

DEATH REPORT
BUFFALO POLICE DEPARTMENT
Buffalo, New York

PRECINCT/UNIT _____

SEE INSTRUCTIONS ON BACK

DATE _____

1. Deceased Last Name First Middle			2. Age	3. Date of Birth Mo. Day Year			4. Sex 1 Male 2 Fe.		5. Race	6. Marital Status 1 M 2 S 3 D 4 Wid. 5 Sep				
7. Deceased Residence No. Street City State				8. Time Body Found AM PM		9. Date Body Found Mo. Day Year		10. Time of Death			11. Date of Death AM PM Mo. Day Year			
12. Body Discovered By: Last Name First Middle				13. Residence of Person Finding the Body - No. Street City State								Phone Number(s)		
Relationship of Finder to Deceased (i.e. Spouse, Son, Friend, etc.)				15. Place where the Body was Found - Specify room; Room No.; Flat; Bldg.; if outdoors rel. to Utility pole										

Was Body Moved? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO		17. If YES, By Whom?		18. First Officer at the Scene - Last Name First M.I.			Rank	Unit Assigned
Rescue Squad No.		20. Commended By:		21. Medical Doctor who Pronounced Death - Name Address				Phone Number

Medical Doctor who Issued Death Certificate: Name Address		Phone Number	22. Name of Medical Examiner:		23. Was Homicide Bur Notified? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	
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Cause of Death (Check One) - Explain in Remarks Section				25. Photos Taken? (Check one)		26. Disposition of the Body: (Check one)	
1 <input type="checkbox"/> HOMICIDE	4 <input type="checkbox"/> ACCIDENTAL	1 <input type="checkbox"/> YES	1 <input type="checkbox"/> Family Undertaker	2 <input type="checkbox"/> SUICIDE	5 <input type="checkbox"/> DROWNING	2 <input type="checkbox"/> NO	2 <input type="checkbox"/> Erie County Morgue
3 <input type="checkbox"/> NATURAL	6 <input type="checkbox"/> UNDETERMINED	Name of Photographer:		3 <input type="checkbox"/> HOSPITAL (Name: _____)			
Disposition of Personal Property; if Vehicle Involved, Location of Vehicle, the keys, and any property removed from the Vehicle. (Check one)							
1 <input type="checkbox"/> FAMILY	3 <input type="checkbox"/> PUBLIC ADMINISTRATOR	Loc. of Veh.					
2 <input type="checkbox"/> MEDICAL EXAMINER	4 <input type="checkbox"/> OTHER (Explain in Remarks)	Loc. of Prop.					
		Loc. of Veh. Keys					

Defendant(s) - Last Name First Middle			29. Defendant(s) Address(es) No. Street City State				30. Defendant(s) Charges:	
Rank	Last Name	First M.I.	of Arresting Officer(s)		Unit	32. Motive (If homicide or suicide) See Instructions on back		

Evidence, description; establish chain of custody; protect evidence; mark and label/tag evidence; inform Homicide of evidence collected, re Ch 6 MP

Witness(es) Last Name First Middle			35. Witness(es) Residence No. Street City State				Telephone Number(s)
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36. Was Complaint Received? (Check one)		37. Status of Case	
1 <input type="checkbox"/> 911	3 <input type="checkbox"/> Police Patrol	1 <input type="checkbox"/> Investigation Cont'd by _____	
2 <input type="checkbox"/> Witness contacted Police, other than 911	4 <input type="checkbox"/> Other (Explain in Remarks)	2 <input type="checkbox"/> CLOSED	(Check one)

MARKS (See INSTRUCTIONS ON BACK: If Remarks cont'd on back, check box, REVERSE CARBONS & SHEETS TO MAINTAIN ORIGINAL & COPIES)

Investigating Officer: _____ Rank _____		Signature of Commanding Officer or Lieutenant Comdg Plt/Unit: _____ Rank _____	
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If Continued on back, CHECK BOX

NON: ORIGINAL to Homicide - Duplicate to Bur. of Communications & Records
Triplicate to Command File. (If additional copies are required, use Xerox copies)

INSTRUCTIONS

1. Prepare in TRIPPLICATE, if additional copies are needed, use Xerox machine to obtain required number.
2. TYPE or PRINT all entries, except Signatures.
3. If required information is not available, use DASH MARK "--" to indicate item was not skipped.
4. Explain any item requiring clarification in REMARKS Section. If item is not pertinent, leave it blank.
5. ITEM 1 Use last name first, first name, middle name of deceased.
6. ITEM 2 and 3 If age of deceased is not known, put in approximate age then "approx." to indicate true age is not known, then use a DASH MARK "--" in Item 3 for Date of Birth.

