

118-17862



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








Police Department: Manchester Twp. PD		Case #: M18-17862	
Date of Overdose: 08 /01 /2018		Time of Overdose: 12 :36 <input checked="" type="checkbox"/> AM <input 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?: 1	
Victim Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Victim Age: 33	
Victim Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Indian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander			
Details of Naloxone Administration			
Administered by: <input checked="" type="checkbox"/> LE / Doses: 1		<input checked="" type="checkbox"/> EMS / Doses: 1	
<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			
Suspected Drugs Involved (check all that apply)			
<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			
Evidence Information			
Drug 1:			
Drug Form: <input type="checkbox"/> Powder <input type="checkbox"/> Pill <input type="checkbox"/> Liquid <input type="checkbox"/> Other: N/A		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): N/A		Describe Image: N/A	
Drug 2:			
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): N/A		Describe Image: N/A	
Pill Brand: N/A		Doctor's Name: N/A	
<input type="checkbox"/> Evidence Secured: <input type="checkbox"/> Drugs <input type="checkbox"/> Paraphernalia		Treatment Resources Information Provided: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Notes / Comments: No CDS or paraphernalia recovered.			
Ptl. T. Chant #411	#411	08/01/2018	
Officer's Name	Badge	Date of Report	

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

Summary of Comments on M18-17862 Naloxone Admin Report.pdf

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-  Number: 1 Author: rhein Subject: Redact Date: 8/3/2018 2:56:19 PM
25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."
-  Number: 2 Author: rhein Subject: Redact Date: 8/3/2018 2:56:25 PM
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-  Number: 3 Author: rhein Subject: Redact Date: 8/3/2018 2:56:32 PM
25) Privacy Interest - "a public agency has a responsibility and an obligation to safeguard from public access a citizen's personal information with which it has been entrusted when disclosure thereof would violate the citizen's reasonable expectation of privacy."
-  Number: 4 Author: rhein Subject: Redact Date: 8/3/2018 2:57:27 PM
17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number
-  Number: 5 Author: rhein Subject: Redact Date: 8/3/2018 2:56:44 PM
17) Personal identifying information. Specifically: a. Social security numbers, except that a social security number contained in a record required by law to be made, maintained or kept on file by a public agency shall be disclosed when access to the document or disclosure of that information is not otherwise prohibited by State or federal law, regulation or order or by State statute, resolution of either or both houses of the Legislature, Executive Order of the Governor, rule of court or regulation promulgated under the authority of any statute or executive order of the Governor. b. Credit card numbers c. Unlisted telephone numbers d. Drivers' license number