# Cambridge Police
## DRUG INFLUENCE EVALUATION

EVALUATOR:

DRE #

Time DRE Notified

Rolling Log #:

Arresting Officer:

| ARRESTEE'S NAME: (Last, First, MI) | DOB: | AGE: | SEX: | Arresting Department: |
|---|---|---|---|---|
| | | | | |

| Date Examined / Time / Location | Breath Test: ☐ Refused Instrument: BA Results: 0. /210L | Chemical Test: ☐ Refused ☐ Urine ☐ Blood |
|---|---|---|
| | | |

| Miranda Warning Given: ☐ Yes ☐ No By: | What have you eaten today? When? | What have you been drinking? How much? | Time of last Drink? |
|---|---|---|---|
| | | | |

| Time Now? | 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 / Dentist? ☐ Yes ☐ No |
|---|---|---|
| | | |

| Are you taking any medication or drugs? ☐ Yes ☐ No | ATTITUDE | COORDINATION |
|---|---|---|
| | | |

| SPEECH | BREATH | FACE |
|---|---|---|
| | | |

| CORRECTIVE LENS: ☐ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft | EYES ☐ Normal ☐ Bloodshot ☐ Watery ☐ Reddened Conjunctiva | Blindness: ☐ None ☐ R.Eye ☐ L.Eye | Tracking: ☐ Equal ☐ Unequal |
|---|---|---|---|
| | | | |

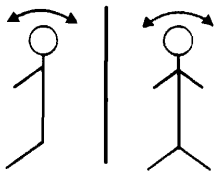
| PUPIL SIZE: ☐ Equal ☐ Unequal (explain) | HGN Present ☐ Yes ☐ No | Able to follow stimulus: ☐ Yes ☐ No | Eyelids: ☐ Normal ☐ Droopy |
|---|---|---|---|
| | | | |

| PULSE & TIME | HGN | Right Eye | Left Eye | Vertical Nystagmus ☐ Yes ☐ No |
|---|---|---|---|---|
| 1 / | Lack of Smooth Pursuit | ☐ | ☐ | Convergence Right Eye ◯ Left Eye ◯ |
| 2 / | Maximum Deviation | ☐ | ☐ | |
| 3 / | Angle of Onset | | | |

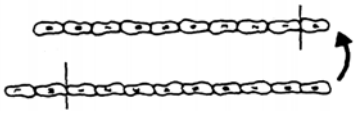
ONE LEG STAND:

| L | R | |
|---|---|---|
| ☐ | ☐ | Sways while balancing |
| ☐ | ☐ | Uses arms for balance |
| ☐ | ☐ | Hopping |
| ☐ | ☐ | Puts foot down |

ROMBERG BALANCE



WALK AND TURN TEST

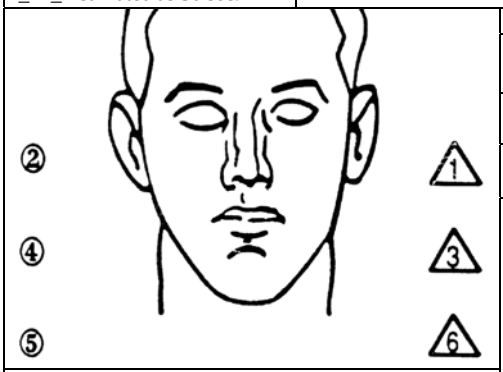


Cannot keep balance _____

Starts too soon _____

| | 1st Nine | 2nd Nine |
|---|---|---|
| Stops Walking | | |
| Miss Heel – Toe | | |
| Steps off line | | |
| Raises arms | | |
| Actual # Steps | | |

| INTERNAL CLOCK _ _ Estimated as 30 sec. | Describe Turn | Cannot Do Test (explain) | Type of Footwear |
|---|---|---|---|
| | | | |




| PUPIL SIZE | Room light | Darkness | Direct |
|---|---|---|---|
| LEFT EYE | | | |
| RIGHT EYE | | | |

NASAL AREA

ORAL CAVITY

HIPPUS ☐ Yes ☐ No

REBOUND DILATION ☐ Yes ☐ No

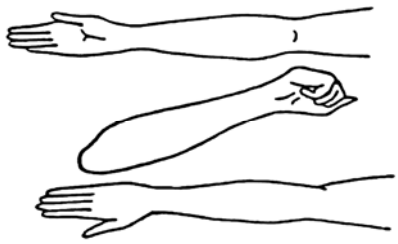
Reaction to Light

BLOOD PRESSURE __ _/__ __

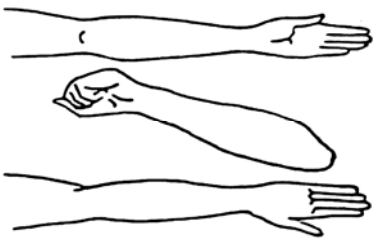
TEMPERATURE __ _°F

Muscle Tone: ☐ Near Normal ☐ Flaccid ☐ Rigid

RIGHT ARM



LEFT ARM



ATTACH PHOTOS OF FRESH PUNCTURE MARKS

| What medicine or drug have you been using? | How much? | Time of use? | Where were the drugs used? (location) |
|---|---|---|---|
| | | | |

| DRE's Signature | DRE # | Evaluation Start Time | Time Completed | Reviewed by: |
|---|---|---|---|---|
| | | | | |

Opinion of DRE: ☐ Rule Out ☐ Alcohol ☐ CNS Depressant ☐ CNS Stimulant ☐ Hallucinogen ☐ Dissociative Anesthetic ☐ Inhalant ☐ Narcotic Analgesic ☐ Cannabis