2 Hours

SESSION XXIX

CLASSIFYING A SUSPECT (ROLE PLAY)

SESSION XXIX CLASSIFYING A SUSPECT (ROLE PLAY)

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

- Conduct a complete drug influence evaluation using the systematic and standardized 12-step process.
- Compile a complete, clear and accurate report documenting the results of a drug influence evaluation using the 13-step component narrative report format.

CONTENT SEGMENTS

A. Scenarios: Simulated Examinations

B. Report Preparation Practice

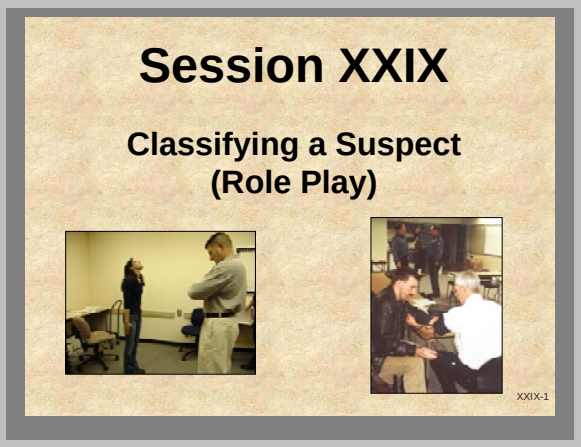
C. Report Review and Critique

LEARNING ACTIVITIES

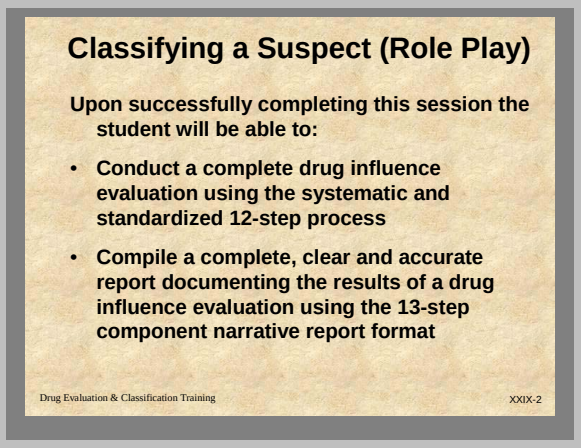
- Interviewing Practice
- Note-taking Practice
- Small Group Work Session
- Instructor-Led Presentations
- Participant-Led Presentations
- Participant-Led Critiques

I. CLASSIFYING A SUSPECT (ROLE PLAY)

Session 29-1: Classifying a Suspect (Role Play)



Session 29-2: Classifying a Suspect (Role Play)



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

A. Scenarios: Simulated Examinations

Team Assignments

- Assign the students to teams of 3-4 members.

- The total number of student teams should not be more than the number of "role players" participating in this session. Otherwise, one or more teams would be unoccupied during major portions of this segment.

Procedures

- Explain procedures to the students.
- Each team will examine as many as possible of the "role players," until the time scheduled for this segment elapses.
- Each examination will be carried out fully: nothing will be omitted except for the breath alcohol test.
- At certain points in the examination, the "role player" will inform the team what to record. Example: the "role players" will instruct the teams concerning the evidence to be recorded from the Horizontal Gaze Nystagmus test.
- All data will be recorded on the standard Drug Influence Evaluation Form.
- Some "role players" will be simulating the signs and symptoms of exactly one category of drugs. Clarification: "Role player Alpha" might be simulating a person who is under the influence of a CNS Stimulant only. "Role player Delta" might be simulating a person under the influence of an Inhalant only.
- Some "role players" may be simulating the signs and symptoms of two or more categories in combination. "Role player Bravo" might be simulating someone who is under the influence of both PCP and Marijuana.
- It is possible that one or more "role players" may be simulating persons who are not under the influence of any drugs.
- At the completion of each examination, the team will discuss the evidence obtained and reach a consensus concerning the category or categories of drugs present.
- Subsequently, each team will be assigned the responsibility of preparing and presenting a complete narrative report on one "role player."
- All students will participate in critiquing the reports.
- Verify that all teams understand the procedures.
- Solicit students' questions concerning the procedures.

Drug Evaluation and Classification Practice

- Assign a "role player" to each team. Example: "Alpha" to team #1, "Bravo" to team #2, "Charlie" to team #3, etc.

- As each team completes the entire evaluation, the team will hand over its "role player" to the next team. That is, team #1 hand off to team #2, team #2 to team #3, etc.
- Make sure that each team member fully participates, and conducts some portion of the evaluation of each "role player."
- Allow the practice to continue for approximately 2 hours, or until each team has completed the evaluation of at least three "role players" (whichever occurs later).

B. Report Preparation Practice

Team Assignments

- Instruct each team to prepare a report based on the third "role player" evaluated by the team.
- Verify that each team understands who is to be the subject of the report.

Group Writing Exercise

- Team members may divide the report writing work among themselves in any way they see fit.

C. Report Review and Critique

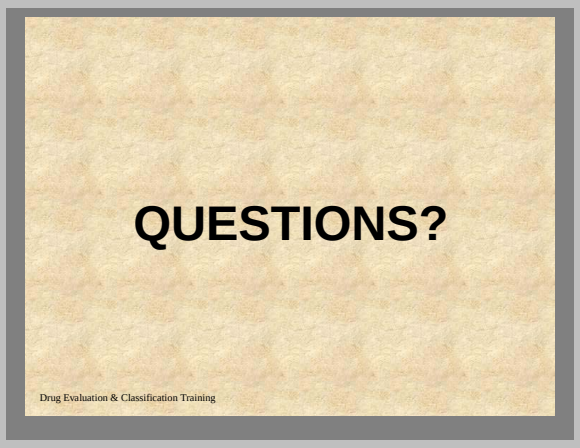
Report Presentation

- Each team should appoint a speaker to read its report. The speaker should explain exactly what led the team to its conclusion concerning the category or categories of drugs.

Report Critique

- Inquire whether other teams that evaluated this same "role player" reached a different conclusion about the drug category or categories.
- In turn, present and critique the other teams' reports.
- If necessary, this segment can be conducted simultaneously in two separate classrooms, with half of the teams present in each classroom, to allow all reports to be presented and critiqued within the allotted time.

Session 29-3: Questions



ROLE PLAY SCENARIOS

SUBJECT	DRUG CATEGORY
Alpha	Drug-free
Bravo	Cannabis
Charlie	Dissociative Anesthetic (PCP)
Delta	Narcotic Analgesic
Echo	Narcotic Analgesic and CNS Depressant
Foxtrot	Cannabis
Golf	CNS Stimulant
Hotel	Dissociative Anesthetic and Cannabis
India	Inhalant
Juliet	Alcohol (ETOH) only (BAC = 0.06)
Kilo	Narcotic Analgesic and ETOH (BAC = 0.05)
Lima	CNS Stimulant and ETOH (BAC = 0.03)

GUIDELINES FOR ROLE PLAYERS

As a "role player", you have the important task of helping students practice the administration and interpretation of the drug influence evaluations. You will also be expected to coach the students as they are practicing. To help insure that you do the best possible job, please follow these guidelines carefully.

1. Study the exemplar for your assigned role play carefully and thoroughly. Become familiar with all of the information it contains. You do not have to memorize the exemplar. Instead, you will carry the exemplar with you, and you will refer to it as the students administer their tests to you. But you must be familiar with the exemplar to make sure that you give the students all of the information they need to classify "your" drug category or categories.

2. Do not attempt to "act" impaired. Let the information on the exemplar speak for itself.

3. Start by informing the students of your role play "name" (Alpha, Bravo, etc.). State your actual age. Instruct students to record your actual sex and race, and the actual date and time.

4. Inform the students of the BAC for your role.

5. For the Preliminary Examination:

    a. Answer each question exactly as indicated on your exemplar.

    b. Instruct students to record your answers exactly as you give them.

    c. Allow students to conduct the preliminary examinations of your eyes. Coach them as necessary during the preliminary eye checks to make sure they conduct the checks properly. When they have finished, tell them to record the information given on your exemplar.

    d. Allow students to conduct the first check of your pulse. Coach them as necessary during to make sure that they check pulse properly. When they have finished, tell them to record the information given on your exemplar.

6. For the Eye Examinations:

    a. Allow the students to conduct the full tests of Horizontal Gaze Nystagmus, Vertical Gaze Nystagmus and Lack of Convergence. Coach them as necessary to make sure they conduct the tests properly.

b. As they complete each test, instruct them to record the information given on your exemplar.

7. For the Psychophysical Tests:

a. Do not actually perform the Romberg Balance test. Instead, allow the students to give you the balance test instructions, then comment on their performance in giving the instructions. Tell them to record the Romberg Balance test information given on your exemplar.

b. Do not actually perform the Walk and Turn test. Instead, place your feet in the heel-to-toe stance for the "instructions stage" and allow the students to give you the Walk and Turn instructions. When the instructions are completed, comment on the students' performance in giving the instructions. Then, tell them to record the Walk and Turn information given on your exemplar.

c. Do not actually perform the One Leg Stand test. Instead, allow the students to give you the One Leg Stand instructions (for one leg), then comment on their performance in giving the instructions. Tell them to record the One Leg Stand information given on your exemplar.

d. You will have to perform the Finger-to-Nose test, since students give instructions throughout that test. Try to place your finger tips on the points indicated in the diagram on your exemplar. When the test is completed, show the diagram to the students and instruct them to replicate it on their record form.

8. For the Vital Signs Examinations:

a. Allow the students to conduct the full checks of blood pressure, temperature and pulse. Coach the students as necessary to make sure they conduct the tests properly.

b. As they complete each test, instruct them to record the information given on your exemplar.

9. For the Dark Room Examinations:

a. Allow the students to conduct the full checks of pupil size, pupil reaction to light, nasal area and oral cavity. Coach them as necessary to make sure they conduct the checks properly.

b. As they complete each check, instruct them to record the information given on your exemplar.

10. Examinations for Muscle Tone and Injection Sites:

    a. Allow the students to conduct these examinations, and coach them as appropriate. Allow students to conduct the third check of your pulse. Coach them as necessary to make sure that they check pulse properly. When they have finished, tell them to record the pulse measurement shown on your exemplar.

    b. Instruct them to record the information given on your exemplar.

11. Give the students the information (if any) contained on the reverse side of your exemplar. Do not make any other statements.

12. When you finish working with one team of students, move on to the next team.

DRUG INFLUENCE EVALUATION

EVALUATOR:	
IACP#:	XXIX-1
REPORT NUMBER:	
SCRIBE:	
TYPE OF EVALUATION:	
WITNESS:	

ARRESTEE'S NAME (Last, First, Middle)	Date of Birth	Age	Sex	Race	Arresting Officer (Name, ID#)
ALPHA					

Date Examined / Time /Location	Breath Results: Results: **0.00**	Test Refused ☐ Instrument #: **1234**	Chemical Test: Urine ☐ Blood ☐ Test or tests refused ☐

Miranda Warning Given Given By:	☐ Yes ☐ No	What have you eaten today? When? **"Nothing today"**	What have you been drinking? How much **"Just coffee"**	Time of last drink? **N/A**

Time now/ Actual /	When did you last sleep? How long **"Two days ago"**	Are you sick or injured? ☐ Yes **X** No	Are you diabetic or epileptic? ☐ Yes **X** No

Do you take insulin? ☐ Yes **X** No	Do you have any physical defects? ☐ Yes **X** No	Are you under the care of a doctor or dentist? ☐ Yes **X** No

Are you taking any medication or drugs? ☐ Yes **X** No	Attitude: **Passive, Cooperative**	Coordination: **Slow, Unsteady at times**

Speech: **Normal**	Breath Odor: **Normal**	Face: **Flushed**

Corrective Lenses: **X** None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Eyes: ☐ Reddened Conjunctiva ☐ Normal **X** Bloodshot ☐ Watery	Blindness: **X** None ☐ Left ☐ Right	Tracking: **X** Equal ☐ Unequal

Pupil Size: **X** Equal ☐ Unequal (explain)	Vertical Nystagmus ☐ Yes **X** No	Able to follow stimulus **X** Yes ☐ No	Eyelids ☐ Normal **X** Droopy

Pulse and time	HGN	Right Eye	Left Eye
1. **80** /	Lack of Smooth Pursuit	**No**	**No**
2. **76** /	Maximum Deviation	**No**	**No**
3. **76** /	Angle of Onset	**None**	**None**

Convergence: Right eye / Left eye

ONE LEG STAND

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

Romberg Balance

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

Internal clock **27** estimated as 30 seconds	Describe Turn: **Correct, Slow**	Cannot do test (explain) **N/A**	Type of footwear: **Lace-up shoes**

Draw lines to spots touched

PUPIL SIZE	Room light	Darkness	Direct
Left Eye	4.5	6.5	3.5
Right Eye	4.5	6.5	3.5

REBOUND DILATION ☐ Yes **X** No

Nasal area: **Clear**

Oral cavity: **Clear**

REACTION TO LIGHT: **Normal**

RIGHT ARM **LEFT ARM**

No Visible Marks

Blood pressure	Temperature
128/84	**98.7⁰**

Muscle tone: **X** Near Normal ☐ Flaccid ☐ Rigid

Comments:

What drugs or medications have you been using? **"Nothing, I just need some sleep."**	How much? **N/A**	Time of use? **N/A**	Where were the drugs used? (Location) **N/A**

Date / Time of arrest: /	Time DRE was notified:	Evaluation start time:	Evaluation completion time:	Precinct/Station:

Opinion of Evaluator: ☐ Depressant ☐ Stimulant ☐ Hallucinogen ☐ Dissoc. Anesthetic ☐ Narcotic Analgesic ☐ Inhalant ☐ Cannabis ☐ Alcohol ☐ Medical Rule Out ☐ No Opinion

Officer's Signature:	Felony Offense:	Misdemeanor Offense:	Reviewed/approved by / date:

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DRUG INFLUENCE EVALUATION

REPORT NUMBER:	EVALUATOR:
TYPE OF EVALUATION:	IACP#: **XXIX-2**
	SCRIBE:
	WITNESS:

ARRESTEE'S NAME (Last, First, Middle)	Date of Birth	Age	Sex	Race	Arresting Officer (Name, ID#)
BRAVO					

Date Examined / Time /Location	Breath Results: Test Refused ☐ Results: **0.00** Instrument #: **1234**	Chemical Test: Urine ☐ Blood ☐ Test or tests refused ☐

Miranda Warning Given Given By:	☐ Yes ☐ No	What have you eaten today? When? **"Sandwich" "Noon"**	What have you been drinking? How much **"Nothing"**	Time of last drink? **N/A**

Time now/ Actual /	When did you last sleep? How long **"Last night" "About 8 hrs"**	Are you sick or injured? ☐ Yes **X** No	Are you diabetic or epileptic? ☐ Yes **X** No

Do you take insulin? ☐ Yes **X** No	Do you have any physical defects? ☐ Yes **X** No	Are you under the care of a doctor or dentist? ☐ Yes **X** No

Are you taking any medication or drugs? ☐ Yes **X** No	Attitude: **Carefree, Cooperative**	Coordination: **Fair, Unsteady at times**

Speech: **Normal**	Breath Odor: **Normal**	Face: **Normal**

Corrective Lenses: **X** None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Eyes: ☐ Reddened Conjunctiva ☐ Normal **X** Bloodshot ☐ Watery	Blindness: **X** None ☐ Left ☐ Right	Tracking: **X** Equal ☐ Unequal

Pupil Size: **X** Equal ☐ Unequal (explain)	Vertical Nystagmus ☐ Yes **X** No	Able to follow stimulus **X** Yes ☐ No	Eyelids ☐ Normal **X** Droopy

Pulse and time	HGN	Right Eye	Left Eye
1. **120** /	Lack of Smooth Pursuit	**No**	**No**
2. **116** /	Maximum Deviation	**No**	**No**
3. **118** /	Angle of Onset	**None**	**None**

Convergence: Right eye / Left eye

ONE LEG STAND

L R

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

Counted fast/No clues observed

Romberg Balance

Eyelid Tremors

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**	**11**

Internal clock **17** estimated as 30 seconds	Describe Turn: **Proper**	Cannot do test (explain) **N/A**	Type of footwear: **Tennis Shoes**

Draw lines to spots touched

PUPIL SIZE	Room light	Darkness	Direct
Left Eye	6.5	8.5	5.5
Right Eye	6.5	8.5	5.5

Nasal area: **Clear**

Oral cavity: **Green Coating on Tongue**

REBOUND DILATION ☐ Yes **X** No

REACTION TO LIGHT: **Normal**

RIGHT ARM **LEFT ARM**

No Visible Marks

Blood pressure	Temperature
168/100	**98.6⁰**

Muscle tone: **X** Near Normal ☐ Flaccid ☐ Rigid

Comments:

What drugs or medications have you been using?	How much?	Time of use?	Where were the drugs used? (Location)
"Nothing man, it's all good."	**N/A**	**N/A**	**N/A**

Date / Time of arrest: /	Time DRE was notified:	Evaluation start time:	Evaluation completion time:	Precinct/Station:

Opinion of Evaluator: ☐ Depressant ☐ Stimulant ☐ Hallucinogen ☐ Dissoc. Anesthetic ☐ Narcotic Analgesic ☐ Inhalant ☐ Cannabis ☐ Alcohol ☐ Medical Rule Out ☐ No Opinion

Officer's Signature:	Felony Offense:	Misdemeanor Offense:	Reviewed/approved by / date:

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DRUG INFLUENCE EVALUATION

EVALUATOR:	
IACP#:	XXIX-3
REPORT NUMBER:	SCRIBE:
TYPE OF EVALUATION:	WITNESS:

ARRESTEE'S NAME (Last, First, Middle)	Date of Birth	Age	Sex	Race	Arresting Officer (Name, ID#)
CHARLIE					

Date Examined / Time /Location	Breath Results: Results: **0.00**	Test Refused ☐ Instrument #: **1234**	Chemical Test: Urine ☐ Blood ☐ Test or tests refused ☐

Miranda Warning Given Given By:	☐ Yes ☐ No	What have you eaten today? When? **Today? (Long Pause) "No"**	What have you been drinking? How much **"Drink?" "No"**	Time of last drink? **N/A**

Time now/ Actual /	When did you last sleep? How long **"This morning" "4 hours"**	Are you sick or injured? ☐ Yes **X** No **"I'm hot"**	Are you diabetic or epileptic? ☐ Yes **X** No

Do you take insulin? ☐ Yes **X** No	Do you have any physical defects? ☐ Yes **X** No	Are you under the care of a doctor or dentist? ☐ Yes **X** No

Are you taking any medication or drugs? ☐ Yes **X** No	Attitude: **Dazed, Confused**	Coordination: **Slow, Rigid movements**

Speech: **Slow to respond, Confused**	Breath Odor: **Normal**	Face: **Sweaty**

Corrective Lenses: **X** None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Eyes: ☐ Reddened Conjunctiva ☐ Normal **X** Bloodshot ☐ Watery	Blindness: None ☐ Left ☐ Right	Tracking: **X** Equal ☐ Unequal

Pupil Size: **X** Equal ☐ Unequal (explain)	Vertical Nystagmus **X** Yes No	Able to follow stimulus **X** Yes ☐ No	Eyelids ☐ Normal **X** Droopy

Pulse and time	HGN	Right Eye	Left Eye
1. **104** /	Lack of Smooth Pursuit	**Yes**	**Yes**
2. **106** /	Maximum Deviation	**Yes**	**Yes**
3. **108** /	Angle of Onset	**Immed**	**Immed**

Convergence: Right eye / Left eye

ONE LEG STAND

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

Reminded twice to count out loud

Romberg Balance

Circular Sway. Test stopped after 90 seconds

Walk and turn test

Stopped after first 9 steps. Had to be reminded to continue walking.

	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**

Internal clock **90** estimated as 30 seconds	Describe Turn: **Did not leave foot on line when making turn**	Cannot do test (explain) **N/A**	Type of footwear: **Lace-up boots**

Draw lines to spots touched

PUPIL SIZE	Room light	Darkness	Direct
Left Eye	**4.0**	**6.5**	**3.5**
Right Eye	**4.0**	**6.5**	**3.5**

Nasal area: **Clear**

Oral cavity: **Clear**

REBOUND DILATION ☐ Yes **X** No

REACTION TO LIGHT: **Normal**

RIGHT ARM **LEFT ARM**

No Visible Marks

Blood pressure	Temperature
170/98	**100.6^0**

Muscle tone: Near Normal ☐ Flaccid **X** Rigid

Comments: **Arms very rigid**

What drugs or medications have you been using?	How much?	Time of use?	Where were the drugs used? (Location)
"Drugs? … Nothing man"	**N/A**	**N/A**	**N/A**

Date / Time of arrest: /	Time DRE was notified:	Evaluation start time:	Evaluation completion time:	Precinct/Station:

