

of the urine disclosed abundant numbers of transitional epithelia, scattered crystal fragments, and small numbers of leukocytes and extracellular cocci. The red and white blood cell count ranged from 0-1 per high-powered field and there was a large amount of amorphous debris. Trace mineral analysis was within normal in house reference limits and there was profound depletion of liver, vitamin A levels (Table 6). Due to the extent of emaciation, this may have represented dietary deficiency, although post mortem deterioration and loss could not be discounted. Vitamin A has been cited as a marker for immune function, and it is interesting to speculate that reduced levels may have been a factor in the pulmonary mycosis in this animal. PCR on pooled lung, lymph node, spleen and brain was negative for consensus and marine mammal variant *Brucella* spp and Morbillivirus and positive for Mollicutes, including *Ureaplasma* spp and *Mycoplasma* spp. At present, the contribution of these bacteria to antemortem morbidity in marine mammals is unknown. No viruses were isolated on Vero or Mabin Darby cell lines and negative staining electron microscopy of the conjunctiva was unremarkable. The light mixed growth of *Raoultella terrigena* and *Moraxella* spp from multiple internal viscera was not considered pathologically significant and there was no growth from the abdominal fluid, vent or atrioventricular valve (Table 5). The lack of significant fungi isolation from the lung may have been due to reduced viability associated with freezing and thawing of the tissues. No *Salmonella* spp were isolated from the small intestine and the heavy growth of *Clostridium perfringens* was attributed to post mortem proliferation. Ingesta was processed by SAX solid phase extraction cartridges followed by analysis by HPLC with UV detection at 242 nm and was negative for domoic acid. Interpretation of the eye calcium (5.8 mg/dl), magnesium (4.94 mg/dl), phosphorus (51 mg/dl) and blood urea nitrogen (59.8 mg/dl) values was hindered due to the lack of established normal values, in cattle adequate or normal values are calcium: 6.0-7.5 mg/dl, magnesium: 1.90 mg/dl and phosphorus 1.3-3.0 mg/dl with BUN serum values between 9-16 mg/dl (Table 6).

SUMMARY OF POST MORTEM EXAMINATIONS AND LABORATORY RESULTS

Pathology

Freeze artifact and moderate to advanced post mortem decomposition in five of the 11 animals significantly hindered pathologic and forensic evaluation of tissues for acoustic trauma as well as other disease processes. In addition, four of these animals had variably extensive percutaneous or deep muscle scavenge lesions. In three of five poorly preserved porpoises, significant diagnoses included salmonella septicemia (03NWR05006), fibrinous peritonitis (03NWR05008) and occipital fractures (03NWR05010). In better preserved animals, there was a single case of peri-mortem cranial fractures (03NWR05011) and one case of necrotizing pneumonia (03NWR06005). No significant findings were identified in the five remaining necropsied porpoises (03NWR05003 was scanned but not necropsied).

Within virtually all examined heads, there was diffuse dark red discoloration of the internal surface of the skull and surface of the brain with scattered submeningeal accumulation of dark red black fluid (as seen in Figure 5). Close evaluation of multiple

sections of brain and periosteum failed to reveal any lesions consistent with acute hemorrhage; the grossly noted discoloration and accumulation of dark red fluid was not associated with acute hemorrhage and was most likely due to liquefactive and autolytic changes. Along the dorsolateral aspect and occasionally circumferentially investing the cranial cervical spinal cord and basioccipital region of the hindbrain, there was variable accumulation of either acute hemorrhage or hematoma formation (in 03NWR05001, 03NWR05005, 03NWR05008, 03NWR05011 and 03NWR05012) (Table 7). Acute retrobullar and peribullar hemorrhage frequently mixed with moderate and more rarely, marked accumulations of nematode parasites, were noted in eight of ten necropsied animals (03NWR05001, 03NWR05005, 03NWR05008, 03NWR05010, 03NWR05011, 03NWR05012, 03NWR05019 and 03NWR06005). With the exceptions of 03NWR05012, in which parasites were disproportionately heavy and extended into the calverium, and in case 03NWR06005, parasitic infections were considered within normal limits for wild porpoises.

Definitive signs consistent with more commonly observed human-related mortality such as fishery related injuries, gunshot, or ingestion of marine debris were not found in any of the animals examined. Cavitory lesions consistent with *in vivo* nitrogen gas bubble formation were not visible in any of the organs as reported in other strandings associated with use of military sonar (Jepson *et al.*, 2003).

CT Scans

Image analysis was conducted on seven intact carcasses and a single decapitated head (Table 8; Appendix D). Post mortem decomposition ranged from moderate to advanced with many tissues exhibiting freeze-thaw artifact. In five of eight samples, the skull was intact with no significant lesions noted within the brain. The grossly noted traumas in cases 03NWR05010 and 03NWR05011 are consistent with CT findings. In case 03NWR05003, due to the lack of density change within the temporal and parietal regions of the brain, a penetrating bone fragment (shard) that was reported on CT was considered a post mortem phenomenon. In case 03NWR05012, comparative low bone density and incompletely ossified cranial sutures were attributed to immaturity, rather than malnutrition or other disease processes. In this animal, there was pronounced enlargement of cranial nerve VII and VIII apertures, which presumably facilitated intracranial parasitic invasion from the peribullar into the subtemporal regions. In six of eight pairs of ears examined, there was uni- and occasionally bilateral peribullar parasitism frequently invested with variable amounts of blood deposits, in case 03NWR06005 with middle ear involvement. The precise contribution of these parasitic burdens to stranding in more severely affected animals is unknown. In case 03NWR05005, 03NWR05011, and possibly 03NWR05007, the intracochlear hemorrhage appears to be independent of peribullar parasitism and most likely reflects a sequel to trauma or some other entity and may be an artifact of postmortem migration and pooling. With the exception of case 03NWR05003 and 03NWR05007, the acousto-vestibular and facial nerves were intact and well defined. The etiopathogenesis of the degenerative changes noted in these two cases is likely related to post mortem change and freeze artifact. The middle ears of virtually all the examined heads appeared normal with

discrete middle ear spaces, intact ossicles, round and oval windows, and well defined normally distributed corpus cavernosum.

Body Composition

Detailed morphometric analysis and comparison with established reference values (McLellan *et al*, 2002) revealed that five of six animals analyzed (03NWR05001, 03NWR05005, 03NWR05008, 03NWR05011, and 03NWR05012) were within normal body condition and one animal (03NWR06005) was severely emaciated. Mild emaciation or mild cachexia was noted in 03NWR05008 and 03NWR05001. Extensive post mortem scavenging precluded body composition assessment in the remaining four whole animals; minimum estimates of total body mass were determined and are listed in Table 3.

Parasitology

Parasites have been implicated in strandings of several species of cetaceans, particularly where infection affected the ears, brain or auditory nerves, or was so overwhelming that an animal developed severe pneumonia or enteritis (Geraci and St. Aubin, 1987; Morimitsu *et al.*, 1987). Although fecal floatation and sedimentation were unremarkable within each of the examined porpoises, histopathology confirmed the verminous pneumonia and biliary trematodiasis in all 10 examined carcasses, subcutaneous nematodiasis in four of 10 (03NWR05007, 03NWR05008, 03NWR05012 and 03NWR06005) and gastrointestinal helminthiasis in four of 10 porpoises (03NWR05005, 03NWR05006, 03NWR05012 and 03NWR06005). The relative intensity and distribution of gastrointestinal parasites in this case series was consistent with previous studies. The trematodes noted within the stomach of 03NWR05007 likely originated from the hepatobiliary tree and were refluxed from the duodenum. The lack of discernible ova or parasites within ingesta may be due to intermittent shedding, post mortem decomposition or some other factor(s). The peribullar (presumptive *Stenurus* spp) and subcutaneous parasitism due to *Crassicauda* spp in 03NWR05012 was more intense in this individual than examined cohorts. The intensity and distribution of the hypodermal (presumptive *Crassicauda* spp), gastrointestinal (*Anisakis* spp) and peribullar (likely *Stenurus* spp) parasites was enhanced in 03NWR06005 relative to other stranded animals and may be secondary to profound debilitation. The cutaneous diatoms noted in 03NWR05007 and 03NWR05012 were considered incidental findings of limited pathologic significance.

Virology and Ancillary Molecular Studies

Pooled lung, lymph node, spleen and brain were evaluated for dolphin morbillivirus by PCR and all cases were negative. Tissue culture on Mabin Darby and Vero cell lines failed to reveal any cytopathic effect in all 10 cases. In select cases, negative staining electron microscopy of conjunctival and oral mucosal scrapes failed to reveal any virus like particles. Aspirates of the epididymal abscess in case 03NWR05008 were negative by PCR for marine mammal variant and universal *Brucella* spp and the intralesional parasitic ova were considered significant. In case 03NWR06005, cerebrospinal fluid had a titer of 1:16 for canine distemper by virus neutralization. Due to the extent of blood

contamination and hemolysis, this result was interpreted as a false positive. Follow up PCR for canine distemper was negative and immunohistochemistry of representative lung sections for Morbillivirus were unremarkable. This case was positive by PCR for Mollicutes, which are considered secondary to impaired respiratory defenses associated with the profound necrotizing pneumonia.

Blubber Analysis

Blubber samples were collected from eight animals (Table 4). Percent lipid values ranged from 44-83%, which are similar to those reported previously for blubber of harbor porpoises stranded off the west coast of the U.S. (Calambokidis and Barlow, 1991). Concentrations of POPs were comparable to levels previously reported in West Coast harbor porpoises (Calambokidis and Barlow, 1991; Jarman *et al.*, 1996), and were much lower than those reported in presumably “healthy” harbor porpoises incidentally caught in a gill-net fishery off the northwest Atlantic coast (Tilbury *et al.*, 1997). The concentration of POPs in the harbor porpoises in this investigation were also significantly lower than that of a Southern Resident killer whale that stranded in Long Beach, Washington in April 2002 (NMFS/Northwest Fisheries Science Center, Environmental Conservation Division, unpub. data).

Bacteriology

Aerobic culture from multiple internal viscera of all 10 porpoises yielded pure to mixed, variable growth of 16 different species of bacteria with three cases that had no bacterial growth from select tissues (Table 5). Due to the lack of attendant inflammatory infiltrate, the *Clostridium perfringens* isolates from each of the 10 animals is attributed to post mortem overgrowth, and the most significant growth was the *Salmonella Newport* Group C2, from case 03NWR05006. *Escherichia coli* (non-hemolytic) was isolated from five cases, and alpha *Streptococcus* spp from four.

Trace Mineral and Vitamin A analysis

Trace mineral and vitamin A analysis of liver and kidney, with the exception of select samples, proved within normal limits (Table 6). Marginal increased liver magnesium were noted in three animals (03NWR05001, 03NWR05008, and 03NWR05011). These increased levels were not considered pathologically significant and increased calcium values in two porpoises (03NWR05005 and 03NWR05007) were considered secondary to dystrophic mineralization associated with the hepatobiliary trematodiasis. There was moderate reduction in liver vitamin A levels in one sample (03NWR05001), with no detectable levels in two additional animals (03NWR05005 and 03NWR06005). Due to the extent of post mortem change, it is difficult to resolve whether these reduced values represent post mortem degradation or hypovitaminosis A. Although there were no microscopic lesions consistent with vitamin A deficiency, the possibility of reduced levels and impaired immune function, particularly in case 03NWR06005, cannot be entirely discounted.

Stomach Prey Preliminary Analysis

Six of 10 examined stomachs lacked ingesta. Only scant fish bones, otoliths and squid beaks were identified in those animals with gastric contents. No freshly consumed prey

or prey tissue remains were present in any of the stomachs. A cursory examination of the otoliths and squid beaks during the preliminary sorting process revealed common prey items such as Pacific whiting (*Merluccius productus*) or pollock (*Theragra chalcogramma*), herring (*Clupea harengus pallasii*), sanddab (*Citharichthys sordidus*), an as yet unidentified sculpin (Cottidae) and market squid (Cephalopoda). No unusual prey remains were encountered, and the large number of empty stomachs and absence of freshly consumed prey is typical of findings over the last five years for evaluation of the stomach contents of stranded porpoises from the Pacific Northwest (W. Walker, pers comm.).

Pending Analyses

Detailed analysis of prey species and age determination from extracted teeth will be completed at the National Marine Mammal Laboratory, Seattle, Washington. Analyses of the behavioral reactions of marine mammals in response to sonar activities on 5 May 2003 will be conducted independently from this report. In addition, evaluation of exposure levels and cumulative effects from the sonar activities on marine mammals will be conducted separately.

DISCUSSION

The Stranding Network receives reports mostly from private citizens about stranded porpoises found on beaches or floating in the near-shore waters of Washington State in all months of the year. The number of reports received is subject to change according to beach attendance and public motivation/interest in responding to strandings. Stranding response in Washington State has increased in the past few years in part due to implementation of the Central Puget Sound Marine Mammal Stranding Network on Whidbey and Camano Islands in the late 1990s and through funding to support stranding network operations from the NMFS John H. Prescott Marine Mammal Rescue Assistance Grant Program.

Harbor porpoises are found along outer coastal beaches and around the inland waters of the state (Calambokidis *et al.*, 1987; Calambokidis *et al.*, 1997). The number of porpoise stranding events fluctuates annually and seasonally and varies by area. The majority of reported porpoise stranding events are dead animals and the number of animals reported varies seasonally and from year to year.

During the one month period from 2 May – 2 June, 2003, the Stranding Network received reports of 14 harbor porpoises dead on the beach, or floating along the outer coast, in the Strait of Juan de Fuca, and in the vicinity of Whidbey and San Juan Islands, in Washington. Several months following the investigation an additional report was submitted with information about a dead stranded harbor porpoise observed on 25 May on Lopez Island, bringing the total number of reports to 15. Of the 15 harbor porpoises, 13 animals stranded in the inland waters (*e.g.* east of the Pacific entrance to the Strait of Juan de Fuca) and two on the outer coast. In addition to the 15 harbor porpoises, one dead Dall's porpoise (*Phocoenoides dalli*) washed ashore briefly at Fidalgo Island on 14 May then was swept away by the tide (Figure 1, 03NWR05035). Dead porpoises were

also reported north of the U.S./Canada border, but were investigated separately (Appendix E).

Historically, spatial distribution of reported harbor porpoise stranding events has been highest in three main areas of the state where response effort and/or harbor porpoise density is greatest: (1) the San Juan Archipelago where there is both a high response effort and high density of porpoises; (2) Long Beach Peninsula where there is high population of private citizens during the summer months; and (3) the northwest corner of the state where there is high response effort. Between 1992 and 2002, there were 53 reports (80%) from the inland waters, compared to 13 reports from the outer coastal beaches (Table 9).

Table 9. Spatial distribution of harbor porpoise stranding events in Washington State for all months of the year (1992 –2003).

	<u>Inland waters</u>	<u>Outer coast</u>	<u>Totals</u>
<u>Year</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
2003	19	6	25

Figure 1 shows the spatial distribution of the strandings of the animals included in this report. A majority (87%; n = 13) of harbor porpoise strandings took place in inland waters compared to the outer coast. More specifically, the inland water strandings were reported in three counties: (1) San Juan County (n = 5); (2) eastern Clallam County (n = 5); and (3) Island County (n = 3). All the strandings took place in May except one which occurred during the first week of June.

From January 1992 through December 2002, 66 harbor porpoise stranding events (in two of the reports, two animals stranded for a total of 68 individuals) were confirmed and/or investigated by members of the Network (NMFS, unpublished data – Appendix E). Annually, harbor porpoise stranding reports range from a low of zero in 1996 to a high of 15 in 2001 (Table 10). The mean yearly stranding event rate for harbor porpoises from

1992-2002 was 6.0 per year (SD = 6.1). In 2003, 25 stranded harbor porpoise events were reported. There was a significant difference between the number of harbor porpoise stranding events reported in 2003 compared to the mean number of stranding events reported over the previous 11 years ($\chi^2 = 28.15$, d.f. = 10, $p = 0.002$). When interpreting statistical analysis of stranding reports it is important to note that the sample size of reported porpoise strandings are relatively small and there are biases (*e.g.* variable geographic coverage, experience of responder) involved in the way data is collected by a predominantly volunteer stranding network.

Temporally, 27 (41%) of the total harbor porpoise strandings between 1992 and 2002 coincided with the late spring and early summer months (April - June) and ranged from a low of zero in 1996 to eight in 2001 (Table 10). Eight stranding events took place in April (30%), 16 in May (59%) and 3 in June (11%). The number of harbor porpoise strandings during April – June, 2003 was double the number reported in the previous highest year (2001). There was a significant difference between the number of harbor porpoise stranding events reported in April – May 2003 compared to the mean number of stranding events reported during the same months over the previous 11 years ($\chi^2 = 22.33$, d.f. = 10, $p = 0.014$). While this investigation focused on harbor porpoises that stranded in the time period surrounding the 5 May *USS SHOUP* activities, all marine mammal strandings which occurred from 1 April – 30 June (Appendix G) were also reviewed to look for any unusual stranding patterns.

Table 10. Harbor porpoise stranding events in Washington State 1992 – 2003 (April – June).

	April	May	June	Total		Total number events for year	Percent of annual stranding
Year							
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
2003	1	14	1	16		25	64

Intensive post mortem examination and ancillary testing on 11 of the 15 harbor porpoises that stranded between 2 May and 2 June 2003 did not reveal any definitive signs of acoustic trauma that could be associated with the 5 May 2003 active mid-range tactical

sonar system used by the *USS SHOUP* or other reported acoustic events. Over 70 percent of the porpoises examined were graded by the team as moderate to advanced post mortem decomposition at the time of necropsy. A presumptive or definitive cause of death could be determined for five of 11 animals examined (Table 7). Of these five animals, there were two cases of agonal or perimortem blunt force trauma, a single case of fibrinous peritonitis, one porpoise with salmonellosis, and one with a profound necrotizing pneumonia. The examinations did not reveal any definitive signs of acoustic trauma in any of the porpoises examined. Inner ear trauma or noise-induced hearing loss could not be ruled out due to the condition of the carcasses. The multidisciplinary team noted that lesions consistent with acoustic trauma can be difficult to interpret or obscured, especially in animals in advanced post mortem decomposition.

Although, to the best of our knowledge, lesions associated with acoustic trauma have not been previously documented in harbor porpoises, sonar related strandings and pathology have been observed in other species. In March 2000, a multispecies mass stranding of 17 cetaceans (*Ziphius cavirostris*, *Mesoplodon densirostris*, *Balaenoptera acutorostrata*, *Stenella frontalis*) was discovered in the Bahamas (U.S. Depart. of Commerce and Secretary of the Navy, 2001). During the Bahamas event, stranded animals were found up to 36 hours after naval sonar deployment with most animals reported as live beachings within 12 hours of transit of multiple ships. Seven of the animals were known to have died and ten animals were returned to the water alive. In contrast, there were no live strandings of Washington porpoises, and animals were recovered sporadically throughout the entire month. From an epidemiologic perspective, the sample size is too small and biased to infer a specific relationship with respect to sonar usage and subsequent strandings.

The May 2003 increase in harbor porpoise strandings may be coincidental, biased by increased reporting efforts, and/or unrelated to sonar use. Observations of the May 5 sonar activities were highly publicized which could have resulted in increased awareness and reporting of porpoise strandings. In addition to the sonar activities on 5 May, hydrophone operators submitted audio files of sounds, they identified as sonar, dated 9 December 2002, 24 April 2003 and 4 May 2003. NMFS also received video footage labeled “porpoises and Navy Sonar 25 April 03”. There were, however, no reported strandings in December 2002 and only one harbor porpoise was reported stranded but not collected in April 2003. This could be biased by less intensive carcass monitoring and recovery efforts or other unknown factors. Prior to any publicity following 5 May, the Stranding Network, as part of its usual activities, was engaged in recovering stranded porpoises. Three of the 11 porpoises examined for cause of death in this investigation were recovered prior to 5 May, three on 5 and 6 May and the remaining five during the subsequent weeks. Clearly the sonar exercises of the *USS SHOUP* on 5 May could not have affected the animals collected prior to 5 May. However, in light of other reported events, all carcasses were thoroughly examined for possible links to sonar or other acoustic activities regardless of the date collected.

Determining the cause of death in an animal can be affected by various factors including carcass decomposition, handling, transport, and lack of clear or consistent gross or

microscopic findings, as well as the lack of validated (standardized) species specific diagnostic assays. In previous strandings associated with sonar, significant gross findings included acute hemorrhage within the inner ear, subarachnoid space, and lateral ventricles (U.S. Depart of Commerce and Secretary of the Navy, 2001). In a recent case report of stranded cetaceans in the Canary Islands, multisystemic intravascular microcavitations and emphysema formation were consistently observed (Jepson *et al.*, 2003). In this porpoise investigation, the pathologies that were consistently identified within the examined harbor porpoises were related to post mortem change, freezing artifact, or were not considered sufficiently severe to account for the loss of these animals. Although seven porpoises were assigned a condition code of 2 (fresh) at time of initial observation, by the time the animals were collected, stored and then necropsied, most carcasses had undergone significant post mortem decomposition (Table 1).

Overlying the basi-occipital and cranial cervical regions of the spinal cord of five porpoises, as well as involving the retrobullar and peribullar spaces of seven individuals in this investigation, there was variable degrees of hemorrhage, with some hematoma formation (03NWR05001, 03NWR05005, 03NWR05008, 03NWR05011, 03NWR05012). Although these anatomic regions may be considered predilection sites for acoustic-related injury, in this case series, the hemorrhage and hematoma formation is most consistent with agonal thrashing associated with stranding, or intralesional nematode parasites. There was no consistent evidence of retrobullar, extra-ocular (two of eight examined animals), nor ventricular hemorrhage in the brain. Based on histopathology, the grossly noted submeningeal dark red fluid was considered unassociated with acute hemorrhage and more likely represented post mortem and cyclic freeze-thaw artifact. In one of nine animals, circumferentially involving the sub-epiglottic mucosa, there was moderate submucosal congestion with variable extravascular accumulation of proteinaceous material. Additional recuts and special stains failed to conclusively demonstrate hemoglobin and due to the extent of post mortem change, the precise nature of this material is unknown.

In this investigation, due to the number of people involved in responding to, collecting, transporting and thawing the carcasses, it was not possible to maintain a standardized approach to track body position or orientation during each of these procedures. Further, individual animals were stored in freezers of different types including frost-free freezers, which have freeze-thaw cycles, that were also considered a potential source for free blood or hemorrhagic artifact. Therefore, definitive differentiation amongst congestion, hypostasis, and red staining of tissues found during necropsy examinations (antemortem versus perimortem injury or post mortem dependent pooling) was hindered. The reddened tissue discoloration observed in all the animals was considered to be related to a combination of freezer artifact and autolytic (liquefactive) change.

In animals that present with no historical information or prior clinical evaluation and in advanced stages of autolysis, the precise cause of death cannot always be determined. Over the course of the last 4-5 years, a precise cause of death has not been determined in approximately 50% of necropsied animals from southern British Columbia and northern Washington State (S. Raverty, unpub. data). Post mortem decomposition or insufficient

time from the initial insult to development of histologically or grossly definitive lesions may hamper precise determination of a cause of death. Due to the state of decomposition and the very nature of strandings which provide only snapshots of information in the life of an animal, comprehensive biological data on all important factors and acute or chronic disease state in any of these animals was not available.

CONCLUSION

Based on the stranding profile for the years 1992 to 2002, the number of harbor porpoise strandings in 2003 represented a statistically significant greater number of strandings than in previous years. Likewise, there was a significant difference between the numbers of harbor porpoise stranding events reported in April – May 2003 compared to the mean number of stranding events reported during the same months over the previous 11 years. No common cause for the increased number of harbor porpoise strandings observed in Washington State from 2 May – 2 June 2003 was found. A presumptive cause of death was determined for five of 11 harbor porpoises that were examined and/or scanned. Lesions consistent with or diagnostic for acoustic trauma were not identified in any of the 11 porpoises that were examined. The multidisciplinary team noted that lesions consistent with acoustic trauma can be difficult to interpret or obscured, especially in animals in advanced post mortem decomposition. The possibility of acoustic trauma as a contributory factor in the mortality of the porpoises examined could not be ruled out. Very little is known about acoustic trauma as a mortality factor in cetaceans and further investigation into its pathogenesis and impact is warranted. Furthermore, efforts to support the prompt and systematic search and recovery of stranded marine mammal carcasses in the region may benefit future such investigations, should they occur.

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GLOSSARY

Agonal: Occurring at the moment of or just before death.

Antemortem: Before death.

Anterior: Situated in front of or in the forward part of an organ, toward the head end of the body.

Atelectasis: The collapse of part or all of a lung by blockage of the air passages (bronchus or bronchioles), or by very shallow breathing.

Autolyzed: Enzymatic, bacterial or self-digestion of cells or tissues after death.

Avulsed: Torn off from.

Basioccipital: Pertaining to the back of the skull or head.

Commensal: Living in a state of commensalism which is a relation between two kinds of organisms in which one obtains food or other benefits from the other without damaging or benefiting it.

Comminuted: Reduced to small particles.

Computerized tomography: The creation of an image displaying anatomic information, created by a computer synthesis of x-ray transmission data obtained in several different directions in a given plane.

Congestion: Excessive or abnormal accumulation of fluid (e.g., blood) in a tissue or organ.

Contusion: An injury of a part without a break in the skin; a bruise.

Diffuse: Widely distributed.

Dura mater: The outermost (and toughest) of the three membranes (meninges) covering the brain and spinal cord.

Ectatic: Distended or dilated.

Edema: An abnormal infiltration and excess accumulation of serous fluid in connective tissue.

Erythema: Abnormal redness of the skin due to vascular congestion and hyperemia.

Etiology: The cause(s) or origin of a disease.

Extravasation: A discharge or escape, as of blood, from a vessel into the tissues.

Fascia: A band or sheet of fibrous tissue deep to the skin.

Florid: In full bloom; occurring in fully developed form.

Fibrosis: The formation of a scar.

Gross findings: Observations of organs and tissues that are visible to the naked eye.

Hemorrhage: The escape of blood from the vessels (often associated with an organized clot). The effect of hemorrhage depends on the rate, volume and location of the bleeding.

Histological findings: The branch of anatomy that deals with the minute structure, composition, and function of these tissues (histopathological findings: the histology of diseased tissues).

Hypostasis: The gravitational settling of blood in the dependent parts of an organ or body.

Imbibe: Absorb a liquid (such as blood).

Inferior: Situated below, or directed downward; used in reference to the lower surface of an organ or structure.

Inguinal: Of, relating to, or found in the groin.

Lesion: Wound, injury, or pathological change in a tissue.

Lividity: Discoloration of dependent parts due to the gravitation of blood.

Morbidity: Condition of being diseased or sick.

Morphology: The science of the form and structure of organisms, organs and tissues.

Necrosis: The sum of the morphological changes indicative of cell degeneration and death and caused by a complex disruption and progression of subcellular processes. It may affect groups of cells or part of a structure or an organ.

Parenchyma: The functional elements of an organ (as distinguished from its framework, or stroma).

Pathology: The branch of science concerned with all aspects of disease, especially the essential nature of disease, with special reference to the structural and functional changes in tissues and organs of the body which cause or are caused by disease.

Per os: By mouth.

Peribullar: Around the bullae, the tissues and space surrounding the bony housing of the ear.

Perimortem: Around the time of death.

Peritonitis: Refers to inflammation of the peritoneum, a membrane that covers the surfaces of both the organs that lie in the abdominal cavity and the inner surface of the abdominal cavity itself.

Perivascular: Situated around a vessel.

Petechial: Characterized by pinpoint, nonraised, well delineated, purplish red spots caused by intradermal or submucosal bleeding.

Pia mater: The innermost of the three membranes (meninges) covering the brain and spinal cord.

Post mortem: After death.

Posterior: Situated in back of, or in the back part of, or affecting the back part of a structure.

Pulmonary: Pertaining to the lungs.

Purulent: Containing, consisting of, or being pus.

Sequela: A consequence of disease or injury.

Serosa: An enclosing thin membrane.

Significant finding: A finding that would be expected to have a nontrivial negative impact on the health of an animal.

Subcutaneous: Beneath the skin (includes the epidermis and dermis [blubber]).

Superior: Situated above, or directed upward.

Vitreous humor: Fluid contained within the eye.

Figure 1. Reported porpoise strandings in Washington State 2 May - 2 June 2003
(Courtesy of B. Hanson)

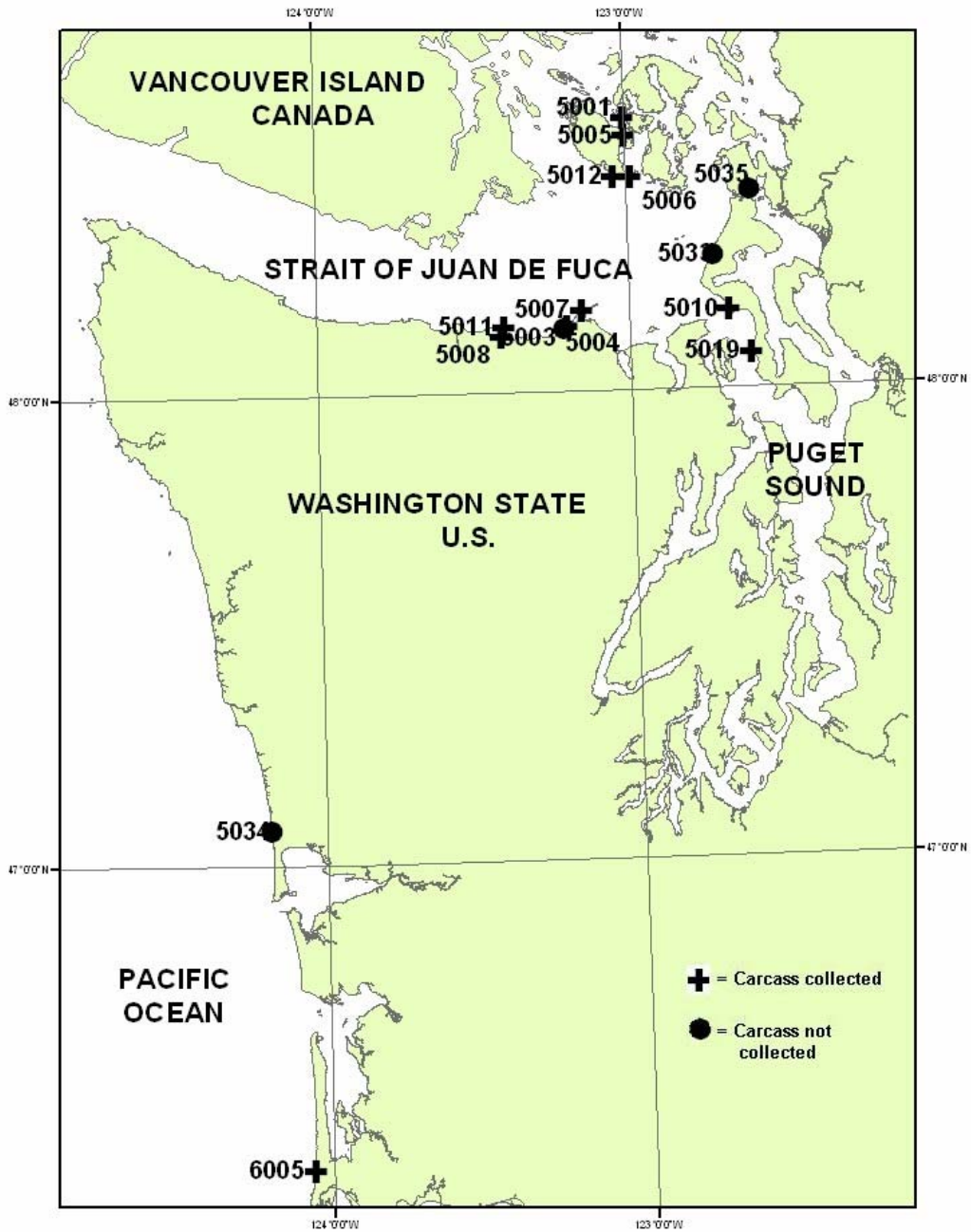


Table 1. Reported harbor porpoise stranding events in Washington State – 2 May to 2 June 2003.

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
5/25/03	Flint Beach, SJI	San Juan	4	2003-SJ020	03NWR05046	U	not collected	No	N/E	N/E	N/E
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. Freezer type 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 3. Body composition of harbor porpoises (*Phocoena phocoena*) examined at necropsy. 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
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	Axial muscle mass within normal range
03NWR05006	F	152	48.5*	N/E		CDB		N/E		CBD		Blubber mass higher than normal
03NWR05007	F	145.5	38.5*	N/E				7.56	**8.44 +/- 1.95			Axial muscle mass slightly below normal range
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 4. Concentrations of selected persistent organic pollutants measured in blubber of harbor porpoises stranded at various sites in Washington State (May – June 2003).

Registration number	Sex	Age class [†]	Length (cm)	Carcass condition	Percent lipid	ng/g, wet weight			ng/g, lipid weight						
						β -HCH	HCB	Σ CHLDS	Σ DDTs	Σ PCBs	β -HCH	HCB	Σ CHLDS		
03NWR05005	F	Immature	126	Mod. dec.§	74	400	430	1,200	5,600	5,900	540	580	1,600	7,600	8,000
03NWR05001	F	Immature	136	Fresh	68	190	190	560	2,300	2,600	280	280	820	3,400	3,800
03NWR05011	F	Immature	137	Fresh	75	240	210	640	3,100	3,000	320	280	850	4,100	4,000
03NWR05019	F	Immature	138	Fresh	75	230	270	670	2,700	3,700	310	360	890	3,600	3,600
03NWR05006	F	Immature	152	Mod. dec.§	83	270	280	730	3,400	3,400	330	340	880	4,100	4,100
03NWR05007	F	Immature	146	Fresh	70	330	330	980	4,400	5,800	470	470	1,400	6,300	8,300
03NWR05012	M	Immature	123	Fresh	69	310	250	880	3,800	4,500	450	360	1,300	5,500	6,500
					<i>Overall immature mean \pm SE</i>	280 ± 29	280 ± 33	810 ± 92	$3,600 \pm 460$	$4,100 \pm 540$	390 ± 41	380 ± 44	$1,100 \pm 130$	$4,900 \pm 640$	$5,500 \pm 850$
03NWR06005	M	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)

§Mod. dec. = moderately decomposed

Table 5. Bacteriology results for harbor porpoise specimens.

Bacteria Isolated	03NWR05001	03NWR05005	03NWR05006	03NWR05007
<i>Acinetobacter</i> sp.			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</i> sp.		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</i> sp.				
<i>Escherichia coli</i> - non hemolytic	small intestine, thymus, spleen, kidney, liver, mesenteric l.n.			
<i>Moraxella</i> sp.				
<i>Proteus</i> sp.	mesenteric l.n.			
<i>Pseudomonas</i> sp.	small intestine, thymus, spleen, mediastinal l.n., lung, mesenteric l.n., spinal cord	spleen, liver, hilar l.n.		
<i>Pseudomonas flourescens</i>				lung
<i>Psychrobacter</i> sp.				
<i>Raoultella terrigena</i>				
<i>Salmonella newport</i> Group C2			Hilar l.n., kidney, lung, spleen, liver, thymus, mesenteric l.n., small intestine	
<i>Streptococcus</i> (non-hemolytic)				mammary milk
<i>Streptococcus</i> sp.(alpha)	small intestine	intestine		
no bacteria isolated		kidney, urine		

Table 5. Bacteriology results for harbor porpoise specimens.

Bacteria Isolated	03NWR05008	03NWR05010	03NWR05011	03NWR05019	03NWR05012	03NWR06005
<i>Acinetobacter</i> sp.						
<i>Actinobacter johnsonii</i>						
<i>Aeromonas hydrophila</i>		liver, kidney, mesenteric l.n., lung, brain, spleen		spleen, lumbar l.n., kidney, liver, brain, spinal cord, lung, pericolic l.n., small intestine		
<i>Clostridium perfringens</i>	small intestine	small intestine	small intestine, colon	small intestine	small intestine	large intestine
<i>Enterobacter</i> sp.	lungs, spleen, mesenteric l.n., epididymis abscess					
<i>Enterococcus</i> sp.		liver, kidney, mesenteric l.n., lung, brain, spleen, small intestine	liver, thymus, spleen, mesenteric l.n., urine, kidney, lung, spinal cord			
<i>Escherichia coli</i> - non hemolytic	kidney, lungs, mesenteric l.n.	liver, kidney, mesenteric l.n., lung, brain, spleen, small intestine	kidney, lung, spinal cord, small intestine, colon		spinal cord, lung, kidney, small intestine	
<i>Moraxella</i> sp.						prescapular l.n., brain, kidney, spleen
<i>Proteus</i> sp.						
<i>Pseudomonas</i> sp.						
<i>Pseudomonas fluorescens</i>						
<i>Psychrobacter</i> sp.				spleen, lumbar l.n., kidney, liver, brain, sp. 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</i> Group C2						
<i>Streptococcus</i> (non-hemolytic)	liver					
<i>Streptococcus</i> sp.(alpha)	kidney, lungs, spleen, mesen. l.n., sm. int. epididymis abscess				mediastinal l.n., lung, kidney	
no bacteria isolated					liver, spleen	abdominal fluid

Table 6. 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
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 7. 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						
Peribullar hemorrhage	++ IF	+ IF	++ MC		+ IF	+ IF		++ MC		+++ MC
Salmonellosis			++ LC							
Spinal cord										
Clot formation	+ 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	+++/+ IF (MC)	++/+ IF	+++/+ IF
Intracranial								+++ (MC)		

left/right side of animal

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.

Table 8. Summary table of CT scan results.

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
Acou-to-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 corpus 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 table of CT scan results.

Anatomic Site	Case Number	
	03NWR05006	
Ears		03NWR05007
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/Facial 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 table of CT scan results

Anatomic Site	Case Number			
Ears	03NWR05008	03NWR05011	03NWR05012	03NWR06005
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
Acouto-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

Appendix A. – Level A stranding form

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: _____

<p>LOCATION</p> <p>State: _____ County: _____</p> <p>City: _____</p> <p>Locality Details: _____</p> <p>Latitude: _____ N</p> <p>Longitude: _____ W</p>	<p>OCCURRENCE DETAILS MS#: _____ (NMFS USE)</p> <p>Mass Stranding: <input type="checkbox"/> YES <input type="checkbox"/> NO # Animals: _____</p> <p>Signs of Human Interaction: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Could not be Determined (CBD)</p> <p>(Check one or more) <input type="checkbox"/> 1. Boat Collision <input type="checkbox"/> 3. Fishery Interaction</p> <p><input type="checkbox"/> 2. Shot <input type="checkbox"/> 4. Other Human Interaction: _____</p> <p>How determined: <input type="checkbox"/> External Exam <input type="checkbox"/> Internal Exam <input type="checkbox"/> Not Examined</p> <p>Other Causes: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CBD Describe: _____</p>
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<p>DATE OF INITIAL OBSERVATION</p> <p>Year: _____ Month: _____ Day: _____</p> <p>STATUS (Check ONE)</p> <p><input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition</p> <p><input type="checkbox"/> 2. Fresh Dead <input type="checkbox"/> 5. Mummified/Skeletal</p> <p><input type="checkbox"/> 3. Moderate Decomposition <input type="checkbox"/> 6. Dead - Condition Unknown</p>	<p>DATE OF EXAMINATION (LEVEL- A) <input type="checkbox"/> Not Able to Examine</p> <p>Year: _____ Month: _____ Day: _____</p> <p>CONDITION (Check ONE)</p> <p><input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition</p> <p><input type="checkbox"/> 2. Fresh Dead <input type="checkbox"/> 5. Mummified/Skeletal</p> <p><input type="checkbox"/> 3. Moderate Decomposition <input type="checkbox"/> 6. Dead - Condition Unknown</p>
---	--

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

<p>TAG DATA</p> <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 * 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>(Circle ONE) 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>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>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	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"/>	<p>WHOLE CARCASS DISPOSAL (Check one or more)</p> <p><input type="checkbox"/> 1. Left at site <input type="checkbox"/> 4. Rendered <input type="checkbox"/> 7. Unknown</p> <p><input type="checkbox"/> 2. Buried <input type="checkbox"/> 5. Sunk</p> <p><input type="checkbox"/> 3. Towed <input type="checkbox"/> 6. Frozen for Later Examination</p> <p>SPECIMEN DISPOSITION (Check one or more)</p> <p><input type="checkbox"/> 1. Scientific collection</p> <p><input type="checkbox"/> 2. Educational collection</p> <p><input type="checkbox"/> 3. Other: _____</p> <p>Comments: _____</p> <p>NECROPSIED <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____</p> <p>NECROPSIED BY: _____</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"/>																	

NOAA Form 89-864 (rev. 6-01) OMB No. 0648-0178; Expires May 31, 2004

PLEASE USE THE BACK SIDE OF THIS FORM FOR ADDITIONAL REMARKS

Appendix B. – Level A stranding forms for stranded harbor porpoises 2 May – 2 June 2003

MARINE MAMMAL STRANDING REPORT

NW-2003-SID#-1000774
(NMFS USE)

FIELD NO.: 2003-5J004 NMFS REGISTRATION NO.: 03NW05001
 COMMON NAME: Harbor porpoise GENUS: Phocoena SPECIES: phocoena
 EXAMINER Name: J. Gaydos Agency: The Whale Museum Phone: 360 378-4710
 Address: PO Box 945 Friday Harbor WA

To Submit
7/20

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"/> ?. 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"/> ?. 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></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																		

6/23/03

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? <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 <u>Immature</u> <input type="checkbox"/> ?. Unknown Straight Length: <u>136</u> _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> est *Weight <u>39</u> _____ <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
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REMARKS: Collected for necropsy. Stored in FTL freezer

DISPOSITION OF TISSUE/SKELETAL MATERIAL: _____

To scan 7/2
To rotten

MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

FIELD #: DN6-03-002 NMFS REGIONAL #: 03NWROS003 NATIONAL DATABASE #: NW-2003-1000776

COMMON NAME: porpoise GENUS: _____ SPECIES: _____

EXAMINER: _____ Letterholder: _____

Name: Pam Sanguinetti Affiliation: USFWS

Address: 33 S. Barr Rd Port Angeles WA 98362 Phone: 360 457 8451

LOCATION		OCCURRENCE DETAILS		MS#: _____
State: <u>WA</u>	County: <u>Clallam</u>	Mass Stranding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	# Animals: _____	
City: <u>Sequim</u>	Locality Details: <u>1 mile S of Dungeness Spit</u>	Signs of Human Interaction: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Could Not be Determined (CBD)		
Latitude: <u>48° 08' 19.9" N</u>	Longitude: <u>123° 11' 52.6" W</u>	(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	DATE OF EXAMINATION (LEVEL A) <input type="checkbox"/> Not Able to Examine
Year: <u>2003</u> Month: <u>05</u> Day: <u>04</u>	Year: <u>2003</u> Month: <u>05</u> Day: <u>18</u>

STATUS (Check ONE)	CONDITION (Check ONE)
<input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced Decomposition	<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"/> 2. Fresh Dead <input type="checkbox"/> 5. Mummified/Skeletal
<input checked="" type="checkbox"/> 3. Moderate Decomposition <input type="checkbox"/> 6. Dead - Condition Unknown	<input type="checkbox"/> 3. Moderate Decomposition <input type="checkbox"/> 6. Dead - Condition Unknown

INITIAL LIVE ANIMAL DISPOSITION (Check one or more)	MORPHOLOGICAL DATA
<input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 5. Euthanized at Site	SEX (Check ONE) <input type="checkbox"/> 1. Male <input checked="" type="checkbox"/> 2. Female <input type="checkbox"/> 3. Unknown
<input type="checkbox"/> 2. Immediate Release at Site <input type="checkbox"/> 6. Died at Site	AGE CLASS (Check ONE) <input checked="" type="checkbox"/> 1. Adult <input type="checkbox"/> 4. Pup/Calf
<input type="checkbox"/> 3. Relocated <input type="checkbox"/> 7. Transferred to Rehabilitation	<input type="checkbox"/> 2. Subadult <input type="checkbox"/> 5. Unknown
<input type="checkbox"/> 4. Disentangled <input type="checkbox"/> 8. Died During Transport	<input type="checkbox"/> 3. Yearling
<input type="checkbox"/> 9. Other	Straight Length: <u>200</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> actual <input checked="" type="checkbox"/> estimate
CONDITION (Check ONE)	Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> actual <input type="checkbox"/> estimate
<input type="checkbox"/> 1. Sick <input type="checkbox"/> 3. Apparently Healthy <input type="checkbox"/> 5. Other	PHOTOS/VIDEOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>ATTACHED</u>
<input type="checkbox"/> 2. Injured <input type="checkbox"/> 4. Out of Habitat	Disposition: _____
Date: _____ Rehabilitation Facility: _____	
Comments: _____	

TAG DATA	WHOLE CARCASS DISPOSAL (Check one or more)
ID# _____ Color _____ Type _____	<input checked="" type="checkbox"/> 1. Left at Site <input type="checkbox"/> 4. Rendered <input type="checkbox"/> 7. Unknown
*Placement (Circle One) Applied Present	<input type="checkbox"/> 2. Buried <input type="checkbox"/> 5. Sunk
D DF L LF LR RF RR <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 3. Towed <input type="checkbox"/> 6. Frozen for Later Examination
D DF L LF LR RF RR <input type="checkbox"/> <input type="checkbox"/>	SPECIMEN DISPOSITION (Check one or more)
D DF L LF LR RF RR <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> 1. Scientific Collection <u>CT scan only of head</u>
D DF L LF LR RF RR <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 2. Educational Collection
	<input type="checkbox"/> 3. Other: _____
	Comments: <u>Removed head/fetus*</u>
	<u>gave to Brad - NMFS</u>
	NECROPSIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Date: _____
	NECROPSIED BY: _____

MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

FIELD # DN6 03 003 NMFS REGIONAL 03NDRO5004 NATIONAL DATABASE # 1103-10007

COMMON NAME: harbor porpoise GENUS: Phocoena SPECIES: phocoena

EXAMINER: _____ Letterholder: _____

Name: Pam Sanguinetti Affiliation: U.S. Fish & Wildlife Service

Address: 33 S. Barr Rd Port Angeles WA 98302 Phone: 360 457 8451

LOCATION State: <u>WA</u> County: <u>Clallam</u> City: <u>Sequim</u> Locality Details: <u>2 miles south of Hungeness Spit Pass</u> Latitude: _____ N Longitude: _____ W	OCCURRENCE DETAILS Mass Stranding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO # Animals: _____ (NMFS USE) 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"/> 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 checked="" 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 checked="" type="checkbox"/> NO Disposition: <u>described as smaller than And animal - ? < 84cm</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>	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 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 <u>not collected</u> <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 COMMENTS: _____

*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

NW-2003-1000778
SID#

(NMFS USE)

FIELD NO.: 2003-5J007 NMFS REGISTRATION NO.: 03NWRO5005
 COMMON NAME: Harbor Porpoise GENUS: Phocoena SPECIES: phocoena
 EXAMINER Name: R. Osborne Agency: The Whale Museum Phone: 360 378-4710
 Address: PO Box 945 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"/> ? 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"/> ? 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 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></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"/> ? 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 <i>immature</i> <input checked="" type="checkbox"/> 2. Female <input type="checkbox"/> ? Unknown Straight Length: <u>126</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> est *Weight <u>33.5</u> <input checked="" type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> est PHOTOS TAKEN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--

REMARKS: Collected for Necropsy. Stored in FHL freezer.

DISPOSITION OF TISSUE/SKELETAL MATERIAL: _____

6/23/03

MARINE MAMMAL STRANDING REPORT

NW-2003-100779

SID# (NMFS USE)

FIELD NO.: 2003-SJ008 NMFS REGISTRATION NO.: 03NWR05006

COMMON NAME: Harbor porpoise GENUS: Phocoena SPECIES: phocoena

EXAMINER Name: Whale Museum Agency: Phone:

Address:

LOCATION TYPE OF OCCURRENCE State: WA County: San Juan Mass Stranding: No # Animals 1 Human Interaction: ? Check one: 1. Boat Collision 2. Shot 3. Fishery Interaction 4. Other How determined: Other Causes (if known):

DATE OF INITIAL OBSERVATION: Yr. 2003 Mo. 5 Day 5 DATE OF EXAMINATION: Yr. 2003 Mo. 5 Day 5 CONDITION: Check one: 1. Alive 2. Fresh dead 3. Moderate decomp. 4. Advanced decomp. 5. Mummified 7. Unknown

LIVE ANIMAL - Condition and Disposition: Check one or more: 1. Released at site 2. Sick 3. Injured 4. Died 5. Euthanized 6. Rehabilitated and released 7. Unknown TAGS APPLIED?: No TAGS PRESENT?: No Dorsal Left Right Tag No(s): Color(s): Type: Placement Front/Rear Front/Rear

CARCASS - Disposition: Check one: 1. Left at site 2. Buried 3. Towed 4. Sci. collection: (see below) 5. Edu. collection: (see below) 6. Other 7. Unknown MORPHOLOGICAL DATA: Sex - Check one: 1. Male 2. Female 3. Unknown adult Straight Length: 152 cm cm in est *Weight 48.5 kg kg lb est PHOTOS TAKEN? Yes* 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

yes
7/22/03

copy sent
7/22/03

FIELD #: DNG 03 001 NMFS REGIONAL #: 03NWR05007 NATIONAL DATABASE #: NW-2003-100071
 COMMON NAME: harbor porpoise GENUS: Phocaena SPECIES: phocaena

EXAMINER Name: Pam Sanguinetti Letterholder: _____
 Affiliation: U.S. Fish & Wildlife Service
 Address: 33 S. Barr Rd Port Angeles WA 98362 Phone: 360 457 8451

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: _____ (NMFS USE) 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: _____
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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
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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 checked="" type="checkbox"/> 2. Subadult <input type="checkbox"/> 5. Unknown <input type="checkbox"/> 3. Unknown <input type="checkbox"/> 3. Yearling Straight Length: <u>145.5</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> in <input checked="" type="checkbox"/> actual <input type="checkbox"/> estimate Weight: <u>38.5</u> <input checked="" type="checkbox"/> kg <input type="checkbox"/> lb <input checked="" type="checkbox"/> actual <input type="checkbox"/> estimate PHOTOS/VIDEOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Disposition: _____
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6/23/03

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 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 Brad Hansen, 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"/>																				

*D=Dorsal; DF=Dorsal Fin; L=Lateral Body
 LF=Left Front; LR=Left Rear; RF=Right Front; RR=Right Rear

MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

To Scan 7/2
yes

FIELD #: OCNMS013 Pp 01 NMFS REGIONAL #: 15NWRO5008 NATIONAL DATABASE #: NW-2003-100781

COMMON NAME: Harbor Porpoise GENUS: Phocoena SPECIES: phocoena

EXAMINER Name: Mary Sue Brancato Letterholder: _____
 Affiliation: Olympic Coast National Marine Sanctuary
 Address: 115 E Railroad, Port Angeles WA Phone: 360 457-6622 x20

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: _____ 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>26</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
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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) <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: <u>40</u> <input checked="" type="checkbox"/> kg <input 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>cut off head & froze for scanning. delivered by Pelly Ramirez to NMFS - Brad Hanson</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>*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 Flus 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 (Janine at 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

These data should not be used out of context or without verification. This should be strictly enforced when reporting signs of human interaction data.

DATA ACCESS FOR LEVEL A DATA

Upon written request, certain fields of the Level A Data Sheet will be released to the requestor provided that the requestor credit the stranding network and the National Marine Fisheries Service. The National Marine Fisheries Service will notify the contributing stranding network members that these data have been requested and the intent of use. All other data will be released to the requestor provided that the requestor obtain permission from the contributing stranding network and the National Marine Fisheries Service.

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-GH-159 NMFS REGIONAL #: 03NWROS034 NATIONAL DATABASE #: NW-2003-102845
(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#: _____ 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) <input checked="" type="checkbox"/> 3. Unknown <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female AGE CLASS (Check ONE) <input checked="" type="checkbox"/> 5. Unknown <input type="checkbox"/> 1. Adult <input type="checkbox"/> 4. Pup/Calf <input type="checkbox"/> 2. Subadult <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>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"/>																				

6/26/04

MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

FIELD #: 03-IS-160 NMFS REGIONAL #: 03NWR05033 NATIONAL DATABASE #: NW-2003-102845?
(NMFS USE) (NMFS USE)

COMMON NAME: Harbor Porpoise GENUS: Phocoena SPECIES: phocoena

EXAMINER: _____ Letterholder: _____

Name: W's V Beach Watchers Affiliation: _____

Address: _____ Phone: _____

LOCATION State: <u>WA</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> 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: _____
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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
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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 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 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: _____ 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"/>																				

6/2/04

MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

FIELD #: WIC 051303SD NMFS REGIONAL #: 03NWR05010 NATIONAL DATABASE #: NW-2003-1000783
 COMMON NAME: HARBOR PORPOISE GENUS: PHOCOENA SPECIES: PHOCOENA
 EXAMINER: _____ Letterholder: MATT KLOPF NAVY BIOLOGIST
 Name: STUDY DUBPERNELL Affiliation: USA ISLAND COUNTY MMSU
 Address: 1224 NIMITE DR COUPEVILLE WA 98239 Phone: 360-678-3765

LOCATION State: <u>WA</u> County: <u>ISLAND</u> City: <u>COUPEVILLE</u> Locality Details: <u>FORT CASEY STATE PARK ± 1/2 WAY BETW STAIR CASES 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: _____ (NMFS USE) 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>55</u> <input checked="" type="checkbox"/> kg <input checked="" type="checkbox"/> lb <input checked="" 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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ID#	Color	Type	*Placement (Circle One)	Applied	Present																				
<u>0</u>			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"/>																				

*D=Dorsal; DF=Dorsal Fin; L=Lateral Body
 LF=Left Front; LR=Left Rear; RF=Right Front; RR=Right Rear

6/23/03

EDIE HOOK - HP w/ Head

yes to scan 7/20

MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

FIELD #: OCNMS03 P 02 NMFS REGIONAL #: 03NWRO5011 NATIONAL DATABASE #: NW-2003-1000754

COMMON NAME: TALBORE PORPOISE GENUS: PHOCOENA SPECIES: PHOCOENA

EXAMINER Name: Liam ANDRUM Letterholder: _____ Affiliation: OLYMPIC COAST NAT. MARINE SANCTUARY

Address: Box 115 E. RAILROAD AVE SUITE 301 Phone: 360 457-6672
PORT ANGELES WA

LOCATION State: <u>WA</u> County: <u>CLALLAM</u> City: <u>PORT ANGELES</u> Locality Details: <u>EDIE HOOK</u> <u>NORTH SIDE</u> <u>NEAR COAST GUARD EATE</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"/> 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: _____
	IMS#: _____ (NMFS USE)

DATE OF INITIAL OBSERVATION Year: <u>03</u> Month: <u>05</u> Day: <u>16</u>	DATE OF EXAMINATION (LEVEL A) <input type="checkbox"/> Not Able to Examine Year: _____ Month: _____ Day: _____
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	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	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 checked="" type="checkbox"/> actual <input type="checkbox"/> estimate Weight: <u>37</u> <input checked="" type="checkbox"/> kg <input type="checkbox"/> lb <input checked="" type="checkbox"/> actual <input type="checkbox"/> estimate PHOTOS/VIDEOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Disposition: _____
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: _____	

TAG DATA <table border="1"> <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</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td>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</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td>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</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td>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				D DF L	<input type="checkbox"/>	<input type="checkbox"/>				LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>				D DF L	<input type="checkbox"/>	<input type="checkbox"/>				LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>				D DF L	<input type="checkbox"/>	<input type="checkbox"/>				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>7/23/03</u> NECROPSIED BY: _____
ID#	Color	Type	*Placement (Circle One)	Applied	Present																																						
			D DF L	<input type="checkbox"/>	<input type="checkbox"/>																																						
			LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>																																						
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			D DF L	<input type="checkbox"/>	<input type="checkbox"/>																																						
			LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>																																						

ADDITIONAL REMARKS

ADDITIONAL IDENTIFIER: _____

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

141 CM

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

DISCLAIMER

These data should not be used out of context or without verification. This should be strictly enforced when reporting signs of human interaction data.

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 # WIEGSTR035B NMFS REGIONAL #: 03NWR05019 NATIONAL DATABASE #: NW-2003-1000819
 COMMON NAME: Harbor Porpoise GENUS: Phocoena SPECIES: phocoena
 EXAMINER: _____ Letterholder: Matt Klope
 Name: Susan Berta (Glynn Schmid) Affiliation: Oke Network / Beach Watchers
 Address: 2403 S. North Bluff, Greenbank WA 98253 Phone: 360-678-3451

LOCATION State: <u>WA</u> County: <u>Island</u> City: <u>Greenbank</u> Locality Details: <u>Lagoon Pt, on beach in front of 295 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 (C&D) (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
---	---

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 type="checkbox"/> actual <input type="checkbox"/> estimate Weight: <u>54</u> <input checked="" type="checkbox"/> kg <input type="checkbox"/> lb <input checked="" type="checkbox"/> actual <input type="checkbox"/> estimate PHOTOS/VIDEOS TAKEN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>digital photos & videos</u> Disposition: <u>Brad Hansen picked up specimen the evening of 5/17/03, brought to NMML for further examination</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>*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 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: <u>Brought to NMML by Brad Hansen to be necropsied with other recent porpoise specimens</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"/>																				
_____	_____	_____	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"/>																				

6/30/03

ADDITIONAL REMARKS

ADDITIONAL IDENTIFIER: _____

The call came in at 8³⁰ am, Lynn Schmid & I responded at approx. 10 am. No visible cause of death, freshly dead specimen. Brad Hansen 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. Brad picked it up that evening.

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MARINE MAMMAL STRANDING REPORT

NW-2003-100785
SID# _____ (NMFS USE)

FIELD NO.: 2003-SJ009 NMFS REGISTRATION NO.: 03NWRO5012
 COMMON NAME: Harbor Porpoise GENUS: Phocoena SPECIES: phocoena
 EXAMINER Name: R. Osborne/K. Balcomb Agency: The Whale Museum Phone: 360 378-4710
 Address: P.O. Box 945 Friday Harbor WA 98250

*To scan 7/20
4:25*

LOCATION State: <u>WA</u> County: <u>San Juan</u> City: _____ Locality Details: <u>Eagle Pt.,</u> <u>West side</u> <u>San Juan Island</u> <u>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): _____
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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"/> 7. 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"/> 7. Unknown
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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																		

6/23/03

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? <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 <i>immature</i> <input type="checkbox"/> 2. Female <input type="checkbox"/> 7. Unknown Contour: _____ Straight Length: <u>123</u> cm <input type="checkbox"/> in <input type="checkbox"/> est *Weight <u>30</u> kg <input type="checkbox"/> lb <input type="checkbox"/> est PHOTOS TAKEN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Girth _____ in _____ est
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REMARKS: Towed by Whale-watch operator to Snug Harbor, Ken Balcomb picked up animal and stored it in Center for Whale Research (CWR) freezer

DISPOSITION OF TISSUE/SKELETAL MATERIAL: _____

MARINE MAMMAL STRANDING REPORT

NW-2003-1002228
SID# (NMFS USE)

FIELD NO.: 2003-SJ020 NMFS REGISTRATION NO.: 03NWR05046
 COMMON NAME: Harbor porpoise GENUS: Phocoena SPECIES: phocoena
 EXAMINER Name: J. Knight Agency: The Whale Museum Phone: (360) 378-4710
 Address: PO Box 945 Friday Harbor WA 98250

LOCATION State: <u>WA</u> County: <u>San Juan</u> City: _____ Locality Details: <u>Flint Beach, Lopez 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 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>25</u> CONDITION: Check one: <input type="checkbox"/> 1. Alive <input type="checkbox"/> 2. Fresh dead <input type="checkbox"/> 3. Moderate decomp. <input checked="" type="checkbox"/> 4. Advanced decomp. <input type="checkbox"/> 5. Mummified <input type="checkbox"/> ? Unknown	DATE OF EXAMINATION: Yr. _____ Mo. _____ Day _____ CONDITION: Check one: <input type="checkbox"/> 1. Alive <input 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
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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 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></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																		

3/17/04

CARCASS — Disposition: Check one: <input checked="" type="checkbox"/> 1. Left at site <input type="checkbox"/> 2. Buried <input type="checkbox"/> 3. Towed <input 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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MORPHOLOGICAL DATA: Sex — Check one: <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/> ? 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 type="checkbox"/> Yes <input type="checkbox"/> No

REMARKS: Dead on beach. Scavenged by eagles

DISPOSITION OF TISSUE/SKELETAL MATERIAL: _____

recog 5/10
7/22

1 SE
CT done

MARINE MAMMAL STRANDING REPORT - LEVEL A DATA

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

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
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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) <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"/> 4. Pup/Calf <input checked="" type="checkbox"/> 2. Subadult <input type="checkbox"/> 5. Unknown <input type="checkbox"/> 3. Yearling Straight Length: <u>146</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> in <input checked="" type="checkbox"/> actual <input type="checkbox"/> estimate Weight: <u>39</u> <input checked="" type="checkbox"/> kg <input type="checkbox"/> lb <input checked="" 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 border="1"> <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. 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"/>																				

Appendix C. – Investigation team members with affiliations and expertise.

Investigation Team Leaders -

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 NMFS 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 NMFS.

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.

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 previous 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.