Sea Turtle Disorientation Report

Date:	**Time:**	**Beach:**	
County:	**Observers:**		**Tide:**
Moon Phase:	**Time of Moon Rise:**	**Time of Moon Set:**	

Source of Light (Address of private residence, name and address of hotel, condominium or business, location of street light and number of pole (appears on a small metal plate) etc.)

Description of Light (Include number of lights identified, whether indoor light, landscape light, porch or balcony light, etc. Example: 3rd floor balcony light or 2 landscaping lights by oleander

Documentation or Disorientation (Photos or video of adult female or hatchling tracks and/or dead hatchlings. Number of dead or disoriented hatchlings is helpful.)

Initial Action Taken (Spoke with renter/owner, left literature, contacted Law Enforcement)

Follow Up (Spoke with rental agency or owner, notified local Law Enforcement**)** **Date _____**

Notified SCDNR Date _____

Return to:
SC DNR Sea Turtle Program
P. O. Box 12559
Charleston, SC 29422-2559
Phone: 843-953-9015 Fax: 843-953-9282
Email: coastbio@dnr.sc.gov
(Retain copy in Beach project files)

Rev. (8/2007)