OFFICE OF THE CHIEF OF POLICE

NOTICE
8.1.3

August 26, 2021

TO: All Department Personnel

FROM: Chief of Police

SUBJECT: NARCOTIC ARRESTEE EXAMINATION, FORM 08.40.00; AND, DRUG INFLUENCE EVALUATION, FORM 08.40.02 – REVISED

The purpose of this Notice is to advise Department personnel of the revisions made to the Narcotic Arrestee Examination, Form 08.40.00, and the Drug Influence Evaluation, Form 08.40.02.

The revisions to these forms were made to incorporate recent changes to the Drug Recognition Expert (DRE) curriculum by the National Highway Traffic and Safety Administration.

FORM AVAILABILITY: The Narcotic Arrestee Examination, Form 08.40.00, and the Drug Influence Evaluation, Form 08.40.02, are attached for immediate use and duplication. In addition, these forms are available in E-Forms on the Department's Local Area Network. All other versions of these forms shall be marked "obsolete" and placed in the divisional recycling bin.

Should you have any questions regarding this Notice, please contact the DRE Unit, Traffic Group, at (323) 276-2380.

MICHEL R. MOORE
Chief of Police

Attachments

DISTRIBUTION "D"

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NARCOTIC ARRESTEE EXAMINATION

DR No.: _____

Arrestee's Name: _____ Booking No.: _____
(Last, First, MI)

Arresting Officer: _____
(Name, Serial No., Div.)

Evaluator: _____
(Name, Serial No., Div. - If different than arresting officer)

Date Examined/Time/Location: _____

Preliminary Medical Information

Are you ill or injured?..... ☐No ☐Yes If Yes, detail in Arrest Report Narrative.
Are you under the care of a doctor?..... ☐No ☐Yes If Yes, detail in Arrest Report Narrative.
Are you taking any medication(s)?..... ☐No ☐Yes If Yes, detail in Arrest Report Narrative.

(Check all that apply)

Appearance

☐ Blank stare
☐ Muscle tone
☐Flaccid ☐Rigid
☐ Nodding
☐ Profuse sweating
☐ Relaxed/sedate
☐ Other _____

Behavior(s)

☐ Agitated
☐ Hallucinations
☐ Hyperactivity
☐ Lethargic movements
☐ Mood variations
☐ Scratching
☐ Other _____

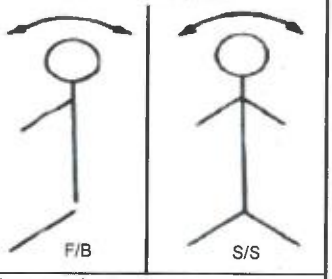
Breath

☐ Alcoholic
☐ Chemical
☐ Other _____

Hands/Fingertips

☐ Blisters ☐ Residue
☐ Burns ☐ Other
☐ Discoloration _____

MODIFIED ROMBERG BALANCE TEST



Internal clock
____ **estimated as 30 seconds.**

Face

☐ Burned lips
☐ Chapped lips
☐ Debris in mouth
☐ Drowsy
☐ Dry mouth
☐ Nasal irritation
☐ Nasal residue
☐ Other _____

Speech

☐ Non-communicative ☐ Repetitive ☐ Soft/quiet
☐ Rapid ☐ Slow ☐ Unintelligible
☐ Raspy ☐ Slurred ☐ Other _____

Corrective Lens

☐ None
☐ Glasses
☐ Contacts, if so ☐Hard ☐Soft

HGN	Right	Left
Lack of Smooth Pursuit	☐Yes ☐No	☐Yes ☐No
Max Deviation	☐Yes ☐No	☐Yes ☐No
Angle of Onset Prior to 45 Degrees	☐Yes ☐No	☐Yes ☐No

VGN ☐Yes ☐No

Lack of Convergence
Right Eye Left Eye

Pulse/Time
1. ____ / ____
2. ____ / ____

Pupillary Reaction to Light Pupil Size (MM)

☐ Normal
☐ Slow
☐ Little
☐ None Visible

	Room Light	Near Total Darkness	Direct Light
Left			
Right			

Rebound Dilation
☐ Yes ☐ No

Urine Admonition given: ☐No ☐Yes, Form 08.40.01 completed. Given by: _____

ARRESTING OFFICER'S EXPERTISE: A statement of the arresting officer's expertise should be included in the Arrest Report. The statement should include any training and experience in making any under the influence arrests and/or investigations. This section may also include but not limited to: possession, under the influence (driving included), sales, transportation, etc. Officers should specify the type of drug(s) in which the training, investigation, or arrest was received.
Has this statement been included in the Arrest Report? ☐Yes ☐No

Miranda Admonition given: ☐ No ☐ Yes Given by: _____

Arrestee's Statement: _____

_____

_____

_____

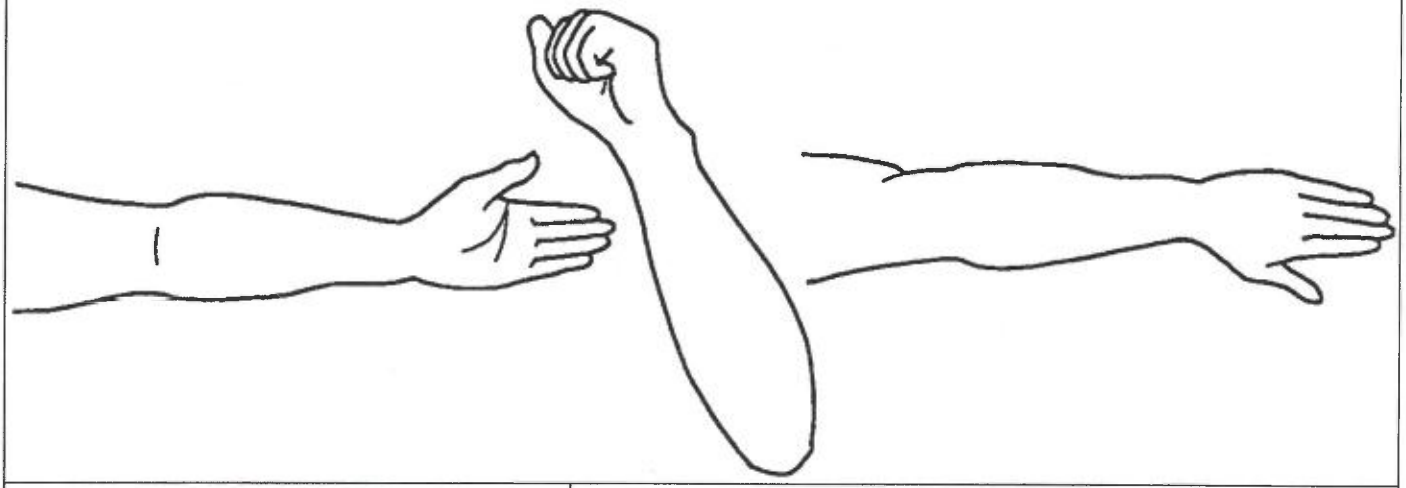
_____

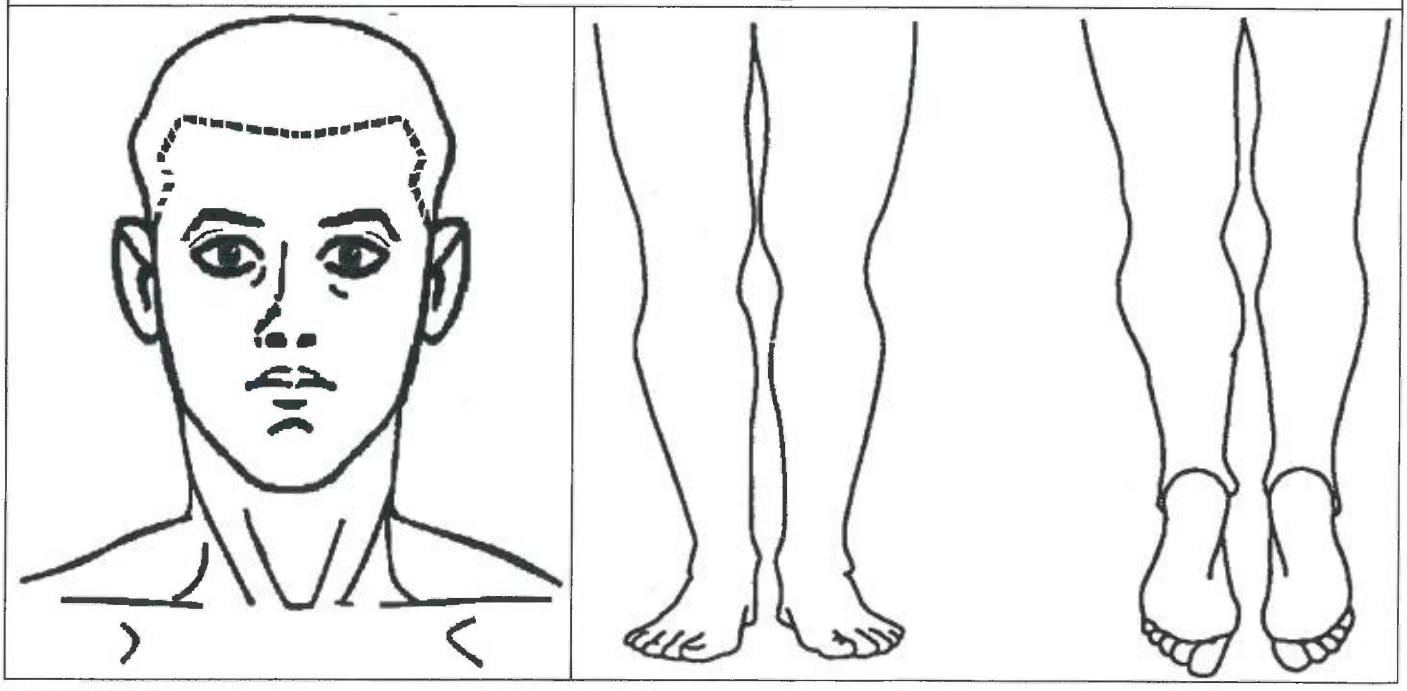
Arrestee's Name: _____ Booking No.: _____ DR No.: _____
(Last, First, MI)

PHOTOGRAPH: When available, include a photograph of the injection site and note on the schematic the location photographed. Is photo attached? ☐ Yes ☐ No If No, explain in Arrest Report Narrative.

RIGHT ARM

LEFT ARM





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DRUG INFLUENCE EVALUATION

EVALUATOR:

TO BE COMPLETED BY CERTIFIED DREs OR DRE CANDIDATES ONLY

BOOKING NO. | DR NO.

ARRESTEE'S NAME *(LAST, FIRST, MI)* | D.O.B. | AGE | SEX | RACE | ARRESTING OFFICER *(NAME, SERIAL #, DIV.)*

DATE EXAMINED/TIME/LOCATION | BREATH RESULTS ☐ Refused Results Instrument # | CHEMICAL TEST ☐ Both Tests Refused ☐ Urine ☐ Blood Item No. ____

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? 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/dentist? ☐ Yes ☐ No

Are you taking any medications or drugs? ☐ Yes ☐ No | Attitude: | Coordination:

Speech: | Breath: | Face:

CORRECTIVE LENS ☐ NONE ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft | Eyes ☐ Normal ☐ Bloodshot ☐ Watery | Blindness ☐ None ☐ L. Eye ☐ R. Eye | Tracking ☐ Equal ☐ Unequal

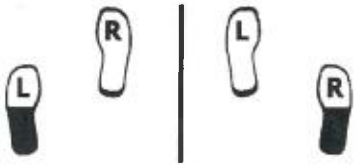
Pupil size ☐ Equal ☐ Unequal: (explain) | HGN Present? ☐ Yes ☐ No | Able to follow stimulus? ☐ Yes ☐ No | Eyelids: ☐ Normal ☐ Droopy

Pulse and Time	HGN	Left Eye	Right Eye
1. ____/____	Lack of Smooth Pursuit	☐ Yes ☐ No	☐ Yes ☐ No
2. ____/____	Max. Deviation	☐ Yes ☐ No	☐ Yes ☐ No
3. ____/____	Angle of Onset		

VGN ☐ Yes ☐ No

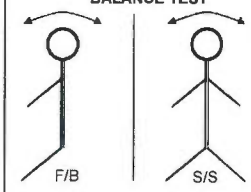
Lack of Convergence: Right Eye ◯ Left Eye ◯

One Leg Stand

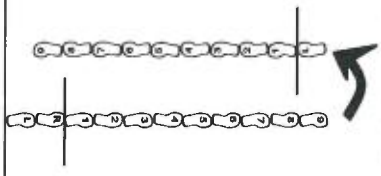


	L	R
Sways while balancing	☐	☐
Uses arms to balance	☐	☐
Hopping	☐	☐
Puts foot down	☐	☐

MODIFIED ROMBERG BALANCE TEST



WALK AND TURN TEST



Cannot keep balance ____

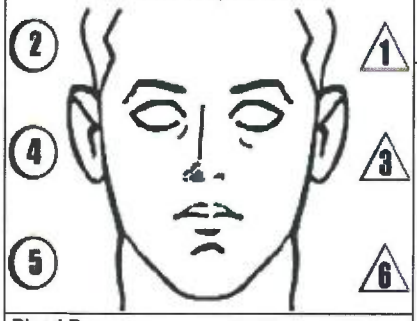
Starts too soon ____

	1st Nine	2nd Nine
Stops Walking		
Misses Heel-Toe		
Steps off Line		
Raises Arms		
Actual Steps Taken		

Internal clock ____ sec estimated as 30 sec. | Describe Turn: | Cannot do test (explain): | Type of Footwear:

RIGHT ◯ LEFT △

Draw lines to spots touched



EYE	Pupil Size	Room Light	Near Total Darkness ☐ UV Penlight	Direct
Left Eye				
Right Eye				

Nasal Area:

Oral cavity:

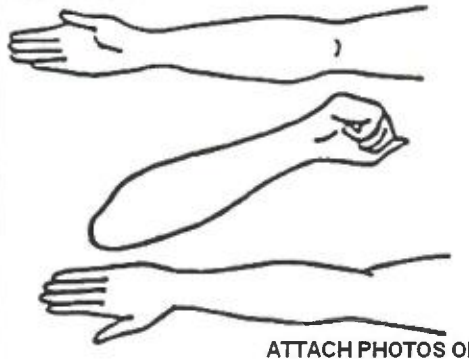
Rebound Dilation ☐ Yes ☐ No | Reaction to Light ☐ Normal ☐ Slow ☐ Little ☐ None Visible | Additional Observations:

Blood Pressure ____/____ | TEMP. ____ °

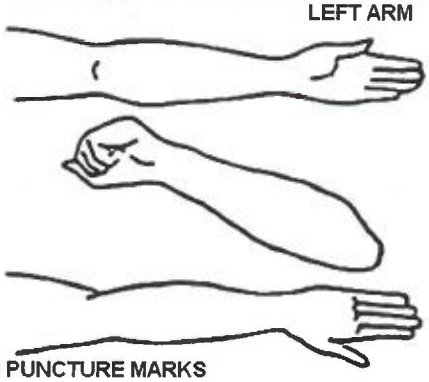
Muscle Tone ☐ Normal ☐ Flaccid ☐ Rigid

Comments:

RIGHT ARM



LEFT ARM



ATTACH PHOTOS OF FRESH PUNCTURE MARKS

What medicine or drug have you been using? | How much? | Time of use? | Where were the drugs used? (Location)

DATE/TIME OF ARREST | TIME DRE NOTIFIED | EVAL START TIME | TIME COMPLETED

DRE OPINION Check all that apply: ☐ CNS DEPRESSANT ☐ CNS STIMULANT ☐ INHALANT ☐ HALLUCINOGEN ☐ DISSOCIATIVE ANESTHETIC ☐ NARCOTIC ANALGESTIC ☐ CANNABIS ☐ ALCOHOL ☐ MEDICAL RULEOUT

ROLLING LOG #	EXAMINING OFFICER	SERIAL NO.	DIVISION	UNAVAILABLE DATES	Supervising DRE Instructor

PAGE_____OF_____ **DRUG INFLUENCE EVALUATION**	BOOKING NO.	DR NO

NARRATIVE 1. LOCATION 2. WITNESS 3.BREATH TEST 4. NOTIFICATION/INTERVIEW ARRESTING OFFICER 5. INITIAL OBSERVATIONS 6. MEDICAL PROBLEMS 7. PSYCHOPHYSICAL 8. CLINICAL INDICATORS 9. SIGNS OF INGESTION 10. SUSPECT'S STATEMENTS 11. OPINION 12.TOXICOLOGY SAMPLE 13. MISCELLANEOUS