50 Minutes

SESSION XXVI

PREPARING THE NARRATIVE REPORT

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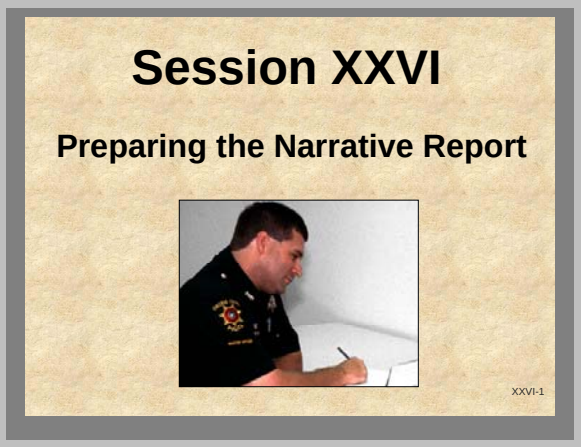
Upon successfully completing this session the student will be able to:

- Discuss the essential elements of the drug influence evaluation report.
- Prepare a clear and concise narrative description of the results of the drug influence evaluation.

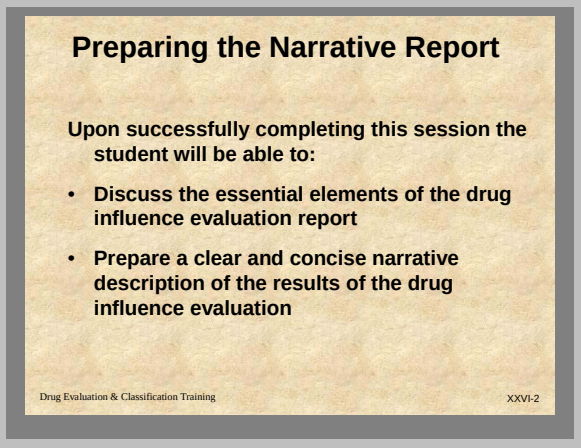
CONTENT SEGMENTS	LEARNING ACTIVITIES
A. Components of the Process	▪ Instructor Led Presentations
B. Components of the Drug Evaluation Report	▪ Interactive Discussion
C. Drug Evaluation Narrative Report Format	
D. Sample Report	

I. PREPARING THE NARRATIVE REPORT

Session 26-1: Preparing the Narrative Report



Session 26-2: Preparing the Narrative Report



Briefly review the objectives, content and activities of this session.

A. The Importance of Documentation

<u>The DRE Report</u>

Successful prosecution depends on how clearly, completely and convincingly the DRE presents their observations, measurements, and conclusions.

A well written, clear, and convincing drug evaluation report increases the likelihood that the suspect will be convicted.

- A prosecutor is more likely to file the charge if the evidence is organized, clearly documented and compelling.

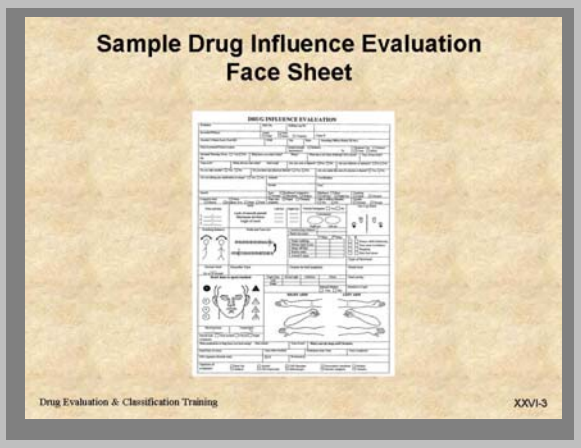
- Point out that prosecutor's decision is generally based on the offense/arrest report and, consequently, if they cannot find the information they need, they are more likely to plea bargain or dismiss the charge.

- The defense is less likely to contest the charge when the report is descriptive, detailed, and complete.

- Point out that evidence gathered during the drug influence evaluation is rarely challenged when it is well documented on the evaluation form and backed up by a detailed narrative report.

B. Components of the Drug Influence Evaluation Report

Session 26-3: Sample Drug Influence Evaluation Face Sheet



The Face Sheet

The Drug Influence Evaluation Face Sheet is part of your drug influence evaluation report; but it is not the entire report.

The Face Sheet contains some very important information.

Examples:

- Suspect's pulse rate was below normal on all three measurements.
- Suspect's eyes failed to converge.
- Suspect's pupils were constricted.

Point out some of the key information on the sample Face Sheet.

- But the Face Sheet does not contain all of the important information that is available concerning this suspect.

Most importantly, the Drug Influence Evaluation Face Sheet is a technical document.

- Trained DREs know how to complete and interpret the Face Sheet.

- Remind students that to assist with the interpretation of the information on the face sheet, boxes on the face sheet should not be left blank. It is recommended that "N/A" or "None Observed" be used.

Ask students to suggest some important information that might be available that wouldn't appear on the Face Sheet.

Examples:

- Information obtained during the interview of the arresting officer.
- Elaborate or lengthy statements made by the suspect.
- Paraphernalia found in the suspect's possession.

Many prosecutors, judges, and jurors won't know how to interpret the face sheet.

- It is up to you to take all of the information you work so hard to obtain, and put it into a clear, plain English, written report so that the prosecutor, the judge, and the jury will understand what you observed and what it means.

- Remind students of the K.I.S.S. principle – (Keep It Simple Stupid). While using very technical terminology is OK, the DRE must remember that it does no good to have a report that no one but them can understand.

As a DRE, you have a special ability to secure powerful, scientific evidence that can make the difference between success and failure in court.

It would be a shame to waste that special ability by submitting an inadequate written report.

To ensure that the information contained on the Face Sheet is systematic and standardized the results of the tests should be recorded as follows:

Lack of Convergence

- A dot should be made where the pupil is and draw an arrow to indicate the movement and where the pupil stops.

Romberg Balance

- The first figure indicates the sway from front to back and should be estimated in inches from center.
- Show the students an example.
- Remind them that in their student manuals are a complete description of the correct way to mark their evaluations.
- The second figure indicates the sway from side to side and is estimated in inches from center.
- Show the students an example.
- Remind to have them put the approximate number of inches from center the subject sways on either end of the arrows.
- Record actual elapsed time.

Walk and Turn

Demonstrate how each clue is to be documented using flip-charts or dry erase board.

- The first two categories – cannot keep balance and stops too soon – are observed during the instruction stage.
- Indicate by a check mark the number of times the suspect stops, misses heel-to-toe, steps off line, or raises arms.
- Record the actual number of steps taken.
- If the subject stops walking, indicate where with a vertical slash mark and an "S" under that mark.
- If the subject steps off the line, indicate with half of a slash mark at an angle in the direction the step was off the line.
- If the subject misses heel-to-toe, indicate with a vertical slash mark and an "M" under that mark.
- Describe turn.

One Leg Stand

Demonstrate how each clue is to be documented using flip-charts or dry erase board.

- Indicate above the feet the number they were counting when they put their foot down.
- Check marks should be made to indicate the number of times the subject swayed, used arms, hopped, or put foot down.
- Indicate how far the subject counted in 30 seconds in the top area of the box above the foot raised.

Demonstrate how each clue is to be documented using flip-charts or dry erase board.

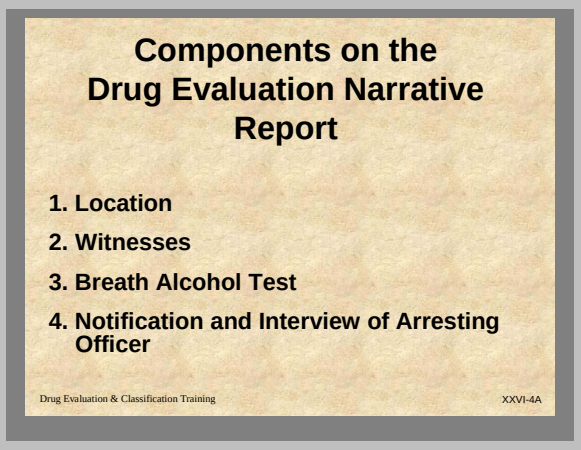
Finger to Nose

- A line should be drawn to the appropriate triangle or circle to indicate where the subject touched their nose.
- Suggestion – If the DRE draws the line from the place where the subject touches to the triangle it enables them to draw a straighter line.

Solicit students' comments and questions about the Narrative Report.

C. Drug Evaluation Narrative Report Format

Session 26-4A: Components on the Drug Evaluation Narrative Report



The Narrative Report

The typical Drug Evaluation Narrative Report format contains of 13 major components.

First item: Location (i.e. where the evaluation was conducted).
Second item: Witnesses.

- List the person who served as the evaluator and the recorder with the complete agency name spelled out.
- Other officers who helped to conduct the evaluation.
- Others who observed the evaluation.
- Include any instructors who witnessed the evaluation.

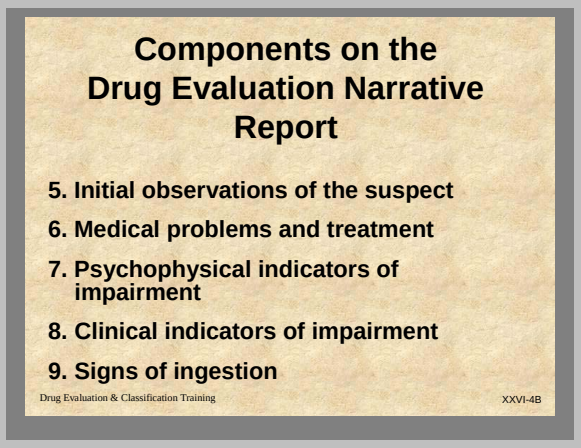
Third item: the Breath Alcohol Test.

- Indicate BAC.
- Who administered the breath alcohol test.
- Time the test was administered.

Fourth item: Notification and Interview of the Arresting Officer.

- When were you first notified of the request for a drug evaluation?
- Summarize the information you were given at that time.
- Document any information provided by the arresting officer.
- Summary of your interview with the arresting officer and other witnesses.

Session 26-4B: Components on the Drug Evaluation Narrative Report



Fifth item: Initial Observation of the Suspect.

- Where you first saw the subject.
- Noteworthy aspects of your initial observations.
- Findings of the Preliminary Examination of the subject.

Sixth item: Medical Problems and Treatment.

- Your observations of any apparent injury or illness affecting the subject.
- Subject's statements of injury or illness.
- Summary of any medical treatment provided to the subject.

Seventh item: Psychophysical Indicators of Impairment.

- Briefly summarize performance of the Romberg, Walk and Turn, One Leg Stand, and Finger to Nose tests.
- Include any relevant behaviors on the tests that are not included on the face sheet.

Eighth item: Clinical Indicators of Impairment.

Eye signs:

- Briefly summarize your observations of HGN, VGN, Lack of Convergence, pupil size, reaction to light, and appearance of the subject's eyes.

- Document any observations of eyelid tremors.

