12/2009

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STATE OF VERMONT

DRUG RECOGNITION EVALUATION

DPS 339

Rolling Log No.	Case Number

Page ____ of ____ TO BE COMPLETED BY D.R.E. TRAINED PERSONNEL

Offense(s) Charged

Name *(Last, First, Middle)*	DOB	Age	Sex	Arresting Officer *(Name/Agency)*

Date/Time of Arrest	Breath test results	Time / Instrument # / Refused	Date/Time/Location of Examination

Admonition of Rights given by? / Rights Waived? ☐ Yes ☐ No	What have you eaten today? Time?	What have you been drinking? How much?	Time of last drink?

Time Now?	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
		☐ Yes ☐ No	☐ 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. ☐ Yes ☐ No	Have you ever had a severe head injury? ☐ Yes ☐ No	Do you have brain damage? ☐ Yes ☐ No

Speech	Attitude/Behavior	Coordination	Face	Breath/Odors

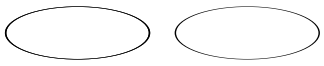
Corrective Lenses	Eyes	Blindness
☐ Glasses ☐ Contacts ☐ Hard ☐ Soft ☐ None	☐ Normal ☐ Bloodshot ☐ Watery	☐ None ☐ Right Eye ☐ Left Eye

Pupil size ☐ Equal ☐ Unequal *(explain)*	Able to follow stimulus? ☐ Yes ☐ No	Eyelids ☐ Retracted ☐ Normal ☐ Droopy

Pulse & Time	HGN	Right eye	Left eye
1. ____ / ____	Lack of smooth pursuit	☐ Yes ☐ No	☐ Yes ☐ No
2. ____ / ____	Max. deviation	☐ Yes ☐ No	☐ Yes ☐ No
3. ____ / ____	Angle of onset ____	☐ Resting (0) ☐ Immediate (0-30)	☐ Rapid (35) ☐ Near extreme (40) ☐ Extreme (45) ☐ None

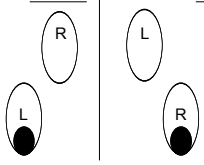
Vertical nystagmus? ☐ Yes ☐ No

Convergence

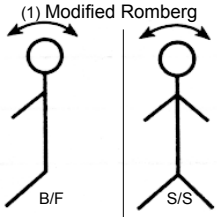


(3) One leg stand — Timed 30 seconds

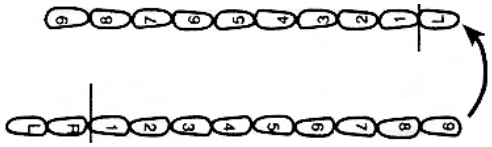
Count # ____ Count # ____



(1) Modified Romberg



(2) Walk and turn



Cannot keep balance ____

Started too soon ____

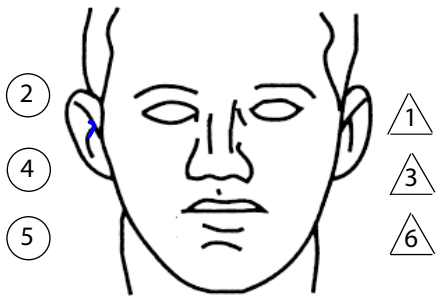
	1st Nine	2nd Nine
Stopped walking	☐	☐
Missed heel-toe	☐	☐
Stepped off line	☐	☐
Raised arms	☐	☐
Actual steps taken		

	L	R
Sways while balancing	☐	☐
Used arms to balance	☐	☐
Hopping	☐	☐
Put foot down	☐	☐

Type of footwear

Internal clock ____ Estimated as 30 sec.	Describe turn	Cannot do test (explain)

(4) Finger/Nose — Draw lines to spots touched



Pupil Size: MM

Light	Right Eye	Left Eye
Room Light		
Near Total Darkness		
Direct		

Comments

Rebound dilation ☐ Yes ☐ No

Reaction to light ☐ Normal ☐ Slow ☐ Little or None Visible

Blood pressure	Temperature ____ o F

Muscle tone ☐ Near Normal ☐ Flaccid ☐ Rigid

Comments

Chemical test time:

☐ Blood ☐ Refused

Witness:

Drug admission?

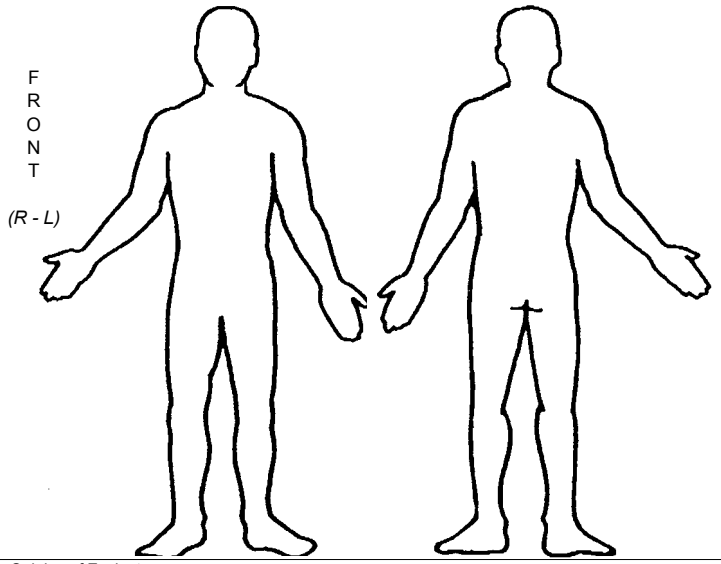
Examining Officer	I.D. Number	IACP/DRE #

Agency	Reviewed by

Nasal area	Oral cavity/Tongue

INDICATE FRESH OR OLD PUNCTURE MARKS

Attach Photos of Fresh Puncture Marks *(optional)*



Opinion of Evaluator:

☐ Rule Out ☐ Alcohol ☐ Stimulant ☐ Dissociative Anesthetic ☐ Inhalant

☐ Medical ☐ Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis