

All redactions made pursuant to NJSA  
NJSA 47:1A-9 HIPAA & 47:1A-1.1



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



|                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------|--|
| Police Department: <u>Berkeley</u>                                                                                                                                                                                                                                                                                               |  | Case #: <u>19000723</u>                                                                            |  |
| Date of Overdose: <u>03/08/2019</u>                                                                                                                                                                                                                                                                                              |  | Time of Overdose: <u>2:16</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM   |  |
| Location where overdose occurred: (Street address, city, zip)                                                                                                                                                                                                                                                                    |  | Victim address: (Street address, city, county, state, zip)                                         |  |
| Victim Full Name: _____                                                                                                                                                                                                                                                                                                          |  | Victim DOB: _____ / Victim Cell _____                                                              |  |
| Victim previously administered naloxone: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                                    |  | If yes, how many times?: <u>UNK</u>                                                                |  |
| Victim Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown                                                                                                                                                                                                         |  | Victim Age: <u>31</u>                                                                              |  |
| Victim Race: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Indian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander                                                                                 |  |                                                                                                    |  |
| <b>Details of Naloxone Administration</b>                                                                                                                                                                                                                                                                                        |  |                                                                                                    |  |
| Administered by: <input checked="" type="checkbox"/> LE / Doses: <u>/</u> <input checked="" type="checkbox"/> EMS / Doses: <u>2</u> <input type="checkbox"/> Fire Dept. / Doses: _____ <input type="checkbox"/> Other / Doses: _____                                                                                             |  |                                                                                                    |  |
| Did Naloxone work: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Did the person live: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Taken to Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                                                                                    |  |
| If yes, how long did it take to work: <input type="checkbox"/> <1 min <input type="checkbox"/> 1-3 min <input type="checkbox"/> 3-5 min <input checked="" type="checkbox"/> >5 min <input type="checkbox"/> Don't Know                                                                                                           |  |                                                                                                    |  |
| <b>Suspected Drugs Involved (check all that apply)</b>                                                                                                                                                                                                                                                                           |  |                                                                                                    |  |
| <input checked="" type="checkbox"/> Heroin <input type="checkbox"/> Any other opioid <input type="checkbox"/> Cocaine / Crack <input type="checkbox"/> Suboxone <input type="checkbox"/> Other (specify): _____                                                                                                                  |  |                                                                                                    |  |
| <input type="checkbox"/> Alcohol <input type="checkbox"/> Benzos / Barbituates <input type="checkbox"/> Methadone <input type="checkbox"/> Don't Know                                                                                                                                                                            |  |                                                                                                    |  |
| <b>Evidence Information</b>                                                                                                                                                                                                                                                                                                      |  |                                                                                                    |  |
| <b>Drug 1:</b>                                                                                                                                                                                                                                                                                                                   |  |                                                                                                    |  |
| Drug Form: <input type="checkbox"/> Powder <input type="checkbox"/> Pill <input type="checkbox"/> Liquid <input type="checkbox"/> Other: _____                                                                                                                                                                                   |  | Packaging Type: <input type="checkbox"/> Glassine <input type="checkbox"/> Other: _____            |  |
| Packaging Color: <input type="checkbox"/> White <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Pink <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Black <input type="checkbox"/> Other: _____                                                     |  | Describe Image: _____                                                                              |  |
| Stamp (Text/Color): _____                                                                                                                                                                                                                                                                                                        |  | Describe Image: _____                                                                              |  |
| <b>Drug 2:</b>                                                                                                                                                                                                                                                                                                                   |  |                                                                                                    |  |
| Drug Form: <input type="checkbox"/> Powder <input type="checkbox"/> Pill <input type="checkbox"/> Liquid <input type="checkbox"/> Other: _____                                                                                                                                                                                   |  | Packaging Type: <input type="checkbox"/> Glassine <input type="checkbox"/> Other: _____            |  |
| Packaging Color: <input type="checkbox"/> White <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Pink <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Black <input type="checkbox"/> Other: _____                                                     |  | Describe Image: _____                                                                              |  |
| Stamp (Text/Color): _____                                                                                                                                                                                                                                                                                                        |  | Describe Image: _____                                                                              |  |
| Pill Brand: _____                                                                                                                                                                                                                                                                                                                |  | Doctor's Name: _____                                                                               |  |
| <input type="checkbox"/> Evidence Secured: <input type="checkbox"/> Drugs <input type="checkbox"/> Paraphernalia                                                                                                                                                                                                                 |  | Treatment Resources Information Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Notes / Comments:<br><br><u>SUBJECT CAME TO AED AND WAS TRANSPORTED TO HOSPITAL.</u>                                                                                                                                                                                                                                             |  |                                                                                                    |  |
| Officer's Name: <u>PT. BONOLICH</u>                                                                                                                                                                                                                                                                                              |  | Badge: <u>5126</u>                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                  |  | Date of Report: <u>03/08/19</u>                                                                    |  |

Please email form to [DMI@gw.njsp.org](mailto:DMI@gw.njsp.org) AND [RBorrelli@co.ocean.nj.us](mailto:RBorrelli@co.ocean.nj.us)  
OR fax to NJROIC (609) 530-3650 AND (732) 506-5088.



# Naloxone Administration Reporting Form Ocean County



|                                                                                                                                                                                                                                                                              |  |                                                                                                                       |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|--|
| Police Department: <u>Berkeley Twp.</u>                                                                                                                                                                                                                                      |  | Case #: <u>19-000801</u>                                                                                              |  |
| Date of Overdose: <u>3/16/19</u>                                                                                                                                                                                                                                             |  | Time of Overdose: <u>4:30</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM                      |  |
| Location where overdose occurred: (Street address, city, zip)<br><u>417 RT 9, Bayville NJ 08021</u>                                                                                                                                                                          |  | Victim address: (Street address, city, county, state, zip)<br><u>unknown</u>                                          |  |
| Victim Full Name: <u>r [redacted]</u>                                                                                                                                                                                                                                        |  | Victim DOB: <u>[redacted]</u>                                                                                         |  |
| Victim previously administered naloxone: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                |  | If yes, how many times?: <u>3</u>                                                                                     |  |
| Victim Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown                                                                                                                                                     |  | Victim Age: _____                                                                                                     |  |
| Victim Race: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Indian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander                             |  |                                                                                                                       |  |
| <b>Details of Naloxone Administration</b>                                                                                                                                                                                                                                    |  |                                                                                                                       |  |
| Administered by: <input checked="" type="checkbox"/> LE / Doses: _____                                                                                                                                                                                                       |  | <input type="checkbox"/> EMS / Doses: _____                                                                           |  |
| <input type="checkbox"/> Fire Dept. / Doses: _____                                                                                                                                                                                                                           |  | <input type="checkbox"/> Other / Doses: _____                                                                         |  |
| Did Naloxone work: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk                                                                                                                                                          |  | Did the person live: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |  |
| Taken to Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                       |  |                                                                                                                       |  |
| If yes, how long did it take to work: <input checked="" type="checkbox"/> <1 min <input type="checkbox"/> 1-3 min <input type="checkbox"/> 3-5 min <input type="checkbox"/> >5 min <input type="checkbox"/> Don't Know                                                       |  |                                                                                                                       |  |
| <b>Suspected Drugs Involved (check all that apply)</b>                                                                                                                                                                                                                       |  |                                                                                                                       |  |
| <input checked="" type="checkbox"/> Heroin <input type="checkbox"/> Any other opioid <input type="checkbox"/> Cocaine / Crack <input type="checkbox"/> Suboxone <input type="checkbox"/> Other (specify): _____                                                              |  |                                                                                                                       |  |
| <input type="checkbox"/> Alcohol <input type="checkbox"/> Benzos / Barbituates <input type="checkbox"/> Methadone <input type="checkbox"/> Don't Know                                                                                                                        |  |                                                                                                                       |  |
| <b>Evidence Information</b>                                                                                                                                                                                                                                                  |  |                                                                                                                       |  |
| <b>Drug 1:</b>                                                                                                                                                                                                                                                               |  |                                                                                                                       |  |
| Drug Form: <input type="checkbox"/> Powder <input type="checkbox"/> Pill <input type="checkbox"/> Liquid <input type="checkbox"/> Other: _____                                                                                                                               |  | Packaging Type: <input type="checkbox"/> Glassine <input type="checkbox"/> Other: _____                               |  |
| Packaging Color: <input type="checkbox"/> White <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Pink <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Black <input type="checkbox"/> Other: _____ |  |                                                                                                                       |  |
| Stamp (Text/Color): _____                                                                                                                                                                                                                                                    |  | Describe Image: _____                                                                                                 |  |
| <b>Drug 2:</b>                                                                                                                                                                                                                                                               |  |                                                                                                                       |  |
| Drug Form: <input type="checkbox"/> Powder <input type="checkbox"/> Pill <input type="checkbox"/> Liquid <input type="checkbox"/> Other: _____                                                                                                                               |  | Packaging Type: <input type="checkbox"/> Glassine <input type="checkbox"/> Other: _____                               |  |
| Packaging Color: <input type="checkbox"/> White <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Pink <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Black <input type="checkbox"/> Other: _____ |  |                                                                                                                       |  |
| Stamp (Text/Color): _____                                                                                                                                                                                                                                                    |  | Describe Image: _____                                                                                                 |  |
| Pill Brand: <u>/</u>                                                                                                                                                                                                                                                         |  | Doctor's Name: _____                                                                                                  |  |
| <input type="checkbox"/> Evidence Secured: <input type="checkbox"/> Drugs <input checked="" type="checkbox"/> Paraphernalia                                                                                                                                                  |  | Treatment Resources Information Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No                    |  |
| Notes / Comments: <u>1 syringe - destroyed.</u>                                                                                                                                                                                                                              |  |                                                                                                                       |  |
| Officer's Name: <u>PTL-Rudolph</u>                                                                                                                                                                                                                                           |  | Badge: <u>5111</u>                                                                                                    |  |
|                                                                                                                                                                                                                                                                              |  | Date of Report: <u>3/16/19</u>                                                                                        |  |

