SESSION XXVI

PREPARING THE NARRATIVE REPORT

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Upon successfully completing this session the student will be able to:

- Discuss the essential elements of the drug influence evaluation report.
- Prepare a clear and concise narrative description of the results of the drug influence evaluation.

The Importance of Documentation

Successful prosecution of a DRE case will depend, more than anything else, on the evidence that **you** supply, and on how clearly and convincingly you **present** that evidence. The chemist or toxicologist may also be able to provide some important evidence. The results of the blood or urine analysis definitely play a supportive, or corroborative role. However, the chemical test simply cannot prove that the subject was impaired, or under the influence at the time the violation occurred. It is up to you to prove that, and to prove that the nature of the impairment was consistent with some category or categories of drugs. Your observations, examinations and your expertise are the prosecution's strongest weapons. In some cases, they will be the only weapons. You have to get your evidence across, and you have to make it as believable as possible. You start doing this in your DRE report.

The Components of the Drug Influence Evaluation Report

The DRE report has two major components. The first is the standard Drug Influence Evaluation face sheet. Its purpose is to document the results of all observations and examinations that you personally made of the subject. This face sheet is a unique document. It is used by every law enforcement agency that participates in the Drug Evaluation and Classification program. It contains some very important information, and it must be filled out accurately and completely. Every box on the face sheet should be completed. The face sheet does not constitute the entire DRE report. A **narrative** section also must be prepared. The narrative section must be a clear, plain English, detailed rendition of all evidence obtained during all twelve components of the DRE evaluation, including the breath test result; the information obtained from your interview of the arresting officer; statements, actions, gestures, etc. made by the subject; paraphernalia found in the subject's possession; to name a few. Bear in mind that the face sheet is a **technical document**. As a DRE, you must be very familiar with the face sheet, and with its various symbols, and abbreviations. However, many prosecutors, most judges and virtually all jurors won't know how to interpret the face sheet. It is up to you to "translate" the face sheet and all other evidence into language that they can understand. That's where the narrative section of your report comes in.

Standard Procedures for Completing the Face Sheet

The Drug Influence Evaluation face sheet should be completed in its entirety, every time you conduct an evaluation of a person suspected of drug impairment. Follow the guidelines given in the paragraphs below every time you complete a face sheet.

In order to assist with the interpretation of the information on the face sheet, boxes on the face sheet should not be left blank. It is recommended that “N/A” or “None Observed” be used.

The first two lines of the drug influence evaluation face sheet consists of spaces to record data consistent with your department's standard operating procedures.

EVALUATOR:	DRE No.	Rolling Log No.		
Recorder/Witness	Crash: [] None [] Fatal [] Injury [] Property			

On the next three full lines of the report, you will record identifying information about the subject, the arresting officer, and the time and place where the DRE evaluation was conducted. You will also note the results of the breath test (if available), and note the type of sample (blood or urine) collected for drug analysis. You will indicate whether the subject was admonished of his or her constitutional rights in accordance with the Miranda ruling, and if so, by whom.

ARRESTEE"S NAME *(LAST, FIRST, MI)*	DOB	SEX	RACE	Arresting Officer (Name, ID No.)	
DATE EXAMINED/TIME/LOCATION	BREATH RESULTS: [] Refused Instrument #			CHEMICAL TEST [] Urine [] Blood [] Refused	
MIRANDA WARNING GIVEN: [] Yes [] No By:	What have you eaten today? When?			What have you been drinking? How much?	Time of last drink?

Starting on the sixth line, and continuing through the tenth line, you will record the results of the preliminary examination of the subject. If the subject merely responds "yes" or "no" to a question, you may simply put a mark through the appropriate box on the right side of the space provided for the question. But if they embellish the response, you should use the space provided to document the response. For example, if the subject were to answer the question "what have you eaten today" in an obviously false or ridiculous manner ("I haven't eaten for six years"), you should record that answer verbatim.

