

PRINCIPALITY OF THE PILLOW FORTRESS
Department of the Interior - UAP / UFO Observation Report

FORM
PPF-DOI-UAP-001-A

Use this form to report the observation of an unidentified aerial phenomenon, unidentified flying object, or other anomalous occurrence. Complete as much information as is known. Supplemental material may be attached.

Date Filed	Incident No.	Report Type	Official Use Only
_____	_____	Initial / Supplemental	Received by: _____

I. Reporting Witness Information

Full Legal Name: _____	Fortressian Identification Code (if issued): _____
Primary Address or Canton: _____	Province / Administrative Division: _____
Telephone Number: _____	Electronic Mail Address: _____
Citizenship / Nationality: _____	Preferred Method of Contact: _____

II. Observation Details

Date of Observation: _____	Time Began: _____	Time Ended / Duration: _____
Exact Location or Landmark: _____	Canton / Province: _____	Latitude / Longitude (if known): _____
Type of Event: _____	Number of Objects / Phenomena: _____	Estimated Distance / Altitude: _____
Direction First Seen: _____	Direction Last Seen: _____	Travel Path / Maneuvering: _____
Weather / Visibility: _____	Sound Observed? Yes / No _____	Radar / Instrument Observation? Yes / No _____

III. Description of Observed Phenomenon

Physical Description (shape, color, lights, markings, apparent size):

Behavior and Motion (hovering, acceleration, turns, ascent, descent, disappearance, interaction with terrain or water):

Observed Effects (sound, heat, odors, electromagnetic interference, animal reaction, ground trace, injury, or other notable effects):

IV. Additional Witnesses and Supporting Material

Additional Witness Name 1: _____	Contact Information: _____
Additional Witness Name 2: _____	Contact Information: _____
Photographs / Video Attached? Yes / No _____	Sketch or Diagram Attached? Yes / No _____
Physical Samples / Trace Evidence Submitted? Yes / No _____	Law Enforcement / Other Agency Notified? Yes / No _____
Supplemental Narrative or Remarks: _____ _____ _____	

V. Declaration of Reporting Witness

I declare that the information provided in this report and any attachments is true and correct to the best of my knowledge and belief. I understand that the Department of the Interior may contact me for clarification or additional information.

Signature of Reporting Witness: _____	Date: _____
Printed Name: _____	Time: _____

VI. Department of the Interior Official Use Only

Receiving Officer / Clerk: _____	Date and Time Received: _____
Initial Classification: _____	Referred to: _____
Follow-Up Required? Yes / No _____	Case Status: _____
Interior Department Remarks / Disposition: _____ _____ _____	