

STATE OF VERMONT  
**DRUG RECOGNITION EVALUATION**  
 DPS 339



Rolling Log No. **10-1-36** Case Number **10A100206**

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

Offense(s) Charged  
**DUID**

Name (Last, First, Middle) **[REDACTED] M** DOB **[REDACTED]** Age **50** Sex **F** Arresting Officer (Name/Agency) **OFFICER WAGER VERGENNES POLICE DEPT**

Date/Time of Arrest **1-10-10/1127 AM** Breath test results **.000%** Time **1126** Released **[REDACTED]** Date/Time/Location of Examination **1-10-10/1212/VERGENNES POLICE DEPT.**

Admonition of Rights given by? **OFFICER WAGER** Rights Waived?  Yes  No What have you eaten today? **[REDACTED]** Time? **[REDACTED]** What have you been drinking? **[REDACTED]** How much? **[REDACTED]** Time of last drink? **[REDACTED]**

Time Now? **[REDACTED]** When did you last sleep? **[REDACTED]** How long? **[REDACTED]** 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

Are you taking any medication or drugs?  Yes  No Do you have high blood pressure or heart disease? If yes, describe. **[REDACTED]** Have you ever had a severe head injury?  Yes  No Do you have brain damage?  Yes  No

Speech **STURRED** Attitude/Behavior **COOPERATIVE** Coordination **POOR** Face **NORMAL** Breath/Odors **NORMAL**

Corrective Lenses  Glasses  Contacts  Hard  Soft  None  Normal  Bloodshot  Watery Eyes  None  Right Eye  Left Eye

Rupil size  Equal  Unequal (explain) **[REDACTED]** Able to follow stimulus?  Yes  No Eyelids  Retracted  Normal  Droopy

Pulse & Time	HGN	Right eye	Left eye	Vertical nystagmus?	(3) One leg stand Timed 30 seconds
1. <b>118   1215</b>	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 # <b>[REDACTED]</b> <b>[REDACTED]</b>  <b>COULD NOT DO TEST</b>
2. <b>116   1240</b>	Max. deviation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Convergence 	
3. <b>106   1251</b>	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  <b>4" Fall Fwd TWICE</b>	(2) Walk and turn  <b>STUMBLING! MANY SMALL STEPS w/ BOTH FEET</b>	Cannot keep balance <input checked="" type="checkbox"/> Started too soon <input type="checkbox"/> Stopped walking <input type="checkbox"/> Missed heel-toe <input type="checkbox"/> Stepped off line <input type="checkbox"/> Raised arms <input type="checkbox"/> Actual steps-taken 1st Nine: <b>8</b> 2nd Nine: <b>8</b>	(3) Sways while balancing <input type="checkbox"/> Used arms to balance <input type="checkbox"/> Hopping <input type="checkbox"/> Put foot down <input type="checkbox"/> Type of footwear <b>Shoes</b>
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Internal clock **STOPPED AT 90** Estimated as 30 sec. Describe turn **STUMBLING! MANY SMALL STEPS w/ BOTH FEET** Cannot do test (explain) **COULD NOT BALANCE LONGER THAN 3 SEC. ON R. HEEL TEST**

(4) Finger/Nose  Right  Left Draw lines to spots touched **[REDACTED]** Pupil Size: MM Light Right Eye Left Eye **RED CLEAR**

Room Light	Right Eye	Left Eye
<b>4</b>	<b>4</b>	<b>4</b>
Near Total Darkness	<b>4</b>	<b>4</b>
Direct	<b>3</b>	<b>3</b>

INDICATE FRESH OR OLD PUNCTURE MARKS Attach Photos of Fresh Puncture Marks (optional)

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

Blood pressure **132/106** Temperature **95.2 °F** Rebound dilation  Yes  No Reaction to light  Normal  Slow  Little or None Visible