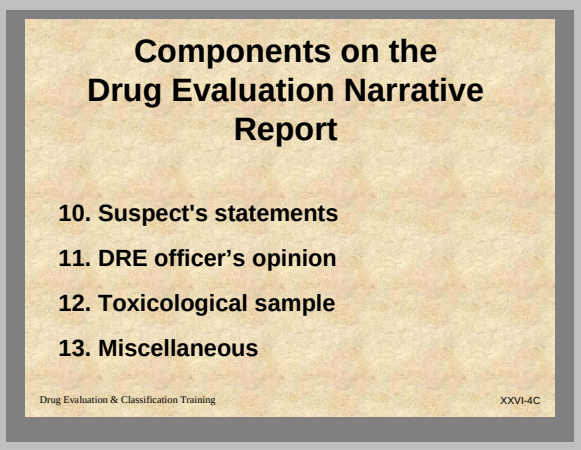
Vital signs:

- Briefly summarize the suspect's pulse rate, blood pressure, and temperature.
- Document if body, leg, or eyelid tremors are present.

Ninth item: Signs of Ingestion.

- Results of examinations of oral and nasal cavities.
- Results of examinations for injection marks.
- Odors detected on subject's breath, hands, clothing, etc.
- Physical debris of drugs or drug paraphernalia found on subject's person.

Session 26-4C: Components on the Drug Evaluation Narrative Report



Tenth item: Suspect's Statements.

- "Miranda" waiver and responses.
  - Remind students to contact their local prosecutor's office for information on when to give Miranda during the evaluation.
- Volunteered or spontaneous statements.
- Statements made as a result of your interview.

- Include admission or denial of drug use, time, location drugs were used, and statements relating to the subject's perception of their impairment, if applicable.

Eleventh item: DRE's Opinion.

- Remind the students that anytime they have a positive BAC reading, they must list alcohol (ETOH) as part of the opinion.
- State the category or categories of drugs that you believe is/are affecting the subject.
- State your opinion concerning the subject's ability to operate a vehicle safely, if applicable to this case.

Twelfth item: Toxicological Sample.

- If available, show students a copy of a toxicology request form that they will be using.
- Remind the students that if they have a tracking number on the toxicology request form, that they should also include that number in the report.
- State the type of sample (urine, blood, etc.) obtained from the subject.
- State who drew the sample or observed the collection of the sample.
- State where the sample was taken and to whom it was given.
- If the subject refused to provide a sample, state that fact.

Thirteenth item: Miscellaneous.

- Any other pertinent information such as drugs or drug paraphernalia found in the subject's possession.

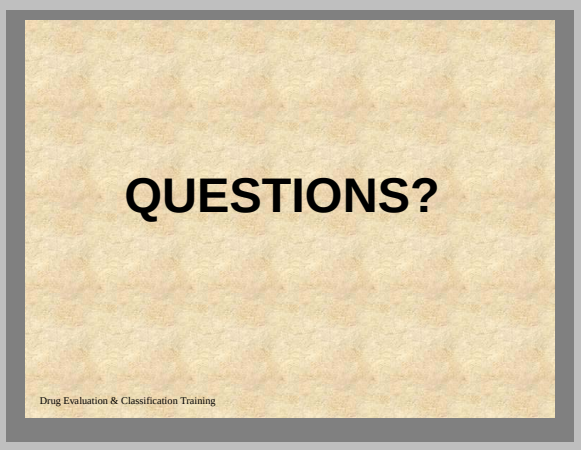
D. Sample Report

Direct the students' attention to the Sample Drug Evaluation Report (Richardson) in Session XXVI of their Student Manual.

A copy of this report is found at the end of this lesson plan, for your reference.

- Briefly review all thirteen items of the report with the students.

Session 24-5: Questions



Solicit their comments and questions about the report.

