INCIDENT/INVESTIGATION REPORT

Agency Name	*Berkeley Township Police Department*
ORI	*NJ0150500*
Case#	*24-002464*
Date / Time Reported	*08/24/2024 10:34 Sat*
Last Known Secure	*08/24/2024 10:34 Sat*
At Found	*08/24/2024 10:34 Sat*

INCIDENT DATA

Location of Incident	Gang Relat	Premise Type	Zone/Tract
36 VIRGIN ISLANDS DR, Berkeley Township NJ	NO	*Residence Home*	

	Crime Incident(s)		Weapon / Tools	Activity	Entry	Exit	Security
#1	*Drug Overdose* *DRUG OVERDOSE*	(Com)	*NO WEAPON*				
#2	Crime Incident	( )	Weapon / Tools	Activity	Entry	Exit	Security
#3	Crime Incident	( )	Weapon / Tools	Activity	Entry	Exit	Security

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NJSA 47:1A-1; NJSA 47:1A-1.1

VICTIM

# of Victims *1* | Type: INDIVIDUAL/ NOT LAW | Injury: None

	Victim/Business Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
V1	[redacted]	*1,*	[redacted] *1943* ge *81*	*W*	*M*	*N/A*	*Resident*	

Home Address	Email	H
36 VIRGIN ISLANDS DRIVE , Toms River, NJ 08757-6171		[redacted]

Employer Name/Address	Business Phone	Mobile Phone
(RETIRED)		

VYR	Make	Model	Style	Color	Lic/Lis	VIN

OTHERS INVOLVED

CODES: V- Victim (Denote V2, V3) WI = Witness IO = Involved Other RP = Reporting Person (if other than victim)

Type: INDIVIDUAL/ NOT LAW ENFORCEMENT | Injury:

Code	Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
RP	*BROWN, ANN C*		[redacted] *1957* Age *67*	*W*	*F*		*Resident*	

Home Address	Email	H
36 VIRGIN ISLANDS DR TOMS RIVER, NJ 087576171		[redacted]

Employer Name/Address	Business Phone	Mobile Phone
(RETIRED)		

Type: | Injury:

Code	Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status

Home Address	Email	Home Phone

Employer Name/Address	Business Phone	Mobile Phone

PROPERTY

1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown
("OJ" = Recovered for Other Jurisdiction)

VI #	Code	Status Frm/To	Value	OJ	QTY	Property Description	Make/Model	Serial Number
1	*10*	*1*	*$0.00*		*1*	*LEGAL DRUGS/PRESCRIPTIONS*	*HYDROXYZINE/50mg*	
1	*10*	*1*	*$0.00*		*1*	*LEGAL DRUGS/PRESCRIPTIONS*	*QUETIAPINE FUMA/50mg*	

Officer/ID# *TILLETT, JAMES (5147)*

Invest ID# *(0)* | Supervisor *VARADY, SEAN (5136)*

Status | Complainant Signature | Case Status *Pending /active* *08/24/2024* | Case Disposition: *Active* *08/24/2024*

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Berkeley Township Police Department

Case # *24-002464*

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

	IBR	Status	Quantity	Type Measure	Suspected Type	
DRUGS						

Assisting Officers

VARADY, S. (5136), ALEXANDER, K. (EMT077), STANFIELD, T. (EMT074)

Suspect Hate / Bias Motivated: *None*

NARRATIVE

On 08/24/2024 at approximately 10:30am I, Ptl. Tillett (#5147) was dispatched to 36 Virgin Islands dr in reference to an accidental drug overdose on prescription medication. U_on arrival Ann Brown advised that her [redacted] had taken an unknown amount of his [redacted] and an unknown amount of his [redacted] at a_roximately 4am or later this mornin_. A_roximatel_twent_or more_ills_er prescription were ingested by [redacted] Mrs. Brown advised that [redacted] and that her husband has never done this before and is not suicidal. Mrs. Brown was advised of "Project Life Saver" and to contact Lt. Houghkirk if she is interested.

[redacted] was transported to Community Hospital by First Aid with Medics on board. OD Mapping was completed by Sgt. Varady. No further action being taken at this time by this Officer.

NJSA 47:1A-1, privacy privilege, NJSA 47:1A-9, EO 26, “information relating to medical, psychiatric or psychological history, diagnosis, treatment or evaluation”