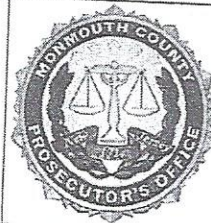




NJ Attorney General's Heroin & Opiates Task Force
Naloxone Administration Reporting Form
Monmouth County

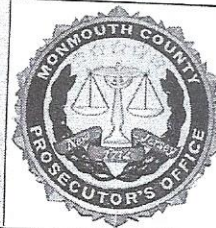


Police Department: <u>CLEANPORT</u>		Case #: <u>180909847</u>	
Date of Overdose: <u>11/12/2018</u>		Time of Overdose: <u>17:22</u> ☐ AM ☒ PM	
Location where overdose occurred: (Street address, city, zip) <u>WYANDOTTE AVE. CLEANPORT, NJ. 07757</u>		Victim address: (Street address, city, county, state, zip) <u>11 LONG BEACH AVE. BAYVILLE, NJ 08721</u>	
Victim Full Name: <u>[REDACTED]</u>		Victim DOB: <u>[REDACTED]</u> Victim Cell: <u>[REDACTED]</u>	
Victim previously administered naloxone: ☐ Yes ☐ No ☒ Unknown		If yes, how many times?: <u>N/A</u>	
Victim Gender: ☒ Male ☐ Female ☐ Unknown		Victim Age: <u>[REDACTED]</u>	
Victim Race: ☒ White ☐ Black ☐ Hispanic ☐ Asian/Indian ☐ American Indian ☐ Pacific Islander			
Details of Naloxone Administration			
Administered by: ☒ LE / Doses: <u>[REDACTED]</u>		☐ EMS / Doses: <u>[REDACTED]</u> ☐ Fire Dept. / Doses: <u>[REDACTED]</u> ☐ Other / Doses: <u>[REDACTED]</u>	
Did Naloxone work: ☒ Yes ☐ No ☐ Unk		Did the person live: ☒ Yes ☐ No ☐ Unk	
If yes, how long did it take to work: ☐ <1 min ☐ 1-3 min ☐ 3-5 min ☐ >5 min ☐ Don't Know		Taken to Hospital: ☒ Yes ☐ No	
Suspected Drugs Involved (check all that apply)			
☒ Heroin ☐ Any other opioid ☐ Cocaine / Crack ☐ Suboxone ☐ Other (specify): <u>[REDACTED]</u>			
☐ Alcohol ☐ Benzos / Barbituates ☐ Methadone ☐ Don't Know			
Evidence Information			
Drug 1:			
Drug Form: ☒ Powder ☐ Pill ☐ Liquid ☐ Other: <u>[REDACTED]</u>		Packaging Type: ☒ Glassine ☐ Other: <u>[REDACTED]</u>	
Packaging Color: ☐ White ☐ Blue ☒ Red ☐ Pink ☐ Yellow ☐ Green ☐ Black ☐ Other: <u>[REDACTED]</u>		Describe Image: <u>BEST BUY</u>	
Stamp (Text/Color): <u>BLACK</u>		Doctor's Name: <u>[REDACTED]</u>	
Drug 2:			
Drug Form: ☐ Powder ☐ Pill ☐ Liquid ☐ Other: <u>[REDACTED]</u>		Packaging Type: ☐ Glassine ☐ Other: <u>[REDACTED]</u>	
Packaging Color: ☐ White ☐ Blue ☐ Red ☐ Pink ☐ Yellow ☐ Green ☐ Black ☐ Other: <u>[REDACTED]</u>		Describe Image: <u>BEST BUY</u>	
Stamp (Text/Color): <u>BLACK</u>		Pill Brand: <u>[REDACTED]</u>	
Pill Brand: <u>[REDACTED]</u>		Treatment Resources Information Provided: ☐ Yes ☒ No	
☒ Evidence Secured: ☒ Drugs ☐ Paraphernalia			
Notes / Comments: <u>[REDACTED]</u>			
Officer's Name: <u>JUSTIN GAITA</u>		Date of Report: <u>11/12/2018</u>	
Badge: <u>#497</u>			

Please email form to DMI@gw.njsp.org AND narcan@mcponj.org
OR fax to NJROIC (609) 530-3650 AND (732) 431-7026.



**NJ Attorney General's Heroin & Opiates Task Force
Naloxone Administration Reporting Form
Monmouth County**

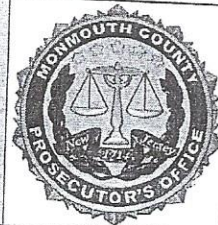


Police Department: Oceanport PD		Case #: 18OP08442
Date of Overdose: 09 / 20 / 2018		Time of Overdose: 18 : 09 ☐ AM ☒ PM
Location where overdose occurred: (Street address, city, zip) Monmouth Blvd Oceanport NJ 07757		Victim address: (Street address, city, county, state, zip) Monmouth Blvd Oceanport, NJ 07757
Victim Full Name: _____	Victim DOB: _____	Victim Cell: n/a
Victim previously administered naloxone: ☐ Yes ☐ No ☒ Unknown If yes, how many times?: -		
Victim Gender: ☐ Male ☒ Female ☐ Unknown		Victim Age: 63
Victim Race: ☒ White ☐ Black ☐ Hispanic ☐ Asian/Indian ☐ American Indian ☐ Pacific Islander		
Details of Naloxone Administration		
Administered by: ☒ LE / Doses: 2 ☐ EMS / Doses: ☐ Fire Dept. / Doses: ☐ Other / Doses:		
Did Naloxone work: ☒ Yes ☐ No ☐ Unk Did the person live: ☒ Yes ☐ No ☐ Unk Taken to Hospital: ☒ Yes ☐ No		
If yes, how long did it take to work: ☐ <1 min ☐ 1-3 min ☐ 3-5 min ☒ >5 min ☐ Don't Know		
Suspected Drugs Involved (check all that apply)		
☐ Heroin ☒ Any other opioid ☐ Cocaine / Crack ☐ Suboxone ☐ Other (specify): ☐ Alcohol ☐ Benzos / Barbituates ☐ Methadone ☐ Don't Know		
Evidence Information		
Drug 1:		
Drug Form: ☐ Powder ☒ Pill ☐ Liquid ☐ Other:		Packaging Type: ☐ Glassine ☒ Other:
Packaging Color: ☒ White ☐ Blue ☐ Red ☐ Pink ☐ Yellow ☐ Green ☐ Black ☐ Other:		Describe Image: Prescription Medications
Stamp (Text/Color):		
Drug 2:		
Drug Form: ☐ Powder ☐ Pill ☐ Liquid ☐ Other:		Packaging Type: ☐ Glassine ☐ Other
Packaging Color: ☐ White ☐ Blue ☐ Red ☐ Pink ☐ Yellow ☐ Green ☐ Black ☐ Other:		Describe Image:
Stamp (Text/Color):		
Pill Brand: _____ / _____		Doctor's Name:
☐ Evidence Secured: ☐ Drugs ☐ Paraphernalia		Treatment Resources Information Provided: ☒ Yes ☐ No
Notes / Comments: Patient was located lying supine in her bed at her home. She was found not breathing with a weak pulse. Narcan administered (2 doses). Medics and Oceanport First aid transported patient to Monmouth medical center for further treatment. NFI		
Sgt. Michael Perrulli	#39	09-21-2018
Officer's Name	Badge	Date of Report

Please email form to DMI@gw.njsp.org AND narcan@mcponj.org
OR fax to NJROIC (609) 530-3650 AND (732) 431-7026.



NJ Attorney General's Heroin & Opiates Task Force
Naloxone Administration Reporting Form
Monmouth County



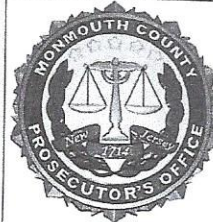
180P08365

Police Department: <u>OCEANPORT</u>		Case #: <u>180P08365</u>	
Date of Overdose: <u>9/18/18</u>		Time of Overdose: <u>06:30</u> ☒ AM ☐ PM	
Location where overdose occurred: (Street address, city, zip) <u>1 LAKE DR. OCEANPORT, NJ 07757</u>		Victim address: (Street address, city, county, state, zip) <u>1 LAKE DR OCEANPORT, NJ 07757</u>	
Victim Full Name: _____		Victim DOB: _____	
Victim previously administered naloxone: ☒ Yes ☐ No ☐ Unknown		If yes, how many times?: <u>2</u>	
Victim Gender: ☒ Male ☐ Female ☐ Unknown		Victim Age: <u>28</u>	
Victim Race: ☒ White ☐ Black ☐ Hispanic ☐ Asian/Indian ☐ American Indian ☐ Pacific Islander			
Details of Naloxone Administration			
Administered by: ☒ LE / Doses: _____		☐ EMS / Doses: _____	
☐ Fire Dept. / Doses: _____		☐ Other / Doses: _____	
Did Naloxone work: ☒ Yes ☐ No ☐ Unk		Did the person live: ☒ Yes ☐ No ☐ Unk	
Taken to Hospital: ☐ Yes ☐ No			
If yes, how long did it take to work: ☐ <1 min ☐ 1-3 min ☐ 3-5 min ☒ >5 min ☐ Don't Know			
Suspected Drugs Involved (check all that apply)			
☒ Heroin ☐ Any other opioid ☐ Cocaine / Crack ☐ Suboxone ☐ Other (specify): _____			
☐ Alcohol ☐ Benzos / Barbituates ☐ Methadone ☐ Don't Know			
Evidence Information			
Drug 1:			
Drug Form: ☒ Powder ☐ Pill ☐ Liquid ☐ Other: _____		Packaging Type: ☐ Glassine ☐ Other: _____	
Packaging Color: ☐ White ☐ Blue ☐ Red ☐ Pink ☐ Yellow ☐ Green ☐ Black ☐ Other: _____			
Stamp (Text/Color): _____		Describe Image: _____	
Drug 2:			
Drug Form: ☐ Powder ☐ Pill ☐ Liquid ☐ Other: _____		Packaging Type: ☐ Glassine ☐ Other: _____	
Packaging Color: ☐ White ☐ Blue ☐ Red ☐ Pink ☐ Yellow ☐ Green ☐ Black ☐ Other: _____			
Stamp (Text/Color): _____		Describe Image: _____	
Pill Brand: _____		Doctor's Name: _____	
☐ Evidence Secured: ☐ Drugs ☐ Paraphernalia		Treatment Resources Information Provided: ☐ Yes ☐ No	
Notes / Comments: <u>PATIENT SUBMITTED 2 DWES OF NALOXONE. WHITE POWDER, SUSPECTED HEROIN FOUND ON TABLE AND LATER DISCARDED.</u>			
Officer's Name: <u>GARY GRIMES</u>		Badge: <u>51</u>	
		Date of Report: <u>9/18/18</u>	

Please email form to DMI@gw.njsp.org AND narcan@mcponj.org
OR fax to NJROIC (609) 530-3650 AND (732) 431-7026.



NJ Attorney General's Heroin & Opiates Task Force Naloxone Administration Reporting Form Monmouth County

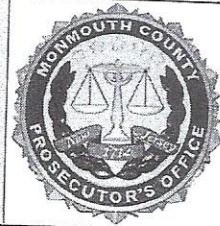


Police Department: Oceanport PD		Case #: 18OP07504	
Date of Overdose: 08 / 22 / 2018		Time of Overdose: 12 :20 ☐ AM ☒ PM	
Location where overdose occurred: (Street address, city, zip) Milton Avenue, Oceanport NJ 07757		Victim address: (Street address, city, county, state, zip) Milton Avenue, Oceanport NJ 07757	
Victim Full Name:		Victim DOB:	Victim Cell: Unknown
Victim previously administered naloxone: ☐ Yes ☐ No ☒ Unknown		If yes, how many times?:	
Victim Gender: ☐ Male ☒ Female ☐ Unknown		Victim Age: 59	
Victim Race: ☒ White ☐ Black ☐ Hispanic ☐ Asian/Indian ☐ American Indian ☐ Pacific Islander			
Details of Naloxone Administration			
Administered by: ☒ LE / Doses: 3 ☒ EMS / Doses: 2-3 ☐ Fire Dept. / Doses: ☐ Other / Doses:			
Did Naloxone work: ☒ Yes ☐ No ☐ Unk		Did the person live: ☒ Yes ☐ No ☐ Unk	
If yes, how long did it take to work: ☐ <1 min ☐ 1-3 min ☐ 3-5 min ☒ >5 min ☐ Don't Know		Taken to Hospital: ☒ Yes ☐ No	
Suspected Drugs Involved (check all that apply)			
☐ Heroin ☐ Any other opioid ☐ Cocaine / Crack ☐ Suboxone ☐ Other (specify):			
☐ Alcohol ☐ Benzos / Barbituates ☒ Methadone ☒ Don't Know			
Evidence Information			
Drug 1:			
Drug Form: ☐ Powder ☐ Pill ☐ Liquid ☒ Other: Unknown		Packaging Type: ☐ Glassine ☐ Other:	
Packaging Color: ☐ White ☐ Blue ☐ Red ☐ Pink ☐ Yellow ☐ Green ☐ Black ☐ Other:			
Stamp (Text/Color):		Describe Image:	
Drug 2:			
Drug Form: ☐ Powder ☐ Pill ☐ Liquid ☐ Other:		Packaging Type: ☐ Glassine ☐ Other:	
Packaging Color: ☐ White ☐ Blue ☐ Red ☐ Pink ☐ Yellow ☐ Green ☐ Black ☐ Other:			
Stamp (Text/Color):		Describe Image:	
Pill Brand: /		Doctor's Name:	
☒ Evidence Secured: ☐ Drugs ☒ Paraphernalia		Treatment Resources Information Provided: ☐ Yes ☒ No	
Notes / Comments:			
PATIENT FOUND UNRESPONSIVE AND NOT BREATHING WITH A SLOW PULSE. NALOXONE ADMINISTERED UTILIZING 2ML NASAL SYRINGES AND OXYGEN APPLIED. PATIENT ADMINISTERED NALOXONE THREE TIMES BY PATROLS AND TWO TO THREE TIMES BY PARAMEDICS VIA IV. LOTS#: RL061h7, RL030H6, RL030H6			
EVIDENCE SEIZED: 1 SILVER "VAPE" PEN USED TO INGEST THC OIL - DISCOVERED AT THE SCENE			
Ptl. Ruane	#53	08/22/2018	
Officer's Name	Badge	Date of Report	

