

REPORT  
N55A 47:1A-1.1

|                      |                      |
|----------------------|----------------------|
| Case#                | 18-002385            |
| Date / Time Reported | 09/02/2018 12:33 Sun |
| Last Known Secure    | 09/02/2018 12:33 Sun |
| At Found             | 09/02/2018 12:33 Sun |

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|                      |                                                                     |                          |            |                               |
|----------------------|---------------------------------------------------------------------|--------------------------|------------|-------------------------------|
| Location of Incident |                                                                     | Premise Type             | Zone/Tract | 09/02/2018 12:33 Sun          |
| [REDACTED]           |                                                                     | Residence Home           |            | At Found 09/02/2018 12:33 Sun |
| #1                   | Crime Incident(s) (Com)<br>Narcans Deployment<br>NARCANS DEPLOYMENT | Weapon / Tools NO WEAPON |            | Activity                      |
|                      |                                                                     | Entry                    | Exit       | Security                      |
| #2                   | Crime Incident ( )                                                  | Weapon / Tools           |            | Activity                      |
|                      |                                                                     | Entry                    | Exit       | Security                      |
| #3                   | Crime Incident ( )                                                  | Weapon / Tools           |            | Activity                      |
|                      |                                                                     | Entry                    | Exit       | Security                      |

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|-----------------------|--------------------------------------------|-------|-------|---------------------------|---------|------|----------------|--------------------------|-----------------|------------------------|--|
| # of Victims          |                                            | 1     |       | Type: INDIVIDUAL/ NOT LAW |         |      |                | Injury:                  |                 |                        |  |
| V1                    | Victim/Business Name (Last, First, Middle) |       |       | Victim of Crime #         | DOB     | Race | Sex            | Relationship To Offender | Resident Status | Military Branch/Status |  |
|                       | [REDACTED]                                 |       |       | 1.                        | Age 28  | W    | M              | N/A                      | Non-Resident    |                        |  |
| Home Address          |                                            |       |       |                           |         |      |                |                          | Home Phone      |                        |  |
| [REDACTED]            |                                            |       |       |                           |         |      |                |                          |                 |                        |  |
| Employer Name/Address |                                            |       |       |                           |         |      | Business Phone |                          | Mobile Phone    |                        |  |
| [REDACTED]            |                                            |       |       |                           |         |      |                |                          |                 |                        |  |
| VYR                   | Make                                       | Model | Style | Color                     | Lic/Lis |      | VIN            |                          |                 |                        |  |
| [REDACTED]            |                                            |       |       |                           |         |      |                |                          |                 |                        |  |

## OTHERS INVOLVED

| CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim) |                            |                   |        |      |     |                          |                 |                        |  |  |  |
|---------------------------------------------------------------------------------------------------------------|----------------------------|-------------------|--------|------|-----|--------------------------|-----------------|------------------------|--|--|--|
| Type: INDIVIDUAL/ NOT LAW ENFORCEMENT                                                                         |                            |                   |        |      |     | Injury:                  |                 |                        |  |  |  |
| Code                                                                                                          | Name (Last, First, Middle) | Victim of Crime # | DOB    | Race | Sex | Relationship To Offender | Resident Status | Military Branch/Status |  |  |  |
| 10                                                                                                            | [REDACTED]                 | [REDACTED]        | Age 25 | B    | F   |                          | Resident        |                        |  |  |  |
| Home Address                                                                                                  |                            |                   |        |      |     |                          | Home Phone      |                        |  |  |  |
| [REDACTED]                                                                                                    |                            |                   |        |      |     |                          | [REDACTED]      |                        |  |  |  |
| Employer Name/Address                                                                                         |                            |                   |        |      |     | Business Phone           |                 | Mobile Phone           |  |  |  |
| [REDACTED]                                                                                                    |                            |                   |        |      |     |                          |                 |                        |  |  |  |
| Type:                                                                                                         |                            |                   |        |      |     | Injury:                  |                 |                        |  |  |  |
| Code                                                                                                          | Name (Last, First, Middle) | Victim of Crime # | DOB    | Race | Sex | Relationship To Offender | Resident Status | Military Branch/Status |  |  |  |
|                                                                                                               |                            |                   | Age    |      |     |                          |                 |                        |  |  |  |
| Home Address                                                                                                  |                            |                   |        |      |     |                          | Home Phone      |                        |  |  |  |
| [REDACTED]                                                                                                    |                            |                   |        |      |     |                          | [REDACTED]      |                        |  |  |  |
| Employer Name/Address                                                                                         |                            |                   |        |      |     | Business Phone           |                 | Mobile Phone           |  |  |  |
| [REDACTED]                                                                                                    |                            |                   |        |      |     |                          |                 |                        |  |  |  |

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|-----------------------|---------------------------------------------|------------|--------------------------------------------|------------|
| Officer/ID#           | WALTERS, CHRISTOPHER M (5130)               |            |                                            |            |
| Invest ID#            | (0)                                         | Supervisor | PTASZENSKI, MICHAEL (5399)                 |            |
| Complainant Signature | Case Status<br><i>Exceptionally Cleared</i> | 09/02/2018 | Case Disposition:<br><i>Handled Within</i> | 09/02/2018 |
|                       |                                             |            | Page 1                                     |            |

# REPORTING OFFICER NARRATIVE

Berkeley Township Police Department

|                      |
|----------------------|
| OCA                  |
| 18-002385            |
| Date / Time Reported |
| Sun 09/02/2018 12:33 |

|                    |                   |                      |
|--------------------|-------------------|----------------------|
| Victim             | Offense           | Date / Time Reported |
| SANDERS, RUSSELL C | NARCAN DEPLOYMENT | Sun 09/02/2018 12:33 |

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

On the above date and time I responded to [REDACTED] reference to a first aid call. Upon arrival I found the victim [REDACTED] in a bedroom [REDACTED] was advised by [REDACTED] friend of [REDACTED] that they both had smoked heroin prior to [REDACTED] falling unconscious. Bayville First Aid Squad administered one dose (2 mg) of narcan through [REDACTED] nostril. A short time later [REDACTED] gained [REDACTED] and was transported to Community Medical Center for further medical treatment.

Based off the statements given by [REDACTED] and her showing signs of poor health [REDACTED] was transported to CMC for further medical attention by Ptl. Black. While on scene relatives turned over a glass pipe and twelve wax folds of suspected heroin which was processed into evidence at Berkeley Township Police Department. No further action was taken at this time.

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