# ARKANSAS DRUG INFLUENCE EVALUATION FACESHEET

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| Rolling Log # -- | | | | | | | | | | | | | |  | | | | | | | | | | | Case # | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of Evaluation:**  Enforcement  Field Certification/Recertification  Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ADMINISTRATIVE DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRE Name  DRE Number | | | | | | | | DRE Agency | | | | | | | | | | | | Arrest Date  Arrest Time | | | | | | | | | | Time DRE  Notified | | | Time Evaluation  Started |
| Witness/Scribe | | | | | | | | | | | | | | | | | Witness/Scribe is:  DRE  DRE Instructor | | | | | | | | | | | | | | County of Arrest | | |
| Miranda Warnings Given By | | | | Time of Miranda | | | | | | | Location of Evaluation | | | | | | | | | | Crash:  N/A  Injury  Fatality  Property | | | | | | | | | | | | |
| **SUBJECT INFORMATION AND QUESTIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subject’s Name (Last, First, MI) | | | | | | | | | | | | | | | | DOB | | | | | | Race | | | | | | | Driver’s License Number and State | | | | |
|  | | | | | | | | | | | | | | | | Sex  M  F | | | | | |  | | | | | | |  | | | | |
| What time is it? / Actual Time  **/** | What is the date? /  Actual Date  **/** | | | | | | | | | What have you eaten today and when? | | | | | | | | | | | | | | | | | | | What have you had to drink today and when? | | | | |
| When did you last sleep?    For how long? | | | | | | | | | | Are you sick or injured? | | | | | | | | | | | | | | | | | | | Diabetic  Yes  No  If Yes, do you take Insulin?  Yes  No  Epileptic  Yes  No | | | | |
| Do you have any physical impairment? | | | | | | | | | | Are you under the care of a doctor or dentist?  Yes  No If yes, name: | | | | | | | | | | | | | | | | | | | What medications or drugs are you taking? | | | | |
| **1. BREATH TEST** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Breath Test Results** | | | | | | | **Instrument Number** | | | | | | | | | | | | | | | | **Time** | | | | | | | | BAC  PBT | | |
| **2. INTERVIEW OF ARRESTING OFFICER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | | **Agency** | | | | | | | | | | | | | | | | | | **Agency Case#** | | | | | |
| **3. PRELIMINARY EXAMINATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First Pulse** (**beats per minute) at**  **hours.** *(Transfer to section 6)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attitude | | | Coordination | | | | | | | | | Speech | | | | | | | | | Breath | | | | | | | | | | | Facial Color | |
| Corrective Lenses  Hard Contacts  Soft Contacts  Glasses  Colored | | | Blindness  None  Left  Right | | | | | | Eyes  Near Normal  Bloodshot  Watery  Reddened Conjunctiva | | | | | | | | | | Eyelids  Normal  Droopy | | | | | Pupil Size  Equal  Unequal | | | | | | | Able to follow the stimulus?  Yes  No | | Equal Tracking?  Yes  No |
| **4. EYE EXAMINATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HGN** | | **Right** | | | | **Left** | | | | | | | **Vertical Gaze Nystagmus** | | | | | | | | | | | | | **Notes and Observations** | | | | | | | |
| Lack of Smooth Pursuit | | Pres  No | | | | Pres  No | | | | | | | Yes  No | | | | | | | | | | | | |  | | | | | | | |
| Distinct & Sustained Nystagmus at  Maximum Deviation | | Pres  No | | | | Pres  No | | | | | | | **Lack of Convergence**  Yes  No | | | | | | | | | | | | |  | | | | | | | |
|  | |  | | | |  | | | | | | | Right | | | | | Left | | | | | | | |  | | | | | | | |
| Angle of Onset | | **34**° | | | | **45**° | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | |
| **5. DIVIDED ATTENTION TESTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Romberg Balance | | | | | Eyelid Tremors  Yes  No | | | | | | | | | | How many seconds? | | | | | | | | | | | | **Notes and Observations** | | | | | | |
|  | | | | | seconds estimated as 30 seconds. | | | | | | | | | | How did you estimate the time? | | | | | | | | | | | |  | | | | | | |
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| Rolling Log # -- | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | Case # | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WALK AND TURN** Note:  Foot Prints | | | | | | | | | | | | | | | | | | | | | | | **Notes and Observations** | | | | | | | | **Type of Footwear** | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **Can’t Keep Balance** | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **Starts Too Soon** | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | **Up** | | **Back** |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **Stops Walking** | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **Misses Heel to Toe** | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **Steps Off Line** | | | | |  | |  |