Please email form to DML@gw.njsp.org AND narcan@mcponj.org
OR fax to NJROIC (609) 530-3650 AND (732) 431-7026.



**NJ Attorney General's Heroin & Opiates Task Force
Naloxone Administration Reporting Form
Monmouth County**

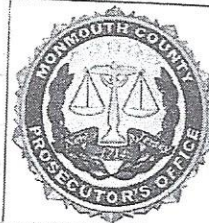


Police Department: OCEANPORT		Case #: 18OP04769	
Date of Overdose: 06 / 02 / 2018		Time of Overdose: 02 : 30 ☒ AM ☐ PM	
Location where overdose occurred: (Street address, city, zip) OCEANPORT AVE. OCEANPORT, NJ. 07757		Victim address: (Street address, city, county, state, zip) N, BLACK HORSE PIKE. RUNNEMEDE, NJ. 08078	
Victim Full Name:		Victim DOB:	Victim Cell: N/A
Victim previously administered naloxone: ☐ Yes ☐ No ☒ Unknown		If yes, how many times?: N/A	
Victim Gender: ☒ Male ☐ Female ☐ Unknown		Victim Age: 23	
Victim Race: ☒ White ☐ Black ☐ Hispanic ☐ Asian/Indian ☐ American Indian ☐ Pacific Islander			
Details of Naloxone Administration			
Administered by: ☒ LE / Doses: 2		☐ EMS / Doses:	☐ Fire Dept. / Doses:
☐ Other / Doses:			
Did Naloxone work: ☐ Yes ☒ No ☐ Unk		Did the person live: ☐ Yes ☒ No ☐ Unk	
Taken to Hospital: ☐ Yes ☒ No			
If yes, how long did it take to work: ☐ <1 min ☐ 1-3 min ☐ 3-5 min ☐ >5 min ☐ Don't Know			
Suspected Drugs Involved (check all that apply)			
☒ Heroin ☐ Any other opioid ☐ Cocaine / Crack ☐ Suboxone ☐ Other (specify):			
☐ Alcohol ☐ Benzos / Barbituates ☐ Methadone ☐ Don't Know			
Evidence Information			
Drug 1:			
Drug Form: ☒ Powder ☐ Pill ☐ Liquid ☐ Other:		Packaging Type: ☒ Glassine ☐ Other:	
Packaging Color: ☒ White ☐ Blue ☐ Red ☐ Pink ☐ Yellow ☐ Green ☐ Black ☐ Other:			
Stamp (Text/Color): PLAYBOY (RED)		Describe Image: PLAYBOY BUNNY	
Drug 2:			
Drug Form: ☐ Powder ☐ Pill ☐ Liquid ☐ Other:		Packaging Type: ☐ Glassine ☐ Other:	
Packaging Color: ☐ White ☐ Blue ☐ Red ☐ Pink ☐ Yellow ☐ Green ☐ Black ☐ Other:			
Stamp (Text/Color):		Describe Image:	
Pill Brand: /		Doctor's Name:	
☒ Evidence Secured: ☐ Drugs ☒ Paraphernalia		Treatment Resources Information Provided: ☐ Yes ☒ No	
Notes / Comments:			
PATROLS RESPONDED TO A FIRST AID CALL FOR CPR IN PROGRESS FOR A SUSPECTED OVERDOSE. UPON ARRIVAL, PATROLS TOOK OVER PRIMARY CARE, CONTINUED TO PERFORM CPR, AND ADMINISTERED 2 DOSES OF NARCAN. THE VICTIM WAS LATER PRONOUNCED DECEASED ON SCENE.			
J. GAITA	#497	06/02/2018	
Officer's Name	Badge	Date of Report	

Please email form to DMI@gw.njsp.org AND narcan@mcponj.org
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**NJ Attorney General's Heroin & Opiates Task Force
Naloxone Administration Reporting Form
Monmouth County**

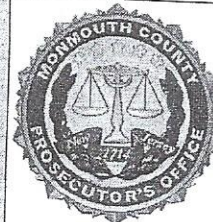


Police Department: <u>Oceanport Police</u>		Case #: <u>180P00768</u>
Date of Overdose: <u>1/30/18</u>		Time of Overdose: <u>15:37</u> ☐ AM ☒ PM
Location where overdose occurred: (Street address, city, zip) <u>Main St Oceanport, NJ 07757</u>		Victim address: (Street address, city, county, state, zip) <u>Main St. Oceanport, NJ 07757</u>
Victim Full Name: _____		Victim DOB: _____ Victim Cell: _____
Victim previously administered naloxone: ☐ Yes ☐ No ☒ Unknown If yes, how many times?: _____		
Victim Gender: ☒ Male ☐ Female ☐ Unknown		
Victim Race: ☐ White ☒ Black ☐ Hispanic ☐ Asian/Indian ☐ American Indian ☐ Pacific Islander		
Details of Naloxone Administration		
Administered by: ☒ LE / Doses: <u>2</u> ☐ EMS / Doses: _____ ☐ Fire Dept. / Doses: _____ ☐ Other / Doses: _____		
Did Naloxone work: ☒ Yes ☐ No ☐ Unk Did the person live: ☒ Yes ☐ No ☐ Unk Taken to Hospital: ☒ Yes ☐ No		
If yes, how long did it take to work: ☐ <1 min ☐ 1-3 min ☐ 3-5 min ☒ >5 min ☐ Don't Know		
Suspected Drugs Involved (check all that apply)		
☒ Heroin ☐ Any other opioid ☒ Cocaine / Crack ☐ Suboxone ☐ Other (specify): _____ ☐ Alcohol ☐ Benzos / Barbituates ☐ Methadone ☐ Don't Know		
Evidence Information		
Drug 1: <u>Heroin</u>		
Drug Form: ☒ Powder ☐ Pill ☐ Liquid ☐ Other: _____		Packaging Type: ☐ Glassine ☒ Other: <u>Wax</u>
Packaging Color: ☒ White ☐ Blue ☐ Red ☐ Pink ☐ Yellow ☐ Green ☐ Black ☐ Other: _____		Describe Image: <u>Wax Fold</u>
Stamp (Text/Color): <u>No Stamp</u>		
Drug 2: _____		
Drug Form: ☐ Powder ☐ Pill ☐ Liquid ☐ Other: _____		Packaging Type: ☐ Glassine ☐ Other: _____
Packaging Color: ☐ White ☐ Blue ☐ Red ☐ Pink ☐ Yellow ☐ Green ☐ Black ☐ Other: _____		Describe Image: _____
Stamp (Text/Color): _____		Doctor's Name: _____
Pill Brand: _____		
☒ Evidence Secured: ☒ Drugs ☒ Paraphernalia		Treatment Resources Information Provided: ☐ Yes ☐ No
Notes / Comments: <u>Glass Pipe w/ residue (Burnt).</u>		
Officer's Name: <u>PH. Ruane</u>	Badge: <u>3853</u>	Date of Report: <u>1/30/18</u>

Please email form to DMI@gw.njsp.org AND narcan@mcponj.org
OR fax to NJROIC (609) 530-3650 AND (732) 431-7026.



NJ Attorney General's Heroin & Opiates Task Force
Naloxone Administration Reporting Form
Monmouth County



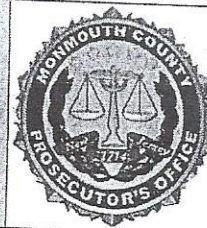
Police Department: <u>Oceanport</u>		Case #: <u>170P08798</u>	
Date of Overdose: <u>12/7/17</u>		Time of Overdose: <u>6:35</u> ☐ AM ☒ PM	
Location where overdose occurred: (Street address, city, zip) <u>Lake Dr. Oceanport NJ 07757</u>		Victim address: (Street address, city, county, state, zip) <u>() () ()</u>	
Victim Full Name: <u>[REDACTED]</u>		Victim DOB: <u>[REDACTED]</u> Victim Cell: <u>[REDACTED]</u>	
Victim previously administered naloxone: ☒ Yes ☐ No ☒ Unknown		If yes, how many times?: <u> </u>	
Victim Gender: ☒ Male ☐ Female ☐ Unknown		Victim Age: <u>27</u>	
Victim Race: ☒ White ☐ Black ☐ Hispanic ☐ Asian/Indian ☐ American Indian ☐ Pacific Islander			
Details of Naloxone Administration			
Administered by: ☒ LE / Doses: <u>3</u>		☐ EMS / Doses: <u> </u> ☐ Fire Dept. / Doses: <u> </u> ☐ Other / Doses: <u> </u>	
Did Naloxone work: ☒ Yes ☐ No ☐ Unk		Did the person live: ☒ Yes ☐ No ☐ Unk	
If yes, how long did it take to work: ☐ <1 min ☐ 1-3 min ☐ 3-5 min ☒ >5 min ☐ Don't Know		Taken to Hospital: ☒ Yes ☐ No	
Suspected Drugs Involved (check all that apply)			
☒ Heroin ☐ Any other opioid ☐ Cocaine / Crack ☐ Suboxone ☐ Other (specify): <u> </u>			
☐ Alcohol ☐ Benzos / Barbituates ☐ Methadone ☐ Don't Know			
Evidence Information			
Drug 1: <u>Marijuana</u>			
Drug Form: ☒ Powder ☐ Pill ☐ Liquid ☒ Other:		Packaging Type: ☐ Glassine ☐ Other:	
Packaging Color: ☐ White ☐ Blue ☐ Red ☐ Pink ☐ Yellow ☐ Green ☐ Black ☐ Other:		Describe Image: <u> </u>	
Stamp (Text/Color): <u> </u>			
Drug 2: <u> </u>			
Drug Form: ☐ Powder ☐ Pill ☐ Liquid ☐ Other:		Packaging Type: ☐ Glassine ☐ Other:	
Packaging Color: ☐ White ☐ Blue ☐ Red ☐ Pink ☐ Yellow ☐ Green ☐ Black ☐ Other:		Describe Image: <u> </u>	
Stamp (Text/Color): <u> </u>			
Pill Brand: <u> </u>		Doctor's Name: <u> </u>	
☒ Evidence Secured: ☒ Drugs ☒ Paraphernalia		Treatment Resources Information Provided: ☐ Yes ☐ No	
Notes / Comments: <u>Heroin or a white powder substance was found inside a dollar Bill; after admission from victim.</u>			
Officer's Name: <u>Pt. William Resnyk</u>		Badge: <u>48</u>	
		Date of Report: <u>12/7/17</u>	

Please email form to DMI@gw.njsp.org AND mcpopru@mcponj.org
OR fax to NJROIC (609) 530-3650 AND (732) 431-1594.

170P06875



NJ Attorney General's Heroin & Opiates Task Force Naloxone Administration Reporting Form Monmouth County



