

Overdose Response Worksheet:



Save/DOA

Case #

Name of Aided

Date of Birth

Home Address

Home Phone Number

Cell Phone Number

Cell Phone Recovered

Voucher#

Notification

Date of Occurrence _____ Time of Occurrence _____

Location of Occurrence _____

Precinct of Occurrence _____ UF61 # _____ Aided # _____

ICAD # _____

Notified By _____

ODTF Supervisor Notified _____

Response

Time arrived at scene _____

Weather _____

Time Pronounced **(IF DOA)** _____

ODTF Case # _____ PDU Case # _____

OCME Case # _____ PBSI ECT Run # _____

ODTF Investigator _____

PDU Investigator _____

1st Officer on scene _____

EMS **name, shield, agency** _____ ACR # _____

Narcan Administered (by who / doses) _____

Hospital Removed to _____

Attending DR & Prognosis _____

Felony ADA Notified _____

Outside Agency Involved : *(ie ACS)* _____

Video Recovered Y/N _____ Probative Video Y/N _____

Witness Y/N (Pedigree) _____

911 Caller (Pedigree) _____

EVIDENCE:

Narcotics / Drug Paraphernalia Recovered Y/N & explain

Prescribed Medication Present Y/N if YES list all medications

Victimology: DAS CHECK

Name/DOB/LKA

NYSID: _____

Prior OD Victim (if yes, when and how many times)

Prior Arrest(s) _____

Prior Narco Arrest(s) _____

Active Warrant/ I-Cards Y/N _____

Probation/Probation Y/N _____

Preliminary circumstances surrounding the OD :

1st Officer Interview :

911 Caller Interview :

EMS / Attending DR / OCME M.L.I. interview :

Interview with Victim:

Prior Rehab Y/N (if yes list where and when)

Family Notification *(who made notification, family statement)*

Preliminary P.O.I. : (from victim/witness statement)

Log #'s

Chief of Detectives (from Unusual Occurrence Report) _____

DBSI OD _____

PBSI (from Patrol 49) _____

Ensure an ODTF supervisor is listed on all patrol 49's and DB Unusual's