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Reporting an Obstructed
Nesting Attempt (ONA)

Permit Holder Initials Year Month Day Dis. # by Day County Code

FWC MARINE TURTLE DISORIENTATION REPORT FORM

If you have any questions please contact FWC at the Tequesta Field Laboratory (561) 575-5407

Fax reports to: (561) 743-6228 or Email reports to: SeaTurtleLighting@MyFWC.com

Send reports to: Disorientation Reports, FWC, 19100 SE Federal Highway, Tequesta, FL 33455

Turtle Permit #: _____ Date of Incident: _____

Observer's Name: _____

Telephone (include area code): _____ E-mail address: _____

Location of Disoriented Nest: (address, beach name and/or nearest landmark): _____

GPS Coordinates of nest location (in the WGS projection in decimal degrees i.e., Lat 26.845412 Long -80.458796):

Latitude _____ Longitude _____

City: _____ County: _____

Local nest ID#: _____ Zone nest was located in: _____

Addresses/landmarks hatchlings disoriented towards: _____

What type(s) of light(s) were identified as a probable/possible lighting source? (please circle)

parking lot street light condominium (interior)
dune crossover single family home (interior) condominium (exterior)
restaurant/bar single family home (exterior) sky glow/urban glow
pier too many lights present to determine no possible lights observed
sign other: _____

**If you circled "Too many lights present to determine" please circle what lights were present in area*

Describe lighting source(s); include number, fixture type & location of lights observed (use back if necessary): _____

GPS Coordinates of light sources, or the properties with the light sources that caused the disorientation:

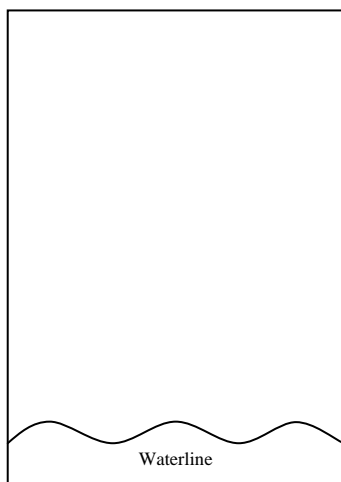
Lat¹ _____ Long¹ _____ Lat² _____ Long² _____
Lat³ _____ Long³ _____ Lat⁴ _____ Long⁴ _____

Please report GPS Coordinates in the WGS projection in decimal degrees (i.e., Lat 26.845412 Long -80.458796)

Incident was documented during (circle one): MORNING SURVEY NIGHT SURVEY

Was this a caged nest? YES** _____ NO _____ **If yes: (circle one) RESTRAINING SELF-RELEASING

Was a temporary light barrier used (i.e. Silt screen)? YES _____ NO _____



Was this a relocated nest? YES _____ NO _____

Was the incident photographed? YES _____ NO _____

Was the nest located? YES _____ NO _____

Was the nest excavated? YES _____ NO _____

If yes, provide date of excavation? _____

ADULT EVENT: Nest ☐ False Crawl ☐ HATCHLING EVENT ☐

	LOGGERHEAD	GREEN	LEATHERBACK	UNIDENTIFIED
No. OF TURTLE S DISORIENTED				
No. OF TURTLE S FOUND DEAD				
No. OF TURTLES FOUND ALIVE				
No. OF DISORIENTED TURTLES REACHING WATER				

Additional comments (please elaborate and use back if necessary): _____

Was local authority provided a copy of this report? YES _____ NO _____

☐ City: _____ ☐ County: _____ ☐ Other: _____

Signature of Observer

Date