STATE OF MICHIGAN

Drug Evaluation and Classification Program

DRUG RECOGNITION EVALUATION

Evaluator:			DRE #:
Rolling Log #:		Evaluator's Agency:	
DRE's Case #:			

Recorder/Witness:	Crash Data: ☐ None ☐ Fatal ☐ Injury ☐ Property				Arresting Officer's Agency:
Arrestee's Name: (Last, First, MI)	Date of Birth: 01/01/1900	AGE:	SEX:	RACE:	Arresting Officer: (Name, ID#)
Date Examined / Time / Location	Breath Test: Instrument: ☐ Refused BA Results: 0. /210L			ARIDE Referral Yes	Chemical Test: ☐ Blood ☐ Urine ☐ Oral Fluid ☐ Refused Kit #:

Miranda Warning Given: ☐ Yes ☐ No 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 / Dentist? ☐ Yes ☐No	
Are you taking any medication or drugs? ☐ Yes ☐ No	ATTITUDE	COORDINATION	
SPEECH	BREATH	FACE	

CORRECTIVE LENS: ☐ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	EYES ☐ Reddened Conjunctiva ☐ Normal ☐ Bloodshot ☐ Watery	Blindness: ☐ None ☐ R.Eye ☐ L.Eye	Tracking: ☐ Equal ☐ Unequal
PUPIL SIZE: ☐ Equal ☐ Unequal (explain)	Resting Nystagmus ☐ Yes ☐ No	Vertical Nystagmus ☐ Yes ☐ No	Able to follow stimulus: ☐ Yes ☐ No	Eyelids: ☐ Normal ☐ Droopy

PULSE & TIME

1 _____ / _____

2 _____ / _____

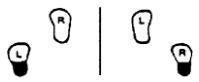
3 _____ / _____

HGN	Right Eye	Left Eye
Lack of Smooth Pursuit	☐	☐
Maximum Deviation	☐	☐
Angle of Onset		

Convergence

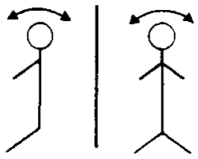
Right Eye Left Eye

/ 30 One Leg Stand / 30



Modified Romberg Balance

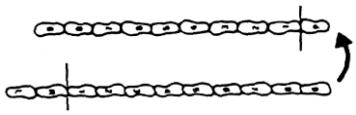
Approx. Approx.



WALK AND TURN TEST

Cannot keep balance _____

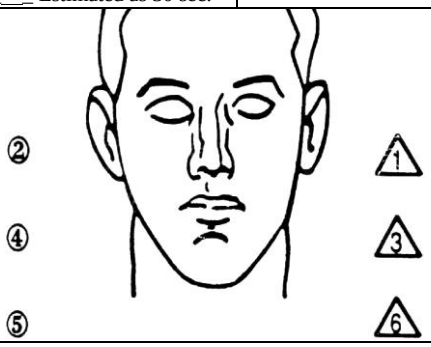
Starts too soon _____



	1st Nine	2nd Nine
Stops Walking		
Miss Heel - Toe		
Steps off line		
Raises arms		
Actual # Steps		

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

Time Estimation ___ Estimated as 30 sec.	Describe Turn	Cannot Do Test (explain)	Type of Footwear



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

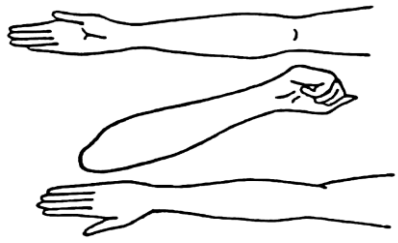
Reaction to Light:

BLOOD PRESSURE _____/_____

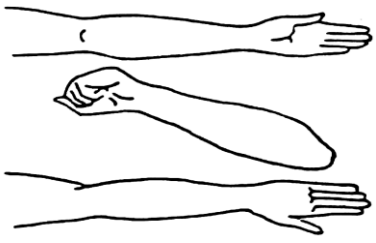
TEMPERATURE _____°F

Muscle Tone:
☐ Near 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:	Evaluation Start Time:	Evaluation Completion Time:	☐ Subject refused entire evaluation ☐ Subject stopped participating during evaluation

DRE's Signature:	Reviewed/approved by / date:	DRE #

Opinion of Evaluator:

☐ Not Impaired ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anesthetic ☐ Inhalant

☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis