



MICHIGAN DRUG INFLUENCE EVALUATION

EVALUATOR: _____

IACP# _____

ROLLING LOG#: _____

REPORT NUMBERS: _____

SCRIBE: _____

TYPE OF EVALUATION: **Enforcement**

WITNESS: _____

ARRESTEE'S NAME (Last, First, Middle) _____

Date of Birth _____

Age _____

Sex _____

Race _____

Arresting Officer (Name, ID#) _____

Date Examined / Time / Location
_____/_____/_____

Breath Results:

Test Refused

Results: _____

Instrument #: _____

Chemical Test:

Urine _____

Blood _____

Test time _____

Test or tests refused

Miranda Warning Given

 Yes No

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 SoftEyes: Reddened Conjunctiva Normal Bloodshot Watery

Blindness:

 None Left Right

Tracking:

 Equal UnequalPupil Size: Equal Unequal (explain) _____

Vertical Nystagmus

 Yes No

Able to follow stimulus

 Yes No

Eyelids

 Normal Droopy

Pulse and time

1. _____ / _____

2. _____ / _____

3. _____ / _____

HGN

Lack of Smooth Pursuit

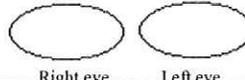
Maximum Deviation

Angle of Onset

Right Eye

Left Eye

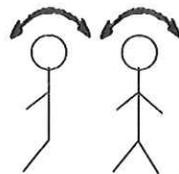
Convergence



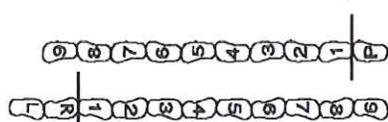
ONE LEG STAND



Romberg Balance



Walk and turn test



Cannot keep balance _____

Starts too soon _____

Stops walking _____

Misses heel-toe _____

Steps off line _____

Raises arms _____

Actual steps taken _____

1st Nine2nd Nine

L R

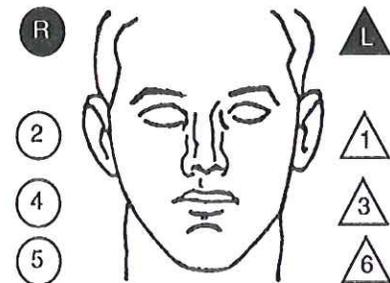
 Sways while balancing Uses arms to balance Hopping Puts foot downInternal clock
estimated as 30 seconds

Describe Turn _____

Cannot do test (explain) _____

Type of footwear: _____

Draw lines to spots touched



PUPIL SIZE

Room light

Darkness

Direct

2.5 - 5.0

5.0 - 8.5

2.0 - 4.5

Left Eye

Right Eye

Nasal area:

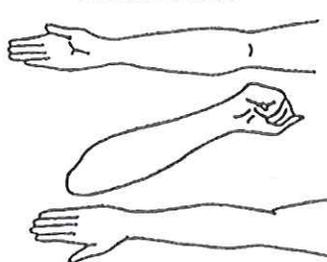
Oral cavity:

REBOUND DILATION

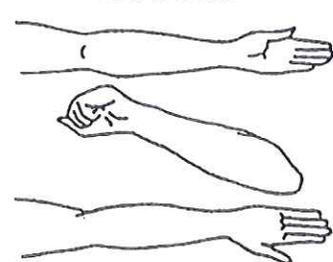
 Yes No

REACTION TO LIGHT:

RIGHT ARM



LEFT ARM



Blood pressure

Temperature

Muscle tone:

 Normal Flaccid Rigid

Comments:

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: _____

Opinion of Evaluator:

 Depressant Hallucinogen Narcotic Analgesic Cannabis Alcohol Rule Out Other Stimulant Dissociative Anesthetic Inhalant Alcohol Medical Rule Out No Impairment

Officer's Signature: _____

Felony Offense: _____

Misdemeanor Offense: _____

Reviewed/approved by / date: _____

**MICHIGAN
DRUG INFLUENCE NARRATIVE**

Date:	DR Number:
Officer's Name:	Citation Number:
Officer's Serial Number:	Suspect Name:
IACP Number:	Date of Birth:

1. Location:

On _____ at _____ hours, a drug influence evaluation was conducted on _____ while at _____.

2. Witnesses:

Certified D.R.E./ Instructor:
Evaluator:
Scribe:
Observer:

3. Breath Test:

A breath test was conducted at _____ hours, on instrument # _____ with a result of _____.

4. Notification and Interview of Arresting Officer:

5. Initial Observation of the Suspect:

6. Medical Problems and Treatment:

7. Psychophysical Tests:

- A) Romberg modified:
- B) Walk and turn:
- C) One leg stand (left leg):
- D) One leg stand (right leg):
- E) Finger to nose:

8. Clinical Indicators:

HGN:

Vertical Nystagmus:

Lack of Convergence:

Body Temperature:

Blood Pressure:

Pulse:

Pupil Size:

Reaction to Light:

9. Signs of Ingestion:

10. Suspect's Statements:

11. DRE's Opinion:

It is my opinion as a certified DRE, that _____ is under the influence of _____, and is not able to operate a vehicle safely.

12. Toxicological Sample:

A _____ sample was collected at _____ hours by _____.

13. Miscellaneous: