

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 LETTER |
|---|
| 1.LASTNAME OF VESSEL OWNER/OPERATOR 2.FIRSTNAME OF VESSEL OWNER/OPERATOR 3.MI |
| |
| 4.MAILING ADDRESS 5. EMAIL ADDRESS |
| |
| 6. CITY 7. PHONE NUMBER |
| |
| 8. STATE 9. ZIP 10. VESSEL NAME |
| |
| 11. COAST GUARD DOC. NO. OR VESSEL STATE REG. NO. 12. STATE COMMERCIAL VESSEL NO. |
| |
| 13. FISHERY GEAR TYPE AND TARGET SPECIES |
| |
| |
| 14. DATE OF MORTALITY/INJURY (MM DD YYYY) 15. APPROXIMATE TIME OF MORTALITY/INJURY |
| |
| 16. OBSERVER PRESENT 17. LOCATION OF MORTALITY/INJURY |
| YES NO LATITUDE • LONGITUDE • |
| YES NO LATITUDE ° ' LONGITUDE ° ' |
| |
| 18. 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 |
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| |

DESCRIPTION OF UNKNOWN SPECIES OR CIRCUMSTANCES OF MORTALITY/INJURY INCIDENT

Please provide a detailed description of the animal involved, including color patterns, length, and body shape and size (drawings are helpful). State whether the animal involved was a whale, dolphin, porpoise, seal, sea lion, walrus, manatee, or sea otter. You may also use this space for other comments regarding this incident, including length of interaction and behavior of animal after release.

FIRST-CLASS MAIL



NO POSTAGE

NECESSARY

IF MAILED

IN THE

UNITED STATES

BUSINESS REPLY MAIL SILVER SPRING, MD

PERMIT NO. 7411 POSTAGE WILL BE PAID BY ADDRESSEE

NATIONAL OCEANIC & ATMOSPHERIC ADMINISTRATION NATIONAL MARINE FISHERIES SERVICE OFFICE OF PROTECTED RESOURCES F/PR2 1315 EAST WEST HIGHWAY SILVER SPRING MD 20910-9721

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IMPORTANT! MARINE MAMMAL REPORTING FORM





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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 (M/I) 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 filled out online, emailed to nmfs.mireport@noaa.gov, or faxed to NMFS at 301-713-0376. 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, 301-427-8402.

MORTALITY/INJURY REPORT FIELD DEFINITIONS

VESSEL NAME: Enter the name of the vessel as it is identified for commercial fishing operations. For non-vessel fisheries, leave this blank.

COAST GUARD DOCUMENT NO. or VESSEL'S STATE REGISTRATION NO: One of these numbers must be entered. For non-vessel fisheries, enter the state fishery permit number.

STATE COMMERCIAL VESSEL LICENSE NO.: Enter the vessel's state commercial vessel license number, if applicable.

GEAR TYPE AND TARGET SPECIES: Enter the type of fishing gear used and the target species being fished when this incident occurred.

DATE OF MORTALITY/INJURY: Enter the date the mortality/injury occurred. For example: November 1, 2018 is entered as 11/01/2018.

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.

OBSERVER PRESENT: Check yes if the trip was observed, check no if the trip was not observed.

LOCATION OF MORTALITY/INJURY LATITUDE & LONGITUDE: Use standard entries in degrees and minutes.

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 14-17.

DESCRIPTION OF UNKNOWN SPECIES OR CIRCUMSTANCES OF M/I INCIDENT: 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 section to describe important details of the incident (e.g. length of interaction, behavior of animal after release, body condition).



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SPECIES AND STOCK CODES FOR MARINE MAMMALS

| Seals and sea lions | Dolphins and porpoises | Toothed and baleen whale |
|-----------------------------------|-----------------------------------|---------------------------------|
| 100- Steller (northern) sea lion | 047- Atlantic white-sided dolphin | 002- North Atlantic right whale |
| 101- California sea lion | 049- Pacific white-sided dolphin | 005- Gray whale |
| 105- Northern (Pribilof) fur seal | 053- Common dolphin | 007- Fin whale |
| 115- Harbor seal | 054- Bottlenose dolphin | 010- Minke whale |
| 116- Spotted seal | 055- Grampus (Risso's) dolphin | 011- Humpback whale |
| 117- Ringed seal | 058- Spotted dolphin | 012- Sperm whale |
| 121- Ribbon seal | 060- Spinner dolphin | 016- Beluga whale |
| 124- Gray seal | 061- Striped dolphin | 038- False killer whale |
| 127- Hawaiian monk seal | 063- Northern right whale dolphin | 039- Killer whale |
| 129- Northern elephant seal | 068- Harbor porpoise | 221- Pilot whale |
| 130- Bearded seal | 072- Dall's porpoise | 230- Beaked whale |
| 131- Harp seal | 073- Rough-toothed dolphin | 231- Bryde's whale |
| 132- Hooded seal | 235- Unidentified small cetacean | 232- Dwarf sperm whale |
| 203- Unidentified sea lion | (porpoise or dolphin) | 210- Unidentified baleen whale |
| 204- Unidentified seal | | 220- Unidentified toothed whale |

Other Marine Mammals

114- Walrus

135- Sea otter

139- Manatee

MORTALITY/INJURY CODES FOR MARINE MAMMALS

- 01- Visible blood flow
- Loss of/damage to appendage/jaw 02-
- Inability to use appendage(s) 03-
- 04-Asymmetry in shape of body or body position
- Any noticeable swelling or hemorrhage (bruising) 05-
- Laceration (deep cut) 06-
- 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 0.25 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 10/31/2026.