| Describe Turn | | | | | | | | | | | | | | | | | | | | | | | Cannot Do Test: | | | | | | | | **Raises Arms** | | | | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **Actual Steps Taken** | | | | |  | |  |
| 30 | **ONE LEG STAND** | | | | | | | | | | | 30 | | **Left** | | | | |  | | | | | | **Right** | | | **Notes and Observations** | | | | | | | | | | |
|  | Footprints | | | | | | | | | | |  | |  | | | | | **Sways** | | | | | |  | | |  | | | | | | | | | | |
| **Left** |  | | | | | | | | | | | **Right** | |  | | | | | **Uses Arms to Balance** | | | | | |  | | |  | | | | | | | | | | |
|  |  | | | | | | | | | | |  | |  | | | | | **Hops** | | | | | |  | | |  | | | | | | | | | | |
|  |  | | | | | | | | | | |  | |  | | | | | **Puts Foot Down** | | | | | |  | | |  | | | | | | | | | | |
| **FINGER TO NOSE**  **Eyelid Tremors**  **Muscle Tremors**  **Swaying**  **Brought Head Forward** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Notes and Observations** | | | | | | |
| **Face**  **1. Left** | | | | **Face**  **2. Right** | | | | | **Face**  **3. Left** | | | | | | **Face**  **4. Right** | | | | | | | **Face**  **5. Right** | | | | **Face**  **6. Left** | | | | | |  | | | | | | |
| **Pad**  **Tip** | | | | **Pad  Tip** | | | | | **Pad  Tip** | | | | | | **Pad  Tip** | | | | | | | **Pad  Tip** | | | | **Pad  Tip** | | | | | |  | | | | | | |
| **6. VITAL SIGNS AND 2nd PULSE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3 PULSES** | | | **Pulse** | | | | **Time** | | |  | | | | | | | | | | **Blood Pressure** | | | | | | | | **Notes and Observations** | | | | | | | | | | |
| **First** | | |  | | | |  | | | Taken from Step 3 | | | | | | | | | | /**mmHg** | | | | | | | |  | | | | | | | | | | |
| **Second** | | |  | | | |  | | |  | | | | | | | | | | **Body Temperature** | | | | | | | |  | | | | | | | | | | |
| **Third** | | |  | | | |  | | | Taken from Step 9 | | | | | | | | | | **° F** | | | | | | | |  | | | | | | | | | | |
| **7. DARK ROOM CHECKS OF PUPIL SIZE AND INGESTION EXAMINATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PUPIL SIZE** | | **Room Light**  2.5-5.0mm | | | | **Near Total Darkness**  5.0-8.5mm | | | | | **Direct Light**  2.0-4.5mm | | | | | | **Rebound Dilation**  **Yes**  **No** | | | | | | | | | | | | | | | | | **Nasal Area** | | | | |
| **Left Eye** | |  | | | |  | | | | |  | | | | | | **Reaction to Light**  Normal  Slow  Little/None | | | | | | | | | | | | | | | | | **Oral Cavity** | | | | |
| **Right Eye** | |  | | | |  | | | | |  | | | | | | **Notes and Observations** | | | | | | | | | | | | | | | | |  | | | | |
| **8. CHECK FOR MUSCLE TONE** | | | | | | | | | | | | | **MUSCLE TONE**  Near Normal  Flaccid  Rigid | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9. CHECK FOR INJECTION SITES AND 3rd PULSE** | | | | | | | | | | | | | | | | | | | | | **10. INTERROGATION, STATEMENTS, AND OBSERVATIONS** | | | | | | | | | | | | | | | | | |
| **3rd Pulse** **at** **Hours *(transfer to section 6)*** | | | | | | | | | | | | | | | | | | | | | **WHAT MEDICATIONS OR DRUGS HAVE YOU BEEN USING?** | | | | | | | | | | | | | | | | | |
| **Arms** | | | | | | | | | | | | | | | | | | | | | **TYPE OF DRUG?** | | | | | | | | | **HOW MUCH/DOSAGE?** | | | | | | | **TIME OF USE?** | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |  | |
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|  | | | | | | | | | | | | | | | | | | | | | **Where were these drugs used?** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | **Notes, Statements, and Other Observations** | | | | | | | | | | | | | | | | | |
| **Right** | | | | | | | | **Left** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **INJECTION SITES**  Note: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **11. OPINION OF EVALUATOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CNS DEPRESSANT  CNS STIMULANT | | | | | HALLUCINOGEN  DISSOCIATIVE ANESTHETIC | | | | | | | | | | | | | NARCOTIC ANALGESIC  INHALANT | | | | | | | | | CANNABIS  ALCOHOL | | | | | | | | MEDICAL  RULE OUT | | | |
| **12. TOXICOLOGICAL EXAM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BLOOD** **URINE** **TOXTRAP** **SALIVA  REFUSED** **UNABLE TO OBTAIN** **NOT REQUESTED reREREREQUESTED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **TIME COMPLETED** | | | | | |
| **EXAMINING DRE** | | | | | | | | | | | | | | | | | | | | **BADGE #** | | | | **REVIEWED BY (Signature, DRE Number, Date)** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | |
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# ARKANSAS DRUG INFLUENCE EVALUATION NARRATIVE

1. **LOCATION:**

1. **WITNESSES:**

1. **BREATH ALCOHOL TEST**:

1. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:**

1. **INITIAL OBSERVATION OF SUSPECT:**

1. **MEDICAL PROBLEMS AND TREATMENT:**

1. **PSYCHOPHYSICAL TESTS:**

1. **CLINICAL INDICATORS:**

1. **SIGNS OF INGESTION:**

1. **SUSPECT’S STATEMENTS:**

1. **DRE’S OPINION:**

1. **TOXICOLOGICAL SAMPLE:**