



DEPARTMENT OF THE AIR FORCE
WASHINGTON DC 20330-1000



OFFICE OF THE SECRETARY

13 JUL 1993

SAF/AAIS (FOIA)
1620 Air Force Pentagon
Washington DC 20330-1620

Dale Goudie
ADDRESS REMOVED
BY CUFON

Dear Mr. Goudie

We are attaching documents responsive to your undated Freedom of Information Act request addressed to the 67 MSSQ/MSIRF. We received it on December 21, 1992.

Some of the documents you requested are exempt from disclosure because they contain information that if disclosed to the public, would result in a clearly unwarranted invasion of personal privacy. Other records are exempt because they consist of deliberative process advice, opinions, recommendations and attorney work product.

The authority for these exemptions are in the United States Code, Title 5, Sections 552 (b)(5) and (b)(6) and Air Force Regulation 4-33, paragraphs 15e and 15f.

The denial authority in this instance is Richard A. Peterson, Acting Chief, General Law Division, Office of the Judge Advocate General.

Should you decide that an appeal to this decision is necessary, you must write to the Secretary of the Air Force within 60 calendar days from the date of this letter. Include in the appeal your reason for reconsideration, and attach a copy of this letter. Address your letter as follows:

Secretary of the Air Force
THRU: SAF/AAIS (FOIA)
1620 Air Force Pentagon
Washington DC 20330-1620

We also surfaced other records responsive to your request. We do not have the authority to deny or release them. We forwarded your request and the records to the following Air Force activities and government agencies. They will reply directly to you.

United States Department of Justice
FOIA/PA Section
Room B-37
Justice Management Division
Washington DC 20530

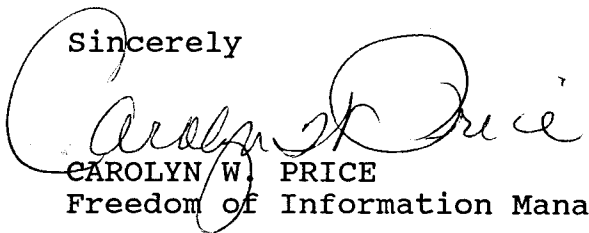
United States Army
FOIA/PA Division
USAISC-P (ASQNS-OP-F)
Crystal Square 2
Suite 201
1725 Jefferson Davis Highway
Arlington VA 22202

Department of the Navy
Chief of Naval Operations
N09B30, Pentagon, Room 5E521
Washington, DC 20350-2000

David Grant Medical Center/SGASD (FOIA)
101 Bodin Circle
Travis AFB CA 94535-1800

67 MSSQ/MSIRF (FOIA)
Building 706
Bergstrom AFB TX 78743-5000

Sincerely



CAROLYN W. PRICE
Freedom of Information Manager

1 Attachment:
Releasable records

92-1773

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Prepare in ink or typewriter. Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary.		FORM APPROVED OMB NO. 43-R0597	
1. SUBMIT TO: Base Staff Judge Advocate Attn: Claims Officer Bergstrom Air Force Base			2. NAME AND ADDRESS OF CLAIMANT (Number, street, city, State, and Zip Code) Betty Cash [REDACTED]		
3. TYPE OF EMPLOYMENT ☐ MILITARY ☒ CIVILIAN	4. AGE [REDACTED]	5. MARITAL STATUS [REDACTED]	6. NAME AND ADDRESS OF SPOUSE, IF ANY (Number, street, city, State, and Zip Code) N/A		
7. PLACE OF ACCIDENT (Give city or town and State; if outside city limits, indicate mileage or distance to nearest city or town) On FM Road 1485 between New Caney and Huffman Texas-7 miles out of New Caney Texas (see diagram)			8. DATE AND DAY OF ACCIDENT December 29 '80 Monday	9. TIME (A.M. OR P.M.) between 9:00PM-9:30PM	
10. AMOUNT OF CLAIM (in dollars)					
A. PROPERTY DAMAGE -0-		B. PERSONAL INJURY [REDACTED]		C. WRONGFUL DEATH N/A	
11. DESCRIPTION OF ACCIDENT (State below, in detail, all known facts and circumstances attending the damage, injury, or death, identifying persons and property involved and the cause thereof) At the above time and place claimant was driving a 1980 Olds automobile with two passengers, Vicki and Colby Landrum, when they observed an unconventional aerial object. According to the claimant, the object was extremely bright and appeared to have no distinct shape. The object was approximately 60-80 feet above the road and appeared to be the size of a "city water tank". Furthermore the object was surrounded by a glow and appeared to have red and orange					
12. PROPERTY DAMAGE (continued on attached)					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code) N/A					
BRIEFLY DESCRIBE KIND AND LOCATION OF PROPERTY AND NATURE AND EXTENT OF DAMAGE (See instructions on reverse side for method of substantiating claim) N/A					
13. PERSONAL INJURY					
STATE NATURE AND EXTENT OF INJURY WHICH FORMS THE BASIS OF THIS CLAIM Claimant, within hours of the close encounter with the unidentified flying object, [REDACTED]					
14. WITNESSES (continued on attached)					
NAME Mrs. Vicki Landrum Master Colby Landrum			ADDRESS (Number, street, city, State, and Zip Code) [REDACTED]		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM					
15. SIGNATURE OF CLAIMANT (This signature should be used in all future correspondence) Betty G. Cash				16. DATE OF CLAIM December 20, 1982	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000- plus double the amount of damages sustained by the United States. (See R.S. §3490, 5438; 31 U.S.C. 231.)			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 62 Stat. 698, 749; 18 U.S.C. 287, 1001)		

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 *et seq.*, 28 U.S.C. 2671 *et seq.*, 28 C.F.R. 14.3.

B. *Principal Purpose:* The information requested is to be used in evaluating claims.

C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

INSTRUCTIONS

Complete all items—Insert the word NONE where applicable

Claims for damage to or for loss or destruction of property, or for personal injury, must be signed by the owner of the property damaged or lost or the injured person. If, by reason of death, other disability or for reasons deemed satisfactory by the Government, the foregoing requirement cannot be fulfilled, the claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing authority to act.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in item 10 of this form. Separate claims for personal injury and property damage are not acceptable.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

Any further instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in item #1 on the reverse side.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid".

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

17. DO YOU CARRY ACCIDENT INSURANCE? ☐ YES, IF YES, GIVE NAME AND ADDRESS OF INSURANCE COMPANY (Number, street, city, State, and Zip Code) AND POLICY NUMBER. ☒ NO

18. HAVE YOU FILED CLAIM ON YOUR INSURANCE CARRIER IN THIS INSTANCE, AND IF SO, IS IT FULL COVERAGE OR DEDUCTIBLE?

N/A

19. IF DEDUCTIBLE, STATE AMOUNT

N/A

20. IF CLAIM HAS BEEN FILED WITH YOUR CARRIER, WHAT ACTION HAS YOUR INSURER TAKEN OR PROPOSES TO TAKE WITH REFERENCE TO YOUR CLAIM? (It is necessary that you ascertain these facts)

N/A

21. DO YOU CARRY PUBLIC LIABILITY AND PROPERTY DAMAGE INSURANCE? ☐ YES, IF YES, GIVE NAME AND ADDRESS OF INSURANCE CARRIER (Number, street, city, State, and Zip Code) ☒ NO

(

(11. Description of Accident cont.)

flames emanating from the bottom. Claimant stopped her automobile since the object was now blocking the road. Claimant and the two passengers proceeded to leave the vehicle and look at the object which was now hovering at treetop level approximately 135 feet from the people. Claimant experienced intense and excruciating heat which appeared to be caused by the object. After approximately five minutes claimant returned to her automobile and the object appeared to move further away. Claimant proceeded to drive along the road where approximately three miles away she observed what appeared to her to be approximately 23 military-type helicopters, several of which appeared to be double rotary type, in the general vicinity of the object. Finally there came a time when both the object and helicopters disappeared.

(13. Personal Injury cont.)

Note: Roads' Curves Deleted For Simplicity

CAK

100 FT. (Approx.)

FLIGHT PATH

3.5 miles

HUTTMAN-NEW CANEY ROAD

Fishing Camp & Bridge

FM 2200

Radio Tower

HUTTMAN-EASTGATER

1.3 miles

2.4 miles

FM 1960

TO DAYTON, TEXAS →

2
1
3 } TRIO STOPPED TO WATCH UFO'S DEPARTURE
4

CLAIM FOR DAMAGE, INJURY, OR DEATH

INSTRUCTIONS: Prepare in ink or typewriter. Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary.

FORM APPROVED
OMB NO.
43-R0597

1. SUBMIT TO:

Base Staff Judge Advocate
Attn: Claims Officer
Bergstrom Air Force Base
78743

2. NAME AND ADDRESS OF CLAIMANT (Number, street, city, State, and Zip Code)

Master Colby Landrum
[REDACTED]

3. TYPE OF EMPLOYMENT

☐ MILITARY
☐ CIVILIAN N/A

4. AGE

5. MARITAL STATUS

6. NAME AND ADDRESS OF SPOUSE, IF ANY (Number, street, city, State, and Zip Code)

N/A

7. PLACE OF ACCIDENT (Give city or town and State; if outside city limits, indicate mileage or distance to nearest city or town) On FM Road 1485 between New Caney and Huffman Texas-7 miles outside New Caney, Texas (see diagram)

8. DATE AND DAY OF ACCIDENT

December 29, '80
Monday

9. TIME (A.M. OR P.M.)

9:00PM-
9:30PM

10.

AMOUNT OF CLAIM (in dollars)

A. PROPERTY DAMAGE

N/A

B. PERSONAL INJURY

C. WRONGFUL DEATH

N/A

D. TOTAL

11. DESCRIPTION OF ACCIDENT (State below, in detail, all known facts and circumstances attending the damage, injury, or death, identifying persons and property involved and the cause thereof) At the above time and place claimant was a passenger, along with his grandmother Vicki Landrum, in an automobile driven by Ms. Betty Cash when they observed an unconventional aerial object. According to the claimant, the object appeared extremely bright and diamond shaped. The object was approximately 60-80 feet above the road and appeared to be the size of a 'city water tank'. Furthermore, (continued on attached page)

12.

PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

N/A

BRIEFLY DESCRIBE KIND AND LOCATION OF PROPERTY AND NATURE AND EXTENT OF DAMAGE (See instructions on reverse side for method of substantiating claim)

N/A

13.

PERSONAL INJURY

STATE NATURE AND EXTENT OF INJURY WHICH FORMS THE BASIS OF THIS CLAIM Claimant, during the close encounter with the unidentified flying object, [REDACTED]

14.

WITNESSES

(continued on attached page)

NAME

ADDRESS (Number, street, city, State, and Zip Code)

Mrs. Vicki Landrum
Ms. Betty Cash

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

15. SIGNATURE OF CLAIMANT (This signature should be used in all future correspondence)

16. DATE OF CLAIM

Thos E.W. [REDACTED] (as legal guardian)

December 20, 1982

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See R.S. §3490, 5438; 31 U.S.C. 231.)

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 62 Stat. 698, 749; 18 U.S.C. 287, 1001)

(11. Description of Accident cont.)

the object was surrounded by a glow and appeared to have red and orange flames emanating from the bottom. Ms. Cash proceeded to stop her vehicle since the object was now blocking the road. Claimant, his grandmother and Ms. Cash all exited the vehicle to look at the object which was now hovering at treetop level approximately 135 feet from the people. Claimant became hysterical and experienced intense and excruciating heat which appeared to be caused by the object. After approximately three minutes claimant entered the automobile with his grandmother and approximately three minutes afterwards Ms. Cash returned. The three of them then proceeded down the road as the object appeared to move further away. After approximately three miles claimant observed approximately 23 military-type helicopters, several of which appeared to be double rotary-type, in the general vicinity of the object which was still visible. Finally there came a time when both the object and the helicopters disappeared.

(13. Personal Injury cont.)

