

DATA SHEET FOR BIRD-WINDOW COLLISION

Send to: Acopian Center for Ornithology
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 Fax. 484-664-3509

Please fill in as many details as possible: minimally species name, location, and date are needed.

(FOR INTERNAL USE)

Cat # _____

Tally # _____

Species Common Name: _____ **Scientific Name:** _____

Date of Strike: _____ **Age:** Adult Juvenile Unknown **Sex:** Male Female Unknown

Result: Killed Stunned Unknown **If stunned**, how long before flying off _____ (min).

Time of Strike (if known): _____ **Height above ground of strike:** _____

Evidence: Any feathers, body fluid, or patterns left on glass? _____

Window Type: Picture Bay Patio Door Multi-Paned Single-Paned Other: _____

10. Size of window: _____ **Additional Details:** _____

Area is: Urban Rural Suburban **Additional Details:** _____

Habitat type facing window: Wooded Field Yard w/trees and shrubs Open lawn area Other

Additional Details: _____

Bird Feeders near window: Yes No **Additional Details:** _____

Is the window: Reflective or Transparent **15. Vegetation near window** (house plants inside or out, bushes): Yes No

Location of strike: _____

Address: _____

County/Prov. _____ **State & Post Code** _____ **Country** _____

Contributors Information (if different from above): Name _____

Address: _____

County/Prov. _____ **State & Post Code** _____ **Country** _____

E-mail address: _____