

DWI Detection and Standardized Field Sobriety Testing

May 2013 Edition

Instructor Guide



**DWI Detection and Standardized Field Sobriety Testing
(SFST)
Instructor Guide –
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PREFACE

The Standardized Field Sobriety Testing (SFST) training prepares police officers and other qualified persons to administer and interpret the results of the SFST battery. This training under the auspices and direction of the International Association of Chiefs of Police (IACP) and the National Highway Traffic Safety Administration (NHTSA) has experienced remarkable success in detecting and apprehending intoxicated drivers since its inception in the 1980s.

As in any educational training program, an instruction manual is considered a “living document” that is subject to updates and changes based on advances in research technology and science. A thorough review is made of information by the Drug Evaluation Classification Program (DECP) Technical Advisory Panel (TAP) of the Highway Safety Committee of the IACP with contributions from many sources in health care science, toxicology, jurisprudence, and law enforcement. Based on this information, any appropriate revisions and modifications in background theory, facts, examination and decision making methods are made to improve the quality of the instruction as well as the standardization of guidelines for the implementation of the SFST Training Curriculum. The reorganized manuals are then prepared and disseminated, both domestically and internationally.

Changes will take effect 90 days after approval by the TAP, unless otherwise specified or when so designated by NHTSA/IACP or the DEC Program state coordinator.

**DWI DETECTION AND STANDARDIZED
FIELD SOBRIETY TESTING**

ADMINISTRATOR'S GUIDE

The Administrator's Guide provides an introduction and overview of the DWI Detection and Standardized Field Sobriety Testing (SFST) Training Program. The acronym "DWI" means driving while impaired **and is synonymous with the acronym "DUI", driving under the influence.** These terms refer to any and all offenses involving the operation of vehicles by persons under the influence of alcohol and/or other drugs. However, the focus of this curriculum is on the alcohol-impaired driver.

The procedures outlined in this manual describe how the Standardized Field Sobriety Tests (SFSTs) are to be administered under ideal conditions. We recognize that the SFSTs will not always be administered under ideal conditions in the field, because such conditions will not always exist. Even when administered under less than ideal conditions, they will serve as useful indicators of impairment. Slight variations from the ideal, i.e., the inability to find a perfectly smooth surface at roadside, do not necessarily make the SFSTs invalid.

Enforcement of alcohol impaired driving is a complex and demanding law enforcement responsibility sufficient to warrant a separate curriculum. This is not to deny or minimize the importance of detecting and arresting drivers impaired by drugs other than alcohol. Indeed, other materials (as referenced in this document) are available from the National Highway Traffic Safety Administration (NHTSA) to improve police officers' skills in **detecting** and **apprehending** drug impaired drivers.

In this regard NHTSA/IACP has developed two modules that address drug- impaired driving:

- *Introduction to Drugs That Impair* a four hour overview of drugs other than alcohol that impair.
- *Advanced Roadside Impaired Driving Enforcement (ARIDE)* is a 16 hour course which will offer additional information to law enforcement officers on detecting impairment caused by more than just alcohol. Often times law enforcement officers that have not received advanced or in service training regarding drug impairment tend to not be able to identify these characteristics; therefore they will release an impaired driver. Once an officer completes the training he/she will be more proficient with the 3 battery of tests (HGN,WAT,OLS), as well as a broader knowledge of drug impairment indicators. The law enforcement officer will also be more familiar with the DRE program and its function. This will facilitate better communication and transfer of critical roadside indicators of impairment to the evaluating DRE officer for a more complete and accurate assessment of the impairment.

Either module is an excellent add-on or follow-up to the DWI Detection and Standardized Field Sobriety Testing training program. Both are highly recommended. **HOWEVER, NEITHER WILL QUALIFY AN OFFICER TO SERVE AS A DRUG RECOGNITION EXPERT (DRE).**

All of the aforementioned impaired driving courses have been approved by the International Association of Chiefs of Police (IACP). National standards have been established by IACP to ensure consistency in the content, delivery, and application of the SFST and drug impaired training. The SFST standards are provided in this Administrator's Guide (see Appendix B).

For more information regarding these impaired driver detection programs, contact your State Office of Highway Safety or your NHTSA Regional Training Coordinator (See Appendices E and F).

Note: NHTSA/IACP is not a certifying agency for impaired driving courses, i.e., SFST, ARIDE, DRE, etc. This includes both practitioners and instructors.

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A. Purpose of This Document

The Administrator's Guide is intended to facilitate planning and implementation of the DWI Detection and Standardized Field Sobriety Testing Course. The core course consists of 16 sessions with two "live" alcohol workshops.

The Guide outlines acceptable options to the "core" training procedures (see "How Flexible Is The Course?", Item 7, page 7). It overviews the sequence of instruction, documents the materials and the teaching aides that make up the instructional package, describes course administrative requirements, and provides guidelines for discharging those requirements satisfactorily. The Guide sets forth the fundamental tasks that make up the job of DWI enforcement, and identifies knowledge, skills and attitudes police officers need to perform those tasks well. The Guide also outlines the preparatory work that must be accomplished (primarily at the departmental or academy level) before the course can be conducted, and outlines the follow-up work that should be undertaken, subsequent to training, to ensure that the desired outcomes of the training are realized.

B. Overview of the Course

1. For whom is the training intended?

Participants should be any officers responsible for DWI enforcement who will actually use all aspects of the training, especially the three Standardized Field Sobriety Tests - Horizontal Gaze Nystagmus, Walk and Turn, and One Leg Stand. Officers selected to attend this training should be aware of the hazards caused by impaired drivers, are motivated to arrest those drivers and their duty assignments enable them to spend the time required to process DWI offenders will benefit substantially from this course.

Some law enforcement agencies have concluded that the subject matter should be offered only to officers who have amassed substantial on-the-job experience in detecting and arresting impaired drivers. Other agencies have advanced equally strong arguments to support the position that the training is appropriate for recruit-level officers. Either assessment is left up to the individual agencies using this curriculum. However, all user agencies should note that the ability to maintain the skills learned in this course will rapidly diminish if they are not reinforced by frequent "street" application and occasional in-service training. This is not to imply that this training is so complex or confusing that it can only be mastered by exceptionally skilled officers. The techniques of DWI Detection and use of the SFSTs can readily be grasped by anyone of average competence, provided they are willing to devote the appropriate time and effort to study and practice.

2. What are the purposes of the training?

The fundamental purpose of this training course is to foster DWI deterrence, i.e., to dissuade people from driving while impaired by increasing the odds that they will be arrested and convicted. This course is based on the assumption that a principal reason for enforcing DWI laws is to deter those who might otherwise be tempted to break the law. If potential DWI violators believe that there is a real risk of being caught, it is reasonable to believe most will refrain from driving while impaired.

Police officers can't possibly detect and arrest all DWI violators. Not all who are arrested will be convicted and punished. However, officers can improve the skills that increase the chances of detecting, arresting, recording, and articulating gathering sufficient evidence to sustain a conviction.

The training is based on the premise that officers perform two fundamental tasks which affect the likelihood of apprehending and convicting impaired drivers. The first of those tasks is Detection. In this course, "detection" is defined as "the entire process of identifying and gathering evidence to determine whether a suspect should be arrested for DWI". DWI detection begins when an officer's attention is drawn to a particular vehicle or its operator. The precipitating events are unlimited. The initial "spark" that causes the officer to focus attention on the particular vehicle may carry with it an immediate, strong suspicion of the possibility of impairment; or, only a slight suspicion of the possibility of impairment; or, depending on the circumstances, no suspicion at all at that time. Regardless, it sets in motion a process in which the officer focuses on the particular individual and has the opportunity to observe and elicit additional evidence.

The detection process ends only when the officer formulates the decision either to arrest or not arrest the individual for DWI. That decision is based on all of the accumulated evidence. Effective DWI enforcers do not leap immediately to the arrest/no arrest decision. Rather, they proceed carefully through a series of intermediate decisions, each of which can elicit evidence. The course clearly outlines each decision step.

Successful DWI detectors are those officers who know what to look and listen for, who have the skills to ask the right questions and to choose and use the right tests. They are highly motivated and apply their knowledge and skill whenever they contact someone who may be under the influence. In this way they tend to make more DWI arrests and gather the best possible evidence to support their charges.

The second basic task of effective DWI enforcement is Description. Just as detection is the process of collecting evidence, description is the process of

articulating evidence. Successful description demands the ability to verbally convey evidence clearly and convincingly. The officer's challenge is to communicate observational evidence to people who weren't there to see, hear or smell the evidence themselves. The officer's tools are words. These words make up the written report and verbal testimony which the officer uses to "paint a word picture" when communicating with the prosecutor, the judge, the members of the jury, and the defense attorney. This skill allows these people to develop a sharp mental image that allows them to "see," "hear," and "smell" the evidence. Successful DWI describers have the verbal skills needed to use descriptive words and phrases to communicate their evidence clearly and convincingly.

This training will help officers become more skillful at detection and description, make more DWI arrests, and obtain more convictions. These actions will lead to greater DWI deterrence through less impaired driving and fewer crashes, injuries and deaths.

3. What will the participants get out of the training?

Participants will learn to: recognize driving behaviors and other indicators commonly exhibited by impaired drivers; become better detectors and better describers by improving their knowledge, attitudes and skills in detecting the impaired driver and articulating their observations; develop a better understanding of the tasks and decisions involved in the DWI detection process; recognize the magnitude and scope of DWI related crashes, injuries, deaths and property loss, and other social aspects of the DWI problem; understand the deterrent effects of DWI enforcement; have a better understanding of the legal environment relevant to DWI enforcement and use of the three Standardized Field Sobriety Tests (SFST); know and recognize typical clues of alcohol impairment that may be detected during face to face contact with DWI suspects; know and perform the appropriate administrative procedures for the divided attention psychophysical tests; know and perform appropriate administrative procedures for the Horizontal Gaze Nystagmus test; know and recognize typical clues of alcohol impairment that may be seen during administration of the SFSTs; understand the DWI prosecution requirements and their relevance to DWI arrest reporting.

4. What subject matter does the course cover?

The course presents a substantial body of information relevant to the entire DWI detection process, including the organization, presentation and articulation of the evidence gleaned from that process. It also presents supportive information to bolster the participants' awareness of the importance of effective DWI enforcement.

Key elements of the subject matter include:

- The involvement of impaired driving in traffic crashes, deaths and injuries, both nationally and within the participants' state(s).
- The concept of general deterrence of DWI, and evidence of the effectiveness of deterrence in reducing impaired driving.
- Laws governing DWI and its enforcement within the participants' state(s).
- The concept of detection as a three phase process, with specific evidence gathering and decision making tasks in each phase.
- The kinds of evidence of alcohol impairment typically associated with each phase of detection.
- Concepts and principles of divided attention (psychophysical) testing.
- Concepts and principles of Horizontal Gaze Nystagmus (HGN) testing.
- Guidelines for processing suspects arrested for DWI, preparing arrest reports and delivering testimony in DWI trials.

5. What activities take place during the training?

The principal activity of this course is hands on practice by the participants. In a variety of ways, they spend approximately three quarters of the total training time actually doing various elements of the detection and description tasks. They observe video presentations of vehicles and operators and gather evidence of impairment. They form decisions, i.e., to stop suspected impaired drivers, to request them to exit their vehicles, to administer Standardized Field Sobriety Tests, and to decide to arrest or not arrest them. They write narrative and other reports to document that evidence. They organize and testify to the evidence they have observed. Most significantly, they practice -- again and again -- administering and interpreting the Standardized Field Sobriety Tests.

Even though significant time is spent in lectures and demonstrations by instructors, the participants are active participants, never passive listeners.

Among the most important learning activities of the course are the following:

- Video presentations of vehicles and operators exhibiting indicators associated with the various phases of DWI detection. Participants view the videos, then identify and record the clues of possible impairment.
- Brief "testimony" sessions are conducted where selected participants attempt to give clear, convincing verbal descriptions of the clues observed in the video presentation.
- "Dry run" practice in administering Standardized Field Sobriety Tests. Participants work in small groups, taking turns administering Horizontal Gaze Nystagmus, Walk and Turn, and One Leg Stand to each other.
- "Controlled drinking" practice(s), in which participants administer the Standardized Field Sobriety Tests to volunteers (not members of the

class) who have consumed various amounts of alcohol. Participants also practice observing, recording and interpreting test results during these sessions.

- NHTSA/IACP approved videos of the three Standardized Field Sobriety Tests being performed by volunteer drinkers are available for options one and two only. These videos allow participants to practice observing, interpreting and recording the tests.

NOTE: The NHTSA/IACP strongly believes that conducting live alcohol workshops is the optimal way of achieving the learning objectives of this training.

- Report writing exercise, in which participants view a video of a simulated DWI detection/arrest sequence and prepare a detailed narrative report.
- Moot court, in which selected participants "testify", based on the contents of their narrative reports.
- Written tests, in which participants demonstrate their knowledge of the content subject matter.
- A field sobriety proficiency examination, in which participants demonstrate their ability to administer Horizontal Gaze Nystagmus, Walk and Turn and One Leg Stand tests.

6. How long does the training take?

The core curriculum consists of 16 sessions that span 22 hours, 45 minutes of instruction, excluding breaks. With additional brief breaks and meal periods, the course requires three full training "days". There is no need to conduct the training for three consecutive days, nor to adhere to a traditional 8:00am - 5:00pm class day schedule. For example:

- There may be reasons to spread the course over a five day period or conduct some sessions at night.
- A five day sequence, with an average of four to five hours' instruction each day, will afford the participants more independent study time and an opportunity to assimilate the information presented.
- Scheduling the "controlled drinking" practice sessions at night makes it easier to recruit volunteer drinkers. Also, it allows participants to practice administering the Standardized Field Sobriety Tests under more realistic circumstances (most impaired driving arrests occur at night). If weather permits, these practice sessions can be held outdoors to enhance realism.
- Evening and nighttime training sessions are less susceptible to interruption. A court appearance could cause a student to be absent from a daytime class for several hours. Such absences cannot be tolerated in this course: there is simply no way that a student can achieve the training objectives if several hours of instruction or practice are missed.

SESSIONS MISSED DURING EXCUSED ABSENCES MUST BE MADE UP.

The sequence and duration of the 16 session are listed below.

Session	Title	Duration
1	Introduction and Overview	30 Minutes
2	Detection and General Deterrence	50 Minutes
3	The Legal Environment	70 Minutes
4	Overview of Detection, Note Taking and Testimony	50 Minutes
5	Phase One: Vehicle In Motion	90 Minutes
6	Phase Two: Personal Contact	90 Minutes
7	Phase Three: Pre-Arrest Screening	40 Minutes
8	Concepts & Principles of the Standardized Field Sobriety Tests	200 Minutes
9	Test Battery Demonstrations	40 Minutes
10	“Dry Run” Practice	50 Minutes
11	“Testing Subjects” Practice: First Session	120 Minutes
12	Processing the Arrested Subject and Preparing for Trial	90 Minutes
13	Report Writing Exercise and Moot Court	90 Minutes
14	“Testing Subjects” Practice: Second Session	120 Minutes
15	Review and Examinations	110 Minutes
16	Program Conclusion	50 Minutes

- Officers trained in the NHTSA/IACP approved SFST curricula, prior to the below revision date, remain qualified to administer and interpret the SFSTs based on their previous training.

7. How flexible is the course?

All of the training objectives are considered appropriate and essential for police officers who wish to become proficient at detecting evidence of DWI and at describing that evidence in written reports and verbal testimony. All of the subject matter is considered necessary to achieve those objectives. All of the learning activities are needed to ensure that the participants master the subject matter.

This curriculum normally takes about 24 hours to teach. To be recognized by IACP, regardless of hours, the student must have met all of the listed learning goals and performance objectives included in each of the 16 sessions.

This course is "flexible" in that it can easily be **expanded** since it does not cover all dimensions of DWI enforcement. For example, NHTSA has developed three modules addressing impairment by drugs other than alcohol. One module is approximately 4 hours in duration and the other module is approximately 8 hours. Both modules are designed to be completely compatible with this course and are excellent additions to the training whether taught independently or as an add-on. In addition to these two trainings, the State DECP Coordinator or State Highway Safety Office can be contacted for information on the ARIDE curriculum.

In recognizing the limitation some agencies have in conducting live alcohol workshop, NHTSA sponsored research involving the use of videos as an alternative training procedure (NOTE: See Attachment C). As a result of this research, NHTSA/IACP will now allow two options to the core curriculum:

OPTION ONE: To substitute NHTSA/IACP approved videos of "dosed" subjects for the first alcohol workshop (See Session XI-A) but to conduct the second alcohol workshop "live" as indicated in Session XIV.

OPTION TWO: To substitute NHTSA/IACP approved videos of "dosed" subjects for both live alcohol workshops (See Sessions XI-A and XIV-A).

It is critical to note that the purpose of this training is to ensure that participants become proficient in administering and interpreting the Standardized Field Sobriety Tests. **Therefore, if either option is selected, each student must maintain a log of every SFST administered.**

Note: During training, the Standardized Field Sobriety Tests (SFST) must be administered each time exactly as outlined in this course. For field conditions, refer to the Preface.

C. Overview of the Curriculum Package

In addition to this Administrator's Guide, the curriculum package for the DWI Detection and Standardized Field Sobriety Testing course consists of the following documents and materials:

- Instructor's Lesson Plans Manual
- Visual Aids
- Student Manual

1. Instructor's Lesson Plans Manual

The Instructor's Lesson Plans Manual is a complete and detailed blue print of what the course covers and of how it is to be taught. It is organized into sixteen modules, each corresponding to one of the course's sessions.

Each module consists of a cover page, an outline page, and the lesson plans, which include a thumb print of the PowerPoint slide referenced in the lesson plans.

The cover page presents the session's title and the total instructional time required to complete the session.

The outline page lists the specific learning objectives of the session, i.e., what the participants will be able to do once they have successfully completed the session's learning activities. The outline page also lists the session's major content segments and the principal types of learning activities that take place during the session.

The Instructor's Manual serves as a means of preparing the instructor to teach the course. Every instructor should review the entire set of lesson plans to become familiar with the content and learning activities and develop a clear understanding of how the course "fits together". Instructors are expected to become thoroughly familiar with every session they are assigned to teach, to assemble all "props" and other instructional equipment referenced in the lesson plans, and to augment the "instructional notes" as necessary to ensure that individual teaching styles and experiences are applied to the content and learning activities.

The Instructor's Manual serves as an in class reference document for helping to maintain the sequence and pace of presentations and other learning activities. However, the information contained in the outlines are not to be read verbatim to the participants.

2. Visual Aids

Four kinds of audio-visual aids are employed in this course.

- Wall charts
- Dry-erase board/flip-chart presentations
- Slides (PowerPoint slides)
- Videos

The wall charts are permanently-displayed items. They consist of sketches with brief captions intended to depict major themes and segments of the course. Wall

charts can be handmade, using colored marker pens, on flip-chart sheets. Sketches and text must be large enough to be viewed from any seat in the classroom. PowerPoint slides can be projected onto flip-chart sheets and traced with colored markers to produce the wall charts.

The dry-erase board/flip-chart presentations, as outlined in the lesson plans, are self-explanatory.

The slides are simple graphic and/or narrative displays that emphasize key points and support the instructor's presentation. The slides referenced in the lesson plans are found in each module of the Instructor's Manual. The instructor should supplement the slides with locally prepared materials wherever appropriate.

Video presentations are provided and referenced in the instructor lesson plans. For example, a 15 minute presentation entitled "Visual Detection of DWI", and a 12 minute video entitled "The Detection of DWI Motorcyclists" are used in Session V.

Other video presentations consist of brief encounters with impaired motorists. These segments cover vehicle in motion observations, personal contact, and pre-arrest screening. Each video provides the participants an opportunity to practice recognizing and documenting observational evidence of DWI. Subsequent to each video, selected participants are called upon to practice "testifying" about their observations.

The remainder of the video presentations are classroom lectures-and-demonstrations covering the three Standardized Field Sobriety Tests and the NHTSA/IACP approved videos used as options to the controlled drinking workshops in Sessions 11-A and 14-A. The videos may also serve as a review for graduates of this course.

3. DWI Detection and Standardized Field Sobriety Testing Student Manual

The DWI Detection and Standardized Field Sobriety Testing Student Manual is as a reference manual for the course. It provides a summary of the contents of each session.

The Student's Manual is intended to be used during the entire 16 sessions.