Please email form to [DMI@gw.njsp.org](mailto:DMI@gw.njsp.org) AND [RBorrelli@co.ocean.nj.us](mailto:RBorrelli@co.ocean.nj.us)

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

Revised: 2/20/2017

## Event Report

Event ID: 2019-006831

Call Ref #: 659

Date/Time Received: 03/02/19 00:43:08

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                  |                   |              |                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------|-------------------|--------------|-----------------|--|
| Rpt #: 19-000651                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Call Source: W911 | Prime 114<br>Unit: BARGAS, BRIAN | Services Involved |              |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                  | LAW               |              |                 |  |
| Location: , [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                  | DIST: .35 ft      |              |                 |  |
| X-ST: N CHARLOTTEVILLE DR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                  | Jur: GIB          | Service: LAW | Agency: BTPD    |  |
| N HARRINGTON DR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                  | St/Beat: N        | District:    | RA:             |  |
| Business:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Phone: ( ) -      |                                  | GP: SW2           |              |                 |  |
| Nature: FIRST AID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Alarm Lvl: 1      | Priority: 1                      | Medical Priority: |              |                 |  |
| Caller: AT&T MOBILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                                  | Alarm:            |              |                 |  |
| Addr: [REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                                  | Alarm Type:       |              |                 |  |
| Vehicle #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | St:               | Report Only: No                  | Race:             | Sex:         | Age:            |  |
| Call Taker: PUGLISIJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                                  | Console: COMM2    |              |                 |  |
| Geo-Verified Addr.: Yes Nature Summary Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                                  | Disposition: RPT  |              | Close Comments: |  |
| Notes: {114} Transport medics on board [03/02/19 01:19:57 WESTLUNDD]<br>NAM/ [REDACTED]<br>OLN EXP/04-30-2017 VEH CLASS/D<br>DOB [REDACTED] SEX/MALE EYE/BROWN HGT/6-00 WGT/161 - 180<br>SSN [REDACTED] AGE/ 39 TOTAL POINTS/043 PHOTO/DIGITAL PHOTO LICENSE<br>[REDACTED] J8758-2951 [03/02/19 01:07:17 WESTLUNDD]<br>UDTS: {114} NARCAN ADMINISTERED [03/02/19 00:53:01 PUGLISIJ]<br>UDTS: {114} MEDICS 10-9 [03/02/19 00:51:08 PUGLISIJ]<br>got a second call 40yom unsure if drug use no needles found [03/02/19 00:45:44 PUGLISIJ]<br>caller states cousin was overdosing only info that was giving before caller hung up<br>fa and medics dispatched [03/02/19 00:44:49 PUGLISIJ] |                   |                                  |                   |              |                 |  |

## Times

|                                       |                           |                                                       |
|---------------------------------------|---------------------------|-------------------------------------------------------|
| Call Received: 03/02/19 00:43:08      | Time From Call Received   |                                                       |
| Call Routed: 03/02/19 00:44:49        | 000:01:41                 | Unit Reaction: 000:03:56 (1st Dispatch to 1st Arrive) |
| Call Take Finished: 03/02/19 00:44:49 | 000:01:41                 | En-Route: 000:03:56 (1st Dispatch to 1st En-Route)    |
| 1st Dispatch: 03/02/19 00:46:13       | 000:03:05 (Time Held)     | On-Scene: 000:59:17 (1st Arrive to Last Clear)        |
| 1st En-Route: 03/02/19 00:50:09       | 000:07:01                 |                                                       |
| 1st Arrive: 03/02/19 00:50:09         | 000:07:01 (Reaction Time) |                                                       |
| Last Clear: 03/02/19 01:49:26         | 001:06:18                 |                                                       |

| Unit | Empl ID | Type | Description       | Time Stamp        | Radio Log                    | Close Code | User     |
|------|---------|------|-------------------|-------------------|------------------------------|------------|----------|
|      |         |      |                   |                   | Comments                     |            |          |
| 114  | 5114    | D    | Dispatched        | 03/02/19 00:46:13 | Stat/Beat: N                 |            | PUGLISIJ |
| 553  | 0       | D    | Dispatched        | 03/02/19 00:46:41 |                              |            | PUGLISIJ |
| 121  | 5121    | D    | Dispatched        | 03/02/19 00:47:34 | Stat/Beat: W                 |            | PUGLISIJ |
| 553  | 0       | A    | Arrived           | 03/02/19 00:50:09 |                              |            | PUGLISIJ |
| 114  | 5114    | A    | Arrived           | 03/02/19 00:50:55 |                              |            | PUGLISIJ |
| 114  | 5114    | MIC9 | {114} MEDICS 10-9 | 03/02/19 00:51:08 |                              |            | PUGLISIJ |
| 114  | 5114    | NAR  | {114} NARCAN      | 03/02/19 00:53:01 |                              |            | PUGLISIJ |
| 121  | 5121    | A    | Arrived           | 03/02/19 00:57:42 |                              |            | Unit:121 |
| 553  | 0       | T    | Transport         | 03/02/19 01:19:08 | To: COMMUNITY MEDICAL CENTER |            | WESTLU   |

| Unit | Empl ID | Type | Description | Time Stamp        | Radio Log | Close Code | User   |
|------|---------|------|-------------|-------------------|-----------|------------|--------|
|      |         |      |             |                   | Comments  |            |        |
| 114  | 5114    | C    | Cleared     | 03/02/19 01:20:01 |           | RPT        | WESTLU |
| 121  | 5121    | C    | Cleared     | 03/02/19 01:20:08 |           | BU         | WESTLU |
| 553  | 0       | A    | Arrived     | 03/02/19 01:22:17 |           |            | WESTLU |
| 553  | 0       | C    | Cleared     | 03/02/19 01:49:26 |           | TRPT       | WESTLU |

| Unit | Empl ID | Type | Description          | Time Stamp        | Event Log                                               | Close Code | User     |
|------|---------|------|----------------------|-------------------|---------------------------------------------------------|------------|----------|
|      |         |      |                      |                   | Comments                                                |            |          |
|      |         | TR   | Time Received        | 03/02/19 00:43:08 | By: E911                                                |            | PUGLISIJ |
|      |         | ENT  | Entered Street       | 03/02/19 00:43:08 | 0200 CORPORATE                                          |            | PUGLISIJ |
|      |         | CHG  | Changed Street       | 03/02/19 00:43:50 | <del>0200 CORPORATE</del> --> <del>0200 CORPORATE</del> |            | PUGLISIJ |
|      |         | ENT  | Entered Nature       | 03/02/19 00:43:52 | FIRST AID                                               |            | PUGLISIJ |
|      |         | ARM  | Added Remarks        | 03/02/19 00:44:49 |                                                         |            | PUGLISIJ |
|      |         | FIN  | Finished Call Taking | 03/02/19 00:44:49 |                                                         |            | PUGLISIJ |
|      |         | ARM  | Added Remarks        | 03/02/19 00:45:44 |                                                         |            | PUGLISIJ |
|      |         | VCH  | Viewed Call History  | 03/02/19 00:49:39 | Location Information                                    |            | PUGLISIJ |
|      |         | ARM  | Added Remarks        | 03/02/19 00:51:08 |                                                         |            | PUGLISIJ |
|      |         | VCH  | Viewed Call History  | 03/02/19 00:51:13 | Location Information                                    |            | PUGLISIJ |
|      |         | ARM  | Added Remarks        | 03/02/19 00:53:01 |                                                         |            | PUGLISIJ |
|      |         | DLQ  | Driver License Query | 03/02/19 01:06:42 | OLN: <del>0200 CORPORATE</del> Name:                    |            | WESTLU   |
|      |         | ARM  | Added Remarks        | 03/02/19 01:07:17 |                                                         |            | WESTLU   |
|      |         | RPT  | Requested Report#    | 03/02/19 01:19:28 | BTPD Report #19-000651 Unit:114                         |            | Unit:114 |
|      |         | ARM  | Added Remarks        | 03/02/19 01:19:57 |                                                         |            | WESTLU   |



## REPLENISHMENT RECEIPT



### NALOXONE AND INTRANASAL MUCOSAL ATOMIZATION DEVICE

*This form is to be provided by a first responder to a Hospital based Health Care Professional, accompanied by the deployed Naloxone containers and administration device(s), in exchange for one to one replacement of Naloxone and Intranasal Mucosal Atomization Device (IMAD).*

Requesting Agency: BERKELEY TOWNSHIP POLICE DEPARTMENT

Certifying First Responder: Ptl. Sasso ID/Badge: 141

Hospital: Community Medical Center Date: 3/1/19

#### CERTIFICATION OF USE AND REQUEST FOR REPLACEMENT

The undersigned first responder does hereby certify that Naloxone was deployed to:

                      
Patient Name

during the response to case number 19-000642 on file with the

First Responder's Agency. The Certifying First Responder has provided the deployed Naloxone containers and IMAD and requests replenishment of the same.

Items submitted: NALOXONE                      1 syringe(s) IMAD                       
lot number amount amount

Items replaced: NALOXONE RL 093 H8 1 syringe(s) IMAD 1  
lot number amount amount

[Signature]  
Signature of Certifying First Responder

[Signature]  
Signature of Hospital Personnel supplying replacement

Ptl. Sasso  
Printed Name of First Responder

Jeff Halliell  
Printed Name of Hospital Personnel

*This original signed document will be turned over to hospital personnel along with the devices used to deploy Naloxone. A copy of this document will be retained as part of the case file in the responding agency.*

## Event Report

Event ID: 2019-006723

Call Ref #: 548

Date/Time Received: 03/01/19 04:45:11

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                   |                   |                   |              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------|-------------------|-------------------|--------------|--|
| Rpt #: 19-000633                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Call Source: PHONE | Prime 121<br>Unit: EICHEN, THOMAS | Services Involved |                   |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                   | LAW               |                   |              |  |
| Location: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                   |                   |                   |              |  |
| X-ST: RT 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                   | Jur: GIB          | Service: LAW      | Agency: BTPD |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                   | St/Beat: NW       | District:         | RA:          |  |
| Business:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Phone: ( ) -       |                                   | GP: NW1           |                   |              |  |
| Nature: FIRST AID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | Alarm Lvl: 1                      | Priority: 1       | Medical Priority: |              |  |
| Caller: OCRR 7 DIGIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                   |                   |                   | Alarm:       |  |
| Addr: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    | Phone: _____                      |                   | Alarm Type:       |              |  |
| Vehicle #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | St:                | Report Only: No                   | Race:             | Sex:              | Age:         |  |
| Call Taker: WESTLUNDD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | Console: COMM4                    |                   |                   |              |  |
| Geo-Verified Addr.: Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    | Nature Summary Code:              | Disposition: RPT  | Close Comments:   |              |  |
| Notes: Victim: _____ 03/01/19 06:41:03 Unit:121]<br>1 SYRINGE, 2 "EMPIRE" WAX FOLDS RECOVERED [03/01/19 05:16:21 Unit:121]<br>{121} Transport to CMC [03/01/19 05:15:59 WESTLUNDD]<br>{120} _____ [03/01/19 05:04:01 WESTLUNDD]<br>UDS: {120} NARCAN ADMINISTERED [03/01/19 04:55:30 WESTLUNDD]<br>{121} FA on scene [03/01/19 04:53:31 WESTLUNDD]<br>Called 911 reporting an overdose and hung up on county. Dispatch called back male said can't talk working on my friend.<br>Female got on line said _____ All new info relayed back to county who stated medics are on the way<br>[03/01/19 04:52:05 WESTLUNDD] |                    |                                   |                   |                   |              |  |

## Times

|                                       |                           |                                                       |
|---------------------------------------|---------------------------|-------------------------------------------------------|
| Call Received: 03/01/19 04:45:11      | Time From Call Received   |                                                       |
| Call Routed: 03/01/19 04:45:43        | 000:00:32                 | Unit Reaction: 000:06:04 (1st Dispatch to 1st Arrive) |
| Call Take Finished: 03/01/19 04:45:43 | 000:00:32                 | En-Route: 000:06:04 (1st Dispatch to 1st En-Route)    |
| 1st Dispatch: 03/01/19 04:47:06       | 000:01:55 (Time Held)     | On-Scene: 001:29:34 (1st Arrive to Last Clear)        |
| 1st En-Route: 03/01/19 04:53:10       | 000:07:59                 |                                                       |
| 1st Arrive: 03/01/19 04:53:10         | 000:07:59 (Reaction Time) |                                                       |
| Last Clear: 03/01/19 06:22:44         | 001:37:33                 |                                                       |

| Unit | Empl ID | Type | Description     | Time Stamp        | Radio Log                              | Close Code | User     |
|------|---------|------|-----------------|-------------------|----------------------------------------|------------|----------|
|      |         |      |                 |                   | Comments                               |            |          |
| 121  | 5121    | D    | Dispatched      | 03/01/19 04:47:06 | Stat/Beat: W                           |            | WESTLU   |
| 120  | 5120    | D    | Dispatched      | 03/01/19 04:49:38 | Stat/Beat: E;Right Click Menu/Dispatch |            | FERRARI  |
| 120  | 5120    | A    | Arrived         | 03/01/19 04:53:10 |                                        |            | WESTLU   |
| 121  | 5121    | A    | Arrived         | 03/01/19 04:53:12 |                                        |            | WESTLU   |
| 120  | 5120    | NAR  | {120} NARCAN    | 03/01/19 04:55:31 |                                        |            | WESTLU   |
| 121  | 5121    | L    | Location Change | 03/01/19 05:15:44 | COMMUNITY MEDICAL CENTER               |            | WESTLU   |
| 120  | 5120    | C    | Cleared         | 03/01/19 05:15:47 |                                        | BU         | WESTLU   |
| 121  | 5121    | A    | Arrived         | 03/01/19 05:26:21 | [Arrive Button]                        |            | FERRARI  |
| 121  | 5121    | L    | Location Change | 03/01/19 05:56:24 | HEADQUARTERS /PAPERWORK                |            | FERRARI  |
| 121  | 5121    | A    | Arrived         | 03/01/19 06:10:01 | [Arrive Button]                        |            | FERRARI  |
| 121  | 5121    | C    | Cleared         | 03/01/19 06:22:44 |                                        | RPT        | PUGLISIJ |

| Unit | Empl ID | Type | Description          | Time Stamp        | Radio Log                       | Close Code | User     |
|------|---------|------|----------------------|-------------------|---------------------------------|------------|----------|
|      |         |      |                      |                   | Comments                        |            |          |
| Unit | Empl ID | Type | Description          | Time Stamp        | Event Log                       | Close Code | User     |
|      |         |      |                      |                   | Comments                        |            |          |
|      |         | TR   | Time Received        | 03/01/19 04:45:11 | By: PHONE                       |            | WESTLU   |
|      |         | ENT  | Entered Street       | 03/01/19 04:45:21 |                                 |            | WESTLU   |
|      |         | ENT  | Entered CallerPhone  | 03/01/19 04:45:38 |                                 |            | WESTLU   |
|      |         | ENT  | Entered Nature       | 03/01/19 04:45:41 | FIRST AID                       |            | WESTLU   |
|      |         | FIN  | Finished Call Taking | 03/01/19 04:45:43 |                                 |            | WESTLU   |
|      |         | VPR  | Viewed Premise       | 03/01/19 04:46:01 | Location Information            |            | WESTLU   |
|      |         | VCH  | Viewed Call History  | 03/01/19 04:46:09 | Location Information            |            | WESTLU   |
|      |         | ENT  | Entered              | 03/01/19 04:47:12 | OCRR 7 DIGIT                    |            | WESTLU   |
|      |         | ARM  | Added Remarks        | 03/01/19 04:52:05 |                                 |            | WESTLU   |
|      |         | VAT  | Viewed Attachments   | 03/01/19 04:53:14 | Location Information            |            | WESTLU   |
|      |         | ARM  | Added Remarks        | 03/01/19 04:53:31 |                                 |            | WESTLU   |
|      |         | ARM  | Added Remarks        | 03/01/19 04:55:30 |                                 |            | WESTLU   |
|      |         | VCH  | Viewed Call History  | 03/01/19 04:56:38 | Location Information            |            | WESTLU   |
|      |         | ARM  | Added Remarks        | 03/01/19 05:04:01 |                                 |            | WESTLU   |
|      |         | VCH  | Viewed Call History  | 03/01/19 05:10:49 | Location Information            |            | FERRARI  |
|      |         | VCH  | Viewed Call History  | 03/01/19 05:10:52 | Location Information            |            | FERRARI  |
|      |         | RPT  | Requested Report#    | 03/01/19 05:14:41 | BTPD Report #19-000633 Unit:121 |            | Unit:121 |
|      |         | ARM  | Added Remarks        | 03/01/19 05:15:59 |                                 |            | WESTLU   |
|      |         | ARM  | Added Remarks        | 03/01/19 05:16:21 |                                 |            | Unit:121 |
|      |         | ARM  | Added Remarks        | 03/01/19 06:41:03 |                                 |            | Unit:121 |

## Event Report

Event ID: 2019-010091

Call Ref #: 993

Date/Time Received: 03/29/19 20:42:24

|                                                              |                   |                                   |                      |                  |                   |  |
|--------------------------------------------------------------|-------------------|-----------------------------------|----------------------|------------------|-------------------|--|
| Rpt #: 19-000928                                             | Call Source: W911 | Prime 111<br>Unit: RUDOLPH, SCOTT | Services Involved    |                  |                   |  |
|                                                              |                   |                                   | LAW                  |                  |                   |  |
| Location: <b>STERN ST</b><br>X-ST: <b>RED BANK AVE</b>       |                   |                                   | DIST: 13.37 ft       |                  |                   |  |
| Business:                                                    |                   |                                   | Jur: GIB             | Service: LAW     | Agency: BTPD      |  |
| Phone: ( ) -                                                 |                   |                                   | St/Beat: NE          | District:        | RA:               |  |
|                                                              |                   |                                   | GP: NE2              |                  |                   |  |
| Nature: <b>FIRST AID</b>                                     |                   |                                   | Alarm Lvl: 1         | Priority: 1      | Medical Priority: |  |
| Calle..                                                      |                   |                                   | Alarm:               |                  |                   |  |
| Addr:                                                        |                   |                                   | Alarm Type:          |                  |                   |  |
| Vehicle #:                                                   | St:               | Report Only: No                   | Race:                | Sex:             | Age:              |  |
| Call Taker: WEBERJ                                           |                   |                                   | Console: COMM1       |                  |                   |  |
| Geo-Verified Addr.: Yes                                      |                   |                                   | Nature Summary Code: | Disposition: RPT | Close Comments:   |  |
| Notes: <i>See Event Notes Addendum at end of this report</i> |                   |                                   |                      |                  |                   |  |

## Times

|                                       |                                |                                                       |
|---------------------------------------|--------------------------------|-------------------------------------------------------|
| Call Received: 03/29/19 20:42:24      | <u>Time From Call Received</u> |                                                       |
| Call Routed: 03/29/19 20:44:08        | 000:01:44                      | Unit Reaction: 000:01:29 (1st Dispatch to 1st Arrive) |
| Call Take Finished: 03/29/19 20:44:08 | 000:01:44                      | En-Route: 000:01:29 (1st Dispatch to 1st En-Route)    |
| 1st Dispatch: 03/29/19 20:44:22       | 000:01:58 (Time Held)          | On-Scene: 001:25:42 (1st Arrive to Last Clear)        |
| 1st En-Route: 03/29/19 20:45:51       | 000:03:27                      |                                                       |
| 1st Arrive: 03/29/19 20:45:51         | 000:03:27 (Reaction Time)      |                                                       |
| Last Clear: 03/29/19 22:11:33         | 001:29:09                      |                                                       |

| Radio Log |         |      |                   |                   |                                      | Close |          |
|-----------|---------|------|-------------------|-------------------|--------------------------------------|-------|----------|
| Unit      | Empl ID | Type | Description       | Time Stamp        | Comments                             | Code  | User     |
| 111       | 5111    | D    | Dispatched        | 03/29/19 20:44:22 | Stat/Beat: E                         |       | WEBERJ   |
| 393       | 5393    | D    | Dispatched        | 03/29/19 20:45:50 | Stat/Beat: SUPV                      |       | WEBERJ   |
| 111       | 5111    | A    | Arrived           | 03/29/19 20:45:51 |                                      |       | Unit:111 |
| 140       | 5140    | D    | Dispatched        | 03/29/19 20:45:52 | Stat/Beat: SW                        |       | WEBERJ   |
| 111       | 5111    | NAR  | {111} NARCAN      | 03/29/19 20:47:43 |                                      |       | WEBERJ   |
| 140       | 5140    | A    | Arrived           | 03/29/19 20:47:48 |                                      |       | WEBERJ   |
| 393       | 5393    | A    | Arrived           | 03/29/19 20:48:43 |                                      |       | WEBERJ   |
| 140       | 5140    | MIC9 | {140} MEDICS 10-9 | 03/29/19 20:57:32 |                                      |       | SORENS   |
| 140       | 5140    | C    | Cleared           | 03/29/19 21:05:27 |                                      | BU    | Unit:140 |
| 111       | 5111    | H    | At Hospital       | 03/29/19 21:25:59 |                                      |       | SORENS   |
| 393       | 5393    | ENT  | Entered Vehicleid | 03/29/19 21:36:41 | [Vin:] 1GNSCHE01BR230353 [licpl_no:] |       | Unit:393 |
| 393       | 5393    | C    | Cleared           | 03/29/19 21:55:12 |                                      | BU    | WEBERJ   |
| 111       | 5111    | C    | Cleared           | 03/29/19 22:11:33 |                                      | RPT   | WEBERJ   |

| Event Log |         |      |                |                   |          | Close |        |
|-----------|---------|------|----------------|-------------------|----------|-------|--------|
| Unit      | Empl ID | Type | Description    | Time Stamp        | Comments | Code  | User   |
|           |         | TR   | Time Received  | 03/29/19 20:42:24 | By: E911 |       | WEBERJ |
|           |         | ENT  | Entered Street | 03/29/19 20:42:24 |          |       | WEBERJ |
|           |         | CHG  | Changed Street | 03/29/19 20:42:28 |          |       | WEBERJ |

E --&gt; 47

| Unit | Empl ID | Type | Description          | Event Log         |                                  | Close Code | User   |
|------|---------|------|----------------------|-------------------|----------------------------------|------------|--------|
|      |         |      |                      | Time Stamp        | Comments                         |            |        |
|      |         | ENT  | Entered Remarks      | 03/29/19 20:43:03 |                                  |            | WEBERJ |
|      |         | ENT  | Entered Nature       | 03/29/19 20:43:05 | FIRST AID                        |            | WEBERJ |
|      |         | FIN  | Finished Call Taking | 03/29/19 20:44:08 |                                  |            | WEBERJ |
|      |         | VCH  | Viewed Call History  | 03/29/19 20:44:46 | Location Information             |            | WEBERJ |
|      |         | VPR  | Viewed Premise       | 03/29/19 20:44:47 | Location Information             |            | WEBERJ |
|      |         | VCH  | Viewed Call History  | 03/29/19 20:46:29 | Location Information             |            | SORENS |
|      |         | VCH  | Viewed Call History  | 03/29/19 20:46:32 | Location Information             |            | SORENS |
|      |         | ARM  | Added Remarks        | 03/29/19 20:47:43 |                                  |            | WEBERJ |
|      |         | ARM  | Added Remarks        | 03/29/19 20:48:37 |                                  |            | WEBERJ |
|      |         | DLQ  | Driver License Query | 03/29/19 20:49:31 | OLN [REDACTED] ame:              |            | WEBERJ |
|      |         | ARM  | Added Remarks        | 03/29/19 20:49:40 |                                  |            | WEBERJ |
|      |         | ENT  | Entered              | 03/29/19 20:52:12 | 1L01                             |            | WEBERJ |
|      |         | ARM  | Added Remarks        | 03/29/19 20:53:52 |                                  |            | WEBERJ |
|      |         | VCH  | Viewed Call History  | 03/29/19 20:55:06 | Location Information             |            | SORENS |
|      |         | VPR  | Viewed Premise       | 03/29/19 20:55:08 | Location Information             |            | SORENS |
|      |         | ARM  | Added Remarks        | 03/29/19 20:55:15 |                                  |            | WEBERJ |
|      |         | CHG  | Changed              | 03/29/19 20:55:28 | AT&T MOBILITY --> ( [REDACTED] ) |            | SORENS |
|      |         | VCH  | Viewed Call History  | 03/29/19 20:55:28 | Location Information             |            | SORENS |
|      |         | VPR  | Viewed Premise       | 03/29/19 20:55:29 | Location Information             |            | SORENS |
|      |         | VCH  | Viewed Call History  | 03/29/19 20:55:31 | Location Information             |            | WEBERJ |
|      |         | VPR  | Viewed Premise       | 03/29/19 20:55:33 | Location Information             |            | WEBERJ |
|      |         | CHG  | Changed              | 03/29/19 20:55:42 | [REDACTED]                       |            | SORENS |
|      |         | VPR  | Viewed Premise       | 03/29/19 20:55:53 | Location Information             |            | WEBERJ |
|      |         | ARM  | Added Remarks        | 03/29/19 20:56:00 |                                  |            | SORENS |
|      |         | ARM  | Added Remarks        | 03/29/19 20:57:32 |                                  |            | SORENS |
|      |         | ARM  | Added Remarks        | 03/29/19 21:06:21 |                                  |            | SORENS |
|      |         | VCH  | Viewed Call History  | 03/29/19 21:06:23 | Location Information             |            | SORENS |
|      |         | VPR  | Viewed Premise       | 03/29/19 21:06:24 | Location Information             |            | SORENS |
|      |         | VCH  | Viewed Call History  | 03/29/19 21:06:26 | Location Information             |            | SORENS |
|      |         | VCH  | Viewed Call History  | 03/29/19 21:06:33 | Location Information             |            | WEBERJ |
|      |         | VCH  | Viewed Call History  | 03/29/19 21:06:35 | Location Information             |            | WEBERJ |
|      |         | RPT  | Requested Report#    | 03/29/19 21:26:29 | BTPD Report #19-000928           |            | WEBERJ |
|      |         | VPR  | Viewed Premise       | 03/29/19 21:26:32 | Location Information             |            | SORENS |

## Event Notes Addendum

Notes: {111} 111 enroute to CMC in rig with medics with [REDACTED] [03/29/19 21:06:21 SORENSSEND]  
 UDOTS: {140} MEDICS 10-9 [03/29/19 20:57:32 SORENSSEND]  
 Caller is [REDACTED] who was also a witness [03/29/19 20:56:00 SORENSSEND]  
 MEDICS APPROX 4MINS OUT JUST PASSING BAYWICK PLAZA [03/29/19 20:55:15 WEBERJ]  
 {393} MALE IS STARTING TO COME AROUND. REQ MEDIC STATUS. [03/29/19 20:53:52 WEBERJ]

-----COPIED MESSAGE-----

Received: 3/29/2019 8:49:32 PM

From: SYSTEM (SYSTEM)

Message:

1L01

NJ0150500

MKE/NJ DMV RESPONSE

OLI [REDACTED]

NON-COMMERCIAL: SUSPENDED

COMMERCIAL: SUSPENDED

NAM/ [REDACTED]  
OLN EXP/04-29-2022 VEH CLASS/I  
DO [REDACTED] SEX/MALE EYE/BROWN HGT/6-00 WGT/141 - 160  
SS [REDACTED] GE/ 31 TOTAL POINTS/010 PHOTO/DIGITAL PHOTO LICENSE  
[REDACTED]  
[REDACTED] 721-2532

ENDORSEMENTS/RESTRICTIONS: NONE  
IMAGE LOCATED IN FILE: 0000045619.JPG  
@

-----END MESSAGE----- [03/29/19 20:49:40 WEBERJ]  
{111} 1 DOSE NARCAN FROM AE#3. MALE STILL [REDACTED] [03/29/19 20:48:37 WEBERJ]  
UDTS: {111} NARCAN ADMINISTERED [03/29/19 20:47:43 WEBERJ]  
32YOM [REDACTED] IN THE FRONT YARD [03/29/19 20:43:03 WEBERJ]