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

Police Department: Berkeley (1505) | Case #: 19-001878

Date of Overdose: 06/24/19 | Time of Overdose: 04:59 ☒ AM ☐ PM

Location where overdose occurred: (Street address, city, zip) [redacted] | 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?:

Victim Gender: ☒ Male ☐ Female ☐ Unknown | Victim Age:

Victim Race: ☒ White ☐ Black ☐ Hispanic ☐ Asian/Indian ☐ American Indian ☐ Pacific Islander

Details of Naloxone Administration

Administered by: ☒ LE / Doses: 1 ☒ EMS / Doses: 1 ☐ 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): Power Grip | Describe Image: Fist Holding money

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:

Officer's Name	Badge	Date of Report
PTL Drivanos	5142	06/26/19

Please email form to DMI@gw.njsp.org AND RBorrelli@co.ocean.nj.us

OR fax to NJROIC (609) 530-3650 AND (732) 506-5088.

Revised: 2/20/2017

Naloxone Administration Reporting Form
Ocean County

Police Department: Berkeley Twp PD	Case #: 19-001857
Date of Overdose: 06/23/19	Time of Overdose: 22:08 ☐ AM ☒ PM
Location where overdose occurred: (Street address, city, zip)	Victim address: (Street address, city, county, state, zip)
Victim Full Name:	Victim DO [redacted] Victim Cell:
Victim previously administered naloxone: ☐ Yes ☒ No ☐ Unknown	If yes, how many times?:
Victim Gender: ☒ Male ☐ Female ☐ Unknown	Victim Age:
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): Blue Skulls, USA under skull | 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: 3 unused syringes found, 3 empty wax folds

Officer's Name	Badge	Date of Report
Ptl. Shoemaker	5145	06/24/2019

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OR fax to NJROIC (609) 530-3650 AND (732) 506-5088.

Revised: 2/20/2017

Naloxone Administration Reporting Form
Ocean County

Police Department: BTPD	Case #: 19-001821
Date of Overdose: 6/20/19	Time of Overdose: 4:10 ☐ AM ☑ PM
Location where overdose occurred: (Street address, city, zip) [redacted]	Victim address: (Street address, city, county, state, zip) [redacted]
Victim Full Name: [redacted]	Victim DOB: [redacted] 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: 53
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): OXYCODINE
☐ 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): N/A | Describe Image: N/A

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): N/A | **Describe Image:** N/A

Pill Brand: / | **Doctor's Name:**

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

Notes / Comments: victim has cancer, Prescribed 10 Mg of Methadone and 10 Mg of oxycodine.

Officer's Name	Badge	Date of Report
Ptl. Puente	#5128	6/20/19

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Revised: 2/20/2017

Naloxone Administration Reporting Form
Ocean County

Police Department: Berkeley Township | Case #: 19001863

Date of Overdose: 06/24/19 | Time of Overdose: 6 : 48 ☐ AM ☑ PM

Location where overdose occurred: (Street address, city, zip) | Victim address: (Street address, city, county, state, zip)

[redacted]

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

Victim previously administered naloxone: ☐ Yes ☑ No ☐ Unknown | If yes, how many times?: 0

Victim Gender: ☑ Male ☐ Female ☐ Unknown | Victim Age: 32

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): USA White / Blue | Describe Image: Blue Skull

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:
- 1 Hypodermic needle
- 1 glass pipe
- 4 empty wax folds of suspect Heroin.

Officer's Name	Badge	Date of Report
Pfl. Medina	5138	06/24/19

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Revised: 2/20/2017

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

Police Department: Berkeley Township	Case #: 19 CO 1449
Date of Overdose: 05/17/2019	Time of Overdose: 06:30 ☒ AM ☐ PM
Location where overdose occurred: (Street address, city, zip) [redacted]	Victim address: (Street address, city, county, state, zip) [redacted]
Victim Full Name: [redacted]	Victim DOB: [redacted] Victim Cell: N/A
Victim previously administered naloxone: ☒ Yes ☐ No ☐ Unknown	If yes, how many times?: Unknown
Victim Gender: ☒ Male ☐ Female ☐ Unknown	Victim Age: 29
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: Victim Shot up four bags of alleged heroin. One Narcan dose administered via one hypodermic Syringe collected.

Officer's Name	Badge	Date of Report
Ptl. Ryan Wahl	5125	05/17/2019

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OR fax to NJROIC (609) 530-3650 AND (732) 506-5088.

Revised: 2/20/2017

User: SETTEMBRINOJ | **BERKELEY TOWNSHIP POLICE DEPARTMENT** | 07/10/19 15:39:14

Event Report

Event ID: **2019-016871** Call Ref #: 931 Date/Time Received: 05/22/19 01:06:57

Rpt #: 19-001507 Call Source: W911 Prime 144 Unit: CAMARAZA, JACOB R

Services Involved: LAW

Location: [redacted]
DIST: 96.24 ft

X-ST: *WORTH RD*
NEARY AVE

Jur: GIB Service: LAW Agency: BTPD
St/Beat: SE District: RA:

Business: Phone: ( ) - GP: SE

Nature: **DRUG RELATED INCIDENT** Alarm Lvl: 1 Priority: 3 Medical Priority:

Caller: [redacted] Alarm:
Addr: [redacted] Phone: [redacted] Alarm Type:

Vehicle #: St: Report Only: No Race: Sex: Age:

Call Taker: LEARYC Console: COMM2

Geo-Verified Addr.: Yes Nature Summary Code: Disposition: RPT Close Comments:

Notes: od map completed [05/22/19 01:58:14 FLANEGANROB]
{144} Transporting to CMC and also going to replenish narcan and follow up w/victim [05/22/19 01:30:38 WESTLUNDD]
UDTS: {144} NARCAN ADMINISTERED [05/22/19 01:17:57 LEARYC]
UDTS: {144} EMS 10-9/ON SCENE [05/22/19 01:14:16 LEARYC]
[redacted] [05/22/19 01:09:10 LEARYC]
[redacted]ous [05/22/19 01:07:17 LEARYC]{144} Transporting to CMC and also going to replenish narcan and follow up w/victim [05/22/19 01:30:38 WESTLUNDD]
UDTS: {144} NARCAN ADMINISTERED [05/22/19 01:17:57 LEARYC]
UDTS: {144} EMS 10-9/ON SCENE [05/22/19 01:14:16 LEARYC]
[redacted] [05/22/19 01:09:10 LEARYC]
[redacted] [05/22/19 01:07:17 LEARYC]

Times

		Time From Call Received			
Call Received:	05/22/19 01:06:57				
Call Routed:	05/22/19 01:07:17	000:00:20		Unit Reaction: 000:06:39	*(1st Dispatch to 1st Arrive)*
Call Take Finished:	05/22/19 01:07:17	000:00:20		En-Route: 000:04:07	*(1st Dispatch to 1st En-Route)*
1st Dispatch:	05/22/19 01:07:23	000:00:26	*(Time Held)*	On-Scene: 001:54:21	*(1st Arrive to Last Clear)*
1st En-Route:	05/22/19 01:11:30	000:04:33			
1st Arrive:	05/22/19 01:14:02	000:07:05	*(Reaction Time)*		
Last Clear:	05/22/19 03:08:23	002:01:26			

Radio Log

Unit	Empl ID	Type	Description	Time Stamp	Comments	Close Code	User
144	*5144*	D	Dispatched	05/22/19 01:07:23	Stat/Beat: E		LEARYC
129	*5129*	D	Dispatched	05/22/19 01:11:30	Stat/Beat: NW		Unit:129
129	*5129*	E	En-Route	05/22/19 01:11:30	Stat/Beat: NW		Unit:129
144	*5144*	A	Arrived	05/22/19 01:14:02			LEARYC
144	*5144*	FA9	{144} EMS 10-9/ON	05/22/19 01:14:17			LEARYC
129	*5129*	A	Arrived	05/22/19 01:15:21			Unit:129
144	*5144*	NAR	{144} NARCAN	05/22/19 01:17:57			LEARYC
129	*5129*	C	Cleared	05/22/19 01:30:25		BU	Unit:129
144	*5144*	L	Location Change	05/22/19 01:43:36	COMMUNITY MEDICAL CENTER		LEARYC
144	*5144*	T	Transport	05/22/19 01:43:36	To: COMMUNITY MEDICAL CENTER		WESTLU

Event ID: 2019-016871 Call Ref #: 931 **DRUG RELATED INCIDENT at 24 HARBOR INN RD**

Radio Log

Unit	Empl ID	Type	Description	Time Stamp	Comments	Close Code	User
144	*5144*	A	Arrived	05/22/19 01:43:39			WESTLU
144	*5144*	L	Location Change	05/22/19 02:17:46	HEADQUARTERS		LEARYC
144	*5144*	A	Arrived	05/22/19 02:24:24			LEARYC
144	*5144*	C	Cleared	05/22/19 03:08:23		RPT	LEARYC

Event Log

Unit	Empl ID	Type	Description	Time Stamp	Comments	Close Code	User
		TR	Time Received	05/22/19 01:06:57	By: E911		LEARYC
		ENT	Entered Street	05/22/19 01:06:57	DAVENPORT RD - N		LEARYC
		CHG	Changed Street	05/22/19 01:07:03	[redacted] --> [redacted]		LEARYC
		ENT	Entered Nature	05/22/19 01:07:05	FIRST AID		LEARYC
		ENT	Entered Remarks	05/22/19 01:07:17			LEARYC
		FIN	Finished Call Taking	05/22/19 01:07:17			LEARYC
		VPR	Viewed Premise	05/22/19 01:08:51	Location Information		WESTLU
		VCH	Viewed Call History	05/22/19 01:08:58	Location Information		WESTLU
		VCH	Viewed Call History	05/22/19 01:09:00	Location Information		WESTLU
		ARM	Added Remarks	05/22/19 01:09:10			LEARYC
		VCH	Viewed Call History	05/22/19 01:09:14	Location Information		LEARYC
		VCH	Viewed Call History	05/22/19 01:09:16	Location Information		LEARYC
		VCH	Viewed Call History	05/22/19 01:09:16	Location Information		FLANEG
		VPR	Viewed Premise	05/22/19 01:09:20	Location Information		FLANEG
		CHG	Changed	05/22/19 01:09:37	VERIZON --> [redacted]		LEARYC
		CHG	Changed CallerAddress	05/22/19 01:09:4'	[redacted]	JR	LEARYC
		CHG	Changed CallerPhone	05/22/19 01:14:0	[redacted]		LEARYC
		ARM	Added Remarks	05/22/19 01:14:16			LEARYC
		VPR	Viewed Premise	05/22/19 01:15:50	Location Information		LEARYC
		VCH	Viewed Call History	05/22/19 01:15:54	Location Information		LEARYC
		VCH	Viewed Call History	05/22/19 01:15:55	Location Information		LEARYC
		ARM	Added Remarks	05/22/19 01:17:57			LEARYC
		ARM	Added Remarks	05/22/19 01:30:38			WESTLU
		RSW	Reset Watchdog Timer	05/22/19 01:34:29	Units: 144		LEARYC
		CHG	Changed Nature	05/22/19 01:34:29	FIRST AID --> DRUG RELATED		LEARYC
		RPT	Requested Report#	05/22/19 01:44:18	BTPD Report #19-001507 Unit:144		Unit:144
		ARM	Added Remarks	05/22/19 01:58:14			FLANEG
144		CHG	Changed Related Name	05/22/19 03:07:04	lastname [redacted]	tName:	Unit:144
144		CHG	Changed Related Name	05/22/19 03:07:04	MiddleName: -->T		Unit:144
144		CHG	Changed Related Name	05/22/19 03:07:04	Street [redacted]	N	Unit:144
144		CHG	Changed Related Name	05/22/19 03:07:04	City: BERKELEY		Unit:144
144		CHG	Changed Related Name	05/22/19 03:07:04	Zip: -->08721-3560, Sex: -->M, Height:		Unit:144
144		CHG	Changed Related Name	05/22/19 03:07:04	Weight: 0-->161		Unit:144

Event Report

Event ID: **2019-016726** Call Ref #: 783 Date/Time Received: 05/20/19 19:36:39

Rpt #: 19-001489 Call Source: E911 Prime Unit: 119 BULWINSKI, MICHAEL

Services Involved: LAW

Location: [redacted]

X-ST: *N CHARLOTTEVILLE DR* / *N HARRINGTON DR*

Jur: GIB Service: LAW Agency: BTPD

St/Beat: N District: RA:

Business: Phone: ( ) - GP: SW2

Nature: **FIRST AID** Alarm Lvl: 1 Priority: 1 Medical Priority:

Caller: [redacted] Alarm:

Addr: [redacted] Phone: [redacted] Alarm Type:

Vehicle #: St: Report Only: No Race: Sex: Age:

Call Taker: SORENSEND Console: COMM2

Geo-Verified Addr.: Yes Nature Summary Code: Disposition: RPT Close Comments:

Notes: [553-TRANSPORT] {553} ONE MALE [05/20/19 20:11:28 SORENSEND]
{553} 553 enroute to CMC with one [05/20/19 20:11:22 SORENSEND]
UDTS: {119} MEDICS 10-9 [05/20/19 19:47:11 SORENSEND]
{119} [redacted] [05/20/19 19:45:11 SORENSEND]
{119} [redacted] 05/20/19 19:44:58 SORENSEND]
UDTS: {119} NARCAN ADMINISTERED [05/20/19 19:44:45 SORENSEND]
[redacted] ...athing [05/20/19 19:41:26 SORENSEND]
[redacted] ...information.
[redacted] 05/20/19 19:39:27 SORENSEND]

Times

Call Received:	05/20/19 19:36:39	Time From Call Received			
Call Routed:	05/20/19 19:37:32	000:00:53		Unit Reaction: 000:05:56	*(1st Dispatch to 1st Arrive)*
Call Take Finished:	05/20/19 19:41:28	000:04:49		En-Route: 000:00:53	*(1st Dispatch to 1st En-Route)*
1st Dispatch:	05/20/19 19:37:32	000:00:53	*(Time Held)*	On-Scene: 002:16:44	*(1st Arrive to Last Clear)*
1st En-Route:	05/20/19 19:38:25	000:01:46			
1st Arrive:	05/20/19 19:43:28	000:06:49	*(Reaction Time)*		
Last Clear:	05/20/19 22:00:12	002:23:33			

Radio Log

Unit	Empl ID	Type	Description	Time Stamp	Comments	Close Code	User
119	*5119*	D	Dispatched	05/20/19 19:37:32	Out Evt: [A] a [redacted]		SORENS
384	*5384*	D	Dispatched	05/20/19 19:38:08	Stat/Beat: SUPV		SORENS
553	*EMT027*	D	Dispatched	05/20/19 19:38:13	Stat/Beat: EMSN		SORENS
553	*EMT027*	E	En-Route	05/20/19 19:38:25			WEBERJ
119	*5119*	A	Arrived	05/20/19 19:43:28			SORENS
119	*5119*	NAR	{119} NARCAN	05/20/19 19:44:45			SORENS
119	*5119*	MIC9	{119} MEDICS 10-9	05/20/19 19:47:11			SORENS
553	*EMT027*	A	Arrived	05/20/19 20:11:11			SORENS
553	*EMT027*	T	Transport	05/20/19 20:11:28	To: COMMUNITY MEDICAL		SORENS
553	*EMT027*	A	Arrived	05/20/19 20:15:32			SORENS
119	*5119*	C	Cleared	05/20/19 20:38:07		RPT	BORKO
384	*5384*	C	Cleared	05/20/19 20:38:24		BU	BORKO

Event ID: 2019-016726 Call Ref #: 783 **FIRST AID at 7 ST GEORGE ST**

Radio Log

Unit	Empl ID	Type	Description	Time Stamp	Comments	Close Code	User
553	*EMT027*	C	Cleared	05/20/19 22:00:12		TRPT	WEBERJ

Event Log

Unit	Empl ID	Type	Description	Time Stamp	Comments	Close Code	User
		TR	Time Received	05/20/19 19:36:39	By: E911		SORENS
		ENT	Entered Street	05/20/19 19:36:39	[redacted]AINT GEORGE ST		SORENS
		CHG	Changed Street	05/20/19 19:36:51	[redacted] GEORGE ST --> [redacted]		SORENS
		CHG	Changed Street	05/20/19 19:36:54	[redacted] RGE ST -- [redacted] ORGE		SORENS
		ENT	Entered Nature	05/20/19 19:36:57	FIRST AID		SORENS
		VCH	Viewed Call History	05/20/19 19:37:35	Location Information		SORENS
		CHG	Changed	05/20/19 19:38:22	[redacted]		SORENS
		ENT	Entered Remarks	05/20/19 19:39:27			SORENS
		VPR	Viewed Premise	05/20/19 19:39:29	Location Information		SORENS
		VCH	Viewed Call History	05/20/19 19:39:33	Location Information		SORENS
		ARM	Added Remarks	05/20/19 19:41:26			SORENS
		FIN	Finished Call Taking	05/20/19 19:41:28	[redacted]		SORENS
		CHG	Changed CallerAddress	05/20/19 19:41:36	[redacted]		SORENS
		VPR	Viewed Premise	05/20/19 19:41:37	Location Information		SORENS
		VCH	Viewed Call History	05/20/19 19:41:46	Location Information		SORENS
		ARM	Added Remarks	05/20/19 19:44:45			SORENS
		ARM	Added Remarks	05/20/19 19:44:58			SORENS
		ARM	Added Remarks	05/20/19 19:45:11			SORENS
		ARM	Added Remarks	05/20/19 19:47:11			SORENS
		ARM	Added Remarks	05/20/19 20:11:22			SORENS
		ARM	Added Remarks	05/20/19 20:11:28			SORENS
		RPT	Requested Report#	05/20/19 20:24:27	BTPD Report #19-001489 Unit:119		Unit:119