



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): _____ Pot description: _____
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 (LIVE animals): (Check one)
 Disentangled & released Entangled / no action taken Relocated to: _____
 Partially disentangled & released. Gear left: _____ Entangled / not relocated Euthanized
 Collected for treatment at: _____ Lost during disentanglement Other: _____

CARCASS / SAMPLE DISPOSITION (DEAD animals): (Check all that apply)
 Left at site Necropsied Biopsied
 Towed ashore Scientific collection Other: _____
 Buried Off beach On beach Educational collection 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, if gear left at that location, 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

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. This collection contributes invaluable data to management efforts. A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-0496. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 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 information collection. All responses to this information collection are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to NMFS, GARFO, Protected Resources Division, 55 Great Republic Drive, Gloucester, MA, 01930.