

Basic Information

| Agency | | Incident # | | Report | t# | Date | | Report Status | |
|-----------------------------|-----------|---|------------------|-----------------------|---|--|------------------------------------|----------------|--|
| SAY-PD | | 5021781 | | 0 | | 10/29/2005 18:22:00 | | APPROVED | |
| Case Title/Victim | | | | Incident Type/Offense | | | | | |
| HPSICE DEATH | | | | DOA (4510) | | | | | |
| Incident Da | ate | | | | | | | | |
| Date/Time Incident Reported | | | Occurred between | | | | | | |
| 10/29/2005 18:22:00 | | | and | | | | | | |
| Location In | formation | NAME OF THE PARTY | | | | | | | |
| Address | Street N | Street Name | | | | Unit# | | Cross Street | |
| | | | | ¥ | | | | | |
| City | State | State | | | | Zip | | Reporting Area | |
| SAYREVILLE NJ | | | | | | | 3 | | |
| Business Name | | | - | Business P | | Business Phone | | | |
| Authorizatio | on | | | | | | | | |
| Reporting Officer | | Signature | | NI HALVE THE VOLUME | Date/Tim | | e Entered | | |
| SZTUKOWSKI, J(118) | |) | | | STREET, | Contract Con | 10/29/2005 19:11:1 | | |
| Reviewed By | | Signature | | | Date/Time Revie | | | | |
| () | | | | | *************************************** | | | | |
| approved By | | Signature | | | D | Date/Time Approved | | | |
| KARZYNSKI, G(83) | | | | | | 1 | 10/30/2005 01:00:44 | | |
| ther Signat | tures | | | | | | | | |
| atrol Supervisor | | | Shift Commander | | | | | | |
| ast Modifie | d By | | | | | | | | |
| PRAGUE. | (62) on 0 | 1/19/2000 | 5 17:2 | 3:54 | | | THE RESERVE OF THE PERSON NAMED IN | | |

Narrative

Dispatched on above date and time to for an expected hospice death. Upon arrival I spoke to Hospice nurse. She stated that Joyce Sauter had been battling cancer and severe back problems and passed away today. She stated she

