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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 [ ]  RigidComments:       |
| 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 |  |  |

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|  **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)

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