Muscle tone  Near Normal  Flaccid  Rigid Chemical test time:  Blood  Refused

Comments **[REDACTED]** Witness: **[REDACTED]** Drug admission? **[REDACTED]**

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

Agency **VSP-Williston** Reviewed by **[Signature]** Opinion of Evaluator **DRE -- Ravelin**  Alcohol  Stimulant  Dissociative Anesthetic  Inhalant  Medical  Depressant  Hallucinogen  Narcotic Analgesic  Cannabis

2/1/2010

10A100206

Name (Last, First, Middle)

Violations

T 23 VSA 1201(a)(3)

**Drug recognition evaluation report/narrative**

- 1: **Location:** The evaluation took place at the Vergennes Police Department in the Processing room.
- 2: **Witness:** The evaluation was witnessed by Officer Wager of the Vergennes Police Department.
- 3: **Breath Test:** [REDACTED] provided a sample of her breath with a Preliminary Breath Test result of .000% BrAC at approximately 1126 hours using an Alco IV serial number 042659
- 4: **Notification/Interview of A/O:** I was advised by VSP Williston Dispatch that Officer Wager was requesting a DRE after responding to a motor vehicle crash. I spoke with Officer Wager by phone while he was still on scene. He advised [REDACTED] had crashed her vehicle into a bridge abutment and then into a parked boat. Officer Wager stated while speaking with [REDACTED] she believed she was impaired. After performing poorly on Standard Field Sobriety Exercises she provided a sample of her breath with a result of .000% BrAC.
- 5: **Initial Observations:** I first observed [REDACTED] sitting in the Vergennes DUI processing room. She was wearing a winter coat and she was hunched over with her shoulders rolled forward.
- 6: **Medical Problems:** No evidence of injury or illness was observed.
- 7: **Psychophysical Tests:** [REDACTED] exhibited impairment throughout all portions of the psychophysical tests. On the Modified Romberg, [REDACTED] was leaning forward approximately four inches. On two occasions she lost balance and had to be caught to prevent her from falling to the ground. She started counting from one on both occasions. On the third attempt, [REDACTED] was able to keep from falling however I had to stop her from counting at ninety seconds. On the Walk and Turn, on the first set of nine steps, [REDACTED] missed touching heel to toe on steps two, three, five, six, seven, and eight. [REDACTED] stepped off line on steps one and three. [REDACTED] took only eight steps when instructed to take nine. She took many small steps with both feet to turn around. On the second set of nine steps, [REDACTED] missed touching heel to toe on steps two, three, four, five, six, seven and eight. She stepped off line on step one. [REDACTED] took eight steps when she was instructed to take nine. She used her arms for balance throughout the entire exercise. On the One Leg Stand, [REDACTED] could not balance on either foot for longer then three consecutive seconds. She could not perform the exercise. On the Finger to Nose, [REDACTED] failed to touch the tip of her nose with the tip of her finger on numbers one, three, four, and six.

Subscribed and sworn to before me on

this 25 day of JANUARY 2010

[Signature]  
(Notary Public) (Judicial Officer)

[Signature]  
(Affiant)  
1-25-10  
(date)

[REDACTED]

T 23 VSA 1201(a)(3)

**Drug recognition evaluation report/narrative**

8: **Clinical Indicators:** EYES: [REDACTED] eyes were of equal size and she was able to follow a stimulus. [REDACTED] exhibited a lack of smooth pursuit, HGN at maximum deviation and on set of HGN at approximately twenty degrees or immediate on set. I observed vertical nystagmus and a lack of convergence. [REDACTED] pupils were below normal size in near total darkness. Her pupil reaction to light was slow. VITALS SIGNS: [REDACTED] blood pressure was above normal at 132/106. Her body temperature was below normal at 95.2 degrees.

9: **Signs of Ingestion:** There were no visible signs of ingestion.

10: **Statements:** [REDACTED] did not waive her Miranda Right. She asked if she could be the one to tell her boss at work of her arrest. I advised her I would not be calling her place of employment and I doubted Officer Wager would be calling either. [REDACTED] stated her place was employment was "really supportive of her wouldn't mind that I had to go back to rehab".

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 Porter 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 25 day of January 2010

[Signature]  
(Notary Public) (Judicial Officer)

[Signature]  
(Affiant)  
1-25-10  
(date)



## NMS Labs

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

**Toxicology Report**

Report Issued 01/25/2010 16:36

Last Report Issued 01/25/2010 10:00

To: M60286  
 Vergennes Police Department  
 120 Main Street

Vergennes, VT 05491

Patient Name [REDACTED]  
 Patient ID 10VG00036  
 Chain 11109674  
 Age 50 Y  
 Gender Not Given  
 Workorder 10011181

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**Positive Findings:**

<u>Compound</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Caffeine	Positive	mcg/mL	Blood
Cotinine	Positive	ng/mL	Blood
Theobromine	Positive	mcg/mL	Blood
Sertraline	37	ng/mL	Blood
Zolpidem	340	ng/mL	Blood
Methocarbamol	8,9	mcg/mL	Blood

See Detailed Findings section for additional information

**Testing Requested:**

<u>Analysis Code</u>	<u>Description</u>
8071B	Drug Impaired Driving/DRE Toxicology Panel, Blood (Forensic)
8075B	Drug Impaired Driving/DRE Toxicology GC/MS Drug Screen Add-On, Blood

**Specimens Received:**

<u>ID</u>	<u>Tube/Container</u>	<u>Volume/ Mass</u>	<u>Collection Date/Time</u>	<u>Matrix Source</u>	<u>Miscellaneous Information</u>
001	Gray Top Tube	8.75 mL	01/10/2010 14:05	Blood	

All sample volumes/weights are approximations.

Specimens received on 01/15/2010.



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Workorder 10011181  
 Chain 11108674  
 Patient ID 10VG00036

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## 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
Sertraline	37	ng/mL	1.0	001 - Blood	GC
Zolpidem	340	ng/mL	4.0	001 - Blood	GC
Methocarbamol	8.8	mcg/mL	1.0	001 - Blood	HPLC

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. 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 over-stimulation, 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.

## 2. 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.

## 3. Methocarbamol (Robaxin®) - Blood:

Methocarbamol is used as adjunctive therapy for musculoskeletal pain. It has also been used by the IV and IM routes to terminate epileptic seizures. The normal adult oral dosage is 1.5 g 4 times daily. Following a single oral 2 g dosage, a peak serum concentration of methocarbamol of 26 mcg/mL was reported; after 4 g, the value reported is 41 mcg/mL at 2 hr. Signs associated with acute overdosage include extreme drowsiness, fever, hypotension, convulsions and coma. In three fatalities associated with the compound, blood concentrations of methocarbamol ranged from approximately 260 - 525 mcg/mL.

## 4. Sertraline (Zoloft®) - Blood:

Sertraline is a selective serotonin-uptake inhibitor used in the treatment of depression. Initial adult dosage is 50 mg daily and can be increased to a maximum of 200 mg daily. Reported peak plasma concentrations of sertraline following single oral doses of 50, 100, and 200 mg were 9.5, 16, and 56 ng/mL, respectively. Reported steady-state concentrations following daily regimens of 100, 200 and 300 mg/day were 32, 91 and 206 ng/mL, respectively. Desmethylsertraline (norsertraline), a principal metabolite of sertraline, has about 10 - 20% of the pharmacologic activity of the parent compound. It accumulates in plasma due to slow elimination (half-life approximately 60-100 hours) and it attains plasma concentrations of approximately 150% of the sertraline concentration. Toxicity has been reported at average sertraline concentrations of 245 ng/mL. A fatality was reported with a sertraline concentration of 610 ng/mL.

## 5. Theobromine (Xanthone) - 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.