D. General Administrative Requirements

1. Facility Requirements

The presentation/demonstration sessions of the DWI Detection and Standardized Field Sobriety Testing course require a classroom with ample table/desk space for each student; a computer and/or DVD player, an overhead multi-media projector and screen; and, a dry erase board and/or flipchart. The classroom must have sufficient open space to permit clearly visible demonstrations of the Standardized Field Sobriety Tests. If possible, the participants' tables/desks should be arranged in a U-shaped format, so that the instructors can conduct their demonstration in the open space in the center.

The hands on practice sessions and the proficiency examinations require additional space consisting of a large open area (free of any obstructions such as tables, chairs, etc.) in which teams of participants can work without interfering with each other. It must be possible to mark straight lines 12 to 15 feet long on the floor to facilitate practicing the Walk and Turn test (i.e., strips of easily removable tape). If weather permits, these practice sessions can be held outdoors to enhance realism.

The live "Testing Subjects" Practice Sessions (XI and XIV) require a separate room for the volunteer drinkers and use of one or more accurate breath testing instruments devices for monitoring their blood alcohol concentrations (BACs).

2. Instructor Qualifications

SFST instructors MUST have successfully completed the NHTSA/IACP approved Standardized Field Sobriety Testing (SFST) training program or its equivalent, and have experience in administering the SFSTs as well as providing testimony in court in the area of DWI enforcement. Dedicated, qualified instructors are critical to the continued success of the SFST program.

SFST instructors are responsible for observing, evaluating and verifying the performance of SFST candidates throughout the training process. Therefore, only persons experienced in the administration of the SFST battery should become instructors in the SFST training program.

If an alcohol workshop will be conducted as part of the training, one instructor should be experienced in conducting an alcohol workshop. A ratio of at least one instructor for every 6 participants is recommended. Their responsibilities include coaching participants during the various hands on practice sessions and conducting the proficiency examinations during Session XV. All instructors must be fully proficient in administering the Standardized Field Sobriety Tests. It is beneficial to recruit a Traffic Safety Resource Prosecutor (TSRP) or an experienced DWI prosecutor to assist in conducting certain segments in Session III, The Legal Environment, Session XII, Processing the Arrested Subject and Preparing for Trial, and Session XIII, Report Writing Exercise and Moot Court.

It is preferred that instructors for the four-hour "Introduction to Drugs That Impair" module be Drug Recognition Experts. The instructors for the eight-hour module "Drugs That Impair Driving" must be DRE instructors or SFST instructors who are certified DREs.

3. Class Size Considerations

This course is a highly interactive learning experience. Participants need ample opportunities to practice applying the skills they are learning; (i.e., observing, testifying, reporting and administration of the Standardized Field Sobriety Tests). Participants need individual attention during practice sessions.

The recommended maximum class size is 24 participants. An ideal range would be 15-21.

E. Guidelines for Controlled Drinking Practice Sessions

The SFST core curriculum requires volunteers who will consume carefully measured quantities of alcohol and submit to Standardized Field Sobriety Tests administered by the participants. Drinking volunteers are an essential resource for the core curriculum. Therefore, careful steps must be taken to ensure the volunteers' safety as well as their contribution to the overall learning experience.

NOTE: WEAPONS ARE NOT PERMITTED IN THE VICINITY OF ANY DRINKING VOLUNTEER.

1. Criteria to be considered when selecting volunteer drinkers:

- They cannot be members of the class.
- They should not be law enforcement officers.
- They must be verified to be at least 21 years old and in reasonably good health.
- They cannot have any known history of alcoholism.
- They cannot have any known medical condition that may be exacerbated by alcohol (such as hypertension or diabetes).
- They cannot be taking any known medication (prescription or otherwise) that might adversely interact with alcohol.

2. Managing the Volunteer Drinkers

Transportation must be provided for the volunteers to and from the training session. Under no circumstances may volunteers be permitted to drive from the training session, regardless of their blood alcohol concentration (BAC) at the time of departure. Volunteers should be released only into the custody of responsible, sober persons.

It is suggested that there be a minimum of one drinking volunteer for every three to five participants.

From the time of their arrival until safely disposed of, volunteers must be kept under constant supervision. It is suggested that at least one monitor be present for every four volunteers. Volunteer must be paired with a monitor of the same sex. The monitors must supervise the volunteers, serve their drinks, make sure they comply with the schedule, and keep them under close observation.

THE EFFECTIVENESS OF THE VOLUNTEERS AS TRAINING RESOURCES DEPENDS ON THEIR BLOOD ALCOHOL CONCENTRATIONS. IDEALLY, VOLUNTEERS AT ANY SESSION SHOULD ACHIEVE PEAK BACS BETWEEN 0.06 AND 0.14.

Volunteers should be instructed to refrain from eating two hours prior to their arrival at the training facility. Food in their stomachs may affect the absorption of alcohol into their bloodstreams, and impede your ability to control their BACs.

Volunteers should be brought to the training facility a minimum of three hours before the practice session is scheduled to begin. Each volunteer should be breath tested, have their pulse, blood pressure, and HGN checked and recorded.

NOTE: Additional time may be needed for administrative procedures.

3. Guidelines for achieving target BACs.

The table below indicates the ounces of 80-proof distilled alcoholic beverage that volunteers should consume, in relation to their weight and the "target" peak BAC, during a three (3) hour interval.

<u>Weight (Pounds)</u>	<u>MEN</u>	<u>WOMEN</u>
110	5	4
120	6	5
130	6	5
140	7	5
150	7	6
160	8	6
170	8	7
180	9	7
190	9	7
200	10	8
210	10	8
220	10	8
230	11	9
240	11	9
250	12	10

It is suggested that volunteers consume half of the total allocated amount of alcoholic beverage during the first hour. They should refrain from drinking or smoking within 15 minutes prior to any breath test.

NOTE: A volunteer may cease drinking at any time.

F. Course Administrative Planning and Preparation Requirements

Course administrative planning and preparation tasks are to:

1. Select officers whom you expect to devote substantial amounts of time to DWI enforcement.
2. Identify the learning objectives that are appropriate for your participants.
3. Tailor the instructional material, as appropriate, to conform to your learning objectives.
4. Select instructors and assign them to teach specific sessions of the course. Review the lesson plans and visual aids with the instructors. Give them sufficient time to prepare.

5. Prepare the instructional facilities by arranging the classroom seating format. Secure the necessary audio visual equipment and materials.
6. If the core curriculum or option one (1) is selected, recruit volunteer drinkers. Arrange for their supervision and transportation and secure the necessary supplies needed for the alcohol workshop(s).

G. Standards for Course Completion

In order to successfully complete this course of instruction, participants must pass the written examination and demonstrate proficiency in administering and interpreting the Standardized Field Sobriety Tests.

1. The Written Examination

A written knowledge examination (post-test) is in the lesson plans for Session XVI. This test focuses on the administrative and interpretation procedures for the Standardized Field Sobriety Tests. Participants must achieve a grade of 80% to successfully complete this training.

NOTE: For retesting requirements refer to IACP International Standards, Section 1.4. (Appendix B)

2. Assessing Student Proficiency

Instructors must decide whether individual participants are proficient with the Standardized Field Sobriety Tests. This is accomplished by the following:

- The lesson plans for Session XV (Review and Examinations) set forth a procedure for testing each student's ability to administer the three Standardized Field Sobriety Tests properly. "Passing" this test requires that the participants administer the complete test battery at least once, in an instructor's presence, without deleting or erroneously performing any of the critical administrative elements of the tests.

H. Student Critiques

A student Critique Form is provided to document their ratings of course content and activities at the conclusion of the training. Evaluation of these critiques by the instructors and/or course coordinator is critical for maintaining a high degree of achievement in learning and delivery. The form is divided into eight parts:

- Training Objectives
- Workshop Sessions and Quality of Instruction

- Course Design
- Topic Deletions
- Topic Additions
- Overall Course Rating
- Quality of Instruction
- Final Comments or Suggestions

I. SFST Field Evaluations

It is encouraged that the DWI enforcement of officers completing this training be assessed on a regular basis. This assessment could examine such factors as:

- The number of DWI arrests.
- The average BAC of those arrests.
- The percentage of arrests resulting in DWI conviction.

This information could help document the utility of the course, identify officers who may need refresher training, and secure continuing command-level support for the training.

NHTSA/IACP encourage officers to document all administrations of Standardized Field Sobriety Tests. At a minimum, this documentation should include subject's name, date, results of each test, the officer's classification of subject's BAC and measured BAC, if available. A sample log is included in Session 8.

NOTE: If options utilizing video subjects have been used, maintaining the SFST Field Arrest Log is strongly recommended.

REMINDER: Only the NHTSA/IACP options videos are approved for the SFST instruction.

J. Requests for Information, Assistance or Materials

Please contact your state's Office of Highway Safety, and/or your NHTSA Regional Training Coordinator for help in planning and conducting this training. (See Appendices E or F)

APPENDIX A

SYNOPSIS OF THE SFST CURRICULUM An Overview of the 16 Sessions

Session 1 - Introduction and Overview

This session has three segments: "Welcoming Remarks and Objectives", "Administrative Details", and "Pretest".

Give a brief welcome and introduction. Briefly describe your credentials for providing SFST training and carefully state the goals and objectives of the course. During this segment have the participants introduce themselves and print their names clearly on name tentcards, so that you will be able to call on them by name.

Next, you must attend to some essential "housekeeping duties", e.g., by notifying participants of the schedule that will be followed, pointing out the locations of rest rooms, lunch rooms, etc.

In the final segment, you will have your participants complete a 10-question pre-test that will allow you to assess how much they already know about DWI Detection and the SFSTs.

Session 2 - Detection and General Deterrence

This session has five segments: "The DWI Problem," "Concept of General Deterrence," "Relating Detection to Deterrence Potential," "Evidence of Effective Detection and Effective Deterrence" and "Physiology of Alcohol." In most of these segments, you will present and discuss with your participants some statistical information. The second segment, Physiology of Alcohol, is a presentation step in the cognitive domain. It gives participants a brief overview of the nature and affects of alcohol. In this session you will help your participants reach some very important conclusions at the outcome of the course:

First, they will realize that impaired driving is responsible for the deaths and serious injuries of thousands of people in their own states. They have to believe that it is a serious problem that must be solved.

Second, they have to believe that many of the people who drive while impaired will stop doing that, at least some of the time, if they fear getting caught. Your participants must see that we can create the fear of being caught.

Finally, they have to believe that this notion of deterrence through fear of arrest really does work. You can show them evidence that it has worked in the past and you can show them how to make it work in the future.

In this session, participants must realize why it is important for them to improve their skills at DWI detection. But if they don't see the value of what you want them to learn, their learning efficiency will be low.

Session 3 - The Legal Environment

This session has five segments: "Basic DWI Statute", "Implied Consent Law", "Illegal Per Se Statute", "Preliminary Breath Testing", and "Case Law Review".

The entire session is designed to satisfy the well-recognized fact that "you can't enforce the law unless you know the law". The first four segments cover specific types of legislation that either define impaired driving offenses or that regulate the enforcement and prosecution of those offenses. It is the instructor's job to clarify those laws for the participants, so they will understand what they have to prove and how they have to prove it when they arrest someone for impaired driving. Because these laws vary from state to state, **you may have to modify the content of the first four segments to ensure that the information presented accurately reflects the statutes of your participants' jurisdictions.**

The final segment, "Case Law Review" focuses on how courts in various states have treated Horizontal Gaze Nystagmus. You will need to clarify these decisions for your participants so that they understand how they must introduce HGN evidence to ensure its admissibility.

Session 4 - Overview of Detection, Note Taking and Testimony

This session has three segments. In the first segment, "Three Phases of Detection", you will define an important concept of DWI Detection for your participants. This concept views detection as a continual process of evidence gathering that ends in the arrest decision. The concept forms the basis for nearly all of the sessions that follow. In the second segment, "DWI Investigation Field Notes", you will introduce the participants to a standard note taking guide that they will use in several subsequent hands-on practice sessions. In the final segment, "Courtroom Testimony", you will review requirements and procedures for presenting observed evidence of DWI violations.

Session 5 - Phase One: Vehicle in Motion

This session is the first of several sessions in which you will explain and demonstrate techniques of detection and testimony, and subsequently coach your participants while they practice using those techniques.

Session 5 has six segments. The first, "Overview: Tasks and Decisions," defines what the patrol officer is supposed to do during the first phase of DWI Detection. In the second segment, "Initial Observation: Visual Clues of Impaired Operation (Automobiles)," you will explain and give concrete examples of the most reliable initial indicators of impaired driving. You will introduce fundamental concepts of alcohol impairment in this segment, and you will show two videos that portray what research has shown to be the most common visual clues

of DWI. The third segment, "Initial Observation: Visual Clues of Impaired Operation (Motorcycles)," will introduce the similar concepts as it relates to motorcycle operation.

In the fourth segment, "Recognition and Description of Initial Clues," your participants will watch video segments of vehicles exhibiting possible indicators of impaired driving, and they will attempt to recognize those indicators and to describe them clearly and convincingly in written notes. Following each video segment, you will select a student who will attempt to give a clear and complete verbal description of the observations in a simulated courtroom setting.

In the fifth segment, "Typical Reinforcing Clues of the Stopping Sequence," you will explain and give examples of the kinds of indicators of impairment that may be observed when an officer signals a driver to stop. This sets the stage for the final segment, "Recognition and Description of Initial and Reinforcing Clues." Here again, participants watch video segments of vehicles exhibiting some initial clues of DWI, and subsequently responding to an officer's stop command. The participants attempt to compile accurate and clearly descriptive notes on their observations of the video segments. You choose representative participants to offer verbal descriptions of the observations.

Session 6 - Phase Two: Personal Contact

This session is very similar in structure to Session 5. Our focus now, however, is on the recognition and description of clues of impairment that come to light after the suspect's vehicle has come to a stop and the officer comes into face-to-face contact with the suspect.

The first of the five segments of Session 6 is "Overview: Tasks and Decision." In that segment, you set the stage by explaining what it is that the officer is supposed to do during initial personal contact with a possible DWI violator. In the second segment, "Typical Investigation Clues of the Driver Interview" you explain and give examples of evidence that officers may obtain through their sense of sight, hearing or smell. In the third segment, "Recognition and Description of Investigation Clues" your participants view a video segment that gives an opportunity to practice recognizing some clues. Subsequently, some members of the class are called upon to "testify" about those observations.

The fourth segment is "Interview/Questioning Techniques." Here, you explain and give demonstrations of simple procedures for questioning suspects that divide their attention, in an effort to elicit additional evidence of impairment.

The fifth segment is "Recognition and Description of Clues Associated with the Exit Sequence." In this segment, you explain and give examples of evidence that might be seen or heard when a suspect responds to an officer's request to exit the vehicle and proceed to roadside. Then your participants view a brief video that portrays a typical exit sequence, and they practice recognizing and describing the clues exhibited in that sequence.

Session 7 - Phase Three: Pre-Arrest Screening

It is in this session that you first introduce the participants to the administrative procedures for the three Standardized Field Sobriety Tests.

The first segment, "Overview: Tasks and Decisions," explains what officers should do when employing SFSTs and preliminary breath tests (if applicable) to investigate suspected DWI violators.

The second segment, "Gaze Nystagmus - Definition," will describe the definition of nystagmus and that alcohol and certain other drugs cause Horizontal Gaze Nystagmus.

The third segment, "Horizontal Gaze Nystagmus – Definition, Concept and Demonstration," and the fourth segment, "Vertical Gaze Nystagmus – Definition, Concept and Demonstration," constitute the participants' initial exposure to nystagmus. You explain the phenomenon, and relate it to impairment by alcohol. You give initial demonstrations of administrative procedures for HGN and VGN. Note this is a very brief introduction to nystagmus the instructor is only setting the stage for Session 8.

In the fifth segment, "Divided Attention Tests: Concepts, Examples and Demonstration," you explain the fundamental concept of divided attention and its relationship to alcohol impairment, and you give several concrete demonstrations of tests that employ the concept. The two most important of those demonstrations focus on Walk and Turn and One Leg Stand.

In the sixth segment, "Advantages and Limitations of Preliminary Breath Testing," you will explain the role of PBTs in the DWI Detection process. While you need to do a thorough job in explaining how PBTs can help officers arrive at appropriate arrest/no arrest decisions, it is important that you do not oversell this technology. PBTs need to be presented in their proper context, i.e., something that can help corroborate officers' observations. They must not be viewed by participants as the sole or most important basis for the arrest decision (optional if PBTs are not allowed in your state).

The final segment is "The Arrest Decision." At this time you will briefly review all of the evidentiary concepts covered in Sessions 5, 6 and 7, and you will stress the importance of basing the arrest decision on all of the evidence gathered during all three phases of DWI Detection.

Session 8 - Concepts and Principles of the SFSTs

In this session you fully explain and repeatedly demonstrate the three SFSTs. It is also at this time that participants begin to practice administering these tests.

The goal of the first segment, "Overview: Development and Validation," is to convince your participants that it is worthwhile to learn and use the SFSTs because they have scientific validity, a commodity not shared by any other field sobriety tests.

The second segment is "SFST Field Validation Studies." This segment discusses the SFST three-test battery as a scientifically-validated and reliable method for discriminating between impaired and unimpaired drivers.

The third segment is "Horizontal Gaze Nystagmus (HGN)." Here, you present each of the three validated clues of HGN in sequence: Lack of Smooth Pursuit; Distinct and Sustained Nystagmus at Maximum Deviation; and, Onset of Nystagmus prior to 45 Degrees. You demonstrate the proper method of checking for each of these clues and, monitor brief but productive intervals during which your participants practice checking for each clue. You also explain how to interpret the results of an HGN test, i.e., to evaluate whether or not a suspect is impaired based on the HGN clues, and you explain the scientific validity associated with the interpretation of HGN clues.

The fourth segment is "Vertical Gaze Nystagmus (VGN)." You demonstrate the proper method of checking for VGN and monitor brief but productive intervals during which your participants practice. You also explain how to interpret the results of a VGN test.

The fifth segment, "Walk and Turn," is identical in structure to the preceding segment. You explain and repeatedly demonstrate the instructional procedures for administering Walk and Turn. You involve participants in these demonstrations, and you coach the participants in properly giving the verbal instructions and physical demonstrations that must accompany the administration of this test. You explain the eight validated clues of impairment for Walk and Turn, and you explain how to interpret those clues in accordance with the findings of the validation research. You will set up and monitor practice intervals in which the participants will administer the Walk and Turn.

The sixth segment is "One Leg Stand." It is structured in much the same way as the fourth and fifth segments. You will explain and demonstrate how One Leg Stand is administered. You will explain the four validated clues of impairment for One Leg Stand, and you will explain how to interpret those clues in accordance with the validation research. You will set up and monitor practice intervals during which the participants will practice administering the One Leg Stand.

In the final segment, "Taking Field Notes on the SFSTs," you will explain how to record the observed clues.

Session 9 - Test Battery Demonstrations

In this session you will conduct several complete and careful demonstrations of how the three SFSTs are administered and interpreted. The session has two segments. The first is "Live Classroom Demonstrations." You will conduct two complete demonstrations of the

three tests, using participants as the test "subjects." Then, you will "talk" a student through a complete demonstration, using another student as the "subject."

The second segment is "Video Demonstrations." This video demonstrates the correct administration of the Standardized Field Sobriety Tests.

Session 10 - "Dry Run" Practice Session

In this session you will assign participants to work in teams, taking turns administering the three tests to one another. You will monitor their work, and provide constructive criticism and commendations, as appropriate.

Session 11 and Session 11-A - "Testing Subjects" Practice: First Session

The core curriculum requires a live drinking session. This two-hour session ends the second day of training. Again, you will assign the participants to work in teams. But, instead of testing each other, they will administer the tests to a group of volunteer drinkers who are not members of the class and who have been recruited especially for this purpose. The participants will carefully record, and interpret, the volunteers' performance of the tests, and will assess each volunteer's impairment. In the final segment of this Session, "Session Wrap-up," participants will report their assessments of the volunteers, and will be informed of the volunteers' BACs. (Instructions for "dosing" volunteers are in the Administrator's Guide, page 15).

For Options One and Two participants will view the NHTSA/IACP approved videos designated for this session. This two hour Session ends the second day of training. You will assign the participants to work in teams. They will practice administration of the SFST on another student, view the videos, assess the video-taped subjects' impairment, and record their observations. In the final segment of this Session, "Session Wrap-up", participants will report their assessments of the video subjects, and will be informed of the subjects' BACs.

NOTE: NHTSA/IACP strongly recommends using the core curriculum.

Session 12 - Processing the Arrested Suspect and Preparing for Trial

In the first of its four segments, "The Processing Phase," you will review the tasks officers are supposed to perform when processing persons arrested for DWI. Since these tasks vary somewhat from agency to agency, you may have to modify the content of this first segment.

In the second segment, "Narrative DWI Arrest Report," you will overview the kind of information officers should include in their DWI reports. Participants will view a nighttime DWI stop and arrest scenario and will record their observations on a DWI Investigation Field Notes form. You will present and explain a model report writing format. The narrative DWI Arrest Report will be based on the participants DWI Investigation Field Notes Form.

The third segment is "Case Preparation and Pretrial Conference." You will explain the things officers should do in preparing to testify in DWI cases, and you will emphasize the role of the pretrial conference with the prosecutor in trial preparation. You will show a video of a pretrial conference, and discuss the strengths and weaknesses of the officer's preparation with your participants.

The final segment is "Guidelines for Direct Testimony." You will present and explain some "dos and don'ts" of testimony in DWI cases. You will show a video segment of a prepared officer. You will discuss the officer's performance with your participants.

Session 13 - Report Writing Exercise and Moot Court

In the first segment, "Procedures," you will inform the participants that they will view a video portrayal of a typical DWI detection-to-arrest sequence, and must then write a narrative report on that sequence, using the model report format presented in Session XII. In the second segment, "Report Writing Exercise," you will show the video and participants will write their reports.

In the final segment, "Moot Court Exercise," two participants will be selected to "testify" about this "arrest" in a Moot Court setting. Please note that the participants selected to testify will do so independently of one another, and they will each be "sequestered" during the other's testimony.

Session 14 and 14-A - "Testing Subjects" Practice: Second Session

The core curriculum and Option One require this session to contain a live drinking workshop. The procedures for this session are identical to Session 11.

For Option Two participants will view the NHTSA/IACP approved videos designated for this session. The procedures for this option are identical to those in Session 11-A.

NOTE: NHTSA/IACP strongly recommends using the core curriculum.

Session 15 - Review and Proficiency Examinations

In this session you will select participants to administer the complete SFST battery, they will also explain and interpret the validated clues for each test. You will constructively critique the participants' demonstrations and explanations, as appropriate. Then, you will show a video segment demonstrating the proper administration of a Standardized Field Sobriety Test. Next, you will formally test each student's ability to administer the three tests properly. Participants should not receive a certificate of completion of this training until they have demonstrated proficiency in the SFSTs.

Session 16 - Written Examination and Program Conclusion

This session is based on a written examination. The passing grade is 80%. The evaluation of the course is based on an anonymous critique form that participants will complete.

APPENDIX B

INTERNATIONAL STANDARDS

FOR THE

STANDARDIZED FIELD SOBRIETY TESTING (SFST)

PROGRAM

Presented by

**The International Association of Chiefs of Police
515 North Washington Street
Alexandria, Virginia 22314
703/836-6767**

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STANDARDS FOR THE STANDARDIZED FIELD SOBRIETY TESTING (SFST) PROGRAM

Executive Summary

Since the mid-1970s, the National Highway Traffic Safety Administration (NHTSA), with the cooperation and assistance of the law enforcement community, has conducted research that resulted in the development of a battery of three Standardized Field Sobriety Tests (Horizontal Gaze Nystagmus, Walk and Turn, and the One Leg Stand) to assist police officers in detecting impaired drivers. The program, which was previously termed Improved Sobriety Testing, was initially developed by the Los Angeles Police Department and was validated in laboratory and field studies conducted by the Southern California Research Institute. Training in how to conduct the tests is included in the NHTSA course DWI Detection and Standardized Field Sobriety Testing.

In 1986, the Advisory Committee on Highway Safety of the International Association of Chiefs of Police (IACP) passed a resolution which recommended that law enforcement agencies adopt and implement the field sobriety testing training program developed by NHTSA. As the program grew, it became apparent that in order to insure continued success, nationally accepted standards must be established. These standards, which establish criteria for the selection and training of SFST practitioners, helps insure the continued success level of the SFST program. In 1992, the IACP Highway Safety Committee recommended the development of this system of nationally accepted standards.

In April of 1992, the IACP and NHTSA sponsored a meeting at the headquarters in Arlington, Virginia. Persons invited to this meeting included senior SFST instructors from several states, curriculum specialists, and training administrators. The participants met in working groups to reach a consensus concerning the many issues related to the SFST program and to develop recommended minimum standards to the IACP Advisory Committee on Highway Safety. The standards were drafted and presented to the committee for their review at the midyear meeting in June 1992.

The Advisory Committee on Highway Safety, by resolution, adopted the national standards for the SFST Program. The standards were approved by the voting membership of the IACP's Highway Safety Committee and subsequently expanded to include international partners.

Presented in this document are standards specifying the requirement for selection and training of SFST practitioners and SFST instructors.

I. STANDARDS FOR TRAINING IN STANDARDIZED FIELD SOBRIETY TESTING

Standards in this section specify the criteria which must be met prior to an individual's completion of the Standardized Field Sobriety Testing (SFST) Program. These criteria outline the knowledge required to be considered for training, as well as the knowledge required for completion of the program.

The current approved curriculum involves a three-day training program. Prior to beginning the training program, participants should have an interest in traffic law enforcement with an emphasis on DUI/DWI. During this training, participants are taught to administer and interpret the results of the SFST battery, including Horizontal Gaze Nystagmus (HGN), Walk and Turn, and the One Leg Stand.

Upon completion of this classroom training, the student must pass a comprehensive written examination and complete a proficiency examination while evaluated by an SFST instructor.

1.1 In order to be considered for training in the SFST, a person shall be employed and under the direct control of a public criminal justice agency or institution involved in providing training services to law enforcement agencies.

Commentary: At the discretion of the agency head or administrator, and with consent of the training authority, other persons may audit or observe any or all portions of the SFST training.

1.2 SFST participants shall complete an approved classroom training course which shall, at a minimum, achieve the learning objectives as stated in the NHTSA/IACP-approved training curriculum.

Commentary: This curriculum normally takes about 24 hours to teach. To be recognized by IACP, regardless of hours, the student must have met all of the listed learning goals and performance objectives included in each of the 16 sessions.

Because of the differences in the type and level of training for officers in the detection of impaired substances, agencies should determine the most effective means of providing classroom training in SFST. However, in order to maintain the credibility and integrity of the program, agencies that use a training program other than that currently approved by the IACP must have the alternative curriculum approved by the IACP Advisory Committee on Highway Safety as meeting the required learning objectives. In addition, the IACP Drug Evaluation and Classification Program Technical Advisory Panel (TAP), an advisory arm of the Advisory Committee on Highway Safety, will be responsible for providing periodic updates and modifications to the IACP-approved training curriculum. Presently, the core SFST training course is 24 hours in length and includes at least two controlled drinking sessions utilizing volunteer drinkers, (i.e., "live alcohol workshops"). Acceptable options to the "live" workshops involving the use of videos have been approved. The acceptable alternatives are (1) to substitute NHTSA/IACP approved videos of "dosed" subjects for the first alcohol workshop, but to conduct the second alcohol workshop "live"; or (2) to substitute

NHTSA/IACP approved videos of “dosed” subjects for both alcohol workshops.

It is critical to note that the purpose of this training is to ensure that participants become proficient in administering and interpreting Standardized Field Sobriety Tests. NHTSA/IACP recognizes the limitations some agencies have in conducting live alcohol workshops. If either of the video options is selected, each student must maintain a log of each SFST administered.

1.3 All SFST candidates shall attend and complete all classroom portions of an approved SFST curriculum. This shall include satisfactorily completing all assignments and required examinations. Participants shall not be permitted to “test out” of portions of the training nor shall they be permitted to attend only those classes that they have not previously completed.

Commentary: Class sessions missed should be made up at the earliest possible time.

1.4 In order to satisfactorily complete the classroom portion of the training, SFST candidates must complete the IACP-approved final examination with a score of eighty percent (80%). Candidates scoring less than 80% on the final may be retested one time under the supervision of an SFST instructor. The retest shall be completed within 30 days following the completion of the classroom training.

Commentary: The examination used to retest the candidate shall be an IACP-approved examination and shall not have been administered to the candidate previously. If the candidate does not achieve a passing score on reexamination, the candidate must retake the classroom portion of the training and pass the final examination.

1.5 Upon completion of training, the candidate must demonstrate the ability to administer the SFSTs in the approved sequence and appropriately document and interpret the results.

Commentary: One of the primary factors in the success of the SFST program has been the emphasis upon a standardized approach. The training stresses the importance of a systematic, structured administration of the SFSTs. This includes completing all portions of the SFSTs in the appropriate sequence.

Commentary: NHTSA/IACP is not a certifying agency for impaired driving courses, i.e., SFST, ARIDE, DRE, etc. This includes both practitioners and instructors.

II. STANDARDS FOR TRAINING AS INSTRUCTORS IN THE STANDARDIZED FIELD SOBRIETY TESTING PROGRAM

These instructors will have successfully completed the IACP-approved Standardized Field Sobriety Testing (SFST) training program or its equivalent, will have experience in administering the SFSTs, and in providing testimony in court in the area of DUI/DWI enforcement. Dedicated, qualified instructors are critical to the continued success of the SFST program.

SFST instructors are responsible for observing, evaluating and verifying the performance of SFST candidates throughout the training process. Therefore, only persons experienced in the administration of the SFST battery should become instructors in the SFST training program.

Also addressed in this section are standards for instructors/trainers in the program. These individuals are responsible for training the SFST instructors.

2.1 Only persons who meet Standard 1.1 and have successfully completed the IACP-approved DWI Detection and Standardized Field Sobriety Testing training program, or its approved equivalent, may be designated as SFST instructors.

Commentary: It is recommended that instructor-candidates be familiar with the current practices and procedures of the SFST curriculum.

2.2 Any SFST trained person desiring to become an instructor in the SFST Program shall follow their state protocol for applying for consideration to become an instructor.

Commentary: The agency head or SFST coordinator shall verify that a candidate instructor meets the prerequisites to enter SFST instructor training. Prerequisites may also include any state, local or agency requirements specified for instructors within the jurisdiction.

2.3 The candidate instructor shall satisfactorily complete the IACP-approved SFST Instructor School, or an approved equivalent, which shall include both knowledge and practical examination of candidate instructors. Currently certified DRE instructors are recognized as SFST instructors and are approved to instruct the SFST program.

Commentary: This requirement does not preclude state or local jurisdictions from placing additional requirements on persons assigned to teach in local law enforcement programs.

The IACP Highway Safety Committee Technical Advisory Panel shall be responsible for reviewing and evaluating alternative training programs submitted by agencies. Those programs meeting or exceeding the approved learning objectives for instructor training shall be deemed "equivalent".

2.4 All training sessions conducted as part of the SFST Program shall be coordinated by a designated SFST instructor who has previously instructed, to insure proper conduct and delivery of the approved curriculum.

Commentary: To ensure that all training classes are conducted in accordance with the standards, it is recommended that the instructor coordinating the training have a minimum of one-year experience as a SFST instructor.

2.5 An instructor trainer (a person who is training instructors) shall have demonstrated proficiency as an instructor in the SFST program.

2.6 An instructor trainer must be knowledgeable of and have audited the SFST School and the SFST Instructor School, and must be thoroughly familiar with the SFST student and instructor manuals.

Commentary: An instructor must demonstrate evidence of the satisfactory completion of the NHTSA/IACP-approved Instructor Development Course or approved equivalent. Instructor trainers must be familiar with the approved SFST Training Program and be thoroughly familiar with the lesson plans for their assigned blocks of instruction.

III. SFST REFRESHER TRAINING

Commentary: To assist agencies administer refresher training, a refresher course has been developed by NHTSA/IACP and is available to interested agencies. See Appendix D.

APPENDIX C

**The Use of Video in Training for
Standardized Field Sobriety Tests (SFST)**

A. James McKnight and Elizabeth A. Langston

**National Public Services Research Institute
8201 Corporate Drive, Suite 220
Landover, MD 20785**

September 1993

TECHNICAL REPORT

NHTSA Contract No. DTNH22-92-C-05109

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Technical Report Documentation Page

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<p>16. Abstract The NHTSA training program to certify law enforcement officers in administration of Standardized Field Sobriety Tests (SFSTs) includes two "workshops" in which trainees administer sobriety tests to alcohol-dosed subjects has led to consideration of video as an alternative training method. A preliminary study showed that Certified SFST examiners scoring videotaped performance of alcohol-dosed subjects obtained the same results as examiners scoring the subjects directly. An experiment was therefore undertaken to compare three alternative methods of conducting training during the workshops: live alcohol-dosed subjects (alcohol), video-recorded performances of alcohol-dosed subjects (video), and a combination of the video and alcohol methods (video/alcohol). A total of 133 SFST trainees were randomly assigned to the three training methods. The results disclosed extremely small and statistically nonsignificant differences among the three workshop methods in the proficiency with which trainees administered and scored the SFST with alcohol-dosed subjects in a final performance test. It was concluded that video provides an acceptable alternative to live dosed subjects in training law enforcement officers to administer SFSTs.</p>	

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The Role of Video Training

The use of videos in Sessions XIA and XIVA is not intended to imply that video can serve as a “substitute” for training with live dosed subjects. However, a combination of practical and moral obstacles to use of alcohol-dosed subjects in training has threatened to prevent the administration of SFST courses in many jurisdictions. Here the choice is not between video and alcohol workshops but between video and no instruction at all. The results of this study clearly resolve that decision.

REMINDER: Only the NHTSA/IACP options videos are approved for this instruction.

The Conclusions of this Study

From the results of this study, the following conclusions may be offered:

1. Video administration of the Standardized Field Sobriety Test (SFST) of alcohol-dosed subjects can be used as an alternative to the use of live alcohol-dosed subjects in either or both of the current training “workshops” without altering the ability of trainees to administer or score the test.
2. Current SFST training leads to significant gains in knowledge of administration procedures and scoring criteria. However, gains in scoring the Walk and Turn and One Leg Stand are minimal owing to the objectivity of the scoring criteria.
3. The only significant differences among approaches to teaching the workshop involve the direction of trainee scoring errors on the Walk and Turn and One Leg Stand, where trainees from the video workshop tend to report slightly fewer impairment clues than certified examiners, while those participating in either or both alcohol workshops tend to report more clues.

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Burns, M.; Moskowitz, H. Final Report on NHTSA Contract No. DOT-HS-8-01999: Methods for Estimating Expected Blood Alcohol Concentration. Washington, DC: NHTSA; 1980.

Burns, M.; Moskowitz, H. (Southern California Research Institute). Prepared for U.S. Department of Transportation, NHTSA: Psychophysical Tests for DWI Arrest. Springfield, VA: National Technical Information Service; 1977 June; DOT HS 802 424. 126.

McKnight, A. J.; Marques, P. R. Estimating alcohol impairment from behavioral clues. *Journal of Alcohol Studies*. 1991; 52(5): pp 389-397

Russ, N. W.; Geller, E. S. Evaluation of a server intervention program for preventing drunk driving. Final Report No. DD-3 ed.; Blacksburg, VA: Virginia Polytechnic Institute and State University, Department of Psychology; 1986. 56 pages.

Tharp, V.; Burns, M.; Moskowitz, H. Development and field test of psychophysical tests for DWI arrest; 1981; NHTSA Report # DOT-HS-805-864. Available from NTIS, Springfield, VA 22151.

APPENDIX D

Refresher Training For The Standardized Field Sobriety Tests

In support of SFST training the National Highway Traffic Safety Administration (NHTSA) and the International Association of Chiefs of Police (IACP) have developed an SFST refresher training course.

This training targets law enforcement officers at the Federal, state, county and local level who have already taken, **and successfully completed**, the basic SFST classroom training course.

These individuals will now be able to refresh their skills at:

- Recognizing and interpreting evidence of DWI;
- Administering and interpreting the scientifically validated sobriety tests
- Describing DWI evidence clearly and convincingly.

The SFST Refresher Training is designed to be taught in a 4-hour module or can be expanded to an 8-hour module.

To obtain a copy of the SFST Refresher Training Course, please contact your State Office of Highway Safety (Appendix E) or your closest NHTSA Regional Office (Appendix F).

APPENDIX E

STATE OFFICES OF HIGHWAY SAFETY

To locate your State Highway Safety Office, please go to: <http://www.ghsa.org/> and select your state for contact information.

APPENDIX F

NHTSA REGIONAL OFFICES

Region I

(CT, ME, MA, NH,
RI, VT)
Volpe National
Transportation
Systems Center
55 Broadway -
Kendall
Square - Code 903
Cambridge, MA
02142
Phone: 617-494-
3427
Fax: 617-494-3646

Region II

(NY, NJ, PR, VI)
222 Mamaroneck
Ave.
Suite 204
White Plains, NY
10605
Phone: 914-682-
6162
Fax: 914-682-6239

Region III

(DE, DC, MD, PA,
VA, WV)
10 South Howard
St.
Suite 4000
Baltimore, MD
21201
Phone: 410-962-
0090
Fax: 410-962-2770

Region IV

(AL, FL, GA, KY,
MS, NC, SC, TN)
Atlanta Federal
Center
61 Forsyth Street
Suite 17T30
Atlanta, GA 30303-
3104
Phone: 404-562-
3739

Region VI

(AR, LA, NM, OK, TX,
Indian Nations)
819 Taylor Street
Room 8A38
Fort Worth, TX 76102-6177
Phone: 817-978-3653
Fax: 817-978-8339

Region VII

(IA, KS, MO, NE)
901 Locust Street
4th Floor
Kansas City, MO 64106
Phone: 816-329-3900
Fax: 816-329-3910

Region VIII

(CO, MT, ND, SD, UT, WY)
555 Zang Street
Room 430
Lakewood, CO 80228
Phone: 303-969-6917
Fax: 303-969-6294

Region IX

(AZ, CA, HI, NV, American
Samoa, Guam, Northern
Mariana Islands)
201 Mission Street
Suite 2230
San Francisco, CA 94105
Phone: 415-744-3089
Fax: 415-744-2532

Region X

(AK, ID, OR, WA)
3140 Jackson Federal
Building
915 Second Avenue
Seattle, WA 98174
Phone: 206-220-7640
Fax: 206-220-7651

Fax: 404-562-3763

Region V

(IL, IN, MI, MN, OH,
WI)
19900 Governors
Drive
Suite 201
Olympia Fields, IL
60461
Phone: 708-503-
8822
Fax: 708-503-8991

APPENDIX G
INSTRUCTOR ROSTER

Course Name:
Course Date:
Course Location:

Name: _____ Name: _____
Title: _____ Title: _____
Organization: _____ Organization: _____

Mailing Address: _____ Mailing Address: _____
_____ Zip _____ Zip _____
Phone: ____ (____) _____ Phone: (____) _____

Name: _____ Name: _____
Title: _____ Title: _____
Organization: _____ Organization: _____

Mailing Address: _____ Mailing Address: _____
_____ Zip _____ Zip _____
Phone: ____ (____) _____ Phone: (____) _____

Name: _____ Name: _____
Title: _____ Title: _____
Organization: _____ Organization: _____

Mailing Address: _____ Mailing Address: _____
_____ Zip _____ Zip _____
Phone: ____ (____) _____ Phone: (____) _____

(COPY THIS FORM FOR ADDITIONAL NAMES)

PARTICIPANT ROSTER

Course Name:
Course Date:
Course Location:

Name: _____ Name: _____
Title: _____ Title: _____
Organization: _____ Organization: _____

Mailing Address: _____ Mailing Address: _____
_____ Zip _____ Zip _____
Phone: ____ (____) _____ Phone: (____) _____

Name: _____ Name: _____
Title: _____ Title: _____
Organization: _____ Organization: _____

Mailing Address: _____ Mailing Address: _____
_____ Zip _____ Zip _____
Phone: ____ (____) _____ Phone: (____) _____

Name: _____ Name: _____
Title: _____ Title: _____
Organization: _____ Organization: _____

Mailing Address: _____ Mailing Address: _____
_____ Zip _____ Zip _____
Phone: ____ (____) _____ Phone: (____) _____

(COPY THIS FORM FOR ADDITIONAL NAMES)

Course Location

Date

**DWI DETECTION AND STANDARDIZED FIELD SOBRIETY
TESTING TRAINING PROGRAM
PARTICIPANT'S CRITIQUE**

A. Workshop Objectives

Please indicate whether you feel that you personally achieved the following course objectives.

	Yes	No	Not Sure
1. Enable you to understand enforcement's role in general DWI deterrence.			
2. Enable you to understand the detection phases.			
3. Enable you to understand requirements for organizing and presenting testimonial and documentary evidence in DWI cases.			
4. Improve your ability to recognize and interpret evidence of DWI violations.			

5. Enable you to administer and interpret validated psychophysical tests to DWI subjects.			
6. Improve your ability to describe DWI evidence clearly and convincingly in written reports and verbal testimony.			

B. Workshop Sessions and Quality of Instruction

Please rate how helpful each workshop session was for you personally. Also, please rate the quality of instruction (subject knowledge, instructional techniques and learning activities).

Use a scale from 1 to 5 where: 5=Excellent, 4=Very Good, 3=Good, 2=Fair, 1=Poor.

	<u>Session/Activity</u>	<u>Quality</u>
Detection and General Deterrence	_____	_____
The Legal Environment	_____	_____
Overview of Detection, Note Taking and Testimony	_____	_____

Phase One: Vehicle in Motion	_____	_____
Phase Two: Personal Contact	_____	_____
Phase Three: Pre-Arrest Screening	_____	_____
Concepts and Principles of Standardized Field Sobriety Tests	_____	_____
Test Battery Demonstrations	_____	_____
"Dry Run" Practice	_____	_____
"Drinking Subjects" Practice	_____	_____
Processing the Arrested Subject and Preparation for Trial	_____	_____
Report Writing Exercise and Moot Court	_____	_____

C. Course Design

Please circle the appropriate word to indicate your agreement or disagreement with each of the following statements.

- The program contains some information that is not needed and that should be deleted.
Agree Disagree Not Sure
- There are some important topics missing from the program that should be added.
Agree Disagree Not Sure
- The program is too short.
Agree Disagree Not Sure
- I feel this program has improved my own ability to enforce DWI laws.
Agree Disagree Not Sure
- The instructors did a good job.
Agree Disagree Not Sure

6. I am very glad I attended the program.
- | | | |
|-------|----------|----------|
| Agree | Disagree | Not Sure |
|-------|----------|----------|
7. The program is too long.
- | | | |
|-------|----------|----------|
| Agree | Disagree | Not Sure |
|-------|----------|----------|
8. The instructors should have been better prepared.
- | | | |
|-------|----------|----------|
| Agree | Disagree | Not Sure |
|-------|----------|----------|
9. I feel fully qualified to use the nystagmus test now.
- | | | |
|-------|----------|----------|
| Agree | Disagree | Not Sure |
|-------|----------|----------|
10. I feel fully qualified to use the two divided attention tests now.
- | | | |
|-------|----------|----------|
| Agree | Disagree | Not Sure |
|-------|----------|----------|
11. Too much time was spent practicing with drinking volunteers.
- | | | |
|-------|----------|----------|
| Agree | Disagree | Not Sure |
|-------|----------|----------|
12. These three new tests definitely will improve our ability to identify impaired drivers.
- | | | |
|-------|----------|----------|
| Agree | Disagree | Not Sure |
|-------|----------|----------|
13. I wish we had more practice with drinking volunteers.
- | | | |
|-------|----------|----------|
| Agree | Disagree | Not Sure |
|-------|----------|----------|

D. If you absolutely had to delete one session or topic from this course, what would it be?

E. If you could add one new topic or session to this course, what would it be?

F. Overall Course Rating

Please rate the overall quality of the seminar on a scale from 1 to 5 where: 5=Excellent, 4=Very Good, 3=Good, 2=Fair, 1=Poor.

Overall Course Rating:

G. Quality of Instruction

Please rate each instructor on a scale from 1 to 5 where: 5=Excellent, 4=Very Good, 3=Good, 2=Fair, 1=Poor.

Instructor	Rating
------------	--------

Instructor	Rating
------------	--------

Instructor	Rating
------------	--------

Instructor	Rating
------------	--------

H. Please provide any final comments or suggestions that you feel are appropriate.

I. Please comment on the "Introduction to Drugged Driving" portion of the class, if presented.

Introduction to Drugged Driving



Learning Objectives

- Define the term “drug” in the context of DWI enforcement
- Describe the incidence of drug involvement in motor vehicle crashes and DWI enforcement
- Name the categories of drugs



Briefly review the objectives, content and activities of this session.

At the conclusion of this session, participants will be able to:

- Define the term "drug" in the context of DWI enforcement
- Describe in approximate, quantitative terms the incidence of drug involvement in motor vehicle crashes and in DWI enforcement
- Name the categories of drugs

Learning Objectives (Cont.)

- Describe the observable signs of impairment usually associated with the major drug categories
- Describe medical conditions and other situations that can produce similar signs of impairment
- Describe appropriate procedures for dealing with drug impaired or medically impaired suspects



Learning Objectives (Cont.)

- Describe the observable signs usually associated with the drug categories
- Describe medical conditions and other situations that can produce similar signs
- Describe appropriate procedures for dealing with drug-impaired or medically impaired suspects.

CONTENT SEGMENTS

- A. Overview
- B. Eye Examinations: Detecting Signs of Drug Influence
- C. Drug Categories and Their Observable Effects
- D. Combination of Drugs
- E. Dealing with Suspected Drug Influence or Medical Impairment

LEARNING ACTIVITIES

- Instructor Led Presentations
- Participant Practice

Solicit participant questions concerning these objectives.

Session Purpose

Improve your ability to recognize suspects who may be medically impaired or impaired by drugs other than alcohol and, when you encounter such suspects, take appropriate action



A. Overview

- The purpose of this session is to improve your ability to recognize suspects who may be medically impaired or impaired by drugs other than alcohol and, when you encounter such suspects, take appropriate action.
- Alcohol certainly remains the most frequently abused drug, and most impaired drivers are under the influence of alcohol

Ask participants: “What is responsible for most DWI violations in America?”

- Many other drugs also are routinely abused by many drivers.
- It is highly likely that every experienced DWI enforcement officer has encountered at least some drivers who were under the influence of drugs other than alcohol.
- Depending upon the specific types of drugs they have taken, some drug-impaired drivers may look and act quite a bit like persons who are under the influence of alcohol, but others will look and act very differently from alcohol-impaired drivers.
- It is important that you be able to recognize subjects who may be under the influence of other drugs, so that you will know when to summon assistance from physicians or other appropriate persons, or trained drug recognition experts. (DREs)

This Training Will NOT...

Important issue this training will NOT qualify you to perform the functions of a Drug Recognition Expert



One important thing that this session will not accomplish: it will NOT qualify you to perform functions of a Drug Recognition Expert (DRE).

Officers become DREs only after they have completed a very challenging program that includes nine days of classroom training and many weeks of closely-supervised on-the-job training. (Two-Day Pre-School followed by Seven-Day classroom training.)

Explain that DRE school includes a two day pre-school followed by a seven day classroom training.

What is a “Drug”?

Working Definition of “Drug:

Any substance that, when taken into the human body, can impair the ability of the person to operate a vehicle safely



Definition of “Drug”

- The word “drug” is used in many different ways, by many different people.
- The corner druggist and the U.S. Drug Enforcement Administration are both concerned with “drugs”, but they don’t have exactly the same thing in mind when they use that word, and neither the druggist nor the DEA have the same perspective as the DWI enforcement officer.

For our purposes, a “drug: is:

- Any substance when taken into the human body, can impair the ability of the person to operate a vehicle safely.

Working definition is derived from California Vehicle Code, Section 312; 1985. The definition is also used in Drug Evaluation and Classification (DEC) Program.

- This definition excludes some substances that physicians consider to be drugs.

Ask participants: What are some things that physicians would consider to be “drugs” that physicians would consider to be “drugs” that would not be covered under this definition? Examples: nicotine; Caffeine.

- This definition includes some substances that physicians don’t usually think of as drugs.

Ask participants: What are some common chemical substances that doctors don’t usually consider drugs, but that definitely impair driving ability? Examples: model airplane glue; paint.

How Many People Use Drugs?

- **Because many drugs are illegally manufactured, sold and consumed, it is difficult to determine how many people actually use the various drugs**
- **All available information shows that drug use and abuse are widespread among large segments of the American public**



How many people use drugs?

- Because many drugs are illegally manufactured, sold and consumed, it is difficult to determine how many people actually use the various drugs.
- All available information shows that drug use and abuse are widespread among large segments of the American public.

2011 National Survey on Drug Use and Health: National Findings

- **8.7% of the population aged 12 years or older were current illicit drug users**
- **Marijuana continues to be the most commonly used illicit drug**
- **6.7 million people were users of psychotherapeutic drugs taken non medically**
- **Estimated 1.4 million persons were current Cocaine users**



Results From the 2011 National Survey on Drug Use and Health: National Findings

- In 2011, 8.7% of the population aged 12 years or older were current illicit drug users.
- Marijuana was the most commonly used illicit drug in 2011, with 18.1 million users.
- In 2011, 6.7 million people were users of psychotherapeutic drugs taken non medically
- In 2011, an estimated 1.4 million persons were current Cocaine users

Source: Results from the 2010 National Survey on Drug Use and Health: National Findings

Facts

- **University of Tennessee found 40% of crash injured drivers had drugs other than alcohol in them**
- **The Maryland Shock Trauma Center found nearly one third of crash injured drivers had recently used marijuana**



Evidence of drug use frequently shows up in people killed or injured in motor vehicle crashes.

- Fact: University of Tennessee (1988) found 40% of crash injured drivers had drugs other than alcohol in them.
- Fact: The Maryland Shock Trauma Center (1986) found nearly one-third of crash injured drivers had recently used Marijuana.

Studies of fatally-injured drivers consistently show that nearly 20% had drugs or the combination of drugs and alcohol in their systems at the time of the crash.

Source: FARS, 2010

Solicit participants' questions or comments concerning drug use and drug involvement in impaired driving.

Eye Examinations: Detecting Signs of Drug Influence



B. Eye Examinations: Detecting Signs of Drug Influence

The eyes disclose some of the clearest signs of drug impairment or medical conditions.

Ask participants: what is one of the most reliable signs of alcohol influence that can be observed in the eyes?

