



# MARINE MAMMAL AUTHORIZATION PROGRAM

## MORTALITY/INJURY REPORTING FORM

National Marine Fisheries Service, 1315 East-West Highway, Silver Spring, MD 20910

PLEASE PRINT NEATLY AND IN CAPITAL LETTERS

1- LAST NAME OF VESSEL OWNER/OPERATOR

2- FIRST NAME OF VESSEL OWNER/OPERATOR

3-MI

4-MAILING ADDRESS

5- CITY

6- STATE

7- ZIP

8- VESSEL NAME

9- COAST GUARD DOC. NO. OR VESSEL STATE REG. NO.

10- STATE COMMERCIAL VESSEL NO.

11- FISHERY I.D. NO.

12- FISHERY GEAR TYPE AND TARGET SPECIES

13- DATE OF MORTALITY/INJURY (MM DD YYYY)

14- APPROXIMATE TIME OF MORTALITY/INJURY

15- LOCATION OF MORTALITY/INJURY

LATITUDE  °  '

LONGITUDE  °  '

16- TYPE OF INTERACTION (PLACE AN "X")

INCIDENTAL

INTENTIONAL

17- ENTER SPECIES CODE, TYPE OF MORTALITY/INJURY (SEE LIST OF CODES ON PREVIOUS PAGE), AND THE NUMBER OF EACH SPECIES INVOLVED. MAKE ONE ENTRY FOR EACH SPECIES INVOLVED IN THIS INCIDENT. YOU MAY MAKE UP TO THREE MORTALITY/INJURY CODES PER SPECIES.

SPECIES	MORTALITY/INJURY CODE	NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

18- DESCRIPTION OF UNKNOWN SPECIES OR CIRCUMSTANCES OF MORTALITY/INJURY INCIDENT



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## MORTALITY/INJURY REPORTING FORM

National Marine Fisheries Service, 1315 East-West Highway, Silver Spring, MD 20910

### INSTRUCTIONS FOR COMPLETING THE MORTALITY/INJURY REPORTING FORM

This reporting form is required **ONLY WHEN** there is an incidental mortality or injury to a marine mammal during commercial fishing activities. You are required to report the incidental mortality or injury within 48 hours after the end of the fishing trip (even if an observer is on board), or, for non-vessel fisheries, within 48 hours of an occurrence of an incidental mortality or injury. A separate report form is required for each fishery, for each date, and for each location.

PLEASE PRINT NEATLY AND IN CAPITAL LETTERS.

The reporting form should be detached from this instruction sheet, folded, and sealed prior to mailing. No postage is necessary for mailing. Forms may also be faxed to NMFS at (301) 713-4060. Questions regarding completion of this form, and requests for additional forms, may be directed to the NMFS Office of Protected Resources, 1315 East-West Hwy., Silver Spring, MD 20910-3226, (301) 713-2322.

### MORTALITY/INJURY REPORT FIELD DEFINITIONS

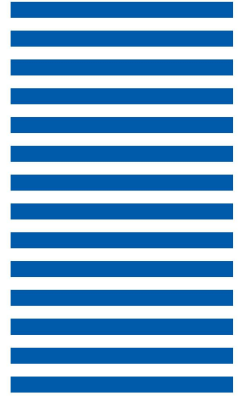
- 1 - **LAST NAME:** Enter the last name of the vessel owner/operator or permit holder.
- 2 - **FIRST NAME:** Enter the first name of the vessel owner/operator or permit holder.
- 3 - **MI:** Enter the middle initial of the owner/operator of the vessel or permit holder.
- 4 - **ADDRESS:** Enter the street address or P.O. Box number of the vessel owner/operator or permit holder.
- 5 - **CITY:** Enter the city name of the vessel owner/operator or permit holder.
- 6 - **STATE:** Enter the 2-digit state code of the vessel owner/operator or permit holder.
- 7 - **ZIP:** Enter the zip code of the vessel owner/operator or permit holder.
- 8 - **VESSEL NAME:** Enter the name of the vessel as it is identified for commercial fishing operations. For non-vessel fisheries, leave this blank.
- 9 - **COAST GUARD DOCUMENT NO.:** Enter the vessel's Coast Guard Documentation number; OR Enter the **VESSEL'S STATE REGISTRATION NO.:** One of these numbers must be provided. For non-vessel fisheries, enter the state fishery permit number.
- 10 - **STATE COMMERCIAL VESSEL LICENSE NO.:** Enter the vessel's state commercial vessel license number, if applicable.
- 11 - **FISHERY IDENTIFICATION NO.:** (Category I or Category II fisheries) Enter the NMFS' fishery I.D. number (indicated on the vessel's MMAP authorization certificate) for the fishery in which this incident occurred. If the fishery ID number is unknown, or the vessel is not registered under the MMAP, fill in gear type and target species under item 12.
- 12 - **GEAR TYPE AND TARGET SPECIES:** (Category III fisheries) Enter the type of fishing gear used and the target species being fished when this incident occurred.
- 13 - **DATE OF MORTALITY/INJURY:** Enter the date the mortality/injury occurred. For example: November 1, 2009 is entered as 11/01/2009.
- 14 - **TIME OF MORTALITY/INJURY:** Enter the approximate time of day the mortality/injury occurred. Indicate AM if the mortality/injury occurred between midnight & noon, or PM if the mortality/injury occurred between noon and midnight.
- 15 - **LOCATION OF MORTALITY/INJURY LATITUDE & LONGITUDE:** Use standard entries in degrees and minutes.
- 16 - **TYPE OF INTERACTION:** Enter whether this incident was incidental or intentional.
- 17 - **SPECIES INCIDENTALLY KILLED OR INJURED:** Enter the species code and the mortality/injury code of the animal(s) involved. (Refer to the species and mortality/injury code lists included on page 2 of these instructions.) Enter the number of animals involved in each mortality/injury. You may enter up to three (3) injury codes per species. Make as many entries as apply to the date, time, and location entered in items 13-15.
- 18 - **DESCRIPTION OF UNKNOWN SPECIES:** If you have entered a species code for an unidentified species, please provide a detailed description of the animal involved, including color patterns, length, and body shape (drawings are helpful). State whether the animal involved was a cetacean (whale, dolphin, or porpoise), pinniped (seal or sea lion), walrus, manatee or sea otter. You may also use this space for other comments regarding this incident.



NOAA/NMFS  
OFFICE OF PROTECTED RESOURCES F/PR2  
1315 EAST WEST HIGHWAY  
SILVER SPRING MD 20910-9721



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



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POSTAGE WILL BE PAID BY ADDRESSEE

NATIONAL OCEANIC & ATMOSPHERIC ADMINISTRATION  
NATIONAL MARINE FISHERIES SERVICE  
OFFICE OF PROTECTED RESOURCES F/PR2  
1315 EAST WEST HIGHWAY  
SILVER SPRING MD 20910-9721



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# IMPORTANT! MARINE MAMMAL REPORTING FORM

