



Rolling Log No. **09-13-32** Case Number **09A104393**

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

Offense(s) Charged
DUI

Name (Last, First, Middle) **[REDACTED]** DOB **[REDACTED]** Age **23** Sex **M** Arresting Officer (Name/Agency) **OFFICER NEWTON / VERGENNES POLICE DEPT**

Date/Time of Arrest **11-2-09 0040** Breath test results **1.000%** Time **0040** Instrument # **042659** Date/Time/Location of Examination **11-2-09 / 0134 / VERGENNES P.D.**

Admonition of Rights given by? **OFFICER NEWTON** Rights Waived? Yes No What have you eaten today? **EGGS / OREGO / TURKEY SANDWICH** Time? **12:00PM** What have you been drinking? **NOTHING** How much? **—** Time of last drink? **—**

Time Now? **0145** When did you last sleep? **THIS MORNING** How long? **6 hrs** Are you sick or injured? **SICK - SORE THROAT / CHILLS** 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? **DR JOE / DR WEMAN** Yes No

Are you taking any medication or drugs? **8MSX CLONAZEPAM / mg 3X SUBOXONE** 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 **Raspy / Low** Attitude/Behavior **[REDACTED]** Coordination **[REDACTED]** Face **FLUSHED** Breath/Odors **[REDACTED]**

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

Pupil size Equal Unequal (explain) **2.5** Able to follow stimulus? Yes No Eyes Retracted Normal Droopy (3) One leg stand Timed 30 seconds

Pulse & Time	HGN	Right eye	Left eye	Vertical nystagmus?	Convergence	Count #
1. 124 10145	Lack of smooth pursuit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		20
2. 120 10206	Max. deviation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			20
3. 120 10222	Angle of onset	<input type="checkbox"/> Resting (0) <input type="checkbox"/> Rapid (35) <input type="checkbox"/> Extreme (45)	<input type="checkbox"/> Resting (0) <input type="checkbox"/> Rapid (35) <input type="checkbox"/> Extreme (45)			

(1) Romberg Balance (2) Walk and turn

Cannot keep balance _____ Started too soon _____

Stopped walking	1st Nine	2nd Nine
Missed heel-toe	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Stepped off line	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Raised arms	<input type="checkbox"/>	<input type="checkbox"/>
Actual steps taken	9	9

Sways while balancing Used arms to balance Hopping Put foot down

BODY TREMORS
Type of footwear **BOOTS**

Internal clock: **38** Estimated as 30 sec. Describe turn **SPINNING ON ONE FOOT** Cannot do test (explain) _____

(4) Finger/Nose Right Left Draw lines to spots touched

Pupil Size: MM

	Light	Right Eye	Left Eye
Room Light		2.5	2.5
Near Total Darkness		4	4
Direct		2.5	2.5

Nasal area **RED** Oral cavity/Tongue **DRY MOUTH / WHITE FILM**

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

Rebound dilation Yes No

Reaction to light Normal Slow Little or None Visible

Chemical test time Blood Relused

Witness **OFFICER NEWTON**

Blood pressure **120/90** Temperature **96.8 °F**

Muscle tone Near Normal Flaccid Rigid

Drug admission? **CLONAZEPAM / SUBOXONE**

Examining Officer **RAVELIN** I.D. Number **229** IACP/DRE # **15470 DRE -- Ravelin -- 000041**

Agency **VSP-WILLISTON** Reviewed by **[Signature]** Opinion of Evaluator Rule Out Medical Depressant Stimulant Hallucinogen Dissociative Anesthetic Inhalant Cannabinoid Narcotic Analgesic

Name (Last, First, Middle)
[REDACTED]

Violations
T 23 VSA 1201(a)(3)

Drug recognition evaluation report/narrative

1: **Location:** The evaluation was conducted at the Vergennes Police Department.

2: **Witness:** The entire evaluation was witnessed by Officer Newton of the Vergennes Police Department.

3: **Breath Test:** A preliminary breath test was conducted with a PBT result of .000% BrAC at approximately 0040 hours using an Alco IV serial number 042659.

