



# STATE OF IDAHO DRUG INFLUENCE EVALUATION

EVALUATOR:

IACP#:

ROLLING LOG#:

REPORT NUMBER:

SCRIBE:

TYPE OF EVALUATION: Enforcement/

WITNESS:

ARRESTEE'S NAME (Last, First, Middle)

Date of Birth

Age

Sex

Race

Arresting Officer (Name, ID#)

Date Examined / Time / Location

Breath Results:  
Results:Test Refused   
Instrument #:

Chemical Test:

Urine Blood Test or tests refused 

Miranda Warning Given

 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  SoftEyes:  Reddened Conjunctiva Normal  Bloodshot  Watery

Blindness:

 None  Left  Right

Tracking:

 Equal  UnequalPupil Size:  Equal Unequal (explain)

Vertical Nystagmus

 Yes  No

Able to follow stimulus

 Yes  NoEyelids  Normal Droopy

Pulse and time

1. \_\_\_\_\_ / \_\_\_\_\_  
2. \_\_\_\_\_ / \_\_\_\_\_  
3. \_\_\_\_\_ / \_\_\_\_\_

HGN

Lack of Smooth Pursuit

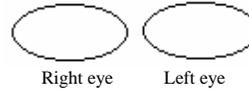
Maximum Deviation

Angle of Onset

Right Eye

Left Eye

Convergence



Right eye

Left eye

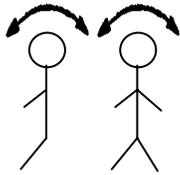
ONE LEG STAND



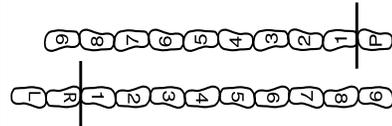
L R

- 
- 
- Sways while balancing
- 
- 
- 
- Uses arms to balance
- 
- 
- 
- Hopping
- 
- 
- 
- Puts foot down

Rhombberg Balance



Walk and turn test



Cannot keep balance \_\_\_\_\_

Starts too soon \_\_\_\_\_

Stops walking \_\_\_\_\_

Misses heel-toe \_\_\_\_\_

Steps off line \_\_\_\_\_

Raises arms \_\_\_\_\_

Actual steps taken

1 <sup>st</sup> Nine	2 <sup>nd</sup> Nine

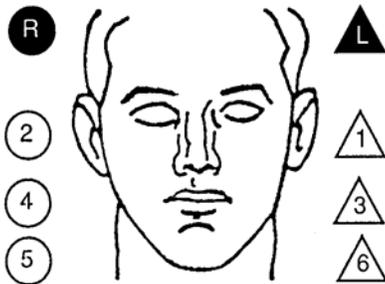
Internal clock  
estimated as 30 seconds

Describe Turn

Cannot do test (explain)

Type of footwear:

Draw lines to spots touched



PUPIL SIZE

Room light

Darkness

Direct

Nasal area:

Left Eye

Right Eye

Oral cavity:

HIPPIUS

 Yes No

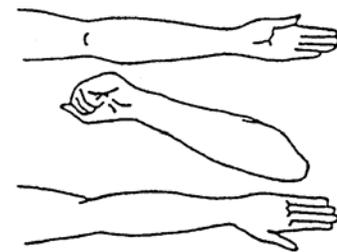
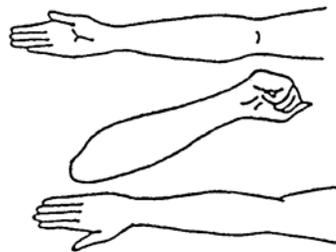
REBOUND DILATION

 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:

Opinion of Evaluator:

 Depressant  
 Stimulant Hallucinogen  
 PCP Narcotic Analgesic  
 Inhalant Cannabis  
 Alcohol Medical Rule Out  
 No Opinion

Officer's Signature:

Felony Offense:

Misdemeanor Offense:

Reviewed/approved by / date:



## STATE OF IDAHO DRUG INFLUENCE NARRATIVE

<b>Date:</b>	<b>DR Number:</b>
<b>Officer's Name:</b>	<b>Citation Number:</b>
<b>Officer's Serial Number:</b>	<b>Suspect Name:</b>
<b>IACP Number:</b>	<b>Date of Birth:</b>

### **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) Rhomberg modified:
- B) Walk and turn:
- C) One leg stand (left leg):
- D) One leg stand (right leg):

E) Finger to nose:

## **8. Clinical Indicators:**

HGN: Present

Vertical Nystagmus: Present

Lack of Convergence: Present

Body Temperature: Above Normal Range

Blood Pressure: Above Normal Range

Pulse: Above Normal Range

Pupil Size: Dilated

Reaction to Light: Normal

Hippus: Present

Rebound Dilation: Present

## **9. Signs of Ingestion:**

## **10. Suspect's Statements:**

## **11. DRE's Opinion:**

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

## **12. Toxicological Sample:**

A urine 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:
  - 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
  - A. Location
  - B. Witness(es )
  - C. Breath Test
  - D. Notification/Interview of Arresting Officer
  - E. Initial Observation
  - F. Medical Problems
  - G. Psychophysical Tests
  - H. Clinical Indicators
  - I. Signs of Ingestion
  - J. Suspect Statements
  - K. Opinion
  - L. Toxicology
  - M. Miscellaneous