

1. DATE - TIME GROUP July 1962 (Dusk)	2. LOCATION North Brunswick, New Jersey	3. SOURCE Civilian	4. NUMBER OF OBJECTS Three	5. LENGTH OF OBSERVATION 1 Hour 20 Minutes	6. TYPE OF OBSERVATION Ground-Visual	7. COURSE Setting	8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10. CONCLUSION Astronomical (STARS/PLANET)	11. BRIEF SUMMARY AND ANALYSIS  Insufficient data available. short generally measurable.
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FORM  
FTD SEP 63 0-329 (TDE) Previous editions of this form may be used.

July 8, 1965

Dear Sirs,

I have been interested in Aeronautics and Space research for some time. I first gained information and a touch of interest when I received a book on the NASA. I was wondering if you could spare some information.

My friend and I are planning on making a complete study of space, if possible. We planned this when we saw queer flying objects in a vacant area at night. These objects, three of them, were round and had each a different color. We saw them for about one month. We told people about it but they did not believe us, of course.

We know it sounds like som  
thing kids would make up  
but we know its the truth

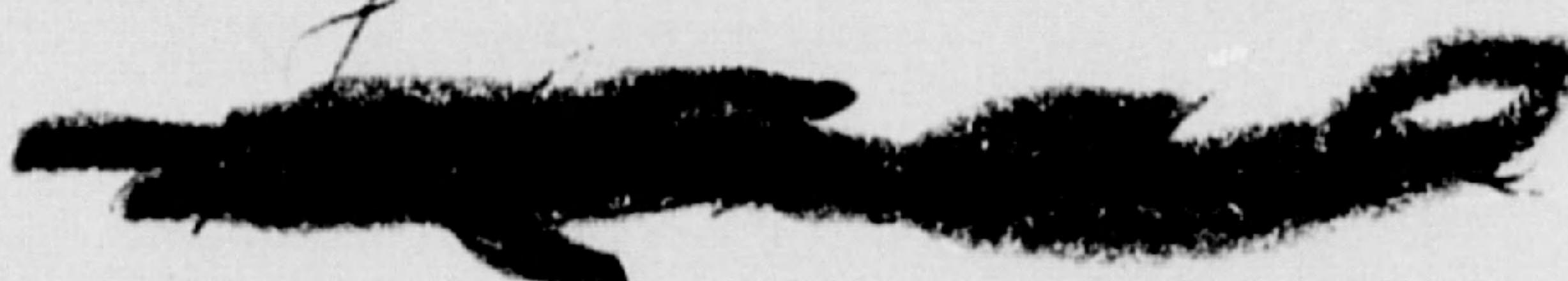
So, if you could, will you  
please send us information  
on space research, aeronautics,  
unknown flying objects, etc.  
and maybe a pamphlet or  
two on each.

Thank You



P.S. I thought it may help me  
to tell you I believe there  
could be life on other planets.  
What do you think?

my address



No Brunswick, N.J.

11/11/61

DR/JULY 8  
NORTH BRUNSWICK NJ.

FTD (TDEW)  
Wright-Patterson AFB, Ohio 45433  
14 July 1965

[REDACTED]  
North Brunswick, New Jersey

Dear Mr. [REDACTED]

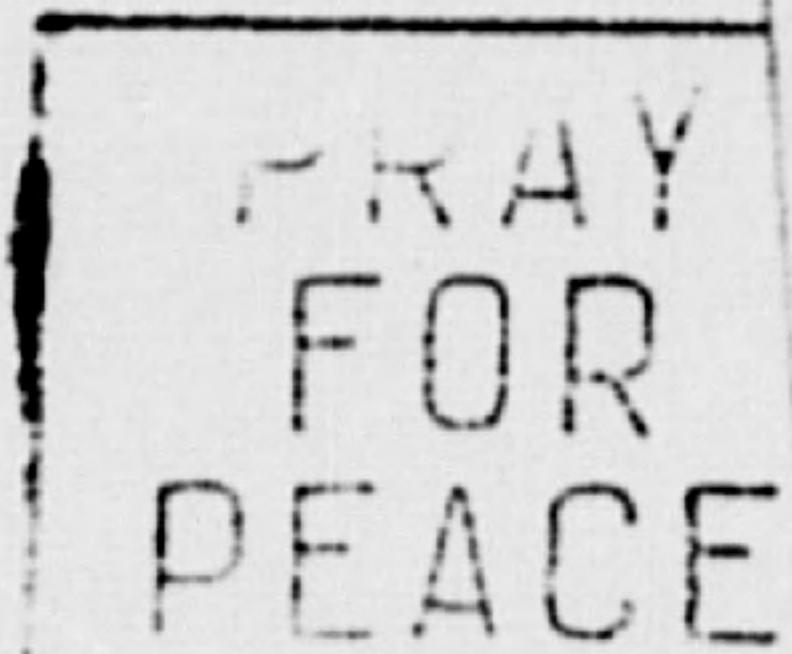
Reference your observations of unidentified flying objects. In your letter of 8 July 1965 you did not give sufficient information for evaluation. Therefore, it is requested that you fill out the attached FTD Form 164 and return it in the envelope provided, in order that we may make an evaluation. The Air Force appreciates your interest in this subject.

