NJ Attorney General's Heroin & Opiates Task Force

Naloxone Administration Reporting Form
Cumberland County

Police Department:	Case #:
Date of Overdose: / /	Time of Overdose: : ☐ 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:

Victim Race: ☐ White ☐ Black ☐ Hispanic ☐ Asian/Indian ☐ American Indian ☐ Pacific Islander

Details of Naloxone Administration

Administered by: ☐ **LE / Doses:** | ☐ EMS / Doses: | ☐ Fire Ö^] dĂ 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** | Vreatment Resources Information Provided: ☐ Yes ☐ No

Notes / Comments:

Officer's Name	Badge	Date of Report

Please email form to DMI@gw.njsp.org AND narcan@co.cumberland.nj.us OR fax to NJROIC (609) 530-3650 AND (856) 453-7707.

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