NEW YORK STATE DRUG INFLUENCE EVALUATION

Evaluator	DRE #	Rolling Log #	**Evaluator's Agency**

Recorder/Witness	Crash: ☐ None ☐ Fatal ☐ Injury ☐ Property	Arresting Officer (Name, ID#)

Arrestee's Name (Last, First, Middle)	Date of Birth	Sex	Race	Arresting Officer Agency

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

Miranda Warning Given ☐ Yes ☐ No Given By:	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:	Coordination:

Speech:	Breath Odor:	Face:

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

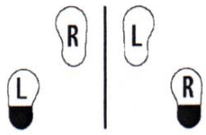
Pupil Size: ☐ Equal ☐ Unequal (explain)	Vertical Nystagmus ☐ Yes ☐ No	Able to follow stimulus ☐ Yes ☐ No	Eyelids ☐ Normal ☐ Droopy

Pulse and time	HGN	Left Eye	Right Eye
1 ____ / ____	Lack of Smooth Pursuit		
2 ____ / ____	Maximum Deviation		
3 ____ / ____	Angle of Onset		

Convergence

Right Eye Left Eye

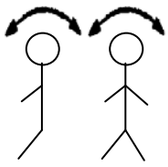
ONE LEG STAND



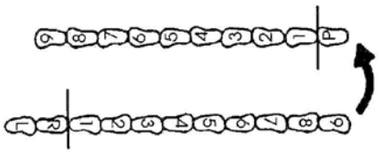
L		**R**
☐	Sways while balancing	☐
☐	Uses arms to balance	☐
☐	Hopping	☐
☐	Puts foot down	☐

Modified Romberg Balance

approx approx



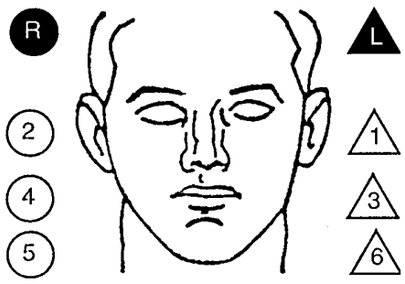
Walk and Turn Test



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

Internal clock ___estimated as 30 seconds	Describe turn	Cannot do test (explain)	Type of footwear:

Draw lines to spots touched



PUPIL SIZE	Room Light (2.5 – 5.0)	Darkness (5.0 – 8.5)	Direct (2.0 – 4.5)
Left Eye			
Right Eye			

Nasal area:

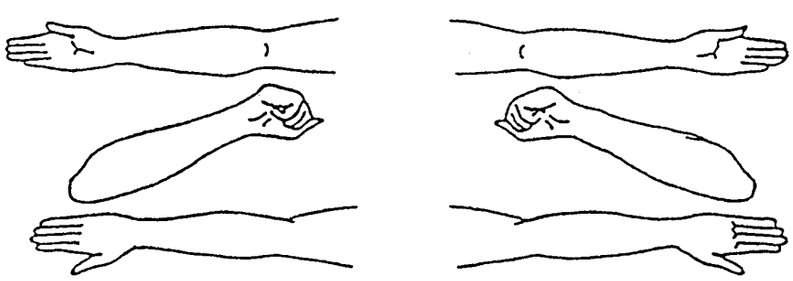
Oral cavity:

Rebound Dilation: ☐ Yes ☐ No	Pupillary Unrest: ☐ Yes ☐ No	Reaction to Light:

Blood pressure	Temperature

Muscle tone: ☐ Normal ☐ Flaccid ☐ Rigid
Comments:

RIGHT ARM **LEFT ARM**



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:

Officer's Signature:	DRE #	Reviewed/approved by / date:

Opinion of Evaluator:

☐ Rule Out	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anesthetic	☐ Inhalant
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis