**MARINE MAMMAL STRANDING REPORT - LEVEL A DATA**

**FIELD #**:

**NMFS REGIONAL #**: **NATIONAL DATABASE#**: (NMFS USE) (NMFS USE)

**COMMON NAME**: **GENUS**: **SPECIES**:

EXAMINER Name: Affiliation:

Address: Phone:

Stranding Agreement or Authority:

**CONFIDENCE CODE** (Check ONE): □ Unconfirmed - Low □ Confirmed - Minimum □ Confirmed - Medium □ Confirmed – High

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| **INITIAL OBSERVATION** □ Same Information for Level A Examination  **DATE**: Year: Month: Day:  First Observed: □ Beach/Land/Ice □ Floating □ Swimming  **LOCATION**: State: County: City: Body of Water: Locality Details: Lat (DD): . N  Long (DD): . W   * Actual □ Estimated   How Determined: (check ONE)  □ GPS □ Map □ Internet/Software □Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **CONDITION AT INITIAL OBSERVATION** (Check ONE)   * 1. Alive □ 4. Advanced Decomposition   □ 2. Fresh Dead □ 5. Mummified/Skeletal  □ 3. Moderate Decomposition □ 6. Condition Unknown | | **LEVEL A EXAMINATION** Examined? □ YES □ NO  **DATE**: Year: Month: Day:  First Examined: □ Beach/Land/Ice □ Floating □ Swimming  **LOCATION**: State: County: City: Body of Water: Locality Details: Lat (DD): . N  Long (DD): . W   * Actual □ Estimated   How Determined: (check ONE)  □ GPS □ Map □ Internet/Software □Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **CONDITION AT EXAMINATION** (Check ONE)   * 1. Alive □ 4. Advanced Decomposition   □ 2. Fresh Dead □ 5. Mummified/Skeletal  □ 3. Moderate Decomposition | |
| **LIVE ANIMAL INFORMATION**  **INITIAL LIVE ANIMAL DISPOSITION** (Check one or more)   |  |  | | --- | --- | | * 1. Left at Site | * 5. Died at Site | | * 2. Immediate Release at Site | * 6. Died during Transport | | * 3. Relocated and Released | * 7. Euthanized | | 4. Disentangled | * 8. Transferred to Rehabilitation: | | □ a. Partially □ b. Completely | Date: Year: \_\_\_\_\_\_Month: \_\_\_\_\_\_\_Day:\_\_\_\_\_\_  Facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | □ 9. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |   **CONDITION/DETERMINATION** (Check one or more)   * 1. Sick 7. Location Hazardous * 2. Injured □ a. To animal * 3. Out of Habitat □ b. To public * 4. Deemed Releasable □ 8. Unknown/CBD * 5. Abandoned/Orphaned □ 9. No Rehabilitation Options * 6. Inaccessible □ 10. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **DEAD ANIMAL INFORMATION**  **CARCASS STATUS** (Check one or more)  □ 1. Frozen for Later Examination/Necropsy Pending  □ 2. Left at Site □ 5. Landfill □ 8. Towed: Lat\_\_\_\_\_\_\_\_\_\_Long\_\_\_\_\_\_\_\_\_\_\_  □ 3. Buried □ 6. Incinerated □ 9. Sunk: Lat\_\_\_\_\_\_\_\_\_\_Long\_\_\_\_\_\_\_\_\_\_\_  □ 4. Rendered □ 7. Composted □ 10. Unknown/Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **NECROPSIED** □ YES □ NO □ Limited □ Complete   * Carcass Fresh □ Carcass Frozen/Thawed   **CARCASS CODE AT NECROPSY** □ Code 2 □ Code 3 □ Code 4  **NECROPSIED BY:**  **Date: Year: Month: Day:** |
| **PHOTOS/VIDEOS TAKEN:** □ YES □ NO  Photo/Video Disposition: \_\_\_\_\_\_ |
| **MORPHOLOGICAL INFORMATION**  **SEX** (Check ONE)  **ESTIMATED** **AGE CLASS** (Check ONE)   * 1. Male □ 1. Adult □ 4. Pup/Calf * 2. Female □ 2. Subadult □ 5. Unknown * 3. Unknown □ 3. Yearling   □ Whole Animal □ Partial Animal  Straight Length:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ cm □ in  □ Actual □ Estimated □ Not Measured  Weight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ kg □ lb  □ Actual □ Estimated □ Not Weighed  **SAMPLES COLLECTED** (Check one or more)  □ 1. Histology □ 2. Other Diagnostics □ 3. Life History  □ 4. Skeletal □ 4. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PARTS TRACKING** (Check one or more)   * 1. Scientific Collection □ 2. Educational Collection * 3. Other:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **OCCURRENCE DETAILS** □ Restrand GE# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NMFS Use)  **Group Event**: □ YES □ NO  If Yes, Type: □ Cow/Calf Pair □ Mass Stranding □ UME # Animals:­­­­­­­­­\_\_\_\_\_\_\_\_□ Actual □ Estimated  **Was the Marine Mammal Human Interaction Report completed?** □ YES □ NO  **Findings of Human Interaction**: □ YES □ NO □ Could Not Be Determined (CBD)  If YES evidence of: 1. Vessel Interaction □ YES □ NO □ CBD  2. Shot □ YES □ NO □ CBD  3. Fishery Interaction □ YES □ NO □ CBD  4. Other Human Interaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If YES, what was the likelihood that the human interaction contributed to the stranding event?  □ Uncertain (CBD) □ Improbable □ Suspect □ Probable  **Gear/HI Items Collected?** □ YES □ NO Gear Disposition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Other Findings Upon Level A**: □ YES □ NO □ Could Not Be Determined (CBD)  If Yes, Choose one or more: □ 1. Illness □ 2. Injury □ 3. Pregnant □ 4.Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Determined (Check one or more): □ External Exam □ Internal Exam □ Necropsy  □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **TAG DATA**  Tags Were:  Present at Time of Stranding (Pre-existing): □ YES □ NO  Applied during Stranding Response/Release: □ YES □ NO  Applied during Rehabilitation/Release: □ YES □ NO  Absent but Suspect Prior Tag: □ YES □ NO | ID# Color Type Placement\* Applied Present Removed  (Circle ONE)  D DF L R □ □ □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LF LR RF RR    D DF L R □ □ □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LF LR RF RR  D DF L R □ □ □  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LF LR RF RR |
| \* D= Dorsal; DF= Dorsal Fin; L= Left Lateral Body R= Right Lateral Body LF= Left Front; LR= Left Rear; RF= Right Front; RR= Right Rear | |

