

MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

FIELD #: _____ NMFS REGIONAL #: NMFS-MX-06-25-SD NATIONAL DATABASE #: _____

COMMON NAME: unk. beaked whale GENUS: Mesoplodon SPECIES: SP.

EXAMINER Letterholder: Refuge Manager Palmyra Atoll Nat. Wildlife Refuge

Name: William Smith Affiliation: william-smith@fws.gov

Address: 300 Ala Moana Blvd. 5-231, Honolulu, HI 96850 Phone: _____

LOCATION OF INITIAL OBSERVATION		OCCURRENCE DETAILS	<input type="checkbox"/> Restrand	GE#: _____
State: _____ County: <u>Palmyra Atoll</u> City: _____ Body of Water: <u>South Pacific</u> Locality Details: <u>eastern lagoon</u>		Group Event: <input type="checkbox"/> YES If Yes, Type: <input type="checkbox"/> Cow/Calf Pair Findings of Human Interaction: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Check 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: _____ Describe How Determined: _____ Gear Collected? <input type="checkbox"/> YES <input type="checkbox"/> NO Gear Disposition: _____ Other Findings upon Level A: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CBD If Yes, Check one or more: <input type="checkbox"/> 1. Illness <input type="checkbox"/> 2. Injury <input type="checkbox"/> 3. Other Findings: _____ Describe How Determined: _____	<input checked="" type="checkbox"/> NO	(NMFS USE)
Latitude: <u>05° 52.683</u> N <input checked="" type="checkbox"/> actual Longitude: <u>162° 03.603</u> W <input type="checkbox"/> estimated How lat/long determined (Check ONE): <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Map <input type="checkbox"/> Internet/Software				

INITIAL OBSERVATION	LEVEL A EXAMINATION	Not Able to Examine
Date: Year: <u>2006</u> Month: <u>07</u> Day: <u>08</u> First Observed: <input checked="" type="checkbox"/> Beach or Land <input type="checkbox"/> Floating <input type="checkbox"/> Swimming	Date: Year: <u>2006</u> Month: <u>07</u> Day: <u>08</u>	
CONDITION AT INITIAL OBSERVATION (Check ONE)	CONDITION AT EXAMINATION (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. Unknown	<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	
INITIAL LIVE ANIMAL DISPOSITION (Check one or more)	MORPHOLOGICAL DATA	
<input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 7. Transferred to Rehabilitation: _____ <input type="checkbox"/> 2. Immediate Release at Site Date: _____ Facility: _____ <input type="checkbox"/> 3. Relocated <input type="checkbox"/> 4. Disentangled <input type="checkbox"/> 5. Died at Site <input type="checkbox"/> 6. Euthanized at Site <input type="checkbox"/> 10. Other: _____	SEX (Check ONE) AGE CLASS (Check ONE) <input type="checkbox"/> 1. Male <input checked="" type="checkbox"/> 1. 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	
CONDITION/DETERMINATION (Check one or more)	Straight Length: <u>152</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> in <input type="checkbox"/> actual <input checked="" type="checkbox"/> estimated Weight: <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> actual <input type="checkbox"/> estimated	
<input type="checkbox"/> 1. Sick <input type="checkbox"/> 4. Deemed Healthy <input type="checkbox"/> 7. Location Hazardous: <input type="checkbox"/> 2. Injured <input type="checkbox"/> 5. Abandoned/Orphaned <input type="checkbox"/> a. To animal <input type="checkbox"/> 3. Out of Habitat <input type="checkbox"/> 6. Inaccessible <input type="checkbox"/> b. To public <input type="checkbox"/> 8. Unknown/CBD <input type="checkbox"/> 9. Other: _____ Comments: _____	PHOTOS/VIDEOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Photo/Video Disposition: <u>in file</u> <u>5 on site, 5 off jaw/skull off site</u>	

TAG DATA	WHOLE CARCASS STATUS (Check one or more)
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 ID # <input type="checkbox"/> Color <input type="checkbox"/> Type Placement * Applied Present (Circle ONE) 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"/>	<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 checked="" type="checkbox"/> 6. Frozen for Later Examination <input checked="" type="checkbox"/> 9. Other: <u>removed skull & lower mandible & vertebrae</u>
	SPECIMEN DISPOSITION (Check one or more)
	<input checked="" type="checkbox"/> 1. Scientific collection <input checked="" type="checkbox"/> 2. Educational collection <input checked="" type="checkbox"/> 3. Other: <u>frozen tissue sample</u> Comments: <u>skull & mandible</u>
	NECROPSIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Date: _____
	NECROPSIED BY: _____

* D = Dorsal; DF= Dorsal Fin; L = Lateral Body

LF=Left Front; LR = Left Rear; RF = Right Front; RR = Right Rear

ADDITIONAL REMARKS

ADDITIONAL IDENTIFIER: Kevin Murphy (TNC Isl. Man.) (If animal is restrained, please indicate any previous field numbers here)

USS Sumner was offshore the atoll in June, doing
Navy bathymetry measurements

DISCLAIMER

THESE DATA SHOULD NOT BE USED OUT OF CONTEXT OR WITHOUT VERIFICATION. THIS SHOULD BE STRICTLY ENFORCED WHEN REPORTING SIGNS OF 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 THE REQUESTOR PROVIDED THAT THE REQUESTOR OBTAIN PERMISSION FROM THE CONTRIBUTING STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE.

PAPERWORK REDUCTION ACT INFORMATION:

PUBLIC REPORTING BURDEN FOR THE COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 30 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 OR 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.



ADDITIONAL REMARKS

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

July 19, 2006

The animal was recovered washed to shore & dead at the eastern shore of Chincoteague National Wildlife Refuge on July 8, 2006. On July 9, 2006 Mr. & Mrs. Kevin Murphy (The Island Members) examined the remains. We collected a tissue sample & removed the skull & lower mandible. The remaining vertebrate was collected on July 17, 2006. I contacted Third Stranding Office NOAA & informed them of the event. We are retaining the skull bones & will send the remains to NOAA for further examination when they are ready.

It is important to note: This is the third Reservation strander on Chincoteague. At this site less than a year. Additionally in early July 2006 we were in radio & visual contact with the Navy Naval CHS Cruiser. They reported their mission as Dredging dredge near remnants.



William S. Smith
Refuge Manager
Chincoteague National Wildlife Refuge
United States Fish & Wildlife Service

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