NEW YORK STATE
DRUG INFLUENCE EVALUATION

Evaluator	DRE #	Rolling Log #	Evaluator's Agency
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 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	Right Eye	Left Eye
1. ____ / ____	Lack of Smooth Pursuit		
2. ____ / ____	Maximum Deviation		
3. /	Angle of Onset		

Convergence

Right eye Left eye

ONE LEG STAND

L R

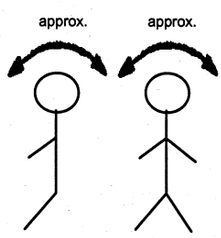
☐ Sways while balancing ☐

☐ Uses arms to balance ☐

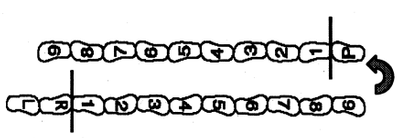
☐ Hopping ☐

☐ Puts foot down ☐

ROMBERG BALANCE



WALK AND TURN TEST



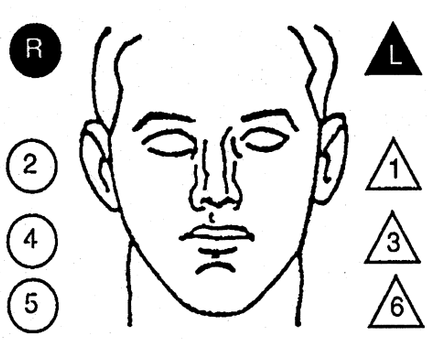
Cannot keep balance _____

Starts too soon _____

	1st Nine	2nd Nine
Stops walking		
Misses heel-toe		
Steps off line		
Raises arms		
Actual steps taken		

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:

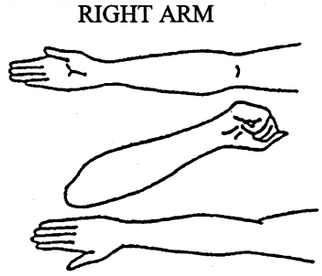
Oral cavity:

REBOUND DILATION: ☐ Yes ☐ No

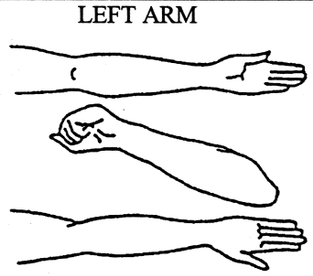
PUPILLARY UNREST: ☐ Yes ☐ No

REACTION TO LIGHT:

RIGHT ARM



LEFT ARM



Blood pressure	Temperature

Muscle tone: ☐ Near 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:

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

Revised 02-2011