4: **Notification/Interview of A/O:** I was notified by VSP Williston Dispatch received a call from Officer Newton who stated he received call of erratic operation of a motor vehicle. Officer Newton stated the caller was an off duty police officer. The vehicle had crossed the center lane divider line at least two times. Officer Newton stated while speaking with the operator, he learned the operator was taking Suboxone. Officer Newton stated the operator performed poorly on the Standard Field Sobriety Exercises and he placed him into custody after giving a sample of his breath with a result of .000% BrAC. While searching the operator, Officer Newton found a pen tube with a white powder residue. The operator stated he used it to snort crushed Suboxone. Officer Newton also located a bottle of Oxycontin 40 mg in the boot of the operator. The operator stated he sold the Oxycontin for more Suboxone.

5: **Initial Observations:** I observed [REDACTED] sitting in the DUI processing room at the Vergennes Police Department. He was slumped over with his shoulders rolled forward. I noticed [REDACTED] was exhibiting Ptosis. He could not keep his eyes open. He eyes were watery. While speaking with [REDACTED] I noticed his voice was low and raspy.

6: **Medical Problems:** [REDACTED] stated he was involved in a skiing accident in 2007. [REDACTED] stated he broke his back and tore ligaments in his left and right knees. [REDACTED] stated he currently had a sore throat and had chills.

7: **Psychophysical Tests:** [REDACTED] exhibited impairment throughout all portions of the psychophysical tests. On the Romberg Balance, [REDACTED] took thirty eight seconds went estimating the passage of thirty seconds. While performing the exercise, [REDACTED] was leaning forward and to the left. On the Walk and Turn, [REDACTED] exhibited moderate body tremors throughout the entire test. He missed touching heel to toe on steps eight and nine in the first set of nine steps. [REDACTED] missed touching heel to toe on steps five and six on the second set of nine steps. On the One Leg Stand, [REDACTED] put his foot down twice and used his arms for balance while balancing on the left foot. While balancing on the right foot, [REDACTED] put his foot down and swayed while balancing. He counted slowing on both attempts reaching the count of twenty in a thirty second period. [REDACTED] exhibited body tremors while performing the exercise. On the Finger to Nose, [REDACTED] failed to touch the tip of his nose with the tip of his finger on steps number four, five, and six.

Subscribed and sworn to before me on

this 5TH day of NOV 2009

[Signature]
(Notary Public) (Judicial Officer)

[Signature]
(Affiant)
11-8-09
(date)

Name (Last, First, Middle)
[REDACTED]

Violations
T 23 VSA 1201(a)(3)

Drug recognition evaluation report/narrative

8: **Clinical Indicators:** EYES: [REDACTED]'s pupils were of equal size and he was able to follow a stimulus. His eyes were watery. [REDACTED] exhibited a lack of convergence in his right eye. [REDACTED] pupil size was at the low end of normal at 2.5 mm. in room light and below normal at 4 mm. in near total darkness. Reaction to light was normal. Throughout the evaluation [REDACTED] eye lids were droopy. He was exhibiting moderate ptosis. VITAL SIGNS: [REDACTED] pulse rate was high on all three readings at 124, 120, and 120 BPM. His blood pressure was high end of normal at 120/90. [REDACTED] body temperature was below normal at 96.8 degrees. [REDACTED] had dry mouth and continued to lick his lips and asked for a drink of water.

9: **Signs of Ingestion:** [REDACTED] had injection sites on his left arm near the elbow joint classified as late injection sites. They were red with some darker bruising. [REDACTED] stated he last injected approximately one month ago. There were also several scars on the back of his left hand. Bixby stated he had not injected there for some time. His nasal area was red.

10: **Statements** [REDACTED] stated after suffering a broken back and torn knee ligaments he was given Oxycontin to help with the pain. [REDACTED] advised he became addicted to the Oxycontin and was then put on Methadone for one year and then Suboxone for one year to help with the addiction. [REDACTED] stated would sell or trade Oxycontin for Suboxone which he would then crush and snort or inject. [REDACTED] advised he just recently attended Maple Leaf Farm rehabilitation center but was kicked out because he was abusing his medication. [REDACTED] stated he would hide his medication in his cheek and later crush then snort it.

