

STATE OF VERMONT
DRUG RECOGNITION EVALUATION
 DPS 339

Rolling Log No. **10-6-41** Case Number **10A103162**

Page **1** of **3** TO BE COMPLETED BY D.R.E. TRAINED PERSONNEL

Offense(s) Charged
DUID

Name (Last, First, Middle) **[REDACTED]** Age **35** Sex **F** Arresting Officer (Name/Agency) **Tpr. Baker VSP-Williston**

Date/Time of Arrest **8-6-10 1305** Breath test results **.000%** Time Released **1304** Instrument # **AICON 042489** Date/Time/Location of Examination **8-6-10-1408 VSP Williston Barracks**

Advertisement of Rights given by? **Tpr. Baker** Rights Waived? Yes No What have you eaten today? **Nothing** Time? **1304** What have you been drinking? **Water/Soda** How much? **-** Time of last drink? **-**

Time Now? **2:15 pm** When did you last sleep? **Last Night 10:30pm-08:30am** How long? **10:30pm-08:30am** Are you sick or injured? Yes No Are you diabetic or epileptic? Yes No

Do you take insulin? Yes No Do you have any physical defects? Yes No Are you under the care of a doctor/dentist? Yes No **Dr. Jacobs DC, Wong**

Are you taking any medication or drugs? **SEE ATTACHED LIST w/ OFFICER'S FILE** Yes No Do you have high blood pressure or heart disease? If yes, describe. Yes No Have you ever had a severe head injury? Yes No Do you have brain damage? Yes No

Speech **Slow** Attitude/behavior **Drowsy, Confused** Coordination **Unsteady, Stumbling** Face **Droopy** Breath/Olors **None**

Corrective Lenses: **FOR READING/DRIVING** Eyes Normal Bloodshot Watery None Right Eye Left Eye

Pupil size Equal Unequal (explain) **None** Able to follow stimulus? Yes No Eyelids Retracted Normal Droopy

Pulse & Time	HGN	Right eye	Left eye	Vertical nystagmus?	(3) One leg stand
1. 102, 1416	Lack of smooth pursuit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Count # 17 Count # 11
2. 94, 1434	Max. deviation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3. 94, 1447	Angle of onset	<input type="checkbox"/> Resting (0) <input type="checkbox"/> Rapid (35) <input type="checkbox"/> Extreme (45) <input checked="" type="checkbox"/> Immediate (0-30) <input type="checkbox"/> Near extreme (40) <input type="checkbox"/> None			

(1) Modified Romberg (2) Walk and turn
 Cannot keep balance Started too soon _____
 Stopped walking

1st Nine	2nd Nine
<input type="checkbox"/>	<input type="checkbox"/>

 Missed heel-toe Stepped off line Raised arms Actual steps taken **8 9**
 Sways while balancing

L	P
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

 Used arms to balance Hopping Pul foot down
 Type of footwear **Bare Foot**

Internal clock: **28** Estimated as 30 sec. Describe turn **SPINNING** Cannot do test (explain) **STOPPED TEST COULD NOT BALANCE ON EITHER FOOT**

(4) Right Left Finger/Nose Pupil Size: MM

Light	Right Eye	Left Eye
Room Light	2.5	2.5
Near Total Darkness	5.5	5.5
Direct	3	3

Nasal area **CLEAR** Oral cavity/Tongue **CLEAR** INDICATE FRESH OR OLD PUNCTURE MARKS Attach Photos of Fresh Puncture Marks (optional)

Comments **SEE NARRATIVE** Rebound dilation Yes No Reaction to light Normal Slow Little or None Visible

FRONT BACK (R-L) (L-R) **NONE**

Blood pressure **100/74** Temperature **95.3** °F Chemical test time **1700**

Muscle tone Near Normal Flaccid Rigid Blood Refused

Witness **BAKER** Agency **VSP-Williston** Reviewed by **[Signature]** DRE - Ravellin of 000004

Examining Officer: **S/Tpr. RAVELIN** I.D. Number **229** IACP/DRE # **15470**

Agency **VSP-Williston** Rule Out Medical Stimulant Hallucinogen Dissociative Anesthetic Inhalant Depressant Narcotic Analgesic Carnalitic

Drug recognition evaluation report/narrative

1: Location: The evaluation was conducted at the VSP Williston Barracks in the DRE processing room.

2: Witness: The entire evaluation was witnessed by Tpr. Baker.

