



1 SEA TURTLE ENTANGLEMENT REPORT FORM

OMB Control No. 0648-0496; Exp Date: XX/XX/XXXX

FIELD #: _____

Shaded area for NOAA Fisheries Service (NMFS) use only EVENT CONFIRMATION: Confirmed Probable Not confirmed

INITIAL OBSERVATION: Observer name: _____ Phone: _____
Observer affiliation: _____
Observation date: _____ (mm / dd / yyyy) Time: _____ am pm
Turtle condition: Alive Fresh dead Moderately decomposed Severely decomposed Dried carcass Skeleton Unknown

EXAMINATION / RESPONSE: Responder name: _____ Phone: _____
Responder affiliation: _____
Response date: _____ (mm / dd / yyyy) Time responder arrived on scene: _____ am pm
Turtle condition: Alive Fresh dead Moderately decomposed Severely decomposed Dried carcass Skeleton Unknown

PHOTO DOCUMENTATION: Photos taken: Yes No Video taken: Yes No
Documentation of: Turtle in gear Injuries / entanglement site Buoy colors, numbers and any other identifiable feature(s)

LOCATION: State: _____ County: _____ Nearest port / town: _____
Locality details: _____ Stranded ashore: Yes No
Latitude: _____ N Longitude: _____ W

TURTLE DATA: Species or description: _____
Straight carapace length:** _____ cm in actual est. Sex: Male Female Not examined CBD
Curved carapace length:** _____ cm in actual est. Does tail extend beyond carapace? Yes No
**Carapace length is measured from nuchal notch to posterior tip (see diagram in instructions) If Yes, how far? _____ cm in actual est.
Weight: _____ kg lb actual est. Sex determined by: Necropsy Tail length (adults only) N/A

GEAR TYPE: Indicate the primary (in contact with turtle) entangling gear with a "P" and secondary gear with an "S". Fill out all applicable details.
____ **Vertical Line with Surface Buoy**
Line attached to bottom gear: Yes No If Yes, bottom gear: Pot(s) Net Unknown Other: _____
Length of line between turtle and surface buoy: _____ cm in actual est.
____ **Line Only (no buoy)**
Type: Monofilament Multifilament (e.g. nylon or poly rope) Unknown
Hook(s) present: Yes No If Yes, where attached to turtle: Not attached Mouth Ingested (past mouth) Soft tissue (not mouth)
Line attached to bottom gear : Yes No If Yes, bottom gear: Pot(s) Net Unknown Other: _____
____ **Net**
Type: Monofilament Multifilament (e.g. nylon) Unknown
____ **Fish Trap (pound net / weir)**
Location: Free-swimming in trap Entangled in leader Entangled in trap Other (describe in Additional Remarks)
____ **Other** Describe: _____

GEAR DETAILS:
Net Estimated stretched mesh size: _____ cm in ID number(s): _____
Pot(s) Number of pots: _____ ID Number(s): _____

Type	Color/Pattern	ID Number(s) / Letter(s)

Biofouling present on gear: Yes No If Yes, % of visible gear covered by biofouling: _____ % (describe type of biofouling in Additional Remarks)
Gear retrieved: Yes- all Yes- partially No If Yes, disposition: Initial observer STDN member State agency NMFS Gear Team

DISENTANGLEMENT OUTCOME: (Check one)
 Disentangled and released Entangled / no action taken Relocated to: _____
 Partially disentangled and released Entangled / not relocated Euthanized
 Collected for treatment at: _____ Lost during disentanglement Other: _____

CARCASS / SAMPLE DISPOSITION: (Check all that apply)

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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.

The collection of information on sea turtle entanglement is necessary to ensure sea turtles are being conserved and protected, as mandated by the Endangered Species Act of 1973, as amended. Your voluntary collection and submission of this information will help achieve this objective. The public reporting burden for this collection of information is estimated to average one hour 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. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. Personal identifiers and any commercial information will be kept confidential to the extent permitted under the Freedom of Information Act (FOIA) (5 U.S.C. 552), the Department of Commerce FOIA regulations (15 CFR Part 4, Subpart A), the Trade Secrets Act (18 U.S.C. 1905), and NOAA Administrative Order 216-100. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to (NMFS, Greater Atlantic Regional Fisheries Office Protected Resources Division, 55 Great Republic Drive, Gloucester, MA 01930).