10/20

Dawn Gambacorto

From: Monmouth County CARE <opra+request-35954-5fd930c0@requests.opramachine.com>
Sent: Monday, October 10, 2022 11:42 AM
To: City Clerk
Subject: OPRA request - September 2022 Narcan deployments

Dear Long Branch City,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.

Records requested:

We are requesting for all the month of September's Narcan deployments of year 2022.

Yours faithfully,

Monmouth County CARE

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-35954-5fd930c0@requests.opramachine.com

Is cityclerk@longbranch.org the wrong address for OPRA requests to Long Branch City? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=long_branch_city

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/september_2022_narcan_deployment

DUE BY:
OCT 2 0 2022

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

RECEIVED
OCT 1 1 2022
CITY CLERK'S OFFICE

PDR

COMPLETED
OCT 1 7 2022

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

Police Department: Long Branch	Case #:
Date of Overdose: 9/12/2022	Time of Overdose: 10:44 ☑ AM ☐ 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: ☑ Yes ☐ No ☐ Unknown	If yes, how many times?: 1 x
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: ☑ EMS / Doses: 1x ☐ 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: Wax fold

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

Stamp (Text/Color): multi-colored "Fruity Pebbles" Describe Image: Shadow letterings

Drug 2:

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

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

Stamp (Text/Color): Green/black "Bruce Banner" Describe Image: Hulk

Pill Brand: / Doctor's Name:

☐ Evidence Secured: ☐ Drugs ☐ Paraphernalia | Treatment Resources Information Provided: ☐ Yes ☐ No

Notes / Comments:

found in patients front right pant pocket.

Officer's Name	Badge	Date of Report
G. Vecchione	343	9/12/22

Please email form to DMI@gw.njsp.org AND narcan@mcponj.org
OR fax to NJROIC (609) 530-3650 AND (732) 431-7026.

Revised: 11/03/2017

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

Police Department: Long Branch	Case #:
Date of Overdose: 09 /20 /2022	Time of Overdose: 19 :58 ☐ AM ■ 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: ☐ Yes ■ No ☐ Unknown	If yes, how many times?:	
Victim Gender: ■ Male ☐ Female ☐ Unknown		Victim Age: 39
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:

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:

Officer's Name	Badge	Date of Report
Conover	366	09202022

Please email form to DMI@gw.njsp.org AND narcan@mcponj.org
OR fax to NJROIC (609) 530-3650 AND (732) 431-7026.

Revised: 11/03/2017