Opinion of Evaluator: ☐ Depressant ☐ Stimulant ☐ Hallucinogen ☐ Dissoc. Anesthetic ☐ Narcotic Analgesic ☐ Inhalant ☐ Cannabis ☐ Alcohol ☐ Medical Rule Out ☐ No Opinion

Officer's Signature:	Felony Offense:	Misdemeanor Offense:	Reviewed/approved by / date:

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DRUG INFLUENCE EVALUATION

EVALUATOR:	
IACP#:	**XXIX-4**
REPORT NUMBER:	
SCRIBE:	
TYPE OF EVALUATION:	
WITNESS:	

ARRESTEE'S NAME (Last, First, Middle)	Date of Birth	Age	Sex	Race	Arresting Officer (Name, ID#)
DELTA					

Date Examined / Time /Location	Breath Results: Results: **0.00**	Test Refused ☐ Instrument #: **1234**	Chemical Test: Urine ☐ Blood ☐ Test or tests refused ☐

Miranda Warning Given Given By:	☐ Yes ☐ No	What have you eaten today? When? **"I didn't eat today"**	What have you been drinking? How much **"Nothing, No alcohol today"**	Time of last drink? **N/A**

Time now/ Actual /	When did you last sleep? How long **"I don't remember"**	Are you sick or injured? ☐ Yes **X** No	Are you diabetic or epileptic? ☐ Yes **X** No

Do you take insulin? ☐ Yes **X** No	Do you have any physical defects? ☐ Yes **X** No	Are you under the care of a doctor or dentist? ☐ Yes **X** No

Are you taking any medication or drugs? ☐ Yes **X** No **"I'm clean"**	Attitude: **Passive, Uncaring**	Coordination: **Slow, Sluggish, Unstable**

Speech: **Slow to respond, Low**	Breath Odor: **Normal**	Face: **Red marks; Continually rubbed his face**

Corrective Lenses: **X** None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Eyes: ☐ Reddened Conjunctiva **X** Normal Bloodshot Watery	Blindness: **X** None ☐ Left ☐ Right	Tracking: **X** Equal ☐ Unequal

Pupil Size: **X** Equal ☐ Unequal (explain)	Vertical Nystagmus Yes **X** No	Able to follow stimulus **X** Yes ☐ No	Eyelids ☐ Normal **X** Droopy

Pulse and time	HGN	Right Eye	Left Eye
1. **52** /	Lack of Smooth Pursuit	**No**	**No**
2. **56** /	Maximum Deviation	**No**	**No**
3. **54** /	Angle of Onset	**None**	**None**

Convergence: Right eye / Left eye

ONE LEG STAND

L R

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

Counted slowly, very unsteady

Romberg Balance

Circular Sway. Test stopped after 90 seconds

Walk and turn test

Slow, lethargic movements

	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**

Internal clock **90** estimated as 30 seconds	Describe Turn: **Slow, unstable**	Cannot do test (explain) **N/A**	Type of footwear: **Tennis Shoes**

Draw lines to spots touched

PUPIL SIZE	Room light	Darkness	Direct
Left Eye	**2.0**	**2.5**	**2.0**
Right Eye	**2.0**	**2.5**	**2.0**

Nasal area: **Clear**

Oral cavity: **Clear**

REBOUND DILATION ☐ Yes **X** No

REACTION TO LIGHT: **Slow**

RIGHT ARM **LEFT ARM**

Four fresh puncture wounds on left forearm.

Blood pressure	Temperature
108/60	**97.0⁰**

Muscle tone: Near Normal **X** Flaccid Rigid

Comments:

What drugs or medications have you been using?	How much?	Time of use?	Where were the drugs used? (Location)
"Honest man, I'm clean"	**N/A**	**N/A**	**N/A**

Date / Time of arrest: /	Time DRE was notified:	Evaluation start time:	Evaluation completion time:	Precinct/Station:

Opinion of Evaluator: ☐ Depressant ☐ Stimulant ☐ Hallucinogen ☐ Dissoc. Anesthetic ☐ Narcotic Analgesic ☐ Inhalant ☐ Cannabis ☐ Alcohol ☐ Medical Rule Out ☐ No Opinion

Officer's Signature:	Felony Offense:	Misdemeanor Offense:	Reviewed/approved by / date:

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DRUG INFLUENCE EVALUATION

EVALUATOR:	
IACP#:	XXIX-5
REPORT NUMBER:	SCRIBE:
TYPE OF EVALUATION:	WITNESS:

ARRESTEE'S NAME (Last, First, Middle)	Date of Birth	Age	Sex	Race	Arresting Officer (Name, ID#)
ECHO					

Date Examined / Time /Location	Breath Results: Results: **0.00**	Test Refused ☐ Instrument #: **1234**	Chemical Test: Urine ☐ Blood ☐ Test or tests refused ☐

Miranda Warning Given Given By:	☐ Yes ☐ No	What have you eaten today? When? **"Nothing today"**	What have you been drinking? How much **"Water"**	Time of last drink? **N/A**

Time now/ Actual /	When did you last sleep? How long **"Last night" "About 2 hrs"**	Are you sick or injured? ☐ Yes **X** No	Are you diabetic or epileptic? ☐ Yes **X** No

Do you take insulin? ☐ Yes **X** No **"I used to"**	Do you have any physical defects? ☐ Yes **X** No	Are you under the care of a doctor or dentist? ☐ Yes **X** No

Are you taking any medication or drugs? ☐ Yes **X** No **"Not now"**	Attitude: **Cooperative, Passive**	Coordination: **Staggering, Poor balance**

Speech: **Slurred, mumbled**	Breath Odor: **Normal**	Face: **Normal looking**

Corrective Lenses: **X** None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Eyes: ☐ Reddened Conjunctiva **X** Normal Bloodshot Watery	Blindness: **X** None ☐ Left ☐ Right	Tracking: **X** Equal ☐ Unequal

Pupil Size: **X** Equal ☐ Unequal (explain)	Vertical Nystagmus Yes **X** No	Able to follow stimulus **X** Yes ☐ No	Eyelids ☐ Normal **X** Droopy

Pulse and time	HGN	Right Eye	Left Eye
1. **48** /	Lack of Smooth Pursuit	**Yes**	**Yes**
2. **46** /	Maximum Deviation	**Yes**	**Yes**
3. **46** /	Angle of Onset	**40**	**40**

Convergence

Right eye Left eye

ONE LEG STAND

L R

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

Test stopped for safety reasons

Romberg Balance

Head slumped forward

Walk and turn test

Stopped test, nearly fell

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

Internal clock **70** estimated as 30 seconds	Describe Turn: **N/A**	Cannot do test (explain) **N/A**	Type of footwear: **Boots**

Draw lines to spots touched

Head nodded forward. Didn't use left hand.

PUPIL SIZE	Room light	Darkness	Direct
Left Eye	2.0	2.5	2.0
Right Eye	2.0	2.5	2.0

Nasal area: **Clear**

Oral cavity: **Clear**

REBOUND DILATION ☐ Yes **X** No

REACTION TO LIGHT: **None**

RIGHT ARM **LEFT ARM**

Two fresh puncture wounds on inside left forearm.

Blood pressure	Temperature
104/58	**97.2⁰**

Muscle tone: Near Normal **X** Flaccid Rigid

Comments: **Arms very flaccid**

What drugs or medications have you been using?	How much?	Time of use?	Where were the drugs used? (Location)
"I stopped using about two years ago "	**N/A**	**N/A**	**N/A**

Date / Time of arrest: /	Time DRE was notified:	Evaluation start time:	Evaluation completion time:	Precinct/Station:

Opinion of Evaluator: ☐ Depressant ☐ Stimulant ☐ Hallucinogen ☐ Dissoc. Anesthetic ☐ Narcotic Analgesic ☐ Inhalant ☐ Cannabis ☐ Alcohol ☐ Medical Rule Out ☐ No Opinion

Officer's Signature:	Felony Offense:	Misdemeanor Offense:	Reviewed/approved by / date:

Rev.01/11

DRUG INFLUENCE EVALUATION

EVALUATOR:	
IACP#:	**XXIX-6**
REPORT NUMBER:	
SCRIBE:	
TYPE OF EVALUATION:	
WITNESS:	

ARRESTEE'S NAME (Last, First, Middle)	Date of Birth	Age	Sex	Race	Arresting Officer (Name, ID#)
FOXTROT					

Date Examined / Time /Location	Breath Results: Test Refused ☐ Results: **0.00** Instrument #: **1234**	Chemical Test: Urine ☐ Blood ☐ Test or tests refused ☐

Miranda Warning Given Given By:	☐ Yes ☐ No	What have you eaten today? When? **"Chips & Cookies" "10 am"**	What have you been drinking? How much **"Nothing"**	Time of last drink? **N/A**

Time now/ Actual /	When did you last sleep? How long **"Last night" "Three hrs"**	Are you sick or injured? ☐ Yes **X** No	Are you diabetic or epileptic? ☐ Yes **X** No

Do you take insulin? ☐ Yes **X** No	Do you have any physical defects? ☐ Yes **X** No	Are you under the care of a doctor or dentist? ☐ Yes **X** No

Are you taking any medication or drugs? ☐ Yes **X** No **"Not now"**	Attitude: **Cooperative, Mellow**	Coordination: **Relaxed, Unsteady**

Speech: **Talkative**	Breath Odor: **Normal**	Face: **Normal**

Corrective Lenses: **X** None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Eyes: ☐ Reddened Conjunctiva Normal **X** Bloodshot Watery	Blindness: **X** None ☐ Left ☐ Right	Tracking: **X** Equal ☐ Unequal

Pupil Size: **X** Equal ☐ Unequal (explain)	Vertical Nystagmus Yes **X** No	Able to follow stimulus **X** Yes ☐ No	Eyelids **X** Normal Droopy

Pulse and time	HGN	Right Eye	Left Eye
1. **112** /	Lack of Smooth Pursuit	**No**	**No**
2. **110** /	Maximum Deviation	**No**	**No**
3. **110** /	Angle of Onset	**None**	**None**

Convergence: Right eye / Left eye

ONE LEG STAND

L R

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

Leg tremors

Romberg Balance

Eyelid Tremors

Walk and turn test

Laughed during test. Had to be reminded to count out loud.

	1st Nine	2nd Nine
Cannot keep balance		
Starts too soon		
Stops walking		
Misses heel-toe		
Steps off line		
Raises arms		
Actual steps taken	**9**	**8**

Internal clock **25** estimated as 30 seconds	Describe Turn: **Abrupt swivel**	Cannot do test (explain) **N/A**	Type of footwear: **Sandals**

Draw lines to spots touched

Eyelid tremors. Used first pad of fingers

PUPIL SIZE	Room light	Darkness	Direct
Left Eye	5.0	8.5	3.0 – 5.5
Right Eye	5.0	8.5	3.0 – 5.5

Nasal area: **Clear**

Oral cavity: **Clear**

REBOUND DILATION **X** Yes No

REACTION TO LIGHT: **Slow**

RIGHT ARM **LEFT ARM**

No visible marks

Blood pressure **160/98**	Temperature **98.6^0**

Muscle tone: **X** Near Normal Flaccid Rigid

Comments:

What drugs or medications have you been using? **"None"**	How much? **N/A**	Time of use? **N/A**	Where were the drugs used? (Location) **N/A**

Date / Time of arrest: /	Time DRE was notified:	Evaluation start time:	Evaluation completion time:	Precinct/Station:

Opinion of Evaluator: ☐ Depressant ☐ Stimulant ☐ Hallucinogen ☐ Dissoc. Anesthetic ☐ Narcotic Analgesic ☐ Inhalant ☐ Cannabis ☐ Alcohol ☐ Medical Rule Out ☐ No Opinion

Officer's Signature:	Felony Offense:	Misdemeanor Offense:	Reviewed/approved by / date:

Rev.01/11

DRUG INFLUENCE EVALUATION

EVALUATOR:	
IACP#:	XXIX-7
REPORT NUMBER:	
SCRIBE:	
TYPE OF EVALUATION:	
WITNESS:	

ARRESTEE'S NAME (Last, First, Middle)	Date of Birth	Age	Sex	Race	Arresting Officer (Name, ID#)
GOLF					

Date Examined / Time /Location	Breath Results: Results: **0.00**	Test Refused ☐ Instrument #: **1234**	Chemical Test: Urine ☐ Blood ☐ Test or tests refused ☐

Miranda Warning Given Given By:	☐ Yes ☐ No	What have you eaten today? When? **"Cookies" "Hour ago"**	What have you been drinking? How much **"I don't drink"**	Time of last drink? **N/A**

Time now/ Actual /	When did you last sleep? How long **"Yesterday" "Two hours"**	Are you sick or injured? ☐ Yes **X** No	Are you diabetic or epileptic? ☐ Yes **X** No **"Am I under arrest?"**

Do you take insulin? ☐ Yes **X** No	Do you have any physical defects? ☐ Yes **X** No	Are you under the care of a doctor or dentist? ☐ Yes **X** No **"Why are you doing this?"**

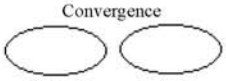
Are you taking any medication or drugs? ☐ Yes **X** No **"I told you, I don't do drugs!"**	Attitude: **Excited, Upset, Animated**	Coordination: **Unsteady, Jittery**

Speech: **Talkative, rapid**	Breath Odor: **Normal**	Face: **Sweaty**

Corrective Lenses: **X** None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Eyes: ☐ Reddened Conjunctiva **X** Normal Bloodshot Watery	Blindness: **X** None ☐ Left ☐ Right	Tracking: **X** Equal ☐ Unequal
Pupil Size: **X** Equal ☐ Unequal (explain)	Vertical Nystagmus Yes **X** No	Able to follow stimulus **X** Yes ☐ No	Eyelids **X** Normal Droopy

Pulse and time	HGN	Right Eye	Left Eye
1. **102** /	Lack of Smooth Pursuit	**No**	**No**
2. **100** /	Maximum Deviation	**No**	**No**
3. **104** /	Angle of Onset	**None**	**None**

Convergence



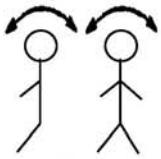
Right eye Left eye

ONE LEG STAND

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

Counted quickly, stumbled over his numbers

Romberg Balance



Circular Sway

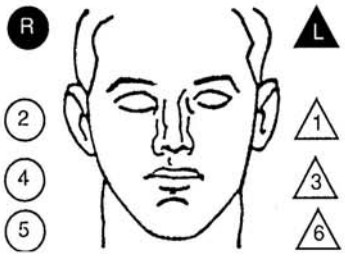
Walk and turn test

Had to be reminded to count out loud. Took quick steps.

	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

Internal clock **18** estimated as 30 seconds	Describe Turn: **Abrupt spin**	Cannot do test (explain) **N/A**	Type of footwear: **Boots**

Draw lines to spots touched



Quick and jerky movements

PUPIL SIZE	Room light	Darkness	Direct
Left Eye	7.0	9.0	6.5
Right Eye	7.0	9.0	6.5

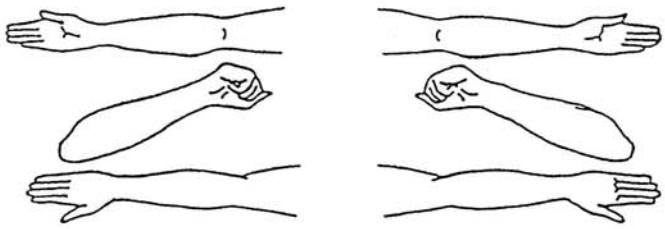
REBOUND DILATION Yes **X** No

Nasal area: **Redness in nostrils**

Oral cavity: **Clear**

REACTION TO LIGHT: **Slow**

RIGHT ARM **LEFT ARM**



No visible marks

Blood pressure	Temperature
170/100	**99.8⁰**

Muscle tone: **X** Near Normal Flaccid Rigid

Comments:

What drugs or medications have you been using?	How much?	Time of use?	Where were the drugs used? (Location)
"I told you, Quit asking me that!"	**N/A**	**N/A**	**N/A**

Date / Time of arrest: /	Time DRE was notified:	Evaluation start time:	Evaluation completion time:	Precinct/Station:

Opinion of Evaluator: ☐ Depressant ☐ Stimulant ☐ Hallucinogen ☐ Dissoc. Anesthetic ☐ Narcotic Analgesic ☐ Inhalant ☐ Cannabis ☐ Alcohol ☐ Medical Rule Out ☐ No Opinion

Officer's Signature:	Felony Offense:	Misdemeanor Offense:	Reviewed/approved by / date:

Rev.01/11

	DRUG INFLUENCE EVALUATION	EVALUATOR:
		IACP#: **XXIX-8**
	REPORT NUMBER:	SCRIBE:
	TYPE OF EVALUATION:	WITNESS:

ARRESTEE'S NAME (Last, First, Middle)	Date of Birth	Age	Sex	Race	Arresting Officer (Name, ID#)
HOTEL					

Date Examined / Time /Location	Breath Results: Test Refused ☐ Results: **0.00** Instrument #: **1234**	Chemical Test: Urine ☐ Blood ☐ Test or tests refused ☐

Miranda Warning Given Given By:	☐ Yes ☐ No	What have you eaten today? When? **"I don't remember"**	What have you been drinking? How much **"Uh, …..Water"**	Time of last drink? **N/A**

Time now/ Actual /	When did you last sleep? How long **(No response)**	Are you sick or injured? ☐ Yes **X** No	Are you diabetic or epileptic? ☐ Yes **X** No

Do you take insulin? ☐ Yes **X** No	Do you have any physical defects? ☐ Yes **X** No	Are you under the care of a doctor or dentist? ☐ Yes No **(No response)**

Are you taking any medication or drugs? ☐ Yes No **(No response)**	Attitude: **Dazed, Indifferent**	Coordination: **Poor, Staggering**

Speech: **Slow, Deliberate**	Breath Odor: **Normal**	Face: **Flushed**

Corrective Lenses: **X** None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Eyes: ☐ Reddened Conjunctiva Normal **X** Bloodshot Watery	Blindness: **X** None ☐ Left ☐ Right	Tracking: **X** Equal ☐ Unequal

Pupil Size: **X** Equal ☐ Unequal (explain)	Vertical Nystagmus **X** Yes No	Able to follow stimulus **X** Yes ☐ No	Eyelids **X** Normal Droopy

Pulse and time	HGN	Right Eye	Left Eye
1. **112** /	Lack of Smooth Pursuit	**Yes**	**Yes**
2. **110** /	Maximum Deviation	**Yes**	**Yes**
3. **114** /	Angle of Onset	**Immed**	**Immed**

Convergence: Right eye / Left eye

ONE LEG STAND

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

Leg tremors

Romberg Balance

Eyelid tremors
Circular sway

Walk and turn test

Did not touch heel to toe after the turn.

	1st Nine	2nd Nine
Cannot keep balance		
Starts too soon		
Stops walking		
Misses heel-toe		
Steps off line		
Raises arms		
Actual steps taken	**9**	**8**

Internal clock **60** estimated as 30 seconds	Describe Turn: **Staggered**	Cannot do test (explain) **N/A**	Type of footwear: **Boots**

Draw lines to spots touched

Had to be reminded to actually touch nose

PUPIL SIZE	Room light	Darkness	Direct
Left Eye	7.0	9.0	6.5
Right Eye	7.0	9.0	6.5

REBOUND DILATION Yes **X** No

Nasal area: **Clear**

Oral cavity: **Bits of greenish/brown material in teeth**

REACTION TO LIGHT: **Normal**

RIGHT ARM **LEFT ARM**

No visible marks

Blood pressure	Temperature
172/104	**100.4⁰**

Muscle tone: Near Normal Flaccid **X** Rigid
Comments:

What drugs or medications have you been using?	How much?	Time of use?	Where were the drugs used? (Location)
(No response)	**N/A**	**N/A**	**N/A**

Date / Time of arrest: /	Time DRE was notified:	Evaluation start time:	Evaluation completion time:	Precinct/Station:

Opinion of Evaluator: ☐ Depressant ☐ Stimulant ☐ Hallucinogen ☐ Dissoc. Anesthetic ☐ Narcotic Analgesic ☐ Inhalant ☐ Cannabis ☐ Alcohol ☐ Medical Rule Out ☐ No Opinion

Officer's Signature:	Felony Offense:	Misdemeanor Offense:	Reviewed/approved by / date:

Rev. 01/11

	DRUG INFLUENCE EVALUATION	EVALUATOR:
		IACP#: **XXIX-9**
	REPORT NUMBER:	SCRIBE:
	TYPE OF EVALUATION:	WITNESS:

ARRESTEE'S NAME (Last, First, Middle)	Date of Birth	Age	Sex	Race	Arresting Officer (Name, ID#)
INDIA					

Date Examined / Time /Location	Breath Results: Test Refused ☐ Results: **0.00** Instrument #: **1234**	Chemical Test: Urine ☐ Blood ☐ Test or tests refused ☐

Miranda Warning Given Given By:	☐ Yes ☐ No	What have you eaten today? When? **"Eggs" "At lunch"**	What have you been drinking? How much **"Nothing"**	Time of last drink? **N/A**

