

FWC MARINE TURTLE DISORIENTATION REPORT FORM

If you have any questions please contact FWC at the Tequesta Field Laboratory (561) 575-5407

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

Send reports to: Disorientation Reports, FWC, 19100 SE Federal Highway, Tequesta, FL 33455

Turtle Permit #: _____ Date of Incident: _____

Observer's Name: _____

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

Location of Disoriented Nest: (address, beach name and/or nearest landmark): _____

GPS Coordinates of nest location (*in the WGS projection in decimal degrees i.e., Lat 26.845412 Long -80.458796*):

Latitude _____ Longitude _____

City: _____ County: _____

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

Addresses/landmarks hatchlings disoriented towards: _____

What type(s) of light(s) were identified as a probable/possible lighting source? (please circle)

- | | | |
|----------------|--------------------------------------|-----------------------------|
| parking lot | street light | condominium (interior) |
| dune crossover | single family home (interior) | condominium (exterior) |
| restaurant/bar | single family home (exterior) | sky glow/urban glow |
| pier | too many lights present to determine | no possible lights observed |
| sign | other: _____ | |

**If you circled "Too many lights present to determine" please circle what lights were present in area*

Describe lighting source(s); include number, fixture type & location of lights observed (use back if necessary): _____

GPS Coordinates of light sources, or the properties with the light sources that caused the disorientation:

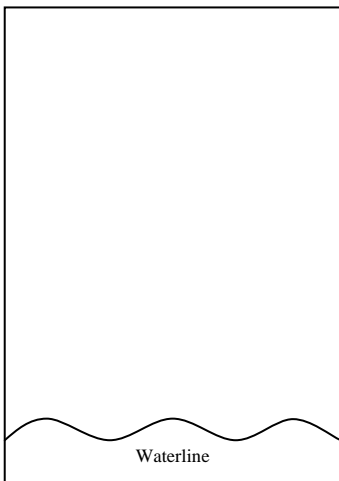
Lat¹ _____ Long¹ _____ Lat² _____ Long² _____
 Lat³ _____ Long³ _____ Lat⁴ _____ Long⁴ _____

Please report GPS Coordinates in the WGS projection in decimal degrees (i.e., Lat 26.845412 Long -80.458796)

Incident was documented during (circle one): MORNING SURVEY NIGHT SURVEY

Was this a caged nest? YES** _____ NO _____ **If yes: (circle one) RESTRAINING SELF-RELEASING

Was a temporary light barrier used (i.e. Silt screen)? YES _____ NO _____



Was this a relocated nest? YES _____ NO _____

Was the incident photographed? YES _____ NO _____

Was the nest located? YES _____ NO _____

Was the nest excavated? YES _____ NO _____

If yes, provide date of excavation? _____

ADULT EVENT: Nest False Crawl **HATCHLING EVENT**

	LOGGERHEAD	GREEN	LEATHERBACK	UNIDENTIFIED
No. OF TURTLES DISORIENTED				
No. OF TURTLES FOUND DEAD				
No. OF TURTLES FOUND ALIVE				
No. OF DISORIENTED TURTLES REACHING WATER				

Additional comments (please elaborate and use back if necessary): _____

Was local authority provided a copy of this report? YES _____ NO _____

City: _____ County: _____ Other: _____

Signature of Observer _____

Date _____