WASHINGTON STATE DRUG INFLUENCE EVALUATION

Case #	Rolling Log # - -

Type of Evaluation: ☐ Traffic ☐ Other _____

☐ Field Certification ☐ Mock Evaluation ☐ Recertification ☐ Instructor Observed

ADMINISTRATIVE DETAILS

DRE Name DRE Number	DRE Agency	Arrest Date Arrest Time	Time DRE Notified	Time Evaluation Started
Witness/Scribe	Witness/Scribe is: ☐ DRE ☐ DRE Instructor		County of Arrest	
Miranda Warnings Given By	Time of Miranda	Location of Evaluation	Collision: ☐ N/A ☐ Injury ☐ Fatality ☐ Property	

SUBJECT INFORMATION AND QUESTIONS

Subject's Name (Last, First, MI)	DOB Sex ☐ M ☐ F	Race	Driver's License Number and State

What time is it?	What is the date?	What have you eaten today and when?	What have you had to drink today and when?
When did you last sleep? For how long?		Are you sick or injured?	Diabetic ☐ Yes ☐ No If Yes, do you take Insulin? ☐ Yes ☐ No Epileptic ☐ Yes ☐ No
Do you have any physical impairment?		Are you under the care of a doctor or dentist? ☐ Yes ☐ No If yes, name:	What medications or drugs are you taking?

1. BREATH TEST

Breath Test Results **Instrument Number** **Time** ☐ BAC ☐ PBT

2. INTERVIEW OF ARRESTING OFFICER

Name **Agency** ☐ *Arresting Officer is A.R.I.D.E. trained*

3. PRELIMINARY EXAMINATION

First Pulse (**beats per minute) at** **hours.** *(Transfer to section 6)*

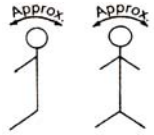
Attitude	Coordination	Speech	Breath	Facial Color

Corrective Lenses	Blindness	Eyes	Eyelids	Pupil Size	Able to follow the stimulus?	Equal Tracking?
☐ Hard Contacts ☐ Soft Contacts ☐ Glasses ☐ None	☐ None ☐ Left ☐ Right	☐ Near Normal ☐ Bloodshot ☐ Watery	☐ Normal ☐ Droopy	☐ Equal ☐ Unequal	☐ Yes ☐ No	☐ Yes ☐ No

4. EYE EXAMINATIONS

HGN	Left	Right	Vertical Gaze Nystagmus	Notes and Observations
Lack of Smooth Pursuit	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Distinct & Sustained Nystagmus at Maximum Deviation	☐ Yes ☐ No	☐ Yes ☐ No	**Lack of Convergence** ☐ Yes ☐ No	
Angle of Onset Prior to 45 degrees	°	°	Right ( ) Left ( )	

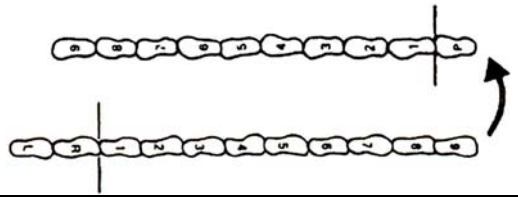
5. DIVIDED ATTENTION TESTS

Romberg Balance	Eyelid Tremors ☐ Yes ☐ No	How many seconds?	Notes and Observations
	seconds estimated as 30 seconds.	How did you estimate the time?	

Case #

Rolling Log # - -

WALK AND TURN



Describe Turn

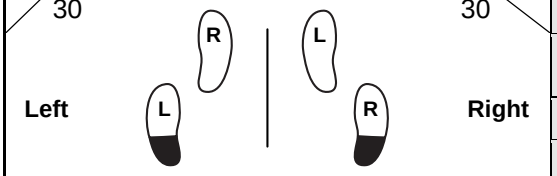
Notes and Observations

Cannot Do Test: ☐

Type of Footwear		
Can't Keep Balance	☐	
Starts Too Soon	☐	
	Up	Back
Stops Walking	☐	☐
Misses Heel to Toe	☐	☐
Steps Off Line	☐	☐
Raises Arms	☐	☐
Actual Steps Taken		

ONE LEG STAND

30 30



Left		Right
☐	Sways	☐
☐	Uses Arms to Balance	☐
☐	Hops	☐
☐	Put Foot Down	☐

Notes and Observations

FINGER TO NOSE ☐ Eyelid Tremors ☐ Muscle Tremors ☐ Swaying ☐ Brought Head Forward

1. Left	2. Right	3. Left	4. Right	5. Right	6. Left
☐ Pad ☐ Tip	☐ Pad ☐ Tip	☐ Pad ☐ Tip	☐ Pad ☐ Tip	☐ Pad ☐ Tip	☐ Pad ☐ Tip

Notes and Observations

6. VITAL SIGNS AND 2nd PULSE

3 PULSES	Pulse	Time	
First			Taken from Step 3
Second			
Third			Taken from Step 9

Blood Pressure / **mmHg**

Body Temperature ° **F**

Notes and Observations

7. DARK ROOM CHECKS OF PUPIL SIZE AND INGESTION EXAMINATION

PUPIL SIZE	Room Light	Near Total Darkness	Direct Light
Left Eye			
Right Eye			

Rebound Dilation ☐ Yes ☐ No

Pupillary Unrest ☐ Yes ☐ No

Reaction to Light ☐ Normal ☐ Slow ☐ Little/None

Nasal Area

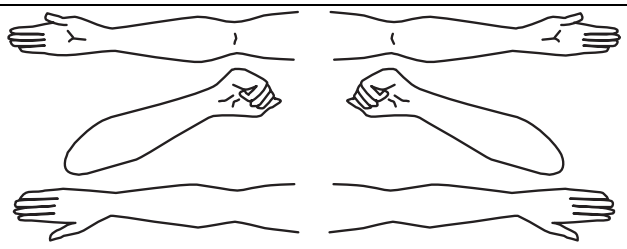
Oral Cavity

8. CHECK FOR MUSCLE TONE

MUSCLE TONE ☐ Near Normal ☐ Flaccid ☐ Rigid

9. CHECK FOR INJECTION SITES AND 3rd PULSE

3rd Pulse at Hours ***(transfer to section 6)***



Right **Left**

INJECTION SITES

10. INTERROGATION, STATEMENTS, AND OBSERVATIONS

WHAT MEDICATIONS OR DRUGS HAVE YOU BEEN USING?

TYPE OF DRUG?	HOW MUCH/DOSAGE?	TIME OF USE?

Where were these drugs used?

Notes, Statements, and Other Observations

11. OPINION OF EVALUATOR

☐ DEPRESSANT	☐ NARCOTIC ANALGESIC	☐ INHALANT	☐ CANNABIS	☐ NOT IMPAIRED
☐ STIMULANT	☐ DISSOCIATIVE ANESTHETIC	☐ HALLUCINOGEN	☐ ALCOHOL	☐ MED RULE OUT

12. TOXICOLOGICAL EXAM

☐ BLOOD ☐ BLOOD WARRANT OBTAINED ☐ URINE ☐ REFUSED ☐ UNABLE TO OBTAIN ☐ NOT REQUESTED | TIME COMPLETED

EXAMINING DRE	BADGE #	REVIEWED BY DRE INSTRUCTOR (Signature, DRE Number, Date)

Copies to: ☐ Arresting Officer ☐ Court ☐ Originating Agency ☐ Tox. Lab ☐ State Coordinator