Time now/ Actual /	When did you last sleep? How long **"This morning" "2 hours"**	Are you sick or injured? ☐ Yes **X** No **"I feel okay"**	Are you diabetic or epileptic? ☐ Yes **X** No

Do you take insulin? ☐ Yes **X** No	Do you have any physical defects? ☐ Yes **X** No	Are you under the care of a doctor or dentist? ☐ Yes No **(No response)**

Are you taking any medication or drugs? ☐ Yes No **(No response)**	Attitude: **Cooperative, Confused**	Coordination: **Stumbling, Staggering**

Speech: **Low, Slow, Mumbling**	Breath Odor: **Gas-like odor**	Face: **Flushed**

Corrective Lenses: **X** None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Eyes: ☐ Reddened Conjunctiva Normal **X** Bloodshot Watery	Blindness: **X** None ☐ Left ☐ Right	Tracking: **X** Equal ☐ Unequal

Pupil Size: **X** Equal ☐ Unequal (explain)	Vertical Nystagmus Yes **X** No	Able to follow stimulus **X** Yes ☐ No	Eyelids **X** Normal Droopy

Pulse and time	HGN	Right Eye	Left Eye
1. **96** /	Lack of Smooth Pursuit	**Yes**	**Yes**
2. **92** /	Maximum Deviation	**Yes**	**Yes**
3. **94** /	Angle of Onset	**30**	**30**

Convergence: Right eye / Left eye

ONE LEG STAND

L R

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

Leg tremors, nearly fell

Romberg Balance

Lost balance and nearly fell.

Walk and turn test

Reminded to count out loud

	1st Nine	2nd Nine
Cannot keep balance		
Starts too soon		
Stops walking		
Misses heel-toe		
Steps off line		
Raises arms		
Actual steps taken	**9**	**8**

Internal clock **42** estimated as 30 seconds	Describe Turn: **Staggered**	Cannot do test (explain) **N/A**	Type of footwear: **Boots**

Draw lines to spots touched

Had to be reminded to actually touch nose

PUPIL SIZE	Room light	Darkness	Direct
Left Eye	5.0	6.5	3.5
Right Eye	5.0	6.5	3.5

Nasal area: **Redness, runny**

Oral cavity: **Clear**

REBOUND DILATION Yes **X** No

REACTION TO LIGHT: **Normal**

RIGHT ARM **LEFT ARM**

No visible marks

Blood pressure	Temperature
148/88	**98.8**^{0}

Muscle tone: Near Normal Flaccid **X** Rigid

Comments:

What drugs or medications have you been using?	How much?	Time of use?	Where were the drugs used? (Location)
"Nothing"	**N/A**	**N/A**	**N/A**

Date / Time of arrest: /	Time DRE was notified:	Evaluation start time:	Evaluation completion time:	Precinct/Station:

Opinion of Evaluator: ☐ Depressant ☐ Stimulant ☐ Hallucinogen ☐ Dissoc. Anesthetic ☐ Narcotic Analgesic ☐ Inhalant ☐ Cannabis ☐ Alcohol ☐ Medical Rule Out ☐ No Opinion

Officer's Signature:	Felony Offense:	Misdemeanor Offense:	Reviewed/approved by / date:

Rev.01/11

	DRUG INFLUENCE EVALUATION	EVALUATOR:
		IACP#: **XXIX-10**
	REPORT NUMBER:	SCRIBE:
	TYPE OF EVALUATION:	WITNESS:

ARRESTEE'S NAME (Last, First, Middle)	Date of Birth	Age	Sex	Race	Arresting Officer (Name, ID#)
JULIET					

Date Examined / Time /Location	Breath Results: Test Refused ☐ Results: **0.06** Instrument #: **1234**	Chemical Test: Urine ☐ Blood ☐ Test or tests refused ☐

Miranda Warning Given Given By:	☐ Yes ☐ No	What have you eaten today? When? **"Cereal" "About 7 am"**	What have you been drinking? How much **"Two beers"**	Time of last drink? **"Hour ago"**

Time now/ Actual /	When did you last sleep? How long **"Last night" "8 hours"**	Are you sick or injured? ☐ Yes **X** No	Are you diabetic or epileptic? ☐ Yes **X** No

Do you take insulin? ☐ Yes **X** No	Do you have any physical defects? ☐ Yes **X** No	Are you under the care of a doctor or dentist? ☐ Yes **X** No

Are you taking any medication or drugs? ☐ Yes No	Attitude: **Cooperative, Withdrawn**	Coordination: **Unsteady**

Speech: **Low, Mumbling**	Breath Odor: **Alcoholic Beverage**	Face: **Flushed**

Corrective Lenses: **X** None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Eyes: ☐ Reddened Conjunctiva Normal **X** Bloodshot Watery	Blindness: **X** None ☐ Left ☐ Right	Tracking: **X** Equal ☐ Unequal

Pupil Size: **X** Equal ☐ Unequal (explain)	Vertical Nystagmus Yes **X** No	Able to follow stimulus **X** Yes ☐ No	Eyelids Normal **X** Droopy

Pulse and time	HGN	Right Eye	Left Eye
1. **82** /	Lack of Smooth Pursuit	**Yes**	**Yes**
2. **80** /	Maximum Deviation	**Yes**	**Yes**
3. **80** /	Angle of Onset	**45**	**45**

Convergence

Right eye Left eye

ONE LEG STAND

L R

L R

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

Reminded to count out loud

Romberg Balance

Circular Sway

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**

Internal clock **38** estimated as 30 seconds	Describe Turn: **Proper, Slow**	Cannot do test (explain) **N/A**	Type of footwear: **Boots**

Draw lines to spots touched

Had to be reminded to actually touch nose

PUPIL SIZE	Room light	Darkness	Direct
Left Eye	4.5	6.0	3.5
Right Eye	4.5	6.0	3.5

Nasal area: **Clear**

Oral cavity: **Clear**

REBOUND DILATION Yes **X** No

REACTION TO LIGHT: **Normal**

RIGHT ARM **LEFT ARM**

No visible marks

Blood pressure	Temperature
128/84	**98.7**^{0}

Muscle tone: Near Normal Flaccid **X** Rigid

Comments:

What drugs or medications have you been using?	How much?	Time of use?	Where were the drugs used? (Location)
"Nothing"	**N/A**	**N/A**	**N/A**

Date / Time of arrest: /	Time DRE was notified:	Evaluation start time:	Evaluation completion time:	Precinct/Station:

Opinion of Evaluator: ☐ Depressant ☐ Stimulant ☐ Hallucinogen ☐ Dissoc. Anesthetic ☐ Narcotic Analgesic ☐ Inhalant ☐ Cannabis ☐ Alcohol ☐ Medical Rule Out ☐ No Opinion

Officer's Signature:	Felony Offense:	Misdemeanor Offense:	Reviewed/approved by / date:

Rev.01/11

	DRUG INFLUENCE EVALUATION	EVALUATOR:
		IACP#: **XXIX-11**
	REPORT NUMBER:	SCRIBE:
	TYPE OF EVALUATION:	WITNESS:

ARRESTEE'S NAME (Last, First, Middle)	Date of Birth	Age	Sex	Race	Arresting Officer (Name, ID#)
KILO					

Date Examined / Time /Location	Breath Results: Test Refused ☐ Results: **0.05** Instrument #: **1234**	Chemical Test: Urine ☐ Blood ☐ Test or tests refused ☐

Miranda Warning Given Given By:	☐ Yes ☐ No	What have you eaten today? When? **"Nothing"**	What have you been drinking? How much **"Couple of beers"**	Time of last drink? **"Couple hours ago"**

Time now/ Actual /	When did you last sleep? How long **"Last night" "5 hours"**	Are you sick or injured? ☐ Yes **X** No	Are you diabetic or epileptic? ☐ Yes **X** No

Do you take insulin? ☐ Yes **X** No	Do you have any physical defects? ☐ Yes **X** No	Are you under the care of a doctor or dentist? ☐ Yes **X** No

Are you taking any medication or drugs? ☐ Yes No	Attitude: **Cooperative, Drowsy acting**	Coordination: **Unsteady, Slow**

Speech: **Slurred, Slow, Raspy**	Breath Odor: **Alcoholic Beverage**	Face: **Flushed, Licking Lips, Dry Mouth**

Corrective Lenses: **X** None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Eyes: ☐ Reddened Conjunctiva **X** Normal Bloodshot Watery	Blindness: **X** None ☐ Left ☐ Right	Tracking: **X** Equal ☐ Unequal

Pupil Size: **X** Equal ☐ Unequal (explain)	Vertical Nystagmus Yes **X** No	Able to follow stimulus **X** Yes ☐ No	Eyelids Normal **X** Droopy

Pulse and time	HGN	Right Eye	Left Eye
1. **60** /	Lack of Smooth Pursuit	**Yes**	**Yes**
2. **58** /	Maximum Deviation	**No**	**No**
3. **58** /	Angle of Onset	**None**	**None**

Convergence

Right eye Left eye

ONE LEG STAND

L R

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

Stopped tests for safety reasons

Romberg Balance

Head nodded 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**

Internal clock **48** estimated as 30 seconds	Describe Turn: **Staggered**	Cannot do test (explain) **N/A**	Type of footwear: **Boots**

Draw lines to spots touched

Had to be reminded to actually touch nose

PUPIL SIZE	Room light	Darkness	Direct
Left Eye	1.5	1.5	1.5
Right Eye	1.5	1.5	1.5

Nasal area: **Clear**

Oral cavity: **Clear**

REBOUND DILATION Yes **X** No

REACTION TO LIGHT: **None**

RIGHT ARM **LEFT ARM**

No visible marks

Blood pressure	Temperature
108/64	**97.2**^{0}

Muscle tone: Near Normal **X** Flaccid Rigid

Comments:

What drugs or medications have you been using?	How much?	Time of use?	Where were the drugs used? (Location)
"Nothing, I'm clean now"	**N/A**	**N/A**	**N/A**

Date / Time of arrest: /	Time DRE was notified:	Evaluation start time:	Evaluation completion time:	Precinct/Station:

Opinion of Evaluator: ☐ Depressant ☐ Stimulant ☐ Hallucinogen ☐ Dissoc. Anesthetic ☐ Narcotic Analgesic ☐ Inhalant ☐ Cannabis ☐ Alcohol ☐ Medical Rule Out ☐ No Opinion

Officer's Signature:	Felony Offense:	Misdemeanor Offense:	Reviewed/approved by / date:

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	DRUG INFLUENCE EVALUATION	EVALUATOR:
		IACP#: **XXIX-12**
	REPORT NUMBER:	SCRIBE:
	TYPE OF EVALUATION:	WITNESS:

ARRESTEE'S NAME (Last, First, Middle)	Date of Birth	Age	Sex	Race	Arresting Officer (Name, ID#)
LIMA					

Date Examined / Time /Location	Breath Results: Test Refused ☐ Results: **0.03** Instrument #: **1234**	Chemical Test: Urine ☐ Blood ☐ Test or tests refused ☐

Miranda Warning Given Given By:	☐ Yes ☐ No	What have you eaten today? When? **"Eggs and Toast" "Noon"**	What have you been drinking? How much **"Wine" "One glass"**	Time of last drink? **"Hour ago"**

Time now/ Actual /	When did you last sleep? How long **"Yesterday" "5 hours"**	Are you sick or injured? ☐ Yes **X** No	Are you diabetic or epileptic? ☐ Yes **X** No

Do you take insulin? ☐ Yes **X** No	Do you have any physical defects? ☐ Yes **X** No	Are you under the care of a doctor or dentist? ☐ Yes **X** No

Are you taking any medication or drugs? ☐ Yes No	Attitude: **Nervous, Anxious**	Coordination: **Unsteady, Jittery**

Speech: **Rapid, slurred**	Breath Odor: **Alcoholic Beverage**	Face: **Normal**

Corrective Lenses: **X** None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Eyes: ☐ Reddened Conjunctiva **X** Normal Bloodshot Watery	Blindness: **X** None ☐ Left ☐ Right	Tracking: **X** Equal ☐ Unequal

Pupil Size: **X** Equal ☐ Unequal (explain)	Vertical Nystagmus Yes **X** No	Able to follow stimulus **X** Yes ☐ No	Eyelids **X** Normal Droopy

Pulse and time	HGN	Right Eye	Left Eye
1. **100** /	Lack of Smooth Pursuit	**Yes**	**Yes**
2. **102** /	Maximum Deviation	**No**	**No**
3. **102** /	Angle of Onset	**None**	**None**

Convergence: Right eye / Left eye

ONE LEG STAND

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

Counted quickly

Romberg Balance

Circular Sway

Walk and turn test

Had to be reminded to count out loud. Quick steps.

	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**

Internal clock **18** estimated as 30 seconds	Describe Turn: **Spun around**	Cannot do test (explain) **N/A**	Type of footwear: **Boots**

Draw lines to spots touched

Kept opening eyes. Quick movements.

PUPIL SIZE	Room light	Darkness	Direct
Left Eye	7.5	9.0	7.0
Right Eye	7.5	9.0	7.0

REBOUND DILATION Yes **X** No

REACTION TO LIGHT: **Slow**

Nasal area: **Redness in nostrils, no nasal hair**

Oral cavity: **Clear**

RIGHT ARM **LEFT ARM**

No visible marks

Blood pressure	Temperature
170/96	**99.6⁰**

Muscle tone: Near Normal **X** Flaccid Rigid

Comments:

What drugs or medications have you been using?	How much?	Time of use?	Where were the drugs used? (Location)
"Nothing, just a little wine"	**N/A**	**N/A**	**N/A**

Date / Time of arrest: /	Time DRE was notified:	Evaluation start time:	Evaluation completion time:	Precinct/Station:

Opinion of Evaluator: ☐ Depressant ☐ Stimulant ☐ Hallucinogen ☐ Dissoc. Anesthetic ☐ Narcotic Analgesic ☐ Inhalant ☐ Cannabis ☐ Alcohol ☐ Medical Rule Out ☐ No Opinion

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