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

Police Department: OCEANPORT	Case #: 18OP09847
Date of Overdose: 11/12/2018	Time of Overdose: 17:22 ☐ AM ☑ PM
Location where overdose occurred: (Street address, city, zip) WYANDOTTE AVE. OCEANPORT, NJ. 07757	Victim address: (Street address, city, county, state, zip) [redacted]
Victim Full Name: [redacted]	Victim DOB: [redacted] Victim Cell:
Victim previously administered naloxone: ☐ Yes ☐ No ☑ Unknown	If yes, how many times?: N/A
Victim Gender: ☑ Male ☐ Female ☐ Unknown	
Victim Race: ☑ White ☐ Black ☐ Hispanic ☐ Asian/Indian ☐ American Indian ☐ Pacific Islander	Victim Age:

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): BLACK | Describe Image: BEST BUY

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): BLACK

Pill Brand: / | Describe Image: BEST BUY

Doctor's Name:

☑ **Evidence Secured:** ☑ Drugs ☐ Paraphernalia | Treatment Resources Information Provided: ☐ Yes ☑ No

Notes / Comments:

Officer's Name	Badge	Date of Report
JUSTIN GAITA	#497	11/12/2018

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

Revised: 11/03/2017

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: [redacted]	Victim DOB: [redacted] 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:

Stamp (Text/Color): | Describe Image: Prescription Medications

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 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

Officer's Name	Badge	Date of Report
Sgt. Michael Perrulli	#39	09-21-2018

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

Revised: 11/03/2017

18OP08365

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

Police Department: OCEANPORT	Case #: 18OP08365
Date of Overdose: 9/18/18	Time of Overdose: 06:30 ☒ AM ☐ PM
Location where overdose occurred: (Street address, city, zip) 1 LAKE DR. OCEANPORT, NJ 07757	Victim address: (Street address, city, county, state, zip) 1 LAKE DR OCEANPORT, NJ 07757
Victim Full Name: [redacted]	Victim DOB: [redacted] Victim Cell: [redacted]
Victim previously administered naloxone: ☒ Yes ☐ No ☐ Unknown	If yes, how many times?: 2
Victim Gender: ☒ Male ☐ Female ☐ Unknown	Victim Age: 28
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:

PATIENT SUBMITTED 2 DOSES OF NARCAN. WHITE POWDER, SUSPECTED HEROIN FOUND ON TABLE AND LATER DISCARDED.

Officer's Name	Badge	Date of Report
GARY GRIMES	51	9/18/18

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

Revised: 11/03/2017

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) [redacted] Milton Avenue, Oceanport NJ 07757	Victim address: (Street address, city, county, state, zip) [redacted] Milton Avenue, Oceanport NJ 07757
Victim Full Name: [redacted]	Victim DOB: [redacted] 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	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: 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 DMI@gw.njsp.org AND narcan@mcponj.org
OR fax to NJROIC (609) 530-3650 AND (732) 431-7026.

Revised: 11/03/2017

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) [redacted] OCEANPORT AVE. OCEANPORT, NJ. 07757	Victim address: (Street address, city, county, state, zip) [redacted] 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
OR fax to NJROIC (609) 530-3650 AND (732) 431-7026.

Revised: 11/03/2017

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

Police Department: Oceanport Police | Case #: 18OP00768

Date of Overdose: 1/30/18 | Time of Overdose: 15:37 ☐ AM ☑ PM

Location where overdose occurred: (Street address, city, zip) [redacted] Main St Oceanport, NJ 07757 | Victim address: (Street address, city, county, state, zip) [redacted] Main St. Oceanport NJ 07757

Victim Full Name: [redacted] | Victim DOB: [redacted] | Victim Cell: [redacted]

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 | Victim Age: 51

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: Heroin

Drug Form: ☑ Powder ☐ Pill ☐ Liquid ☐ Other: | Packaging Type: ☑ Glassine ☑ Other: Wax

Packaging Color: ☑ White ☐ Blue ☐ Red ☐ Pink ☐ Yellow ☐ Green ☐ Black ☐ Other:

Stamp (Text/Color): No Stamp. | Describe Image: Wax Fold

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):

Pill Brand: | **Describe Image:**

Doctor's Name:

☑ **Evidence Secured:** ☑ Drugs ☑ Paraphernalia | Treatment Resources Information Provided: ☐ Yes ☐ No

Notes / Comments: Glass Pipe w/ residue (Burnt).

Officer's Name	Badge	Date of Report
PH. Ruane	3853	1/30/18

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

Revised: 11/03/2017

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

Police Department: Oceanport	Case #: 17OP08798
Date of Overdose: 12/7/17	Time of Overdose: 16:35 ☐ AM ☑ PM
Location where overdose occurred: (Street address, city, zip) [redacted] Lake Dr. Oceanport NJ 07757	Victim address: (Street address, city, county, state, zip) (( ))
Victim Full Name: [redacted]	Victim DOB: [redacted] Victim Cell: [redacted]
Victim previously administered naloxone: ☒ Yes ☐ No ☑ Unknown	If yes, how many times?:
Victim Gender: ☑ Male ☐ Female ☐ Unknown	Victim Age: 27
Victim Race: ☑ White ☐ Black ☐ Hispanic ☐ Asian/Indian ☐ American Indian ☐ Pacific Islander	

Details of Naloxone Administration

Administered by: ☑ LE / Doses: 3	☐ 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: Marijuana

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: Heroin or a White powder substance was found inside a dollar Bill. after admission from victim.

Officer's Name	Badge	Date of Report
Ptl. William Resnyk	48	12/7/17.

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

Revised: 2/20/2017

17OP06875

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

Police Department: OCEANPORT	Case #: 17OP06875
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: [redacted]	Victim DOB [redacted] Victim Cell: [redacted]
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	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): 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.

Officer's Name	Badge	Date of Report
Off. Kelly Leimburg	47	09/11/2017

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

Revised: 2/20/2017

#17OP04949

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

Police Department: OCEANPORT PD	Case #: 17OP04949
Date of Overdose: 7/10/17	Time of Overdose: 10:45 ☒ AM ☐ PM
Location where overdose occurred: (Street address, city, zip) FIORE CT OCEANPORT, NJ 07757	Victim address: (Street address, city, county, state, zip) 1 STOKES PL LONG BRANCH, NJ 07740
Victim Full Name: [redacted]	Victim DOB: [redacted] / /	Victim Cell: [redacted]
Victim previously administered naloxone: ☐ Yes ☐ No ☒ Unknown	If yes, how many times?:
Victim Gender: ☐ Male ☒ Female ☐ Unknown	Victim Age: 25
Victim Race: ☐ White ☐ Black ☒ Hispanic ☐ Asian/Indian ☐ American Indian ☐ Pacific Islander	

Details of Naloxone Administration

Administered by: ☒ LE / Doses: 1	☐ 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:

FORM SUBMITTED FOR NARCAN DEPLOYMENT. AT TIME OF CALL VICTIM UNRESPONSIVE W/ NO PULSE. UNSURE IF IT WAS AN OVERDOSE.

Officer's Name	Badge	Date of Report
GARY GRINES	51	7/10/17

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

Revised: 2/20/2017

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 ☐ Unknown	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:
Stamp (Text/Color) Describe Image:
☐ Opiate Pills Pill Type: Doctor's Name:
☐ Evidence Secured ☐ 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 Tr

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 Expiration date: / /

Notes / Comments

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.