



# How DRE's Can Assist in a Vehicular Homicide Investigation

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- Joe’s disclaimer: Just because I say it, doesn’t make it true. I don’t know everything, just ask my wife. Listen to your bosses and experts. I am just a country lawyer from East Tennessee trying my best.



## **HINKLE**

Aussie Doodle named for Hinkle Fieldhouse which was the largest basketball arena in the country when it was built in 1928 and is home to Butler Basketball

# Joe's Perspective

- Introduction/Welcome
- Questions/Pace= Conversation and Not a Lecture
- Look at Real World Situations
- DUIs are the Toughest, Hardest, Time Consuming Cases (TECHNICAL)
- Expensive, Toughest & Smartest Defense Attorneys
- First Degree Murder vs. DUI Statute
- Not Prosecuting Cases-Hard Discussions with Families



# VEHICULAR HOMICIDES & TEAMWORK

First Responders

Patrol Officers

Investigators

Critical Incident Response

TBI Toxicologists

Crash RECON's

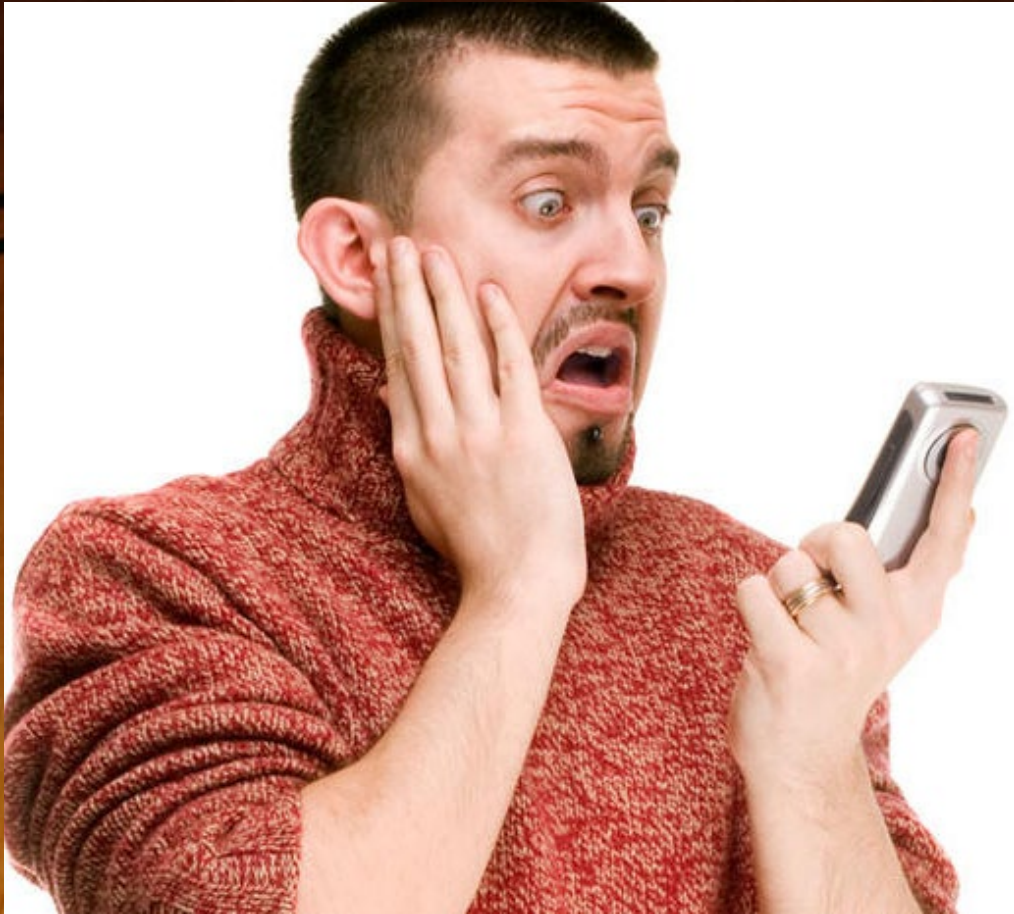
DREs

Prosecutors

# **VEHICULAR HOMICIDE INVESTIGATIONS**

- THE VERY FIRST AND MOST IMPORTANT ASPECT OF VEHICULAR HOMICIDE INVESTIGATIONS:**

# ANSWER YOUR PHONE



- Be available for calls before a VH occurs
- Know if LEO's or DRE's are calling you...IT IS IMPORTANT!
- Communicate with your LEO's and DRE's on a regular basis
- Get to know your LEO's and DRE's
- More effective and efficient Prosecutions of VH Cases