Sincerely,

  
HECTOR QUINTANILLA, Jr.  
Major, USAF  
Chief, Project Blue Book

2 Atchs  
1. FTD Form 164  
2. Return Envelope

[REDACTED]  
NO. BRUNS & T.



HQ of U.S. A. F.  
Wright-Patterson A.F.B.  
Ohio

EW [Signature]

1003609

## 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.

<p>1. When did you see the object?</p> <p style="text-align: center;">_____ Day      _____ Month      _____ Year      <u>62</u></p>	<p>2. Time of day: <u>7</u> _____ Hour      _____ Minutes      <u>15</u></p> <p>(Circle One):      A.M.      or      P.M.</p>						
<p>3. Time Zone:</p> <p>(Circle One): a. Eastern b. Central c. Mountain d. Pacific e. Other _____</p> <p>(Circle One): a. Daylight Saving b. Standard</p>							
<p>4. Where were you when you saw the object?</p> <p style="text-align: center;">_____ Nearest Postal Address      _____ City or Town      _____ State or County      _____</p>							
<p>5. How long was object in sight? (Total Duration)</p> <p style="text-align: center;">_____ Hours      _____ Minutes      _____ Seconds      _____</p> <p>a. Certain      c. Not very sure b. Fairly certain      d. Just a guess</p>							
<p>5.1 How was time in sight determined? <u>Local</u></p>							
<p>5.2 Was object in sight continuously? Yes <u>✓</u>      No _____</p>							
<p>6. What was the condition of the sky?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">DAY</td> <td style="width: 50%; text-align: center;">NIGHT</td> </tr> <tr> <td>a. Bright</td> <td>a. Bright</td> </tr> <tr> <td>b. Cloudy</td> <td>b. Cloudy</td> </tr> </table>		DAY	NIGHT	a. Bright	a. Bright	b. Cloudy	b. Cloudy
DAY	NIGHT						
a. Bright	a. Bright						
b. Cloudy	b. Cloudy						
<p>7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?</p> <p>(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</p>							

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:

*the moon*

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 *sharp*

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?

*It would go into another. How come out.*

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: *Another, of whatever it was.*

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 it moved in front of: *The clouds or something.*

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

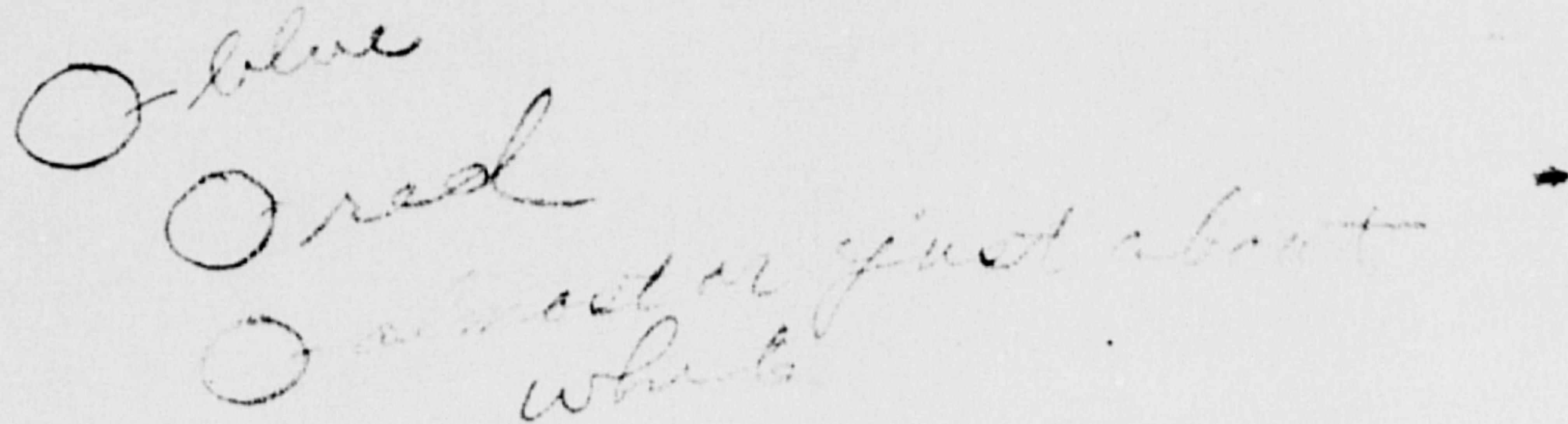
a. Sound *No sound.*

b. Color *It was blue or whatever the color.*

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?

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.



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? \_\_\_\_\_

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 \_\_\_\_\_

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

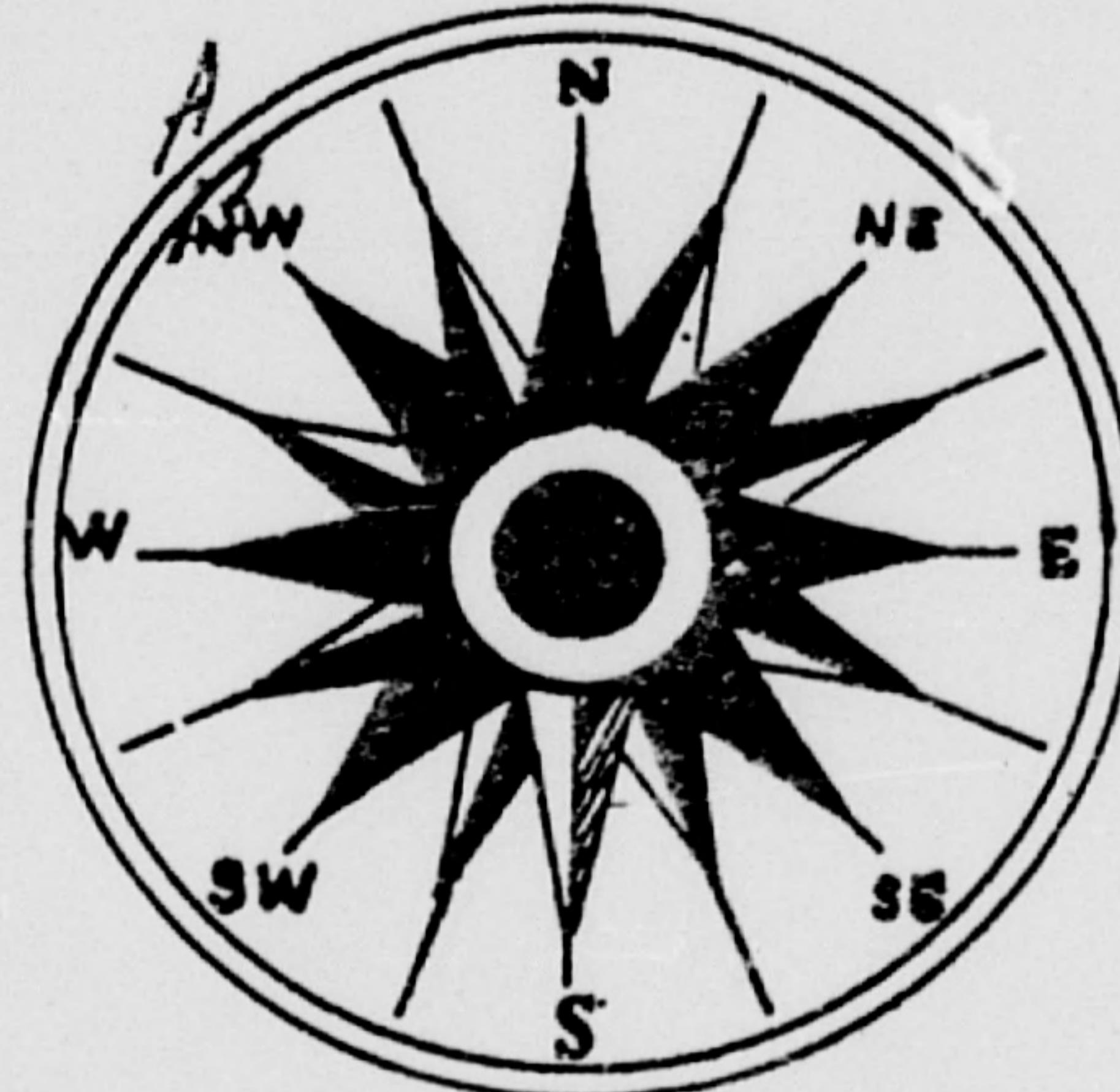
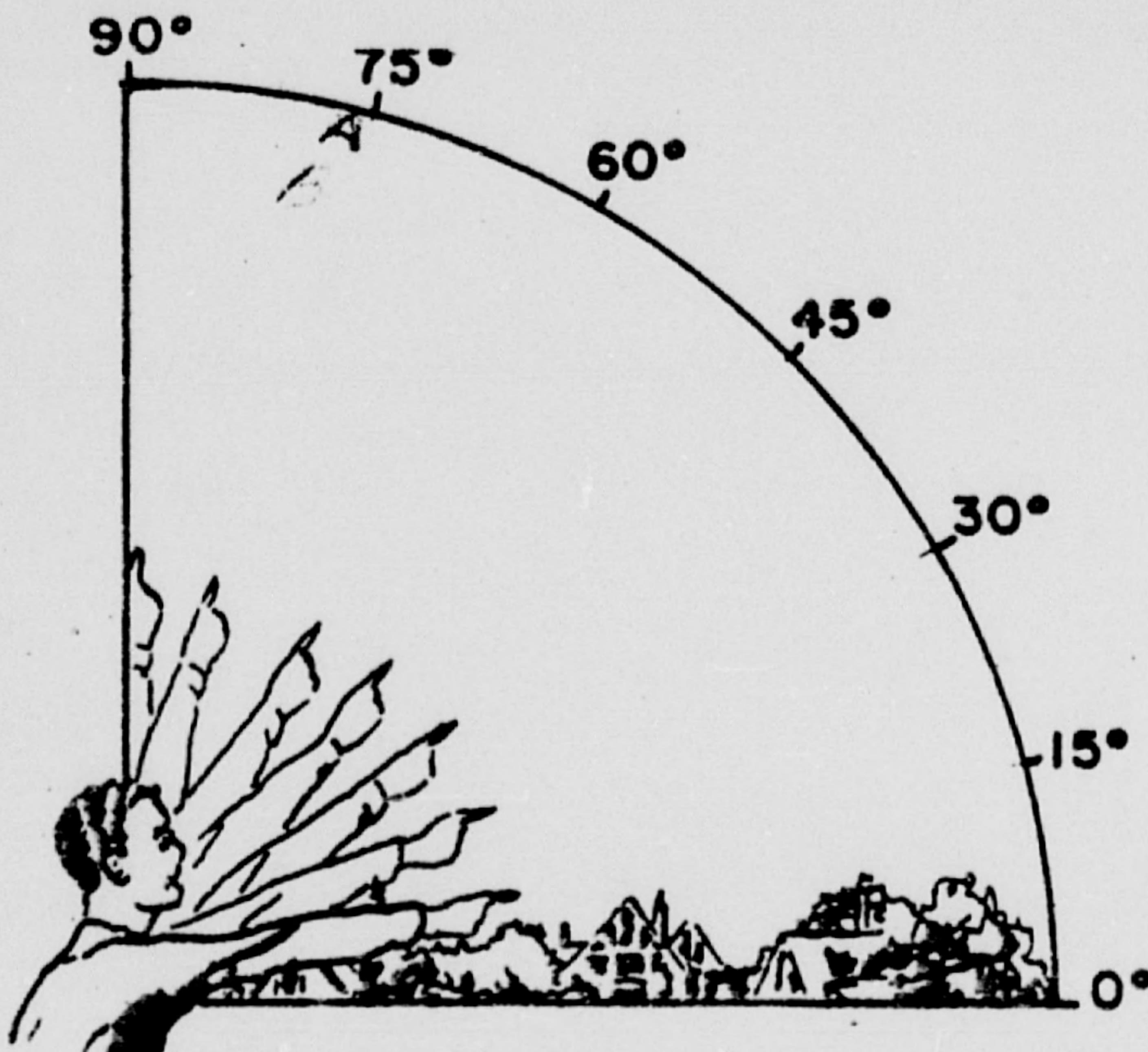
25. Did you observe the object through any of the following?

a. Eyeglasses	Yes	No	e. Binoculars	Yes	No
b. Sun glasses	Yes	No	f. Telescope	Yes	No
c. Windshield	Yes	No	g. Theodolite	Yes	No
d. Window glass	Yes	No	h. Other _____		

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.

26.1 Common objects which would give the same appearance as the object which you saw.

27. In the following sketch, imagine that you are 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" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

① this would go to one of  
② the others  
③ same  
it would keep this up.

29. 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 that they were traveling.

they kept moving. They had  
no real arrangement and  
they kept in about the  
same area.

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

*REO*

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:

32. Please give the following information about yourself:

NAME \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Name \_\_\_\_\_

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

TELEPHONE NUMBER \_\_\_\_\_ AGE \_\_\_\_\_ SEX *male*

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

*I have a telescope and use it  
to view stars often.*

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

\_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

34. Date you completed this questionnaire:

15 7 65  
Day Month 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.

② I would like to know if I will be able to receive the information about Space I asked for.

Thank You.

3 STAGES ON BIG DIPPER  
AT 45° ELEV 320° AZ

Venus { 10h19 min 15 July  
9a16 m 1 July  
11a 21 min 30 July

Mars 5h  
Sep 22 h.