

DRUG RECOGNITION EXPERT INITIAL REPORT

On, _____, I administered a DRE examination on the following individual:

Name: _____

DOB: _____

Case #: _____

Agency: _____

Please run a full analysis on this sample. The results of my examination indicate the following drug category(s):

_____ CNS Depressant

_____ CNS Stimulant

_____ Hallucinogen

_____ Dissociative Anesthetic

_____ Narcotic Analgesic

_____ Inhalant

_____ Cannabis

DRE NAME: _____

AGENCY: _____

DRE #: _____

EMAIL: _____

PHONE NUMBER: _____