MARINE MAMMAL AUTHORIZATION PROGRAM

MORTALITY/INJURY REPORTING FORM

National Marine Fisheries Service, 1315 East-West Highway, Silver Spring, MD 20910

PLEASE PRINT NEATLY AND IN CAPITAL LETTERS

1- LAST NAME OF VESSEL OWNER/OPERATOR

2- FIRST NAME OF VESSEL OWNER/OPERATOR

3-MI

4-MAILING ADDRESS

5- CITY

6- STATE

7- ZIP

8- VESSEL NAME

9- COAST GUARD DOC. NO. OR VESSEL STATE REG. NO.

10- STATE COMMERCIAL VESSEL NO.

11- FISHERY I.D. NO.

12- FISHERY GEAR TYPE AND TARGET SPECIES

13- DATE OF MORTALITY/INJURY (MM DD YYYY)

14- APPROXIMATE TIME OF MORTALITY/INJURY

AM/PM

15- LOCATION OF MORTALITY/INJURY

LATITUDE o ‘

LONGITUDE o ‘

16- TYPE OF INTERACTION (PLACE AN “X”)

INCIDENTAL

INTENTIONAL

17- ENTER SPECIES CODE, TYPE OF MORTALITY/INJURY (SEE LIST OF CODES ON PREVIOUS PAGE), AND THE NUMBER OF EACH SPECIES INVOLVED. MAKE ONE ENTRY FOR EACH SPECIES INVOLVED IN THIS INCIDENT. YOU MAY MAKE UP TO THREE MORTALITY/INJURY CODES PER SPECIES.

SPECIES	MORTALITY/INJURY CODE			NUMBER

18- DESCRIPTION OF UNKNOWN SPECIES OR CIRCUMSTANCES OF MORTALITY/INJURY INCIDENT

OMB CONTROL NO. 0648-0292 (expires 11/30/2012)

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INSTRUCTIONS FOR COMPLETING THE MORTALITY/INJURY REPORTING FORM

This reporting form is required ONLY WHEN there is an incidental mortality or injury to a marine mammal during commercial fishing activities. You are required to report the incidental mortality or injury within 48 hours after the end of the fishing trip (even if an observer is on board), or, for non-vessel fisheries, within 48 hours of an occurrence of an incidental mortality or injury. A separate report form is required for each fishery, for each date, and for each location.

PLEASE PRINT NEATLY AND IN CAPITAL LETTERS.

The reporting form should be detached from this instruction sheet, folded, and sealed prior to mailing. No postage is necessary for mailing. Forms may also be faxed to NMFS at (301) 713-4060. Questions regarding completion of this form, and requests for additional forms, may be directed to the NMFS Office of Protected Resources, 1315 East-West Hwy., Silver Spring, MD 20910-3226, (301) 713-2322.

MORTALITY/INJURY REPORT FIELD DEFINITIONS

1 - LAST NAME: Enter the last name of the vessel owner/operator or permit holder.
2 - FIRST NAME: Enter the first name of the vessel owner/operator or permit holder.
3 - MI: Enter the middle initial of the owner/operator of the vessel or permit holder.
4 - ADDRESS: Enter the street address or P.O. Box number of the vessel owner/operator or permit holder.
5 - CITY: Enter the city name of the vessel owner/operator or permit holder.
6 - STATE: Enter the 2-digit state code of the vessel owner/operator or permit holder.
7 - ZIP: Enter the zip code of the vessel owner/operator or permit holder.
8 - VESSEL NAME: Enter the name of the vessel as it is identified for commercial fishing operations. For non-vessel fisheries, leave this blank.
9 - COAST GUARD DOCUMENT NO.: Enter the vessel's Coast Guard Documentation number; OR Enter the **VESSEL'S STATE REGISTRATION NO.:** One of these numbers must be provided. For non-vessel fisheries, enter the state fishery permit number.
10 - STATE COMMERCIAL VESSEL LICENSE NO.: Enter the vessel's state commercial vessel license number, if applicable.
11 - FISHERY IDENTIFICATION NO.: (Category I or Category II fisheries) Enter the NMFS' fishery I.D. number (indicated on the vessel's MMAP authorization certificate) for the fishery in which this incident occurred. If the fishery ID number is unknown, or the vessel is not registered under the MMAP, fill in gear type and target species under item 12.
12 - GEAR TYPE AND TARGET SPECIES: (Category III fisheries) Enter the type of fishing gear used and the target species being fished when this incident occurred.
13 - DATE OF MORTALITY/INJURY: Enter the date the mortality/injury occurred. For example: November 1, 2009 is entered as 11/01/2009.
14 - TIME OF MORTALITY/INJURY: Enter the approximate time of day the mortality/injury occurred. Indicate AM if the mortality/injury occurred between midnight & noon, or PM if the mortality/injury occurred between noon and midnight.
15 - LOCATION OF MORTALITY/INJURY LATITUDE & LONGITUDE: Use standard entries in degrees and minutes.
16 - TYPE OF INTERACTION: Enter whether this incident was incidental or intentional.
17 - SPECIES INCIDENTALLY KILLED OR INJURED: Enter the species code and the mortality/injury code of the animal(s) involved. (Refer to the species and mortality/injury code lists included on page 2 of these instructions.) Enter the number of animals involved in each mortality/injury. You may enter up to three (3) injury codes per species. Make as many entries as apply to the date, time, and location entered in items 13-15.
18 - DESCRIPTION OF UNKNOWN SPECIES: If you have entered a species code for an unidentified species, please provide a detailed description of the animal involved, including color patterns, length, and body shape (drawings are helpful). State whether the animal involved was a cetacean (whale, dolphin, or porpoise), pinniped (seal or sea lion), walrus, manatee or sea otter. You may also use this space for other comments regarding this incident.

OMB Control No. O648-0292 (expires 11/30/2012)

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SPECIES AND STOCK CODES FOR MARINE MAMMALS

Pinnipeds (seals and sea lions)

100- Steller (northern) sea lion
101- California sea lion
105- Northern (Pribilof) fur seal
115- Harbor seal
116- Spotted seal
117- Ringed seal
121- Ribbon seal
124- Gray seal
127- Hawaiian monk seal
129- Northern elephant seal
130- Bearded seal
131- Harp seal
132- Hooded seal
203- Unidentified sea lion
204- Unidentified seal
205- Unidentified pinniped

Small Cetaceans (dolphins and porpoises)

047- Atlantic white-sided dolphin
049- Pacific white-sided dolphin
053- Common dolphin
054- Bottlenose dolphin
055- Grampus (Risso's) dolphin
058- Spotted dolphin
060- Spinner dolphin
061- Striped dolphin
063- Northern right whale dolphin
068- Harbor porpoise
072- Dall's porpoise
235- Unidentified small cetacean (porpoise or dolphin)

Large Cetaceans (toothed whales and baleen whales)

002- North Atlantic right whale
005- Gray whale
007- Fin whale
010- Minke whale
011- Humpback whale
012- Sperm whale
016- Beluga whale
038- False killer whale
039- Killer whale
221- Pilot whale
230- Beaked whale
231- Bryde's whale
232- Dwarf sperm whale
210- Unidentified baleen whale
220- Unidentified toothed whale

Other Marine Mammals

114- Walrus
135- Sea otter
139- Manatee

MORTALITY/INJURY CODES FOR MARINE MAMMALS

01 - Visible blood flow
02- Loss of/damage to appendage/jaw
03- Inability to use appendage(s)
04- Asymmetry in shape of body or body position
05- Any noticeable swelling or hemorrhage (bruising)
06- Laceration (deep cut)
07- Rupture or puncture of eyeball
08- Listlessness or inability to defend
09- Inability to swim or dive
10- Equilibrium imbalance
11- Ingestion of gear
12- Released trailing gear/gear perforating body
13- Other wound or injury
14- Killed

COLLECTION MANDATE

This collection of information is mandated by the Marine Mammal Protection Act of 1972, as amended (16 U.S.C. 1361 *et. seq*.), and by implementing regulations contained at 50 CFR 229.4. The information supplied on this form will be used by the National Marine Fisheries Service to estimate levels of incidental mortalities and injuries in U.S. commercial fisheries. Certain information supplied on this form may be considered proprietary and therefore subject to data confidentiality restrictions of 50 CFR Part 229.11.

Public reporting burden for this collection of information is estimated to average 0.15 hours 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 this collection of information, including suggestions for reducing this burden, to Director, Office of Protected Resources, National Marine Fisheries Service, 1315 East-West Hwy., Silver Spring, MD 20910-3226.

The National Marine Fisheries Service may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current and valid OMB control number. The OMB control number for this form is 0648-0292, which expires on 11/30/2012.