



Barnegat Township Police Department

External Officer Report for Incident 18BN12619

Nature: OVERDOSE

Location: [REDACTED]

Address: [REDACTED]

BARNEGAT NJ 08005

Offense Codes: AMAS

Received By: H Lefkus

How Received: T

Agency: P33

Responding Officers: T Henry, G Martin, R Walder

Responsible Officer: R Walder

Disposition: CLO 09/01/18

When Reported: 05:04:40 09/01/18

Occurred Between: 05:04:15 09/01/18 and 05:04:15 09/01/18

Assigned To:

Detail:

Date Assigned: **/**/**

Status:

Status Date: **/**/**

Due Date: **/**/**

Complainant:

Last:

First:

Mid:

DOB: **/**/**

Dr Lic:

Address:

Race:

Sex:

Phone:

City: ,

Offense Codes

Reported: AMAS Ambulance or Medical Assist

Observed:

Additional Offense: AMAS Ambulance or Medical Assist

Circumstances

ODOSE OVERDOSE

Responding Officers:

Unit :

T Henry

33438

G Martin

33374

R Walder

33440

Responsible Officer: R Walder

Agency: P33

Received By: H Lefkus

Last Radio Log: 06:19:02 09/01/18 CMPLT

How Received: T Telephone

Clearance: RPR Report Required

When Reported: 05:04:40 09/01/18

Disposition: CLO Date: 09/01/18

Judicial Status:

Occurred between: 05:04:15 09/01/18

Misc Entry:

and: 05:04:15 09/01/18

Modus Operandi:

Description :

Method :

Involvements

Date	Type	Description	Relationship
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Narrative

440: On the above date and time I was dispatched to [REDACTED] in reference to an unconscious subject. Upon arrival, I observed a black male, later identified as [REDACTED] lying on his side in the roadway and was unresponsive to my verbal commands. I administered sternum rubs to the subject which his body responded to, however, he was still incoherent. I observed wax folds containing suspected heroin and a plastic tube next to the subject. I rolled the subject on his back and attempted to administer Naloxone, however, as I rolled him he regained consciousness and was coherent. The subject sat up and continued to go in and out of consciousness. I administered one 4 mg dose of Naloxone (lot#:180164) via the victim's nasal cavity. The subject was alert and conscious when Barnegat First Aid arrived on scene and transported [REDACTED] to Southern Ocean Medical Center. [REDACTED] was searched prior to being transported with negative findings. The two (2) wax folds that were on the ground next to where the subject was laying was stamped with the words "Uncle Drew" stamped on it in purple as well as a man dunking a basketball were recovered from the scene. The evidence was packaged, labeled and sealed before being deposited into the evidence room.

It should be noted that the used narcan was replaced at the hospital and the narcan replenishment form was completed for same. (See attached scan for further information for same).

A copy of this report was forwarded to the Ocean County Prosecutor's office, NJROIC, as well as the investigative division of this department per departmental policies.

Responsible LEO:

Approved by:

Date



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



Police Department: BARNEGAT TWP		Case #: 18BN12619	
Date of Overdose: 09 /01 /2018		Time of Overdose: 05 :04 ☒ AM ☐ PM	
Location where overdose occurred: (Street address, city, zip) [REDACTED]		Victim address: (Street address, city, county, state, zip) [REDACTED], Barnegat, NJ 08005	
Victim Full Name: [REDACTED]		Victim DOB: [REDACTED]	Victim Cell: N/A
Victim previously administered naloxone: ☐ Yes ☒ No ☐ Unknown		If yes, how many times?:	
Victim Gender: ☒ Male ☐ Female ☐ Unknown		Victim Age: 43	
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 / Barbiturates ☐ Methadone ☐ Don't Know			

Evidence Information

Drug Form: ☒ Powder ☐ Pill ☐ Liquid ☐ Other	Packaging Type: ☐ Glassine ☐ Other
Packaging Color: ☒ White ☐ Yellow ☐ Red ☐ Blue ☐ Green ☐ Black ☐ Other	
Stamp (Text/Color):	Describe Image: Person dunking a basketball
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:
PIK Brand:	Doctor's Name:
☒ Evidence Secured: ☒ Drugs ☒ Paraphernalia	
Treatment Resources Information Provided: ☐ Yes ☐ No	
Notes / Comments:	
PTW Robert W. [REDACTED]	440
Officer's Name:	Badge:
Date of Report: 09/01/18	

Please email to AWB@co.ocean.nj.us AND RB@co.ocean.nj.us

NJO 1000 310 5553 AND (732) 506-5088

Revised: 2/20/2017