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

FWC MARINE TURTLE DISORIENTATION REPORT

If you have any questions, please contact FWC at the Tequesta Field Laboratory (561) 882-5975

Fax reports to: (561) 743-6228 or Email reports to: SeaTurtleLighting@MvFWC.com

Send reports to: Disorientation Reports, FWC, 19100 SE Federal Highway, Tequesta, FL 33469

Marine Turtle Permit #: _____ Date of Incident: _____

Observer's Name: _____

Telephone (include area code): _____ E-mail address: _____

Location of Disorientation Event: (address, beach name and/or nearest landmark): _____

City: _____ County: _____

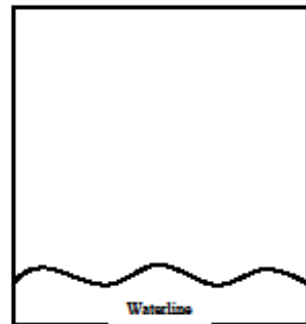
Local nest ID#: _____ Zone nest was located in: _____

Nest GPS Coordinates (use decimal degrees: i.e., Lat 26.845412 Long -80.458796):

Latitude: _____ Longitude: _____

SPECIES: (check one) <input type="checkbox"/> Cc = Loggerhead <input type="checkbox"/> Cm = Green Turtle <input type="checkbox"/> Dc = Leatherback <input type="checkbox"/> Un = Unidentified <input type="checkbox"/> O = Other _____	TYPE OF EVENT: (check one) <input type="checkbox"/> Adult - Nesting Emergence <input type="checkbox"/> Adult - False Crawl <input type="checkbox"/> Hatchling	NEST TREATMENT: (check all used) <input type="checkbox"/> Restraining Cage <input type="checkbox"/> Self-releasing Screen/Cage <input type="checkbox"/> Light Barrier (i.e., silt screen)* <input type="checkbox"/> Relocated *Must be specifically authorized by FWC
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Incident was documented during: (check one) Morning Survey Night Survey Daytime



Was the incident photographed? YES NO

Was the source nest found? YES NO

Was the nest excavated? YES NO

If "YES" report date of excavation: _____

Number of turtles disoriented: <input type="checkbox"/> 1 <input type="checkbox"/> 2-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> >50	Disoriented turtles reaching the water: <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None <input type="checkbox"/> Not investigated
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Were any disoriented turtles found dead? YES NO

If "YES" indicate the number: _____

Addresses/landmarks turtle(s) disoriented towards: _____

Were probable/possible light source(s) identified? YES NO

If "NO" indicate why: (check one) No lights present Too many lights Other:

Indicate categories of light(s) identified as probable/possible lighting sources: (check all that apply)

<input type="checkbox"/> parking lot	<input type="checkbox"/> street light	<input type="checkbox"/> condominium (interior)
<input type="checkbox"/> dune crossover	<input type="checkbox"/> single family home (interior)	<input type="checkbox"/> condominium (exterior)
<input type="checkbox"/> restaurant/bar	<input type="checkbox"/> single family home (exterior)	<input type="checkbox"/> sky glow/urban glow
<input type="checkbox"/> pier	<input type="checkbox"/> sign	<input type="checkbox"/> other: _____

Additional comments (use back if necessary): _____

Local authority provided a copy of this report: City County FWC Other: _____

Signature of Observer

Date