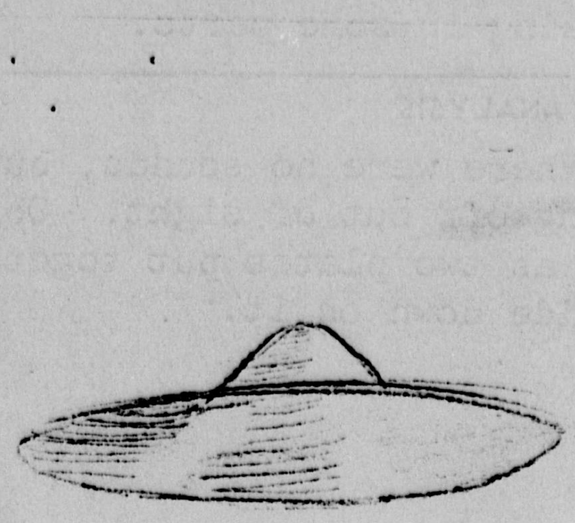
PROJECT 10073 RECORD

1. DATE - TIME GROUP 10 Mar 67 11/0115Z	2. LOCATION Alexandria, Virginia (2 witnesses)
3. SOURCE Civilian	10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION
4. NUMBER OF OBJECTS One	Report is confusing in some parts.
5. LENGTH OF OBSERVATION 45 minutes	11. BRIEF SUMMARY AND ANALYSIS Observers said there were no sounds, but said object disappeared by speeding off out of sight. Object was silver color. Object appeared as two plates put together, with a pointed painted cup upside down on it.
6. TYPE OF OBSERVATION Ground-Visual	
7. COURSE Not Reported	
8. PHOTOS ☐ Yes XX No	
9. PHYSICAL EVIDENCE ☐ Yes XX No	

FORM
FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.



THIS IS THE SHAPE

YOUR NAMES HAVE TO GO ON FILE:

(1) [redacted]

(2) [redacted]

Insufficient data -

(no azimuth -
confusing in parts)

10 MAR 67

Alexandria, Virginia

Bert Plummer
1400 "G" St.
NEW ALEXANDRIA VA.
22307

Maj. Hector J Quintanilla Jr. USAF.
Pentagon "Project Bluebook"
Richmond Va.

~~Maj~~. ~~Quintanilla~~ Dear Sirs:

I asked for a copy of file 200-2 and have received it. Two girls in my class said they saw a "flying saucer" so I had them fill out the U.S.A.F. form. I am sending in. Along with a picture a friend of mine made and the girls said it looked like the one they saw. ~~Will~~ Could you send me another copy of 200-2? If so please send. ~~As~~ I am enclosing some information, and some of the they were not sure of, but after I asked them some questions they ~~were~~ saw.

Please send a 2nd copy of file # 200-2 + J.A.N.A.P. 146.

Thank-you

Interested

[redacted].

Section I

OB IN PERSON

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

10 (Day) March (Month) 1967 (Year)

2. Time of day: 1900 (Hour) 15 (Minutes)

(Circle One): A.M. or (P.M.)

3. Time Zone:

(Circle One): (a. Eastern) b. Central c. Mountain d. Pacific e. Other _____

(Circle One): a. Daylight Saving (b. Standard)

4. Where were you when you saw the object?

[redacted] (Nearest Postal Address) Alexandria (City or Town) FAIRFAX, VIRGINIA (State or County)

5. How long was object in sight? (Toral Duration) 0 (Hours) 45 (Minutes) 0 (Seconds)

(a. Certain) b. Fairly certain c. Not very sure d. Just a guess

5.1 How was time in sight determined? 45 min

5.2 Was object in sight continuously? Yes ✓ No ____

6. What was the condition of the sky?

DAY	NIGHT
a. Bright	(a. Bright)
b. Cloudy	b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you b. In back of you c. To your right d. To your left e. Overhead f. Don't remember

FORM FTD OCT 62 164 This form supersedes FTD 164, Jul 51, which is obsolete.

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May 1966

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS *(Circle One)*:

(a. None)
b. A few
c. Many
d. Don't remember

8.2 MOON *(Circle One)*:

a. Bright moonlight
(b. Dull moonlight)
c. No moonlight – pitch dark
d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS *(Circle One)*:

(a. Clear sky)
b. Hazy
c. Scattered clouds
d. Thick or heavy clouds

WEATHER *(Circle One)*:

a. Dry
(b. Fog, mist, or light rain)
c. Moderate or heavy rain
d. Snow
e. Don't remember

10. The object appeared: *(Circle One)*:

(a. Solid)
b. Transparent
c. Vapor
d. As a light
e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? *(Circle One)*:

a. Brighter
b. Dimmer
c. About the same
(d. Don't know)

11.1 Compare brightness to some common object:

_____

12. The edges of the object were:

(Circle One):
a. Fuzzy or blurred
b. Like a bright star
(c. Sharply outlined)
d. Don't remember

e. Other _____

13. Did the object:

(Circle One for each question)

a. Appear to stand still at any time?	(Yes)	No	Don't know
b. Suddenly speed up and rush away at any time?	(Yes)	No	Don't know
c. Break up into parts or explode?	Yes	(No)	Don't know
d. Give off smoke?	Yes	(No)	Don't know
e. Change brightness?	(Yes)	No	Don't know
f. Change shape?	Yes	(No)	Don't know
g. Flash or flicker?	(Yes)	No	Don't know
h. Disappear and reappear?	Yes	(No)	Don't know

14. Did the object disappear while you were watching it? If so, how?

yes, it speed off out of sight

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes (No) Don't Know. IF you answered YES, then tell what it moved behind: ___

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes (No) Don't Know. IF you answered YES, then tell what in front of: ___

17. Tell in a few words the following things about the object:

a. Sound none

b. Color silver

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

all of it

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

Toward from front

20. Do you think you can estimate the speed of the object?

(Circle One) Yes (No)

IF you answered YES, then what speed would you estimate? _____

21. Do you think you can estimate how far away from you the object was?

(Circle One) (Yes) No

IF you answered YES, then how far away would you say it was? 1 miles

22. Where were you located when you saw the object? (Circle One):

a. Inside a building
b. In a car
c. Outdoors
d. In an airplane (type)
e. At sea
(f.) Other we were outdoors and then went indoors

23. 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. Near an airfield?
e. Flying over a city?
f. Flying over open country?
g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

a. North c. East e. South g. West
b. Northeast d. Southeast f. Southwest h. Northwest

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

25. Did you observe the object through any of the following?

b. Eyeglasses (Yes) No
b. Sun glasses Yes (No)
c. Windshield Yes (No)
d. Window gloss Yes (No)
e. Binoculars Yes (No)
f. Telescope Yes (No)
g. Theodolite Yes (No)
h. Other one of us did !

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

two plates lip to lip with a upside-down Pointed ^ cup on it

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

no

31. Was anyone else with you at the time you saw the object? *(Circle One)* (Yes) No

31.1 IF you answered YES, did they see the object too? *(Circle One)* (Yes) No

31.2 Please list their names and addresses:

[redacted] [redacted]

32. Please give the following information about yourself:

NAME [redacted] [redacted] [redacted]
Last Name First Name Middle Name

ADDRESS [redacted] Alexandria Virginia
Street City Zone State

TELEPHONE NUMBER [redacted] AGE 13 SEX F

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object? Bert Plummer

13 March 1967
Day Month Year

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

n/a

31. Was anyone else with you at the time you saw the object? *(Circle One)* (Yes) No

31.1 IF you answered YES, did they see the object too? *(Circle One)* (Yes) No

31.2 Please list their names and addresses:

[redacted] [redacted] Dr.

32. Please give the following information about yourself:

NAME [redacted] [redacted] [redacted]
Last Name First Name Middle Name

ADDRESS [redacted] Alexandria Virginia
Street City Zone State

TELEPHONE NUMBER [redacted] AGE 13 SEX F

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object? Bert Plummer

13 March 1967
Day Month Year

34. Date you completed this questionnaire: 13 (Day) March (Month) 1967 (Year)

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.