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 or dentist? [] Yes [] No	
Are you taking any medication or drugs? [] Yes [] No		ATTITUDE	COORDINATION	
		BREATH	FACE	
SPEECH		EYES: [] Reddened Conjunctiva [] Normal [] Bloodshot [] Watery	Blindness:[] None [] L Eye []R Eye	Tracking: [] Equal [] Unequal
CORRECTIVE LENS: [] None [] Glasses [] Contacts, if so [] Hard [] oft		PUPIL SIZE: [] Equal [] Unequal (explain)	Able to follow stimulus: [] Yes [] No	Eyelids: [] Normal [] Droopy

After completing the preliminary questioning of the subject, be sure to record brief descriptions of their attitude, coordination, speech, breath and facial appearance. Check to determine the type of corrective lenses the subject is wearing, if any, and record the general appearance of the subject's eyes. Be sure to indicate whether the subject is or claims to be blind in either eye. Check the subject's tracking ability (just as you would test for lack of smooth pursuit). While you are assessing the subject's tracking ability, you can also perform a preliminary assessment of whether horizontal gaze nystagmus is present in the subject's eyes. In particular, if the nystagmus or "jerking" is observed, an initial estimation of the angle of onset can be made. The approximate angle of onset may help to determine

whether the subject has consumed some drug other than alcohol. Note whether the subject's pupils are of equal size, and the condition of their eyelids.

Almost midway down the form, and on the left side, is the space to record the three measurements of the subject's pulse that are required during the DRE evaluation. Always record the pulse in beats per minute. For example, since you use a 30 second interval to count the pulse, be sure to multiply the count by two, and record that result on the form. Also, always record the time at which each pulse count was taken.

PULSE & TIME

1. _____/_____
2. _____/_____
3. _____/_____

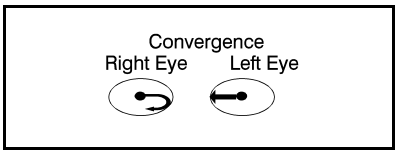
Record the results of the checks for Horizontal Gaze Nystagmus, Vertical Gaze Nystagmus and Lack of Convergence in the spaces at the center of the form. For HGN, write the word "PRESENT" to indicate that there was a Lack of Smooth Pursuit, and write "NONE" if the eye does pursue smoothly. In other words, "PRESENT" means that evidence of HGN is present and "NONE" means that the evidence wasn't found. Similarly, along the "Max. Deviation" line, write "PRESENT" if there is distinct and sustained jerking when the eye is held as far to the side as possible, and write "NONE" if the eye does not jerk distinctly. Along the "Angle of Onset" line, write the number of degrees at which the jerking first is noticed; estimate the angle to the nearest five degrees (i.e., 30, 35, 40, etc.). If the eyes actually jerk while the subject stares straight ahead, write the word "RESTING" on the "Angle of Onset" line. If the jerking begins before the eye has moved to the 30-degree point, write the word "IMMEDIATE". Be sure to check each eye independently, and record the evidence of HGN separately for each eye.

HGN	Left Eye	Right Eye
Lack of Smooth Pursuit		
Max. Deviation		
Angle of Onset		

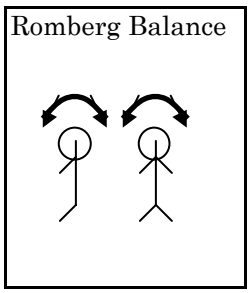
For the Vertical Gaze Nystagmus test, simply check either the "PRESENT" or "NONE" box, depending on whether the evidence was present or absent.

Vertical Nystagmus?
[] Yes [] No

For the Convergence test, draw a circle in the middle of each "eye socket" provided on the form, and connect arrows to the circles to depict how the eyes moved when the test was given. For example, the sketch at the right shows that the

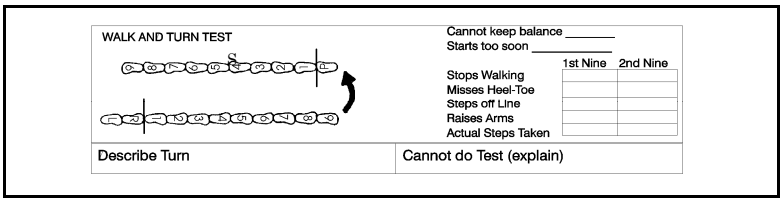


left eye converged properly, while the right started to move in, and then drifted back out.



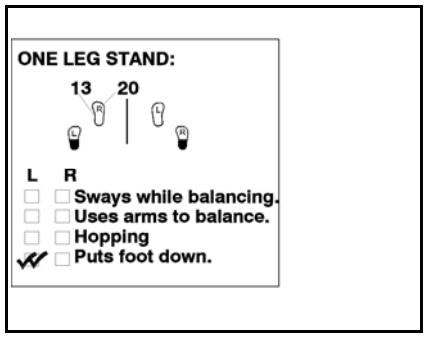
Spaces are provided to record in detail the subject's performance of the four divided attention tests. Make sure that the Romberg Balance test is the first one that you administer. The two "stick figures" are used to indicate how much the subject sways while standing with the eyes closed. The figure on the left (with only one arm and one leg visible) is used to depict front to back swaying; at the arrow points above the "head", write the approximate number of inches the subject sways forward and backwards from center. The figure on the right (with two arms and legs) is used to depict side to side swaying. If the subject sways in a circular manner, indicate by writing "Circular Swaying" across the "stick figures". In the space marked “Internal Clock”, write the number of seconds that the subject actually stood with the eyes closed, while he or she attempted to estimate the passage of 30 seconds.

Internal Clock Estimated At 30 Sec.]



For the Walk and Turn test, you must diagram how the subject walked, and you must indicate how often each of the eight validated clues was observed. On the diagram of steps, when the subject steps off the line, indicate with half a slash mark at an angle in the direction the step was taken. If the subject misses heel to toe, indicate it with a slash mark between the feet with an “M” marked underneath. If the subjects stops walking, indicate that with a slash mark between the feet with an “S” marked underneath.

Anything else that is unusual or noteworthy about how the subject walked should be indicated in writing near the diagram (e.g., "stopped counting aloud after the third step"). In the spaces provided to the right of the diagram of the feet, use check marks to record how often each clue was seen and the actual numbers of steps the subject took. In the space below the diagram of the feet, write a brief but clear description of how the subject executed the turn; if he or she turned in the proper fashion, simply write "PROPER". If the subject was unable to complete the test, write an explanation of why the test was stopped.



For the One Leg Stand, you will diagram when the subject put the foot down (if at all) and you will indicate how often each of the four validated clues was observed. Always have the subject first perform this test by standing on the left foot. If the subject puts the elevated foot down, indicate above the foot the number they were counting when they put their foot down. In the example to the left, the subject put the right foot down when they had counted to “one thousand thirteen” and again when the count reached "one thousand twenty". Put check marks in or near the boxes below the sketch to indicate how often each of the

four clues was seen while the subject stood on the left foot. Place the count the subject reached in 30 seconds in the top of the box over the foot they were standing on.

Then, have the subject repeat the test by standing on the right foot, and use the right side sketch to record the results of that test. In the box below, indicate the type of footwear the subject was wearing while performing these tests.

Type of Footwear

For the Finger to Nose test, you will diagram exactly where each finger tip touched the subject's face. Simply draw a line from the point touched on the face to the symbol representing each finger (this makes it easier to draw a straight line). The finger symbols are numbered in the sequence in which you should instruct the subject (i.e., "left, right, left, right, right, left"). If the subject inadvertently uses the incorrect hand at some point, draw in an additional appropriate symbol (circle or triangle), write the number in it (1 to 6) and draw a line from it to the spot touched on the face. Then, cross out the symbol for the finger that he or she should have used on that attempt.

Pupil size estimations are to be recorded in the boxes provided. Using a pupillometer, record the size of the circle or semi-circle that comes closest to the size of the pupil. If a pupil appears to be slightly smaller than the 3.0 mm circle/semi-circle, DO NOT write 2.8 or 2.9 as the pupil size. Always record to the nearest half mm.

PUPIL SIZE	Room Light	Darkness	Direct	NASAL AREA
Left Eye				ORAL CAVITY
Right Eye				
		REBOUND DILATION [] Yes [] No		Reaction to Light

In the spaces provided, write a brief but clear description of anything noteworthy that you found in your examinations of the subject's nose and mouth. If rebound dilation is observed, note that in the appropriate space. Rebound dilation is a period of pupillary constriction followed by a period of pupillary dilation where the pupil steadily increases in size and does not return to its original constricted size. For example, the pupil might initially expand to 5.0 mm, constrict, and then "balloon out" to 7.0 mm, constrict, then expand back to 7.0 mm, etc. REMEMBER that sloppy procedure with the penlight could induce a response that could be confused with rebound dilation. If you inadvertently move the penlight closer to the subject's eye and then draw it farther away, you will change the intensity of the light flooding into the eye and you may cause the pupil to constrict or dilate. Make sure that you always hold the light steady while making these examinations.

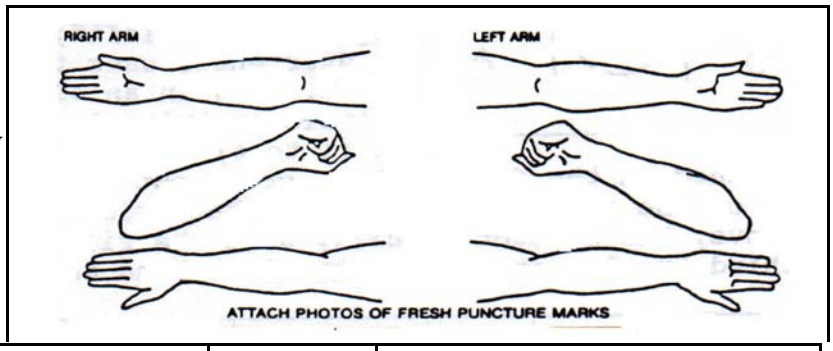
In the space provided, indicate how the subject's pupils reacted when the light was directed into the eye. If the reaction appeared to be normal, write "Normal"; if it appeared to be a slow reaction but some constriction of the pupil was evident, write "Slow"; if the pupil did not appear to constrict at all, write "None". Approximately one (1) second is normal.

Record both the systolic and diastolic blood pressure (in even numbers), and the subject's body temperature, in the spaces provided. Also indicate whether the subject's muscle tone appeared to be rigid, flaccid or normal.

BLOOD PRESSURE _____/_____ TEMP_____o

Muscle Tone: [] Normal [] Flaccid [] Rigid
Comments

On the fourth line from the bottom, record the subject's responses to the final three questions. Remember that most, if not all, courts generally hold that a subject must be advised of constitutional rights before these kinds of questions should be asked.



What Medicine or Drug Have You Been Using? How Much?	Time of use?	Where Were the Drugs Used? (Location)

The last three lines on the form are used to record information about basic time parameters of concern to the evaluation, and to record additional pertinent information about you, the DRE who conducted the evaluation, and your opinion of the evaluation. If another DRE supervised your evaluation, their name should be written in the "Reviewed By" block on the lower right corner of the form. That is especially important during your certification training phase.

Date/Time of Arrest	Time DRE Notified	Eval Start Time	Time Completed
Member Signature (Include Rank)	ID No.	Reviewed By:	
Opinion of Evaluator: [] Rule Out [] Medical	[] Alcohol [] Depressant	[] Stimulant [] Hallucinogen	[] Dissoc. Anesthetic [] Narcotic Analgesic [] Inhalant [] Cannabis

The reverse side of the form should be used for the narrative drug evaluation report, and continuation sheets should be attached, as appropriate. Guidelines for organizing the narrative report include the following: (Refer to next page)

Guidelines for Writing the Narrative Report

The narrative portion of a standard DRE report has thirteen segments, which include:

a. **Location**

State where the drug influence evaluation was conducted.

Example: **The evaluation was conducted in the DRE room, at the Maricopa County Jail, Phoenix, Arizona.**

b. **Witnesses**

List the names, agency affiliations and other identifiers of any persons who witnessed all or portions of the evaluation. State the person who served as the evaluator and recorder with complete agency names.

Example: **The entire evaluation was witnessed and recorded by Sergeant Paul White of the Maricopa County Sheriff's Office.**

c. **Breath Alcohol Test**

Indicate if the test was taken, and state who administered the test. Give the test results, the time of the test and record the serial number or other identifier of the instrument on which the test was taken.

Example: **The arresting officer, Officer Darren Nielsen of the Phoenix Police Department obtained an 0.00 BrAC reading from the suspect at 9:20 p.m. using the Intoxilyzer 5000, Serial #474501.**

d. **Notification and Interview of the Arresting Officer**

Indicate when you were first notified of the request for a drug influence evaluation and summarize the information you were given at that time. Include a summary of your interview of the arresting officer.

Example: **At approximately 9:20 p.m. the writer was contacted by dispatch and requested to conduct a DRE evaluation for Officer Nielsen. Writer contacted Officer Nielsen at the Maricopa County Jail where it was determined that Richardson had been observed driving slowly and failed to stop at a red light. Officer Nielsen stated Richardson appeared sleepy and was "on the nod." Officer Nielsen also stated the suspect's voice was low in volume, raspy in tone and slow in tempo. His balance and coordination was poor and he was arrested for DUI after performing poorly on the SFST's.**

e. **Initial Observation of the Subject**

Document in detail your personal initial observations of the subject. Describe where and when you first saw the subject. Highlight any noteworthy or unusual actions, appearances, etc. that you observed. Summarize the findings of your Preliminary Examination of the subject.

Example: **Writer first observed the suspect in the M.C.S.O. DRE room. He moved very slowly, was unstable on his feet and when he walked across the room he stumbled and nearly fell. His head nodded forward repeatedly and he appeared to be "on the nod." When he answered questions from Officer Nielsen, his words were slow and slurred. His eyelids were droopy and his pupils appeared to be constricted. His first pulse was checked at 58 BPM.**

f. **Medical Problems and Treatment**

Describe your own observations concerning possible injuries or illness that the subject may be suffering. Document subject's statements or claims concerning illness or injury. Document any medical attention or treatment that the subject received while in your care.

Example: **The suspect claimed no illness or injury. No evidence of injury or illness was observed during the evaluation.**

g. **Psychophysical Indicators of Impairment**

Give a brief but clear, complete and accurate description of the subject's performance of the Romberg Balance, Walk and Turn, One Leg Stand and Finger to Nose tests.

Example: **Romberg Balance: The suspect exhibited a 2" front to back sway and a 3" side to side sway. The suspect had a slow internal clock estimating 30 seconds in 52 seconds and his head repeatedly dropped forward towards his chest during the test. Walk & Turn: The suspect lost his balance during the instruction stage, missed heel to toe three times during the first nine steps and three times on the second nine steps. He turned incorrectly with a pivot and nearly fell. One Leg Stand: The suspect ..... etc.**

h. **Clinical Indicators of Impairment**

Give a brief but clear, complete and accurate description of your examinations of the subject's eyes, vital signs and any tremors observed.

Example: **No clues of HGN and VGN were observed. Lack of Convergence was observed. The suspect's pupils were constricted in all three lighting conditions, there was no visible reaction to light and his eyelids were droopy. The suspect's pulse rates were below the normal range (58, 56, 58 BPM). His blood pressure was also below the normal range at 114/68.**

Signs of Ingestion

Document the results of your examinations of the subject's oral and nasal cavities, search for injection marks, etc. Describe any odors detected on the subject's breath, hands, clothing, etc. Describe any physical debris of drugs or drug paraphernalia found on the subject's person.

Example: **Three fresh puncture wounds were located on the suspect's left forearm. Numerous scar lines ("track marks") were observed on his left inside forearm. (Photographs attached)**

j. **Suspect's Statements**

Document the subject's statements, both in response to your questions and spontaneous utterances. Use verbatim quotes whenever possible. Document your Miranda admonition to the subject and his or her waiver.

Example: **The suspect repeatedly denied using drugs, stating "I told you, I don't do drugs."**

k. **The DRE's Opinion**

State the category or combination of categories of drugs that you believe is/are affecting the subject. State your opinion concerning the subject's ability to operate a vehicle safely, if vehicle operation is relevant to this case.

Example: **In my opinion, Richardson is under the influence of a Narcotic Analgesic and is unable to operate a vehicle safely.**

l. **The Toxicological Sample**

State the type of sample (blood, urine, etc.) collected from the subject. Give the name, title, agency affiliation, etc. of the person who drew the sample or observed its collection. State where the sample was taken and to whom it was given. If the results of the toxicological analysis are known at the time the report is written, state those results. If the subject refused to submit a sample, state that fact in the report.

Example: **A urine sample was obtained from the suspect at 10:35 p.m., witnessed by the writer and Sgt. White. The sample was .....**

m. **Miscellaneous**

Include any other information that might be relevant.

Example: **Three syringes with needles were located by Officer Nielsen in Richardson's vehicle.**

The remaining pages of this session provide a complete sample DRE drug influence evaluation report, on suspect Richardson.

DRUG INFLUENCE EVALUATION

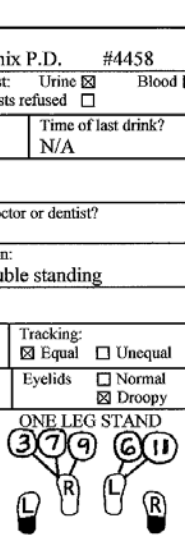
Evaluator: Det. Jeff Riddle, Phoenix, Police Dept.	DRE # 7113	Rolling Log # 10-10-024	**Session XXVI**
Recorder/Witness: Sgt. Paul White, Maricopa Co. S.O.	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 10-10-17654
Arrestee's Name (Last, First, Middle): Richardson, John M.	Date of Birth: 9/6/84	Sex: M / Race: W	Arresting Officer (Name, ID#): Officer Darren Nielsen, Phoenix P.D. #4458
Date Examined / Time /Location: 10/21/10 2130 Maricopa Co. Jail	Breath Results: Results: 0.00	Test Refused ☐ Instrument #: 474501	Chemical Test: Urine ☒ Blood ☐ Test or tests refused ☐

Miranda Warning Given: ☒ Yes ☐ No; Given By: Officer Nielsen	What have you eaten today? When? Hamburger 5 PM	What have you been drinking? How much? Nothing N/A		Time of last drink? N/A
Time now/ Actual: 7 pm/9:40 pm	When did you last sleep? How long: Last night 4 hrs.	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 or dentist? ☐ Yes ☒ No		
Are you taking any medication or drugs? ☐ Yes ☒ No Long pause before answering	Attitude: Cooperative, withdrawn	Coordination: Poor, trouble standing		
Speech: Low, slow, raspy	Breath Odor: Normal	Face: Pale		
Corrective Lenses: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Eyes: ☐ Reddened Conjunctiva ☐ Normal ☒ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left ☐ Right	Tracking: ☒ Equal ☐ Unequal	
Pupil Size: ☒ Equal ☐ Unequal (explain)	Vertical Nystagmus ☐ Yes ☒ No	Able to follow stimulus ☒ Yes ☐ No	Eyelids ☐ Normal ☒ Droopy	

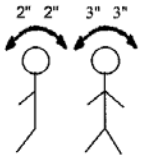
Pulse and time	HGN	Left Eye	Right Eye
1. 58 / 2142	Lack of Smooth Pursuit	No	No
2. 56 / 2154	Maximum Deviation	No	No
3. 58 / 2207	Angle of Onset	None	None

Convergence: Right eye / Left eye

12 ONE LEG STAND 15

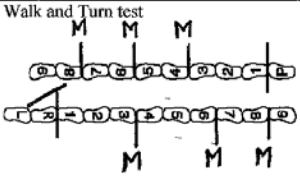


Romberg Balance



Head dropped forward

Walk and Turn test



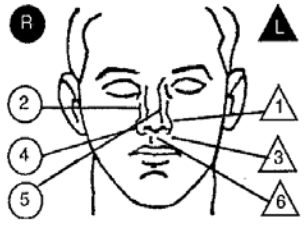
	1st Nine	2nd Nine
Cannot keep balance	✓	
Starts too soon		
Stops walking		
Misses heel-toe	✓✓✓	✓✓✓
Steps off line		
Raises arms	✓✓✓✓	✓✓✓✓
Actual steps taken	9	9

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

Counted slowly

Internal clock: 52 estimated as 30 seconds	Describe Turn: Pivoted	Cannot do test (explain): N/A	Type of footwear: Tennis shoes

Draw lines to spots touched



Switched hands on #5 and #6

PUPIL SIZE	Room light 2.5 – 5.0	Darkness 5.0 – 8.5	Direct 2.0 – 4.5
Left Eye	2.0	2.0	2.0
Right Eye	2.0	2.0	2.0

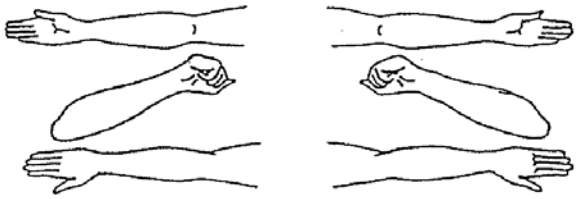
Nasal area: Clear

Oral cavity: Clear

REBOUND DILATION: ☐ Yes ☒ No

REACTION TO LIGHT: None visible

RIGHT ARM **LEFT ARM** Scars



Three fresh puncture marks

Blood pressure	Temperature
114/68	97.8

Muscle tone: ☐ Normal ☒ Flaccid ☐ Rigid

Comments: Arms cool to the touch

What drugs or medications have you been using? "I don't do drugs"	How much? No answer	Time of use? No answer	Where were the drugs used? (Location) No answer
Date / Time of arrest: 10/21/10 2025	Time DRE was notified: 2115	Evaluation start time: 2130	Evaluation completion time: 2230 / Precinct/Station:
Officer's Signature:	DRE # 7113	Reviewed/approved by / date:	

Opinion of Evaluator: ☐ Rule Out ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anesthetic ☐ Inhalant ☐ Medical ☐ CNS Depressant ☐ Hallucinogen ■ Narcotic Analgesic ☐ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect**:** Richardson, John.

1. **LOCATION:** The evaluation was conducted in the DRE room at the Maricopa County Jail, Phoenix, Arizona.

2. **WITNESSES:** The entire evaluation was witnessed and recorded by Sergeant Paul White of the Maricopa County Sheriff's Office.

3. **BREATH ALCOHOL TEST:** The arresting officer, Officer Darren Nielsen of the Phoenix Police Department obtained an 0.00 BrAC reading from the suspect at 9:20 p.m., using the Intoxilyzer 5000, Serial #474501.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** At approximately 9:20 p.m., the writer was contacted by dispatch and requested to conduct a DRE evaluation for Officer Nielsen. Writer contact Officer Nielsen at the Maricopa County Jail where it was determined that Richardson (DOB 09/06/74) had been observed driving slowly and failed to stop at a red light. Officer Nielsen stated Richardson appeared sleepy and was "on the nod." Officer Neilsen also stated the suspect's voice was low in volume, raspy in tone and slow in tempo. His balance and coordination was poor and he was arrested for DUI after performing poorly on the SFST's.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the M.C.S.O. DRE room. He moved very slowly, was unstable on his feet and when he walked across the room he stumbled and nearly fell. His head nodded forward repeatedly and he appeared to be "on the nod." When he answered questions from Officer Nielsen, his words were slowed and slurred. His eyelids were droopy and his pupils appeared to be constricted.

6. **MEDICAL PROBLEMS AND TREATMENT:** The suspect claimed no illness or injury. No evidence of injury or illness was observed during the evaluation.

7. **PSYCHOPHYSICAL TESTS:** The suspect exhibited impairment throughout all portions of the psychophysical tests. Romberg Balance: The suspect exhibited a 2" front to back sway and a 3" side to side sway. The suspect had a slowed internal clock estimating 30 seconds in 52 seconds and his head repeatedly dropped forward towards his chest during the test. Walk and Turn: The suspect lost his balance during the instruction stage, missed heel to toe three times during the first nine steps and three times on the second nine steps. He turned incorrectly with a pivot and nearly fell. He also raised his arms almost continuously throughout the test. One Leg Stand: The suspect counted very slowly throughout the test making it to 1012 in 30 seconds while standing on his left foot and 1015 in 30 seconds while standing on his right foot. He also put his foot down three times while standing on his left foot and twice while standing on his right foot. Additionally, he swayed while trying to balance and used his arms for balance throughout both tests. Finger to Nose: The suspect responded to commands very slowly and used the wrong hands on attempts #5 and #6. He did not touch the tip of his nose on any of the six attempts.

8. **CLINICAL INDICATORS:** EYES: No clues of HGN or VGN were observed. Lack of Convergence was observed. The suspect's pupils were constricted in all three lighting conditions, there was no visible reaction to light and his eyelids were droopy. VITAL SIGNS: The suspect's pulse rates were below the normal range (58, 56, 58 BPM). His blood pressure was also below the normal range at 114/68.

9. **SIGNS OF INGESTION:** Three fresh puncture wounds were located on the suspect's left forearm. Numerous scar lines ("track marks") were observed on his left inside forearm. (Photographs attached) Muscle tone was flaccid and the suspect's arms felt cool to the touch.

10. **SUSPECT'S STATEMENTS:** The suspect repeatedly denied using drugs stating, "I told you, I don't do drugs." He stated he was right-handed and the puncture wounds on his left forearm were thorn scratches from gardening.

11. **DRE'S OPINION:** In my opinion, Richardson is under the influence of a Narcotic Analgesic and is unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** A urine sample was obtained from the suspect at 10:35 p.m., witnessed by the writer and Sgt. White. The sample was delivered to the Evidence Property Room pending analysis by the Forensic Laboratory.

13. **MISCELLANEOUS:** Three syringes with needles were located by Officer Nielsen in Richardson's vehicle.

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