



## NJ Attorney General's Suspected Drug Overdose & Naloxone Administration Reporting Form Cumberland County



Police Department:		Case #:		Municipality Code:	
Date of Overdose:    /    /			Time of Overdose:    : <input type="checkbox"/> AM <input type="checkbox"/> PM		
Overdose location: (Street address, city, zip)			Victim Full Name:		
Victim address: (Street address, city, county, state, zip)				Victim DOB:    /    /	
Victim Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown			Victim Cell:		
Victim Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian/Indian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander					
Victim previously administered naloxone: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			If yes, how many times?:		
Details of Naloxone Administration					
Administered by: <input type="checkbox"/> LE / Doses:		<input type="checkbox"/> EMS / Doses:		<input type="checkbox"/> Fire / <del>CA</del> Doses:	
<input type="checkbox"/> Other / Doses:					
Did Naloxone work: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		<input type="checkbox"/> Fatal <input type="checkbox"/> Non-Fatal <input type="checkbox"/> Unk		Taken to Hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hospital Name:			Refusal of Medical Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Suspected Drugs Involved (check all that apply)					
<input type="checkbox"/> Heroin <input type="checkbox"/> Other Opioids <input type="checkbox"/> Cocaine / Crack <input type="checkbox"/> Alcohol <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify):					
Evidence Information					
<b>Drug 1:</b> Evidence Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Drug Type: <input type="checkbox"/> Powder <input type="checkbox"/> Pill <input type="checkbox"/> Liquid <input type="checkbox"/> Other:			Packaging Type: <input type="checkbox"/> Glassine/Wax Fold <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):			Stamp (Image & Color):		
<b>Drug 2:</b> Evidence Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Drug Type: <input type="checkbox"/> Powder <input type="checkbox"/> Pill <input type="checkbox"/> Liquid <input type="checkbox"/> Other:			Packaging Type: <input type="checkbox"/> Glassine/Wax Fold <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):			Stamp (Image & Color):		
Pill Brand:    /			Prescribing Doctor:		
Parcel Packaging Present:    Yes    No		Tracking Number:			
MV Involved: <input type="checkbox"/> Yes <input type="checkbox"/> No		MV Accident: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian	
Notes / Comments:			Treatment Resources Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Officer's Name		Badge		Date of Report	

**Please email form to [DMI@gw.njsp.org](mailto:DMI@gw.njsp.org) AND [narcana@co.cumberland.nj.us](mailto:narcana@co.cumberland.nj.us)  
or fax to NJROIC (609)530-3650 AND (856)453-7707**