

PROJECT 10073 RECORD

|  |  |
|--|--|
| 1. DATE - TIME GROUP<br>21 JUL 68<br>2330 EDT 22/0330Z   | 2. LOCATION<br>GARFIELD, NEW JERSEY <span style="float: right;">3</span>   |
| 3. SOURCE<br>CIVILIAN  | 10. CONCLUSION<br><del>OTHER (POINT SOURCE OF LIGHT)</del>   |
| 4. NUMBER OF OBJECTS<br>ONE  | <i>Poss. Aircraft</i>  |
| 5. LENGTH OF OBSERVATION<br>10 - 30 seconds  | 11. BRIEF SUMMARY AND ANALYSIS<br>The observer sighted a bright white light that kept going off and on. The light traveled toward the NW and was seen from 10 - 30 seconds.  |
| 6. TYPE OF OBSERVATION<br>ground visual  | COMMENTS: Handwriting of "witness" appears to be the same as the observer's. In the original letter, the observer stated that "it almost looked like a plane coming in for a landing." Since the observation is of only a point source of light and with the information given may be of a satellite, an aircraft or (if it crossed a large arc of sky) a meteor. For this reason, it is being evaluated as Other (POINT SOURCE OF LIGHT). |
| 7. COURSE<br>NW  |  |
| 8. PHOTOS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No            |  |
| 9. PHYSICAL EVIDENCE<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <i>↑<br/>To hard To carry<br/>Statistically. Re-evaluate<br/>To Poss. Aircraft 12/14</i>   |



|   |  |
|---|--|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS, PRESCRIPTION OR OTHER APPLICABLE DATA.   |  |
| EYEGLASSES  | CAMERA VIEWER  |
| SUNGLASSES  | BINOCULARS   |
| WINDSHIELD  | TELESCOPE  |
| SIDE WINDOW OF VEHICLE  | THEODOLITE   |
| WINDOWPANE  | OTHER  |
| A. DO YOU ORDINARILY WEAR GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  | B. DO YOU USE READING GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED <u>low to med</u>   | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE _____    |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.<br><br><i>It looked like a jet or plane coming in for a landing with its big light light on.</i> |  |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.   |  |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.   |  |

27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE, ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

Last year my nephew saw a strange unconv. shaped object, he fill out one of these forms for you. Also he told the police. The police did not even look out side they all thought he was some kind of nut. That is why i ~~did~~ did not tell them.

## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R758

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 31 MONTH July YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 11 MINUTES 30  A.M.  P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR \_\_\_\_\_ MINUTES 1  A.M.  P.M.

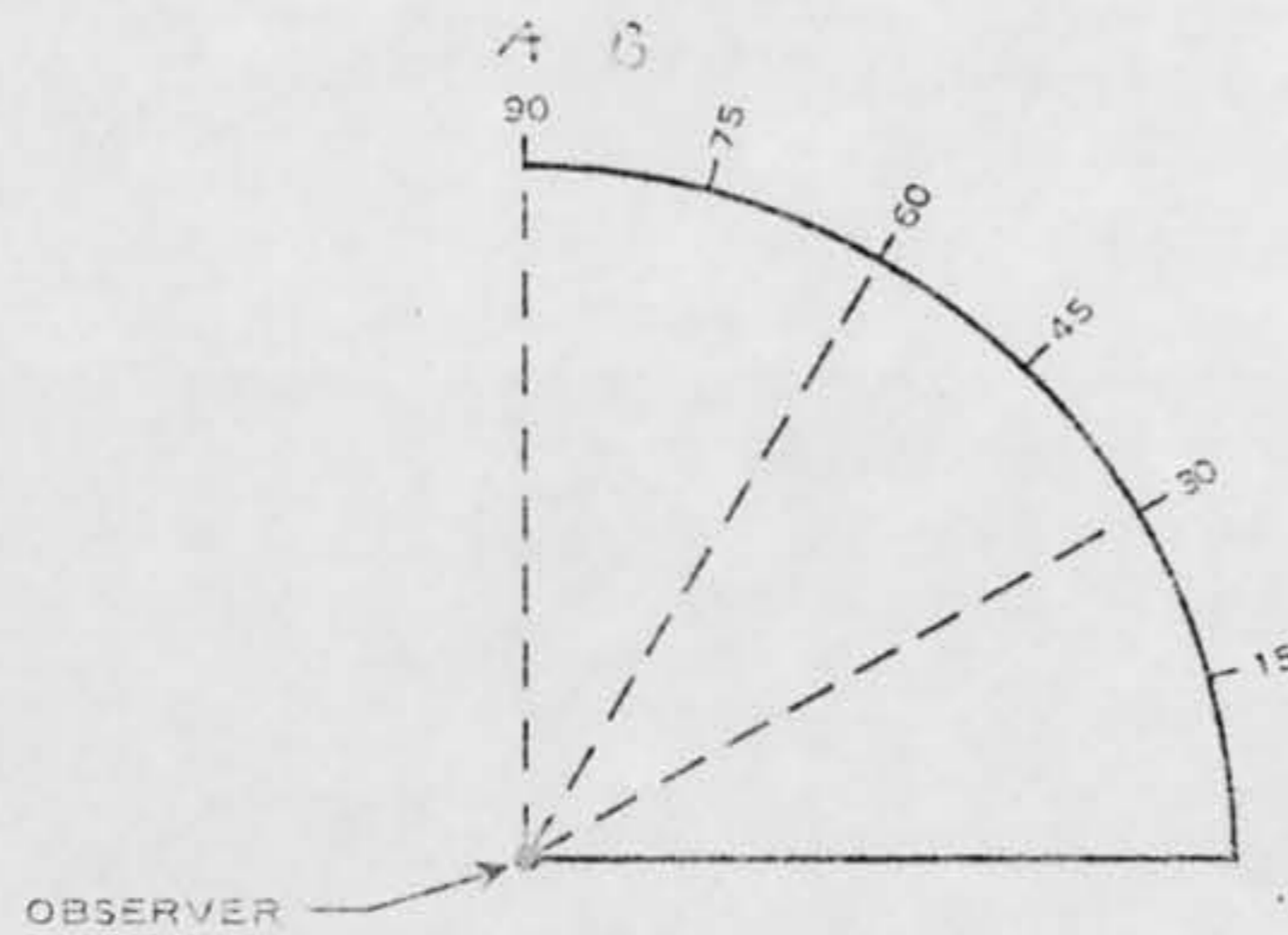
4. TIME ZONE

 DAYLIGHT SAVINGS STANDARD EASTERN CENTRAL MOUNTAIN PACIFIC OTHER

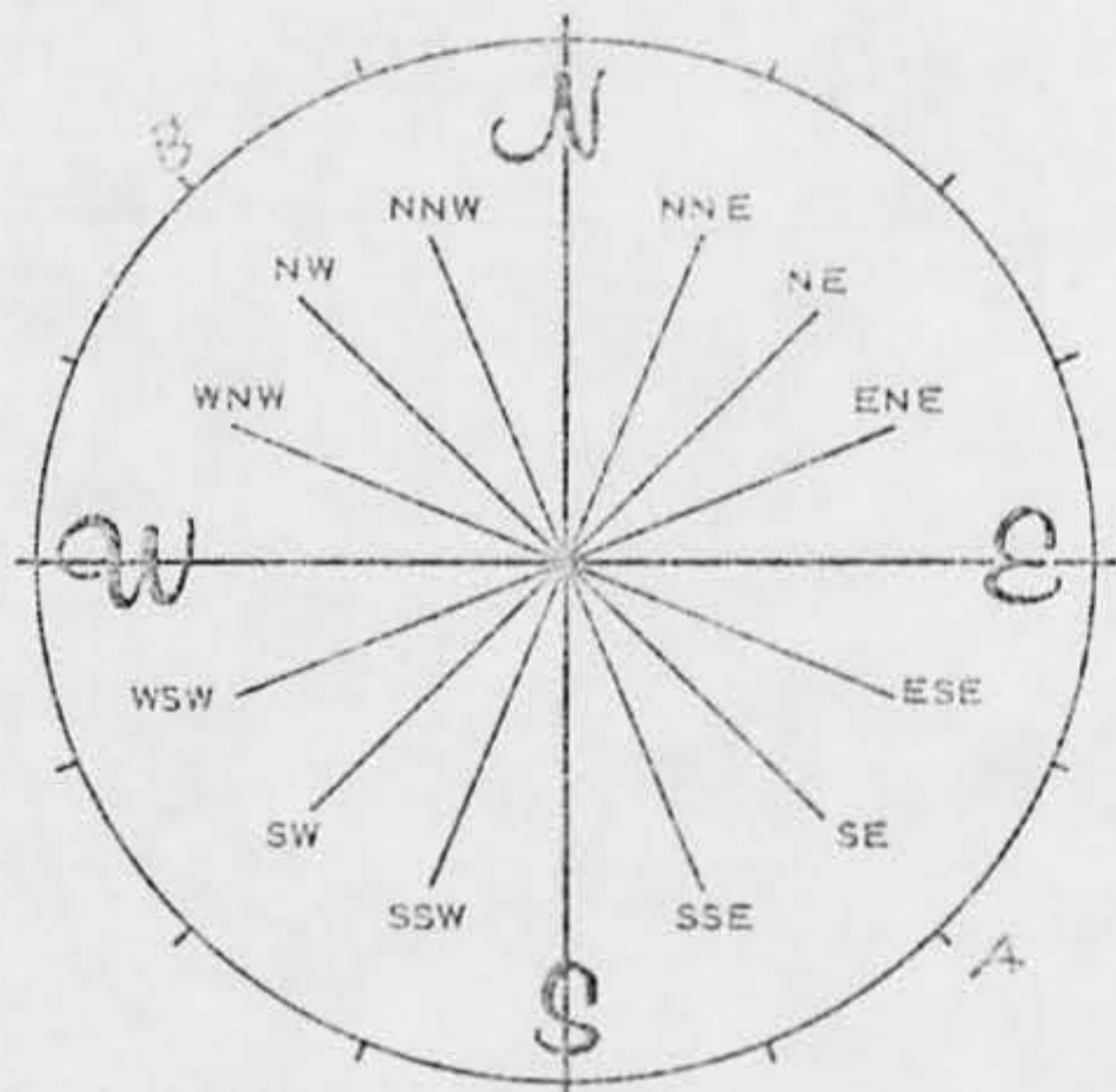
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

*I was standing in front of my uncle and Aunt's home and I saw this object. Their home is on 725 Laurel Ave, and the town is Anfield, Md.*

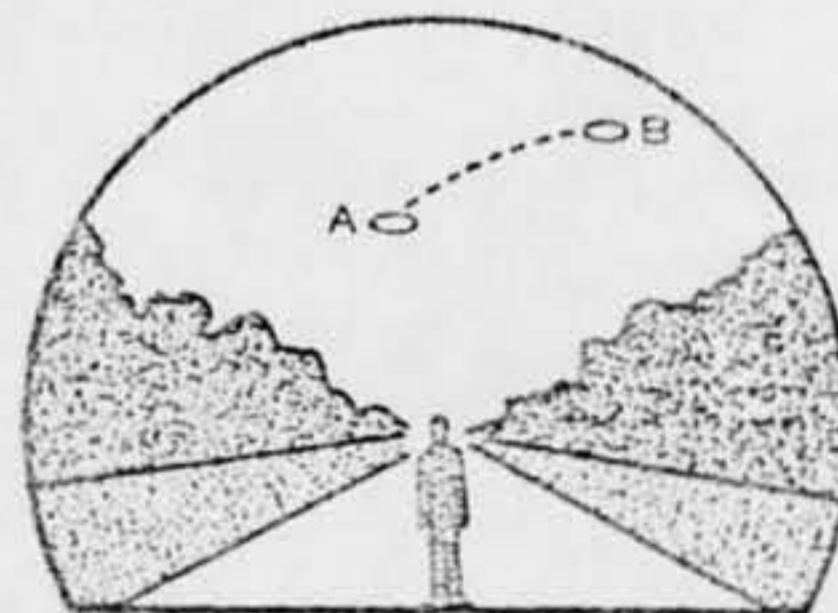
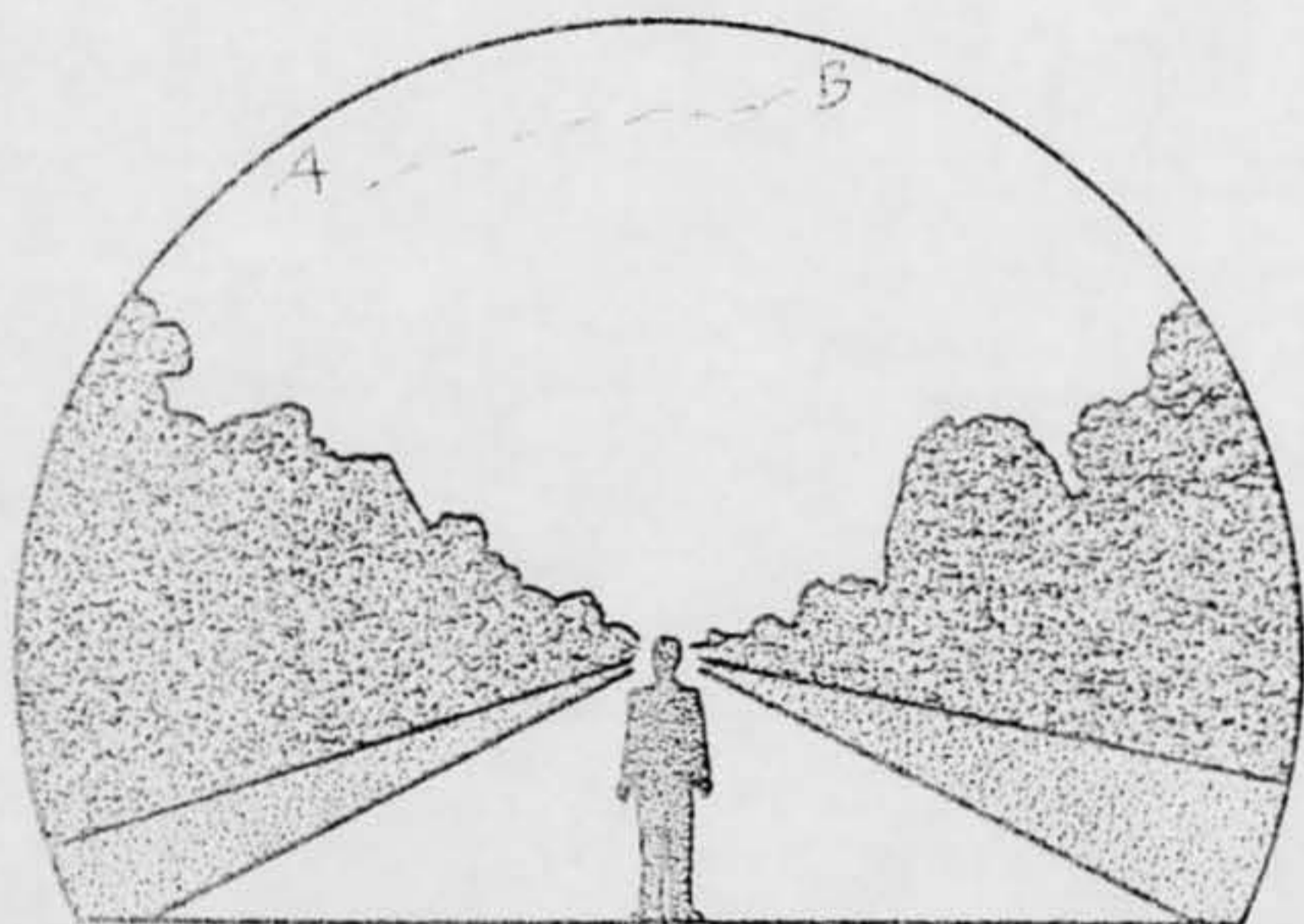
6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



6. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



2. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)

|  |                                    |                                       |                                |
|--|------------------------------------|---------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> OUTDOORS |                                    |                                       | IN BUSINESS SECTION OF CITY    |
| IN BUILDING                                  |                                    | <input checked="" type="checkbox"/>   | IN RESIDENTIAL SECTION OF CITY |
| IN CAR                                       | <input type="checkbox"/> AS DRIVER | <input type="checkbox"/> AS PASSENGER | IN OPEN COUNTRYSIDE            |
| IN BOAT                                      |                                    |                                       | NEAR AIRFIELD                  |
| IN AIRPLANE                                  | <input type="checkbox"/> AS PILOT  | <input type="checkbox"/> AS PASSENGER | FLYING OVER CITY               |
| OTHER  |                                    |                                       | FLYING OVER OPEN COUNTRY       |
|  |                                    |                                       | OTHER                          |

A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:

|                                 |           |  |
|---------------------------------|-----------|--|
| WHAT DIRECTION WERE YOU MOVING? |           | HOW FAST WERE YOU MOVING?  |
| NORTH                           | EAST      | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| SOUTH                           | WEST      |  |
| NORTHEAST                       | SOUTHEAST |  |
| NORTHWEST                       | SOUTHWEST |  |

EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.

DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.

HOW MUCH OTHER TRAFFIC WAS THERE?

DID YOU NOTICE ANY AIRPLANES?  YES  NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.

3. HOW LONG WAS THE PHENOMENON IN SIGHT?

|                |                 |                                     |               |
|----------------|-----------------|-------------------------------------|---------------|
| LENGTH OF TIME | CERTAIN OF TIME | <input checked="" type="checkbox"/> | NOT VERY SURE |
| 10 sec         | FAIRLY CERTAIN  | <input type="checkbox"/>            | JUST A GUESS  |

HOW WAS TIME DETERMINED?

WAS THE PHENOMENON IN SIGHT CONTINUOUSLY?  YES  NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)

| A. SKY                                       |  | B. WEATHER  |   |
|--|--|---|---|
| <input type="checkbox"/> DAY                 |  | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                | <input type="checkbox"/> FOG OR MIST                  |
| <input type="checkbox"/> TWILIGHT            |  | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herringbone) | <input type="checkbox"/> HEAVY RAIN                   |
| <input checked="" type="checkbox"/> NIGHT    |  | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                       | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE        |
| <input checked="" type="checkbox"/> CLEAR    |  | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)        | <input type="checkbox"/> HAIL                         |
| <input type="checkbox"/> PARTLY CLOUDY       |  | <input type="checkbox"/> HAZE OR SMOG                               | <input type="checkbox"/> SNOW OR SLEET                |
| <input type="checkbox"/> COMPLETELY OVERCAST |  |   | <input type="checkbox"/> UNKNOWN                      |
|  |  |   | <input checked="" type="checkbox"/> NONE OF THE ABOVE |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                        | (2) MOON   |
|----------------------------------|--|
| <input type="checkbox"/> NONE    | <input checked="" type="checkbox"/> BRIGHT MOONLIGHT |
| <input type="checkbox"/> A FEW   | <input type="checkbox"/> MOON WITH HALO              |
| <input type="checkbox"/> MANY    | <input type="checkbox"/> MOON HIDDEN BY CLOUDS       |
| <input type="checkbox"/> UNKNOWN | <input type="checkbox"/> PARTIAL (New or quarter)    |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE?  YES  NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

|  |  |   |
|--|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU  | <input type="checkbox"/> TO YOUR LEFT  | <input type="checkbox"/> UNKNOWN              |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

The object had a very bright light on it. Part of it kept going off and on. I would say the object was visible.

| 13. | DID THE PHENOMENON              | YES                                 | NO                                  | UNKNOWN |
|-----|---------------------------------|-------------------------------------|-------------------------------------|---------|
|     | MOVE IN A STRAIGHT LINE?        |                                     | <input checked="" type="checkbox"/> |         |
|     | STAND STILL AT ANYTIME?         | <input checked="" type="checkbox"/> |                                     |         |
|     | SUDDENLY SPEED UP AND RUN AWAY? | <input checked="" type="checkbox"/> |                                     |         |
|     | BREAK UP IN PARTS AND EXPLODE?  |                                     | <input checked="" type="checkbox"/> |         |
|     | CHANGE COLOR?                   |                                     | <input checked="" type="checkbox"/> |         |
|     | GIVE OFF SMOKE?                 |                                     | <input checked="" type="checkbox"/> |         |
|     | CHANGE BRIGHTNESS?              | <input checked="" type="checkbox"/> |                                     |         |
|     | CHANGE SHAPE?                   |                                     | <input checked="" type="checkbox"/> |         |
|     | FLASH OR FLICKER?               | <input checked="" type="checkbox"/> |                                     |         |
|     | DISAPPEAR AND REAPPEAR?         | <input checked="" type="checkbox"/> |                                     |         |
|     | SPIN LIKE A TOP?                |                                     | <input checked="" type="checkbox"/> |         |
|     | MAKE A NOISE?                   |                                     | <input checked="" type="checkbox"/> |         |
|     | FLUTTER OR WOBBLE?              |                                     | <input checked="" type="checkbox"/> |         |

## 14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*I was looking at the stars and it saw this thing moving.*

## A. HOW DID IT FINALLY DISAPPEAR?

*This object got to move and put on more speed than before. Then it shut off the bright light and then I could not see it any more.*

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
 YES  NO. IF "YES," DESCRIBE.

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.

16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

|  |  |
|--|--|
| 17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.   |  |
| EYEGLASSES   | CAMERA VIEWER  |
| SUNGLASSES   | BINOCULARS   |
| WINDSHIELD   | TELESCOPE  |
| SIDE WINDOW OF VEHICLE   | THEODOLITE   |
| WINDOWPANE   | OTHER  |
| A. DO YOU ORDINARILY WEAR GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   | B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED _____  | 19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE _____    |
| 20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW. |  |
| <p>The object that I saw almost looked like a plane coming in for a landing with the bright lights on. But this object was very loud and did not make any noise also the speed was so great to be well out in this world. This was no plane. This object would go with then stop for a few sec. and then go again.</p>                         |  |
| 21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.  |  |
| A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.  |  |

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE?  YES  NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON?  YES  NO. IF "YES," DID THEY SEE IT TOO?  YES  NO.

A. LIST THEIR NAMES AND ADDRESSES

*Mr. and Mrs. [redacted]  
[redacted]  
[redacted]*

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

[redacted]

ADDRESS (Street, City, State and Zip Code)

[redacted] *field N.J. 07026*

TELEPHONE (Area code and number)

[redacted]

AGE

*21*

MALE

FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

*I work for Bergen County Park Commission  
Occupation is Assistant Gardener.*

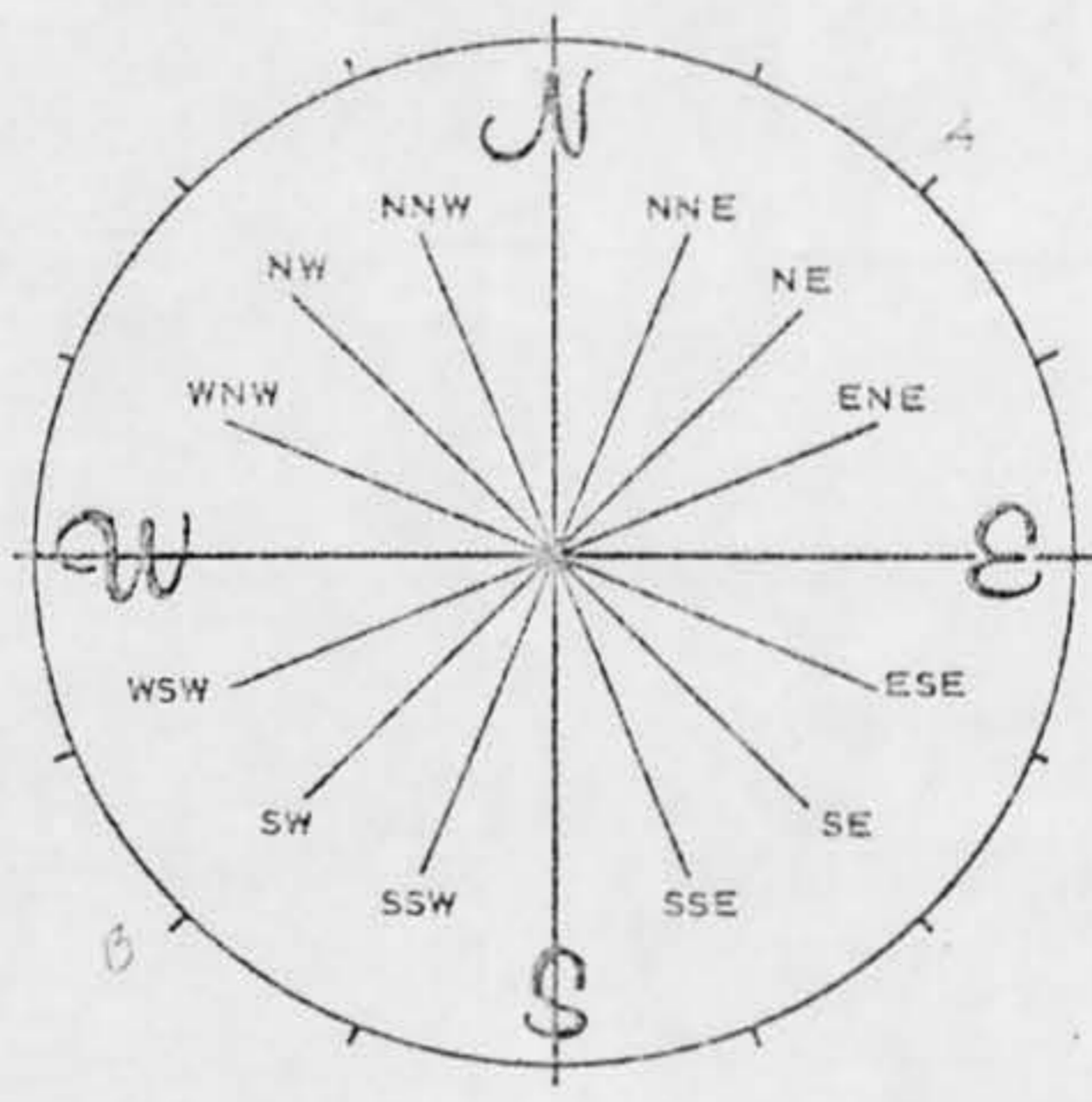
25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME [redacted] DAY [redacted] MONTH *Aug* YEAR *1968*

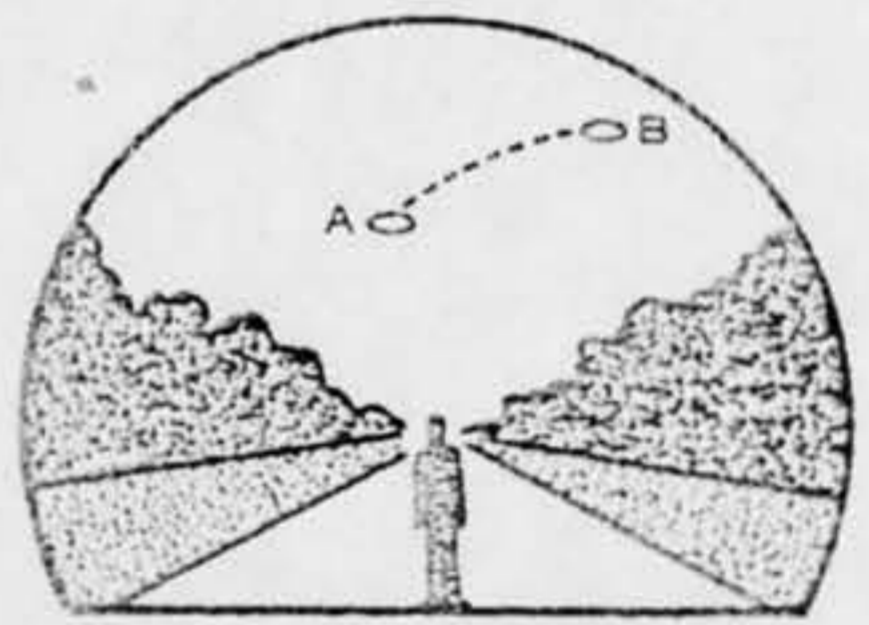
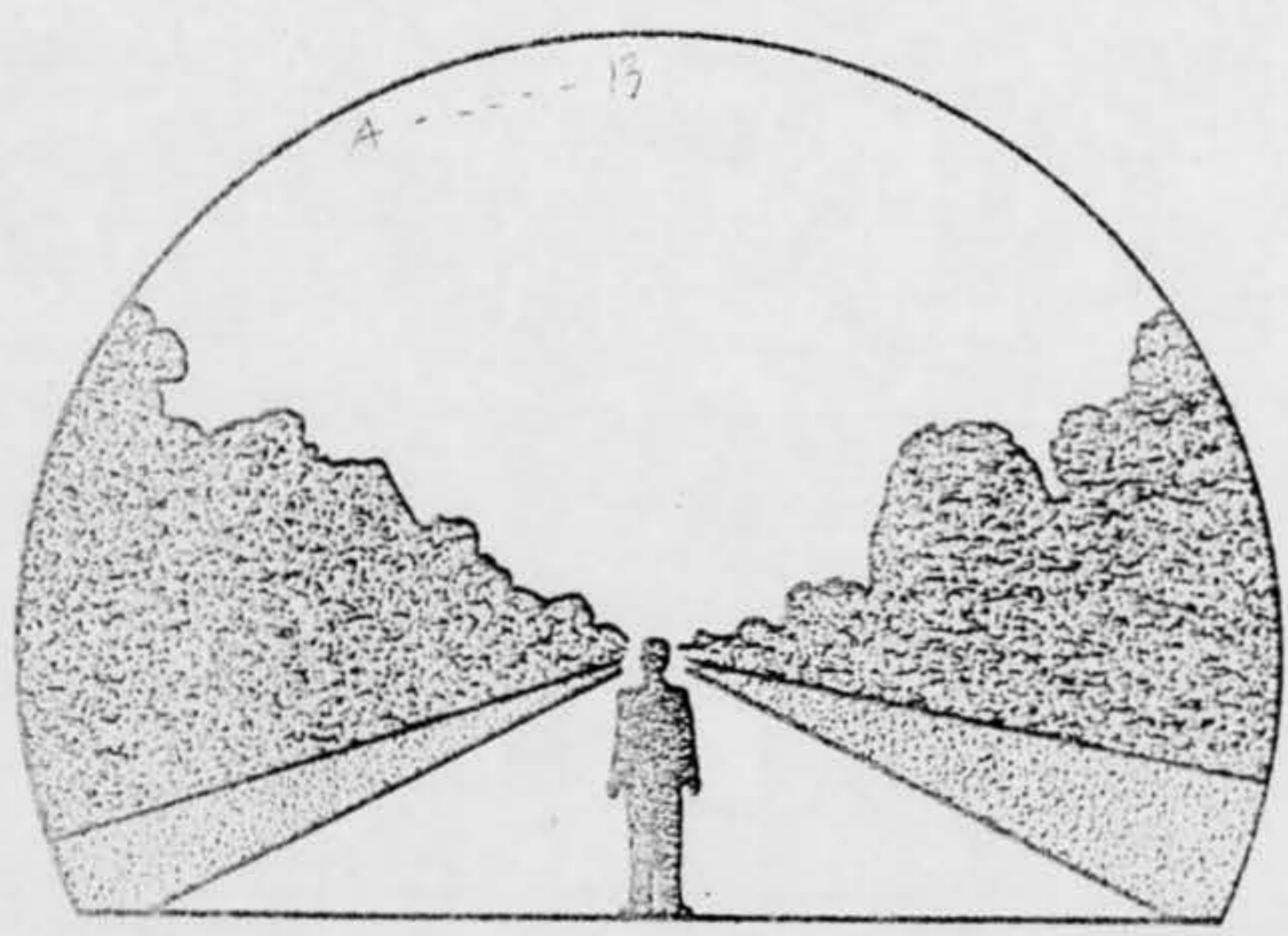
26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

5A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



27. INFORMATION WHICH YOU FEEL IS PERTINENT BUT WHICH IS NOT ADEQUATELY COVERED IN THIS QUESTIONNAIRE,  
ALTERNATIVELY PROVIDE A NARRATIVE EXPLANATION OF THE SIGHTING.

[Empty rectangular box for providing a narrative explanation of the sighting.]

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE OHIO 45433



21 July 68

REPLY TO  
ATTN OF:

TDPT (UFO)

22 AUG 1968

SUBJECT:

UFO Observation, 21 July 1968

TO:

Mr and Mrs [REDACTED]

[REDACTED]  
Garfield, New Jersey 07026

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 21 July 1968 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

LECTOR QUINTANILLA, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

1 Atch  
AF Form 117 w/envelope

DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)  
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



21 Jul 68  
5 AUG 1968

REPLY TO  
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation, 21 Jul 68

TO: ~~REDACTED~~

~~REDACTED~~  
Garfield, New Jersey 07025

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

HECTOR QUINTANILLA, Jr, Lt Colonel, USAF  
Chief, Aerial Phenomena Office  
Aerospace Technologies Division  
Production Directorate

1 Atch  
AF Form 117 w/envelope

July 22, 1968

07020

On July 21, 1968 at 11:30 p.m. Mr and Mrs [redacted]  
of [redacted] Garfield, N.J. And my self Mr.  
[redacted] Ave, Garfield, N.J.  
saw a strange object in the sky. It was too high up  
to tell the shape of the object. It was going too fast  
to be a plane or a jet. But this object was too high  
to be a jet plane. It came out of the east and went  
to the west. When we were watching this object it  
would slow down to a stop and then it would go much  
faster than before. When it got toward the west it  
went on more speed. And then we could not even find  
the object. Also this object had a big bright light  
on it. It all most looked like a plane coming in for  
a landing. But this object was very big and very  
high up. There was no clouds in the sky.

*Don't judge, think of how size*

Very Sincerely  
Yours,

[redacted signature]

## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R359

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, 1AW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 21 MONTH July YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 11 MINUTES 30  A.M.  P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR \_\_\_\_\_ MINUTES \_\_\_\_\_  A.M.  P.M.

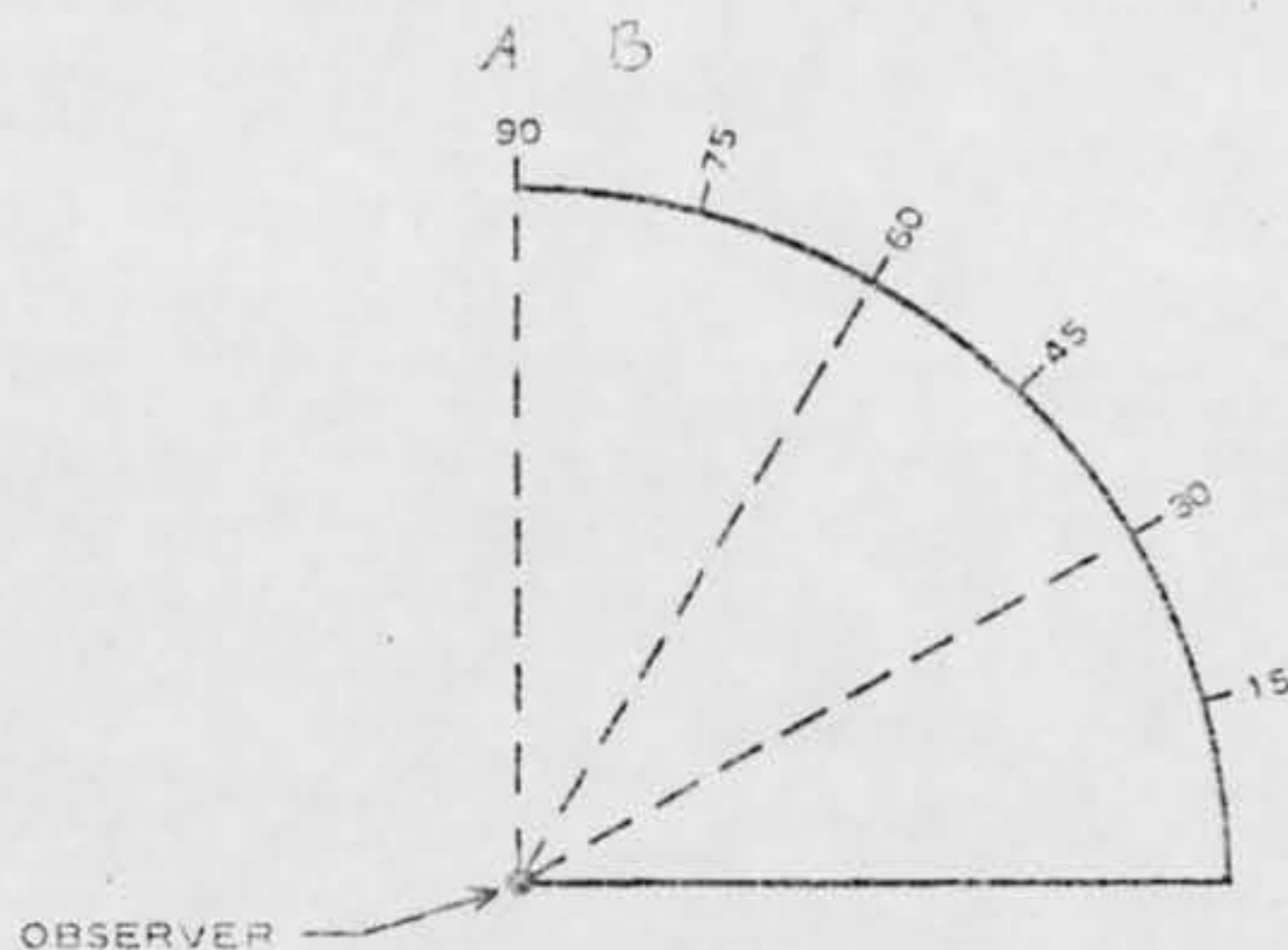
4. TIME ZONE

 DAYLIGHT SAVINGS STANDARD EASTERN CENTRAL MOUNTAIN PACIFIC OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

*My wife and I and my nephew were standing in front of our home west we saw this object, we live in [REDACTED] Fairfield, N.J.*

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



## SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL  
NUMBER 21-R253

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 21 MONTH July YEAR 1968

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 11 MINUTES 30  A.M.  P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR \_\_\_\_\_ MINUTES \_\_\_\_\_  A.M.  P.M.

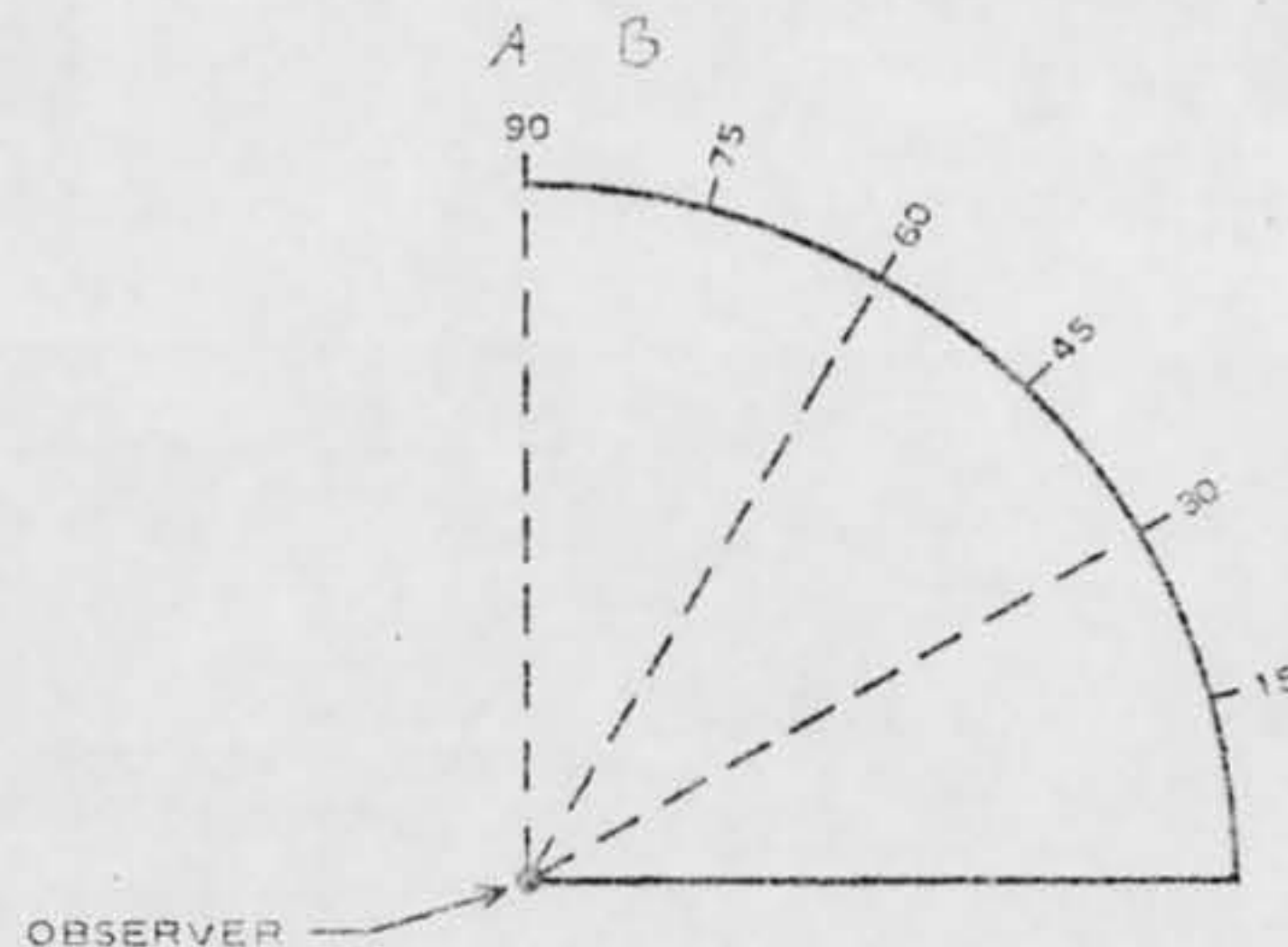
4. TIME ZONE

 DAYLIGHT SAVINGS  STANDARD EASTERN  CENTRAL  MOUNTAIN  PACIFIC  OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

*My wife and I and my nephew were standing in front of our home west of town this night. We live on [REDACTED] Bedford, N.J.*

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.



10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

| 11. CONDITIONS (Check appropriate blocks.)   |                          |  |  |
|--|--------------------------|--|--|
| A. SKY                                       |                          | B. WEATHER   |  |
| <input type="checkbox"/> DAY                 | <input type="checkbox"/> | <input type="checkbox"/> CUMULUS CLOUDS (Low fluffy)                 | <input type="checkbox"/> FOG OR MIST           |
| <input type="checkbox"/> TWILIGHT            | <input type="checkbox"/> | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | <input type="checkbox"/> HEAVY RAIN            |
| <input checked="" type="checkbox"/> NIGHT    | <input type="checkbox"/> | <input type="checkbox"/> NIMBUS CLOUDS (Rain)                        | <input type="checkbox"/> LIGHT RAIN OR DRIZZLE |
| <input checked="" type="checkbox"/> CLEAR    | <input type="checkbox"/> | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)         | <input type="checkbox"/> HAIL                  |
| <input type="checkbox"/> PARTLY CLOUDY       | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> SNOW OR SLEET         |
| <input type="checkbox"/> COMPLETELY OVERCAST | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> UNKNOWN               |
|  |                          | <input type="checkbox"/> HAZE OR SMOG                                | <input type="checkbox"/> NONE OF THE ABOVE     |

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

| (1) STARS                                |                          | (2) MOON  |   |
|--|--------------------------|---|---|
| <input type="checkbox"/> NONE            | <input type="checkbox"/> | <input type="checkbox"/> BRIGHT MOONLIGHT         | <input type="checkbox"/> NO MOONLIGHT       |
| <input type="checkbox"/> A FEW           | <input type="checkbox"/> | <input type="checkbox"/> MOON WITH HALO           | <input checked="" type="checkbox"/> UNKNOWN |
| <input checked="" type="checkbox"/> MANY | <input type="checkbox"/> | <input type="checkbox"/> MOON HIDDEN BY CLOUDS    |   |
| <input type="checkbox"/> UNKNOWN         | <input type="checkbox"/> | <input type="checkbox"/> PARTIAL (New or quarter) |   |

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE?  YES  NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

|  |                          |  |   |
|--|--------------------------|--|---|
| <input type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU  | <input type="checkbox"/> | <input type="checkbox"/> TO YOUR LEFT  | <input type="checkbox"/> UNKNOWN              |

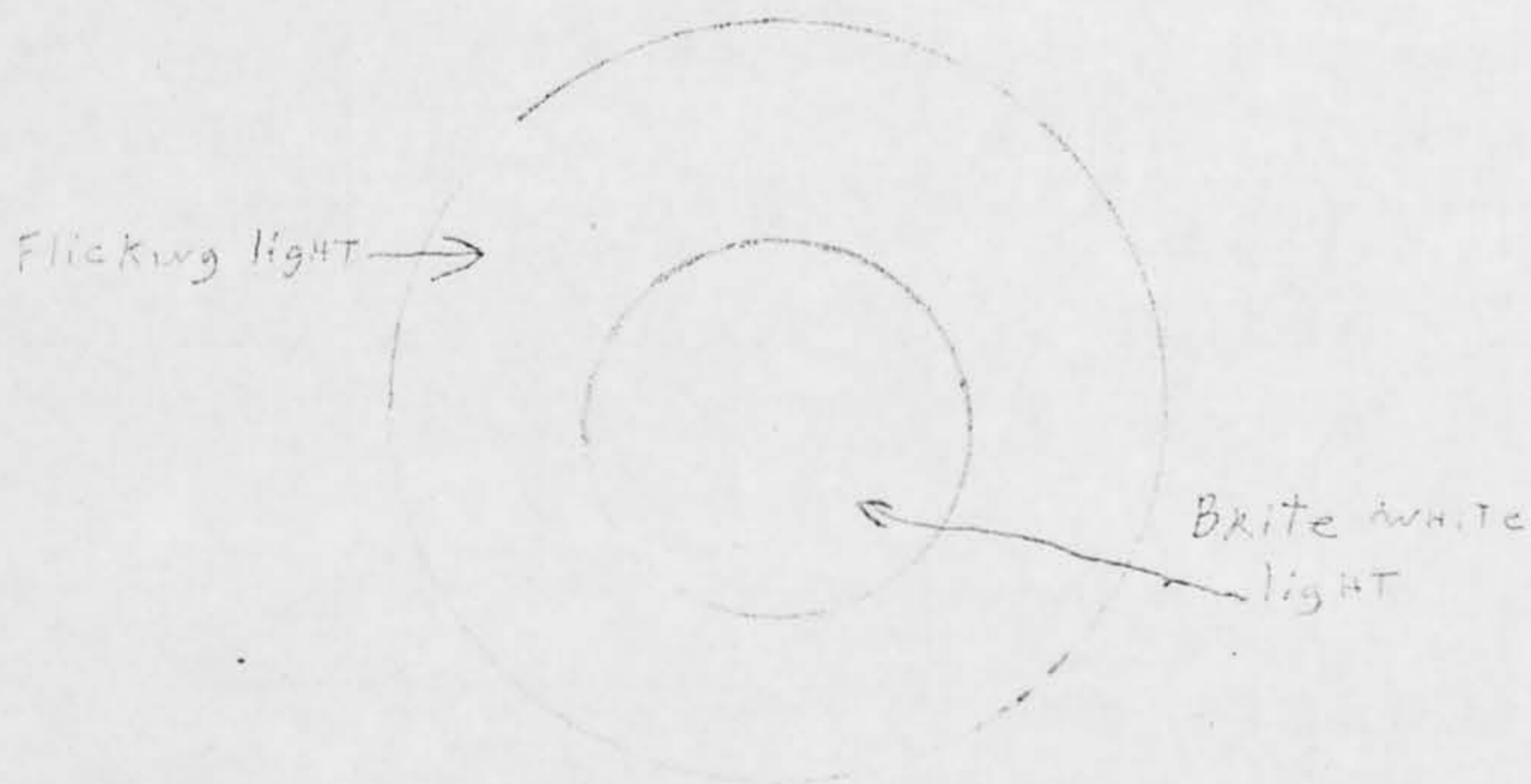
E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

I would say that the object was round. When we first saw this object it almost looked like a plane coming in for a landing. It had a big light on it. I would say that I never saw a plane or jet going as fast as this object. Another thing was that this object stopped up there for a few sec and then went on.

| 2. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blanks.)   |             |  |  |
|--|-------------|--|--|
| <input checked="" type="checkbox"/>  | OUTDOORS    |  | IN BUSINESS SECTION OF CITY  |
|  | IN BUILDING |  | <input checked="" type="checkbox"/> IN RESIDENTIAL SECTION OF CITY |
|  | IN CAR      | <input type="checkbox"/> AS DRIVER                   | <input type="checkbox"/> AS PASSENGER                              |
|  | IN BOAT     |  | IN OPEN COUNTRYSIDE  |
|  | IN AIRPLANE | <input type="checkbox"/> AS PILOT                    | <input type="checkbox"/> AS PASSENGER                              |
|  | OTHER       |  | NEAR AIRFIELD  |
|  |             |  | FLYING OVER CITY   |
|  |             |  | FLYING OVER OPEN COUNTRY   |
|  |             |  | OTHER  |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:   |             |  |  |
| WHAT DIRECTION WERE YOU MOVING?  |             | HOW FAST WERE YOU MOVING?                            |  |
| <input type="checkbox"/>   | NORTH       | <input type="checkbox"/>                             | EAST   |
| <input type="checkbox"/>   | SOUTH       | <input type="checkbox"/>                             | WEST   |
| <input type="checkbox"/>   | NORTHEAST   | <input type="checkbox"/>                             | SOUTHEAST  |
| <input type="checkbox"/>   | NORTHWEST   | <input type="checkbox"/>                             | SOUTHWEST  |
|  |             | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? |  |
|  |             | <input type="checkbox"/>                             | YES  |
|  |             | <input type="checkbox"/>                             | NO   |
| EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.  |             |  |  |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.   |             |  |  |
| HOW MUCH OTHER TRAFFIC WAS THERE?  |             |  |  |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.                       |             |  |  |
| 3. HOW LONG WAS THE PHENOMENON IN SIGHT?   |             |  |  |
| LENGTH OF TIME   |             | <input type="checkbox"/>                             | CERTAIN OF TIME  |
| 30 <del>sec</del> sec  |             | <input checked="" type="checkbox"/>                  | NOT VERY SURE  |
|  |             | <input type="checkbox"/>                             | FAIRLY CERTAIN   |
|  |             | <input type="checkbox"/>                             | JUST A GUESS   |
| HOW WAS TIME DETERMINED?   |             |  |  |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. |             |  |  |

14. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



15. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

| 13. | DID THE PHENOMENON              | YES | NO | UNKNOWN |
|-----|---------------------------------|-----|----|---------|
|     | MOVE IN A STRAIGHT LINE?        |     | X  |         |
|     | STAND STILL AT ANYTIME?         | X   |    |         |
|     | SUDDENLY SPEED UP AND RUN AWAY? | X   |    |         |
|     | BREAK UP IN PARTS AND EXPLODE?  |     | X  |         |
|     | CHANGE COLOR?                   |     | X  |         |
|     | GIVE OFF SMOKE?                 |     | X  |         |
|     | CHANGE BRIGHTNESS?              | X   |    |         |
|     | CHANGE SHAPE?                   |     | X  |         |
|     | FLASH OR FLICKER?               |     | X  |         |
|     | DISAPPEAR AND REAPPEAR?         |     | X  |         |
|     | SPIN LIKE A TOP?                |     | X  |         |
|     | MAKE A NOISE?                   |     | X  |         |
|     | FLUTTER OR WOBBLE?              |     | X  |         |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?  
*We were looking at the stars and we saw this object moving.*

A. HOW DID IT FINALLY DISAPPEAR?  
*When the object got to the south west it put more speed on. It also put out the big light.*

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?  
 YES  NO. IF "YES," DESCRIBE.

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE?  YES  NO. IF "YES," GIVE DATE AND LOCATION.

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON?  YES  NO. IF "YES," DID THEY SEE IT TOO?  YES  NO.

A. LIST THEIR NAMES AND ADDRESSES

*me and wife and the other one was my nephew.* [REDACTED]

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

TELEPHONE (Area code and number)

AGE

60

MALE

FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME *to me* DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY *28* MONTH *8* YEAR *1968*