7. ITEM 5 Race—The following abbreviations are used in the Uniform Crime Reporting Program:

WHITE	W	(includes Mexicans, Puerto Ricans) (Do not use C for Caucasian)
NEGRO	N	(DO NOT USE B for Black)
INDIAN	I	(refers only to American Indians)
CHINESE	C	
JAPANESE	J	
All Others	O	(includes Asian Indians, Eskimos, Filipinos, Indonesians, Koreans, Polynesians, and other non-whites.) Do not use O for Oriental.

8. ITEM 15—Specific room where body was found, i.e. bedroom; if rooming house, hotel, motel, etc. give the ROOM NUMBER; if Apartment give Apt. Number; if flat cite Upper or Lower flat; if rear flat or rear house, so state; if body found in a lot or field, reference address from a specific house number or utility pole number, etc.
9. ITEM 23—Homicide Bureau shall be notified in any suspicious death, homicide or suicide. See 6/8.0 MP.
10. ITEM 25—If Photographs were taken, check off the box 1 Yes and name Photographer.
11. ITEM 26—Disposition of Body, check proper box, name the Hospital where body has been received.
12. ITEM 27—Disposition of Personal Property. If member of Family does not reside with the deceased, then specify who has custody of the Personal Property in REMARKS. If Medical Examiner has property of deceased, so state in REMARKS. See 2/22.0 MP in regards to persons who die and have no immediate family or known family to take custody of the property, and the services of the Public Administrator are required.
Use REMARKS Section to explain location of the property in a vehicle at time of death of vehicle owner/driver but removed for safekeeping, also state where the keys to the vehicle are located.
13. ITEM 32—Motive — If homicide or suicide and the motive is known, so state. Motives example: Love, Hate, Jealousy, Money, Revenge, etc. In homicide cases. Suicide cases involve Despondent over Ill Health, Mentally Depressed, Love Affair Ended, Lost Job, Financial worries, etc.
14. ITEM 33—Evidence — See Chapter 6 Manual of Procedures.
15. ITEM 36—REMARKS Section should explain how Complaint was received in more detail. (How, When, Where, by Whom?)
16. ITEM 37—If Case is to be continued by Homicide Bureau, so state. If case is closed as in most cases involving a Natural death, mark box Closed with check.
17. ITEM 38—contains a REMINDER — to Reverse the carbons and sheets to maintain ORIGINAL and copies, if Remarks are continued on the back.

38. REMARKS (Continued)



GENERAL ORDER NO. 2014-001 - NARCAN POLICY

Teri L OKeefe on 02/28/2014 at 09:24 AM

Category: 14 - General Orders

District:

GENERAL ORDER NO. 2014-001

1. There has recently been a significant increase in opioid drug overdose incidents. The use of narcan, an intranasal prescription medication, has proven to be effective in providing medical care to persons who have overdosed opioid drugs. Accordingly, this Department is implementing a pilot program in which all sworn members will be trained and equipped to administer narcan to persons who appear to be suffering from an opioid overdose.
2. A properly trained sworn member of the service may administer narcan whenever he or she believes that an aided is the victim of an opioid drug overdose. Symptoms of an opioid overdose include unconsciousness, lethargy, and confusion, as well as shallow or no breathing. Additional symptoms may also include a change in one's skin color, especially in the lips and fingernails. If left untreated, an opioid overdose may lead to death as these substances can inhibit a person's autonomic breathing reflex and suppress cardiac function. Narcan works by temporarily reversing the effects of the abused substance, allowing the victim to regain consciousness and resume normal breathing. Narcan is safe to administer to anyone including children, pregnant women, and the elderly. If narcan is administered to an individual whose condition was not caused by an opioid overdose, the drug will have no negative effect. Members of the serviced should be aware that narcan is not effective on the class of drugs known as benzodiazepines (e.g., Xanax, Klonopin, Valium, etc.) nor is it effective on those who have abused non-opioid drugs such as bath salts, cocaine, methamphetamines, or alcohol.
3. To provide first aid at the scene of an aided case in which an individual appears to have suffered from an opioid overdose, sworn members of the service equipped with narcan will comply with the following procedure:

PURPOSE: To inform members of the service of circumstances under which the use of narcan is appropriate and to record instances where narcan was administered.

DEFINITIONS: NARCAN - An intranasal prescription medication that can be used to reverse the effects of an opioid drug overdose.

OPIOIDS - Opioid drugs include, but are not limited to, heroin, morphine, oxycodone, methadone, hydrocodone, and codeine.

PROCEDURE: When a sworn member of the service believes that an individual is suffering from an opioid drug overdose:

1. Request the response of Emergency Medical Service (EMS).
2. If the aided is unconscious, rub the sternum of the aided in attempt to regain consciousness.
3. If the aided is not breathing and does not have a pulse, administer narcan in the following manner:
 - a. Pry the yellow caps from the plastic tube.
 - b. Remove the red cap from the narcan ampule.
 - c. Insert the nasal cone into the appropriate end of the plastic tube.
 - d. Gently screw the narcan ampule into the barrel of the plastic tube.
 - e. Insert the nasal cone into a nostril while depressing the narcan ampule into the tube.
 - f. Spray one half of the narcan into each nostril.
4. Request dispatcher to notify responding EMS personnel that narcan was administered.
5. If the aided has not responded within three to five minutes after administering the first dose, administer a second dose.
6. Inform responding EMS of the circumstances in which the victim was found that led to the belief that aided is suffering from an opioid drug overdose (i.e., physical signs, statements by witnesses, etc.).
 - a. Report any attempt to revive aided (e.g., CPR, AED, etc.).
 - b. It is generally not necessary to accompany an aided who has been administered narcan to the hospital, unless aided is unconscious or unidentified.
7. Complete a P-71 (Aided Case Report - Non-Fatal) or Death Report (P-178), whichever is appropriate, when narcan is used and transmit same to the Commissioner's Office, being sure to note the following under line 13 "Describe Incident" on the P-71 or under line 38 "Remarks" on the P-178:
 - a. Type of location (house, apartment, business, etc.).
 - b. Type of controlled substances the aided was suspected of using, including name of prescription drugs, if known.
 - c. Condition of aided (i.e., if aided was conscious and breathing

before administration of narcan).

d. If CPR was administered by members of the service.

e. If aided survived.

In the event the individual being aided passes away, the sworn member must notify Homicide, as outlined in the Manual of Procedures.

8. Dispose of the used narcan device (plastic tube, narcan ampule, nasal cone) into trash receptacle, unless the individual being aided passed away and, if that should occur, preserve the narcan device and submit as evidence.

9. Obtain replacement narcan device/kit, as necessary.

a. Include a copy of the P-71 when requesting replacement of a used narcan device/kit.

b. If a narcan device/kit is lost or stolen, a P-73 must be completed detailing the circumstances.

The Department will also keep a log detailing the narcan device/kits issued, used, expired, damaged, lost or stolen.

ADDITIONAL Tactical Considerations

DATA

Narcan is generally effective within five to ten minutes of administration. If an individual was suffering from an opioid drug overdose, narcan will cause that person to regain consciousness and resume normal breathing. However, members of the service are reminded to use proper tactics when administering this drug; aided individuals who are revived from an opioid overdose may regain consciousness in an agitated and combative state and may exhibit symptoms associated with withdrawal. Additionally, narcan will wear off after thirty to forty minutes. Therefore, it is critical that whenever this drug is administered the aided individual be immediately remove to the hospital.

Members should also follow universal precautions when administering narcan.

Operational Considerations

Members trained in the use of narcan must carry the kit when on duty.

Members are to ensure that expired or damaged narcan kits are returned to the appropriate location and a replacement kit is obtained.

A properly trained sworn member of the service is permitted to carry his/her narcan kit off-duty only within New York State. If used off-duty, the uniformed member must immediately notify his command and will be required to complete a P-71, as outlined above.

Effective Immediately.

Daniel Derenda/Commissioner of Police