| S  | tate of Minneso                  | ta 🗓                              |                       | EVALUATOR / DE                   | PARTMENT                  |   |                         |
|--|----------------------------------|-----------------------------------|-----------------------|----------------------------------|---------------------------|---|-------------------------|
| DRUG   | INFLUENCE EVALU                  | JATION                            |                       | ARREST CASE NU                   | JMBER D                   | RE CASE NUMBER  |                         |
| ARRESTEE'S NAME (LAST, FI                              | DOB<br>/ /                       | AGE SE                            | X ARRESTING           | OFFICER (NAME                    | , BADGE #, DIV / DEPT.    | )   |                         |
| DATE EXAMINED / TIME / LOCATION                        |                                  | BREATH RES                        | SULTS:                | Refused                          | C                         | CHEMICAL TEST  Bo   |                         |
| / / at hours -  MIRANDA WARNING GIVEN  Yes What have y |                                  | Results 0. you eaten today? When? |                       | nstrument #<br>What have you bee |                           | Urine Blood Kit #: en drinking? How much? Time of last drink? |                         |
| Given by:  | ☐ No                             | -                                 |                       |                                  |                           |   |                         |
| Time now? When did you la                              | st sleep? How long?              | Are you sick                      |                       | l? ∐ Yes<br>□ No                 | Are you diabe             | etic Yes or epil  | leptic?  Yes No         |
| Do you take insulin? Yes No                            | Do you have any physica          | al defects?                       | □ Y<br>□ N            |                                  | der the care of a do      | octor Yes der   | ntist? Yes              |
| Are you taking any medications                         | s Yes No                         | or drugs?                         |                       |                                  | ATTITUDE                  |   |                         |
| SPEECH   |                                  | BREATH                            |                       |                                  | COORDINATION              | ١   |                         |
| FACE   | CORRECTIVE LENS  Contacts, if so |                                   | Glasses<br>Soft       | EYES: Norr                       | <del></del>               |   | KING:<br>qual ☐ Unequal |
| 1 0 1 1  | stimated Size: mm                | BLINDNE                           |                       | Able to fo                       | ollow stimulus:           | Eyelids:  |                         |
| SIZE: Unequal (explain) PULSE & TIME                   | HGN                              | Left Eye                          | Right Eye             | Vertical Nystagm                 |                           | ONE LEG   |                         |
| 1 /hrs.  | Lack of Smooth Pursuit           |                                   |                       | ☐ Yes ☐ N                        |                           |   |                         |
| 2 /hrs.  | Maximum Deviation                |                                   |                       | Conv<br>Right Eye                | vergence<br>e Left Eye    |   |                         |
| 3 /hrs.  | Angle of Onset                   | 0                                 | 0                     |                                  |                           |   |                         |
| ROMBERG BALANCE TEST                                   | WALK AND TURN TEST               | Γ                                 | Cannot                | keep balance                     |                           |   | 9                       |
|  |                                  |                                   | Starts t              | 00 soon                          | line 2 <sup>nd</sup> Nine |   |                         |
|  | (SIMIEIMIS)                      | ******                            | Stops W               |                                  | VIIIC 2 IVIIIC            |   | R                       |
|  | constance en                     | wyslwyslw.                        |                       | leel-To-Toe                      |                           |   | e balancing.            |
|  |                                  |                                   | Steps off<br>Raises A |                                  |                           | Uses arms  Hopping.   | to balance.             |
|  |                                  |                                   | Actual S              | teps Taken                       |                           | Puts foot do  | _                       |
| INTERNAL CLOCK: Estimated as 30 sec.                   | Describe Turn                    |                                   | Cani                  | not Do Test (explain)            |                           | Type of Footwe  | ar                      |
| Right Draw lines to spots to                           | Left                             | D                                 | Right L               |                                  |                           | Right Le  |                         |
| 1 (  | <b>\</b> )                       | 1(                                |                       | <b>\</b> )                       |                           | 1(  | <b>\</b> )              |
|  | 3/4                              | $\downarrow \rangle$              |                       | <b>L</b>                         |                           |   | \h \                    |
|  | )                                | $\mathcal{O}$                     |                       | K) ^                             |                           |   | K) A                    |
|  |                                  | ② /¶                              |                       |                                  | 2                         |   |                         |
|  | $\bigwedge$ $\triangle$          | 4                                 | \\ <del>\\</del>      | <b>3</b>                         | 4                         | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\                        | <b>3</b>                |
| 5  | <b>1</b>                         | §                                 |                       | 1<br>&                           | \$                        |   | <i>[</i>                |
|  |                                  | •                                 | <b>A</b>              |                                  | •                         | <b>O  A </b>  |                         |
| Right Draw lines to spots to:                          | Left<br>uched                    | Dr                                | Right Le              |                                  |                           | Right Let  Draw lines to spots touch                          |                         |
|  | <b>)</b> )                       | [{                                |                       | <b>}</b> )                       |                           |   | })                      |
| 1 256  | <b>\</b>                         | Ŋ.                                | のる                    | h                                |                           | 文的の   | h                       |
|  | $\mathcal{V}$                    | 2                                 |                       | U A                              | 2                         |   | U A                     |
|  |                                  | , }                               | \ 👙 ,                 | _                                |                           |   |                         |
| (a) (b)  |                                  | •                                 |                       | <u>3</u>                         | 4                         |   | <u>3</u>                |
| \$   | <b>&amp;</b>                     | \$                                | •                     | <u>&amp;</u>                     | 5                         | . '   |                         |

| BLOOD PRESSURE:/mmHG                       | TEMP<br>° F   | PUPIL SIZE                            | Room Light<br>2.5 – 5.0 mm | Darkness<br>5.0 – 8.5 mm | Direct<br>2.0 – 4.5 mm | NASAL AREA    |                |  |
|--|---------------|---------------------------------------|----------------------------|--------------------------|------------------------|---------------|----------------|--|
| MUSCLE TONE:                               |               | Left Eye                              | mm                         | mm                       | mm                     | ORAL CAVITY   |                |  |
| ☐ Near Normal ☐ Flaccid                    | Rigid         | Right Eye                             | mm                         | mm                       | mm                     |               |                |  |
| Comments:                                  |               | REBOUND DIL                           | ATION                      | Yes No                   | REACTION TO LI         | GHT           |                |  |
|  |               | RIGHT ARM LEFT A                      |                            |                          |                        |               |                |  |
|  |               | کے                                    |                            | $\overline{}$            | _                      | <u> </u>      |                |  |
|  |               |                                       |                            |                          |                        |               |                |  |
|  |               |                                       |                            |                          |                        |               |                |  |
|  |               |                                       |                            |                          |                        | 1001          |                |  |
|  |               |                                       |                            |                          |                        |               |                |  |
|  |               | (                                     |                            |                          |                        |               | $\sim$         |  |
|  |               | $\in$                                 |                            |                          |                        |               |                |  |
|  |               |                                       |                            |                          |                        |               | 2              |  |
|  |               | ATTACH PHOTOS OF FRESH PUNCTURE MARKS |                            |                          |                        |               |                |  |
| What medicine or drug have you been using? |               | How much? Dosage?                     |                            |                          |                        | Time of use?  |                |  |
| Where were the drugs used? (Local          | tion)         |                                       | TIME DRE                   | NOTIFIED                 | EVAL ST                | ART TIME      | TIME COMPLETED |  |
| DATE / TIME OF ARREST / / at hours         | ROLLING LOG   | # DRE SIG                             | GNATURE                    |                          | WITNES                 | SS / RECORDER |                |  |
| REVIEWED BY                                | OPINION OF DE |                                       |                            |                          | <u> </u>               |               |                |  |
| DATE                                       |               | ☐ CNS STIMUL                          | ANT                        |                          |                        |               |                |  |
|  |               |                                       |                            |                          |                        |               |                |  |
|  |               |                                       |                            |                          |                        |               |                |  |
|  |               | DRUGI                                 | NELLIEN                    | E EVALU                  | MOITA                  |               |                |  |
|  |               | וטטוט                                 | I LOLIN                    | LLVALU                   | 110II                  |               |                |  |

| NARRATIVE: (1) LOCATION; (2) WITNESSES; (3) BREATH ALCOHOL TEST; (4) NOTIFICATION AND INTERVIEW OF ARRESTING OFFICER (5) INITIAL OBSERVATIONS OF SUBJECT; (6) MEDICAL PROBLEMS AND TREATMENT; (7) PSYCHOPHYSICAL INDICATORS; (8) CLINICAL INDICATORS (EYES, VITALS); (9) SIGNS OF INGESTION; (10) SUBJECT STATEMENTS; (11) DRE'S OPINION; (12) TOXICOLOGICAL SAMPLE; (13) MISCELLANEOUS |
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