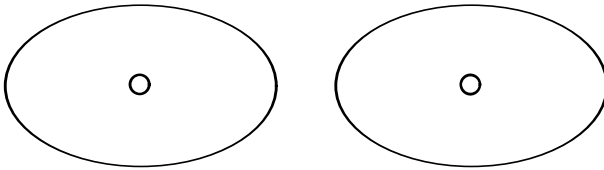
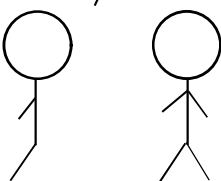
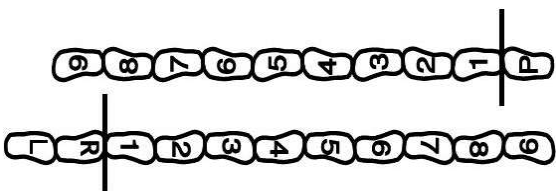


## TEXAS DRUG INFLUENCE EVALUATION

Revised 02/2023

Evaluator <b>Deputy J. Z. Holley</b>		DRE # <b>32500</b>		Rolling Log #: <b>99-999-9999</b>		Case #: <b>99-00009999</b>	
Recorder / Witnesses <b>None</b>							
Arresting Officer <b>Deputy J. Z. Holley</b>			Arresting Officer's Agency <b>Galveston County Sheriff's Office</b>			Crash <input type="checkbox"/> None <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property <input type="checkbox"/>	
Arrestee's Name (Last, First, MI): <b>SMITH, JOHN JOSEPH</b>			Age <b>26</b>	Sex <b>M</b>	Race <b>W</b>	Breath Test: Results: <b>0.000</b> Instrument #: <b>PBT</b> Refused <input type="checkbox"/>	
Date Examined <b>1/1/2050</b>	Time <b>18:00</b>	Location <b>Bacliff Substation</b>				Chemical Test Refused <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Urine <input type="checkbox"/>	
Miranda Warning Given <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		What have you eaten today? <b>Tacos, kolaches, donuts</b>			When? <b>This morning</b>		
By: <b>Deputy J. Z. Holley</b>							
What have you been drinking? <b>Water</b>				How much? <b>2 bottles</b>		Time of last drink? <b>an hour ago</b>	
Time now: <b>11 PM</b>	Actual <b>18:05</b>	When did you last sleep? <b>Last night</b>				How long? <b>6 hours</b>	
Are you sick or injured? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					Are you diabetic or epileptic? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Do you take insulin? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Do you have any physical defects? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Are you under the care of a doctor or dentist? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Are you taking any medication or drugs? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Methamphetamine, ecstasy</b>			Attitude <b>Hyper, talkative, fidgety, anxious</b>		Coordination <b>Rapid, exaggerated</b>		
Speech <b>Rapid, talkative, disorganized</b>		Breath odor <b>Rancid, foul</b>			Face <b>Rigid, grinding teeth, eyelid tremors</b>		
<b>First Pulse / Time</b> <b>110 / 18:10</b>		Corrective Lenses None <input checked="" type="checkbox"/> <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts, if so <input type="checkbox"/> Hard <input type="checkbox"/> Soft		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> Left <input type="checkbox"/> Right	
Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to follow stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Pupil size (explain) <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal <b>3.0mm / 45°</b>		Eyelids <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Droopy					
Preliminary Exam Notes							
HGN		Left Eye		Right Eye		Convergence	
Lack of Smooth Pursuit		None		None		<div>Right</div> <div></div> <div>Left</div>	
Maximum Deviation		None		None			
Angle of Onset		None		None			
Modified Romberg Balance Test Approx. <b>2-3" / 1-2"</b> 		Walk and Turn Test 				Cannot keep balance	
Eyelid tremors Body Tremors		Notes:				Starts too soon <b>3</b>	
						1st Nine	
						2nd Nine	
						Stops walking <b>3</b> <b>1</b>	
						Misses heel-toe <b>6</b> <b>8</b>	
						Steps off line <b>4</b> <b>5</b>	
Raises arms <b>1</b>							
Actual steps taken <b>15</b> <b>10</b>							
Time Estimation <b>63</b> Estimated as 30 seconds		Type of footwear <b>Sneakers</b>					
Describe turn <b>Lifted both feet, spun around</b>				Cannot do test (explain) <b>N/A</b>			

One Leg Stand-Left Leg <b>1038 / 30</b>		Sways while balancing <b>1</b>		One Leg Stand-Right Leg <b>1041 / 30</b>		Sways while balancing <b>2</b>	
		Uses arms to balance <b>3</b>				Uses arms to balance <b>2</b>	
		Hopping <b>5</b>				Hopping <b>2</b>	
		Puts foot down <b>5</b>				Puts foot down <b>2</b>	

(Draw lines to spots touched)  <input checked="" type="checkbox"/> Sway <input type="checkbox"/> Pad <input type="checkbox"/> Searched <input type="checkbox"/> Opened eyes <input type="checkbox"/> Started with wrong hand <input checked="" type="checkbox"/> Told to put hand down  	(Draw lines to spots touched)  <input checked="" type="checkbox"/> Sway <input type="checkbox"/> Pad <input checked="" type="checkbox"/> Searched <input type="checkbox"/> Opened eyes <input type="checkbox"/> Started with wrong hand <input type="checkbox"/> Told to put hand down  	(Draw lines to spots touched)  <input checked="" type="checkbox"/> Sway <input type="checkbox"/> Pad <input checked="" type="checkbox"/> Searched <input type="checkbox"/> Opened eyes <input type="checkbox"/> Started with wrong hand <input type="checkbox"/> Told to put hand down  
(Draw lines to spots touched)  <input checked="" type="checkbox"/> Sway <input checked="" type="checkbox"/> Pad <input type="checkbox"/> Searched <input type="checkbox"/> Opened eyes <input type="checkbox"/> Started with wrong hand <input type="checkbox"/> Told to put hand down  	(Draw lines to spots touched)  <input type="checkbox"/> Sway <input checked="" type="checkbox"/> Pad <input type="checkbox"/> Searched <input type="checkbox"/> Opened eyes <input checked="" type="checkbox"/> Started with wrong hand <input type="checkbox"/> Told to put hand down  	(Draw lines to spots touched)  <input checked="" type="checkbox"/> Sway <input checked="" type="checkbox"/> Pad <input type="checkbox"/> Searched <input type="checkbox"/> Opened eyes <input checked="" type="checkbox"/> Started with wrong hand <input type="checkbox"/> Told to put hand down  

<b>Second Pulse / Time</b> <b>118 / 18:32</b>		Blood Pressure <b>156 / 102 mmHg</b>		Body Temperature <b>100.6 °F</b>		Vital Signs Notes:	
Pupil Size	Room light (2.5 – 5.0)	Darkness (5.0 – 8.5) UV Light used <input checked="" type="checkbox"/>	Direct (2.0 – 4.5)		Nasal Cavity <b>Redness</b>		
Left Eye	5.5	9.5	5.0		Oral Cavity <b>Drymouth</b>		
Right Eye	5.5	9.5	5.0		Rebound Dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to Light <b>Slow</b>

<b>Third Pulse / Time</b> <b>112 / 18:46</b>		Muscle Tone <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Flaccid <input checked="" type="checkbox"/> Rigid Notes:			
What drugs or medications have you been using? <b>Methamphetamine, ecstasy</b>					
How much? <b>1 gram &amp; 1 molly pill</b>					
Date and time of arrest <b>1/1/2050 / 15:00</b>		Time DRE notified <b>15:05</b>			

Time of Use <b>This morning</b>		Where were the drugs used? <b>Home</b>	
Evaluation start time <b>18:00</b>		Evaluation completion time <b>19:05</b>	
Date and time of arrest <b>1/1/2050 / 15:00</b>		Time DRE notified <b>15:05</b>	
Evaluation start time <b>18:00</b>		Evaluation completion time <b>19:05</b>	
DRE's Signature		Approved by & DRE number:	
Date		Subject refused entire evaluation <input type="checkbox"/>	
Subject stopped participating during evaluation <input type="checkbox"/>			

<b>Opinion of Evaluator:</b>		<input type="checkbox"/> Not Impaired <input type="checkbox"/> Medical <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Depressant <input checked="" type="checkbox"/> CNS Stimulant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Dissociative Anesthetic <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Inhalant <input type="checkbox"/> Cannabis	
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## DRUG INFLUENCE EVALUATION NARRATIVE

<b>Arrestee's Name:</b> SMITH, JOHN JOSEPH		<b>Agency Case #:</b> 99-00009999
<b>DRE:</b> Deputy J. Z. Holley	<b>DRE #:</b> 32500	<b>Rolling Log #:</b> 99-999-9999
Narrative: (1) Location, (2) Witnesses, (3) Breath alcohol test, (4) Notification & interview of arresting officer, (5) Initial observations of the suspect, (6) Medical problems and treatment, (7) Psychophysical indicators of impairment, (8) Clinical indicators of impairment, (9) Signs of ingestion, (10) Suspect's statements, (11) DRE's opinion, (12) Toxicological sample.		

### 1. Location:

This evaluation was conducted at the Bacliff Substation in Bacliff, Galveston County, Texas. The psychophysical tests were conducted TEST. The darkroom examination was conducted TEST. This evaluation started on 1/1/2050 at 18:00 and was completed on [DATE] at 19:05.

## 2. Witnesses:

None

### 3. Breath Alcohol Result:

SUBJECT provided a breath specimen to [OFFICER] using a PBT. The results indicated a BrAC of 0.000.

#### 4. Notification and Interview of Arresting Officer:

[illegible][illegible]

### 5. Initial Observations of Suspect:

I first observed SUBJECT at [EXPLAIN]. SUBJECT's attitude was hyper, talkative, fidgety, and anxious. SUBJECT's coordination was [rapid and exaggerated]. SUBJECT's eyelids appeared normal. SUBJECT's breath had a [rancid and foul] odor. SUBJECT's face appeared [rigid, grinding teeth, and eyelid tremors]. SUBJECT's eyes appeared normal. SUBJECT's speech was rapid, talkative, and disorganized. SUBJECT's first pulse was measured at 110 bpm at 18:10.

## 6. Medical Problems and Treatment:

SUBJECT told me he was not sick or injured. SUBJECT told me he is not diabetic or epileptic. SUBJECT told me he does not take insulin. SUBJECT told me he does not have a physical defect. SUBJECT told me he is not under the care of a doctor or dentist. SUBJECT told me he is not blind in either eye. SUBJECT told me he is taking the following medications and/or drugs: Methamphetamine and ecstasy.

## 7. Psychophysical Indicators of Impairment:

Each of the following psychophysical tests were explained and demonstrated to SUBJECT prior to attempting them. Prior to attempting each test, SUBJECT advised he understood the instructions. Unless otherwise noted, the following tests were administered to SUBJECT:

### *Modified Romberg Balance:*

SUBJECT's internal time estimation was fast, estimating 63 seconds in 30 seconds.

### *Walk and Turn:*

SUBJECT started walking too soon.

On the first set of steps, SUBJECT stopped while walking after steps [STEPS]. SUBJECT missed heel-to-toe between steps [STEPS]. SUBJECT stepped off line on steps [STEPS]. SUBJECT raised his arms for balance. SUBJECT took the wrong number of steps. SUBJECT took a total of 15 steps.

SUBJECT performed the turn [lifted both feet, spun around].

On the second set of steps, SUBJECT stopped while walking after steps [STEPS]. SUBJECT missed heel-to-toe between steps [STEPS]. SUBJECT stepped off line on steps [STEPS]. SUBJECT took the wrong number of steps. SUBJECT took a total of 10 steps.

### *One Leg Stand - Left:*

While performing this test, SUBJECT swayed while balancing, used his arms for balance, and put his foot down at [COUNT]. SUBJECT's ending count was [1038].

### *One Leg Stand - Right:*

While performing this test, SUBJECT swayed while balancing, used his arms for balance, and put his foot down at [COUNT]. SUBJECT's ending count was [1041].

### *Finger to Nose:*

#1 - SUBJECT touched the tip of his left finger to [DESCRIBE]. During this test SUBJECT swayed and had to be told to put his hand down.

#2 - SUBJECT touched the tip of his right finger to [DESCRIBE]. During this test SUBJECT swayed and searched for his nose.

#3 - SUBJECT touched the tip of his left finger to [DESCRIBE]. During this test SUBJECT swayed and searched for his nose.

#4 - SUBJECT touched the pad of his right finger to [DESCRIBE]. During this test SUBJECT swayed.

#5 - SUBJECT touched the pad of his right finger to [DESCRIBE]. During this test SUBJECT started with the wrong hand.

#6 - SUBJECT touched the pad of his left finger to [DESCRIBE]. During this test SUBJECT swayed and started with the wrong hand.

## 8. Clinical Indicators of Impairment:

Eyes:

### *Horizontal Gaze Nystagmus:*

SUBJECT had equal pupil sizes. SUBJECT had equal tracking. SUBJECT was able to follow the stimulus. Resting Nystagmus was not observed. SUBJECT was not wearing any corrective lenses. A Lack of Smooth Pursuit was not observed in either of SUBJECT's eyes. A Distinct and Sustained Nystagmus at Maximum Deviation was not observed in either of SUBJECT's eyes. An Angle of Onset Prior to 45° was not observed in either of SUBJECT's eyes.

### *Vertical Gaze Nystagmus:*

## DRUG INFLUENCE EVALUATION NARRATIVE

Vertical Gaze Nystagmus was not observed.

### *Lack of Convergence:*

A Lack of Convergence was observed. SUBJECT's left eye test and SUBJECT's right eye test.

### *Pupil Size:*

In room light, SUBJECT's pupils were recorded at 5.5 mm in his left eye which is above the average DRE range, and 5.5 mm in his right eye which is above the average DRE range.

In near-total darkness, SUBJECT's pupils were recorded at 9.5 mm in his left eye which is above the average DRE range, and 9.5 mm in his right eye which is above the average DRE range. While estimating pupil size in near-total darkness, I was unable to clearly visualize the pupils using the red glow of my penlight with my thumb/finger covering the light. As such, a UV light was used to slightly illuminate the pupils.

In direct light, SUBJECT's pupils were recorded at 5.0 mm in his left eye which is above the average DRE range, and 5.0 mm in his right eye which is above the average DRE range.

- DRE Average Range:
  - 2.5 mm - 5.0 mm in room light
  - 5.0 mm - 8.5 mm in near-total darkness
  - 2.0 mm - 4.5 mm in direct light

### *Reaction to Light:*

Rebound Dilation was not observed. SUBJECT's reaction to light was slow.

### *Vital Signs:*

#### *Pulse Rate:*

SUBJECT's first pulse was measured at 110 bpm at 18:10 which is above the average DRE range.

SUBJECT's second pulse was measured at 118 bpm at 18:32 which is above the average DRE range.

SUBJECT's third pulse was measured at 112 bpm at 18:46 which is above the average DRE range.

- DRE Average Range: 60 bpm - 90 bpm

#### *Blood Pressure:*

SUBJECT's systolic pressure was measured at 156 mmHg which is above the average DRE range.

SUBJECT's diastolic pressure was measured at 102 mmHg which is above the average DRE range.

- DRE Average Range: 120 mmHg - 140 mmHg systolic / 70 mmHg - 90 mmHg diastolic

#### *Body Temperature:*

SUBJECT's body temperature was measured at 100.6°F which is above the average DRE range.

- DRE Average Range: 98.6°F ( ± 1°F)

#### *Muscle Tone:*

SUBJECT's muscle tone was rigid.

## 9. Signs of Ingestion:

No injection sites and/or puncture marks were observed. SUBJECT's nasal cavity was [redness]. SUBJECT's oral cavity was [drymouth]. A marked reddening of the conjunctiva was observed in SUBJECT's eyes.

## 10. Subject's Statements:

SUBJECT estimated the time at 11 PM when the actual time was 18:05. SUBJECT admitted to using the following drugs and/or medications: Methamphetamine and ecstasy.

## 11. DRE's Opinion:

## DRUG INFLUENCE EVALUATION NARRATIVE

It is my opinion as a certified Drug Recognition Expert that SUBJECT is under the influence of a CNS Stimulant, and is unable to operate a vehicle safely.

### 12. Toxicological Sample:

SUBJECT consented to provide a blood specimen as part of the [arrest/evaluation]. The specimen [was submitted for analysis]. Toxicology results are [pending at the time of this report].

### Miscellaneous:

N/A

DRE Signature:	Date:
DRE Instructor:	Date: