

July 2, 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 recieved 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 this for about one month. We told people about it but they did not believe us, of course.

We know it sounds like some-
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.

~~XXXXXXXXXX~~

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

~~XXXXXXXXXX~~

No Brunswick, N.J.

10/1/74
D.L.D.

DR/JULY 8
NORTH BRUNSWICK, N.J.

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

[REDACTED]
North Brunswick, New Jersey

Dear Mr. [REDACTED]

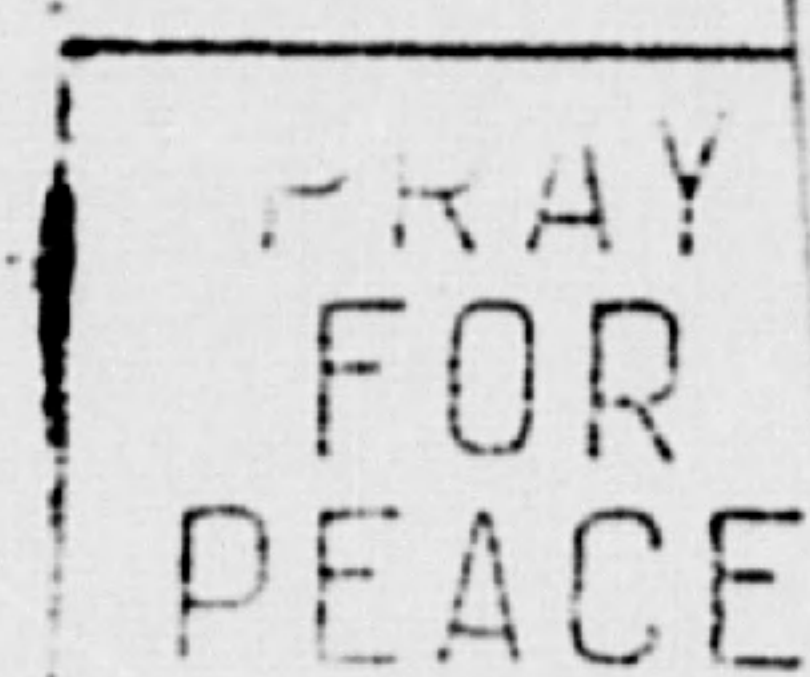
Reference your observations of unidentified flying objects. In your letter of 8 July 1965 you did not give sufficient information for evaluation. Therefore, it is requested that you fill out the attached FTD Form 164 and return it in the envelope provided, in order that we may make an evaluation. The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



H.Q. of U.S.A.F.
Wright-Patterson A.F.B.
Ohio

EW (info)

1003609

OFFICIAL MAIL ONLY

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;"> _____ _____ _____ </p> <p style="text-align: center;"> Day Month Year </p>	<p>2. Time of day: _____ _____</p> <p style="text-align: center;"> Hour Minutes </p> <p style="text-align: center;"> (Circle One): A.M. or P.M. </p>
<p>3. Time Zone:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (Circle One): a. <u>Eastern</u> b. Central c. Mountain d. Pacific e. Other _____ </div> <div style="width: 45%;"> (Circle One): a. <u>Daylight Saving</u> b. Standard </div> </div>	
<p>4. Where were you when you saw the object?</p> <p style="text-align: center;"> _____ _____ _____ </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> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a. Certain b. <u>Fairly certain</u> </div> <div style="width: 45%;"> c. Not very sure d. Just a guess </div> </div> <p>5.1 How was time in sight determined? _____</p> <p>5.2 Was object in sight continuously? Yes <u> </u> No <u> </u></p>	
<p>6. What was the condition of the sky?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> DAY a. Bright b. <u>Cloudy</u> </div> <div style="width: 45%;"> NIGHT a. <u>Bright</u> b. Cloudy </div> </div>	
<p>7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (Circle One): a. In front of you b. In back of you c. To your right </div> <div style="width: 45%;"> d. To your left e. Overhead f. Don't remember </div> </div>	

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 sun

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 sharply outlined

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 came back into another frame of view.

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 in front of: *the same as above.*

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

a. Sound *no sound*

b. Color *it was blue, one was red the other was just about white.*

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.

blue
red
almost or just about white

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

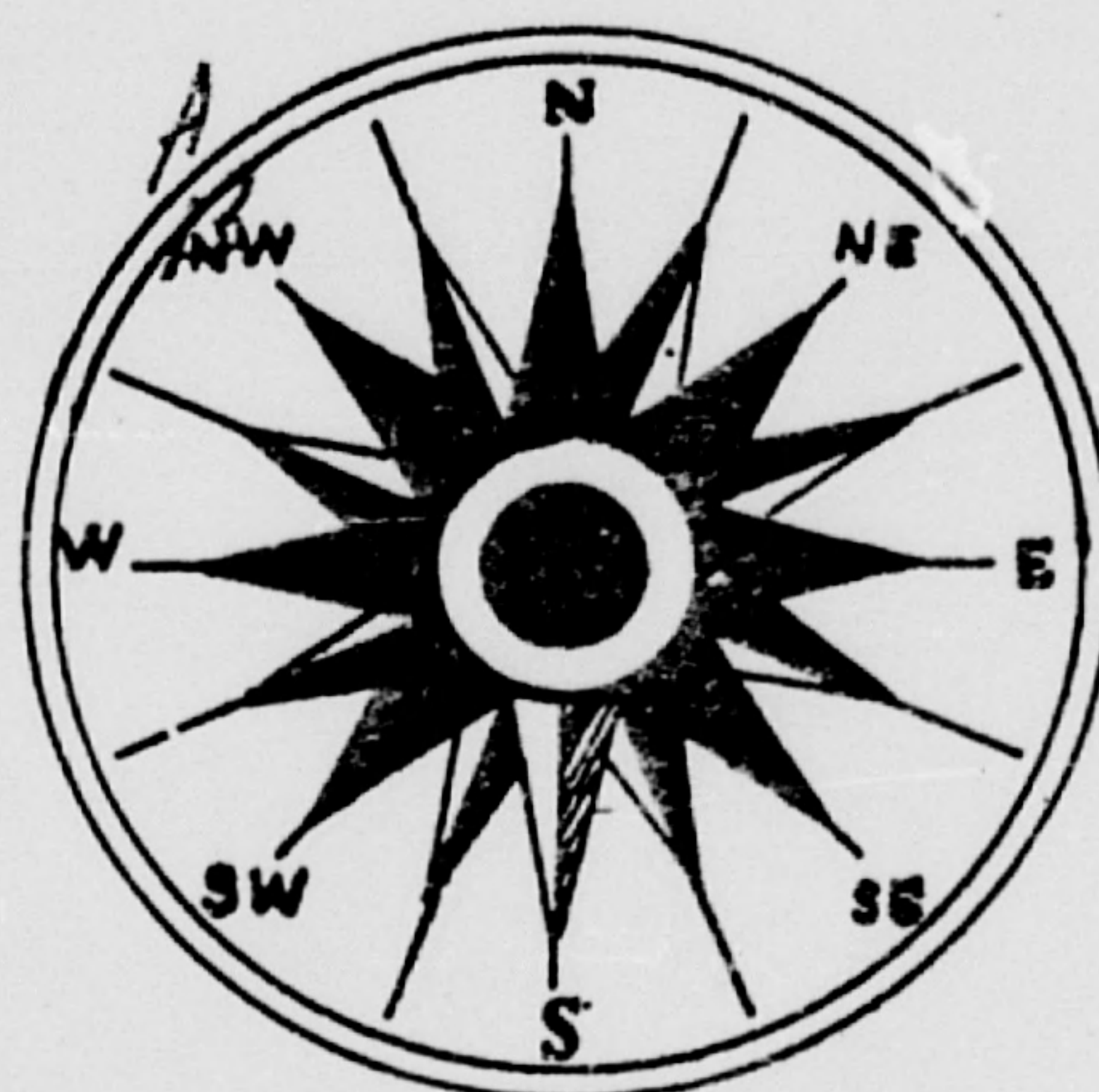
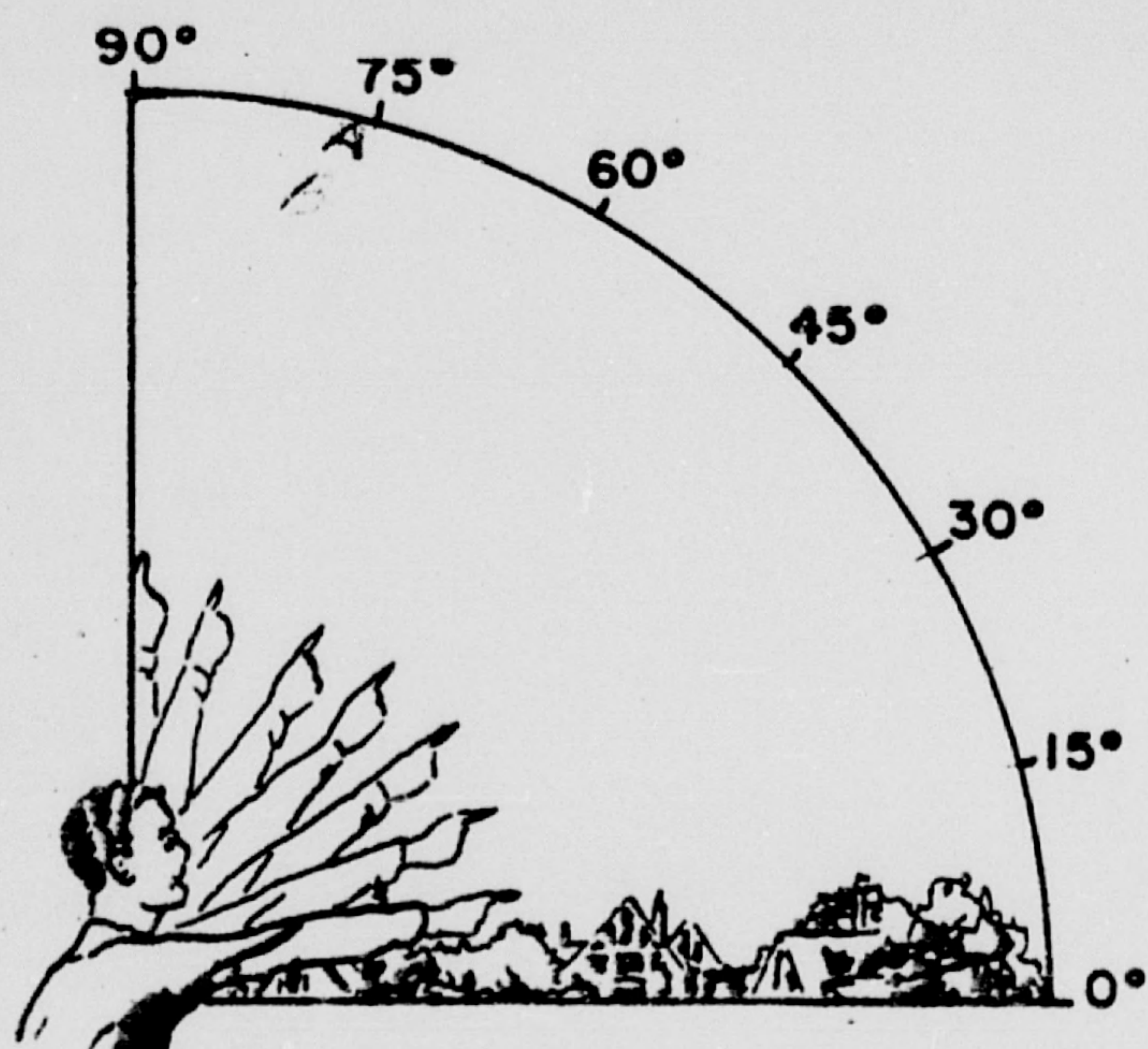
25. Did you observe the object through any of the following?

