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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](mailto: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:

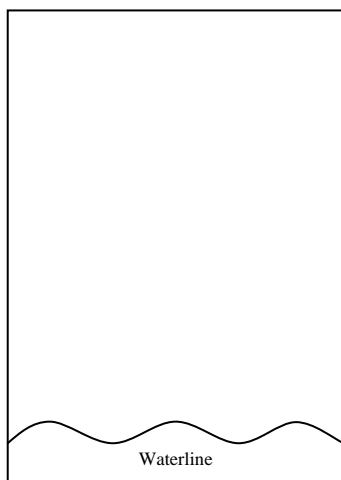
Lat<sup>1</sup> \_\_\_\_\_ Long<sup>1</sup> \_\_\_\_\_ Lat<sup>2</sup> \_\_\_\_\_ Long<sup>2</sup> \_\_\_\_\_  
Lat<sup>3</sup> \_\_\_\_\_ Long<sup>3</sup> \_\_\_\_\_ Lat<sup>4</sup> \_\_\_\_\_ Long<sup>4</sup> \_\_\_\_\_

*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