

MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

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

COMMON NAME: Killer Whale GENUS: _____ SPECIES: _____

EXAMINER Letterholder _____

Name: Ken Richardson Affiliation: Pilot USFWS

Address: P.O. Box 127 Cold Bay, AK. 99571 Phone: 907-532-2445

LOCATION State: <u>AK</u> County: _____ City: <u>Beach on BERING SEA</u> Locality Details: <u>HALF way between Nelson Lagoon & Black Hills</u> Latitude: <u>55 55.1</u> N Longitude: <u>161 39.1</u> W	OCCURRENCE DETAILS MS#: _____ (NMFS USE) Mass Stranding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO # Animals: <u>1</u> Signs of Human Interaction: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Could not be Determined (CBD) (Check one or more) <input type="checkbox"/> 1. Boat Collision <input type="checkbox"/> 3. Fishery Interaction <input type="checkbox"/> 2. Shot <input type="checkbox"/> 4. Other Human Interaction: _____ How determined: <input type="checkbox"/> External Exam <input type="checkbox"/> Internal Exam <input type="checkbox"/> Not Examined Other Causes: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CBD Describe: _____
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DATE OF INITIAL OBSERVATION Year: _____ Month: _____ Day: _____ STATUS (Check ONE) <input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition <input type="checkbox"/> 2. Fresh Dead <input type="checkbox"/> 5. Mummified/Skeletal <input type="checkbox"/> 3. Moderate Decomposition <input type="checkbox"/> 6. Dead - Condition Unknown	DATE OF EXAMINATION (LEVEL- A) <input type="checkbox"/> Not Able to Examine Year: <u>2004</u> Month: <u>Feb.</u> Day: <u>21</u> CONDITION (Check ONE) <input type="checkbox"/> 1. Alive <input checked="" type="checkbox"/> 4. Advanced Decomposition <input type="checkbox"/> 2. Fresh Dead <input type="checkbox"/> 5. Mummified/Skeletal <input type="checkbox"/> 3. Moderate Decomposition <input type="checkbox"/> 6. Dead - Condition Unknown
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INITIAL LIVE ANIMAL DISPOSITION (Check one or more)

1. Left at Site 5. Euthanized at Site
 2. Immediate Release at Site 6. Died at Site
 3. Relocated 7. Transferred to Rehabilitation
 4. Disentangled 8. Died during Transport
 9. Other

CONDITION (Check ONE)

1. Sick 3. Apparently Healthy 5. Other
 2. Injured 4. Out of Habitat

Date: _____ Rehabilitation Facility: _____

Comments: _____

MORPHOLOGICAL DATA

SEX (Check ONE) **AGE CLASS** (Check ONE)

1. Male 1. Adult 4. Pup/Calf
 2. Female 2. Subadult 5. Unknown
 3. Unknown 3. Yearling

Straight Length: 23-24 cm in actual estimate
 Weight: _____ kg lb actual estimate

PHOTOS/VIDEOS TAKEN: YES NO
 Disposition: _____

TAG DATA

ID #	Color	Type	* Placement	Applied	Present
_____	_____	_____	(Circle ONE) D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>

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

WHOLE CARCASS DISPOSAL (Check one or more)

1. Left at site 4. Rendered 7. Unknown
 2. Buried 5. Sunk
 3. Towed 6. Frozen for Later Examination

SPECIMEN DISPOSITION (Check one or more)

1. Scientific collection
 2. Educational collection
 3. Other: _____

Comments: _____

NECROPSIED YES NO Date: _____
NECROPSIED BY: _____

ADDITIONAL REMARKS

ADDITIONAL IDENTIFIER: _____

Teeth AND SKIN sample taken for:
Barbara Mahoney at NMFS
907-271-3448

DISCLAIMER

THESE DATA SHOULD NOT BE USED OUT OF CONTEXT OR WITHOUT VERIFICATION. THIS SHOULD BE STRICTLY ENFORCED WHEN REPORTING HUMAN INTERACTION DATA.

DATA ACCESS FOR LEVEL A DATA

UPON WRITTEN REQUEST, CERTAIN FIELDS OF THE LEVEL A DATA SHEET WILL BE RELEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR CREDIT THE STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE. THE NATIONAL MARINE FISHERIES SERVICE WILL NOTIFY THE CONTRIBUTING STRANDING NETWORK MEMBERS THAT THESE DATA HAVE BEEN REQUESTED AND THE INTENT OF USE. ALL OTHER DATA WILL BE RELEASED TO REQUESTOR PROVIDED THAT THE REQUESTOR OBTAIN PERMISSION FROM THE CONTRIBUTING STRANDING NETWORK AND NMFS.

PAPERWORK REDUCTION ACT INFORMATION

PUBLIC REPORTING BURDEN FOR THE COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 20 MINUTES PER RESPONSE, INCLUDING THE TIME FOR REVIEWING INSTRUCTIONS, SEARCHING EXISTING DATA SOURCES, GATHERING AND MAINTAINING THE DATA NEEDED, AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION. SEND COMMENTS REGARDING THIS BURDEN ESTIMATE OF ANY OTHER ASPECT OF THE COLLECTION OF INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THE BURDEN TO CHIEF, MARINE MAMMAL CONSERVATION DIVISION, OFFICE OF PROTECTED RESOURCES, NOAA FISHERIES, 1315 EAST-WEST HIGHWAY, SILVER SPRING, MARYLAND 20910. NOT WITHSTANDING ANY OTHER PROVISION OF THE LAW, NO PERSON IS REQUIRED TO RESPOND TO, NOR SHALL ANY PERSON BE SUBJECT TO A PENALTY FOR FAILURE TO COMPLY WITH, A COLLECTION OF INFORMATION SUBJECT TO THE REQUIREMENTS OF THE PAPERWORK REDUCTION ACT, UNLESS THE COLLECTION OF INFORMATION DISPLAYS A CURRENTLY VALID OFFICE OF MANAGEMENT AND BUDGET (OMB) CONTROL NUMBER.

