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| C:\Dean's Documents and files\Dean's Documents\DRE\DRE Blank forms\DRE Logo\DRE_Idaho 001.jpg | STATE OF IDAHODRUG INFLUENCE EVALUATION | EVALUATOR:  |       |
| IACP#: |       | ROLLING LOG#: |       |
| REPORT NUMBER: |       | SCRIBE:  |       |
| TYPE OF EVALUATION:  | /      | WITNESS:  |       |
| ARRESTEE’S NAME (Last, First, Middle)     ,             | Date of Birth      | Age    | Sex    | Race    | Arresting Officer (Name, ID#) ARIDE Training Completed [ ] Yes [ ]  No      |
| Date Examined / Time /Location     /     /      | Breath Results: Results:       | Test Refused [ ]  Instrument #:       | Chemical Test: Urine [ ]  Blood [ ]         Test or tests refused [ ]  |
| Miranda Warning GivenGiven By:       | [ ]  Yes[ ]  No | 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: [ ]  Reddened Conjunctiva [ ]  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 | Right Eye | Left Eye | ConvergenceRight eye Left eye | ONE LEG STAND L R[ ]  [ ]  Sways while balancing[ ]  [ ]  Uses arms to balance[ ]  [ ]  Hopping[ ]  [ ]  Puts foot down      |
| **1****.** |      | / |      |  | Lack of Smooth Pursuit |  |   |
| **2.** |      | / |      |  | Maximum Deviation |  |   |
| **3.** |      | / |      |  | Angle of Onset |       |       |
|  **Modified Romberg Balance**      | Walk and turn test      | Cannot keep balance |       |
| Starts too soon |       |
|  | 1st Nine | 2nd Nine |
| 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:      |
| Draw lines to spots touched      | **PUPIL SIZE** | **Room light** | **Darkness** | **Direct** | Nasal area:      |
| Left Eye |       |       |       |
| Oral cavity:      |
| Right Eye |       |       |       |
|
| **PUPILLARY****UNREST**  | [ ]  Yes [ ]  No | **REBOUND DILATION** [ ]  Yes [ ]  No | **REACTION TO LIGHT:**/      |
|  RIGHT ARM LEFT ARM         |
| Blood pressure     /     | Temperature     0  |
| Muscle tone: [ ]  Normal [ ]  Flaccid [ ]  RigidComments:       |
| 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:      |
| Opinion of Evaluator:  | [ ]  Depressant[ ]  Stimulantt | [ ]  Hallucinogen[ ]  PCP | [ ]  Narcotic Analgesic[ ]  Inhalant | [ ]  Cannabis[ ]  Alcohol | [ ]  Medical Rule Out[ ]  Rule Out |
| Officer’s Signature:      | Felony Offense:      | Misdemeanor Offense:      | Reviewed/approved by / date:     /      |
| 80-147D Rev. 6/90 |

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| **C:\Dean's Documents and files\Dean's Documents\DRE\DRE Blank forms\DRE Logo\DRE_Idaho 001.jpg****Idaho State Police****drug influence narrative** |
| **Date:** |       | **DR Number:** |       |
| **Officer’s Name:** |       | **Citation Number:** |       |
| **Officer’s Serial Number:** |       | **Suspect Name:** |       |
| **IACP Number:** |       | **Date of Birth:** |       |

**1. Location:**

On       at      hours, a drug influence evaluation was conducted on       while at      .

**2. Witnesses:**

Certified D.R.E./ Instructor:
Evaluator:
Scribe:
Observer:

**3. Breath Test:**

A breath test was conducted at       hours, on instrument #      with a result of      .

**4. Notification and Interview of Arresting Officer:**

**5. Initial Observation of the Suspect:**

**6. Medical Problems and Treatment:**

**7. Psychophysical Tests:**

A) Modified Romberg Balance::

B) Walk and turn:

C) One leg stand (left leg):

D) One leg stand (right leg):

E) Finger to nose:

**8. Clinical Indicators:**

HGN:

Vertical Nystagmus:

Lack of Convergence:

Body Temperature:

Blood Pressure:

Pulse:

Pupil Size:

Reaction to Light:

Pupillary Unrest:

Rebound Dilation:

**9. Signs of Ingestion:**

**10. Suspect’s Statements:**

**11. DRE’s Opinion:**

 It is my opinion as a  that       is under the influence of     ,
 and is not able to operate a vehicle safely.

**12. Toxicological Sample:**

 A was collected at       hours by      .

**13. Miscellaneous:**

DRUG EVALUATION CHECKLIST

 1 Breath alcohol test

 2. Interview of arresting officer

 3. Preliminary examination and **first pulse**

 4. Eye examinations

 5. Divided attention test:

 Modified Rhomberg balance test

 Walk and turn test

 One leg stand test

 Finger to Nose test

 6. Vital signs and **second pulse**

 7.Dark room examinations and ingestion examination

 8. Check for muscle rigidity

 9. Check for injection sites and **third pulse**

10. Interrogation, statements, and other observations

11. Opinion of evaluator

12. Toxicological examination

13. Report Writing

1. Location
2. Witness(es )
3. Breath Test
4. Notification/Interview of Arresting Officer
5. Initial Observation
6. Medical Problems
7. Psychophysical Tests
8. Clinical Indicators
9. Signs of Ingestion
10. Suspect Statements
11. Opinion
12. Toxicology

M. Miscellaneous