

PROJECT 10073 RECORD CARD

1. LOCATION Richmond, Virginia		2. CONCLUSIONS	
3. DATE-TIME OF SIGHT 0030 EDT 0130		<input type="checkbox"/> Was Balloon <input checked="" type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon <input type="checkbox"/> Was Aircraft <input checked="" type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft <input type="checkbox"/> Was Astronomical <input checked="" 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		5. SOURCE Civilian, couple	
6. PHOTOS Yes No	7. LENGTH OF OBSERVATION 1/2 hour	8. NUMBER OF OBJECTS 1	9. COURSE
10. BRIEF SUMMARY OF SIGHTING Blue-green. Football shaped. Stationary.		11. COMMENTS	
SMC		Director Aerospace Studies Inst ATTN: Archives Branch Maxwell AFB, Alabama	

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. <u>Dirigible - SMALL</u> |
| e. Office desk   | j. Other _____              |

*THIS BECOMES PURELY A MATTER OF PERSPECTIVE & DISTANCE POSSIBLY*

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

- ANSWERED ABOVE*
- |                   |                  |
|-------------------|------------------|
| 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? 300 - 400 feet.
- 20.2 How far was it from you? \_\_\_\_\_ feet or 2 - 3 miles.
- 20.3 How fast was it going? 0 miles per hour.
- 20.4 Circle one of the following to indicate how certain you are of your answer to the above questions:

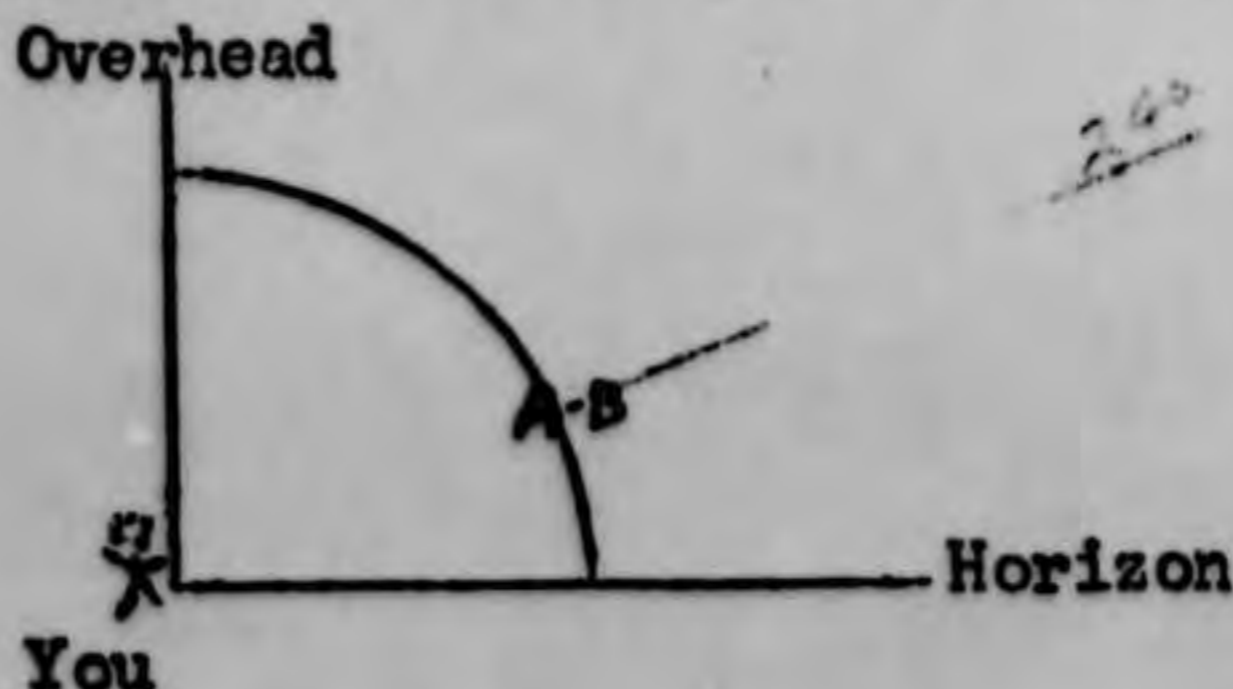
- |                   |  |
|-------------------|--|
| a. Certain        | <input checked="" type="radio"/> c. Not very sure - <i>AS ANSWERED</i> |
| b. Fairly certain | d. Just a guess <i>IN #19</i>  |

21. How did the object disappear from view?

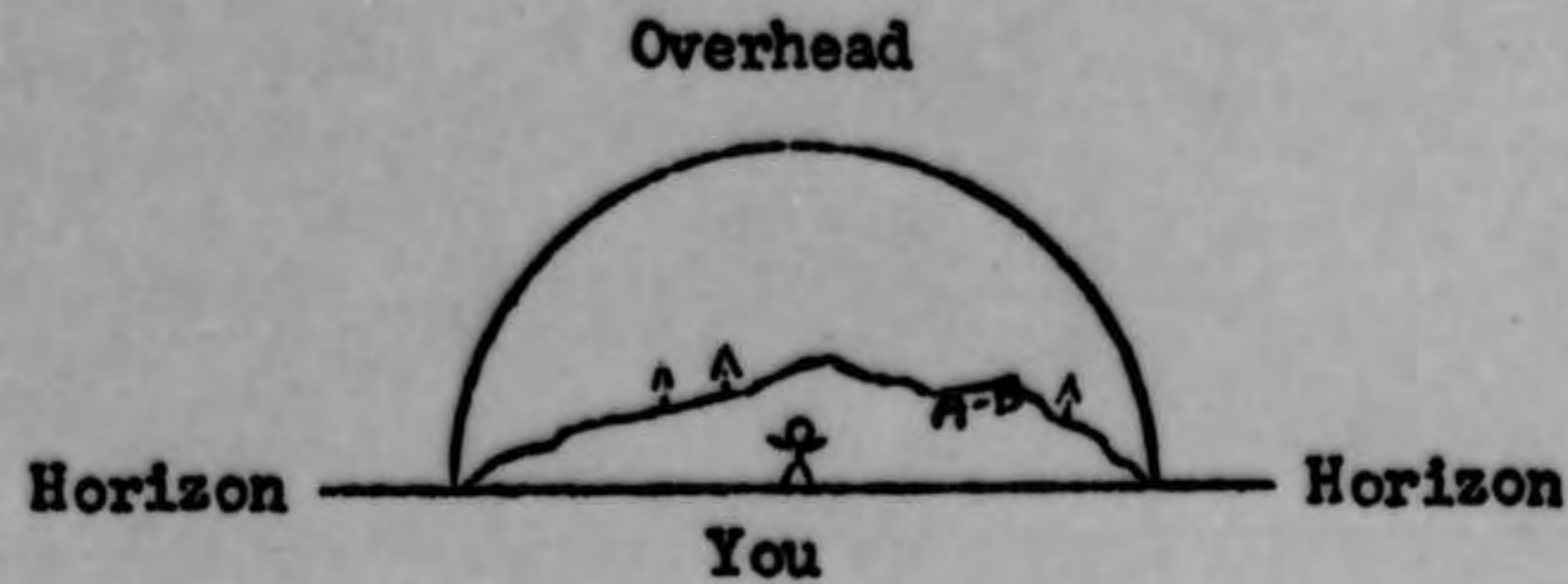
- (Circle One):  a. Suddenly  c. Other \_\_\_\_\_
- b. Gradually  d. Don't remember

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.

*THE OBJECT WAS STATIONARY*

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.



*There were some sparks between the two objects at times.*





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

**ACTION**

*J. J. Atoria*  
*2. Atoria*  
*3.C. files*

SEP 3 01 51 1952

*IF*

1952 SEP 2

21:05

RECEIVED

PHM15

YDC 16

NYE 11

THARS

JEPQW 884

PP JEPHQ JEDWP JEDEN JEPNB 444

DE ROSLYN NY 248/JEPWW 72D

P 121530Z

FM CO 771ST AC AND W SQDN FORT JOHN CUSTIS VA

TO JEPHQ/DIR OF INTEL HQS USAF WASH D C

JEDWP/CG AIR TECH INTEL CNTR WRIGHT PATTERSON AFB OHIO

JEDEN/CG ADC ENT AFB COLORADO SPRINGS COLO

JEPNE/CG EADF STEWART AFB NEWBURGH NY

ZEN/CG 26TH ADIV DEF ROSLYN NY

~~REDACTED~~/ACG DOW 1129 PD ATTN ATIAA 2C FLYOBRPT PD IAWAF

LTR 248-5 DD TWO NINE APR FIVE TWO CMA FOLG IS SUBMTD CLN IAW PAR

SEVEN CHARLIE PD PAR ONE CMA ONE OBJECT CMA STATIONERY CMA HAPED LIK A

FOOTBALL AND BLUE GREEN IN COLOR WAS OBSERVED BY MR AND MRS ~~REDACTED~~

AT APPROX ZERO FOUR THREE ZERO ZULU CMA ONE SEPTEMBER OE NINE FIE TWO

CMA OVER RICHMOND CMA VIRGINIA PD OBJECT FIRST APPEARED VERY BRIGHT AND

THEN FADED UNTIL IT WAS NO LONGER VISIBLE PD AFTER APPROX TWO MNUTES CMA

THE OBJECT THE OBJECT REAPPEARED CMASTILL VERY BRIGHT PD THIS PROCESS

OF DISAPPEARANCE AND REAPPEARANCE CONTINUED FOR APPROX ONE HALF HOUR CMA

PAGE TWO JEPQW 72D

APPEARED TO BE SELF LUMINOUS AND WAS ABOUT THREE TIMES AS LARGE AS  
A FULL MOON USUALLY APPEARS PD OBSERVER STATED QUOTE IT LOOKED LIKE A  
SPARKLER UNQUOTE PD PAR TWO CMA OBJECT WAS FIRST OBSVD AT ZERO FOUR  
THREE ZERO ZULU CMA ONE SEPTEMBER ONE NINE FIVE TWO CMA AND REAPPEARED  
INTERMITTENTLY FOR ONE HALF HOUR PD PAR THREE CMA OBJECT WAS OBSVD  
VISUALLY FROM THE GROUND PD PAR FOUR CMA OBJECT WAS OBSERVED OVER RICHMOND  
CMA VIRGINIA CMA THREE SEVEN DEGREES THREE THREE MINUTES NORTH LATITUDE  
CMA SEVEN SEVEN DEGREES TWO SIX MINUTES WEST LONGITUDE PD THE OBSVRS  
WERE FACING WEST AND THE OBJECT WAS APPROX TWENTY TWO AND ONE HALF  
DEGREES ABOVE THE HORIZONE PD PAR FIVE CMA OBJECT WAS OBSVC BY MR AND  
MRS [REDACTED] CMA EIGHT TWO [REDACTED] CMA RICHMOND CMA  
VIRGINIA PD TELEPHONE NUMBER RICHMOND [REDACTED]  
RELIABILITY AND EXPERIENCE UNKNOWN PD PAR SIX CMA VIIBILITY WAS POOR PD  
THERE WAS AN ELECTRICAL STORM IN THE VICINITY AT THE TIME PD PAR SEVEN  
CMA NONE PD PAR EIGHT CMA NO PHYSICAL EVIDENCE WAS OBTAINED PD PAR NINE  
CMA NO INTERCEPT ACTION TAKEN BECAUSE TME OBJECT WAS NOT REPORTED TO  
THIS STAION UNTIL APPOX TWO FOUR HOURS AFTER THE SIGHTING PD PAR TEN  
CMA NONE OBSVC PD END

2/2055Z SEP JEPQW

*cy 1*

PROJECT 10073 WORKSHEET

I. GENERAL

3

1. DATE <i>15 Sep 52</i>	2. LOCATION <i>Richmond, Va.</i>	3. TIME Local: <i>0930 EDT</i> Zebra: <i>0430</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 <span style="float:right; font-size: 2em; opacity: 0.5;">P-51</span>		
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 checked="" type="checkbox"/> Blinking <input 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) <i>771st AC + W Sqdn., Fort Curtis, Va.</i>		

II. ASTRONOMICAL DATA

12. WHAT ASTRONOMICAL ACTIVITY WAS NOTED? <i>None</i>		
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		1003368

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 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 type="checkbox"/> Yes <input type="checkbox"/> No		

1003368  
9-3719-17





PI ECT 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.