# LEO's and PROSECUTORS on VH SCENE

Communication: Team Approach

Mistakes are going to happen on scene

Monday Morning Quarterbacking

**THIS IS A CRIME SCENE!!!**

Remember you are on camera and a serious situation is happening: **BE SMART and BE PROFESSIONAL!!!**

Think through: how does this look in front of a jury?



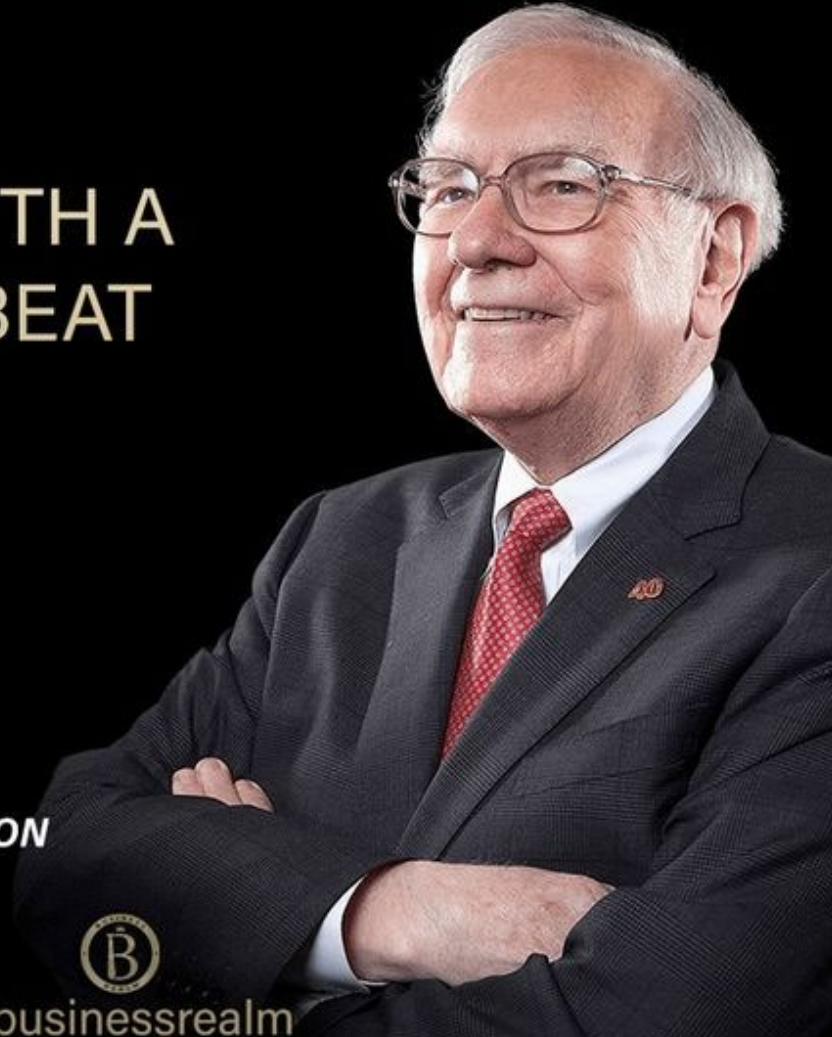
# PLANNING IS KEY

“

AN IDIOT WITH A  
PLAN CAN BEAT  
A GENIOUS  
WITHOUT A  
PLAN

-WARREN BUFFETT  
NET WORTH \$84.2 BILLION

  
@businessrealm



## CHECKLIST FOR PROSECUTORS

- Call your BOSS
- Contact CIRT
- Contact a DRE
- SEARCH WARRANTS, SEARCH WARRANTS, SEARCH WARRANTS
- Stay out of the way and let the Experts...EXPERT!
- Be a Resource...not an Investigator



## **Search Warrants**

- Suspects Blood
- Consent Blood
- Interior of Suspects Vehicle
- Event Data Recorders
- Electronic Control Modules
- Cell Phones

# Drug Recognition Experts assist in a Vehicular Homicide Case



- Get a list of DRE's in your area
- Contact them ASAP
- Get them to the scene ASAP
- Have DRE's observe the suspect while the 'Road Officer' conducts his SFST's
- Communicate with DRE any evidence found on the scene, including drugs, paraphernalia, or any other indications of drug use by the suspect

# Foundation of DRE and The 12-Step DRE Evaluation Process



**John Harold Mayes**  
**DRE / ARIDE State Coordinator**

The 12-Step Process is standardized and systematic. It should be done the same way every time. This insures that no mistakes are made.



1. Breath Test

2. Interview of Arresting Officer

3. Preliminary Examination

-first pulse, initial estimation of angle of onset, and initial estimation of pupil size

4. Eye Examination

5. Divided Attention Tests:

*Romberg Balance*

*Walk and Turn*

*One Leg Stand*

*Modified Finger to Nose*

6. Vital signs and Second Pulse

7. Dark Room Check of Pupil Size and Ingestion Exam

8. Check of Muscle Tone

9. Check for Injection Sites and Third Pulse

10. Interrogation, Statements, and Other Observations

11. Opinion of Evaluator

12. Toxicological Examination





# 1. Breath Test

- DRE's are issued a PBT
- This is not an evidentiary test.
- DRE's are issued pass, fail, caution PBT's only.
- 0 means alcohol is less than .005
- Caution means alcohol is .020 to .079
- Fail means the breath alcohol is above .08
- DREs have opportunity to calibrate the PBT each year.





## 2. Interview of Arresting Officer


- What led to the arrest, what is the probable cause for the arrest?
- Field sobriety test results
- Evidence found
- What an officer observes and what the DRE observes can change with drug psychoactivity.

*Note: the DRE must be careful not to develop a biased opinion.*





# 3. Preliminary Examination

	<b>DRUG INFLUENCE EVALUATION</b>					EVALUATOR: [REDACTED]	
	REPORT NUMBERS: [REDACTED]			IACP#: [REDACTED]		ROLLING LOG#: [REDACTED]	
	TYPE OF EVALUATION: <b>Training</b>				SCRIBE: [REDACTED]		
ARRESTEE'S NAME (Last, First, Middle) [REDACTED], [REDACTED] [REDACTED]			Date of Birth [REDACTED]	Age [REDACTED]	Sex [REDACTED]	Race [REDACTED]	Arresting Officer (Name, ID#) [REDACTED]
Date Examined / Time / Location [REDACTED] / [REDACTED] / [REDACTED]			Breath Results: Results: [REDACTED]	Test Refused <input type="checkbox"/> Instrument #: [REDACTED]	Chemical Test: Urine <input checked="" type="checkbox"/> Blood <input type="checkbox"/> Test or tests refused <input type="checkbox"/>		
Miranda Warning Given Given By: n/a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	What have you eaten today? When? [REDACTED] / [REDACTED]	What have you been drinking? How much? [REDACTED] / [REDACTED]	Time of last drink? [REDACTED]			
Time now/ Actual [REDACTED] / [REDACTED]	When did you last sleep? How long [REDACTED] / [REDACTED]	Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [REDACTED]		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [REDACTED]			
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [REDACTED]		Do you have any physical defects? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [REDACTED]		Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No [REDACTED]			
Are you taking any medication or drugs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [REDACTED]			Attitude: Cooperative/ N/A/ [REDACTED]			Coordination: Normal/N/A/ [REDACTED]	
Speech: Normal/N/A/ [REDACTED]		Breath Odor: Normal/N/A/ [REDACTED]			Face: Normal/ [REDACTED]		
Corrective Lenses: <input checked="" 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 checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness: <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal
Pupil Size: <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain) [REDACTED]		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to follow stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eyelids <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Droopy	


# Preliminary Examination

- Miranda would be read before any questioning.
- This is general information that could determine if the examination should go forward.
- Possible injuries or medical problems
- Observation of the subjects face, speech and breath
- Pupil size and tracking ability
- Initial examination of the subject's pulse



# 4. Eye Examination

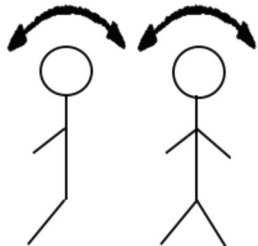
- Drugs that cause HGN, Depressants, Inhalants, Dissociative Anesthetics.
- Drugs that cause LOC, Depressants, Inhalants, Dissociative Anesthetics and Cannabis.

HGN	Right Eye	Left Eye	Convergence	
Lack of Smooth Pursuit	None	None		Right eye      Left eye
Maximum Deviation	None	None		
Angle of Onset				



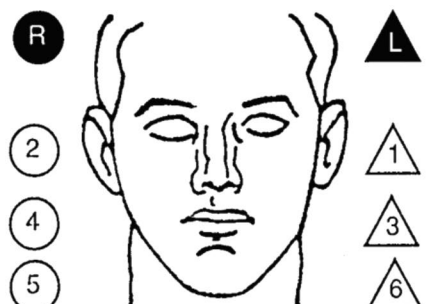
# 5. Divided Attention Test

**Modified Romberg Balance**




Internal clock  
estimated as 30 seconds

**Draw lines to spots touched**



**ONE LEG STAND**

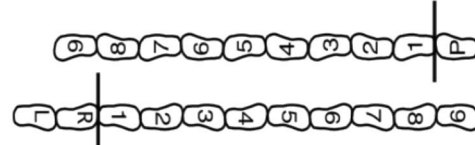


L R

- Sways while balancing
- Uses arms to balance
- Hopping
- Puts foot down

Type of footwear:

**Walk and turn test**









Cannot keep balance	<input type="checkbox"/>	
Starts too soon	<input type="checkbox"/>	
	1 <sup>st</sup> Nine	2 <sup>nd</sup> Nine
Stops walking	<input type="checkbox"/>	<input type="checkbox"/>
Misses heel-toe	<input type="checkbox"/>	<input type="checkbox"/>
Steps off line	<input type="checkbox"/>	<input type="checkbox"/>
Raises arms	<input type="checkbox"/>	<input type="checkbox"/>
Actual steps taken	<input type="checkbox"/>	<input type="checkbox"/>



# 6. Vital Signs

- Pulse



Pulse and time	
1.	 / 
2.	 / 
3.	 / 

- Blood Pressure



Blood pressure	Temperature
 / 	 0

- Body Temperature



<u>NORMAL RANGES</u>			
PULSE:	60 - 90 BEATS PER MINUTE		
PUPIL SIZE:	ROOM LIGHT-	AVG: 4.0mm	Range: 2.5-5.0mm
	NEAR TOTAL DARKNESS -	AVG: 6.5mm	Range: 5.0-8.5mm
	DIRECT LIGHT-	AVG: 3.0mm	Range: 2.0-4.5mm
BLOOD PRESSURE:	120 - 140 mmHg	SYSTOLIC	
	70 - 90 mmHg	DIASTOLIC	
BODY TEMPERATURE:	98.6 +/- 1.0 DEGREE		



# 7. Dark Room Examination

- Room Light
- Near Total Darkness
- Direct Light
- Signs of Ingestion

PUPIL SIZE	Room light 2.5 – 5.0	Darkness 5.0 – 8.5	Direct 2.0 – 4.5	Nasal area: N/A/N/A/ [ ]
Left Eye	[ ]	[ ]	[ ]	Oral cavity: Green coating/N/A/ [ ]
Right Eye	[ ]	[ ]	[ ]	
REBOUND DILATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			REACTION TO LIGHT: Slow/ [ ]	





Property	Value	Unit
Temperature	23.5	°C
Pressure	101.3	kPa
Humidity	65	%
Wind Speed	1.2	m/s
Wind Direction	135	°
Cloud Cover	3	%
Visibility	10	km
Barometric Pressure	1013.25	hPa
Dew Point	16.5	°C
Relative Humidity	65	%
Wet-Bulb Globe Temperature	24.0	°C
Heat Index	24.0	°C
Apparent Temperature	23.5	°C
Wind Chill	23.5	°C
Thermal Comfort	23.5	°C
PM10	50	µg/m³
PM2.5	15	µg/m³
Ozone	40	ppb
Carbon Monoxide	0.5	ppm
Nitrogen Dioxide	0.2	ppm
Sulfur Dioxide	0.1	ppm
Lead	0.1	ppb
Mercury	0.01	ppb
Chlorine	0.1	ppm
Fluoride	0.1	ppm
Cadmium	0.01	ppb
Copper	0.1	ppm
Iron	1.0	ppm
Manganese	0.1	ppm
Nickel	0.1	ppm
Silver	0.01	ppb
Zinc	1.0	ppm



## 8. Muscle Tone

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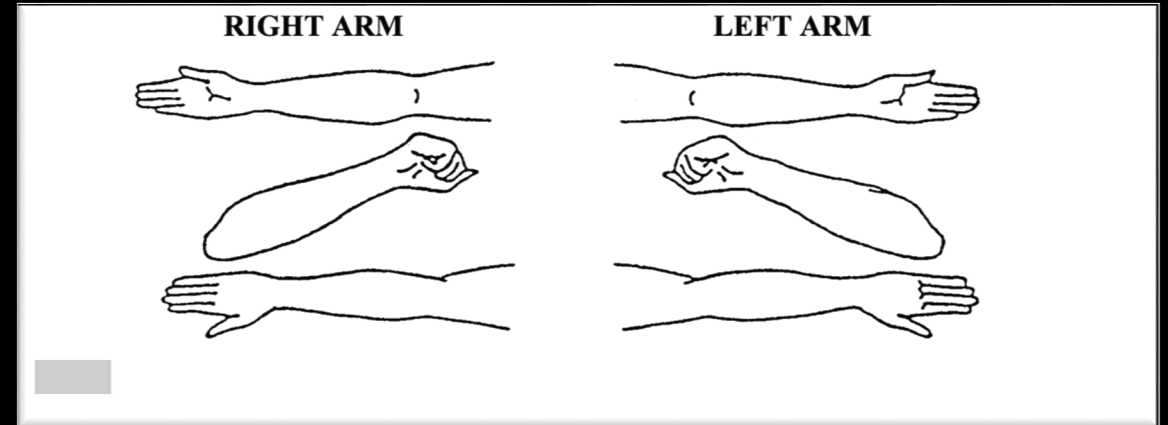
- Normal
- Flaccid
- Rigid





# 9. Check For Injection Sites and Third Pulse

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# 10. Interrogation, Statements and Other Observations

- Psychoactivity can change during the course of an evaluation

What drugs or medications have you been using?	How much?	Time of use?	Where were the drugs used? (Location)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>





**TENNESSEE DRUG CATEGORY MATRIX CHART**

MAJOR INDICATORS	CNS DEPRESSANTS	CNS STIMULANTS	HALLUCINOGENS	Dissociative Anesthetic	NARCOTIC ANALGESIC	INHALANTS	CANNABIS
HGN	PRESENT	NONE	NONE	PRESENT	NONE	PRESENT	NONE
VERTICAL GAZE NYSTAGMUS	PRESENT (HIGH DOSE)	NONE	NONE	PRESENT	NONE	PRESENT (HIGH DOSE)	NONE
LACK OF CONVERGENCE	PRESENT	NONE	NONE	PRESENT	NONE	PRESENT	PRESENT
PUPIL SIZE	NORMAL (1)	DILATED	DILATED	NORMAL	CONSTRICTED	NORMAL (4)	DILATED (6)
REACTION TO LIGHT	SLOW	SLOW	NORMAL (3)	NORMAL	LITTLE OR NONE VISIBLE	SLOW	NORMAL
PULSE RATE	DOWN (2)	UP	UP	UP	DOWN	UP	UP
BLOOD PRESSURE	DOWN	UP	UP	UP	DOWN	UP/DOWN (5)	UP
BODY TEMPERATURE	NORMAL	UP	UP	UP	DOWN	UP/DOWN/ NORMAL	NORMAL
MUSCLE TONE	FLACCID	RIGID	RIGID	RIGID	FLACCID	Normal or Flacid	NORMAL
GENERAL INDICATORS	<ul style="list-style-type: none"> <li>- Disoriented</li> <li>- Droopy eyes</li> <li>- Drowsiness</li> <li>- Drunk-like behavior</li> <li>- Slow, sluggish reactions</li> <li>- Thick, slurred speech</li> <li>- Uncoordinated</li> <li>- Unsteady walk</li> </ul>	<ul style="list-style-type: none"> <li>- Anxiety</li> <li>- Body tremors</li> <li>- Dry mouth</li> <li>- Euphoria</li> <li>- Exaggerated reflexes</li> <li>- Excited</li> <li>- Eyelid Tremors</li> <li>- Grinding teeth</li> <li>- Increased alertness</li> <li>- Insomnia</li> <li>- Irritability</li> <li>- Redness to nasal area</li> <li>- Restlessness</li> <li>- Runny nose</li> <li>- Talkative</li> </ul>	<ul style="list-style-type: none"> <li>- Body tremors</li> <li>- Dazed appearance</li> <li>- Difficulty with speech</li> <li>- Flashbacks</li> <li>- Hallucinations</li> <li>- Memory loss</li> <li>- Nausea</li> <li>- Paranoia</li> <li>- Perspiring</li> <li>- Poor perception of time and distance</li> <li>- Synesthesia</li> <li>- Uncoordinated</li> </ul> <p>*NOTE: With LSD, piloerection may be observed (goose bumps, hair standing on end).</p>	<ul style="list-style-type: none"> <li>- Blank stare</li> <li>- Confusion</li> <li>- Chemical odor (PCP)</li> <li>- Cyclic behavior</li> <li>- Difficulty with speech</li> <li>- Disoriented</li> <li>- Early HGN Onset</li> <li>- Hallucinations</li> <li>- Incomplete verbal responses</li> <li>- Increased pain threshold</li> <li>- "Moon Walking"</li> <li>- Non-communicative</li> <li>- Perspiring (PCP)</li> <li>- Possibly violent</li> <li>- Sensory distortions</li> <li>- Slow, slurred speech</li> <li>- Slowed responses</li> <li>- Warm to touch (PCP)</li> </ul>	<ul style="list-style-type: none"> <li>- Depressed reflexes</li> <li>- Droopy eyelids</li> <li>- Drowsiness</li> <li>- Dry mouth</li> <li>- Euphoria</li> <li>- Facial itching</li> <li>- Inability to concentrate</li> <li>- Nausea</li> <li>- "On the Nod"</li> <li>- Puncture marks</li> <li>- Slow, low, raspy speech</li> <li>- Slow breathing</li> <li>- Slow deliberate movements</li> </ul> <p>*NOTE: Tolerant users exhibit relatively little psychomotor impairment.</p>	<ul style="list-style-type: none"> <li>- Bloodshot eyes</li> <li>- Confusion</li> <li>- Disoriented</li> <li>- Flushed face</li> <li>- Intense headaches</li> <li>- Lack of muscle control</li> <li>- Non-communicative</li> <li>- Odor of substance</li> <li>- Possible nausea</li> <li>- Residue of substance</li> <li>- Slow, thick, slurred speech</li> <li>- Watery eyes</li> </ul>	<ul style="list-style-type: none"> <li>- Altered time/distance perception</li> <li>- Alteration in thought formation</li> <li>- Body tremors</li> <li>- Bloodshot eyes</li> <li>- Disoriented</li> <li>- Drowsiness</li> <li>- Euphoria</li> <li>- Eyelid tremors</li> <li>- Impaired memory</li> <li>- Increased appetite</li> <li>- Lack of concentration</li> <li>- Mood changes</li> <li>- Odor of Marijuana</li> <li>- Rebound Dilation</li> <li>- Relaxed inhibitions</li> <li>- Sedation</li> </ul>
