Naloxone Administration Reporting Form
Ocean County

Redactions done Pursuant to NJSA 47:1A-9 HIPPA

Police Department: Berkeley	Case #: 19000538
Date of Overdose: 2/20/2019	Time of Overdose: 7:37 ☐ AM ☒ PM
Location where overdose occurred: (Street address, city, zip)	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: 36	
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:

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: No evidence recovered from scene

Officer's Name	Badge	Date of Report
Ptl Robert Mirwski	5134	2/20/2019

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

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

Police Department: BERKELEY TWP NJSA 47:1A-9 Hyppa | Case #: 19-000512

Date of Overdose: 12/18/19 | Time of Overdose: 0:73 ☒ AM ☐ PM

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

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: PILL BOTTLE

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

Stamp (Text/Color): NOT OBSERVED | Describe Image: UNK

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:

UNKNOWN WHAT WAS TAKEN, SUSPECTED 54 PILLS OF NORTRYPTILINE MANY OTHER EMPTY PILL BOTTLES LOCATED ON SCENE, HOWEVER PATIENT RESPONDED TO NARCAN WHEN DELIVERED

JANIS	5105	12/18/19
Officer's Name	Badge	Date of Report

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Revised: 2/20/2017

Naloxone Administration Reporting Form
Ocean County

NJSA 47:1A-4 Hippa

Police Department: Berkeley Township	Case #: 19-000181
Date of Overdose: 2/14/19	Time of Overdose: 10 : 06 ☐ 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?: 4
Victim Gender: ☐ Male ☑ Female ☐ Unknown	Victim Age: 34
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: Heroin

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

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

Stamp (Text/Color): NO stamp | 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 became semi-responsive after Narcan was administered. Transported to CMC with medics onboard. Victim was intubated by medics.

Officer's Name	Badge	Date of Report
Ptl Shane Lergaton	5133	2-15-19

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Revised: 2/20/2017

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

NJSA 24:21A-9 Hydra

Police Department: Berkeley Township	Case #: 19000475
Date of Overdose: 2/14/2019	Time of Overdose: 18:00 ☐ AM ☑ PM
Location where overdose occurred: (Street address, city, zip)	Victim address: (Street address, city, 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: 32
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): WOW / BLUE | 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:

Officer's Name	Badge	Date of Report
Robert Muranski	5139	2/14/2019

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Revised: 2/20/2017