# ARKANSAS DRUG INFLUENCE EVALUATION FACESHEET

|  |  |  |
| --- | --- | --- |
| Rolling Log # -- |  | Case #  |
|  |
| **Type of Evaluation:** [ ]  Enforcement [ ]  Field Certification/Recertification [ ]  Other  |
| **ADMINISTRATIVE DETAILS** |
| DRE Name DRE Number  | DRE Agency | Arrest Date Arrest Time  | Time DRENotified  | Time EvaluationStarted  |
| 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 [ ]  NoIf Yes, do you take Insulin? [ ]  Yes [ ]  NoEpileptic [ ]  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?  |  |
| Version 10/2017 Page 1 of 2 |

|  |  |  |
| --- | --- | --- |
| 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?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **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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|  Page 2 of 2 |

# 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:**