

Table 1. Reported harbor porpoise stranding events in Washington State - 2 May - 2 June 2003.

Date of initial observation	Location	County	Initial carcass condition	Field ID	Registration number	Sex	Date collected	CT Scan 7/20/03	Necropsy date	Carcass condition code at necropsy	Cause of death
5/2/2003	Neck Point, Shaw Island	San Juan	2	2003-SJ006	03NWR05001	F	5/2/2003	yes	7/23/2003	3	Not determined
5/4/2003	County Park, Dungeness Spit	Clallam	4	DNG-03-002	03NWR05003	F	05/08/03 head & fetus collected	yes	N/E	4+	N/E
5/4/2003	County Park, Dungeness Spit	Clallam	4	N/E	03NWR05004	U	not collected	no	N/E	N/E	N/E
5/4/2003	Jackson Beach, San Juan Island	San Juan	3	2003-SJ007	03NWR05005	F	5/5/2003	no	7/24/2003	3	Not determined
5/5/2003	South Beach, San Juan Island	San Juan	3	2003-SJ008	03NWR05006	F	5/5/2003	yes	7/23/2003	3	Salmonella septicemia
5/6/2003	Dungeness Spit	Clallam	2	DNG-03-001	03NWR05007	F	5/6/2003	yes	7/22/2003	2+	Not determined
5/6/2003	Ennis Creek, Discovery Trail	Clallam	3	OCNMS03Pp01	03NWR05008	M	5/6/2003	yes	7/23/03-head; 7/24/03-body	4	Not determined (peritonitis maybe contributory)
5/12/2003	West Beach, Whidbey Island	Island	unknown	N/E	03NWR05033	U	not collected	no	N/E	N/E	N/E
5/12/2003	Ocean City	Grays Harbor	3	N/E	03NWR05034	U	not collected	no	N/E	N/E	N/E
5/13/2003	Admiralty Head, Whidbey Island	Island	2	WIC051303SD	03NWR05010	M	5/13/2003	no	7/24/2003	3+	Not determined (likely occipital base fracture)
5/16/2003	Ediz Hook, Port Angeles	Clallam	2	OCNMS03Pp02	03NWR05011	F	5/16/2003	yes	7/23/2003	3	Cranial fractures
5/17/2003	Lagoon Point, Whidbey Island	Island	2	WIE051703SB	03NWR05019	F	5/17/2003	no	7/23/2003	3	Not determined
5/20/2003	Eagle Point, San Juan Island	San Juan	2	2003-SJ009	03NWR05012	M	5/20/2003	yes	7/23/2003	2	Not determined
6/2/2003	Long Beach	Pacific	2	CRC-490	03NWR06005	M	6/2/2003	yes	7/22/2003	2	Bronchopneumonia

2 = fresh

3 = moderate decomposition

4 = advanced decomposition

Table 2. Spatial distribution of harbor porpoise stranding events in Washington State for all months of the year (1992 - June 2003).

<u>Year</u>	<u>Inland waters</u>	<u>Outer coast</u>	<u>Totals</u>
1992	2	8	10
1993	6	2	8
1994	4	0	4
1995	5	0	5
1996	0	0	0
1997	2	0	2
1998	5	0	5
1999	2	0	2
2000	4	2	6
2001	14	1	15
2002	9	0	9
<u>Totals</u>	53	13	66
2003 (thru June 30)	12	3	15

Table 3. Harbor porpoise stranding events in Washington State 1992-2003 (April - June).

<u>Year</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>Total</u>		<u>Total number events for year</u>	<u>Percent of annual stranding</u>
1992	0	2	0	2		10	20
1993	1	2	1	4		8	50
1994	0	1	0	1		4	25
1995	2	0	0	2		5	40
1996	0	0	0	0		0	0
1997	0	1	0	1		2	50
1998	2	0	0	2		5	40
1999	0	1	0	1		2	50
2000	1	0	0	1		6	17
2001	1	7	0	8		15	53
2002	1	2	2	5		9	56
<u>Totals</u>	8	16	3	27		66	41
2003	1	13	1	15		15	-

Table 4. Freezer types and specifications used to store and transport harbor porpoise carcasses prior to necropsy.

Manufacturer/Model	Type (top-load/chest vs. walk-in)	Location	Cycle type	Carcass Number(s)
Kalt Thermoguard	Walk-in	NOAA/National Marine Mammal Lab (Building 4)	Frost-free (-20 - 0 F)	03NWR05012
Horeco (model unknown)	Walk-in	NOAA/National Marine Mammal Lab (Building 32)	Frost-free	All specimens
Kenmore 11233	Top-load	University of Washington/Friday Harbor Laboratory	Manual defrost	03NWR05001 03NWR05005 03NWR05006
Kenmore (model unknown)	Top-load	Center for Whale Research	Manual defrost	03NWR05012
Kenmore 13551	Top-load	NOAA/Office of Protected Resources	Manual defrost	03NWR05001 03NWR05003 03NWR05006 03NWR05007 03NWR05008 03NWR05011 03NWR05012 03NWR06005
Kenmore 67519231796	Top-load	USFWS/Dungeness National Wildlife Refuge	Manual defrost	03NWR05007

Table 5. Body composition of harbor porpoises (*Phocoena phocoena*) examined during necropsy session. Comparative "normal" data are from Atlantic harbor porpoises presented in McLellan *et al.* (2002).

ID #	Sex	TL (cm)	TBM (kg)	Blubber mass (kg)	"Normal" blubber mass (kg)	Blubber /TBM (%)	"Normal" blubber /TBM (%)	Axial muscle mass (kg)	"Normal" axial muscle mass (kg)	Axial muscle /TBM (%)	"Normal" axial muscle /TBM (%)	Notes
03NMR05001	F	136	39*	N/E	10.88 +/- 1.17	CBD	29.47 +/- 3.16	7.39	8.44 +/- 1.94	CBD	21.65 +/- 2.41	Scavenger damage limited blubber and % analyses Axial muscle mass within normal range
03NWR05005	F	126	33.5*	13.59	10.88 +/- 1.18	CBD	29.47 +/- 3.17	6.44	8.44 +/- 1.95	CBD	21.65 +/- 2.41	Blubber mass higher than normal Axial muscle mass slightly below normal range
03NWR05006	F	152	48.5*	N/E		CDB		N/E		CBD		Severe decomposition and scavenger damage
03NWR05007	F	145.5	38.5*	N/E				7.56	**8.44 +/- 1.95			**This animal is longer than the normal sample in McLellan <i>et al.</i> 2002
03NWR05008	M	146	N/E	N/E	12.79 +/- 1.69	CBD	24.69 +/- 2.46	N/E	11.54 +/- 1.76	CBD	24.59 +/- 2.03	Severe decomposition
03NWR05010	M	154	N/E	N/E		CBD		N/E		CBD		Severe decomposition and scavenger damage
03NWR05011	F	136.5	37*	12.72	10.88 +/- 1.18	CBD	29.47 +/- 3.17	6.70	8.44 +/- 1.95	CBD	21.65 +/- 2.41	Scavenger damage limited % analyses Blubber mass higher than normal Axial muscle mass within normal range
03NWR05019	F	138	37.5*	N/E		CBD		N/E		CBD		Decomposition and scavenger damage
03NWR05012	M	123	30	9.15	10.00 +/- 1.70	29.7	29.62 +/- 2.04	5.36	6.98 +/- 1.19	17.9	20.06 +/- 2.04	Total mass of this specimen slightly below that of normal range for immature males (34.7 +/- 4.5 kg) Blubber within normal range Axial muscle below normal range
03NWR06005	M	146	39	8.98	12.79 +/- 1.69	23.03	24.69 +/- 2.46	8.08	11.54 +/- 1.76	20.71	24.59 +/- 2.03	Total mass of this specimen below that of normal range for mature males (47.1 +/- 4.9 kg) Blubber mass, axial muscle mass and Axial muscle/TBM(%) below normal range

If scavenger damage precluded collecting blubber and/or axial mass on both sides, reported values represent 2 times the value for a single side. Blubber and axial muscles are bilaterally symmetric (McLellan *et al.* 2002).

* = Minimum estimate of total body mass (TBM) due to tissue loss or carcass decomposition.

TL = Total length

CBD = Could not be determined

Table 6. Bacteriology results for harbor porpoise specimens

Bacteria Isolated	03NWR05001	03NWR05005	03NWR05006	03NWR05007
<i>Acinetobacter sp.</i>			kidney, thymus, mesenteric l.n.	
<i>Actinetobacter johnsonii</i>	thymus, thoracic fluid			
<i>Aeromonas hydrophila</i>		spleen, thymus, lung, spinal cord, liver, hilar l.n., mediastinal l.n.		
<i>Clostridium perfringens</i>	small intestine	intestine	small intestine	small intestine
<i>Enterobacter sp.</i>		spleen, thymus, spinal cord, liver, hilar l.n., mediastinal l.n.		brain, mammary gland, spleen, spinal cord, thymus, hemothorax, mesenteric l.n., lung
<i>Enterococcus sp.</i>				
<i>Eschericia coli - non hemolytic</i>	small intestine, thymus, spleen, kidney, liver, mesenteric l.n.			
<i>Moraxella sp.</i>				
<i>Proteus sp.</i>	mesenteric l.n.			
<i>Pseudomonas sp.</i>	small intestine, thymus, spleen, mediastinal l.n., lung, mestenteric l.n., spinal cord	spleen, liver, hilar l.n.		
<i>Pseudonas flourescens</i>				lung
<i>Psychrobacter sp.</i>				
<i>Raoultella terrigena</i>				
<i>Salmonella newport Group C2</i>			Hilar l.n., kidney, lung, spleen, liver, thymus, mesenteric l.n., small intestine	
<i>Streptococcus (non-hemolytic)</i>				mammary milk
<i>Streptococcus sp.(alpha)</i>	small intestine	intestine		
no bacteria isolated		kdiney, urine		

l.n. = lymph node

Table 6. Bacteriology results for harbor porpoise specimens

Bacteria Isolated	03NWR05008	03NWR05010	03NWR05011
<i>Acinetobacter sp.</i>			
<i>Actinetobacter johnsonii</i>			
<i>Aeromonas hydrophila</i>		liver, kidney, mesenteric l.n., lung, brain, spleen	
<i>Clostridium perfringens</i>	small intestine	small intestine	small intestine, colon
<i>Enterobacter sp.</i>	lungs, spleen, mesenteric l.n., epididymis abscess		
<i>Enterococcus sp.</i>		liver, kidney, mesenteric l.n., lung, brain, spleen, small intestine	liver, thymus, spleen, mesenteric l.n., urine, kidney, lung, spinal cord
<i>Eschericia coli - non hemolytic</i>	kidney, lungs, mesenteric l.n.	liver, kidney, mesenteric l.n., lung, brain, spleen, small intestine	kidney, lung, spinal cord, small intestine, colon
<i>Moraxella sp.</i>			
<i>Proteus sp.</i>			
<i>Pseudomonas sp.</i>			
<i>Pseudonas flourescens</i>			
<i>Psychrobacter sp.</i>			
<i>Raoultella terrigena</i>			
<i>Salmonella newport Group C2</i>			
<i>Streptococcus (non-hemolytic)</i>	liver		
<i>Streptococcus sp.(alpha)</i>	kidney, lungs, spleen, mesenteric l.n., epididymis abscess, small intestine		
no bacteria isolated			

l.n. = lymph node

Table 6. Bacteriology results for harbor porpoise specimens

Bacteria Isolated	03NWR05019	03NWR05012	03NWR06005
<i>Acinetobacter sp.</i>			
<i>Actinetobacter johnsonii</i>			
<i>Aeromonas hydrophila</i>	spleen, lumbar l.n., kidney, liver, brain, spinal cord, lung, pericolic l.n., small intestine		
<i>Clostridium perfringens</i>	small intestine	small intestine	large intestine
<i>Enterobacter sp.</i>			
<i>Enterococcus sp.</i>			
<i>Eschericia coli - non hemolytic</i>		spinal cord, lung, kidney, small intestine	
<i>Moraxella sp.</i>			prescapular l.n., brain, kidney, spleen
<i>Proteus sp.</i>			
<i>Pseudomonas sp.</i>			
<i>Pseudonas flourescens</i>			
<i>Psychrobacter sp.</i>	spleen, lumbar l.n., kidney, liver, brain, spinal cord, lung, pericolic l.n., small intestine		
<i>Raoultella terrigena</i>			liver, prescapular l.n., brain, mesenteric l.n., spleen, lung, liver swab, kidney
<i>Salmonella newport Group C2</i>			
<i>Streptococcus (non-hemolytic)</i>			
<i>Streptococcus sp.(alpha)</i>		mediastinal l.n., lung, kidney	
no bacteria isolated		liver, spleen	abdominal fluid

l.n. = lymph node

Table 7. Trace mineral and Vitamin A analyses of liver, kidney and vitreous humor

	03NWR 05001	03NWR 05005	03NWR 05006	03NWR 05007	03NWR 05008	03NWR 05010	03NWR 05011	03NWR 05012	03NWR 05019	03NWR 06005		Reference range (Porpoise and dolphin)	
LIVER													
Se (ppm)	2.98	1.99	1.6	4.24	12.43	5.93	2.11	2.92	3.19	10.56		0.90-38.0	
Cu (ppm)	8	5	8	6.3	10.2	5.9	9	12	12.6	12.9		4.0-60.0	
Zn (ppm)	59	25	40	27	36	47	62	41	56	84		22-120	
Fe (ppm)	307	221	212	230	261	278	210	225	228	236		130-300	
Mn (ppm)	5.8	3.8	4.6	3.5	5.7	5	6.5	4.9	4.8	5.5		1.0-10.0	
Pb (ppm)	<2	<2	<2	<2	<2	<2	<2	<2	<2	<2		<1.0	
Cd (ppm)	0.2	<0.2	<0.2	<0.2	0.3	0.3	<0.2	<0.2	<0.2	0.6		<0.1-12.0	
Ca (ppm)	92	314	49	302	78	96	133	65	39	46		38-200	
Mg (ppm)	330	166	192	203	410	511	260	219	194	210		130-280	
Vit A (mcg/g)	120	51	714	340	355	1011	520	800	298	<5		250-3000	
Retinol (mcg/g)	82	35	457	219	172	710	318	419	186	<3			
Retinol palmitate (mcg/g)	46	16	256	120	183	301	202	381	112	<3			
KIDNEY													
Cu (ppm)	3.3	4.1	4	5.9	4.8	4.1	4.2	6.2	5.3	3.8		3.0-7.9	
Zn (ppm)	24	27	26	26	25	28	28	29	26	25		16-44	
Fe (ppm)	146	115	158	112	215	151	123	106	159	69		90-150	
Mn (ppm)	1.5	1.5	1.7	1.6	2.5	1.4	1.5	1.5	1.6	1.6		1.0-3.0	
Pb (ppm)	<2	<2	<2	<2	<2	<2	<2	<2	<2	<2		<1.0	
Cd (ppm)	0.5	0.2	0.6	0.5	1.1	0.9	0.2	0.5	0.4	2.4		0.08-72.0	
Ca (ppm)	154	79	179	148	323	98	167	134	127	160		60-150	
Mg (ppm)	371	152	251	193	351	137	193	170	280	185		120-240	
VITREOUS												Reference range (cattle)	
Ca (mg/dl)		8.8		6.4		7.7		5.3	8	5.8			6.0-7.5
Mg (mg/dl)		10.32		7.04		20.79		5.24	10.4	4.94			1.9
P (mg/dl)		37		72		64		40	46	51		1.9-2.7	1.3-3.0
BUN (mg/dl)		54.5		73.9		57		113.4	52.1	59.8			9-16(serum)

Bold type indicates value(s) outside of reference range.

Table 8. Summary of CT scan analysis

Anatomic Site	Case Number	
	03NWR05001	03NWR05003
Ears		
Peribullar regions		
left	extensive parasitism and good pneumatization	aerated and normal
right	clot formation and good pneumatization	aerated and normal
Internal Auditory Canal		
left	well defined and intact	canals normal
right	well defined and intact	canals normal
Acouto-Vestibular/ Fascial Nerve		
left	intact and well defined	partially degenerate nerves
right	intact and well defined	partially degenerate nerves
Middle ear		
left	no significant findings, distinct middle ear spaces and well defined corpus cavernosum	aerated, retracted corpus cavernosum, intact ossicles, round and oval windows
right	no significant findings, distinct middle ear spaces and well defined corpus cavernosum	aerated, retracted coprus cavernosum, intact ossicles, round and oval windows
Inner ear		
left	canals symmetric and normal	symmetric and apparently normal canals
right	canals symmetric and normal	symmetric and apparently normal canals

Table 8. Summary of CT scan analysis

Anatomic Site	Case Number	
	03NWR05006	03NWR05007
Ears		
Peribullar regions		
left	well aerated and normal	clear and well aerated, well defined suspensory ligament
right	dorsal retrobullar space, extensive hemorrhage	clear and well aerated, well defined suspensory ligament
Internal Auditory Canal		
left	no evidence of hemorrhage or parasitism, left tympanic bone partially demineralized	no evidence of blood or abnormal material
right	intact and well defined canal	no evidence of blood or abnormal material
Acousto-Vestibular/ Fascial Nerve		
left	internal auditory canal well defined	intact, but in some sections, degenerative change evident
right	intact and well defined	intact, but in some sections, degenerative change evident
Middle ear		
left	normal with distinct middle ear space and well defined corpus cavernosum, round and oval windows normal	distinct air spaces, well defined corpus cavernosum, normal ossicles and round windows
right	normal with distinct middle ear space and well defined corpus cavernosum	distinct air spaces, well defined corpus cavernosum, normal ossicles and round windows
Inner ear		
left	no significant findings	canals symmetric and normal, possible intracochlear blood
right	no significant findings	canals symmetric and normal, possible intracochlear blood

Table 8. Summary of CT scan analysis

Anatomic Site		Case Number		
	03NWR05008	03NWR05011	03NWR05012	03NWR06005
Ears				
Peribullar regions				
left	generally clear, well aerated, substantial parasitism	two masses (organized clot and moderate parasitism) and bone fractures	intact, moderate density parasitic masses and no other significant findings	extensive parasitism
right	generally clear, well aerated, moderate parasitism	no significant findings	intact and no significant findings	extensive parasitism
Internal Auditory Canal				
left	normal and unremarkable	no significant findings	intact and no significant findings	no significant findings
right	normal and unremarkable	no significant findings	intact and no significant findings	no significant findings
Acousto-Vestibular/ Fascial Nerve				
left	normal	no significant findings	intact and no significant findings	no significant findings
right	normal	no significant findings	intact and no significant findings	no significant findings
Middle ear				
left	clearly delineated air spaces and well defined corpus cavernosum	no significant findings	intact and no significant findings	extensive parasitism
right	clearly delineated air spaces and well defined corpus cavernosum	no significant findings	intact and no significant findings	extensive parasitism
Inner ear				
left	symmetric and normal, normal intracochlear fluid	in apical and middle turns, blood	normal, no evidence of blood or other intracochlear abnormalities	no significant findings
right	symmetric and normal, normal intracochlear fluid	in apical and middle turns, blood	normal, no evidence of blood or other intracochlear abnormalities	no significant findings

Table 9: Concentrations of selected persistent organic pollutants measured in blubber of harbor porpoise that stranded at various sites in Washington State, May - June 2003.

Registration number	Sex	Age Length class† (cm)	Condition of carcass	Percent lipid	ng/g, wet weight					ng/g, lipid weight					
					β-HCH	HCB	ΣCHLDS	ΣDDTs	ΣPCBs	β-HCH	HCB	ΣCHLDS	ΣDDTs	ΣPCBs	
03NWR05005	Female	mmature	126	Mod. dec.§	74	400	430	1,200	5,600	5,900	540	580	1,600	7,600	8,000
03NWR05001	Female	mmature	136	Fresh	68	190	190	560	2,300	2,600	280	280	820	3,400	3,800
03NWR05011	Female	mmature	137	Fresh	75	240	210	640	3,100	3,000	320	280	850	4,100	4,000
03NWR05019	Female	mmature	138	Fresh	75	230	270	670	2,700	3,700	310	360	890	3,600	3,600
03NWR05006	Female	mmature	152	Mod. dec.§	83	270	280	730	3,400	3,400	330	340	880	4,100	4,100
03NWR05007	Female	mmature	146	Fresh	70	330	330	980	4,400	5,800	470	470	1,400	6,300	8,300
03NWR05012	Male	mmature	123	Fresh	69	310	250	880	3,800	4,500	450	360	1,300	5,500	6,500
<i>Overall immature mean ± SE</i>						<i>280 ± 29</i>	<i>280 ± 33</i>	<i>810 ± 92</i>	<i>,600 ± 460</i>	<i>,100 ± 540</i>	<i>390 ± 41</i>	<i>380 ± 44</i>	<i>,100 ± 130</i>	<i>,900 ± 640</i>	<i>,500 ± 850</i>
03NWR06005	Male	Adult	146	Fresh	44	250	39	1,200	5,700	6,800	570	89	2,700	13,000	15,000

¶Results of analyses from Environmental Conservation Division, NWFSC, NMFS, Seattle, WA

†Age class of each animal estimated from length data using information from Gearin PJ, Melin SR, DeLong RL, Kajimura H, Johnson MA (1994)

Harbor porpoise interactions with a chinook salmon set-net fishery in Washington State. Rep. Int. Whal. Comm. (Special Issue 15):427-438.

§Mod. dec. = moderately decomposed

Appendix A. – Level A Stranding forms

MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

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

COMMON NAME: _____ GENUS: _____ SPECIES: _____

EXAMINER _____ Letterholder: _____

Name: _____ Affiliation: _____

Address: _____ Phone: _____

LOCATION State: _____ County: _____ City: _____ Locality Details: _____ _____ Latitude: _____ N Longitude: _____ W	OCCURRENCE DETAILS MS#: _____ (NMFS USE) Mass Stranding: <input type="checkbox"/> YES <input type="checkbox"/> NO # Animals: _____ Signs of Human Interaction: <input type="checkbox"/> YES <input type="checkbox"/> NO <input 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: _____																									
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: _____ Month: _____ Day: _____ CONDITION (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																								
INITIAL LIVE ANIMAL DISPOSITION (Check one or more) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 5. Euthanized at Site <input type="checkbox"/> 2. Immediate Release at Site <input type="checkbox"/> 6. Died at Site <input type="checkbox"/> 3. Relocated <input type="checkbox"/> 7. Transferred to Rehabilitation <input type="checkbox"/> 4. Disentangled <input type="checkbox"/> 8. Died during Transport <input type="checkbox"/> 9. Other CONDITION (Check ONE) <input type="checkbox"/> 1. Sick <input type="checkbox"/> 3. Apparently Healthy <input type="checkbox"/> 5. Other <input type="checkbox"/> 2. Injured <input type="checkbox"/> 4. Out of Habitat Date: _____ Rehabilitation Facility: _____ Comments: _____	MORPHOLOGICAL DATA SEX (Check ONE) AGE CLASS (Check ONE) <input type="checkbox"/> 1. Male <input 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 type="checkbox"/> 3. Unknown <input type="checkbox"/> 3. Yearling Straight Length: _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> actual <input type="checkbox"/> estimate Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> actual <input type="checkbox"/> estimate PHOTOS/VIDEOS TAKEN: <input type="checkbox"/> YES <input type="checkbox"/> NO Disposition: _____																									
TAG DATA <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">ID #</th> <th style="text-align: left;">Color</th> <th style="text-align: left;">Type</th> <th style="text-align: left;">* Placement</th> <th style="text-align: left;">Applied</th> <th style="text-align: left;">Present</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>(Circle ONE) D DF L LF LR RF RR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>D DF L LF LR RF RR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>D DF L LF LR RF RR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p><small>* D = Dorsal; DF = Dorsal Fin; L = Lateral Body LF = Left Front; LR = Left Rear; RF = Right Front; RR = Right Rear</small></p>	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"/>	WHOLE CARCASS DISPOSAL (Check one or more) <input type="checkbox"/> 1. Left at site <input type="checkbox"/> 4. Rendered <input type="checkbox"/> 7. Unknown <input type="checkbox"/> 2. Buried <input type="checkbox"/> 5. Sunk <input type="checkbox"/> 3. Towed <input type="checkbox"/> 6. Frozen for Later Examination SPECIMEN DISPOSITION (Check one or more) <input type="checkbox"/> 1. Scientific collection <input type="checkbox"/> 2. Educational collection <input type="checkbox"/> 3. Other: _____ Comments: _____ NECROPSIED <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ NECROPSIED BY: _____	
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"/>																					

MARINE MAMMAL STRANDING REPORT

NW-2003-1000774
SID#

(NMFS USE)

FIELD NO.: 2003-SJ006 NMFS REGISTRATION NO.: 03NW05001
 COMMON NAME: Harbor porpoise GENUS: Phocoena SPECIES: phocoena
 EXAMINER Name: _____ Agency: The Whale Museum Phone: _____
 Address: _____

TS 500
7120

LOCATION State: <u>WA</u> County: <u>San Juan</u> City: _____ Locality Details: <u>Floating off</u> <u>Neck Pt. Shaw</u> <u>Island</u> *Latitude: _____ N *Longitude: _____ W	TYPE OF OCCURRENCE Mass Stranding: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No # Animals _____ Human Interaction: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> ? Check one: <input type="checkbox"/> 1. Boat Collision <input type="checkbox"/> 2. Shot <input type="checkbox"/> 3. Fishery Interaction <input type="checkbox"/> 4. Other _____ How determined: _____ Other Causes (if known): _____
--	---

DATE OF INITIAL OBSERVATION: Yr. <u>2003</u> Mo. <u>5</u> Day <u>2</u> CONDITION: Check one: <input type="checkbox"/> 1. Alive <input checked="" type="checkbox"/> 2. Fresh dead <input type="checkbox"/> 3. Moderate decomp. <input type="checkbox"/> 4. Advanced decomp. <input type="checkbox"/> 5. Mummified <input type="checkbox"/> 7. Unknown	DATE OF EXAMINATION: Yr. <u>2003</u> Mo. <u>5</u> Day <u>2</u> CONDITION: Check one: <input type="checkbox"/> 1. Alive <input checked="" type="checkbox"/> 2. Fresh dead <input type="checkbox"/> 3. Moderate decomp. <input type="checkbox"/> 4. Advanced decomp. <input type="checkbox"/> 5. Mummified <input type="checkbox"/> 7. Unknown
--	--

LIVE ANIMAL -- Condition and Disposition: Check one or more: <input type="checkbox"/> 1. Released at site <input type="checkbox"/> 2. Sick <input type="checkbox"/> 3. Injured <input type="checkbox"/> 4. Died <input type="checkbox"/> 5. Euthanized <input type="checkbox"/> 6. Rehabilitated and released <input type="checkbox"/> 7. Unknown Transported to: _____ <input type="checkbox"/> Died <input type="checkbox"/> Released Date: _____	TAGS APPLIED?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TAGS PRESENT?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">Dorsal</td> <td style="width: 33%; text-align: center;">Left</td> <td style="width: 33%; text-align: center;">Right</td> </tr> <tr> <td>Tag No.(s):</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Color(s):</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Type:</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Placement</td> <td></td> <td style="text-align: center;">Front/Rear</td> <td style="text-align: center;">Front/Rear</td> </tr> </table>		Dorsal	Left	Right	Tag No.(s):	_____	_____	_____	Color(s):	_____	_____	_____	Type:	_____	_____	_____	Placement		Front/Rear	Front/Rear
	Dorsal	Left	Right																		
Tag No.(s):	_____	_____	_____																		
Color(s):	_____	_____	_____																		
Type:	_____	_____	_____																		
Placement		Front/Rear	Front/Rear																		

CARCASS -- Disposition: Check one: <input type="checkbox"/> 1. Left at site <input type="checkbox"/> 2. Buried <input type="checkbox"/> 3. Towed <input checked="" type="checkbox"/> 4. Sci. collection: (see below) <input type="checkbox"/> 5. Edu. collection: (see below) <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Unknown	MORPHOLOGICAL DATA: Sex -- Check one: <input type="checkbox"/> 1. Male <input checked="" type="checkbox"/> 2. Female <input type="checkbox"/> 7. Unknown Straight Length: _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> est *Weight _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> est PHOTOS TAKEN? <input checked="" type="checkbox"/> Yes * <input type="checkbox"/> No * during necropsy
---	---

REMARKS: Collected for necropsy. Stored in ATL freezer

DISPOSITION OF TISSUE/SKELETAL MATERIAL: _____

6/23/03

MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

To scan?
To rotten?

FIELD #: DN6-03-002 NMFS REGIONAL #: 03NWRO5003 NATIONAL DATABASE #: NW-2003-1000776

COMMON NAME: porpoise GENUS: _____ SPECIES: _____

EXAMINER: _____ Letterholder: _____

Name: _____ Affiliation: USFWS

Address: Port Angeles Phone: _____

LOCATION State: <u>WA</u> County: <u>Clallam</u> City: <u>Sequim</u> Locality Details: <u>1 mile S of Neumegness Spit</u> Latitude: <u>48° 08' 19.9" N</u> Longitude: <u>123° 11' 52.6" W</u>	OCCURRENCE DETAILS Mass Stranding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO # Animals: _____ 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: _____
---	--

DATE OF INITIAL OBSERVATION Year: 2003 Month: 05 Day: 04 DATE OF EXAMINATION (LEVEL A) Not Able to Examine Year: 2003 Month: 05 Day: 08

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 checked="" type="checkbox"/> 3. Moderate Decomposition <input type="checkbox"/> 6. Dead - Condition Unknown	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
--	---

INITIAL LIVE ANIMAL DISPOSITION (Check one or more) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 5. Euthanized at Site <input type="checkbox"/> 2. Immediate Release at Site <input type="checkbox"/> 6. Died at Site <input type="checkbox"/> 3. Relocated <input type="checkbox"/> 7. Transferred to Rehabilitation <input type="checkbox"/> 4. Disentangled <input type="checkbox"/> 8. Died During Transport <input type="checkbox"/> 9. Other	MORPHOLOGICAL DATA SEX (Check ONE) <input type="checkbox"/> 1. Male <input checked="" type="checkbox"/> 2. Female <input type="checkbox"/> 3. Unknown AGE CLASS (Check ONE) <input checked="" type="checkbox"/> 1. Adult <input type="checkbox"/> 4. Pup/Calf <input type="checkbox"/> 2. Subadult <input type="checkbox"/> 5. Unknown <input type="checkbox"/> 3. Yearling
---	--

CONDITION (Check ONE)
 1. Sick 3. Apparently Healthy 5. Other
 2. Injured 4. Out of Habitat

Date: _____ Rehabilitation Facility: _____

Comments: _____

TAG DATA					
ID#	Color	Type	Placement (Circle One)	Applied	Present
			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"/>

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: Removed head/fetus*

gave to _____ _____ _____

NECROPSIED YES NO Date: _____
 NECROPSIED BY: _____

6/23/03

CHG 10
10/7/76

100-100000-100000
100-100000-100000

PLEASE USE BACK SIDE FOR THIS DOCUMENT

RECORDED BY

INDEXED BY

DATE

TIME



Bone

MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

FIELD #: DN6 03 003 NMFS REGIONAL: 03ND R05094 NATIONAL DATABASE # 116-2003-1000

COMMON NAME: harbor porpoise GENUS: Phocoena SPECIES: phocoena

EXAMINER: _____ Letterholder: _____

Name: _____ Affiliation: U.S. Fish & Wildlife Service

Address: Port Angeles, CA Phone: _____

LOCATION State: <u>WA</u> County: <u>Clallam</u> City: <u>Sequim</u> Locality Details: <u>2 miles south of Wangness Spit</u> Latitude: _____ N Longitude: _____ W	OCCURRENCE DETAILS Mass Stranding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Signs of Human Interaction: <input type="checkbox"/> YES <input type="checkbox"/> NO (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"/> GBD Describe: _____
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DATE OF INITIAL OBSERVATION Year: <u>2003</u> Month: <u>5</u> Day: <u>4</u> <u>By Refuge visitors</u> STATUS (Check ONE) <input type="checkbox"/> 1. Alive <input checked="" type="checkbox"/> 4. Advanced Decomposition <u>Described as Scavenged</u> <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 checked="" type="checkbox"/> Not Able to Examine Year: _____ Month: _____ Day: _____ <u>could not locate</u> CONDITION (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
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INITIAL LIVE ANIMAL DISPOSITION (Check one or more) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 5. Euthanized at Site <input type="checkbox"/> 2. Immediate Release at Site <input type="checkbox"/> 6. Died at Site <input type="checkbox"/> 3. Relocated <input type="checkbox"/> 7. Transferred to Rehabilitation <input type="checkbox"/> 4. Disentangled <input type="checkbox"/> 8. Died During Transport <input type="checkbox"/> 9. Other _____ CONDITION (Check ONE) <input type="checkbox"/> 1. Sick <input type="checkbox"/> 3. Apparently Healthy <input type="checkbox"/> 5. Other _____ <input type="checkbox"/> 2. Injured <input type="checkbox"/> 4. Out of Habitat Date: _____ Rehabilitation Facility: _____ Comments: _____	MORPHOLOGICAL DATA SEX (Check ONE) AGE CLASS (Check ONE) <input type="checkbox"/> 1. Male <input 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 type="checkbox"/> 3. Unknown <input type="checkbox"/> 3. Yearling Straight Length: _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> actual <input type="checkbox"/> estimate Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> actual <input type="checkbox"/> estimate PHOTOS/VIDEOS TAKEN: <input type="checkbox"/> YES <input type="checkbox"/> NO Disposition: <u>described as smaller than 2nd animal - ? - 84cm</u>
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TAG DATA <table border="1" style="width: 100%; border-collapse: collapse;"> <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 LF LR RF RR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>D DF L LF LR RF RR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>D DF L LF LR RF RR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	ID#	Color	Type	*Placement (Circle One)	Applied	Present				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"/>	WHOLE CARCASS DISPOSAL (Check one or more) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 4. Rendered <input type="checkbox"/> 7. Unknown <input type="checkbox"/> 2. Buried <input type="checkbox"/> 5. Sunk <input type="checkbox"/> 3. Towed <input type="checkbox"/> 6. Frozen for Later Examination SPECIMEN DISPOSITION (Check one or more) <input type="checkbox"/> 1. Scientific Collection <input type="checkbox"/> 2. Educational Collection <input type="checkbox"/> 3. Other: _____ Comments: _____
ID#	Color	Type	*Placement (Circle One)	Applied	Present																				
			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"/>																				

ADDITIONAL IDENTIFIERS: _____
 *D=Dorsal; DF=Dorsal Fin; L=Lateral Body
 LF=Left Front; LR=Left Rear; RF=Right Front; RR=Right Rear
 NECROPSIED: YES NO Date: _____
 NECROPSIED BY: _____

6/23/03

MARINE MAMMAL STRANDING REPORT

NOA 2002-105718

SID# _____ (NMFS USE)

FIELD NO.: 2003-SJ007 NMFS REGISTRATION NO.: 03MURK0005
 COMMON NAME: Harbor Porpoise GENUS: Phocoena SPECIES: phocoena

EXAMINER Name: _____ Agency: The Whale Museum Phone: _____
 Address: _____ Friday Harbor WA

LOCATION State: <u>WA</u> County: <u>San Juan</u> City: _____ Locality Details: _____ <u>Jackson Beach</u> <u>San Juan Island</u> *Latitude: _____ N *Longitude: _____ W	TYPE OF OCCURRENCE Mass Stranding: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No # Animals <u>1</u> Human Interaction: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> ? Check one: <input type="checkbox"/> 1. Boat Collision <input type="checkbox"/> 2. Shot <input checked="" type="checkbox"/> 3. Fishery Interaction <input type="checkbox"/> 4. Other _____ How determined: <u>Tangled in Fishing Net</u> Other Causes (if known): _____
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DATE OF INITIAL OBSERVATION: Yr. <u>2003</u> Mo. <u>5</u> Day <u>4</u> CONDITION: Check one: <input type="checkbox"/> 1. Alive <input type="checkbox"/> 2. Fresh dead <input checked="" type="checkbox"/> 3. Moderate decomp. <input type="checkbox"/> 4. Advanced decomp. <input type="checkbox"/> 5. Mummified <input type="checkbox"/> 6. Unknown	DATE OF EXAMINATION: Yr. <u>2003</u> Mo. <u>5</u> Day <u>5</u> CONDITION: Check one: <input type="checkbox"/> 1. Alive <input type="checkbox"/> 2. Fresh dead <input checked="" type="checkbox"/> 3. Moderate decomp. <input type="checkbox"/> 4. Advanced decomp. <input type="checkbox"/> 5. Mummified <input type="checkbox"/> 6. Unknown
--	--

LIVE ANIMAL — Condition and Disposition: Check one or more: <input type="checkbox"/> 1. Released at site <input type="checkbox"/> 2. Sick <input type="checkbox"/> 3. Injured <input type="checkbox"/> 4. Died <input type="checkbox"/> 5. Euthanized <input type="checkbox"/> 6. Rehabilitated and released <input type="checkbox"/> 7. Unknown Transported to: _____ <input type="checkbox"/> Died <input type="checkbox"/> Released Date: _____	TAGS APPLIED?: <input type="checkbox"/> Yes <input type="checkbox"/> No TAGS PRESENT?: <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Dorsal</td> <td style="text-align: center;">Left</td> <td style="text-align: center;">Right</td> </tr> <tr> <td>Tag No.(s):</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Color(s):</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Type:</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Placement</td> <td style="text-align: center;">Front/Rear</td> <td style="text-align: center;">Front/Rear</td> <td style="text-align: center;">Front/Rear</td> </tr> </table>		Dorsal	Left	Right	Tag No.(s):	_____	_____	_____	Color(s):	_____	_____	_____	Type:	_____	_____	_____	Placement	Front/Rear	Front/Rear	Front/Rear
	Dorsal	Left	Right																		
Tag No.(s):	_____	_____	_____																		
Color(s):	_____	_____	_____																		
Type:	_____	_____	_____																		
Placement	Front/Rear	Front/Rear	Front/Rear																		

CARCASS — Disposition: Check one: <input type="checkbox"/> 1. Left at site <input type="checkbox"/> 2. Buried <input type="checkbox"/> 3. Towed <input checked="" type="checkbox"/> 4. Sci. collection: (see below) <input type="checkbox"/> 5. Edu. collection: (see below) <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Unknown NECROPSIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>7/24/03</u>	MORPHOLOGICAL DATA: Sex — Check one: <input type="checkbox"/> 1. Male <input checked="" type="checkbox"/> 2. Female <input type="checkbox"/> 3. Unknown Straight Length: <u>126</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> est *Weight _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> est PHOTOS TAKEN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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REMARKS: Collected for Necropsy. Stored in FHL freezer.

DISPOSITION OF TISSUE/SKELETAL MATERIAL: _____

6/23/03

MARINE MAMMAL STRANDING REPORT

NW-2005-100-779
 SID# _____ (NMFS USE)
 TO SCW 7/12

FIELD NO.: 2003-5J008 NMFS REGISTRATION NO.: 03NWR05006
 COMMON NAME: Harbor porpoise GENUS: Phocoena SPECIES: phocoena
 EXAMINER Name: Whale Museum Agency: _____ Phone: _____
 Address: _____

LOCATION State: <u>WA</u> County: <u>San Juan</u> City: _____ Locality Details: _____ <u>South Beach,</u> <u>San Juan Island</u> *Latitude: _____ N *Longitude: _____ W	TYPE OF OCCURRENCE Mass Stranding: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No # Animals <u>1</u> Human Interaction: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> ? Check one: <input type="checkbox"/> 1. Boat Collision <input type="checkbox"/> 2. Shot <input type="checkbox"/> 3. Fishery Interaction <input type="checkbox"/> 4. Other _____ How determined: _____ Other Causes (if known): _____
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DATE OF INITIAL OBSERVATION: Yr. <u>2003</u> Mo. <u>5</u> Day <u>5</u> CONDITION: Check one: <input type="checkbox"/> 1. Alive <input type="checkbox"/> 2. Fresh dead <input checked="" type="checkbox"/> 3. Moderate decomp. <input type="checkbox"/> 4. Advanced decomp. <input type="checkbox"/> 5. Mummified <input type="checkbox"/> 7. Unknown	DATE OF EXAMINATION: Yr. <u>2003</u> Mo. <u>5</u> Day <u>5</u> CONDITION: Check one: <input type="checkbox"/> 1. Alive <input type="checkbox"/> 2. Fresh dead <input checked="" type="checkbox"/> 3. Moderate decomp. <input type="checkbox"/> 4. Advanced decomp. <input type="checkbox"/> 5. Mummified <input type="checkbox"/> 7. Unknown
--	--

LIVE ANIMAL — Condition and Disposition: Check one or more: <input type="checkbox"/> 1. Released at site <input type="checkbox"/> 2. Sick <input type="checkbox"/> 3. Injured <input type="checkbox"/> 4. Died <input type="checkbox"/> 5. Euthanized <input type="checkbox"/> 6. Rehabilitated and released <input type="checkbox"/> 7. Unknown Transported to: _____ <input type="checkbox"/> Died <input type="checkbox"/> Released Date: _____	TAGS APPLIED?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TAGS PRESENT?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Dorsal</td> <td style="text-align: center;">Left</td> <td style="text-align: center;">Right</td> </tr> <tr> <td>Tag No.(s):</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Color(s):</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Type:</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Placement</td> <td></td> <td style="text-align: center;">Front/Rear</td> <td style="text-align: center;">Front/Rear</td> </tr> </table>		Dorsal	Left	Right	Tag No.(s):	_____	_____	_____	Color(s):	_____	_____	_____	Type:	_____	_____	_____	Placement		Front/Rear	Front/Rear
	Dorsal	Left	Right																		
Tag No.(s):	_____	_____	_____																		
Color(s):	_____	_____	_____																		
Type:	_____	_____	_____																		
Placement		Front/Rear	Front/Rear																		

CARCASS — Disposition: Check one: <input type="checkbox"/> 1. Left at site <input type="checkbox"/> 2. Buried <input type="checkbox"/> 3. Towed <input checked="" type="checkbox"/> 4. Sci. collection: (see below) <input type="checkbox"/> 5. Edu. collection: (see below) <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> 7. Unknown NECROPSIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>7/23/03</u>	MORPHOLOGICAL DATA: Sex — Check one: <input type="checkbox"/> 1. Male <input checked="" type="checkbox"/> 2. Female <input type="checkbox"/> 7. Unknown Straight Length: <u>152 cm</u> <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> est *Weight _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> est PHOTOS TAKEN? <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No *during necropsy
--	--

REMARKS: collected for necropsy. Stored in FHL freezer.

DISPOSITION OF TISSUE/SKELETAL MATERIAL: _____

6/23/03

MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

Viewed to 7/22/03

FIELD #: DNG 03 001 NMFS REGIONAL #: 03NWR05007 NATIONAL DATABASE #: NW-2003-100090
 COMMON NAME: harbor porpoise GENUS: Phocoena SPECIES: phocoena

EXAMINER: _____ Letterholder: _____
 Name: _____ Affiliation: U.S. Fish & Wildlife Service
 Address: Port Angeles WA Phone: _____
98362

LOCATION State: <u>WA</u> County: <u>Clallam</u> City: <u>Sequim</u> Locality Details: <u>Dungeness National Wildlife Refuge</u> Latitude: <u>48°10'21.4"</u> N Longitude: <u>123°09'08.8"</u> W	OCCURRENCE DETAILS Mass Stranding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO # Animals: _____ MS#: _____ 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: _____
---	---

DATE OF INITIAL OBSERVATION Year: <u>03</u> Month: <u>05</u> Day: <u>06</u> STATUS (Check ONE) <input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition <input checked="" 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>03</u> Month: <u>05</u> Day: <u>06</u> CONDITION (Check ONE) <input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition <input checked="" type="checkbox"/> 2. Fresh Dead <input type="checkbox"/> 5. Mummified/Skeletal <input type="checkbox"/> 3. Moderate Decomposition <input type="checkbox"/> 6. Dead - Condition Unknown
---	---

INITIAL LIVE ANIMAL DISPOSITION (Check one or more) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 5. Euthanized at Site <input type="checkbox"/> 2. Immediate Release at Site <input type="checkbox"/> 6. Died at Site <input type="checkbox"/> 3. Relocated <input type="checkbox"/> 7. Transferred to Rehabilitation <input type="checkbox"/> 4. Disentangled <input type="checkbox"/> 8. Died During Transport <input type="checkbox"/> 9. Other CONDITION (Check ONE) <input type="checkbox"/> 1. Sick <input type="checkbox"/> 3. Apparently Healthy <input type="checkbox"/> 5. Other <input type="checkbox"/> 2. Injured <input type="checkbox"/> 4. Out of Habitat Date: _____ Rehabilitation Facility: _____ Comments: _____	MORPHOLOGICAL DATA 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 checked="" type="checkbox"/> 2. Female <input type="checkbox"/> 2. Subadult <input type="checkbox"/> 5. Unknown <input type="checkbox"/> 3. Unknown <input type="checkbox"/> 3. Yearling Straight Length: _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> actual <input type="checkbox"/> estimate Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> actual <input type="checkbox"/> estimate PHOTOS/VIDEOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Disposition: _____
---	---

TAG DATA <table border="1" style="width: 100%; border-collapse: collapse;"> <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 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 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 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 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"/>	WHOLE CARCASS DISPOSAL (Check one or more) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 4. Rendered <input type="checkbox"/> 7. Unknown <input type="checkbox"/> 2. Buried <input type="checkbox"/> 5. Stunk <input type="checkbox"/> 3. Towed <input checked="" type="checkbox"/> 6. Frozen for Later Examination SPECIMEN DISPOSITION (Check one or more) <input checked="" type="checkbox"/> 1. Scientific Collection <input type="checkbox"/> 2. Educational Collection <input checked="" type="checkbox"/> 3. Other: <u>given to NOAA for Necropsy</u> Comments: _____ NECROPSIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ NECROPSIED BY: <u>7/22/03</u>
ID#	Color	Type	*Placement (Circle One)	Applied	Present																				
			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"/>																				

6/23/03

MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

TO Scan 7/7
yes

NW-2003-700781

FIELD #: DCNM503 Pp 01 NMFS REGIONAL #: 03NWR05008 NATIONAL DATABASE #: _____
 COMMON NAME: Harbor Porpoise GENUS: Phocoena SPECIES: phocoena
 EXAMINER: _____ Letterholder: _____
 Name: _____ Affiliation: Olympic Coast National Marine Sanctuary
 Address: _____, Port Angeles WA Phone: _____

LOCATION State: <u>WA</u> County: <u>Clallam</u> City: <u>Port Angeles</u> Locality Details: <u>On Discovery trail east of MP 2 at river delta/bridge.</u> Latitude: _____ N Longitude: _____ W	OCCURRENCE DETAILS Mass Stranding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO # Animals: _____ MS#: _____ (NMFS USE) Signs of Human Interaction: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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 checked="" 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: <u>2003</u> Month: <u>5</u> Day: <u>96</u> 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 checked="" 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: _____ Month: _____ Day: _____ CONDITION (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
--	--

INITIAL LIVE ANIMAL DISPOSITION (Check one or more) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 5. Euthanized at Site <input type="checkbox"/> 2. Immediate Release at Site <input type="checkbox"/> 6. Died at Site <input type="checkbox"/> 3. Relocated <input type="checkbox"/> 7. Transferred to Rehabilitation <input type="checkbox"/> 4. Disentangled <input type="checkbox"/> 8. Died During Transport <input type="checkbox"/> 9. Other CONDITION (Check ONE) <input type="checkbox"/> 1. Sick <input type="checkbox"/> 3. Apparently Healthy <input type="checkbox"/> 5. Other <input type="checkbox"/> 2. Injured <input type="checkbox"/> 4. Out of Habitat Date: _____ Rehabilitation Facility: _____ Comments: _____	MORPHOLOGICAL DATA SEX (Check ONE) <input checked="" type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/> 3. Unknown AGE CLASS (Check ONE) <input checked="" type="checkbox"/> 1. Adult <input type="checkbox"/> 2. Subadult <input type="checkbox"/> 3. Yearling <input type="checkbox"/> 4. Pup/Calf <input type="checkbox"/> 5. Unknown Straight Length: <u>146</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> in <input checked="" type="checkbox"/> actual <input type="checkbox"/> estimate Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> actual <input type="checkbox"/> estimate PHOTOS/VIDEOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Disposition: <u>cut off head & froze for scanning. delivered by _____ to NMFS -</u>
---	---

TAG DATA <table border="1" style="width: 100%; border-collapse: collapse;"> <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 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 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 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 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"/>	WHOLE CARCASS DISPOSAL (Check one or more) <input checked="" type="checkbox"/> 1. Left at Site <u>except head</u> <input type="checkbox"/> 4. Rendered <input type="checkbox"/> 7. Unknown <input type="checkbox"/> 2. Buried <input type="checkbox"/> 5. Sunk <input type="checkbox"/> 3. Towed <input type="checkbox"/> 6. Frozen for Later Examination SPECIMEN DISPOSITION (Check one or more) <input checked="" type="checkbox"/> 1. Scientific Collection <input type="checkbox"/> 2. Educational Collection <input type="checkbox"/> 3. Other: _____ Comments: <u>Timing near Canadian Navy Test Puns collected for scanning.</u> NECROPSIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: <u>head 7/22/03 body 7/23/03</u> NECROPSIED BY: _____
ID#	Color	Type	*Placement (Circle One)	Applied	Present																				
_____	_____	_____	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"/>																				

6/23/03

OVER →

ADDITIONAL REMARKS

ADDITIONAL IDENTIFIER:

First called in by woman (- AA Acupuncture center) when she saw it on Tuesday 5/6 - took her awhile to find right contact. She contacted the Sanctuary on 5/9/03.

DISCLAIMER

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DATA ACCESS FOR LEVEL A DATA

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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 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. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subjected 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.



MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

FIELD #: 03-IS-160 NMFS REGIONAL #: 03NWR05033 NATIONAL DATABASE #: _____
(NMFS USE) (NMFS USE)

COMMON NAME: Harbor Porpoise GENUS: Phocoena SPECIES: phocoena

EXAMINER: _____ Letterholder: _____

Name: W's J Beach Watchers Affiliation: _____

Address: _____ Phone: _____

LOCATION State: <u>VA</u> County: <u>Island</u> City: _____ Locality Details: <u>West Beach</u> <u>Whidbey Isl.</u> Latitude: _____ N Longitude: _____ W	OCCURRENCE DETAILS Mass Stranding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO # Animals: <u>1</u> MS#: _____ <small>(NMFS USE)</small> 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 checked="" type="checkbox"/> Not Examined Other Causes: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CBD Describe: _____
---	---

DATE OF INITIAL OBSERVATION Year: <u>03</u> Month: <u>05</u> Day: <u>12</u> 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 checked="" type="checkbox"/> 6. Dead - Condition Unknown	DATE OF EXAMINATION (LEVEL A) <input checked="" type="checkbox"/> Not Able to Examine Year: _____ Month: _____ Day: _____ CONDITION (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
---	---

INITIAL LIVE ANIMAL DISPOSITION (Check one or more) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 5. Euthanized at Site <input type="checkbox"/> 2. Immediate Release at Site <input type="checkbox"/> 6. Died at Site <input type="checkbox"/> 3. Relocated <input type="checkbox"/> 7. Transferred to Rehabilitation <input type="checkbox"/> 4. Disentangled <input type="checkbox"/> 8. Died During Transport <input type="checkbox"/> 9. Other CONDITION (Check ONE) <input type="checkbox"/> 1. Sick <input type="checkbox"/> 3. Apparently Healthy <input type="checkbox"/> 5. Other <input type="checkbox"/> 2. Injured <input type="checkbox"/> 4. Out of Habitat Date: _____ Rehabilitation Facility: _____ Comments: _____	MORPHOLOGICAL DATA SEX (Check ONE) AGE CLASS (Check ONE) <input type="checkbox"/> 1. Male <input type="checkbox"/> 1. Adult <input type="checkbox"/> 4. Pup/Calf <input type="checkbox"/> 2. Female <input type="checkbox"/> 2. Subadult <input checked="" type="checkbox"/> 5. Unknown <input checked="" type="checkbox"/> 3. Unknown <input type="checkbox"/> 3. Yearling Straight Length: _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> actual <input type="checkbox"/> estimate Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> actual <input type="checkbox"/> estimate PHOTOS/VIDEOS TAKEN: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Disposition: _____
---	--

TAG DATA <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">ID#</th> <th style="text-align: left;">Color</th> <th style="text-align: left;">Type</th> <th style="text-align: left;">*Placement (Circle One)</th> <th style="text-align: center;">Applied</th> <th style="text-align: center;">Present</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>D DF L LF LR RF RR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>D DF L LF LR RF RR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>D DF L LF LR RF RR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p><small>*D=Dorsal; DF=Dorsal Fin; L=Lateral Body LF=Left Front; LR=Left Rear; RF=Right Front; RR=Right Rear</small></p>	ID#	Color	Type	*Placement (Circle One)	Applied	Present	_____	_____	_____	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"/>	WHOLE CARCASS DISPOSAL (Check one or more) <input checked="" type="checkbox"/> 1. Left at Site <input type="checkbox"/> 4. Rendered <input checked="" type="checkbox"/> 7. Unknown <input type="checkbox"/> 2. Buried <input type="checkbox"/> 5. Sunk <input type="checkbox"/> 3. Towed <input type="checkbox"/> 6. Frozen for Later Examination SPECIMEN DISPOSITION (Check one or more) <input type="checkbox"/> 1. Scientific Collection <input type="checkbox"/> 2. Educational Collection <input type="checkbox"/> 3. Other: _____ Comments: <u>not collected</u> NECROPSIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Date: _____ NECROPSIED BY: _____
ID#	Color	Type	*Placement (Circle One)	Applied	Present																				
_____	_____	_____	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"/>																				

ADDITIONAL REMARKS

ADDITIONAL IDENTIFIER: _____

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MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

FIELD #: 03 - GH - 159 NMFS REGIONAL #: 03NWR05034 NATIONAL DATABASE #: _____
(NMFS USE) (NMFS USE)

COMMON NAME: Harbor Porpoise GENUS: Phocoena SPECIES: phocoena

EXAMINER Name: Cascadia Research Letterholder: _____
 Affiliation: _____

Address: _____ Phone: _____

LOCATION State: <u>WA</u> County: <u>Grays Harbor</u> City: <u>Ocean City</u> Locality Details: _____ _____ Latitude: _____ N Longitude: _____ W	OCCURRENCE DETAILS Mass Stranding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO # Animals: <u>1</u> MS#: _____ <small>(NMFS USE)</small> 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 checked="" type="checkbox"/> Not Examined Other Causes: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CBD Describe: _____
---	---

DATE OF INITIAL OBSERVATION Year: <u>03</u> Month: <u>05</u> Day: <u>12</u> 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 checked="" type="checkbox"/> 3. Moderate Decomposition <input type="checkbox"/> 6. Dead - Condition Unknown	DATE OF EXAMINATION (LEVEL A) <input checked="" type="checkbox"/> Not Able to Examine Year: _____ Month: _____ Day: _____ CONDITION (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
---	---

INITIAL LIVE ANIMAL DISPOSITION (Check one or more) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 5. Euthanized at Site <input type="checkbox"/> 2. Immediate Release at Site <input type="checkbox"/> 6. Died at Site <input type="checkbox"/> 3. Relocated <input type="checkbox"/> 7. Transferred to Rehabilitation <input type="checkbox"/> 4. Disentangled <input type="checkbox"/> 8. Died During Transport <input type="checkbox"/> 9. Other CONDITION (Check ONE) <input type="checkbox"/> 1. Sick <input type="checkbox"/> 3. Apparently Healthy <input type="checkbox"/> 5. Other <input type="checkbox"/> 2. Injured <input type="checkbox"/> 4. Out of Habitat Date: _____ Rehabilitation Facility: _____ Comments: _____	MORPHOLOGICAL DATA SEX (Check ONE) AGE CLASS (Check ONE) <input type="checkbox"/> 1. Male <input type="checkbox"/> 1. Adult <input type="checkbox"/> 4. Pup/Calf <input type="checkbox"/> 2. Female <input type="checkbox"/> 2. Subadult <input checked="" type="checkbox"/> 5. Unknown <input checked="" type="checkbox"/> 3. Unknown <input type="checkbox"/> 3. Yearling Straight Length: _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> actual <input type="checkbox"/> estimate Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> actual <input type="checkbox"/> estimate PHOTOS/VIDEOS TAKEN: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Disposition: _____
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TAG DATA <table border="1" style="width: 100%; border-collapse: collapse;"> <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 LF LR RF RR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>D DF L LF LR RF RR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>D DF L LF LR RF RR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p><small>*D=Dorsal; DF=Dorsal Fin; L=Lateral Body LF=Left Front; LR=Left Rear; RF=Right Front; RR=Right Rear</small></p>	ID#	Color	Type	*Placement (Circle One)	Applied	Present	_____	_____	_____	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"/>	WHOLE CARCASS DISPOSAL (Check one or more) <input checked="" type="checkbox"/> 1. Left at Site <input type="checkbox"/> 4. Rendered <input checked="" type="checkbox"/> 7. Unknown <input type="checkbox"/> 2. Buried <input type="checkbox"/> 5. Sunk <input type="checkbox"/> 3. Towed <input type="checkbox"/> 6. Frozen for Later Examination SPECIMEN DISPOSITION (Check one or more) <input type="checkbox"/> 1. Scientific Collection <input type="checkbox"/> 2. Educational Collection <input type="checkbox"/> 3. Other: <u>not collected</u> Comments: _____ _____ NECROPSIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Date: _____ NECROPSIED BY: _____
ID#	Color	Type	*Placement (Circle One)	Applied	Present																				
_____	_____	_____	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"/>																				

ADDITIONAL REMARKS

ADDITIONAL IDENTIFIER: _____

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MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

FIELD #: WIC 051303.SA NMFS REGIONAL #: 03NWR05010 NATIONAL DATABASE #: NW-2003-1000783
 COMMON NAME: HARBOR PORPOISE GENUS: PHOCOENA SPECIES: PHOCOENA
 EXAMINER: _____ Letterholder: ARMY BIOLOGIST
 Name: _____ Affiliation: USA ISLAND COUNTY NMSEU
 Address: 1 Coupeville WA 98237 Phone: _____

LOCATION State: <u>WA</u> County: <u>ISLAND</u> City: <u>COUPEVILLE</u> Locality Details: <u>FOOT CASEY STATE PARK ± 1/2 WAY BETW STRIP LINES AT POINT + GUN EMPLACEMENT</u> Latitude: <u>Admiralty Head</u> N Longitude: _____ W	OCCURRENCE DETAILS Mass Stranding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO # Animals: _____ 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 checked="" type="checkbox"/> 4. Other Human Interaction: <u>POSSIBLE</u> How determined: <input checked="" 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: <u>2003</u> Month: <u>5</u> Day: <u>13</u> STATUS (Check ONE) <input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition <input checked="" 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>2003</u> Month: <u>5</u> Day: <u>13</u> CONDITION (Check ONE) <input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition <input checked="" 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) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 5. Euthanized at Site <input type="checkbox"/> 2. Immediate Release at Site <input type="checkbox"/> 6. Died at Site <input type="checkbox"/> 3. Relocated <input type="checkbox"/> 7. Transferred to Rehabilitation <input type="checkbox"/> 4. Disentangled <input type="checkbox"/> 8. Died During Transport <input type="checkbox"/> 9. Other CONDITION (Check ONE) <input type="checkbox"/> 1. Sick <input type="checkbox"/> 3. Apparently Healthy <input type="checkbox"/> 5. Other <input type="checkbox"/> 2. Injured <input type="checkbox"/> 4. Out of Habitat Date: _____ Rehabilitation Facility: _____ Comments: _____	MORPHOLOGICAL DATA SEX (Check ONE) AGE CLASS (Check ONE) <input checked="" type="checkbox"/> 1. Male <input checked="" type="checkbox"/> 1. Adult <input type="checkbox"/> 4. Pup/Calf <input checked="" type="checkbox"/> 2. Female <input type="checkbox"/> 2. Subadult <input type="checkbox"/> 5. Unknown <input type="checkbox"/> 3. Unknown <input type="checkbox"/> 3. Yearling Straight Length: <u>154cm</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> in <input checked="" type="checkbox"/> actual <input type="checkbox"/> estimate Weight: <u>63</u> <input type="checkbox"/> kg <input checked="" type="checkbox"/> lb <input type="checkbox"/> actual <input checked="" type="checkbox"/> estimate PHOTOS/VIDEOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Disposition: <u>DIGITAL PHOTOS AVAILABLE ADMIRALTY HEAD LIGHTHOUSE. ALSO FROM RESPONDER</u>
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TAG DATA <table border="1" style="width: 100%; border-collapse: collapse;"> <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><u>0</u></td> <td></td> <td></td> <td>U DF L 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 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 LF LR RF RR</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	ID#	Color	Type	*Placement (Circle One)	Applied	Present	<u>0</u>			U 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"/>	WHOLE CARCASS DISPOSAL (Check one or more) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 4. Rendered <input type="checkbox"/> 7. Unknown <input type="checkbox"/> 2. Buried <input type="checkbox"/> 5. Sunk <input type="checkbox"/> 3. Towed <input type="checkbox"/> 6. Frozen for Later Examination SPECIMEN DISPOSITION (Check one or more) <input checked="" type="checkbox"/> 1. Scientific Collection <input type="checkbox"/> 2. Educational Collection <input type="checkbox"/> 3. Other: _____ Comments: _____ NECROPSIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: <u>7/24/03</u> NECROPSIED BY: _____
ID#	Color	Type	*Placement (Circle One)	Applied	Present																				
<u>0</u>			U 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

6/23/03

ADDITIONAL REMARKS

03NW 205010

ADDITIONAL IDENTIFIER: _____

BEACH WATCHER COORDINATOR

WIC051303SD

Responder: _____, additional responder: _____

Initial report of stranded animal was made to SD by _____ Waste Wise Coordinator at approx. 10am at the Admiralty Head Lighthouse. She had spotted the carcass in the water during an early morning bird count.

Response approx. 10:30 am. Carcass was located approx 1/2 way between staircase at Fort Casey point and the beach access trail below the disappearing gun emplacement. The carcass was secured with a rope around the flukes and towed onto shore. It was identified as a 5'3" male harbor porpoise.

The carcass was fresh and very little superficial damage was observed on the skin. The skin was worn from the tips of the flukes, but the flesh intact. Skin coloration was evident. The carcass was bleeding from both eyes, with eye balls intact. There was leakage of blood from the blow hole when the head was turned. There was also a small amount of blood oozing from the mouth. The skull, jaws and teeth appeared to be intact.

Several researchers were notified via _____ of the Orca Network. _____ of the Marine Mammal Lab plans to come to Whidbey Island on Wed. evening, May 14, to retrieve the carcass.

SD returned to the site later in the afternoon of 5/13 and secured the carcass to driftwood. She again returned the next morning. Eagles had eaten a portion of the head and right side of the carcass. The left side was intact. SD wrapped the carcass in plastic and secured it with driftwood to protect it from further eagle damage. The shroud was labeled for pickup.

Park Rangers were notified of the location of the carcass and its impending pickup.

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MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

yes
to scan
7/20

FIELD #: OCNMS03 P 02 NMFS REGIONAL #: 03NWRO5011 NATIONAL DATABASE #: NW-2003-1000784

COMMON NAME: TURBO PORPOISE GENUS: PHOCOENA SPECIES: PHOCOENA

EXAMINER: _____ Letterholder: _____

Name: _____ Affiliation: OLYMPIC COAST NAT. MARINE SANCTUARY

Address: PORT ANGELES WA Phone: _____

LOCATION State: <u>WA</u> County: <u>CLALLAM</u> City: <u>PORT ANGELES</u> Locality Details: <u>EDIZ BROOK</u> <u>NORTH SIDE</u> <u>NEAR COAST GUARD GATE</u> Latitude: _____ N Longitude: _____ W	OCCURRENCE DETAILS Mass Stranding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO # Animals: <u>1</u> Signs of Human Interaction: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Could Not be Determined (CBD) (Check one or more) <input type="checkbox"/> 1. Boat Collision <input type="checkbox"/> 2. Fishery Interaction <input type="checkbox"/> 2. Shot <input type="checkbox"/> 4. Other Human Interaction: _____ How determined: <input checked="" 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: <u>03</u> Month: <u>05</u> Day: <u>16</u> STATUS (Check ONE) <input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition <input checked="" 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: _____ Month: _____ Day: _____ CONDITION (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
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INITIAL LIVE ANIMAL DISPOSITION (Check one or more) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 5. Euthanized at Site <input type="checkbox"/> 2. Immediate Release at Site <input type="checkbox"/> 6. Died at Site <input type="checkbox"/> 3. Relocated <input type="checkbox"/> 7. Transferred to Rehabilitation <input type="checkbox"/> 4. Disentangled <input type="checkbox"/> 8. Died During Transport <input type="checkbox"/> 8. Other CONDITION (Check ONE) <input type="checkbox"/> 1. Sick <input type="checkbox"/> 3. Apparently Healthy <input type="checkbox"/> 5. Other <input type="checkbox"/> 2. Injured <input type="checkbox"/> 4. Out of Habitat Date: _____ Rehabilitation Facility: _____ Comments: _____	MORPHOLOGICAL DATA 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 checked="" type="checkbox"/> 2. Female <input type="checkbox"/> 2. Subadult <input type="checkbox"/> 5. Unknown <input type="checkbox"/> 3. Unknown <input type="checkbox"/> 3. Yearling Straight Length: <u>141</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> actual <input type="checkbox"/> estimate Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> actual <input type="checkbox"/> estimate PHOTOS/VIDEOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Disposition: _____
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ID#	Color	Type	*Placement (Circle One)	Applied	Present																																						
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			LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>																																						

6/23/03

ADDITIONAL REMARKS

ADDITIONAL IDENTIFIER: _____

LENGTH (CENTER OF FLUKE TO TIP OF SNOUT ALONG SIDE)

141 CM

- BLOOD Oozing FROM EYES, BLOWHOLE + MOUTH
- VENTRAL SIDE ** / MULTIPLE SCRAPS - PROBABLY GULL DAMAGE
- STRANDED HIGH ON INTERTIDAL

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MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

FIELD #: WIEG57035B NMFS REGIONAL #: 03NWRO5019 NATIONAL DATABASE #: NW-2003-1000819
 COMMON NAME: Harbor Porpoise GENUS: Phocoena SPECIES: phocoena
 EXAMINER: _____ Letterholder: _____
 Name: _____ Affiliation: Oke Network / Beach Watchers
 Address: _____ Phone: _____

LOCATION State: <u>WA</u> County: <u>Island</u> City: <u>Greenbank</u> Locality Details: <u>Lagoon Pt. on beach in front of 095 Westcliff Dr</u> Latitude: _____ N Longitude: _____ W	OCCURRENCE DETAILS Mass Stranding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO # Animals: _____ Signs of Human Interaction: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Could Not be Determined (CND) (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 checked="" 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: <u>03</u> Month: <u>05</u> Day: <u>17</u> STATUS (Check ONE) <input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition <input checked="" 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>03</u> Month: <u>05</u> Day: <u>17</u> CONDITION (Check ONE) <input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition <input checked="" 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) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 5. Euthanized at Site <input type="checkbox"/> 2. Immediate Release at Site <input type="checkbox"/> 6. Died at Site <input type="checkbox"/> 3. Relocated <input type="checkbox"/> 7. Transferred to Rehabilitation <input type="checkbox"/> 4. Disentangled <input type="checkbox"/> 8. Died During Transport <input type="checkbox"/> 9. Other CONDITION (Check ONE) <input type="checkbox"/> 1. Sick <input type="checkbox"/> 3. Apparently Healthy <input type="checkbox"/> 5. Other <input type="checkbox"/> 2. Injured <input type="checkbox"/> 4. Out of Habitat Date: _____ Rehabilitation Facility: _____ Comments: _____	MORPHOLOGICAL DATA 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 checked="" type="checkbox"/> 2. Female <input type="checkbox"/> 2. Subadult <input type="checkbox"/> 5. Unknown <input type="checkbox"/> 3. Unknown <input type="checkbox"/> 3. Yearling Straight Length: <u>138 cm</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> in <input checked="" type="checkbox"/> actual <input type="checkbox"/> estimate Weight: <u>54</u> <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> actual <input type="checkbox"/> estimate PHOTOS/VIDEOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>digital photos & video</i> Disposition: <u>picked up specimen the evening of 5/17/03, brought to NMML for further examination</u>
---	---

TAG DATA <table style="width: 100%; border-collapse: collapse;"> <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 LF LR RF RR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>D DF L LF LR RF RR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>D DF L LF LR RF RR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><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 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"/>	WHOLE CARCASS DISPOSAL (Check one or more) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 4. Rendered <input type="checkbox"/> 7. Unknown <input type="checkbox"/> 2. Buried <input type="checkbox"/> 5. Sunk <input type="checkbox"/> 3. Towed <input type="checkbox"/> 6. Frozen for Later Examination SPECIMEN DISPOSITION (Check one or more) <input checked="" type="checkbox"/> 1. Scientific Collection <input type="checkbox"/> 2. Educational Collection <input type="checkbox"/> 3. Other: _____ Comments: <u>Brought to NMML by other recent porpoise specimens to be necropsied with</u> NECROPSIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: <u>7/24/03</u> NECROPSIED BY: _____
ID#	Color	Type	*Placement (Circle One)	Applied	Present																				
_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>																				
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_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>																				

6/30/03

ADDITIONAL IDENTIFIER: _____

The call came in at 8³⁰ am, I responded at approx. 10 am. No visible cause of death, freshly dead specimen. Was called to collect specimen, due to high number of porpoise strandings + coincident Naval sonar exercises. After measuring + examination, we wrapped the specimen in a tarp to protect from predation by eagles, + moved it above the high tide line. Picked it up that evening.

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DATA ACCESS FOR LEVEL A DATA

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PAPERWORK REDUCTION ACT INFORMATION

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MARINE MAMMAL STRANDING REPORT

NW 2003-1000785

SID# _____ (NMFS USE)

FIELD NO.: 2003-SJ009 NMFS REGISTRATION NO.: 03NWRO5012
 COMMON NAME: Harbor Porpoise GENUS: Phocoena SPECIES: phocoena
 EXAMINER: _____ Agency: The Whale Museum Phone: _____
 Name: _____ Friday Harbor WA 98250

To scan 7/1/03

LOCATION State: <u>WA</u> County: <u>San Juan</u> City: _____ Locality Details: <u>Eagle Pt., West side San Juan Island floating</u> *Latitude: _____ N *Longitude: _____ W	TYPE OF OCCURRENCE Mass Stranding: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No # Animals <u>1</u> Human Interaction: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> ? Check one: <input type="checkbox"/> 1. Boat Collision <input type="checkbox"/> 2. Shot <input type="checkbox"/> 3. Fishery Interaction <input type="checkbox"/> 4. Other _____ How determined: _____ Other Causes (if known): _____
---	---

DATE OF INITIAL OBSERVATION: Yr. <u>2003</u> Mo. <u>5</u> Day <u>20</u> CONDITION: Check one: <input type="checkbox"/> 1. Alive <input checked="" type="checkbox"/> 2. Fresh dead <input type="checkbox"/> 3. Moderate decomp. <input type="checkbox"/> 4. Advanced decomp. <input type="checkbox"/> 5. Mummified <input type="checkbox"/> ? Unknown	DATE OF EXAMINATION: Yr. <u>2003</u> Mo. <u>5</u> Day <u>20</u> CONDITION: Check one: <input type="checkbox"/> 1. Alive <input checked="" type="checkbox"/> 2. Fresh dead <input type="checkbox"/> 3. Moderate decomp. <input type="checkbox"/> 4. Advanced decomp. <input type="checkbox"/> 5. Mummified <input type="checkbox"/> ? Unknown
---	---

LIVE ANIMAL — Condition and Disposition: Check one or more: <input type="checkbox"/> 1. Released at site <input type="checkbox"/> 2. Sick <input type="checkbox"/> 3. Injured <input type="checkbox"/> 4. Died <input type="checkbox"/> 5. Euthanized <input type="checkbox"/> 6. Rehabilitated and released <input type="checkbox"/> ? Unknown Transported to: _____ <input type="checkbox"/> Died <input type="checkbox"/> Released Date: _____	TAGS APPLIED?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TAGS PRESENT?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">Dorsal</td> <td style="width: 33%; text-align: center;">Left</td> <td style="width: 33%; text-align: center;">Right</td> </tr> <tr> <td>Tag No.(s):</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Color(s):</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Type:</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Placement</td> <td style="text-align: center;">Front/Rear</td> <td style="text-align: center;">Front/Rear</td> <td style="text-align: center;">Front/Rear</td> </tr> </table>		Dorsal	Left	Right	Tag No.(s):	_____	_____	_____	Color(s):	_____	_____	_____	Type:	_____	_____	_____	Placement	Front/Rear	Front/Rear	Front/Rear
	Dorsal	Left	Right																		
Tag No.(s):	_____	_____	_____																		
Color(s):	_____	_____	_____																		
Type:	_____	_____	_____																		
Placement	Front/Rear	Front/Rear	Front/Rear																		

CARCASS — Disposition: Check one: <input type="checkbox"/> 1. Left at site <input type="checkbox"/> 2. Buried <input type="checkbox"/> 3. Towed <input checked="" type="checkbox"/> 4. Sci. collection: (see below) <input type="checkbox"/> 5. Edu. collection: (see below) <input type="checkbox"/> 6. Other _____ <input type="checkbox"/> ? Unknown NECROPSIED? <u>7/23/03</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MORPHOLOGICAL DATA: Sex — Check one: <input checked="" type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/> ? Unknown Contour: Straight Length: <u>123</u> cm <input type="checkbox"/> in <input type="checkbox"/> est *Weight _____ <input type="checkbox"/> lb <input type="checkbox"/> est PHOTOS TAKEN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Girth _____ in _____ est
--	---

REMARKS: Towed by whale-watch operator to Snug Harbor, picked up animal and stored it in Center for Whale Research (CWR) freezer

DISPOSITION OF TISSUE/SKELETAL MATERIAL: _____

6/23/03

MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

the copy 7/22

1 21 *LT done*

FIELD #: CRC 490 NMFS REGIONAL #: 03NWRO6005 NATIONAL DATABASE #: NW-2003-100106
(NMFS USE) (NMFS USE)

COMMON NAME: Harbor Porpoise GENUS: P. SPECIES: phocoena

EXAMINER: _____ Letterholder: _____

Name: Cascadia Research Affiliation: _____

Address: _____ Phone: _____

LOCATION State: <u>WA</u> County: <u>Pacific</u> City: <u>Long Beach</u> Locality Details: _____ Latitude: _____ N Longitude: _____ W	OCCURRENCE DETAILS Mass Stranding: <input type="checkbox"/> YES <input type="checkbox"/> NO # Animals: <u>1</u> MS#: _____ <small>(NMFS USE)</small> Signs of Human Interaction: <input type="checkbox"/> YES <input checked="" 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 checked="" 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 checked="" type="checkbox"/> CBD Describe: _____
---	---

DATE OF INITIAL OBSERVATION Year: <u>03</u> Month: <u>06</u> Day: <u>02</u> STATUS (Check ONE) <input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition <input checked="" 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>03</u> Month: <u>06</u> Day: <u>02</u> CONDITION (Check ONE) <input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition <input checked="" type="checkbox"/> 2. Fresh Dead <input type="checkbox"/> 5. Mummified/Skeletal <input type="checkbox"/> 3. Moderate Decomposition <input type="checkbox"/> 6. Dead - Condition Unknown
---	---

INITIAL LIVE ANIMAL DISPOSITION (Check one or more) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 5. Euthanized at Site <input type="checkbox"/> 2. Immediate Release at Site <input type="checkbox"/> 6. Died at Site <input type="checkbox"/> 3. Relocated <input type="checkbox"/> 7. Transferred to Rehabilitation <input type="checkbox"/> 4. Disentangled <input type="checkbox"/> 8. Died During Transport <input type="checkbox"/> 9. Other CONDITION (Check ONE) <input type="checkbox"/> 1. Sick <input type="checkbox"/> 3. Apparently Healthy <input type="checkbox"/> 5. Other <input type="checkbox"/> 2. Injured <input type="checkbox"/> 4. Out of Habitat Date: _____ Rehabilitation Facility: _____ Comments: _____	MORPHOLOGICAL DATA SEX (Check ONE) AGE CLASS (Check ONE) <input checked="" type="checkbox"/> 1. Male <input type="checkbox"/> 1. Adult <input type="checkbox"/> 4. Pup/Calf <input type="checkbox"/> 2. Female <input checked="" type="checkbox"/> 2. Subadult <input type="checkbox"/> 5. Unknown <input type="checkbox"/> 3. Unknown <input type="checkbox"/> 3. Yearling Straight Length: <u>141</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> in <input checked="" type="checkbox"/> actual <input type="checkbox"/> estimate Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> actual <input type="checkbox"/> estimate PHOTOS/VIDEOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Disposition: <u>NWR office</u>
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TAG DATA <table style="width: 100%; border-collapse: collapse;"> <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 LF LR RF RR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td></td> <td></td> <td>D DF L LF LR RF RR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td></td> <td></td> <td>D DF L LF LR RF RR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p><small>*D=Dorsal; DF=Dorsal Fin; L=Lateral Body LF=Left Front; LR=Left Rear; RF=Right Front; RR=Right Rear</small></p>	ID#	Color	Type	*Placement (Circle One)	Applied	Present	_____			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"/>	WHOLE CARCASS DISPOSAL (Check one or more) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 4. Rendered <input type="checkbox"/> 7. Unknown <input type="checkbox"/> 2. Buried <input type="checkbox"/> 5. Sunk <input type="checkbox"/> 3. Towed <input checked="" type="checkbox"/> 6. Frozen for Later Examination SPECIMEN DISPOSITION (Check one or more) <input checked="" type="checkbox"/> 1. Scientific Collection <input type="checkbox"/> 2. Educational Collection <input type="checkbox"/> 3. Other: _____ Comments: _____ NECROPSIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date: <u>7/22/03</u> NECROPSIED BY: _____
ID#	Color	Type	*Placement (Circle One)	Applied	Present																				
_____			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"/>																				

ADDITIONAL REMARKS

ADDITIONAL IDENTIFIER: _____

DISCLAIMER

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Appendix B. Phocoenid strandings in British Columbia, Canada (April - May 2003)

Date of Initial Observation	Location	Case Number	Species	Gender	Comments
4/22/2003	Clover Point	2767	Harbor porpoise	M	head and limbs amputated; NSF
4/29/2003	Willow Beach	2768	Dall's porpoise	M	cryptococcosis
5/1/03	Esquimalt, Vancouver Island, BC	2769	Harbor porpoise	M	fetus, marked meconium aspiration
5/2/03	Seabird Point, Discovery Island, BC	03NWR05032	Harbor porpoise	U	not collected
5/21/03	Bamfield, Vancouver Island, BC	2770	Dall's porpoise	F	cryptococcosis

Appendix C. Investigation team members with affiliations and expertise.

Investigation Team Leaders -

William A. McLellan

University of North Carolina, Wilmington
601 S. College Dr.
Wilmington, NC 28403

Bill is a Research Scientist at the University of North Carolina at Wilmington. Mr. McLellan is the North Carolina State Stranding Coordinator and the Large Whale Mortality Team Leader for the mid-Atlantic and recently received the NOAA Environmental Hero Award in recognition of outstanding efforts to respond and investigate stranded marine mammals throughout the nation.

Ann Pabst

University of North Carolina, Wilmington
601 S. College Dr.
Wilmington, NC 28403

Dr. Pabst is a Professor in Biological Sciences at the University of North Carolina at Wilmington. Her work on the bio-mechanics of small cetacean skin and blubber combines the principles of mechanical engineering with the study of organismal form and function using quantitative morphological techniques, image analysis, and mechanical tests. Both McLellan and Pabst have over 20 years of experience working with dead stranded and live cetaceans. Harbor porpoises have been a focal species for this team - they have necropsied over 250 porpoises during their research. Their current focus, on the functional morphology of cetaceans is specific to locomotion and thermoregulation but extends also to the functional development of muscle, skeleton and skin.

Darlene Ketten

Biology Department
Woods Hole Oceanographic Institution
Woods Hole MA 02543 USA

Dr. Ketten is a marine biologist and neuroanatomist specializing in how behavior is linked to sensory system structure and function. She holds joint appointments as a senior scientist in the biology department of Woods Hole Oceanographic Institution and as assistant professor in Otolaryngology at Harvard Medical School. Her current work focuses on underwater sound reception and hearing mechanisms of marine mammals and research on the diagnostic and mechanistic analysis of pathology, trauma and disease of the ears and ear region. In addition to basic research, Dr. Ketten provides specialty forensic analyses of the head and neck for NOAA Fisheries investigations in stranded animals. Dr. Ketten has served on federal advisory boards and panels on hearing, bioacoustics, acoustic trauma, cochlear implant policy and procedures, marine mammal acoustics and ocean noise for the National Institute of Health, National Institutes of Deafness and Communication Disorders, NIH Consensus Development Conferences, the National Academy of Sciences, the Marine Mammal Commission, Minerals Management Service, NATO, Office of Naval Research and NOAA Fisheries.

Appendix C. Investigation team members with affiliations and expertise.

Additional team members-

Stephen Raverty

Ministry of Agriculture Food and Fisheries
1767 Angus Campbell Rd.
Abbotsford, British Columbia
V3G 2M3
Canada

Dr. Raverty is a board-certified, veterinary pathologist with the Ministry of Agriculture, Food and Fisheries in Abbotsford, British Columbia and over the last 5 years has participated in the post mortem examination and disease outbreak investigations of stranded marine mammals off the coast of British Columbia and more recently within Washington state.

Michelle Fleetwood

Armed Forces Institute of Pathology
6825 16th St. NW
Washington, DC 20306

Dr. Fleetwood, DVM, Chief, Consultation Branch, Department of Veterinary Pathology, Armed Forces Institute of Pathology. She is a Diplomate of the American College of Veterinary Pathologists.

Joseph K. Gaydos

SeaDoc Society
UC Davis Wildlife Health Center
982 Deer Harbor Rd.
Eastsound, WA 98245

Dr. Gaydos is a wildlife veterinarian and the staff scientist for the SeaDoc Society (UC Davis Wildlife Health Center). He is a veterinarian and has a PhD in wildlife diseases. He resides on Orcas Island, Washington State and has worked with Rich Osborne of the Whale Museum for the past year on a project determining the causes of death for stranded marine mammals in San Juan County, Washington.

Steve Jeffries

Washington Department of Fish and Wildlife
Marine Mammal Program
7801 Phillips Rd. SW
Tacoma, WA 98498

Mr. Jeffries is a Research Scientist with State of Washington Department of Fish and Wildlife's Marine Mammal Investigation unit. Primary response center for Northwest Marine Mammal Stranding Network. Extensive experience with examining marine mammals from regional

Appendix C. Investigation team members with affiliations and expertise.

fishery bycatch and strandings in Northwest. Primary response center for marine mammal strandings in Washington since 1980.

Tara Cox

Marine Mammal Commission
4340 East-West Highway, Room 905
Bethesda, MD 20814

Dr. Cox is Assistant Scientific Program Director, Marine Mammal Commission

Dyanna Lambourn

Washington Department of Fish and Wildlife
Marine Mammal Program
7801 Phillips Rd. SW
Tacoma, WA 98498

Ms. Lambourn is a Wildlife Biologist with the Marine Mammal Investigation Program of the Washington Department of Fish and Wildlife.

Brad Hanson

Northwest Fisheries Science Center
2725 Montlake Blvd. East
Seattle, WA 98112-2097

Dr. Hanson is a biologist with the Marine Mammal Program, Northwest Fisheries Science Center, NOAA Fisheries.

Brent Norberg

Lynne Barre

Stephanie Norman

NOAA/NMFS
NWR/Protected Resources Division
7600 Sand Point Way, NE
Building 1
Seattle, WA 98115

Mr. Norberg is the Northwest Regional Marine Mammal Stranding Coordinator with the Protected Resources Division, Northwest Regional Office, NOAA Fisheries.

Ms. Barre is a Marine Mammal Specialist with the Protected Resources Division, Northwest Regional Office, NOAA Fisheries.

Appendix C. Investigation team members with affiliations and expertise.

Dr. Norman is a Marine Mammal Veterinarian with the Protected Resources Division, Northwest Regional Office, NOAA Fisheries.

Scott Cramer

Biology Department

Woods Hole Oceanographic Institution

Woods Hole MA 02543 USA

Mr. Cramer is a research assistant in Dr. Ketten's laboratory.

Appendix D. List of harbor porpoise (*Phocoena phocoena*) stranding events in Washington State 1992-2002.

Initial Date	City	State	Field ID Number	Number of Animals	Sex	Length (cm)	Examiner
5/14/1992	La Push	WA	RCF282	1	M	89	National Marine Mammal Lab (NMML)
5/26/1992	Neah Bay	WA	RCF 284	2	M	133	NMML
7/5/1992	Long Beach	WA	HP92-07-05	1	M	75*	Marine Animal Resource Center (MARC)
8/22/1992	La Conner	WA	HP92-08-22	1	M	136	MARC
10/4/1992	Long Beach peninsula	WA	RLH 005	1	M	155	NMML
10/4/1992	Long Beach peninsula	WA	RLH 013	1	M	147	NMML
10/4/1992	Long Beach peninsula	WA	KMM 043	1	M	144	NMML
10/4/1992	Long Beach peninsula	WA	KMM 049	1	M	152	NMML
10/9/1992	Long Beach peninsula	WA	JCC 002	1	M	144	NMML
10/23/1992	Squaxin Island	WA	JCC-004	1	M		Public
1/30/1993	Belfair	WA	HP93-01-30	1	M	181	MARC
2/14/1993	Moclips	WA	MARC93-022	1	U	120*	MARC
4/5/1993	San Juan Island	WA	PJG-126	1	M	153	NMML
5/2/1993	Lopez Island	WA		1	M	130*	Whale Museum
5/21/1993	Port Angeles	WA	SDO-93-010	1	M	133	NMML

* - estimated length

Appendix D. List of harbor porpoise (*Phocoena phocoena*) stranding events in Washington State 1992-2002.

Initial Date	City	State	Field ID Number	Number of Animals	Sex	Length (cm)	Examiner
6/17/1993	Ocean Shores	WA		1	U	120*	Public
8/21/1993	Brown Island	WA	PJG-130	1	U	105*	NMML
9/22/1993	Tacoma	WA	MARC93-279	1	F	94*	MARC
5/2/1994	San Juan Island	WA		1	M	125	Whale Museum
7/25/1994	San Juan Island	WA	SJ078-94	1	F	80	Whale Museum
8/1/1994	San Juan Island	WA	SJ099-94	1	U		Whale Museum
8/3/1994	Lopez Island	WA	SJ100-94	1	F		Whale Museum
4/17/1995	Orcas Island	WA	SJ-002-95	1	M	135	Whale Museum
4/19/1995	Lopez Island	WA	SJ003-95	2	F	178	Whale Museum
8/20/1995	Orcas Island	WA	SJ045-95	1	F	75	Whale Museum
10/24/1995	San Juan Island	WA	SJ066-95	1	F	107.5	Whale Museum
10/29/1995	San Juan Island	WA	SJ067-95	1	U	92.5	Whale Museum
5/11/1997	San Juan Island	WA	SJ017-97	1	U	135*	Whale Museum
9/14/1997	San Juan Island	WA	SJ096-97	1	U	135*	Public
4/8/1998	Anacortes	WA		1	M	127	NMML
4/30/1998	Shaw Is.	WA		1	U	0	Public
7/17/1998	Waldron Island	WA		1	U	50*	U.S. Coast Guard
8/8/1998	San Juan Island	WA	1998-SJ015	1	F	90*	Whale Museum
11/22/1998	San Juan Island	WA		1	F	177.5*	Whale Museum
3/11/1999	Pt. Roberts	WA	MBHPp99001	1	M	44*	Public
5/21/1999	Friday Harbor	WA	1999-SJ005	1	M	152	Whale Museum

* - estimated length

Appendix D. List of harbor porpoise (*Phocoena phocoena*) stranding events in Washington State 1992-2002.

Initial Date	City	State	Field ID Number	Number of Animals	Sex	Length (cm)	Examiner
1/29/2000	San Juan Island	WA	2000SJO01	1	F	140*	Whale Museum
3/17/2000	Ocean Shores	WA	MMP00-10	1	F	176	Washington Department of Fish and Wildlife
3/29/2000	Lopez Island	WA	2000-SJ017	1	U	107.5	Whale Museum
4/14/2000	San Juan Island	WA	2000SJ007	1	U		Public
8/12/2000	Rialto Beach	WA	MBHPp20001	1	M	116	Park Ranger
8/29/2000	Bellingham	WA		1	F	143	NMFS Enforcement
1/7/2001	Port Angeles	WA	Dng-01-002	1	M	155	National Marine Fisheries Service (NMFS)
4/27/2001	Strait of Juan de Fuca	WA	001-01	1	F	132.5	M. Klope
5/2/2001	Lopez Island	WA	2001-SJ002	1	F	142.5	Whale Museum
5/2/2001	Port Townsend	WA		1	U	120*	NMML
5/3/2001	San Juan Island	WA	2001-SJ003	1	F	130	Whale Museum
5/10/2001	San Juan Island	WA	2001-SJ004	1	F	135*	Whale Museum
5/13/2001	Sequim	WA	Dng-01-004	1	F	1010	NMML
5/17/2001	Port Angeles	WA		1	M	135	NMML
5/26/2001	San Juan Island	WA	2001-SJ005	1	U		Whale Museum
7/9/2001	Mountain View	WA		1	U	135*	NMFS Enforcement
7/12/2001	Ocean Shores	WA	CRC - 478	1	M	85	Cascadia Research
7/31/2001	San Juan Island	WA	2001-SJ041	1	F	155	Whale Museum

* - estimated length

Appendix D. List of harbor porpoise (*Phocoena phocoena*) stranding events in Washington State 1992-2002.

Initial Date	City	State	Field ID Number	Number of Animals	Sex	Length (cm)	Examiner
8/16/2001	Port Townsend	WA		1	U	75*	Olympic Coast National Marine Sanctuary (OCNMS)
12/25/2001	Orcas Island	WA	2001-SJ059	1	M	117.5	Whale Museum
12/27/2001	Shaw Island	WA	2001-SJ060	1	M	132	Whale Museum
1/15/2002	Whidbey Island	WA	001-02	1	U		M. Klope
3/12/2002	Port Angeles	WA		1	M	130	OCNMS
4/27/2002	Samish Island	WA		1	M	128	NMML
5/15/2002	San Juan Island	WA	2002-SJ004	1	F	165	Whale Museum
5/30/2002	Lopez Island	WA	2002-SJ033	1	M	146	Whale Museum
6/15/2002	Lopez Island	WA	2002-SJ006	1	M	162.5	Whale Museum
6/16/2002	Crescent Bay	WA		1	M	132.5	Public
8/6/2002	Shaw Island	WA	2002-SJ025	1	U	97.5*	Whale Museum
8/25/2002	Point Roberts	WA	01/03278	1	F	172	S. Raverty

* - estimated length

Appendix E. Marine Mammal stranding events reported in Washington State April-June 2003

Initial Date	Species	Number Animals	City	State	Field ID Number	Registration Number	Sex	Length (cm)	Examiner
4/2/2003	HARBOR SEAL	1	Belfair	WA	03-MA-009	03NWR04001	U	N/E	Public
4/8/2003	HARBOR SEAL	1	Bainbridge Island	WA	03-KP-010	03NWR04002	U	122	Public
4/11/2003	HARBOR SEAL	1	Vashon Island	WA	03-KG-012	03NWR04004	U	152	Public
4/14/2003	HARBOR SEAL	1	Kingston	WA	03-KP-011	03NWR04003	U	91	Public
4/14/2003	HARBOR SEAL	1	San Juan Island	WA	2003-SJ004	03NWR04007	U	N/E	Whale Museum
4/16/2003	UNSPECIFIED SEA LION	1	Ocean Park	WA	03-PA-014	03NWR04008	M	198	Public
4/19/2003	HARBOR PORPOISE	1	South Sand Point	WA	03-CM-015	03NWR04009	U	N/E	National Park Service
4/21/2003	UNSPECIFIED SEA LION	1	County Line Park	WA	03-WA-013	03NWR04006	U	N/E	Public
4/23/2003	CALIFORNIA SEA LION	1	Sucia Island	WA	2003-SJ005	03NWR04010	M	N/E	Whale Museum
4/26/2003	HARBOR SEAL	2	Ocean Shores	WA	03-GH-016	03NWR04011	F	122	Public
5/2/2003	HARBOR PORPOISE	1	Shaw Island	WA	2003-SJ006	03NWR05001	F	136	Whale Museum
5/3/2003	CALIFORNIA SEA LION	1	Whidbey Island	WA	WIC050503SD	03NWR05002	M	236	WSU/Island County Beachwatchers
5/4/2003	HARBOR PORPOISE	1	Sequim	WA	DNG-03-002	03NWR05003	F	200	USFWS
5/4/2003	HARBOR PORPOISE	1	Sequim	WA	DNG-03-003	03NWR05004	U	84	USFWS
5/4/2003	HARBOR PORPOISE	1	San Juan Island	WA	2003-SJ007	03NWR05005	F	126	Whale Museum
5/5/2003	HARBOR PORPOISE	1	San Juan Island	WA	2003-SJ008	03NWR05006	F	152	Whale Museum
5/6/2003	HARBOR PORPOISE	1	Sequim	WA	DNG-03-001	03NWR05007	F	146	USFWS
5/9/2003	HARBOR PORPOISE	1	Port Angeles	WA	OCNMS03Pp01	03NWR05008	M	146	Olympic Coast National Marine Sanctuary
5/11/2003	UNSPECIFIED SEA LION	1	Point No Point	WA	03-KP-017	03NWR05009	U	N/E	Public
5/12/2003	HARBOR PORPOISE	1	Ocean City	WA	03-GH-159	03NWR05034	U	N/E	Cascadia Research Collective
5/12/2003	HARBOR PORPOISE	1	Whidbey Island	WA	03-IS-160	03NWR05033	U	N/E	WSU/Island County Beachwatchers
5/13/2003	HARBOR PORPOISE	1	Whidbey Island	WA	WIC051303SD	03NWR05010	M	160	WSU/Island County Beachwatchers
5/14/2003	DALL'S PORPOISE	1	Fidalgo Island	WA	03-SK-161	03NWR05035	U	N/E	Public/Whale Museum
5/16/2003	HARBOR PORPOISE	1	Port Angeles	WA	OCNMS03Pp02	03NWR05011	F	141	Olympic Coast National Marine Sanctuary
5/17/2003	HARBOR PORPOISE	1	Whidbey Island	WA	WIE051703SB	03NWR05019	F	137	WSU/Island County Beachwatchers
5/20/2003	HARBOR PORPOISE	1	San Juan Island	WA	2003-SJ009	03NWR05012	M	123	Whale Museum
5/22/2003	HARBOR SEAL	1	Ruby Beach	WA	03-JE-018	03NWR05013	U	N/E	National Park Service
5/27/2003	CALIFORNIA SEA LION	1	Whidbey Island	WA	03-IS-019	03NWR03014	U	N/E	Public
5/31/2003	HARBOR SEAL	1	Birch Bay	WA	03-WH-022	03NWR05017	U	112	Public
5/31/2003	NORTHERN ELEPHANT SEAL	1	Forks/Kalaloch	WA	03-JE-021	03NWR05016	U	320	National Park Service
6/2/2003	HARBOR PORPOISE	1	Long Beach	WA	CRC-490	03NWR06005	M	141	Cascadia Research Collective
6/12/2003	HARBOR SEAL	1	Blaine	WA	03-WH-064	03NWR06014	M	84	
6/13/2003	HARBOR SEAL	1	Moclips	WA	03-GH-024	03NWR06002	U	61	Public
6/16/2003	HARBOR SEAL	1	Copalis	WA	03-GH-025	03NWR06003	U	N/E	Public
6/16/2003	UNSPECIFIED TOOTHED WHALE	1	Ocean Shores	WA	03-GH-027	03NWR06004	U	152	Public
6/17/2003	HARBOR SEAL	1	Lummi Island	WA	03-WH-072	03NWR06019	M	74	

Appendix F. Summary of post mortem findings in harbor porpoises stranded in Washington State 2 May – 2 June 2003

Field Number	03NWR05001	03NWR05005	03NWR05006	03NWR05007	03NWR05008	03NWR05010	03NWR05011	03NWR05012	03NWR05019	03NWR06005
Findings										
Human interaction						MC*	MC*			
Emaciation					+ IF	+ IF				+++ MC
Fractures										
Occipital bone						++ MC				
Cranium							++++ LC			
Inner ears										
Intracochlear hemorr.				+ IF			++ MC			
Peribullar hemorrhage	++ IF	+ IF	++ MC		+ IF	+ IF		++ MC		+++ MC
Salmonellosis			++ LC							
Spinal cord										
Clot formation	+ IF	++ IF			+ IF		+ IF	++ IF		
Skin										
Diatoms				+ IF				+ IF		
Lung										
Pneumonia										++++ LC
Colon										
Hypertrophy										++++ MC
Abdominal Cavity										
Peritonitis/serositis			+ MC		++ MC					
Epididymis										
Abscess					+ IF					
Parasites										
Lung worm	+ IF	+ IF	++ IF	+ IF	++ IF	+ IF	+ IF	+ IF	++ IF	+++ MC
Biliary	+ IF	++ IF	+ IF	++ IF	++ IF	+ IF	++ IF	++ IF	++ IF	++ IF
Subcutaneous				+ IF	++ IF			++ IF		+++ IF
Gastrointestinal		+ IF	+++ IF					+ IF		+++ IF
Peribullar	/+ F	+ IF			++/+ IF	++/+ IF	++/+ IF	+++/(MC)	++/+ IF	+++/(MC)
Intracranial								+++ (MC)		

Legend: Severity of condition
 + mild
 ++ moderate
 +++ marked
 ++++ severe

Contribution to death of animal
 LC Likely the cause of death
 MC May be the cause of death/May have contributed to death
 IF Incidental finding (not linked to cause of death)
 * Speculative - could be due to predation.

left/right side of animal