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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 Given  Given 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 | | | | | | Convergence Right 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  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  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