

# PROJECT 10073 RECORD CARD

2. LOCATION

Island Bluff, California

4. TYPE OF OBSERVATION

X Ground Radar

1. Ground Radar

6. SOURCE

Civilian Man

3. NUMBER OF METEORS

2

3

CONCLUSIONS

Not a meteor  
Probably a rocket  
Probably a rocket

Not a meteor  
Probably a rocket  
Probably a rocket

Not a meteor  
Probably a rocket  
Probably a rocket

Not a meteor  
Probably a rocket  
Probably a rocket

10. BRIEF SUMMARY OF SIGHTING

11. COMMENTS

Report sketchy

Possibility of meteors during the day



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



ACTION

1. Atia  
2. Atia  
3. C. files

RE039D

WPR037

YDA015

KYA024

XDC021

JWPML 010

PU7 23

RR JEPHQ JEDWP JEDEN JWPML 444

DE JWPML 27F

R 211658Z ZNJ

FM CG 28TH ADD HAFB CALIF

TO JEPHQ/DIRECTOR OF INTELLIGENCE HQ USAF WASH 25 DC

JEDWP/AIR TECHINICAL INTELLIGENCE CENTER WRIGHT-PATTERSON AFB OHIO

JEDEN/CG ENT AFB COLO SPGS COLO

JWPML/CG WADF HAFB CALIF

~~RECEIVED~~ 28TH OID 9337 FLYOBRPT. ATTN JEDWP/ATIAA-2C CMA

JWPML/DIRECTOR OF INTELLIGENCE.

(1) TWO ROUND CIRCULAR OBJECTS. VERY FAST SPEED. APPEARED TO BE A  
WHITE FUZZY LIGHT. NO SOUND.

(2) 1447 PDT CMA 19 AUG 1952 CMA OBSERVED FOR 10 SECONDS

(3) VISUALLY FROM GROUND.

(4) LOCATION WAS NL-4513. OBSERVER WAS LOCATED APPROXIMATELY 2 MILES  
N OF RED BLUFF CMA CALIF. THE OBJECTS WERE HEADING SOUTH. ESTIMATED  
ALTITUDE OF 5000 FEET.

(5) OBSERVER WAS ~~AL~~ CMA RED



PAGE TWO JWPML 27F

BLUFF CMA CALIF.

(6) WEATHER: CLEAR

(7) NONE

(8) NONE

(9) NONE

(10) NONE REPORTED

21/1750Z AUG JWPML

*Cy 1*

YCHOM



PROJECT 10073 WORKSHEET

I. GENERAL

|                                                        |                                        |                                                           |
|--------------------------------------------------------|----------------------------------------|-----------------------------------------------------------|
| 1. DATE<br><i>19 Aug '52</i>                           | 2. LOCATION<br><i>Red Bluff, Calif</i> | 3. TIME<br>Local: <i>1414Z PDT</i><br>Zebra: <i>2227Z</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 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 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 checked="" type="checkbox"/> Normal             |                                        |                                                           |
| <input type="checkbox"/> Violent                       |                                        |                                                           |
| 9. IF OBJECT WAS A "LIGHT", WAS IT: <i>Not a light</i> |                                        |                                                           |
| <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>C.C. 28th ADD Hamilton AFB, Calif</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 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 |  |
| <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 type="checkbox"/> Yes                         | <input checked="" type="checkbox"/> No |  |
| 20. WAS THE OBJECT VIEWED ABOVE 45° ELEVATION?       |                                        |  |
| <input type="checkbox"/> Yes                         | <input checked="" 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>1 hr. 47</u> Minutes                                       |                        |                                                             |                            |          |    |                   |
| 23. POSSIBLE BALLOON LAUNCH SITES DOWNWIND OF SIGHTING:                                                 |                        |                                                             |                            |          |    |                   |
|                                                                                                         | Location               | Type                                                        | Launching Agency           | Lighted? |    | Describe Lighting |
|                                                                                                         |                        |                                                             |                            | Yes      | No |                   |
| a.                                                                                                      | <u>Red Bluff, Cal</u>  | <u>Pibal II</u>                                             | <u>USDA Weather Bureau</u> |          |    |                   |
| b.                                                                                                      | <u>Medford, Oregon</u> | <u>See in source</u><br><u>Report on</u><br><u>Pibal II</u> | <u>" "</u>                 |          |    |                   |
| c.                                                                                                      |                        |                                                             |                            |          |    |                   |
| d.                                                                                                      |                        |                                                             |                            |          |    |                   |

(attach overlay)

#### V. EVALUATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21. EVALUATION OF SOURCE: <ul style="list-style-type: none"> <li><input type="checkbox"/> Excellent</li> <li><input type="checkbox"/> Good</li> <li><input checked="" type="checkbox"/> Fair</li> <li><input type="checkbox"/> Poor</li> <li><input type="checkbox"/> Unreliable</li> <li><input type="checkbox"/> Extremely Doubtful</li> <li><input type="checkbox"/> Hoax</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 22. DETAILS OF REPORT: <ul style="list-style-type: none"> <li><input type="checkbox"/> Good</li> <li><input type="checkbox"/> Fair</li> <li><input checked="" type="checkbox"/> Poor</li> <li><input type="checkbox"/> Insufficient to Evaluate</li> </ul> |
| 23. FINAL EVALUATION: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> Was Balloon</li> <li><input type="checkbox"/> Probably Balloon</li> <li><input type="checkbox"/> Possibly Balloon</li> <li><input type="checkbox"/> Was Aircraft</li> <li><input type="checkbox"/> Probably Aircraft</li> <li><input type="checkbox"/> Possibly Aircraft</li> </ul> </div> <div style="width: 48%;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> Was Astronomical</li> <li><input type="checkbox"/> Probably Astronomical</li> <li><input type="checkbox"/> Possibly Astronomical</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> Insufficient Data For Evaluation</li> <li><input checked="" type="checkbox"/> Unknown</li> </ul> </div> </div> |                                                                                                                                                                                                                                                            |
| 24. COMMENTS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                            |



AIR TECHNICAL INTELLIGENCE CENTER  
WRIGHT-PATTERSON AIR FORCE BASE  
OHIO

AUG 28 1952

Mr. [REDACTED]  
[REDACTED]  
Red Bluff, California

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*  
ROBERT E. KENNEDY  
Major, USAF  
Air Adjutant General

2 Incls  
a/s

9-3719-12



TENTATIVE  
OBSERVERS QUESTIONNAIRE

SECTION A

1. When did you see the object:

1.1 Date: 12 August 1952  
Day Month Year

1.2 Time of Day: 2 35 A.M. or P.M. (Circle One)  
Hrs. Min.

1.3 Time Zone: (Circle One):

a. Eastern  
b. Central  
c. Mountain

d. Pacific  
e. Other \_\_\_\_\_

(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  
b. Fairly certain

c. Not very sure  
d. Just a guess

2. Where were you when you saw the object:

4100 Air Base, Post Office, New York City Post Office NYC  
Postal Address City or Town State Country

Additional Remarks: Observation Post, Western Line  
4100 Air Base, New York City

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?

part "New England Air Black" in  
writing by the New England Air Craft

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?

on southern part of the line in 1896

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.

Working for Air Craft

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      | 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?

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<br>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<br>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 did not hear any sound

16.2 Color white

17. IF there was MORE THAN ONE object, then how many were there? 2  
Draw a picture of how they were arranged and put an arrow to show the direction they were traveling.

*From north one point west to south -  
one point east*

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 _____    |

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

- |                   |                  |
|-------------------|------------------|
| 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? \_\_\_\_\_ feet.

20.2 How far was it from you? \_\_\_\_\_ feet or \_\_\_\_\_ miles. *ESTIMATE*

20.3 How fast was it going? \_\_\_\_\_ 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        | 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 |

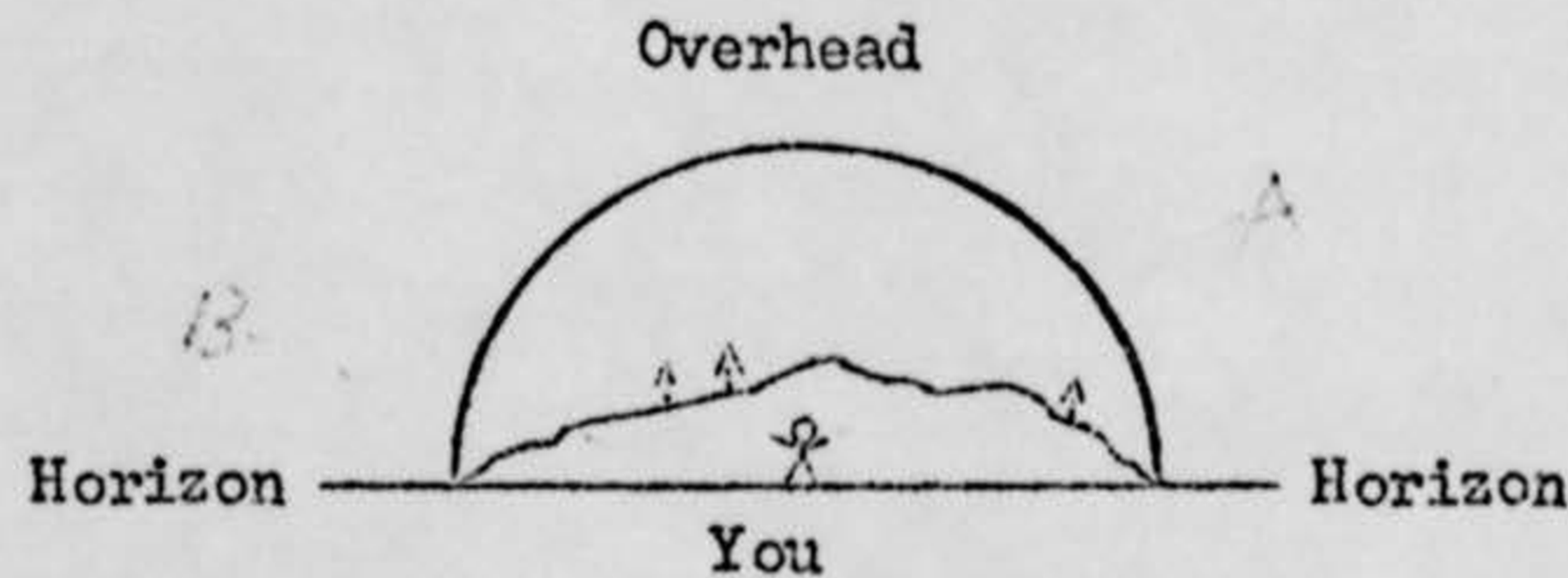
#### SECTION D

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.

*Move very fast in a steady movement in a straight course from North to South.*





## 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?

28. Give the following information about yourself:

|             |                  |                   |                    |
|-------------|------------------|-------------------|--------------------|
| <b>NAME</b> | [REDACTED]       | [REDACTED]        | [REDACTED]         |
|             | <u>Last Name</u> | <u>First Name</u> | <u>Middle Name</u> |

ADDRESS \_\_\_\_\_  
\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_

TELEPHONE NUMBER

What is your present job? Retired from Rail Road Engineering

Age 77

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: