |
|---|------------------|
| <input checked="" type="radio"/> 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 | <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? *Very clear*

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?

_____	_____	_____
Hours	Minutes	Seconds