



## Washington State DRE Request Form Impaired Driving Section

Agency/District Case #
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Agency Requesting DRE:	Date:	
Officer Requesting DRE:	Other Agency Case #:	Time of Call:

Location of contact (include county):
<b>Reason for contact?</b> <input type="checkbox"/> <i>Traffic related</i> <input type="checkbox"/> <i>Other (domestic violence subject, homicide suspect, etc.)</i>
<b>Was the subject in custody prior to DRE request?</b> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
<b>Outcome?</b> <input type="checkbox"/> <i>Rule out</i> <input type="checkbox"/> <i>Evaluation</i> <input type="checkbox"/> <i>Partial evaluation</i> <input type="checkbox"/> <i>Evaluation refused</i> <input type="checkbox"/> <i>Not available</i>
<b>Was the DRE on-duty?</b> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> <b>Called out?</b> <input type="checkbox"/> <b>Overtime reimbursement requested?*</b> <input type="checkbox"/>
<i>*If overtime reimbursement is being requested please provide the following information:</i>
Washington State Invoice Voucher (Form #A19-1A) or a WSP Time and Activity Report attached? <input type="checkbox"/>
Rolling Log #: _____ Subject Name: _____
Overtime hours for this call:                      Total time for this call:                      DRE's agency:

Synopsis of incident:
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DRE who responded:	
Forwarded to:	Date:

Please send completed form to the WTSC at:

**Washington Traffic Safety Commission**  
**Attn: Penny Rarick**  
**P.O. Box 40944**  
**Olympia, WA 98504**  
**E-mail: [Prarick@wtsc.wa.gov](mailto:Prarick@wtsc.wa.gov)**