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

- A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 *et seq.*, 28 U.S.C. 2671 *et seq.*, 28 C.F.R. 14.3.

- B. *Principal Purpose:* The information requested is to be used in evaluating claims.
C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

INSTRUCTIONS

Complete all items—Insert the word NONE where applicable

Claims for damage to or for loss or destruction of property, or for personal injury, must be signed by the owner of the property damaged or lost or the injured person. If, by reason of death, other disability or for reasons deemed satisfactory by the Government, the foregoing requirement cannot be fulfilled, the claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing authority to act.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in item 10 of this form. Separate claims for personal injury and property damage are not acceptable.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

Any further instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in item #1 on the reverse side.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid".

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

17. DO YOU CARRY ACCIDENT INSURANCE? ☐ YES, IF YES, GIVE NAME AND ADDRESS OF INSURANCE COMPANY (Number, street, city, State, and Zip Code) AND POLICY NUMBER. ☒ NO

18. HAVE YOU FILED CLAIM ON YOUR INSURANCE CARRIER IN THIS INSTANCE, AND IF SO, IS IT FULL COVERAGE OR DEDUCTIBLE?

N/A

19. IF DEDUCTIBLE, STATE AMOUNT

N/A

20. IF CLAIM HAS BEEN FILED WITH YOUR CARRIER, WHAT ACTION HAS YOUR INSURER TAKEN OR PROPOSES TO TAKE WITH REFERENCE TO YOUR CLAIM? (It is necessary that you ascertain these facts)

N/A

21. DO YOU CARRY PUBLIC LIABILITY AND PROPERTY DAMAGE INSURANCE? ☐ YES, IF YES, GIVE NAME AND ADDRESS OF INSURANCE CARRIER (Number, street, city, State, and Zip Code) ☒ NO

CLAIM FOR DAMAGE, INJURY, OR DEATH

INSTRUCTIONS: Prepare in ink or typewriter. Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary.

FORM APPROVED
OMB NO.
43-R0597

1. SUBMIT TO: Base Staff Judge Advocate Attn: Claims Officer Bergstrom, Air Force Base 78743		2. NAME AND ADDRESS OF CLAIMANT (Number, street, city, State, and Zip Code) Mrs. Vicki Landrum [REDACTED]	
3. TYPE OF EMPLOYMENT ☐ MILITARY ☒ CIVILIAN	4. AGE [REDACTED]	5. MARITAL STATUS [REDACTED]	6. NAME AND ADDRESS OF SPOUSE, IF ANY (Number, street, city, State, and Zip Code) Earnest Landrum [REDACTED]
7. PLACE OF ACCIDENT (Give city or town and State; if outside city limits, indicate mileage or distance to nearest city or town) On FM Road 1485 between New Caney and Huffman Texas-7 miles outside New Caney Texas (see diagram)		8. DATE AND DAY OF ACCIDENT Dec. 29, '80-Mon.	9. TIME (A.M. OR P.M.) between 9:00PM-9:30PM
10. AMOUNT OF CLAIM (in dollars)			
A. PROPERTY DAMAGE -0-	B. PERSONAL INJURY [REDACTED]	C. WRONGFUL DEATH N/A	D. TOTAL [REDACTED]
11. DESCRIPTION OF ACCIDENT (State below, in detail, all known facts and circumstances attending the damage, injury, or death, identifying persons and property involved and the cause thereof) At the above time and place claimant was a passenger, along with her grandson Colby, in an automobile driven by Ms. Betty Cash when they observed an unconventional aerial object. According to the claimant, the object was oblong with a rounded top and a point at the bottom and extremely bright. The object was 60-80 feet above the road and appeared to be the size of a 'city water tank'. Furthermore, the object was surrounded by a glow and appeared to have			
12. PROPERTY DAMAGE (continued on attached page) NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code) N/A			
BRIEFLY DESCRIBE KIND AND LOCATION OF PROPERTY AND NATURE AND EXTENT OF DAMAGE (See instructions on reverse side for method of substantiating claim) N/A			
13. PERSONAL INJURY STATE NATURE AND EXTENT OF INJURY WHICH FORMS THE BASIS OF THIS CLAIM Claimant, within hours of the close encounter with the unidentified flying object, [REDACTED]			
14. WITNESSES (continued on attached page)			
NAME		ADDRESS (Number, street, city, State, and Zip Code)	
Ms. Betty Cash Master Colby Landrum		[REDACTED]	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM			
15. SIGNATURE OF CLAIMANT (This signature should be used in all future correspondence) Mrs. Vicki Landrum		16. DATE OF CLAIM December 20, 1982	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See R.S. §3490, 5438; 31 U.S.C. 231.)		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 62 Stat. 698, 749; 18 U.S.C. 287, 1001)	

PT/B/BTHZ/83/00225/A/T

R.R. 67056-TJA

PRIVACY ACT NOTICE

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B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

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INSTRUCTIONS

Complete all items—Insert the word **NONE** where applicable

Claims for damage to or for loss or destruction of property, or for personal injury, must be signed by the owner of the property damaged or lost or the injured person. If, by reason of death, other disability or for reasons deemed satisfactory by the Government, the foregoing requirement cannot be fulfilled, the claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing authority to act.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in item 10 of this form. Separate claims for personal injury and property damage are not acceptable.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

Any further instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in item #1 on the reverse side.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid".

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

17. DO YOU CARRY ACCIDENT INSURANCE? ☐ YES, IF YES, GIVE NAME AND ADDRESS OF INSURANCE COMPANY (Number, street, city, State, and Zip Code) AND POLICY NUMBER. ☒ NO

18. HAVE YOU FILED CLAIM ON YOUR INSURANCE CARRIER IN THIS INSTANCE, AND IF SO, IS IT FULL COVERAGE OR DEDUCTIBLE?

N/A

19. IF DEDUCTIBLE, STATE AMOUNT

N/A

20. IF CLAIM HAS BEEN FILED WITH YOUR CARRIER, WHAT ACTION HAS YOUR INSURER TAKEN OR PROPOSES TO TAKE WITH REFERENCE TO YOUR CLAIM? (It is necessary that you ascertain these facts)

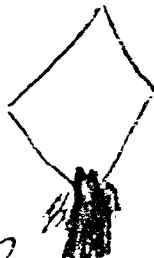
N/A

21. DO YOU CARRY PUBLIC LIABILITY AND PROPERTY DAMAGE INSURANCE? ☐ YES, IF YES, GIVE NAME AND ADDRESS OF INSURANCE CARRIER (Number, street, city, State, and Zip Code) ☒ NO

(11. Description of Accident cont.)

red and orange flames emanating from the bottom. Ms. Cash proceeded to stop her vehicle since the object was blocking the road. Claimant, her grandson, and Ms. Cash all exited the vehicle to look at the object which was now hovering at treetop level approximately 135 feet from the people. Claimant experienced intense and excruciating heat which appeared to be caused by the object. After approximately three minutes claimant entered the automobile with her grandson leaving Ms. Cash outside. After a few moments Ms. Cash also returned and proceeded to drive down the road as the object appeared to move further away. After three miles claimant observed approximately 23 military-type helicopters, several of which appeared to be double rotary type, in the general vicinity of the object, which was still visible. Finally there came a time when both the object and helicopters disappeared.

(13. Personal Injury cont.)



Betty Cash

8-18-81

Vickie Landrum

8-18-81

U. S. Air force - BC

Drawing of object by Betty Cash

Attested to by Vickie Landrum
18 August 1981 Interview

Sept 4th

Dear Sir:

Enclosed are two copies of letter that I have received, as of the day I was there, I had gotten the one from Lloyd Benton & now I have the other one from John Jones, I just wanted all of you to know that I was told that you were aware of the accident before I came down. And that I was telling you the truth about the letter. Admiring me that you would be helped.

Thank you &
Have a nice day.

Betty Cash
209-48th St.
Fairfield Al 95064

United States Senate

WASHINGTON, D.C. 20510

July 28, 1981

Ms. Betty Cash
209-48th Street
Fairfield, Alabama 35064

Dear Ms. Cash:

I have received your recent letter in which you describe the events that occurred on December 29, 1980.

Upon receipt of your letter, conversations were held with representatives of the Department of Defense. As a result of those conversations, it was suggested that you contact the Judge Advocate Claims Officer at Bergstrom Air Force Base, Austin, Texas, to file an official report and to submit a claim. I am advised that those officials have been made aware of your letter and the general situation which you outlined; they will be most willing to assist in any way possible.

Thank you for taking the time to write. I trust this will be helpful to you.

Sincerely,


Lloyd Bentsen

United States Senate

WASHINGTON, D.C. 20510

September 4, 1981

Ms. Betty Cash
209 48th Street
Fairfield, Alabama 35064

Dear Ms. Cash:

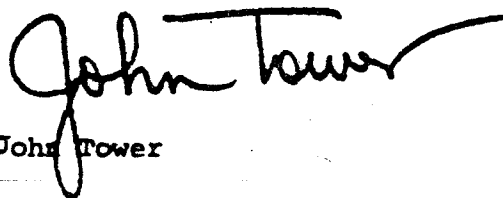
Thank you for your recent correspondence.

I have been in contact with appropriate authorities and have been informed that you need to file a claim with the Base Staff Judge Advocate. His address is as follows:

Base Staff Judge Advocate
Attn: Claims Officer
Bergstrom, Air Force Base 78743

I hope that this information will be helpful to you and if I can ever be of assistance to you in the future please do not hesitate to call on me.

Sincerely yours,



John Tower

JT/znd

LAW OFFICES
ROTHBLATT, ROTHBLATT & SEIJAS

191 EAST 161ST STREET
BRONX, NEW YORK 10451

(212) 992-9600

HENRY B. ROTHBLATT
(FLORIDA, N.Y., CALIF., & D.C. BARS)
JOSEPH SEIJAS
JON G. ROTHBLATT
PETER A. GERSTEN
MICHAEL TORRES
ROBERT I. GARDNER
ANDREW A. KIMLER
JOHN M. BARTH
ARTHUR D. DECKELMAN
(FLORIDA & N.Y. BARS)

NEW YORK, N. Y. 10028
832 WEST END AVENUE
(212) 787-7001

HOLLYWOOD, FLORIDA 33060
1747 VAN BUREN STREET
SUITE 700
(305) 928-1000

WASHINGTON, D.C. 20008
1629 K STREET, N. W.
SUITE 620
(202) 223-2620

December 23, 1982

Base Staff Judge Advocate
Bergstrom Air Force Base
Austin, Texas 78743

Attention: Claims Officer

Re: Claims of Ms. Betty Cash, Mrs.
Vicki Landrum and Master Colby
Landrum

Dear Sir:

Please be advised that I am representing the three above-named persons and am thus enclosing their respective claim forms on their behalf. I am also enclosing various medical reports and bills relating to their claims. If you have any questions concerning their claims please feel free to telephone me at the above number.

Very truly yours,
Peter A. Gersten
Peter A. Gersten

PAG/mm

enc: claim forms and documents

cc: Betty Cash
Vicki Landrum
Bill Shead, Esq.
John Schuessler

1 copy only rec'd

Rcd 67CSG/JAD
821227 pme

077B/BJH2/83/00225/B/T

20324

8 MAR 1983

8 MAR 1983

Mr. Peter A. Gersten
Rothblatt, Rothblatt & Seijas
191 East 161st Street
Bronx, New York 10451

Re: Personal Injury Claims for Betty Cash, Vickie
Landrum and Colby Landrum

Dear Mr. Gersten

Your clients' claim for damages against the United States Air
Force has been received.

A staff attorney has been assigned to this case and it will be
processed as soon as possible. Please direct any future
correspondence to HQ USAF/JACC, 1900 Half Street, S. W.,
Washington, D. C. 20324.

Sincerely

RICHARD L. PURDON, Lt Colonel, USAF
Chief, Torts Branch
Claims and Tort Litigation Staff
Office of The Judge Advocate General



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON, D.C. 20324

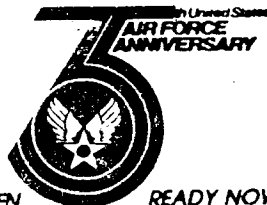
A C T I O N

The appeal from the denial of the claim of Colby Landrum for injuries allegedly resulting from the overflight of an unidentified flying object and unidentified helicopters on 29 December 1980, has been considered under 10 U.S.C. 2733, and is denied.

Charles M. Stewart

CHARLES M. STEWART, Colonel, USAF
Director of Civil Law
Office of The Judge Advocate General

DATE: 31 Aug 83



READY THEN

READY NOW



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON, D.C. 20324

A C T I O N

The appeal from the denial of the claim of Betty Cash for injuries allegedly resulting from the overflight of an unidentified flying object and unidentified helicopters on 29 December 1980, has been considered under 10 U.S.C. 2733, and is denied.

Charles M. Stewart
CHARLES M. STEWART, Colonel, USAF
Director of Civil Law
Office of The Judge Advocate General

DATE: 31 Aug 83





DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON, D.C. 20324

A C T I O N

The appeal from the denial of the claim of Vicki Landrum for injuries allegedly resulting from the overflight of an unidentified flying object and unidentified helicopters on 29 December 1980, has been considered under 10 U.S.C. 2733, and is denied.


CHARLES M. STEWART, Colonel, USAF
Director of Civil Law
Office of The Judge Advocate General

DATE: 31 Aug 83



Mr. Peter Gersten
Gagliardi, Torres & Gersten
Attorneys at Law
27 North Broadway
Tarrytown, NY 10591

Re: Appeal of Personal Injury Claims of Betty Cash,
Vickie Landrum and Colby Landrum

Dear Mr. Gersten

Your clients' appeal of the claims against the United States Air Force has been received at this office. It has been assigned to me for consideration and recommendation and will be processed as soon as possible.

Please direct any future correspondence to my attention addressed to HQ USAF/JACC, 1900 Half Street, S.W., Washington, D.C. 20324.

Sincerely

PAUL E. CORMIER
Aviation & Admiralty Law Attorney
Claims and Tort Litigation Staff-----
Office of The Judge Advocate General



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON, D.C.

28 OCT 1983

REPLY TO
ATTN OF: JACC

SUBJECT: Historical Summary of Cash/Landrum UFO Claims

TO: AF/JAC

1. Date of Incident: 29 December 1980
2. Incident Place: Between New Caney and Huffman, Texas
3. Date Claim Presented: 27 December 1982
4. Amount of Claims: Betty Cash
Vicki Landrum
Colby Landrum [REDACTED]
5. Date Claims Appealed: 22 July 1983
6. Date Appeals Denied: 21 August 1983
7. Reason for Denial of Claims: [REDACTED]
8. Reason for Denial of Appeal: [REDACTED]
9. Attached is a copy of the claims file.

R. R. Semeta
R. R. SEMETA, Colonel, USAF
Chief, Claims and Tort Litigation Staff Claims File
Office of The Judge Advocate General

1 Atch

23 OCT 1984

(713) 229-2600

1861 100 6 2

Mr. Frank J. Conforti
Assistant United States Attorney
Box 61129
Houston, Texas 77208

Re: Cash, et al. v. United States, Civil Action No. H-84-348

Dear Mr. Conforti

This is to inform you that I have taken over this case from Captain Scott D. Stubblebine. If I can be of any assistance, please contact me.

Sincerely

WENDELL K. SMITH, Lt Colonel, USAF
Chief, Aviation & Admiralty Law Section
Claims & Tort Litigation Staff
Office of The Judge Advocate General

cc: Gary W. Allen
Torts Branch, Civil Div
U.S. Department of Justice
Washington, D.C. 20530

Captain John Morris, USA
Asst General Counsel, OSD
Rm 3E-988, Pentagon
Washington, D.C. 20301

✓ JACC Coord
JACC RF
LCol Smith

20332-6128

NOV 06 1985

Mr. Frank J. Conforti
Assistant United States Attorney
Box 61129
Houston, Texas 77208

Re: Cash, et al. v. United States, Civil Action No. H-84-348

Dear Mr. Conforti

This is to inform you that I have taken over this case from
Lt Colonel Wendell K. Smith. If I can be of any assistance,
please contact me.

Sincerely

FELIX J. STALLS, III, Major, USAF
Aviation and Admiralty Law Section
Claims and Tort Litigation Staff
Office of The Judge Advocate General

cc: Gary W. Allen
Torts Branch, Civil Div
U.S. Department of Justice
Washington, D.C. 20530

Captain John Morris, USAF
Asst General Counsel, OSD
Rm 3E-988, Pentagon
Washington, D.C. 20301

DIST.

✓ JACC COORD/FILE
JACC RF
DRAFTER - HAT STALLS
OTHER
TYPED BY *JOA*
ASSBL BY *ALL*
REVIEWER.....

1-2 CC	3 QC	4-7 LOC	8-9 FY	10-14 CLAIM NO	15 S	16-18 TYPE	19-23 CLAIMANT NAME	40-47 GHC Ref
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)
OT	B	BJHZ	83	00225	A	NA	C A S H	
48-53 TRANS DATE	54-55 ST/CD	56 PI	57-58 PROP	59-64 DATE OF INCIDENT	65-73 AMOUNT CLAIMED	74-79 DATE PRESENTED	80 JL	
(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	PART 1
48-53 TRANS DATE	54-55 ST/CD	56-62 AMT EMRG PAY		63-64 DC	65-68 DLOC			
(9)	(10)	(17)		(18)	(19)			
48-53 TRANS DATE	54-55 ST/CD	56-61 DATE SETTLED		62-70 AMOUNT PAID				
(9)	(10)	(20)		(21)				
871119	L9	871001						
						PART 3		

AF FORM 176
JUL 75

CLAIMS RECORD

COPY 5

1-2 CC	3 GC	4-7 LOC	8-9 FY	10-14 CLAIM NO	15 S	16-18 TYPE	19-23	24-39 CLAIMANT NAME	40-47 GBL NO
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)	(8B)
BT	B	BJHZ	83	00225	B	NA	L A N D R		
48-53 TRANS DATE		54-55 ST CD	56 PI	57-58 PROP	59-64 DATE OF INCIDENT	65-73 AMOUNT CLAIMED		74-79 DATE PRESENTED	80 JL
(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)		
PART 1									
48-53 TRANS DATE		54-55 ST CD	56-62 AMT EMRG PAY		63-64 DC	65-68 DLOC			
(9)	(10)	(17)	(18)	(19)					
PART 2									
48-53 TRANS DATE		54-55 ST/CD	56-61 DATE SETTLED		62-70 AMOUNT PAID				
(9)	(10)	(20)	(21)						
871119		19	861001						
PART 3									

AF FORM 176
JUL 75

CLAIMS RECORD

COPY 4

1-2 CC		3 GC		4-7 LOC		8-9 FY		10-14 CLAIM NO		15 S		16-18 TYPE		19-23 CLAIMANT NAME		40-47 GB: NO	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)		(8B)							
OT	B	B.JHZ	-	83	00225	C	NA	A		N		D		R			
48-53 TRANS DATE		54-55 ST/CD		56 PI		57-58 PROP		59-64 DATE OF INCIDENT		55-73 AMOUNT CLAIMED		74-79 DATE PRESENTED		80 JL			
(9)		(10)		(11)		(12)		(13)		(14)		(15)		(16)			
PART 1																	
48-53 TRANS DATE		54-55 ST/CD		56-62 AMT EMRG PAY		63-64 DC		55-68 DLOC									
(9)		(10)		(17)		(18)		(19)									
PART 2																	
48-53 TRANS DATE		54-55 ST CD		56-61 DATE SETTLED		62-70 AMOUNT PAID											
(9)		(10)		(20)		(21)											
871119		L9		861001													
PART 3																	

AF FORM
JUL 75

176

CLAIMS RECORD

COPY 4