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|  | | | | STATE OF MAINE DRUG INFLUENCE EVALUATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evaluator: | | | | | | | | DRE#: | | | | | | | Rolling Log#: | | | | | | | | | | Evaluator’s Agency: | | | | | | | | | Case # | | | |
| Recorder/Witness: | | | | | | | | Crash:  None  Fatal  Injury  Property | | | | | | | | | | | | | | | | | Arresting Officer’s Agency: | | | | | | | | | | | | |
| ARRESTEE’S NAME (Last, First, Middle)       , | | | | | | | | | | | | Date of Birth | | | | | | | | Sex | | | Race | | | | | | Arresting Officer (Name, ID#) | | | | | | | | | | | | |
| Date Examined / Time /Location       /     / | | | | | | | | | | | | Breath Test:  Test Refused  Results:       Instrument #: | | | | | | | | | | | | | | | | | | | | | | Chemical Test: Urine  Blood        Oral Fluid  Test or tests refused | | | | | | | |
| Miranda Warning Given:  Given by: | | | | | | 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  Soft  Colored | | | | | | | | | | | | | | | | | | | Eyes:  Normal  Bloodshot  Watery | | | | | | | | | | | | | | | | Blindness:  None  Left  Right | | | | | | Tracking:  Equal  Unequal |
| Pupil Size:  Equal  Unequal  (Explain) | | | | | | | | | | | | | | Resting Nystagmus  Yes  No | | | | | | | | | | | | | | Vertical Nystagmus  Yes  No | | | | | | | | Able to follow stimulus  Yes  No | | | | | Eyelids  Normal  Droopy |
| Pulse and time | | | | | | | | | HGN | | | | | | | | Right Eye | | | | | Left Eye | | | | | | ConvergenceRight eye Left eye | | | | | | | | | /30 ONE LEG STAND     /30    L R  Sways while balancing  Uses arms to balance  Hopping  Puts foot down | | | | |
| **1****.** |  | / |  | |  | | | | Lack of Smooth Pursuit | | | | | | | |  | | | | |  | | | | | |
| **2.** |  | / |  | |  | | | | Maximum Deviation | | | | | | | |  | | | | |  | | | | | |
| **3.** |  | / |  | |  | | | | Angle of Onset | | | | | | | |  | | | | |  | | | | | |
| Romberg Balance | | | | | | | | | Walk and turn test | | | | | | | | | | | | | | | Cannot keep balance | | | | | | |  | | | | | |
| Starts too soon | | | | |  | | | | | | | |
|  | | | | | 1st Nine | | | | 2nd Nine | | | |
| Stops walking | | | | |  | | | |  | | | |
| Misses heel-toe | | | | |  | | | |  | | | |
| Steps off line | | | | |  | | | |  | | | |
| Raises arms | | | | |  | | | |  | | | |
| Actual steps taken | | | | |  | | | |  | | | |
| Time Estimation       sec estimated as 30 sec | | | | | | | | | 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)** | | | | | Nasal area: | | | | |
| Left Eye | | | | | |  | | | | | |  | | | |  | | | | |
| Oral cavity: | | | | |
| Right Eye | | | | | |  | | | | | |  | | | |  | | | | |
|
| **Rebound Dilation**  Yes  No | | | | | | | | | | | | | | | | | | | | | **Reaction to Light:** | | | | |
| RIGHT ARM LEFT ARM | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blood pressure       /      mmHg | | | | | | | | Temperature  0 F | | | | | | | |
| 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): | | | | | | | | | | Subject refused entire evaluation  Subject stopped participating during evaluation | | | | |
| Officer’s Signature: | | | | | | | | | | Date/ Time of Arrest:      / | | | | | | | Time DRE was notified: | | | | | | | | | Evaluation completion time: | | | | | | | | | | | | | Reviewed/approved by / date/DRE#:       /     / | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Opinion of Evaluator: | Not Impaired  Medical | Alcohol  CNS Depressant | CNS Stimulant  Hallucinogen | Dissociative Anesthetics  Inhalant  Narcotic Analgesic  Cannabis |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | | **STATE OF MAINE** DRUG INFLUENCE EVALUATION |   **DRE Case Number:**      Page       of       Pages  **Arrestee’s Name:**  **Evaluator:**  **Arresting Officer:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**1. Location:**

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

**2. Witnesses:**

**3. Breath Test:**

A breath test was conducted 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) Modified Romberg Balance:

B) Walk and Turn:

C) One Leg Stand (left leg):

D) One Leg Stand (right leg):

E) Finger to Nose:

**8. Major Indicators:**

**9. Signs of Ingestion:**

**10. Suspect’s Statements:**

**11. DRE’s Opinion:**

It is my opinion as a Certified Drug Recognition Expert, that       is under the influence of      ,  
 and is not able to operate a vehicle safely.

**12. Toxicological Sample:**

The subject consented to a       sample and was entered into evidence.

**13. Miscellaneous:**

**DRE's Statement of Probable Cause: My basis of probable cause is contained in the attached copy of the DRE report and evaluation, the contents of which, upon knowledge and information that I believe to be true, are incorporated herein by reference and are subject to my undersigned oath.  
  
Sworn before me under oath:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Notary Public) (Signature of DRE)

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(DRE’s Name Printed or Typed)

End Commission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Department of DRE)

Revision 09/2023