3: Breath Test: [redacted] provided a sample of her breath with a Preliminary Breath Test result of .000% BrAC at approximately 1244 hours using an Alco IV serial number 042489.

4: Notification/Interview of A/O: I was notified by VSP Williston Dispatch that Tpr. Baker was requesting a DRE after [redacted] performed poorly on Standard Field Sobriety Exercises and alcohol had been ruled out. I spoke with Tpr. Baker by phone. She advised VSP Williston had received a call of an erratic operator on Interstate 89 north bound. The vehicle was stopped at Exit 12 in Williston by a DMV inspector who was in the area to assist with the erratic operator. Tpr. Baker advised [redacted] speech was slow and confused. [redacted] perception of time was skewed. At the time she was stopped [redacted] had her two juvenile daughters in the vehicle.

5: Initial Observations: I first observed [redacted] sitting in a holding cell at the VSP Williston Barracks. She was sitting in a chair with her eyes closed and her head forward so her chin was resting on her chest. When I said her name she opened her eyes and began to stand up. I noticed she was in steady while standing and ask she began to walk she started to stumble. After a few steps [redacted] was able to balance enough to walk unaided.

6: Medical Problems: [redacted] stated she suffered from migraines. No evidence of injury or illness was observed.

7: Psychophysical Tests: [redacted] exhibited impairment throughout many portions of the psychophysical tests. On the Walk and Turn, [redacted] could not balance during instructions, stepped off line on numbers 4 and 6, missed touching heel to toe on step number 8, and took 8 steps when instructed to take 9 in the first set of 9 steps. On the second set of 9 steps, [redacted] missed touching heel to toe on steps number 3, 5, 6, 7, and 8. Cowin used her arms for balance throughout the exercise. On the One Leg Stand, [redacted] used her arms for balance and put her foot down numerous times while standing on both the left and right foot. [redacted] could not perform exercise. On the Finger to Nose, [redacted] failed to touch the tip of her nose on numbers 2 and 3. [redacted] used the pad of her finger when she was instructed to use the tip of her finger.

8: Clinical Indicators: EYES: [redacted] pupils were of equal size and she was able to follow a stimulus. I noted her eye lids were droopy. [redacted] was exhibiting moderate ptosis. I had to ask her to open her eyes several times throughout the evaluation. On HGN, I noted a lack of smooth pursuit. I noted an onset of HGN at 10 degrees or immediate. [redacted] exhibited vertical nystagmus and a lack

Subscribed and sworn to before me on

this 13 day of AUGUST 2010

[Signature] (Notary Public) [Signature] (Judicial Officer)

[Signature] (Affiant) 8/13/2010 (date)

Name (Last, First, Middle)

Violations

T 23 VSA 1201(a)(3)

Drug recognition evaluation report/narrative

of convergence in both the left and right eyes. VITALS: [REDACTED] blood pressure was below normal at 100/74. All three pulse readings were

above normal at 102, 94, and 94. Her body temperature was below normal at 95.3 degrees.

9: **Signs of Ingestion:** [REDACTED] nose and mouth were clear.

10: **Statements:** [REDACTED] stated she had consumed Vesicare and Propranolol at approximately 10:00 or 11:00 am. She stated she consumed two Vicodin and two Klonopin at approximately 1:00 p.m. She stated she picked up her daughters in Morrisville at 2:00 p.m. and thought the current time was 12:45 pm. It should be noted the [REDACTED] was stopped at approximately 1234 hours. I asked when was it she began to feel the effects of the Vicodin and Klonopin. [REDACTED] stated while en route to get her two daughters in Morrisville. She advised about half way there. I asked [REDACTED] if she knew what had happened while she was driving. [REDACTED] stated she was swerving because she was dozing off while driving. I asked if she ever left her lane. [REDACTED] stated she hit the rumble strips at least three times. I asked [REDACTED] if she knew what day it was. [REDACTED] advised it was a Thursday. August 6th 2010 was a Friday.

11: **Opinion of Evaluator:** In my opinion [REDACTED] was under the influence of CNS Depressants and was unable to operate a motor vehicle safely.

12: **Toxicological Sample:** [REDACTED] was transported to FAHC to draw a sample of her blood. The results are pending.

13. **Miscellaneous:** I am a Nationally Certified Drug Recognition Expert since July 2008.

Subscribed and sworn to before me on

this 13 day of August 2010

[Signature]
(Notary Public) (Judicial Officer)

[Signature]
(Affiant)
8/13/2010
(date)



NMS Labs

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Robert A. Middleberg, PhD, DABFT, DABCO-TC, Laboratory Director

Toxicology Report

Report issued 09/09/2010 20:21

Last Report issued 09/09/2010 11:00

To: 40525
Vermont State Police - Traffic Safety
Attn: Station Commander
2777 St. George Road
Williston, VT 05495

Patient Name
Patient ID 10A103162
Chain 11181343
Age 35 Y
Gender Not Given
Workorder 10181769

Page 1 of 5

Positive Findings:

Table with 4 columns: Compound, Result, Units, Matrix Source. Rows include Caffeine, Cotinine, Theobromine, Clonazepam, 7-Amino Clonazepam, Hydrocodone - Free, Hydroxyzine, Trazodone, Promethazine.

See Detailed Findings section for additional information

Testing Requested:

Table with 2 columns: Analysis Code, Description. Rows include 8071B and 8075B.

Tests Not Performed:

Part or all of the requested testing was unable to be performed. Refer to the Analysis Summary and Reporting Limits section for details.

Specimens Received:

Table with 5 columns: ID, Tube/Container, Volume/Mass, Collection Date/Time, Matrix Source, Miscellaneous Information. Row includes 001 Gray Top Tube.

All sample volumes/weights are approximations.
Specimens received on 08/16/2010.



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Workorder 10181769
Chain 11181343
Patient ID 10A103162

Page 2 of 5

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Caffeine	Positive	mcg/mL	0.10	001 - Blood	GC/MS
Cotinine	Positive	ng/mL	12	001 - Blood	GC/MS
Theobromine	Positive	mcg/mL	5.0	001 - Blood	GC/MS
Clonazepam	10	ng/mL	2.0	001 - Blood	LC-MS/MS
7-Amino Clonazepam	10	ng/mL	5.0	001 - Blood	LC-MS/MS
Hydrocodone - Free	30	ng/mL	10	001 - Blood	GC/MS
Hydroxyzine	40	ng/mL	10	001 - Blood	GC
Trazodone	0.52	mcg/mL	0.10	001 - Blood	GC
Promethazine	160	ng/mL	30	001 - Blood	GC

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. 7-Amino Clonazepam (Clonazepam Metabolite) - Blood:

Clonazepam is an intermediate to long-acting benzodiazepine hypnotic used in the treatment of insomnia and in the prevention and treatment of various seizure disorders. It also possesses anxiolytic, and muscle relaxant properties. It shares the actions and adverse reactions of other CNS-depressants including drowsiness, sedation, impairment of cognition, judgment and memory, confusion and disorientation. Initial adult dose typically starts at 1.5 mg daily and should generally not exceed 20 mg daily. Steady-state plasma concentrations at a daily dose of 6 mg are about 29 - 75 ng/mL for clonazepam and 23 - 137 ng/mL for its primary inactive metabolite, 7-aminoclonazepam. In a report on clonazepam in 8 impaired drivers, concentration ranges of clonazepam and 7-aminoclonazepam were from 15 - 125 ng/mL (median 39 ng/mL), and 11 - 68 ng/mL (median 38 ng/mL). Other drugs may also have been present. The CNS depressant properties and sedating effects confirm that this drug has the potential to significantly impair driving abilities.

2. Caffeine (No-Doz) - Blood:

Caffeine is a mild central nervous system stimulant found in tea, coffee, soft drinks, chocolate, and other food and beverages. It is a component, together with acetaminophen, of many analgesic medications. Caffeine is ingested in pill form to offset fatigue and sleepiness. Low doses may improve psychomotor performance especially in individuals experiencing fatigue. Large doses of caffeine may cause sympathomimetic overstimulation, resulting in anxiety, irritability, tremors, weakness, nausea and coma. Under conditions of normal use, caffeine is unlikely to impair an individual's driving performance, however if abused, may result in effects that would impair safe driving.

3. Clonazepam (Klonopin®) - Blood:

Clonazepam is an intermediate to long-acting benzodiazepine hypnotic used in the treatment of insomnia and in the prevention and treatment of various seizure disorders. It also possesses anxiolytic, and muscle relaxant properties. It shares the actions and adverse reactions of other CNS-depressants including drowsiness, sedation, impairment of cognition, judgment and memory, confusion, and disorientation. Initial adult dose typically starts at 1.5 mg daily and should generally not exceed 20 mg daily. Steady-state plasma concentrations at a daily dose of 6 mg are about 29 - 75 ng/mL for clonazepam and 23 - 137 ng/mL for its primary inactive metabolite, 7-amino clonazepam. In a report on clonazepam in 8 impaired drivers, concentration ranges of clonazepam and 7-amino clonazepam were from 15 - 125 ng/mL (median 39 ng/mL), and 11 - 68 ng/mL (median 38 ng/mL). The CNS depressant properties and sedating effects confirm that this drug has the potential to significantly impair driving abilities.



CONFIDENTIAL

Workorder 10181769
Chain 11181343
Patient ID 10A103162

Page 3 of 5

Reference Comments:

4. Cotinine (Nicotine Metabolite) - Blood:

Cotinine is a metabolite of nicotine and may be encountered in the fluids and tissues of an individual as a result of, e.g., tobacco exposure. Concentrations may be variable in blood and urine depending on the route of exposure and length of exposure. Cotinine plasma/serum concentrations in non-smokers are reported to be typically less than 15 ng/mL. Tobacco users and transdermal patch wearers have typical cotinine plasma/serum concentrations of less than 1000 ng/mL. Anabasine is a natural product occurring in tobacco, but not in pharmaceutical nicotine and a separate test for anabasine in urine can be used to distinguish tobacco from pharmaceutical nicotine use.

5. Hydrocodone - Free (Dicodid®) - Blood:

Hydrocodone is a DEA Schedule III narcotic analgesic with central nervous system depressant activity. It is similar to codeine in analgesic activity, and is used in the treatment of moderate to severe pain, and as a cough suppressant. It is metabolized to the active metabolites hydromorphone and dihydrocodeine. Hydrocodone has also been demonstrated to be a metabolite of codeine. It is available only in oral form and is highly addictive. Normal adult oral dosages range from 5 to 10 mg every 4 to 6 hr. After a single oral administration of 10 mg, mean peak serum levels of 20 ng/mL were reported at 1.5 hr, levels dropped to 7 ng/mL at 8 hr. Following excessive opiate use, pupils are typically constricted and unreactive to light. Pulse and blood pressure, and body temperature can be lowered. Psychomotor impairment is generally present, with increased body sway and poor performance in divided attention tests. Users are sometimes described as 'on the nod', falling asleep in the middle of conversations or at inappropriate times. Tolerance can develop to the effects of opiates and more experienced users are less susceptible to the impairing effects. Patients taking carefully controlled opiates under a doctor's supervision are less likely to be impaired than if abusing the medication. The narcotic and sedative effects of hydrocodone may result in significant impairment of the skills necessary for safe driving.

6. Hydroxyzine (Vistaril®) - Blood:

Hydroxyzine is a piperazine-derivative antihistamine with pharmacological effects similar to meclizine and cyclizine. It is used for symptomatic management of anxiety and tension associated with psychoneuroses and is sometimes used to control emesis and motion sickness. Hydroxyzine has been found mixed in with batches of illicit cocaine. Following a single oral 100 mg dose of hydroxyzine, reported peak serum concentrations ranged from 60 to 90 ng/mL at 4 hr. The metabolism of hydroxyzine has not been studied extensively in humans. However, it is known that norhydroxyzine and cetizine (Zyrtec) are two metabolites of hydroxyzine. Toxic effects of hydroxyzine include tremor, drowsiness and dry mouth; overdose produces central nervous system depression. In a fatal overdose case, a blood concentration of 39000 ng/mL was reported.

7. Promethazine (Phenergan®) - Blood:

Promethazine is an ethylamino-derivative of phenothiazine used for its antihistaminic, antiemetic, and sedative effects. It generally produces CNS depression at the usual therapeutic range; however, promethazine also can produce CNS stimulation or it may be added to other substances and used in the treatment of allergies and management of motion sickness. Oral doses usually range from 25 to 150 mg per day. Following a single 25 mg oral administration of promethazine, a therapeutic concentration of 2 - 16 ng/mL would be expected within 3 hours. Chronic use could result in slightly higher concentrations. Postmortem blood concentrations of promethazine in fatalities due to promethazine overdose were reported to be between 1800 and 12000 ng/mL. Promethazine may exhibit postmortem redistribution.

8. Theobromine (Xanthose) - Blood:

Theobromine is a methylxanthine alkaloid found in tea and cocoa products and has been reported to pass into the breast milk of nursing mothers. Theobromine has the general properties of the xanthines, including diuresis and smooth muscle stimulation.

9. Trazodone (Desyre®) - Blood:

Trazodone is a structurally atypical antidepressant agent. It is prescribed for the treatment of major depression. There is a wide range of trazodone dose requirements; however, total daily oral dosages should not exceed 400 mg for outpatients and 600 mg for hospitalized patients. The expected steady-state therapeutic range for trazodone is 0.5 - 1.2 mcg/mL. In older patients the range may be extended to 5.0 mcg/mL. The principal effects of trazodone overdose include drowsiness and lethargy. The CNS-depressant effects of trazodone are at least additive with other CNS-depressants, e.g., barbiturates, benzodiazepines and alcohol. Two reported fatalities related to trazodone overdose had blood concentrations of the drug at 15 and 23 mcg/mL.

Chain of custody documentation has been maintained for the analyses performed by NMS Labs.



CONFIDENTIAL

Workorder 10181769
Chain 11181343
Patient ID 10A103162

Page 4 of 5

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 10181769 was electronically signed on 08/08/2010 10:31 by:

[Handwritten signature]

Edward J. Barbieri, Ph.D.
Forensic Toxicologist

Analysis Summary and Reporting Limits:

Acode 54002B - Drug Impaired Driving/DRE Toxicology Benzodiazepines Confirmation, Blood (Forensic)

-Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS) for:

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Lists various benzodiazepines and their reporting limits.

Acode 54003B - Drug Impaired Driving/DRE Toxicology Cannabinoids Confirmation, Blood (Forensic)

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for:

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Lists cannabinoids and their reporting limits.

Testing Not Performed: Test was canceled due to [Sample Matrix Problem].

Acode 54006B - Drug Impaired Driving/DRE Toxicology Opiates - Free (Unconjugated) Confirmation, Blood (Forensic)

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for:

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Lists various opiates and their reporting limits.

Acode 54147B - Drug Impaired Driving/DRE Toxicology Antidepressants / Antihistamines Confirmation Panel 1, Blood (Forensic)

-Analysis by Gas Chromatography (GC) for:

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Lists antidepressants and antihistamines.



CONFIDENTIAL

Workorder 10181769
Chain 11181343
Patient ID 10A103162

Page 5 of 5

Analysis Summary and Reporting Limits:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Desmethyldoxepin	10 ng/mL	Mirtazapine	5.0 ng/mL
Dextro / Levo Methorphan	5.0 ng/mL	Norfluoxetine	10 ng/mL
Diphenhydramine	50 ng/mL	Nortriptyline	10 ng/mL
Doxepin	10 ng/mL	Promethazine	30 ng/mL
Doxylamine	50 ng/mL	Trazodone	0.10 mcg/mL
Fluoxetine	10 ng/mL	Verapamil	10 ng/mL
Hydroxyzine	10 ng/mL		

Acocde 8071B - Drug Impaired Driving/DRE Toxicology Panel, Blood (Forensic)

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamines	20 ng/mL	Methadone	25 ng/mL
Barbiturates	0.040 mcg/mL	Opiates	20 ng/mL
Benzodiazepines	100 ng/mL	Phencyclidine	10 ng/mL
Cannabinoids	10 ng/mL	Propoxyphene	50 ng/mL
Cocaine / Metabolites	20 ng/mL		

Acocde 8075B - Drug Impaired Driving/DRE Toxicology GC/MS Drug Screen Add-On, Blood (Forensic)

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for: The following is a general list of compound classes included in the Gas Chromatographic screen. The detection of any particular compound is concentration-dependent. Please note that not all known compounds included in each specified class or heading are included. Some specific compounds outside these classes are also included. For a detailed list of all compounds and reporting limits included in this screen, please contact NMS Labs.

Amphetamines, Analgesics (opioid and non-opioid), Anesthetics, Anticholinergic Agents, Anticonvulsant Agents, Antidepressants, Antiemetic Agents, Antihistamines, Antiparkinsonian Agents, Antipsychotic Agents, Anxiolytics (Benzodiazepine and others), Cardiovascular Agents (non-digitalis), Hallucinogens, Hypnotics (Barbiturates, Non-Benzodiazepine Hypnotics and others), Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents (excluding Salicylate) and Stimulants (Amphetamine-like and others).