

## U.S. WEST COAST SEA TURTLE STRANDING REPORT

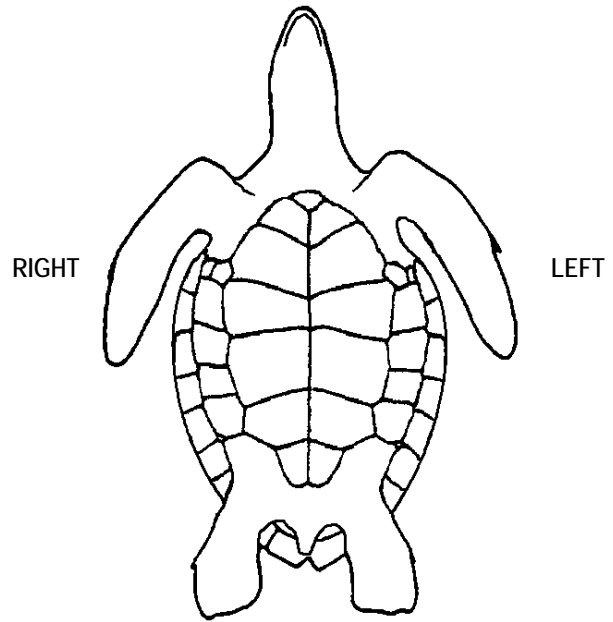
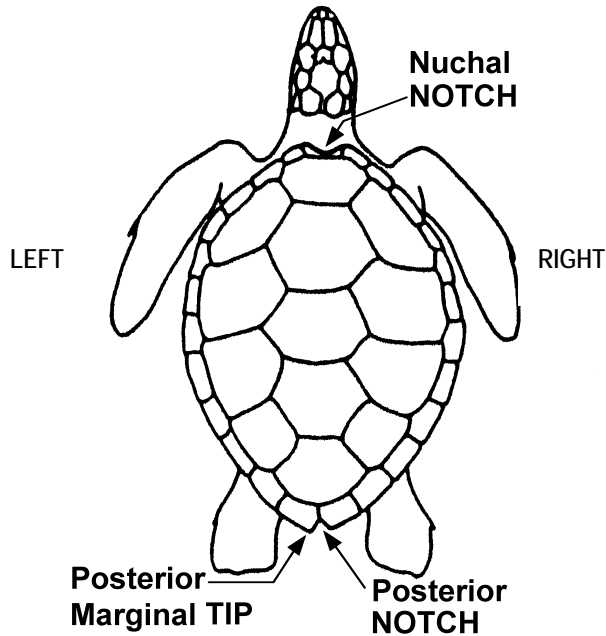
FIELD # _____ NMFS REGIONAL # _____ Other # _____	
DATE INITIALLY OBSERVED: _____ Month Day Year	DATE EXAMINED: _____ Month Day Year
INITIALLY OBSERVED BY: _____ Phone ( ) _____ - _____ Email _____ <input type="checkbox"/> Private citizen <input type="checkbox"/> Beach official <input type="checkbox"/> Stranding network member	EXAMINED BY: _____ Phone ( ) _____ - _____ Email _____ Affiliation _____
SPECIES: <input type="checkbox"/> Unidentified  Common name _____  Genus _____ Species _____ Digital photos taken: <input type="checkbox"/> Yes <input type="checkbox"/> No Verified by: _____	LOCATION: <i>Check one option.</i> <input type="checkbox"/> Beached <input type="checkbox"/> Floating in water City _____ County _____ State _____ Locality details (be specific): _____ _____ Latitude ____ . ____ ° N Longitude ____ . ____ ° W <i>Record in decimal degrees.</i> How determined (check one): <input type="checkbox"/> GPS <input type="checkbox"/> Map <input type="checkbox"/> Internet/software _____
AGE: <i>(NMFS Use Only)</i> <input type="checkbox"/> Hatchling <input type="checkbox"/> Immature <input type="checkbox"/> Adult <input type="checkbox"/> Unknown	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown Does tail extend beyond carapace? <input type="checkbox"/> Yes <input type="checkbox"/> No How was sex determined? <input type="checkbox"/> Tail length <input type="checkbox"/> Penis <input type="checkbox"/> Necropsy
CONDITION: <input type="checkbox"/> 1 = Alive <input type="checkbox"/> 2 = Fresh dead <input type="checkbox"/> 3 = Moderate decomposition <input type="checkbox"/> 4 = Advanced decomposition <input type="checkbox"/> 5 = Dried mummified/ skeleton <input type="checkbox"/> 6 = Unknown condition	MEASUREMENTS: <input type="checkbox"/> Whole carcass <input type="checkbox"/> Partial/ scavenged Body weight <input type="checkbox"/> Actual <input type="checkbox"/> Estimate _____ kg CARAPACE: Curved Carapace Length (nuchal notch to tip) _____ cm Curved Carapace Width (at widest point) _____ cm Straight Carapace Length <input type="checkbox"/> Calipers <input type="checkbox"/> Tape _____ cm Straight Carapace Width <input type="checkbox"/> Calipers <input type="checkbox"/> Tape _____ cm TAIL: End of plastron to tail tip (ventral side) _____ cm Cloaca to tail tip (ventral side) _____ cm
TAGS: <i>Contact NMFS before disposing of any tagged animal!!</i> FLIPPER: Existing metal tags present? <input type="checkbox"/> Yes <input type="checkbox"/> No Tag # _____ Left/ Right Front/ Rear Tag # _____ Left/ Right Front/ Rear Return address: _____ Evidence of old tag holes/ rips in flippers <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, draw on diagram on back of page.</i> PIT: Existing PIT tags present? <input type="checkbox"/> Yes <input type="checkbox"/> No Scanner type: <input type="checkbox"/> AVID <input type="checkbox"/> Universal tag reader PIT tag # _____ Location: _____ Left/ Right Front/ Rear PIT tag # _____ Location: _____ Left/ Right Front/ Rear APPLIED NEW TAGS (live turtle): <input type="checkbox"/> Yes <input type="checkbox"/> No Tag # _____ Left/ Right Front/ Rear Tag # _____ Left/ Right Front/ Rear PIT tag # _____ Location: _____ Left/ Right Front/ Rear PIT tag # _____ Location: _____ Left/ Right Front/ Rear	HUMAN INTERACTION: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot Be Determined <i>If yes, choose one or more. Describe and draw on diagram on back of page.</i> <input type="checkbox"/> 1 = Boat collision _____ <input type="checkbox"/> 2 = Shot _____ <input type="checkbox"/> 3 = Fishery interaction <input type="checkbox"/> Hook <input type="checkbox"/> Monofilament <input type="checkbox"/> Braided line <input type="checkbox"/> Netting <input type="checkbox"/> 4 = Oiled _____ <input type="checkbox"/> 5 = Power plant entrainment _____ <input type="checkbox"/> 6 = Other _____ How determined? <input type="checkbox"/> External exam <input type="checkbox"/> Internal exam <input type="checkbox"/> Necropsy Evidence collected? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____ Storage location _____ Digital photos sent to NMFS coordinator? <input type="checkbox"/> Yes <input type="checkbox"/> No
FINAL DISPOSITION: <i>Check all that apply.</i> <input type="checkbox"/> 1 = Alive, released <input type="checkbox"/> At site <input type="checkbox"/> Relocated _____ If fishery interaction, disentangled prior to release? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 2 = Alive, transferred to rehabilitation Date _____ Facility _____ <input type="checkbox"/> 3 = Euthanized at site By _____ Carcass disposition _____ <input type="checkbox"/> 4 = Dead, left at site Marked? <input type="checkbox"/> Yes <input type="checkbox"/> No How? _____ <input type="checkbox"/> 5 = Dead, buried: <input type="checkbox"/> On beach <input type="checkbox"/> Off beach Where? _____ <input type="checkbox"/> 6 = Dead, salvaged: <input type="checkbox"/> Whole carcass <input type="checkbox"/> Part(s) <input type="checkbox"/> Frozen for later exam <i>Please note all specimens collected and disposition on back.</i> <input type="checkbox"/> 7 = Necropsied: <input type="checkbox"/> Field <input type="checkbox"/> Laboratory _____ Date _____ By _____ <input type="checkbox"/> 8 = Left floating, not recovered Why? _____ <input type="checkbox"/> 9 = Disposition unknown Explain: _____	OTHER FINDINGS: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot Be Determined <i>If yes, choose one or more. Describe and draw on diagram on back of page.</i> <input type="checkbox"/> 1 = Disease _____ <input type="checkbox"/> 2 = Trauma _____ <input type="checkbox"/> 3 = Cold stunning _____ <input type="checkbox"/> 4 = Other _____ How determined? <input type="checkbox"/> External exam <input type="checkbox"/> Internal exam <input type="checkbox"/> Necropsy

## ADDITIONAL COMMENTS

CARAPACE  
(DORSAL VIEW)

ASTRON (VENTRAL  
VIEW)

Revised 10/18/2016



Please mark wounds/ abnormalities on diagrams above and describe them below. Be sure to measure all wounds/ lesions and document with digital photos. Note tar or oil, gear or debris entanglements, epibiota, masses, papillomas, emaciation, etc.

Please note if no wounds or abnormalities are found.

Digital photos taken? ☐ Yes ☐ No

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Additional Attachments (e.g. Level A, Pathology): 

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**SPECIMEN DISPOSITION:** *Check all that apply.* ☐ Scientific collection ☐ Education ☐ Other 

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List all samples/ parts collected (note tissue and storage medium): Storage location 

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**NMFS Sample Requests:**

Skin (All species): ☐ DMSO ☐ Saturated salt  
Scleral ossicles (Leatherbacks only): ☐ Left eye ☐ Right eye  
Humerus bone (CM, CC and EI only): ☐ Left ☐ Right

**SHIP TO:** Erin LaCasella  
SWFSC-NMFS-NOAA  
8901 La Jolla Shores Drive  
La Jolla, CA 92037  
858-546-5696  
Erin.LaCasella@noaa.gov

Other Samples: 

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SWFSC Animal ID: 

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Other ID: 

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**PLEASE MAIL ORIGINAL FORMS TO REGIONAL STRANDING COORDINATOR:**

**In CA:** Justin Viezbicke, NOAA – West Coast Region, Long Beach Office; 501 W. Ocean Blvd., Suite 4200, Long Beach, CA 90802  
Office: (562) 980-3230, Hotline Cell: (562) 506-4315, Fax: (562) 980-4027, [Justin.Viezbicke@noaa.gov](mailto:Justin.Viezbicke@noaa.gov)

**In OR/WA:** Kristin Wilkinson, NOAA – West Coast Region, Seattle Office; 7600 Sand Point Way Northeast, Seattle, WA 98115  
Office: (206) 526-4747, Cell: (206) 550-6208, [Kristin.Wilkinson@noaa.gov](mailto:Kristin.Wilkinson@noaa.gov)