

**GENERAL ORDERS MANUAL  
WESTERN MICHIGAN UNIVERSITY  
DEPARTMENT OF PUBLIC SAFETY**

**I. PURPOSE**

The purpose of this policy is to establish guidelines and procedures for officers of the Western Michigan University Police Department when utilizing the training and expertise of the Drug Recognition Experts (DRE) to support the enforcement of Michigan's Operating While Intoxicated laws.

**II. POLICY**

It is the policy of this department, when feasible, to support local and state initiatives by providing a Drug Recognition Expert who has been certified in the Drug Evaluation and Classification Program (DEC) and; therefore, trained to gather necessary evidence to substantiate charges of being under the influence of drugs in OWI cases.

**III. DEFINITIONS / INTRO**

**Drug Evaluation and Classification (DEC) Program:** The nationally recognized and regulated drug influence training program.

**Drug Recognition Expert (DRE):** An individual who has successfully completed all phases of training requirements for certification established by the International Association of Chiefs of Police and the National Highway Traffic Safety Administration.

**Standardized Field Sobriety Test (SFST):** The Standardized Field Sobriety Tests include three tests that were developed and validated through a series of controlled experiments supported by research grants from NHTSA. The three tests include Horizontal Gaze Nystagmus (HGN); Walk and Turn (WAT); and One Leg Stand (OLS).

**Blood/Breath Alcohol Concentration (BAC/BrAC):** The concentration of alcohol in a person as measured by blood or breath.

**Drug (As defined by NHTSA in regards to the DEC program):** Any substance which, when taken into the human body, can affect the person's ability to operate a vehicle safely.

**Rule-out:** A determination made by a DRE that an individual's impairment is other than drug related (i.e. medical).

**Agency Coordinator:** The person designated within each department or agency responsible for maintaining program records, ensuring maintenance of program standards and conducting training and certification sessions within the agency. Responsibility for this function may rest with one individual, in the case of a small or closely coordinated effort, or may be decentralized among several people throughout the agency. If there is no designated agency coordinator, the appropriate DRE coordinator shall be the state coordinator.

#### IV. DRE REQUESTS AND RESPONSE

##### A. Patrol Officer Responsibility

1. The officer should begin the investigation and administer the Standardized Field Sobriety Test (SFST) battery.
2. OWI arrest procedures should be followed and the driver should be officered a preliminary breath test.
3. If the results of the SFTS and the observed impairment are not consistent with the results of the preliminary breath test and the results of the breath test are below .08 (BAC) or any signs of ingestion of drugs are visible, the investigating officer should request a DRE as outlined below.

##### B. DRE Requests

1. All requests for a DRE should be made through the on-duty shift supervisor when a WMU PD DRE is not actively working the shift.
2. Once a DRE is notified, the DRE officer will determine whether to respond to the scene or have the arresting officer conduct the remainder of the investigation.
3. Any officer may request a DRE for any other purpose or investigation deemed necessary to establish whether drug influence is present.
4. A DRE may be called to interview and/or conduct an evaluation on a driver involved in any serious injury or fatal traffic collision to utilize the DRE's training, knowledge, and experience.

##### C. DRE Availability, Notification and Call back

1. DRE trained officers possess exclusive training and knowledge which may be an asset to an investigation. Every effort should be made to utilize an on-duty DRE at the time of the incident.
2. However, if an OWI suspect shows indicators of impairment that do not match the reading on the preliminary breath test and the reading is below .08 (BAC), the on-duty supervisor should consult with an off-duty DRE.
3. Drug Recognition Experts are available on a 24-hour call-back basis or while on duty in a manner that will best utilize the DRE's capabilities by the on-duty supervisor. The DRE may be assigned or respond to any incident where they can be of assistance.
4. If the WMU DRE is off duty, an attempt should be made by telephone to see if that person is available.
5. The supervisor should take into consideration the normal shift of the DRE, as well as any vacation or time-off concerns.
6. If the DRE call-back is approved and the officer responds, compensation shall begin from the time of arrival at WMU police station or the person arrives on scene.
7. The same consideration and effort shall be made for any other law enforcement agency that requests a DRE to assist in an investigation if the request is made and approved by the shift supervisor.
8. Should the DRE request for outside agency assistance be a "call-out" of off duty DRE personnel, the decision to respond will be made by the shift supervisor in compliance with the above procedure.

## **V. DRE PROCEDURES**

### **A. DRE Evaluation Procedure**

1. Department members trained as DREs are trained to articulate impairment and the category of drug(s) causing the impairment through the use of a standardized and systematic 12-step evaluation
2. As a result of this evaluation and other articulated evidence that may emerge during contact with the subject; a trained DRE can reach reasonably accurate conclusions concerning the drug category(s) or medical conditions causing the impairment.
3. Based on these conclusions, the DRE can request the collection and analysis of an appropriate chemical sample to obtain corroborative, scientific evidence of the subject's drug use.
4. When the DRE begins the twelve-step drug evaluation, the arresting officer shall remain on scene and is ultimately responsible for the arrestee and collection of any evidence.
5. When the evaluation is complete, the DRE will notify the arresting officer as to his/her opinion and complete their applicable portion of the report.

### **B. Reporting**

1. Every drug evaluation shall be documented on a Drug Influence Evaluation Report form regardless of whether the DRE determines the subject is under the influence of a drug or a "rule-out".
2. The original Drug Influence Report shall then be attached to the OWI report. Two additional copies should be made.
  - (a) One copy of the evaluation report should be included with the DRE rolling log.
  - (b) The other copy shall be given to the DRE Agency Coordinator for placement in the master rolling log.
3. The DRE will enter the evaluation into the National database and update the entry when toxicology reports are received.
4. Completed reports shall be approved by supervisors in accordance with departmental policy.

### **C. Evidence Collection and Handling**

1. Standard evidence collection procedures will be followed by the arresting officer and the DRE.
2. For the purpose of OWI-drug enforcement, a blood test shall be offered for the toxicology confirmation.
3. All evidence shall be handled and preserved in accordance with departmental policy.

### **D. Training, Certification and Re-certification**

1. Each DRE must adhere to the requirements established by the Drug Evaluation Classification Program, International Association of Chiefs of Police and the National Highway Traffic Safety Administration.
2. These requirements shall include training and certification.
3. These requirements shall include drug evaluations, education, and presentation of updated documentations as follows:
  - (a) Each DRE must conduct four (4) evaluations every two (2) years.

- (b) Each DRE must attend eight (8) hours of training that deals directly with drugs and alcohol detection. Four (4) of those hours may be in the form of Intoxilyzer recertification.
- (c) Each DRE must maintain and submit an updated curriculum vitae (CV) to the Agency Coordinator every two (2) years.
- (d) Department DRE's may provide updated information relative to the Drug Evaluation Classification Program to department members as appropriate.

**Issued Date:** 10/18/16

**Issued by**



**Scott Merlo**  
**Director of Public Safety**



# DRUG INFLUENCE EVALUATION

EVALUATOR:

IACP#

ROLLING LOG#:

REPORT NUMBERS:

TYPE OF EVALUATION:

Enforcement

SCRIBE:

WITNESS:

ARRESTEE'S NAME (Last, First, Middle)		Date of Birth	Age	Sex	Race	Arresting Officer (Name, ID#)	
Date Examined / Time / Location		Breath Results: Results:		Test Refused <input type="checkbox"/> Instrument #:		Chemical Test: Test time	Urine Blood Test or tests refused
Miranda Warning Given	<input type="checkbox"/> Yes <input type="checkbox"/> No	What have you eaten today? When? /		What have you been drinking? How much? /		Time of last drink?	
Given By:		Are you sick or injured? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Time now/ Actual	When did you last sleep? How long	Do you have any physical defects? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you take insulin? <input type="checkbox"/> Yes <input type="checkbox"/> No		Attitude:		Coordination:			
Are you taking any medication or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No		Speech:		Breath Odor:		Face:	
Corrective Lenses: <input type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts, if so <input type="checkbox"/> Hard <input type="checkbox"/> Soft		Eyes: <input type="checkbox"/> Reddened Conjunctiva <input type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness: <input type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal	
Pupil Size: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Vertical Nystagmus <input type="checkbox"/> Yes <input type="checkbox"/> No		Able to follow stimulus <input type="checkbox"/> Yes <input type="checkbox"/> No		Eyelids <input type="checkbox"/> Normal <input type="checkbox"/> Droopy	
Pulse and time 1. / 2. / 3. /		HGN Lack of Smooth Pursuit Maximum Deviation Angle of Onset	Right Eye	Left Eye	Convergence Ri		ONE LEG STAND
Romberg Balance 		Walk and turn test 		Cannot keep Starts too soon Stops walking Misses heel-toe Steps off line Raises arms Actual steps taken		1st Nine 2nd Nine	
Internal clock estimated as 30		Describe Turn		Cannot do test (explain)		Type of footwear:	
Draw lines to spots touched 		PUPIL SIZE	Room light	Darkness 5.0 - 8.5	Direct 2.0 - 4.5	Nasal area:	
		Left Eye				Oral cavity:	
		Right Eye					
		REBOUND DILATION <input type="checkbox"/> Yes <input type="checkbox"/> No		REACTION TO LIGHT:			
		RIGHT ARM 		LEFT ARM 			
Blood pressure /		Temperature 0					
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid		Comments:					
What drugs or medications have you been using?		How much?		Time of use?		Where were the drugs used? (Location)	
Date / Time of arrest:		Time DRE was notified:		Evaluation start time:		Evaluation completion time:	
Precinct/Station:		Opinion of Evaluator:					
		<input type="checkbox"/> Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input type="checkbox"/> Alcohol Rule Out <input type="checkbox"/> Other					
		<input type="checkbox"/> Stimulant <input type="checkbox"/> Dissociative Anesthetic <input type="checkbox"/> Inhalant <input type="checkbox"/> Alcohol <input type="checkbox"/> Medical Rule Out <input type="checkbox"/> No Impairment					
Officer's Signature:		Felony Offense:		Misdemeanor Offense:		Reviewed/approved by / date:	