



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): _____

Buoy(s) Number of buoys: _____

	Buoy 1	Buoy 2	Buoy 3
Type	_____	_____	_____
Color/Pattern	_____	_____	_____
ID Number(s) / Letter(s)	_____	_____	_____

Line(s)

Number of lines: _____ Color 1: _____ Color 2: _____ Color 3: _____

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
- Partially disentangled and released
- Collected for treatment at: _____
- Entangled / no action taken
- Entangled / not relocated
- Lost during disentanglement
- Relocated to: _____
- Euthanized
- Other: _____

CARCASS / SAMPLE DISPOSITION: (Check all that apply)

- Left at site
- Towed ashore
- Buried Off beach On beach
- Necropsied
- Scientific collection
- Educational collection
- Biopsied
- Other: _____
- Unknown

TAG / MARK DATA: Checked for flipper tags: Yes No Scanned for PIT tags: Yes No

Tag / mark type	Numbers	Location on animal	Applied	Present
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

ENTANGLEMENT / WOUND DESCRIPTION: Use table below to describe the entanglement configuration and any wounds associated with the entanglement site. Check all that apply. Note the specific location, # wraps, partial or complete circumference, tight vs. loose, etc.).

Body area involved	Movement impaired	Indentation	Skin abraded	Muscle exposed	Bone exposed	Swelling	Discoloration	Tissue necrotic/sloughing
<input type="checkbox"/> Head / neck Description:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Front flippers Description:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Carapace / plastron Description:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rear flippers Description:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BEHAVIORAL OBSERVATIONS

Response to Approach and Handling: Check one.

- Vigorous movement Movement slow, sluggish, or weak Unconscious / Unresponsive Could not evaluate

Response Upon Release: Check one from each row below.

- Vigorous movement Movement slow, sluggish, or weak Movements abnormal (e.g. uncoordinated, circling, listing) Could not evaluate

- Dives and/or swims away within 1 minute Remains at surface and/or does not swim deliberately away within 1 minute

Describe Behavior:

EVENT SUMMARY AND ADDITIONAL REMARKS:

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).