



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
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:

N/A/ N/A/

Coordination:

N/A/N/A/

Speech:

N/A/N/A/

Breath Odor:

N/A/N/A/

Face:

N/A/

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

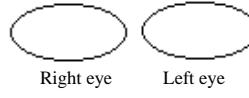
Right Eye

Present

Left Eye

Present

Convergence



Right eye

Left eye

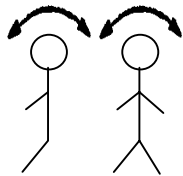
ONE LEG STAND



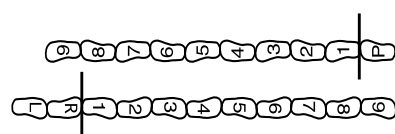
L R

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

Rhomberg Balance



Walk and turn test



Cannot keep balance _____

Starts too soon _____

Stops walking

Misses heel-toe

Steps off line

Raises arms

Actual steps taken

1st Nine 2nd Nine

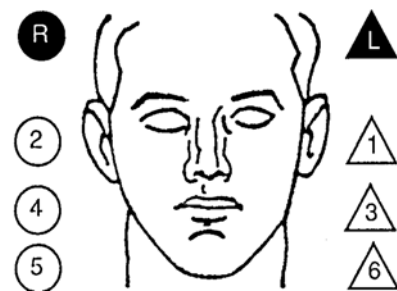
Internal clock
estimated as 30 seconds

Describe Turn

Cannot do test (explain)

Type of footwear:

Draw lines to spots touched



PUPIL SIZE

Room light

Darkness

Direct

Left Eye

Right Eye

Nasal area:

N/A/N/A/

Oral cavity:

N/A/N/A/

HIPPIUS

 Yes
 No

REBOUND DILATION

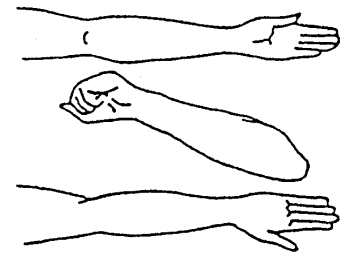
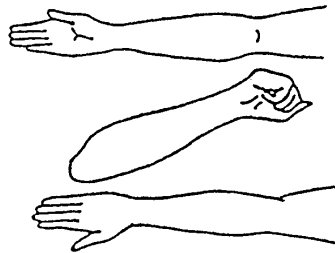
 Yes No

REACTION TO LIGHT:

N/A/

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:

N/A/

Misdemeanor Offense:

N/A/

Reviewed/approved by / date:

/



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) 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