INCIDENT/INVESTIGATION REPORT

Agency Name	*Berkeley Township Police Department*
ORI	*NJ0150500*
Case#	*24-002699*
Date / Time Reported	*09/12/2024 19:03 Thu*
Last Known Secure	*09/12/2024 19:03 Thu*
At Found	*09/12/2024 19:03 Thu*

INCIDENT DATA

Location of Incident	Gang Relat	Premise Type	Zone/Tract
20 DOCKAGE RD, Berkeley Township NJ 08721	NO	*Residence Home*	

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

MO: NJSA 47:1A-1, NJSA 47:1A-1.1

VICTIM

# of Victims *1* | Type: INDIVIDUAL/ NOT LAW | Injury: Possible Internal Injury

	Victim/Business Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
V1	[redacted]	*1,2*	[redacted] *1980* ge *43*	*W*	*F*	*N/A*	*Resident*	

Home Address	Email	H
20 DOCKAGE ROAD , Bayville, NJ 08721-1821		[redacted]

Employer Name/Address	Business Phone	Mobile Phone
SHEAR INSPIRATIONS RT 37 TOMS RIVER NJ (HAIRDRESSER)	*732-270-1026*	

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: 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

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

Officer/ID# *HESTER, HAROLD (5162)*

Invest ID# *(0)* | Supervisor *BUTLER, TAYLOR (5108)*

Status | Complainant Signature | Case Status *Pending /active* *09/12/2024* | Case Disposition:

INCIDENT/INVESTIGATION REPORT

Berkeley Township Police Department

Case # *24-002699*

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

BUTLER, T. (5108), MURAWSKI, R. (5139), PASCOE-ANTONELL, M. (EMT009), DOLCH, M. (EMT080)

Suspect Hate / Bias Motivated: *None*

INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 24-002699 *Berkeley Township Police Department*

NARRATIVE

On Thursday, September 12, 2024 at approximately 19:03 hours, I, (Patrolman Hester) was dispatched to 20 Docka e Rd, with a report of a female that consumed approximatel fort -five (45) one (1)mg pills s ecificall [redacted] Upon arrival, I met with the victim, identified as [redacted] Upon speakin with [redacted], I observed her to have enlarged u ils and heavily slurred speech when talking. I then asked [redacted] if she consumed a large amount ills. [redacted] advised me that she consumed approximately 45 pills of her [redacted]. I then asked [redacted] where she got the pills from, which I was advised from her Doctor. [redacted] further advised me that she got the pills prescribed to her yesterday 9/11/24 which was confirmed u on looking at the ill bottle. [redacted] then stated that she took the ills because s [redacted] I heard [redacted] state that [redacted] Berkeley First Aid arrived shortly after, and transported to [redacted] to Community Medical Center to be further evaluated and to speak with someone from the Psychiatric Emergency Screening Service unit (PESS). Narcan Kit with instructions was left behind for the family. No further action taken at this time.

This entire incident was recorded on my department issued body worn camera.

End of Report.

Ptl. Hester #5162

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

Incident Report Suspect List

Berkeley Township Police Department

OCA: *24-002699*

1

Name (Last, First, Middle)	Also Known As	Home Address
NONE,		

Business Address

DOB	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State.
/ /										

Scars, Marks, Tattoos, or other distinguishing features

Reported Suspect Detail	Suspect Age	Race	Sex	Eth	Height	Weight	SSN

Weapon, Type	Feature	Make	Model	Color	Caliber	Dir of Travel Mode of Travel

VehYr/Make/Model	Drs	Style	Color	Lic/St	VIN

Notes

Physical Char