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

# FWC MARINE TURTLE HATCHLING DISORIENTATION INCIDENT REPORT FORM

If you have any questions please contact FWC at the Tequesta Field  
Laboratory (561) 575-5407 or in Tallahassee (850) 922-4330

Turtle Permit #: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Observer's Name: \_\_\_\_\_

Telephone (include area code): \_\_\_\_\_

Location of incident (address of source, beach name and/or nearest landmark): \_\_\_\_\_

City and County: \_\_\_\_\_

Local nest ID# &/or zone nest was located in: \_\_\_\_\_

Address/landmark hatchlings disoriented towards: \_\_\_\_\_

Was a probable/possible lighting source identified?    YES \_\_\_\_\_    \*NO \_\_\_\_\_

If so, what type(s) of light(s) were identified? (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

other: \_\_\_\_\_

\*If not, why?: (please circle)    Too many lights present to determine    No possible lights observed

Describe lighting source(s); include number & type of lights observed: \_\_\_\_\_

Incident was documented during (circle one):    morning survey    night survey

Was this a caged nest? YES \_\_\_\_\_ NO \_\_\_\_\_    If yes, what type of cage? \_\_\_\_\_

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

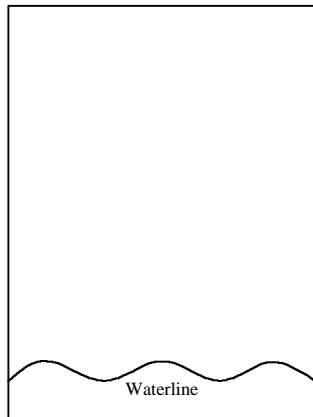
Was this a relocated nest?    YES \_\_\_\_\_    NO \_\_\_\_\_

Was the incident photographed?    YES \_\_\_\_\_    NO \_\_\_\_\_

Was the nest located?    YES \_\_\_\_\_    NO \_\_\_\_\_

Was the nest excavated?    YES \_\_\_\_\_    NO \_\_\_\_\_

If yes, how many hours after emergence? \_\_\_\_\_



Sketch

|  | LOGGERHEAD | GREEN | LEATHERBACK | UNIDENTIFIED |
|--|------------|-------|-------------|--------------|
| No. OF HATCHLINGS DISORIENTED                |            |       |             |              |
| No. OF HATCHLINGS FOUND DEAD                 |            |       |             |              |
| No. OF HATCHLINGS FOUND ALIVE                |            |       |             |              |
| No. OF DISORIENTED HATCHLINGS REACHING WATER |            |       |             |              |

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

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

If yes, please indicate person and city/county/state department report was copied to: \_\_\_\_\_

Signature of Observer \_\_\_\_\_

Date \_\_\_\_\_