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

12: **Toxicological Sample:** [REDACTED] was transported to Porter Medical Center to draw a sample of his 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 87th day of Nov 2009

[Signature]
(Notary Public) (Judicial Officer)

[Signature]
(Affiant)
11-8-09
(date)

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NMS Labs
 3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437
 Phone: (215) 857-4900 Fax: (215) 857-2972
 e-mail: nms@nmslabs.com
 Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 11/24/2009 12:03
 Last Report Issued 11/24/2009 08:00

To: **M60286**
 Vergennes Police Department
 120 Main Street
 Vergennes, VT 05491

Patient Name [REDACTED]
 Patient ID 09VE01042
 Chain 10782084
 Age 23 Y
 Gender Not Given
 Workorder 08251013

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Positive Findings:

<u>Compound</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Cotinine	Positive	ng/mL	Blood
Oxycodone - Free	100	ng/mL	Blood

See Detailed Findings section for additional information

Testing Requested:

<u>Analysis Code</u>	<u>Description</u>
0801B	Buprenorphine and Metabolite - Free (Unconjugated), Blood
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	9 mL	11/02/2009 03 54	Blood	

All sample volumes/weights are approximations.
 Specimens received on 11/13/2009



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Workorder 09251013
 Chain 10762064
 Patient ID 09VE01042

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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Colinine	Positive	ng/mL	12	001 - Blood	GC/MS
Oxycodone - Free	100	ng/mL	10	001 - Blood	GC/MS

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. Colinine (Nicotine Metabolite) - Blood:

Colinine 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. Colinine plasma/serum concentrations in non-smokers are reported to be typically less than 15 ng/mL. Tobacco users and transdermal patch wearers have typical colinine 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.

2. Oxycodone - Free (OxyContin®, Roxicodone®) - Blood:

Oxycodone (Roxicet, Percocet) is a DEA Schedule II controlled opiate narcotic analgesic. It is used to control post-operative pain and pain associated with such ailments as bursitis, injuries, simple fractures and neuralgia. The addiction liability of oxycodone is about the same as for morphine. This compound should be administered in the smallest effective dose and as infrequently as possible. The usual adult dose of the hydrochloride salt is 5 mg every 6 hr. A portion of the oxycodone may be conjugated, the portion which is not conjugated is termed 'free oxycodone'. Following the oral administration of oxycodone as both sustained-release (Oxycontin) and regular formulations, peak plasma concentrations of the compound are generally less than 100 ng/mL, however, the sustained-release preparation may also result in peak concentrations of oxycodone less than 10 ng/mL serum. Oxymorphone is a pharmacologically active metabolite of oxycodone that may be seen in blood in very low concentrations. Oxycodone is a powerful painkilling drug whose effects include analgesia, drowsiness and sedation. Following excessive opiate use, pupils are typically constricted and unreactive to light. Pulse, 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 oxycodone may result in significant impairment of the skills necessary for safe driving.

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

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 09251013 was electronically signed on 11/24/2009 07:46 by:

Laura M. Labay, Ph.D., DABFT
 Forensic Toxicologist

Analysis Summary and Reporting Limits:

Acodone 0801B - Buprenorphine and Metabolite - Free (Unconjugated), Blood



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Workorder 08251013
 Chain 10762084
 Patient ID 08VE01042

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Analysis Summary and Reporting Limits:

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

<u>Compound</u>	<u>Rpt Limit</u>	<u>Compound</u>	<u>Rpt Limit</u>
Buprenorphine - Free	1.0 ng/mL	Norbuprenorphine - Free	1.0 ng/mL

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

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

<u>Compound</u>	<u>Rpt Limit</u>	<u>Compound</u>	<u>Rpt Limit</u>
6-Monoacetylmorphine - Free	10 ng/mL	Hydromorphone - Free	10 ng/mL
Codeine - Free	10 ng/mL	Morphine - Free	20 ng/mL
Dihydrocodeine / Hydrocodol - Free	10 ng/mL	Oxycodone - Free	10 ng/mL
Hydrocodone - Free	10 ng/mL	Oxymorphone - Free	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 (Benzodiazepine and others), Muscle Relaxants, Non-Steroidal Anti-inflammatory Agents (excluding Salicylate) and Stimulants (Amphetamine-like and others).