- | | | | | | |
|-----------------|-----|----|----------------|-----|----|
| 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 _____ | | |

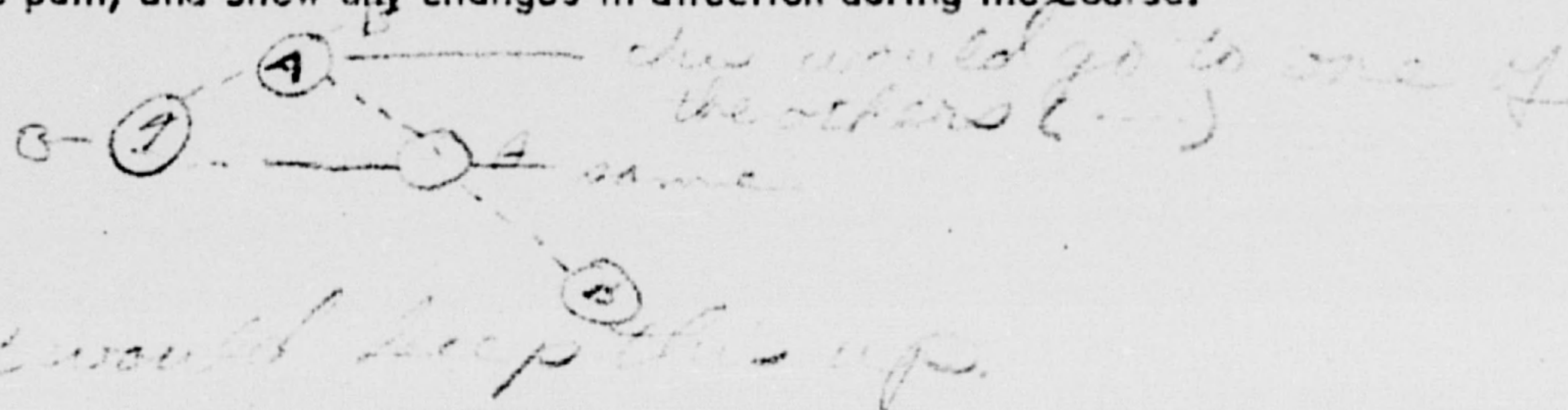
26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

*a(3) common rubber ball suspended
in air would be about right*

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.



29. IF there was MORE THAN ONE object, then how many were there? 3

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.

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

partly

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

Day

7

Month

66

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 informa-
tion about space I asked for.
Thank You.

3 STARS on BIG DIPPER
 AT 45° elev 320° AZ

Venus { 10h 19 min 15 Jul
 9h 16 min 1 Aug
 11h 21 min 30 July

Mars 5h

Sun 22h