



# 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. EMAIL ADDRESS \_\_\_\_\_

6. CITY \_\_\_\_\_ 7. STATE \_\_\_\_\_ 8. ZIP \_\_\_\_\_

9. PHONE NUMBER \_\_\_\_\_ 10. VESSEL NAME \_\_\_\_\_

11. COAST GUARD DOC. NO. OR VESSEL STATE REG. NO. \_\_\_\_\_ 12. STATE COMMERCIAL VESSEL NO. \_\_\_\_\_

13. FISHERY GEAR TYPE AND TARGET SPECIES \_\_\_\_\_

14. DATE OF MORTALITY/INJURY (MM DD YYYY) \_\_\_\_\_ 15. APPROXIMATE TIME OF MORTALITY/INJURY \_\_\_\_\_

AM/PM

16. OBSERVER PRESENT \_\_\_\_\_ 17. LOCATION OF MORTALITY/INJURY \_\_\_\_\_

\_\_\_ YES \_\_\_ NO LATITUDE \_\_\_\_° \_\_\_\_' LONGITUDE \_\_\_\_° \_\_\_\_'

18. 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 CODE	MORTALITY/INJURY CODE	NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. DESCRIPTION OF UNKNOWN SPECIES OR CIRCUMSTANCES OF MORTALITY/INJURY INCIDENT  
Please provide a detailed description of the animal involved, including color patterns, length, and body shape and size (drawings are helpful). State whether the animal involved was a whale, dolphin, porpoise, seal, sea lion, walrus, manatee, or sea otter. You may also use this space for other comments regarding this incident, including length of interaction.

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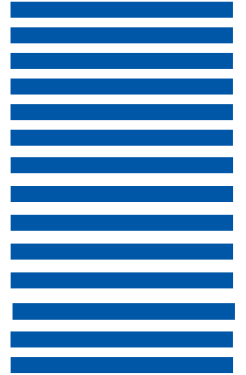
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NOAA/NMFS  
OFFICE OF PROTECTED RESOURCES F/PR2  
1315 EAST WEST HIGHWAY  
SILVER SPRING MD 20910-9721



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 7411 SILVER SPRING, MD

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





# MARINE MAMMAL AUTHORIZATION PROGRAM

## MORTALITY/INJURY REPORTING FORM

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

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

This reporting form is required **ONLY WHEN** there is an incidental mortality or injury (M/I) 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 COMPLETE ONLINE FORM AT: <http://www.nmfs.noaa.gov/pr/interactions/mmap/>

or

PLEASE PRINT NEATLY AND IN CAPITAL LETTERS AND MAIL THIS FORM.

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 filled out online, emailed, or faxed to NMFS at (301) 713-0376. 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) 427-8402.

### MORTALITY/INJURY REPORT FIELD DEFINITIONS

**VESSEL NAME:** Enter the name of the vessel as it is identified for commercial fishing operations. For non-vessel fisheries, leave this blank.

**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.

**STATE COMMERCIAL VESSEL LICENSE NO.:** Enter the vessel's state commercial vessel license number, if applicable.

**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.

**DATE OF MORTALITY/INJURY:** Enter the date the mortality/injury occurred. For example: November 1, 2009 is entered as 11/01/2009.

**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.

**LOCATION OF MORTALITY/INJURY LATITUDE & LONGITUDE:** Use standard entries in degrees and minutes.

**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.

**DESCRIPTION OF UNKNOWN SPECIES OR CIRCUMSTANCES OF M/I INCIDENT:** 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.



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## MORTALITY/INJURY REPORTING FORM

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### SPECIES AND STOCK CODES FOR MARINE MAMMALS

#### *Seals and sea lions*

100- Steller (northern) sea lion  
101- California sea lion  
105- Northern (Pribilof) fur seal  
115- Harbor seal  
116- Spotted seal  
117- Ringed seal  
121- Ribbon seal  
124- Gray seal  
127- Hawaiian monk seal  
129- Northern elephant seal  
130- Bearded seal  
131- Harp seal  
132- Hooded seal  
203- Unidentified sea lion  
204- Unidentified seal

#### *Dolphins and porpoises*

047- Atlantic white-sided dolphin  
049- Pacific white-sided dolphin  
053- Common dolphin  
054- Bottlenose dolphin  
055- Grampus (Risso's) dolphin  
058- Spotted dolphin  
060- Spinner dolphin  
061- Striped dolphin  
063- Northern right whale dolphin  
068- Harbor porpoise  
072- Dall's porpoise  
235- Unidentified small cetacean  
(porpoise or dolphin)

#### *Toothed and baleen whales*

002- North Atlantic right whale  
005- Gray whale  
007- Fin whale  
010- Minke whale  
011- Humpback whale  
012- Sperm whale  
016- Beluga whale  
038- False killer whale  
039- Killer whale  
221- Pilot whale  
230- Beaked whale  
231- Bryde's whale  
232- Dwarf sperm whale  
210- Unidentified baleen whale  
220- Unidentified toothed whale

#### *Other Marine Mammals*

114- Walrus  
135- Sea otter  
139- Manatee

### MORTALITY/INJURY CODES FOR MARINE MAMMALS

01 - Visible blood flow  
2- Loss of/damage to appendage/jaw  
3- Inability to use appendage(s)  
04- Asymmetry in shape of body or body position  
05- Any noticeable swelling or hemorrhage (bruising)  
06- Laceration (deep cut)  
07- Rupture or puncture of eyeball  
08- Listlessness or inability to defend  
09- Inability to swim or dive  
10- Equilibrium imbalance  
11- Ingestion of gear  
12- Released trailing gear/gear perforating body  
13- Other wound or injury  
14- Killed

### COLLECTION MANDATE

This collection of information is mandated by the Marine Mammal Protection Act of 1972, as amended (16 U.S.C. 1361 *et. seq.*), and by implementing regulations contained at 50 CFR 229.4. The information supplied on this form will be used by the National Marine Fisheries Service to estimate levels of incidental mortalities and injuries in U.S. commercial fisheries. Certain information supplied on this form may be considered proprietary and therefore subject to data confidentiality restrictions of 50 CFR Part 229.11.

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Director, Office of Protected Resources, National Marine Fisheries Service, 1315 East-West Hwy., Silver Spring, MD 20910-3226.

The National Marine Fisheries Service may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current and valid OMB control number. The OMB control number for this form is 0648-0292, which expires on 02/29/2016.