DURATION OF EFFECTS	<p>Ultra-short: A few minutes</p> <p>Short: Up to 5 hours</p> <p>Intermediate: 6-8 hours</p> <p>Long 8-14 hours</p>	<p>Cocaine: 5-90 minutes</p> <p>Methamphetamine: Up to 12 hours</p>	<p>Duration varies widely from one hallucinogen to another.</p> <p>LSD: 10-12 hours</p> <p>Psilocybin: 2-3 hours</p>	<p>PCP Onset: 1-5 minutes</p> <p>Peak Effects: 15-30 minutes</p> <p>Exhibits effects up to 4-6 hours</p> <p>DXM: Onset 15-30 min. Effects 3-6 hours</p>	<p>Heroin: 4-6 hours</p> <p>Methadone: Up to 24 hours</p> <p>Other: Vary</p>	<p>6-8 hours for most volatile solvents</p> <p>Anesthetic gases and aerosols – very short duration</p>	<p>2-3 hours – exhibit and feel effects</p> <p>(Impairment may last up to 24 hours, without awareness of effects.)</p>
USUAL METHODS OF ADMINISTRATION	<ul style="list-style-type: none"> <li>- Injected (occasionally)</li> <li>- Insufflation</li> <li>- Oral</li> </ul>	<ul style="list-style-type: none"> <li>- Insufflation</li> <li>- Injected</li> <li>- Oral</li> <li>- Smoked</li> </ul>	<ul style="list-style-type: none"> <li>- Oral</li> <li>- Insufflation</li> <li>- Smoked</li> <li>- Transdermal</li> </ul>	<ul style="list-style-type: none"> <li>- Injected</li> <li>- Insufflation</li> <li>- Oral</li> <li>- Smoked</li> <li>- Transdermal</li> </ul>	<ul style="list-style-type: none"> <li>- Injected</li> <li>- Insufflation</li> <li>- Oral</li> <li>- Smoked</li> <li>- Transdermal</li> </ul>	<ul style="list-style-type: none"> <li>- Inhalation</li> </ul>	<ul style="list-style-type: none"> <li>- Oral</li> <li>- Smoked</li> <li>- Transdermal</li> </ul>
OVERDOSE SIGNS	<ul style="list-style-type: none"> <li>- Clammy skin</li> <li>- Coma</li> <li>- Dilated pupils</li> <li>- Rapid, weak pulse</li> <li>- Shallow breathing</li> </ul>	<ul style="list-style-type: none"> <li>- Agitation</li> <li>- Hallucinations</li> </ul>	<ul style="list-style-type: none"> <li>- Intense bad "trip"</li> <li>- Hyperthermia</li> <li>- Convulsions</li> </ul>	<ul style="list-style-type: none"> <li>- Deep coma</li> <li>- Seizures</li> <li>- Convulsions</li> </ul>	<ul style="list-style-type: none"> <li>- Cold, clammy skin</li> <li>- Coma</li> <li>- Convulsions</li> <li>- Slow, shallow breathing</li> </ul>	<ul style="list-style-type: none"> <li>- Cardiac arrhythmia</li> <li>- Possible psychosis</li> <li>- Respiration ceases</li> <li>- Severe nausea/vomiting</li> </ul>	<ul style="list-style-type: none"> <li>- Excessive vomiting</li> <li>- Fatigue</li> <li>- Acute anxiety attacks</li> <li>- Paranoia</li> <li>- Possible psychosis</li> </ul>





## 12. Toxicology

- In most cases this has already been done, however, in some cases the evaluation may take place during the time a search warrant is being issued.



# **DRUG RECOGNITION EXPERTS IN COURT**

- **DRE CV AND RESUME**
- **DRE Reports**
- **DRE Testimony**
- **DRE EXPLANATIONS**
- **QUALIFY DRE AS AN EXPERT**
- **SPEAKING TO A JURY, MAKE IT EASY TO UNDERSTAND**
- **EXPLAIN HOW DRE EVAL'S ARE DIFFERENT, BETTER, MORE CONCLUSIVE THAN SFST's only**

# **JOE'S Final Shot**

- Thank You
- Be Safe
- Be Passionate
- Communicate
- Mistakes Happen
- Take Your Time
- Be honest with your Prosecutors
- Be Understanding of Decisions
- Fight For Victims
- Fight for Officers
- Quiet Heroes
- Think Big

# THANK YOU AND THINK BIG!

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