

# PROJECT 10073 RECORD CARD

|                                                                                     |  |                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. DATE<br><u>28 Aug 52</u>                                                         |  | 2. LOCATION<br><u>Barksdale AFB, La.</u>                                                                                                                                                              |  | 12. CONCLUSIONS<br><input type="checkbox"/> Was Balloon<br><input type="checkbox"/> Probably Balloon<br><input type="checkbox"/> Possibly Balloon<br><input type="checkbox"/> Was Aircraft<br><input type="checkbox"/> Probably Aircraft<br><input type="checkbox"/> Possibly Aircraft<br><input type="checkbox"/> Was Astronomical<br><input type="checkbox"/> Probably Astronomical<br><input type="checkbox"/> Possibly Astronomical<br><input type="checkbox"/> Other<br><input checked="" type="checkbox"/> Insufficient Data for Evaluation<br><input type="checkbox"/> Unknown |  |
| 3. DATE-TIME GROUP<br>Local <u>0300</u><br>GMT                                      |  | 4. TYPE OF OBSERVATION<br><input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar<br><input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 5. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |  | 6. SOURCE<br><u>airmen, AP's</u>                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 7. LENGTH OF OBSERVATION                                                            |  | 8. NUMBER OF OBJECTS<br><u>2</u>                                                                                                                                                                      |  | 9. COURSE<br><u>S</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 10. BRIEF SUMMARY OF SIGHTING<br><br><u>"Comet" shape. High speed to hover.</u>     |  |                                                                                                                                                                                                       |  | 11. COMMENTS<br><br><u>2 objects sighted by airmen 1st<br/>may have been a meteor.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |

[REDACTED]

23

COUNTRY: USA  
IR-134-52  
AIR INTELLIGENCE INFORMATION REPORT

TO: FLYORBT  
FROM: 301st Bombardment Wing (n) SAC  
DATE OF REPORT: 30 August 1952  
DATE OF INFORMATION: 28 - 29 August 1952  
EVALUATION: B-3  
PREPARED BY: RICHARD P. REINSON, Major, USAF  
SOURCE: A/2c Jack S. Jones, AF 13342261  
REFERENCES: USAF Letter 200-5, 29 April 1952

SUMMARY: (For concise summary of report. Give up to once in first one sentence paragraph. List indicates a list of items. Do not use a list of items in the summary.)

At approximately 0300, 28 August 1952 A/2c Jack S. Jones, AF 13342261, 805th Air Police Squadron, Barksdale AFB, while on guard duty on the flight line in area "C", observed what appeared to be a comet. This comet or object moved at a terrific rate of speed in a direction from the N.W. to South. The "star like" light suddenly stopped in flight and hovered in a stationary position for a few seconds and then disappeared as though an electric light had been switched off.

On the 29th of August 1952 at approximately 0215 the same airman observed a similar object or light moving from a SW to SE position at an extremely high speed. When SE of the Barksdale landing strip, the light suddenly stopped without first diminishing its speed. After a few seconds of "bobbing", the light became stationary and gradually turned to a red glow, then green, again red and finally white. In comparison with the stars, the light was much larger and brighter. It appeared to be approximately the size of a silver dollar. The edges were cleanly defined, without fuzziness. Weather condition was clear and visibility unlimited.

This phenomenon was brought to the attention of the Sector Patrolman, S/Sgt J. K. Elliott, AF 13330495, who in turn reported it to the Sgt of the Guard, T/Sgt John J. Kasarada, AF 13318531. S/Sgt Elliott also observed the light in its stationary position.

Jones continued to watch the light which remained stationary and bright until he went to inspect the rear of the B-29 aircraft he was guarding. Upon returning to the front of the aircraft, the light had disappeared. The time was 0515.

0 3.00  
+ 6  
0 4.00 2  
0 2.15  
16  
08 15 2

*Richard P. Reinson*  
RICHARD P. REINSON  
Major, USAF  
Actg Director of Intelligence

7-3719-48

1 # 2

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# PROJECT 10073 WORKSHEET

## I. GENERAL

|                                                                                                                                                                                            |                                           |                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| 1. DATE<br><i>25 Aug 52</i>                                                                                                                                                                | 2. LOCATION<br><i>Holloman AFB, N. M.</i> | 3. TIME<br>Local: <i>1540 MST</i><br>Zebra: <i>2240</i> |
| 4. WAS OBJECT OBSERVED FROM THE GROUND?                                                                                                                                                    |                                           |                                                         |
| <input checked="" type="checkbox"/> Yes                                                                                                                                                    |                                           | <input type="checkbox"/> No                             |
| <input type="checkbox"/> Naked Eye<br><input type="checkbox"/> Binoculars<br><input type="checkbox"/> Telescope<br><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<br><input type="checkbox"/> By Two Sets<br><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<br><input type="checkbox"/> Interception Attempted<br><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<br><input type="checkbox"/> Visual Contact Made<br><input type="checkbox"/> A/I Contact Made<br><input checked="" type="checkbox"/> No Contact Made |                                           |                                                         |
| 8. DID OBJECT CHANGE DIRECTION AT ANY TIME?                                                                                                                                                |                                           |                                                         |
| <input checked="" type="checkbox"/> Yes                                                                                                                                                    |                                           | <input type="checkbox"/> No                             |
| <input checked="" type="checkbox"/> Normal<br><input 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 type="checkbox"/> 1-15 Seconds                                                                                                                                                      |                                           |                                                         |
| <input checked="" type="checkbox"/> 1-5 Minutes                                                                                                                                            |                                           |                                                         |
| <input type="checkbox"/> Over 10 Minutes                                                                                                                                                   |                                           |                                                         |
| 11. REPORTING AGENCY (Unit Number and Mailing Address)                                                                                                                                     |                                           |                                                         |
| <i>Intelligence Section, 6540<sup>th</sup> Missile Test Wg.,<br/>Holloman AFB, N. M.</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 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 checked="" type="checkbox"/> Yes                                                             |  | <input type="checkbox"/> No            |
| <input type="checkbox"/> One Aircraft<br><input checked="" 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 type="checkbox"/> Yes                                                                        |  | <input checked="" type="checkbox"/> No |
| 20. WAS THE OBJECT VIEWED ABOVE 45° ELEVATION?                                                      |  |                                        |
| <input type="checkbox"/> Yes                                                                        |  | <input type="checkbox"/> No            |

#### IV. BALLOON DATA

| 21. WERE BALLOONS RELEASED IN AREA?                     |          |      |                  |          | <input checked="" type="checkbox"/> Yes |                   | <input type="checkbox"/> No |  |
|---------------------------------------------------------|----------|------|------------------|----------|-----------------------------------------|-------------------|-----------------------------|--|
| 22. TIME SINCE SCHEDULED BALLOON RELEASE:               |          |      |                  |          | <u>100</u> Minutes                      |                   |                             |  |
| 23. POSSIBLE BALLOON LAUNCH SITES DOWNWIND OF SIGHTING: |          |      |                  |          |                                         |                   |                             |  |
|                                                         | Location | Type | Launching Agency | Lighted? |                                         | Describe Lighting |                             |  |
|                                                         |          |      |                  | Yes      | No                                      |                   |                             |  |
| a.                                                      | Holloman | RW   | AW3              |          | <input checked="" type="checkbox"/>     |                   |                             |  |
| b.                                                      |          |      |                  |          |                                         |                   |                             |  |
| c.                                                      |          |      |                  |          |                                         |                   |                             |  |
| d.                                                      |          |      |                  |          |                                         |                   |                             |  |

(attach overlay)

#### V. EVALUATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>21. EVALUATION OF SOURCE:</b><br><br><input type="checkbox"/> Excellent<br><input type="checkbox"/> Good<br><input checked="" type="checkbox"/> Fair<br><input type="checkbox"/> Poor<br><input type="checkbox"/> Unreliable<br><input type="checkbox"/> Extremely Doubtful<br><input type="checkbox"/> Hoax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>22. DETAILS OF REPORT:</b><br><br><input checked="" type="checkbox"/> Good<br><input type="checkbox"/> Fair<br><input type="checkbox"/> Poor<br><input type="checkbox"/> Insufficient to Evaluate |
| <b>23. FINAL EVALUATION:</b><br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Was Balloon<br/> <input type="checkbox"/> Probably Balloon<br/> <input type="checkbox"/> Possibly Balloon<br/><br/> <input type="checkbox"/> Was Aircraft<br/> <input type="checkbox"/> Probably Aircraft<br/> <input type="checkbox"/> Possibly Aircraft         </div> <div style="width: 48%;"> <input type="checkbox"/> Was Astronomical<br/> <input type="checkbox"/> Probably Astronomical<br/> <input type="checkbox"/> Possibly Astronomical<br/><br/> <input type="checkbox"/> Other: _____<br/><br/> <input type="checkbox"/> Insufficient Data For Evaluation<br/> <input checked="" type="checkbox"/> Unknown         </div> </div> |                                                                                                                                                                                                      |
| <b>24. COMMENTS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                      |

( PROJECT 10073 WEATHER DATA SHEET )

|                                                                               |                     |                             |                                                                                                   |                      |                        |
|-------------------------------------------------------------------------------|---------------------|-----------------------------|---------------------------------------------------------------------------------------------------|----------------------|------------------------|
| 1. DATE OF OBSERVATION                                                        |                     | 2. TIME OF OBSERVATION      |                                                                                                   | 3. STATION OBSERVING |                        |
| 4. WINDS ALOFT:                                                               |                     |                             |                                                                                                   |                      |                        |
| ALTITUDE<br>(feet)                                                            | VELOCITY<br>(knots) | DIRECTION<br>(degrees)      | ALTITUDE<br>(feet)                                                                                | VELOCITY<br>(knots)  | DIRECTION<br>(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?<br>(If yes, at what altitude? _____)         |                     |                             | <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span> |                      |                        |
| 6. WERE ANY THUNDERSTORMS NOTED IN AREA?<br>(If yes, at what quadrant? _____) |                     |                             | <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span> |                      |                        |
| 7. CLOUD COVER:                                                               |                     |                             |                                                                                                   | 8. VISIBILITY WAS    |                        |
| _____ tenths at _____ feet.                                                   |                     | _____ tenths at _____ feet. |                                                                                                   | _____ MILES.         |                        |
| _____ tenths at _____ feet.                                                   |                     | _____ tenths at _____ feet. |                                                                                                   |                      |                        |
| 9. COMMENTS:                                                                  |                     |                             |                                                                                                   |                      |                        |