

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"

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

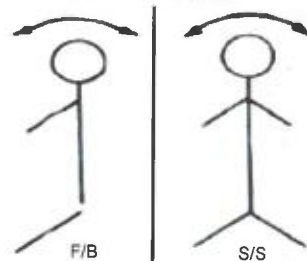
- ☐ Blisters ☐ Residue
☐ Burns ☐ Other _____
☐ Discoloration _____

Face

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

Speech


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

**MODIFIED ROMBERG
BALANCE TEST**

Internal clock
 estimated as 30 seconds.

Corrective Lens

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

HGN	Right	Left	VGN <input type="checkbox"/> Yes <input type="checkbox"/> No
Lack of Smooth Pursuit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lack of Convergence
Max Deviation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Right Eye Left Eye
Angle of Onset Prior to 45 Degrees	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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**Pulse/Time**

1. _____ / _____
 2. _____ / _____

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

Arrestee's Statement: _____

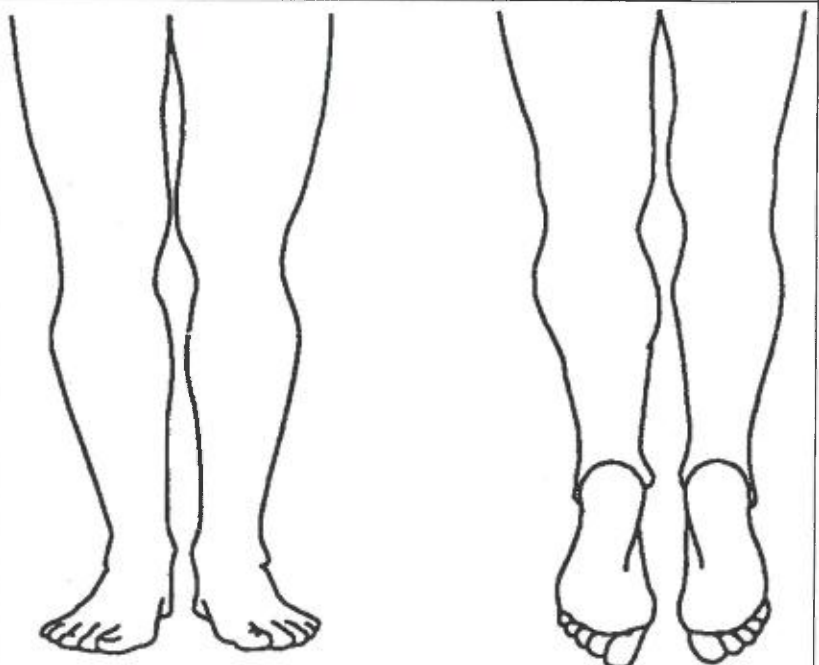
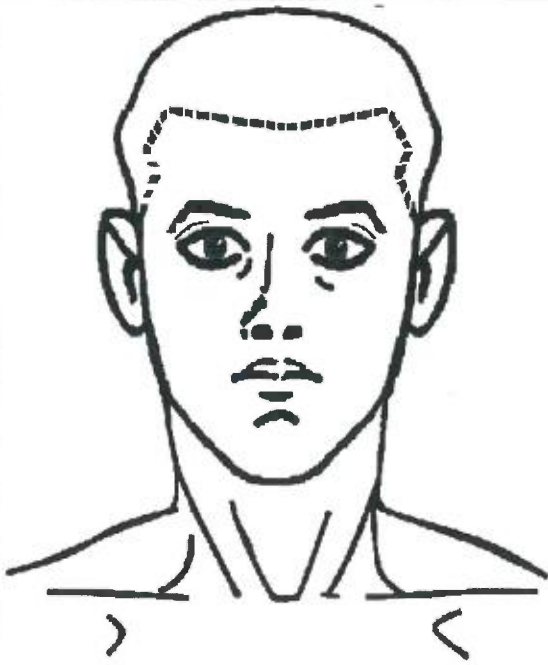
Arrestee's Name: _____ Booking No.: _____ DR No.: _____
(Last, First, MI)

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



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 ☐ RefusedCHEMICAL TEST ☐ Both Tests Refused

Results

Instrument #

☐ 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

VGN

☐ Yes☐ No

1. _____ / _____

Lack of Smooth Pursuit

☐ Yes☐ No☐ Yes☐ No

2. _____ / _____

Max. Deviation

☐ Yes☐ No☐ Yes☐ No

3. _____ / _____

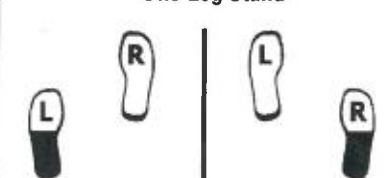
Angle of Onset

Lack of Convergence

Right Eye

Left Eye

One Leg Stand



L

R

☐☐

Sways while balancing

☐☐

Uses arms to balance

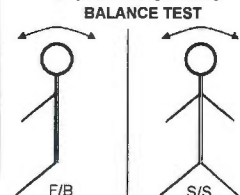
☐☐

Hopping

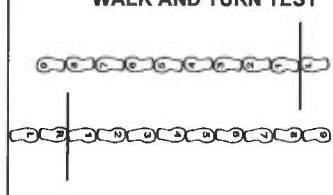
☐☐

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.

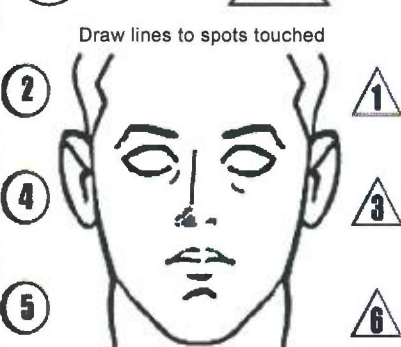
Describe Turn:

Cannot do test (explain):

Type of Footwear:

RIGHT LEFT

Draw lines to spots touched



EYE

Pupil Size

Room Light

Near Total Darkness

Direct

Nasal Area:

Left Eye

Right Eye

Rebound Dilation ☐ Yes☐ No

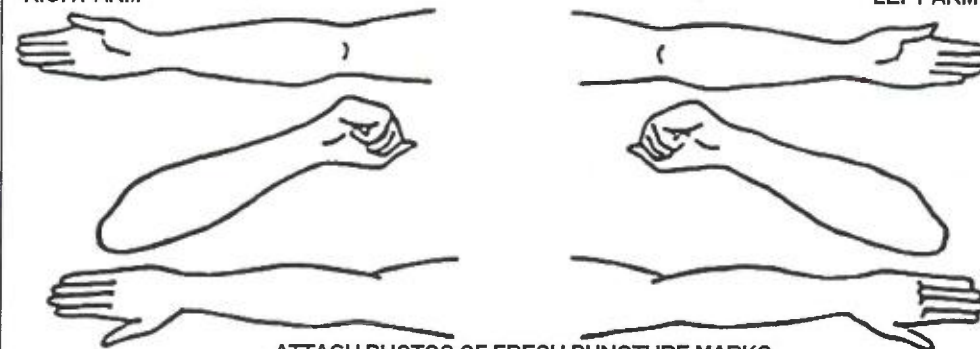
Reaction to Light

☐ Normal ☐ Slow☐ Little☐ None Visible

Additional Observations:

RIGHT ARM

LEFT ARM



ATTACH PHOTOS OF FRESH PUNCTURE MARKS

Blood Pressure

TEMP.

/ / °

Muscle Tone

☐ Normal☐ Flaccid☐ Rigid

Comments:

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☐ INHALANT☐ DISSOCIATIVE ANESTHETIC☐ CANNABIS☐ MEDICAL RULEOUT☐ CNS STIMULANT☐ HALLUCINOGEN☐ NARCOTIC ANALGESIC☐ ALCOHOL

ROLLING LOG #

EXAMINING OFFICER

SERIAL NO.

DIVISION

UNAVAILABLE DATES

Supervising DRE Instructor

