



# 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.