**ADDITIONAL IDENTIFIER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**If animal is restranded, please indicate any previous field numbers here)

**ADDITIONAL REMARKS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DISCLAIMER**

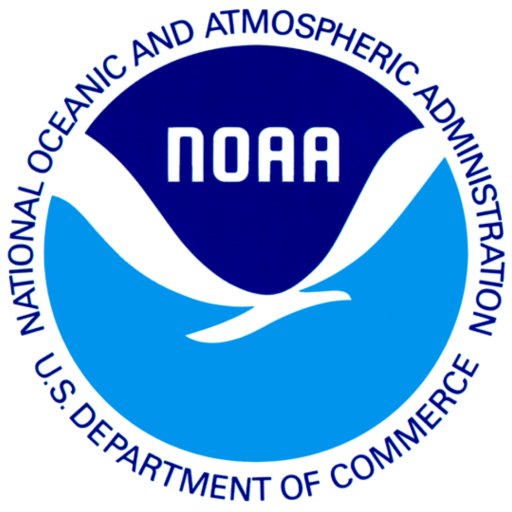
**THESE DATA SHOULD NOT BE USED OUT OF CONTEXT OR WITHOUT VERIFICATION. THIS SHOULD BE STRICTLY ENFORCED WHEN REPORTING SIGNS OF HUMAN INTERACTION DATA.**

**DATA ACCESS FOR LEVEL A DATA**

**UPON WRITTEN REQUEST, CERTAIN FIELDS OF THE LEVEL A DATA SHEET WILL BE RELEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR CREDIT THE STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE. THE NATIONAL MARINE FISHERIES SERVICE WILL NOTIFY THE CONTRIBUTING STRANDING NETWORK MEMBERS THAT THESE DATA HAVE BEEN REQUESTED AND THE INTENT OF USE. ALL OTHER DATA WILL BE RELEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR OBTAIN PERMISSION FROM THE CONTRIBUTING STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE.**

**PAPERWORK REDUCTION ACT INFORMATION**

**PUBLIC REPORTING BURDEN FOR THE COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 30 MINUTES 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 THE COLLECTION INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THE BURDEN TO: CHIEF, MARINE MAMMAL AND SEA TURTLE CONSERVATION DIVISION, OFFICE OF PROTECTED RESOURCES, NOAA FISHERIES, 1315 EAST-WEST HIGHWAY, SILVER SPRING, MARYLAND 20910. NOT WITHSTANDING ANY OTHER PROVISION OF THE LAW, NO PERSON IS REQUIRED TO RESPOND, NOR SHALL ANY PERSON BE SUBJECTED TO A PENALTY FOR FAILURE TO COMPLY WITH, A COLLECTION OF INFORMATION SUBJECT TO THE REQUIREMENTS OF THE PAPERWORK REDUCTION ACT, UNLESS THE COLLECTION OF INFORMATION DISPLAYS A CURRENTLY VALID OFFICE OF MANAGEMENT AND BUDGET (OMB) CONTROL NUMBER.**



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