DRUG INFLUENCE EVALUATION

Evaluator: Det. Jeff Riddle, Phoenix, Police Dept.	DRE #: 7113	Rolling Log #: 10-10-024	**Session XXVI**
Recorder/Witness: Sgt. Paul White, Maricopa Co. S.O.	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 10-10-17654
Arrestee's Name (Last, First, Middle): Richardson, John M.	Date of Birth: 9/6/84	Sex: M / Race: W	Arresting Officer (Name, ID#): Officer Darren Nielsen, Phoenix P.D. #4458
Date Examined / Time /Location: 10/21/10 2130 Maricopa Co. Jail	Breath Results: Results: 0.00	Test Refused ☐ Instrument #: 474501	Chemical Test: Urine ☒ Blood ☐ Test or tests refused ☐

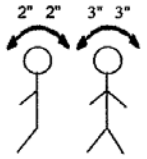
Miranda Warning Given: ☒ Yes ☐ No; Given By: Officer Nielsen	What have you eaten today? When? Hamburger 5 PM	What have you been drinking? How much? Nothing N/A	Time of last drink? N/A	
Time now/ Actual: 7 pm/9:40 pm	When did you last sleep? How long: Last night 4 hrs.	Are you sick or injured? ☐ Yes ☒ 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 Long pause before answering	Attitude: Cooperative, withdrawn	Coordination: Poor, trouble standing		
Speech: Low, slow, raspy	Breath Odor: Normal	Face: Pale		
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	Left Eye	Right Eye
1. 58 / 2142	Lack of Smooth Pursuit	No	No
2. 56 / 2154	Maximum Deviation	No	No
3. 58 / 2207	Angle of Onset	None	None

Convergence: Right eye, Left eye

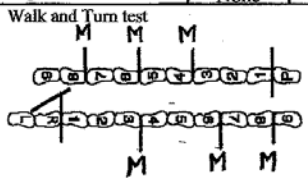
12 ONE LEG STAND 15

Romberg Balance



Head dropped forward

Walk and Turn test



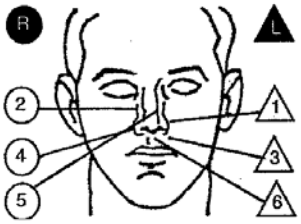
	1st Nine	2nd Nine
Cannot keep balance	✓	
Starts too soon		
Stops walking		
Misses heel-toe	✓✓✓	✓✓✓
Steps off line		
Raises arms	✓✓✓✓	✓✓✓✓
Actual steps taken	9	9

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

Counted slowly

Internal clock: 52 estimated as 30 seconds	Describe Turn: Pivoted	Cannot do test (explain): N/A	Type of footwear: Tennis shoes

Draw lines to spots touched



Switched hands on #5 and #6

PUPIL SIZE	Room light 2.5 – 5.0	Darkness 5.0 – 8.5	Direct 2.0 – 4.5
Left Eye	2.0	2.0	2.0
Right Eye	2.0	2.0	2.0

Nasal area: Clear

Oral cavity: Clear

REBOUND DILATION: ☐ Yes ☒ No

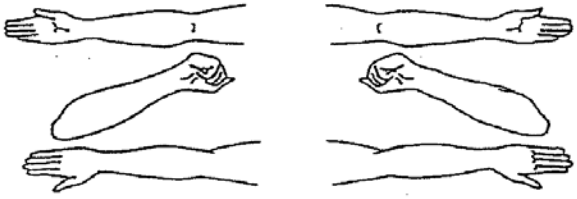
REACTION TO LIGHT: None visible

Blood pressure	Temperature
114/68	97.8

Muscle tone: ☐ Normal ☒ Flaccid ☐ Rigid

Comments: Arms cool to the touch

RIGHT ARM **LEFT ARM** Scars



Three fresh puncture marks

What drugs or medications have you been using? "I don't do drugs"	How much? No answer	Time of use? No answer	Where were the drugs used? (Location) No answer
Date / Time of arrest: 10/21/10 2025	Time DRE was notified: 2115	Evaluation start time: 2130	Evaluation completion time: 2230 / Precinct/Station:
Officer's Signature:	DRE #: 7113	Reviewed/approved by / date:	

Opinion of Evaluator: ☐ Rule Out ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anesthetic ☐ Inhalant ☐ Medical ☐ CNS Depressant ☐ Hallucinogen ■ Narcotic Analgesic ☐ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect**:** Richardson, John.

