DRUG INFLUENCE EVALUATION

Evaluator	DRE #	Rolling Log #	Case #
Recorder/Witness	Crash: ☐ None ☐ Fatal ☐ Injury ☐ Property		Arresting Officer (Name, ID#):
Arrestee's Name (Last, First, Middle)	Date of Birth / Sex / Race		Arresting Officer Agency:
Date Examined / Time /Location	Breath Results: Test Refused ☐ Results: Instrument #:		Chemical Test: Urine ☐ Blood ☐ Test or tests refused ☐

Miranda Warning Given ☐ Yes ☐ No Given By:	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?
Time now/ Actual	When did you last sleep? How long	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 or dentist? ☐ Yes ☐ No
Are you taking any medication or drugs? ☐ Yes ☐ No	Attitude:		Coordination:
Speech:	Breath Odor:		Face:

Corrective Lenses: ☐ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Eyes: ☐ Normal ☐ Bloodshot ☐ Watery	Blindness: ☐ None ☐ Left ☐ Right	Tracking: ☐ Equal ☐ Unequal
Pupil Size: ☐ Equal ☐ Unequal (explain)	Vertical Nystagmus ☐ Yes ☐ No	Able to follow stimulus ☐ Yes ☐ No	Eyelids ☐ Normal ☐ Droopy

Pulse and time	HGN	Left Eye	Right Eye
1. ____ / ____	Lack of Smooth Pursuit		
2. ____ / ____	Maximum Deviation		
3. /	Angle of Onset		

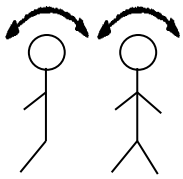
Convergence

Right Eye Left Eye

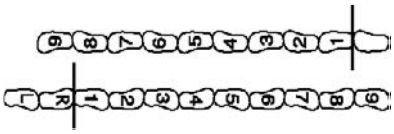
One Leg Stand

L R
☐ ☐ Sways while balancing
☐ ☐ Uses arms to balance
☐ ☐ Hopping
☐ ☐ Puts foot down

Modified Romberg Balance



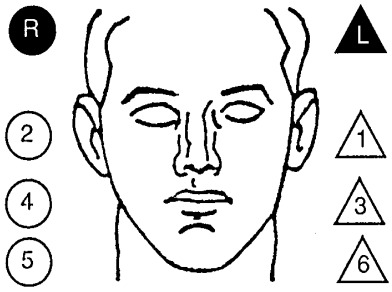
Walk and Turn Test



	1st Nine	2nd Nine
Cannot keep balance		
Starts too soon		
Stops walking		
Misses heel-toe		
Steps off line		
Raises arms		
Actual steps taken		

Internal clock ____ estimated as 30 seconds	Describe turn	Cannot do test (explain)	Type of footwear:

Finger to Nose
(Draw lines to spots touched)



PUPIL SIZE	Room Light (2.5 – 5.0)	Darkness (5.0 – 8.5)	Direct (2.0 – 4.5)
Left Eye			
Right Eye			

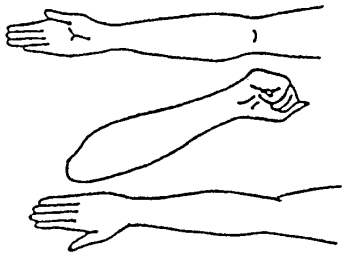
Nasal area:

Oral cavity:

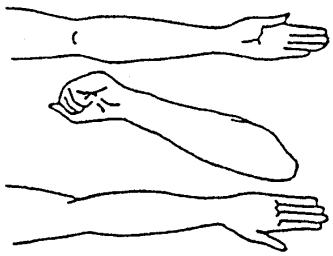
Rebound Dilation: ☐ Yes ☐ No

Reaction to Light:

RIGHT ARM



LEFT ARM



Blood pressure /	Temperature

Muscle tone: ☐ Normal ☐ Flaccid ☐ Rigid

Comments:

What drugs or medications have you been using?	How much?	Time of use?	Where were the drugs used? (Location)
Date / Time of arrest:	Time DRE was notified:	Evaluation start time: / Evaluation completion time:	Precinct/Station:
Officer's Signature:	DRE #	Reviewed/approved by / date:	

Opinion of Evaluator: ☐ No Impairment ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anesthetic ☐ Inhalant ☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis

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