MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

FIELD #:_____ **NMFS REGIONAL #**:_____ **NATIONAL DATABASE#**: _____
(NMFS USE)   (NMFS USE)

COMMON NAME:_____**GENUS**:_____**SPECIES**: _____

EXAMINER Name:_____ Affiliation:_____

Address:_____ Phone:_____

Stranding Agreement or Authority: _____

Report Type: □ Stranding □ Live entangled, in-water   **CONFIDENCE CODE** (Check ONE): □ Unconfirmed Public Report   □ Confirmed Public Report   □ Confirmed by Network

---

INITIAL OBSERVATION   □ Same Information for Level A Examination

DATE: Year:_____Month:_____Day: _____
First Observed: □ Beach/Land/Ice □ Floating □ Swimming □ Anchored

LOCATION: State:_____ County:_____City:_____
Body of Water:_____
Locality Details:_____
Lat (DD):_____._____N
Long (DD):_____._____W
□ Actual □ Estimated

How Determined: (check ONE)
□ GPS □ Map □ Internet/Software □Other_____
CONDITION AT INITIAL OBSERVATION (Check ONE)
□ 1. Alive   □ 4. Advanced Decomposition
□ 2. Fresh Dead   □ 5. Mummified/Skeletal
□ 3. Moderate Decomposition   □ 6. Condition Unknown

LEVEL A EXAMINATION   Examined? □ YES   □ NO

DATE: Year:_____Month:_____Day: _____
First Examined: □ Beach/Land/Ice □ Floating □ Swimming □ Anchored

LOCATION: State:_____ County:_____City:_____
Body of Water:_____
Locality Details:_____
Lat (DD):_____._____N
Long (DD):_____._____W
□ Actual □ Estimated

How Determined: (check ONE)
□ GPS □ Map □ Internet/Software □Other_____
CONDITION AT EXAMINATION (Check ONE)
□ 1. Alive   □ 4. Advanced Decomposition
□ 2. Fresh Dead   □ 5. Mummified/Skeletal
□ 3. Moderate Decomposition

LIVE ANIMAL INFORMATION

INITIAL LIVE ANIMAL DISPOSITION (Check one or more)
□ 1. Left at Site   □ 5. Died at Site
□ 2. Immediate Release at Site   □ 6. Died during Transport
□ 3. Relocated and Released   □ 7. Euthanized
   4. Disentangled   □ 8. Transferred to Rehabilitation:
   □ a. Partially
   □ b. Completely   Date: Year: _____Month: _____Day:_____
                                     Facility:_____
□ 9. Other:_____

CONDITION/DETERMINATION (Check one or more)
□ 1. Sick   7. Location Hazardous
□ 2. Injured   □ a. To animal
□ 3. Out of Habitat   □ b. To public
□ 4. Deemed Releasable   □ 8. Unknown/CBD
□ 5. Abandoned/Orphaned   □ 9. No Rehabilitation Options
□ 6. Inaccessible   □ 10. Other: _____

DEAD ANIMAL INFORMATION

CARCASS STATUS (Check one or more)
□ 1. Frozen for Later Examination/Necropsy Pending
□ 2. Left at Site □ 5. Landfill   □ 8. Towed: Lat_____Long_____
□ 3. Buried   □ 6. Incinerated □ 9. Sunk: Lat_____Long_____
□ 4. Rendered   □ 7. Composted   □ 10. Unknown/Other_____

NECROPSIED □ YES □ NO   □ Limited □ Complete
□ Carcass Fresh   □ Carcass Frozen/Thawed

CARCASS CODE AT NECROPSY   □ Code 2 □ Code 3 □ Code 4

NECROPSIED BY: _____
Date: Year:_____**Month:**_____**Day:**_____

PHOTOS/VIDEOS TAKEN: □ YES   □ NO
Photo/Video Disposition:_____

MORPHOLOGICAL INFORMATION

SEX (Check ONE)   **ESTIMATED AGE CLASS** (Check ONE)
□ 1. Male   □ 1. Adult   □ 4. Pup/Calf
□ 2. Female   □ 2. Subadult   □ 5. Unknown
□ 3. Unknown   □ 3. Yearling

□ Whole Animal   □ Partial Animal
Straight Length:_____ □ cm □ in
□ Actual □ Estimated □ Not Measured

Weight:_____ □ kg □ lb
□ Actual □ Estimated □ Not Weighed

SAMPLES COLLECTED (Check one or more)
□ 1. Histology □ 2. Other Diagnostics □ 3. Life History
□ 4. Skeletal   □ 4. Other _____

PARTS TRACKING (Check one or more)
□ 1. Scientific Collection □ 2. Educational Collection
□ 3. Other:_____

OCCURRENCE DETAILS   □ Restrand   GE# _____
(NMFS Use)

Group Event: □ YES   □ NO
If Yes, Type: □ Cow/Calf Pair □ Mass Stranding □ UME   # Animals:_____□ Actual   □ Estimated

Was the Marine Mammal Human Interaction Report completed? □ YES □ NO

Findings of Human Interaction: □ YES   □ NO   □ Could Not Be Determined (CBD)
Evidence of: 1. Vessel Interaction   □ YES □ NO □ CBD
                        2. Shot □ YES □ NO □ CBD
                        3. Fishery Interaction □ YES □ NO □ CBD
                        4. Ingestion □ GEAR □ DEBRIS □ NO □ CBD
                        5. Other Human Interaction: _____

If YES, what was the likelihood that the human interaction contributed to the stranding event?

□ Uncertain (CBD)   □ Improbable   □ Suspect   □ Probable

Gear/HI Items Collected? □ YES □ NO Gear Disposition: _____
Other Findings Upon Level A: □ YES   □ NO   □ Could Not Be Determined (CBD)
If Yes, Choose one or more: □ 1. Illness □ 2. Injury □ 3. Pregnant □ 4.Other: _____
How Determined (Check one or more): □ External Exam   □ Internal Exam   □ Necropsy
□ Other: _____

NOAA Form 89-864; OMB Control No.0648-0178; Expiration Date 03/31/2023

TAG DATA			ID#	Color	Type	Placement*	Applied	Present	Removed
						(Circle ONE)			
Tags Were:						D DF L R	☐	☐	☐
Present at Time of Stranding (Pre-existing):	☐ YES ☐ NO		_____			LF LR RF RR			
Applied during Stranding Response/Release:	☐ YES ☐ NO								
Applied during Rehabilitation/Release:	☐ YES ☐ NO					D DF L R	☐	☐	☐
Absent but Suspect Prior Tag:	☐ YES ☐ NO		_____			LF LR RF RR			
						D DF L R	☐	☐	☐
			_____			LF LR RF RR			

* D= Dorsal; DF= Dorsal Fin; L= Left Lateral Body R= Right Lateral Body LF= Left Front; LR= Left Rear; RF= Right Front; RR= Right Rear

ADDITIONAL IDENTIFIER: _____ **(**If animal is restranded, please indicate any previous field numbers here)

ADDITIONAL REMARKS:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

NOAA Form 89-864; OMB Control No.0648-0178; Expiration Date 03/31/2023