1. **LOCATION:** The evaluation was conducted in the DRE room at the Maricopa County Jail, Phoenix, Arizona.

2. **WITNESSES:** The entire evaluation was witnessed and recorded by Sergeant Paul White of the Maricopa County Sheriff's Office.

3. **BREATH ALCOHOL TEST:** The arresting officer, Officer Darren Nielsen of the Phoenix Police Department obtained an 0.00 BrAC reading from the suspect at 9:20 p.m., using the Intoxilyzer 5000, Serial #474501.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** At approximately 9:20 p.m., the writer was contacted by dispatch and requested to conduct a DRE evaluation for Officer Nielsen. Writer contact Officer Nielsen at the Maricopa County Jail where it was determined that Richardson (DOB 09/06/74) had been observed driving slowly and failed to stop at a red light. Officer Nielsen stated Richardson appeared sleepy and was "on the nod." Officer Neilsen also stated the suspect's voice was low in volume, raspy in tone and slow in tempo. His balance and coordination was poor and he was arrested for DUI after performing poorly on the SFST's.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the M.C.S.O. DRE room. He moved very slowly, was unstable on his feet and when he walked across the room he stumbled and nearly fell. His head nodded forward repeatedly and he appeared to be "on the nod." When he answered questions from Officer Nielsen, his words were slowed and slurred. His eyelids were droopy and his pupils appeared to be constricted.

6. **MEDICAL PROBLEMS AND TREATMENT:** The suspect claimed no illness or injury. No evidence of injury or illness was observed during the evaluation.

7. **PSYCHOPHYSICAL TESTS:** The suspect exhibited impairment throughout all portions of the psychophysical tests. Romberg Balance: The suspect exhibited a 2" front to back sway and a 3" side to side sway. The suspect had a slowed internal clock estimating 30 seconds in 52 seconds and his head repeatedly dropped forward towards his chest during the test. Walk and Turn: The suspect lost his balance during the instruction stage, missed heel to toe three times during the first nine steps and three times on the second nine steps. He turned incorrectly with a pivot and nearly fell. He also raised his arms almost continuously throughout the test. One Leg Stand: The suspect counted very slowly throughout the test making it to 1012 in 30 seconds while standing on his left foot and 1015 in 30 seconds while standing on his right foot. He also put his foot down three times while standing on his left foot and twice while standing on his right foot. Additionally, he swayed while trying to balance and used his arms for balance throughout both tests. Finger to Nose: The suspect responded to commands very slowly and used the wrong hands on attempts #5 and #6. He did not touch the tip of his nose on any of the six attempts.

8. **CLINICAL INDICATORS:** EYES: No clues of HGN or VGN were observed. Lack of Convergence was observed. The suspect's pupils were constricted in all three lighting conditions, there was no visible reaction to light and his eyelids were droopy. VITAL SIGNS: The suspect's pulse rates were below the normal range (58, 56, 58 BPM). His blood pressure was also below the normal range at 114/68.

9. **SIGNS OF INGESTION:** Three fresh puncture wounds were located on the suspect's left forearm. Numerous scar lines ("track marks") were observed on his left inside forearm. (Photographs attached) Muscle tone was flaccid and the suspect's arms felt cool to the touch.

10. **SUSPECT'S STATEMENTS:** The suspect repeatedly denied using drugs stating, "I told you, I don't do drugs." He stated he was right-handed and the puncture wounds on his left forearm were thorn scratches from gardening.

11. **DRE'S OPINION:** In my opinion, Richardson is under the influence of a Narcotic Analgesic and is unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** A urine sample was obtained from the suspect at 10:35 p.m., witnessed by the writer and Sgt. White. The sample was delivered to the Evidence Property Room pending analysis by the Forensic Laboratory.

13. **MISCELLANEOUS:** Three syringes with needles were located by Officer Nielsen in Richardson's vehicle.

Rev. 10/10