Police Department: OCEANPORT		Case #: 170P06875	
Date of Overdose: 09/11/2017		Time of Overdose: 01:53 ☒ AM ☐ PM	
Location where overdose occurred: (Street address, city, zip) Main Street, Oceanport New Jersey 07757		Victim address: (Street address, city, county, state, zip) Main Street, Oceanport New Jersey 07757	
Victim Full Name: _____		Victim DOB: _____	Victim Cell: _____
Victim previously administered naloxone: ☐ Yes ☐ No ☒ Unknown		If yes, how many times?: N/A	
Victim Gender: ☒ Male ☐ Female ☐ Unknown		Victim Age: 22	
Victim Race: ☒ White ☐ Black ☐ Hispanic ☐ Asian/Indian ☐ American Indian ☐ Pacific Islander			
Details of Naloxone Administration			
Administered by: ☒ LE / Doses: 2		☐ EMS / Doses:	☐ Fire Dept. / Doses:
☐ Other / Doses:			
Did Naloxone work: ☒ Yes ☐ No ☐ Unk		Did the person live: ☒ Yes ☐ No ☐ Unk	
If yes, how long did it take to work: ☐ <1 min ☐ 1-3 min ☐ 3-5 min ☒ >5 min ☐ Don't Know		Taken to Hospital: ☐ Yes ☒ No	
Suspected Drugs Involved (check all that apply)			
☒ Heroin	☐ Any other opioid	☐ Cocaine / Crack	☐ Suboxone
☐ Alcohol	☐ Benzos / Barbituates	☐ Methadone	☐ Don't Know
☐ Other (specify): _____			
Evidence Information			
Drug 1: _____			
Drug Form: ☒ Powder ☐ Pill ☐ Liquid ☐ Other:		Packaging Type: ☒ Glassine ☐ Other:	
Packaging Color: ☒ White ☐ Blue ☐ Red ☐ Pink ☐ Yellow ☐ Green ☐ Black ☐ Other:			
Stamp (Text/Color): Blue		Describe Image: 23 LEBRON JAMES	
Drug 2: _____			
Drug Form: ☐ Powder ☐ Pill ☐ Liquid ☐ Other:		Packaging Type: ☐ Glassine ☐ Other:	
Packaging Color: ☐ White ☐ Blue ☐ Red ☐ Pink ☐ Yellow ☐ Green ☐ Black ☐ Other:			
Stamp (Text/Color): _____		Describe Image: _____	
Pill Brand: _____		Doctor's Name: _____	
☒ Evidence Secured: ☒ Drugs ☒ Paraphernalia		Treatment Resources Information Provided: ☐ Yes ☒ No	
Notes / Comments: Victim admitted he inhaled two bags of Heroin, then refused further medical attention and signed a RMA with MONOC paramedics after they treated him. Patrols made sure a family member took possession of the victim to provide after care.			
Off. Kelly Leimburg	47	09/11/2017	
Officer's Name	Badge	Date of Report	

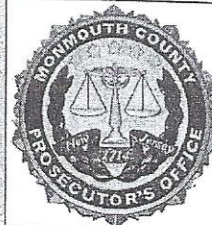
Please email form to DMI@gw.njsp.org AND mcpopru@mcponj.org

OR fax to NJROIC (609) 530-3650 AND (732) 431-1594.

#170P04949



NJ Attorney General's Heroin & Opiates Task Force Naloxone Administration Reporting Form Monmouth County

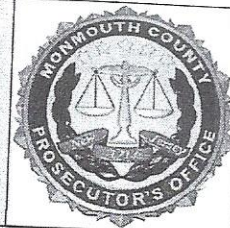


Police Department: <u>Oceanport PD</u>		Case #: <u>170P04949</u>	
Date of Overdose: <u>7/10/17</u>		Time of Overdose: <u>10:45</u> ☒ AM ☐ PM	
Location where overdose occurred: (Street address, city, zip) <u>1 FIRE CT OCEANPORT, NJ 07757</u>		Victim address: (Street address, city, county, state, zip) <u>1 STOKES PL LONG BRANCH, NJ 07740</u>	
Victim Full Name: <u>[REDACTED]</u>		Victim Cell: <u>[REDACTED]</u>	
Victim previously administered naloxone: ☐ Yes ☐ No ☒ Unknown		If yes, how many times?:	
Victim Gender: ☐ Male ☒ Female ☐ Unknown		Victim Age: <u>25</u>	
Victim Race: ☐ White ☐ Black ☒ Hispanic ☐ Asian/Indian ☐ American Indian ☐ Pacific Islander			
Details of Naloxone Administration			
Administered by: ☒ LE / Doses: <u>1</u> ☐ EMS / Doses: ☐ Fire Dept. / Doses: ☐ Other / Doses: ☐			
Did Naloxone work: ☐ Yes ☒ No ☐ Unk		Did the person live: ☐ Yes ☒ No ☐ Unk	
Taken to Hospital: ☒ Yes ☐ No			
If yes, how long did it take to work: ☐ <1 min ☐ 1-3 min ☐ 3-5 min ☐ >5 min ☐ Don't Know			
Suspected Drugs Involved (check all that apply)			
☐ Heroin ☐ Any other opioid ☐ Cocaine / Crack ☐ Suboxone ☐ Other (specify): ☐ Alcohol ☐ Benzos / Barbituates ☐ Methadone ☒ Don't Know			
Evidence Information			
Drug 1:			
Drug Form: ☐ Powder ☐ Pill ☐ Liquid ☐ Other:		Packaging Type: ☐ Glassine ☐ Other:	
Packaging Color: ☐ White ☐ Blue ☐ Red ☐ Pink ☐ Yellow ☐ Green ☐ Black ☐ Other:			
Stamp (Text/Color):		Describe Image:	
Drug 2:			
Drug Form: ☐ Powder ☐ Pill ☐ Liquid ☐ Other:		Packaging Type: ☐ Glassine ☐ Other:	
Packaging Color: ☐ White ☐ Blue ☐ Red ☐ Pink ☐ Yellow ☐ Green ☐ Black ☐ Other:			
Stamp (Text/Color):		Describe Image:	
Pill Brand: <u>/</u>		Doctor's Name:	
☐ Evidence Secured: ☐ Drugs ☐ Paraphernalia		Treatment Resources Information Provided: ☐ Yes ☐ No	
Notes / Comments: FORM SUBMITTED FOR NARCAN DEPLOYMENT. AT TIME OF CALL VICTIM UNRESPONSIVE w/ NO PULSE. UNSURE IF IT WAS AN OVERDOSE.			
Officer's Name: <u>GARY GRINES</u>		Badge: <u>51</u>	
		Date of Report: <u>7/10/17</u>	

Please email form to DMI@gw.njsp.org AND mcpopru@mcponj.org
OR fax to NJROIC (609) 530-3650 AND (732) 431-1594.



NJ Attorney General's Heroin & Opiates Task Force Naloxone Deployment Reporting Form



Police Department: Oceanport Police Dept		Case #: 17OP06255	
Date of Overdose: 08 / 22 / 2017		Time of Overdose: 07 : 11 ☒ AM ☐ PM	
Location where overdose occurred: (Street address, City) ☒ E. Main Street Apt ☒ Oceanport, NJ 07757		Address of victim: (Street address, City) ☒ E. Main Street Apt ☒ Oceanport, NJ 07757	
Gender of the victim: ☐ Male ☒ Female		Age: 76	
Race/Ethnicity ☒ White ☐ Black ☐ Hispanic ☐ Asian/Indian ☐ American Indian ☐ Pacific Islander			
Signs of overdose present (check all that apply)			
☒ Unresponsive ☒ Breathing Slowly ☐ Not Breathing ☐ Blue lips			
☐ Slow pulse ☐ No pulse ☐ Other (specify):			
Suspected overdose on what drugs (check all that apply)			
☐ Heroin ☐ Benzos/ Barbituates ☐ Cocaine/ Crack ☐ Suboxone ☐ Any other opioid			
☐ Alcohol ☐ Methadone ☒ Don't Know ☐ Other (specify):			
Evidence			
☐ Heroin Stamp (Text/Color)		Describe Image:	
☐ Opiate Pills Pill Type:		Describe Image:	
☐ Evidence Secured		Doctor's Name:	
☐ Drugs		☐ Paraphernalia	
Details of Naloxone Deployment			
Number of doses used: 1		Did Naloxone work: ☐ Yes ☒ No ☐ Not Sure	
If yes, how long did it take to work: ☐ <1 min ☐ 1-3 min ☐ 3-5 min ☐ >5 min ☒ Don't Know			
Patient's response to Naloxone ☐ Responsive and alert ☐ Responsive but sedated ☒ No response to Naloxone			
Post-Naloxone withdrawal symptoms (check all that apply) ☒ None ☐ Irritable or Angry			
☐ Dope sick (e.g. nauseated, muscle aches, runny nose, and/or watery eyes) ☐ Physically Combative			
☐ Vomiting ☒ Other (specify): Poss Head T ☒ Did the person live: ☒ Yes ☐ No			
What else was done: ☒ Sternal Rub ☐ Recovery position ☒ Rescue breathing ☐ Chest compressions			
☐ Automatic Defibrillator ☒ Yelled ☒ Shook them ☒ Oxygen			
☐ EMS Naloxone ☐ Bystander Naloxone ☒ Other (specify): No Response to Physical Stimuli			
Disposition: ☐ Care transfer to EMS ☐ Other (specify):			
Naloxone Information: 2 Boxes		Lot #: 3369 X2	
Notes / Comments		Expiration date: / /	
Only (1) Dose was utilized and the other dose was discarded by Medics. Additionally, no Exp date was on the Narcan Box.			
Ptl. Resnyk		08-22-17	
Officer's Name		Signature	
		Date of Report	

Please email form to roicadmin@gw.njsp.org and mcpopru@mcponj.org or
fax to NJROIC (609) 530-3650 and (732) 431-1594.