9. COMMENTS:

AIR TECHNICAL INTELLIGENCE CENTER  
WRIGHT-PATTERSON AIR FORCE BASE  
OHIO

5 September 1952

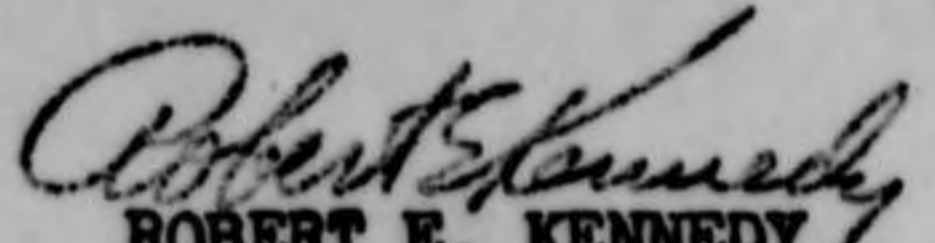
Mr. & Mrs. [REDACTED]  
[REDACTED]  
Richmond, Virginia

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



4. How did you happen to notice the object? WHILE LYING IN  
BED LOOKING OUT THE WINDOW

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? LYING IN BED  
LISTENING TO THE RADIO & READING

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.

SAME AS ABOVE

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                             |
| c. East      | <input checked="" type="radio"/> 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 - DO NOT WEAR GLASSES

10. How was the object seen?

- (Circle One):
- |  |                       |
|--|-----------------------|
| <input checked="" type="radio"/> 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                                |
| <input checked="" type="radio"/> c. Moderate or heavy rain |
| d. Snow  |
| e. Don't remember  |

11.2 WIND (Circle One)

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

11.4 TEMPERATURE (Circle One)

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

THIS OCCURANCE WAS AT THE PEAK  
HOUR OF HURRICANE ABLE'S PROXIMITY  
TO RICHMOND

SECTION C

12. Estimate how long you saw the object?

	<u>Hours</u>	<u>Minutes</u>	<u>Seconds</u>
THREE RECURRANCES OVER		OF 45 MIN.	

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

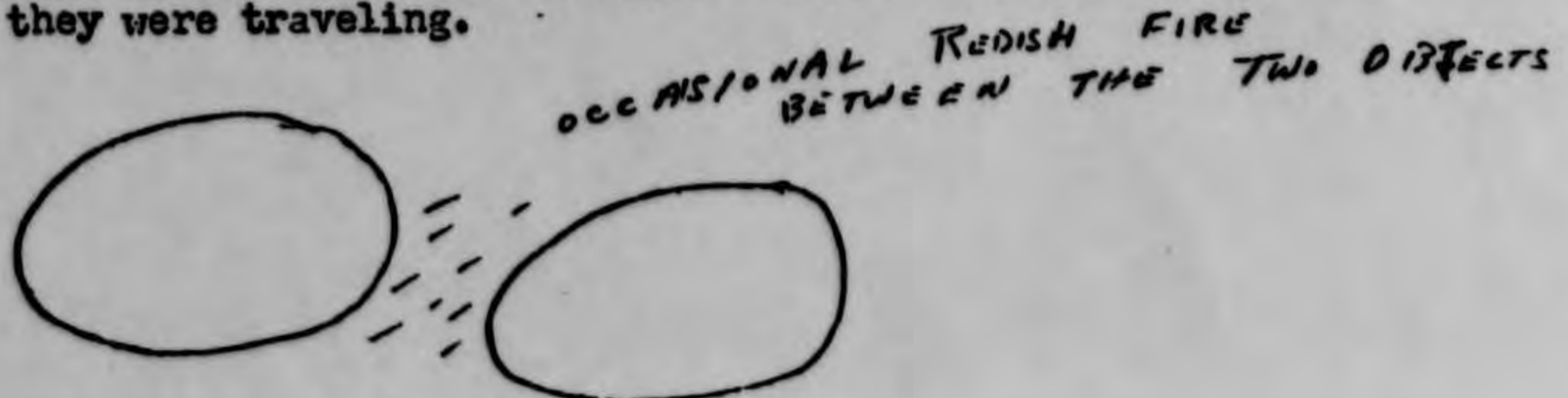
16. Tell in a few words the following things about the object?

16.1 Sound NONE — RADIO INTERFERENCE BY OVERLAP OF STATIONS NEVER BEFORE OVERLAPING

16.2 Color BLUISH GREEN

17. IF there was MORE THAN ONE object, then how many were there? TWO

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.

\_\_\_\_\_