



# Commonwealth of Pennsylvania

## Naloxone Administration & Identifiable Markings Incident



### Incident Details

Incident Date:\*

Incident Time:\*

Physical Address:\*

General Location:\*

Address Line 1:\*

County:\*

Address Line 2:

Municipality:\*

City:\*

State:\*

Zip:\*

### Responder Details

Agency Type:\*

County



State

Federal

Other

County:

Agency Name:\*

If PSP:

Bureau:

Agency Incident Number:

Troop:

Responder Rank:

Station:

Responder First Name:\*

Responder Last Name:\*

Responder Phone #:

Responder Email:



# Commonwealth of Pennsylvania

## Naloxone Administration & Identifiable Markings Incident



### Victim 1 Details

Accidental Exposure to First Responder? ☐

Victim First Name \*:

Victim Last Name \*:

Victim DOB:

**Note:** If DOB is unknown please give an age range.

Gender:\* Male ☐ Female ☐ Unknown ☐

Race:\* American Indian or Alaskan Native ☐ Black ☐ White ☐  
Asian or Pacific Islander ☐ Unknown ☐

Suspected Drugs\* (Check all that apply.)

Alcohol ☐ Barbituates ☐  
Bath Salts ☐ BenzoX]UhYd]bYg ☐  
7UFZybHUb] ☐ Cocaine/Crack ☐  
Fentanyl ☐ Fentanyl Analog ☐  
Heroin ☐ Marijuana ☐  
Methadone ☐ Methamphetamine ☐  
Pharmaceutical Opiod ☐ Pharmaceutical Other ☐  
Pharmaceutical Ch i Ubh ☐ Suboxone ☐  
Synthetic Marijuana ☐ Unknown ☐  
Other

Ethnicity:\* Hispanic ☐ Not Hispanic ☐  
Mongolian ☐ Unknown ☐

I b\_bck b'5XXfygg\*''Mfg Bc

Address Line 1:\*

Address Line 2:

City:\*

State:\*

Zip:\*

County:\*

Municipality:\*

Did the Person survive?\* Yes ☐ No ☐ Unknown ☐

Received Naloxone administration?\* Yes ☐ No ☐ If "Yes" complete questions below.

How long did it take for the Naloxone to work? \* <1 Minute ☐ 1-3 Minutes ☐ 3-5 Minutes ☐ >5 Minutes ☐  
Don't Know ☐

Person's response to Naloxone? \* Combative ☐ Responsive and Angry ☐ Responsive and Alert ☐  
Responsive but Sedated ☐ No Response to Naloxone ☐

If the victim was revived, what happened next? \* Arrest ☐ Hospital Conscious ☐ Referred to Treatment ☐  
Released ☐ Hospital Unconscious ☐ Other (Specify) ☐



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## Naloxone Administration & Identifiable Markings Incident



### Victim 2 Details

Accidental Exposure to First Responder? ☐

Victim First Name \*:

Victim Last Name \*:

Victim DOB:

**Note:** If DOB is unknown please give an age range.

Gender:\* Male ☐ Female ☐ Unknown ☐

Race:\* American Indian or Alaskan Native ☐ Black ☐ White ☐  
Asian or Pacific Islander ☐ Unknown ☐

Suspected Drugs?\* (Check all that apply.)

Alcohol ☐ Barbituates ☐  
Bath Salts ☐ BenzoX]UhYd]bYg ☐  
7UFZ]bHUb] ☐ Cocaine/Crack ☐  
Fentanyl ☐ Fentanyl Analog ☐  
Heroin ☐ Marijuana ☐  
Methadone ☐ Methamphetamine ☐  
Pharmaceutical Opiod ☐ Pharmaceutical Other ☐  
Pharmaceutical Ch i `Uhh ☐ Suboxone ☐  
Synthetic Marijuana ☐ Unknown ☐  
Other

Ethnicity:\* Hispanic ☐ Not Hispanic ☐  
Mongolian ☐ Unknown ☐

I b\_bck b'5XXfYgg\* M'g Bc

Address Line 1:\*

Address Line 2:

City:\*

State:\*

Zip:\*

County:\*

Municipality:\*

Did the Person survive? \* Yes ☐ No ☐ Unknown ☐

Received Naloxone administration? \* Yes ☐ No ☐ If "Yes" complete questions below.

How long did it take for the Naloxone to work? \* <1 Minute ☐ 1-3 Minutes ☐ 3-5 Minutes ☐ >5 Minutes ☐  
Don't Know ☐

Person's response to Naloxone? \* Combative ☐ Responsive and Angry ☐ Responsive and Alert ☐  
Responsive but Sedated ☐ No Response to Naloxone ☐

If the victim was revived, what happened next? \* Arrest ☐ Hospital Conscious ☐ Referred to Treatment ☐  
Released ☐ Hospital Unconscious ☐ Other (Specify) ☐



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## Naloxone Administration & Identifiable Markings Incident



### Administration Details

Victim :*	# of Doses:*
Third-Party Administration      Yes      No	Strength (mg):*    2mg <input type="radio"/> 4mg <input type="radio"/> Unknown <input type="radio"/>
Administered By:*	EMS <input type="radio"/> Fire Department <input type="radio"/> Good Samaritan <input type="radio"/> Other <input type="radio"/>

Victim :*	# of Doses:*
Third-Party Administration      Yes      No	Strength (mg):*    2mg <input type="radio"/> 4mg <input type="radio"/> Unknown <input type="radio"/>
Administered By:*	EMS <input type="radio"/> Fire Department <input type="radio"/> Good Samaritan <input type="radio"/> Other <input type="radio"/>

Victim :*	# of Doses:*
Third-Party Administration      Yes      No	Strength (mg):*    2mg <input type="radio"/> 4mg <input type="radio"/> Unknown <input type="radio"/>
Administered By:*	EMS <input type="radio"/> Fire Department <input type="radio"/> Good Samaritan <input type="radio"/> Other <input type="radio"/>

Victim :*	# of Doses:*
Third-Party Administration      Yes      No	Strength (mg):*    2mg <input type="radio"/> 4mg <input type="radio"/> Unknown <input type="radio"/>
Administered By:*	EMS <input type="radio"/> Fire Department <input type="radio"/> Good Samaritan <input type="radio"/> Other <input type="radio"/>

Victim :*	# of Doses:*
Third-Party Administration      Yes      No	Strength (mg):*    2mg <input type="radio"/> 4mg <input type="radio"/> Unknown <input type="radio"/>
Administered By:*	EMS <input type="radio"/> Fire Department <input type="radio"/> Good Samaritan <input type="radio"/> Other <input type="radio"/>

Victim :*	# of Doses:*
Third-Party Administration      Yes      No	Strength (mg):*    2mg <input type="radio"/> 4mg <input type="radio"/> Unknown <input type="radio"/>
Administered By:*	EMS <input type="radio"/> Fire Department <input type="radio"/> Good Samaritan <input type="radio"/> Other <input type="radio"/>



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## Naloxone Administration & Identifiable Markings Incident



### Identifiable Drug Markings



Note: Only complete this section if you are gathering drugs from an incident.

Drug Incident Type:\* Buy ☐ Fatal ☐ Non-Fatal ☐ Search Warrant ☐ Traffic Stop ☐ Other ☐

Stamp Text :

Package Type:\*

Balloon ☐

Lottery Ticket ☐

Paper ☐

Pill ☐

Stamp/Ink Color:\*

; Uggly DUWYh ☐

Receipt ☐

Trash Can ☐

Plastic Baggie ☐

Package Color:\*

Aluminum ☐

Other ☐

Descriptive Keywords:

Suspected Drug Type:?\* (Check all that apply.)

Bath Salts

☐

Barbituates

☐

Benzodiazine

☐

Cocaine/Crack

Fentanyl

☐

Fentanyl Analog

☐

Herion

☐

Marijuana

A Yh UXcbY

☐

Methamphetamine

☐

Pharmaceutical Cd]c]X

☐

Pharmaceutical Other

Pharmaceutical Stimulant

☐

G Vcl cbY

☐

Synthetic Marijuana

☐

Other (Specify)

Stamp Text :

Package Type:\*

Balloon ☐

Lottery Ticket ☐

Paper ☐

Pill ☐

Stamp/Ink Color:\*

; Uggly DUWYh ☐

Receipt ☐

Trash Can ☐

Plastic Baggie ☐

Package Color:\*

Aluminum ☐

Other ☐

Descriptive Keywords:

Suspected Drug Type:?\* (Check all that apply.)

Bath Salts

☐

Barbituates

☐

Benzodiazine

☐

Cocaine/Crack

Fentanyl

☐

Fentanyl Analog

☐

Herion

☐

Marijuana

A Yh UXcbY

☐

Methamphetamine

☐

Pharmaceutical Cd]c]X

☐

Pharmaceutical Other

Pharmaceutical Stimulant

☐

G Vcl cbY

☐

Synthetic Marijuana

☐


Other (Specify)




**Commonwealth of Pennsylvania**  
**Naloxone Administration & Identifiable Markings Incident**



***Controlled Substances with Identifiable Markings***

Investigative Keywords:  If applicable, enter keywords that may help connect your case with another; such as dealer name, origin of drugs, dealer street name, ect.


Phone Numbers:  If applicable, enter phone numbers that may help connect your case with another.
