

entered in Inusumpxall, 4b1 Morphs, 4b1 Grol...ation

assigned  
230750  
Kd 6/2014

### MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

FIELD #: CMI07072013 NMFS REGIONAL #: \_\_\_\_\_ NATIONAL DATABASE#: \_\_\_\_\_  
(NMFS USE) (NMFS USE)

COMMON NAME: SPERM WHALE GENUS: \_\_\_\_\_ SPECIES: \_\_\_\_\_

EXAMINER Name: BOB TROTTER / CORINNE OLIVERA Affiliation: CMI

Address: Box 6901, TBE, AK 99506 Phone: 907-392-3550

Stranding Agreement or Authority: \_\_\_\_\_

<b>LOCATION OF INITIAL OBSERVATION</b> State: <u>AK</u> County: <u>ALUTAIAN</u> City: <u>SIEMIA</u> Body of Water: <u>N. PACIFIC</u> Locality Details: <u>SE BEACH SIEMIA</u> <u>ISLAND OFF E END BUNNY</u> Lat (DD): <u>52 40 401 N</u> N Long (DD): <u>174 08 107 E</u> W <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated How Determined: (check ONE) <input type="checkbox"/> GPS <input type="checkbox"/> Map <input checked="" type="checkbox"/> Internet/Software <u>52.70683</u> <u>174.13613</u>	<b>OCURRENCE DETAILS</b> <input type="checkbox"/> Restrand GE# _____ Group Event: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (NMFS Use) If Yes, Type: <input type="checkbox"/> Cow/Calf Pair <input type="checkbox"/> Mass Stranding # Animals: _____ <input type="checkbox"/> Actual <input type="checkbox"/> Estimated <b>Findings of Human Interaction:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Could Not Be Determined (CBD) If Yes, Choose one or more: <input type="checkbox"/> 1. Boat Collision <input type="checkbox"/> 2. Shot <input type="checkbox"/> 3. Fishery Interaction <input type="checkbox"/> 4. Other Human Interaction: _____ How Determined (Check one or more): <input type="checkbox"/> External Exam <input type="checkbox"/> Internal Exam <input type="checkbox"/> Necropsy <input type="checkbox"/> Other: _____ Gear Collected? <input type="checkbox"/> YES <input type="checkbox"/> NO Gear Disposition: _____ <b>Other Findings Upon Level A:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Could Not Be Determined (CBD) If Yes, Choose one or more: <input type="checkbox"/> 1. Illness <input type="checkbox"/> 2. Injury <input type="checkbox"/> 3. Pregnant <input type="checkbox"/> 4. Other: _____ How Determined (Check one or more): <input type="checkbox"/> External Exam <input type="checkbox"/> Internal Exam <input type="checkbox"/> Necropsy <input type="checkbox"/> Other: _____
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<b>INITIAL OBSERVATION</b> Date: Year <u>2013</u> Month: <u>07</u> Day: <u>07</u> First Observed: <input checked="" type="checkbox"/> Beach or Land <input type="checkbox"/> Floating <input type="checkbox"/> Swimming <b>CONDITION AT INITIAL OBSERVATION (Check ONE)</b> <input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition <input type="checkbox"/> 2. Fresh dead <input type="checkbox"/> 5. Mummified/Skeletal <input checked="" type="checkbox"/> 3. Moderate decomposition <input type="checkbox"/> 6. Condition Unknown	<b>LEVEL A EXAMINATION</b> <input type="checkbox"/> Not Able to Examine Date: Year <u>2013</u> Month: <u>07</u> Day: <u>08</u> <b>CONDITION AT EXAMINATION (Check ONE)</b> <input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition <input type="checkbox"/> 2. Fresh dead <input type="checkbox"/> 5. Mummified/Skeletal <input checked="" type="checkbox"/> 3. Moderate decomposition <input type="checkbox"/> 6. Unknown
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<b>INITIAL LIVE ANIMAL DISPOSITION (Check one or more)</b> <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 6. Euthanized at Site <input type="checkbox"/> 2. Immediate Release at Site <input type="checkbox"/> 7. Transferred to Rehabilitation: Date: Year: _____ Month: _____ Day: _____ Facility: _____ <input type="checkbox"/> 3. Relocated <input type="checkbox"/> 8. Died during Transport <input type="checkbox"/> 4. Disentangled <input type="checkbox"/> 9. Euthanized during Transport <input type="checkbox"/> 5. Died at Site <input type="checkbox"/> 10. Other: _____	<b>MORPHOLOGICAL DATA</b> <b>SEX (Check ONE)</b> <b>AGE CLASS (Check ONE)</b> <input type="checkbox"/> 1. Male <input checked="" type="checkbox"/> 4. Adult <input type="checkbox"/> 4. Pup/Calf <input type="checkbox"/> 2. Female <input type="checkbox"/> 2. Subadult <input type="checkbox"/> 5. Unknown <input checked="" type="checkbox"/> 3. Unknown <input type="checkbox"/> 3. Yearling <input checked="" type="checkbox"/> Whole Carcass <input type="checkbox"/> Partial Carcass Straight length: <u>54</u> <input type="checkbox"/> cm <input type="checkbox"/> in <input checked="" type="checkbox"/> actual <input type="checkbox"/> estimated Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> actual <input type="checkbox"/> estimated <b>PHOTOS/VIDEOS TAKEN:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Photo/Video Disposition: <u>ATTACHED</u>
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<b>TAG DATA</b> Tags Were: Present at Time of Stranding (Pre-existing): <input type="checkbox"/> YES <input type="checkbox"/> NO Applied during Stranding Response: <input type="checkbox"/> YES <input type="checkbox"/> NO <table border="1"> <thead> <tr> <th>ID#</th> <th>Color</th> <th>Type</th> <th>Placement* (Circle ONE)</th> <th>Applied</th> <th>Present</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>D DF L</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td>LF LR RF RR</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td>D DF L</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td>LF LR RF RR</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td>D DF L</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td>LF LR RF RR</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>* D= Dorsal; DF= Dorsal Fin; L= Lateral Body          LF= Left Front; LR= Left Rear; RF= Right Front; RR= Right Rear</p>	ID#	Color	Type	Placement* (Circle ONE)	Applied	Present				D DF L	<input type="checkbox"/>	<input type="checkbox"/>				LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>				D DF L	<input type="checkbox"/>	<input type="checkbox"/>				LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>				D DF L	<input type="checkbox"/>	<input type="checkbox"/>				LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>	<b>CARCASS STATUS (Check one or more)</b> <input checked="" type="checkbox"/> 1. Left at Site <input type="checkbox"/> 4. Towed: Lat _____ Long _____ <input type="checkbox"/> 7. Landfill <input type="checkbox"/> 2. Buried <input type="checkbox"/> 5. Sunk: Lat _____ Long _____ <input type="checkbox"/> 8. Unknown <input type="checkbox"/> 3. Rendered <input type="checkbox"/> 6. Frozen for Later Examination <input type="checkbox"/> 9. Other _____ <b>SPECIMEN DISPOSITION (Check one or more)</b> <input checked="" type="checkbox"/> 1. Scientific collection <input type="checkbox"/> 2. Educational collection <input checked="" type="checkbox"/> 3. Other: <u>2 teeth sent to Kern Dendil</u> Comments: <u>SURSC</u> <b>NECROPSIED</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Limited <input type="checkbox"/> Complete <input type="checkbox"/> Carcass Fresh <input type="checkbox"/> Carcass Frozen/Thawed <b>NECROPSIED BY:</b> _____ Date: Year: _____ Month: _____ Day: _____
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10/11/2014