- Horizontal gaze nystagmus is a very clear indication, in subject's eyes, of possible alcohol impairment.
- There are a number of drugs, other than alcohol, that will cause horizontal gaze nystagmus.
- There are a number of other drugs that will not cause horizontal gaze nystagmus.
- There are many other clues that the eyes will disclose, all of which will suggest the presence or absence of drugs or medical impairment.

Eye Examinations Overview

The eye examinations that you can conduct to assess possible drug or medical impairment include:

- Resting nystagmus
- Tracking ability
- Pupil size
- Horizontal gaze nystagmus (HGN)
- Vertical gaze nystagmus (VGN)



Eye Examinations Overview:

The eye examinations that you can conduct to assess possible drug or medical impairment include:

- Resting nystagmus
- Tracking ability
- Pupil size
- Horizontal gaze nystagmus (HGN)
- Vertical gaze nystagmus (VGN)

Resting Nystagmus is referred to as jerking as the eyes look straight ahead. This condition is not frequently seen. Its presence usually indicates a pathological disorder or high doses of a Dissociative Anesthetic drug such as PCP.

Resting Nystagmus may also be a medical problem.

Tracking Ability will be affected by certain categories of drugs, and also by certain medical conditions or pathological disorders.

If the two eyes do not track together, the possibility of a medical condition or injury is present.

By passing a stimulus across both eyes, you can check to see if both eyes are tracking equally.

Eye Examinations Overview (Cont.)

Tracking ability will be affected by certain categories of drugs, and also by certain medical conditions or pathological disorders



Tracking Ability will be affected by certain categories of drugs, and also by certain medical conditions or pathological disorders.

Select a participant to serve as a demonstration subject.

If the two eyes do not track together, the possibility of a medical condition or injury is present.

Position a stimulus in front of that participant's eyes, and check for lack of smooth pursuit across both of the participant's eyes.

By passing a stimulus across both eyes, you can check to see if both eyes are tracking equally.

If they don't (i.e., if one eye tracks the stimulus, but the other fails to move, or lags behind the stimulus) there is the possibility of a pathological disorder.

Point out that this can occur because the subject is blind (or nearly blind) in one eye. This can be checked by having the subject cover one eye and instructing the subject to reach out and touch the tip of the stimulus.

If a person has sight in both eyes, but the eyes fail to track together, there is a possibility that the person is suffering from an injury or illness.

Point out that this "jerking" is horizontal gaze nystagmus.

Pupil Size

Pupil size will be affected by several categories of drugs, and also by some medical conditions or injuries.

Drugs causing pupil dilation:

- CNS stimulants
- Hallucinogens
- Cannabis



Pupil Size

Pupil Size will be affected by several categories of drugs, and also by some medical conditions or injuries:

- If the two pupils are distinctly different in size, it is possible that the subject has a glass eye, or is suffering from a head injury or a neurological disorder.

Point out that it is sufficient to look at a subject's pupils and estimate whether they look noticeably small, about normal, or noticeably large.

If the pupils are noticeably dilated, then the possibility exists that the subject could be impaired by certain categories of drugs:

- CNS stimulants
- Hallucinogens
- Cannabis

Pupil Size (Cont.)

If the pupils are noticeably constricted then the possibility exists that the subject could be impaired by a narcotic analgesic



Pupil Size (Cont.)

If the pupils are noticeably constricted then the possibility exists that the subject could be impaired by a narcotic analgesic.

Examples: Heroin, codeine, demerol, etc.

CNS Depressants, Dissociative Anesthetics, and Inhalants usually do not affect pupil size.

Point out that types of drugs that usually cause nystagmus usually don't affect pupil size.

Major exception: Methaqualone (a CNS Depressant,) and Soma will normally cause pupils to dilate.

Horizontal Gaze Nystagmus (HGN)

The Test of Horizontal Gaze Nystagmus (HGN) for subjects is identical to the HGN test for alcohol-impaired subjects.

- **First Clue: lack of smooth pursuit**
- **Second clue: distinct and sustained nystagmus at maximum deviation**
- **Third clue: onset of nystagmus prior to 45 degrees**



Horizontal Gaze Nystagmus

The test of Horizontal Gaze Nystagmus (HGN) for subjects is identical to the HGN test for alcohol-impaired subjects.

- First Clue: Lack of smooth pursuit
- Second clue: Distinct and sustained nystagmus at maximum deviation
- Third clue: Onset of nystagmus prior to 45 degrees

If the eyes track equally, but “jerk” while they are moving, then the possible presence of three categories of drugs should be noted:

- Central Nervous System Depressants
- Dissociative Anesthetics
- Inhalants

PCP May Cause Immediate Onset of Nystagmus

The angle of onset becomes of special interest when a subject is under the influence of a Dissociative Anesthetic such as PCP



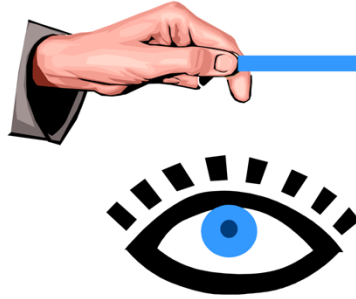
PCP May Cause Immediate Onset of Nystagmus

PCP impaired subjects may exhibit immediate onset, i.e., the jerking begins virtually as soon as the eyes start to move toward the side.

Sometimes, PCP- impaired subjects will exhibit resting nystagmus, i.e., the eyes jerk while they are looking straight ahead.

Write “Resting Nystagmus” on dry-erase board or flip-chart.

Vertical Nystagmus



Vertical Nystagmus

The Vertical Nystagmus test is very simple to administer.

Point out that vertical nystagmus was not examined in the research that led to the validation of the Standard Field Sobriety Test battery, horizontal gaze nystagmus, walk and turn and one leg stand.

- Position the stimulus horizontally. Approximately 12-15 inches (30-38 cm) in front of the subject's nose.
- Instruct the subject to hold their head still, and follow the stimulus with the eyes only.
- Raise the stimulus until the subject's eyes are elevated as far as possible, hold for a minimum of four seconds.

Select a participant or another instructor to serve as a subject and demonstrate the vertical nystagmus test.

- Watch closely for evidence of jerking (up and down).

Vertical Nystagmus may be present in subjects under the influence of CNS depressants or inhalants.

Point out that vertical nystagmus usually develops after high doses of alcohol, other depressants or inhalants.

Solicit participants' questions concerning nystagmus.

Drug Categories and Their Observable Effects

- Central Nervous System Depressants
- Central Nervous System Stimulants
- Hallucinogens
- Dissociative Anesthetics
- Narcotic Analgesics
- Inhalants
- Cannabis



C. Drug Categories and Their Observable Effects

Seven Categories of "Drugs"

Definition of "Drug": Any substance that, when taken into the human body, can impair the ability of the person to operate a vehicle safely.

Within this simple, enforcement-oriented definition, there are seven categories of drugs:

- Central Nervous System Depressants
- Central Nervous System Stimulants
- Hallucinogens
- Dissociative Anesthetics
- Narcotic Analgesics
- Inhalants
- Cannabis

Point out that these seven drug categories are derived from the IACP DEC Program.

Central Nervous System (CNS) Depressants

- Alcohol
- Barbiturates (Secobarbital)
- Non barbiturates (GHB/Soma)
- Anti-Anxiety Tranquilizers (Valium/Xanax)
- Anti-Depressants (Prozac/Elavil)
- Muscle relaxants



Central Nervous System (CNS) Depressants

CNS Depressants slow down the operations of the brain, and usually depress the heartbeat, respiration, and many other processes controlled by the brain.

The most familiar CNS Depressant is alcohol.

Other CNS Depressants include:

- Barbiturates (such as Secobarbital (Seconal), and Pentobarbital (Luminal))
- Non-Barbiturates (GHB-gamma-hydroxybutyrate and Soma)
- Anti-Anxiety Tranquilizers (Such as Valium, Librium, Xanax, and Rohypnol)
- Anti-Depressants (such as Prozac and Elavil)
- Muscle relaxants and many other drugs (Soma)

CNS Depressants usually are taken orally, in the form of pills, capsules, liquids, etc.

In general, people under the influence of any CNS Depressant look and act like people under the influence of alcohol.

Indicators of CNS Depressant Influence



General indicators of CNS Depressant influence are:

- “Drunken” behavior and appearance
- Uncoordinated
- Drowsy
- Sluggish
- Disoriented
- Thick, slurred speech

Eye indicators of CNS Depressant influence are:

- Horizontal gaze nystagmus usually will be present
- Vertical nystagmus may be present (with high doses)
- Pupil size usually will not be effected, except that Methaqualone and Soma may cause pupil dilation

Solicit participants’ questions concerning indicators of CNS Depressant influence.

Central Nervous System (CNS) Stimulants

- Cocaine
- Amphetamines
- Methamphetamine



Central Nervous System Stimulants

Central Nervous System Stimulants accelerate the heart rate, respiration and many other processes of the body.

The two most widely abused kinds of CNS Stimulants are cocaine and methamphetamines.

Cocaine is made from the leaves of the coca plant.

Methamphetamines are chemically produced (manufactured) drugs.

Cocaine abusers may take the drug:

- By “snorting”
- By smoking (freebase, or “Crack”)
- By injection
- Orally

Abusers of amphetamines may take their drugs:

- By injection
- Orally
- By “snorting”
- Smoked (i.e., “ice”)

Indicators of CNS Stimulant Influence

- **People under the influence of CNS Stimulants tend to be hyperactive, indicated by nervousness, extreme talkativeness and an inability to sit still**
- **They also are usually unable to concentrate, or to think clearly for any length of time**



General indicators of CNS Stimulant influence:

People under the influence of CNS Stimulants tend to be hyperactive, indicated by nervousness, extreme talkativeness and an inability to sit still. They also are usually unable to concentrate, or to think clearly for any length of time.

- Restlessness
- Talkative
- Excitation
- Euphoria
- Exaggerated reflexes
- Loss of appetite
- Anxiety
- Grinding teeth (bruxism)
- Redness to nasal area (if “snorting”)
- Body tremors

Eye indicators of CNS Stimulant Influence:

- Neither horizontal nor vertical nystagmus will be observed
- The pupils generally will be dilated.

Solicit participants’ questions concerning indicators of CNS Stimulant influence.

Hallucinogens

- **Peyote**
- **Salvia Divinorum**
- **LSD**
- **MDMA (Ecstasy)**



Hallucinogens

Hallucinogens are drugs that affect a person's perceptions, sensations, thinking, self awareness and emotions.

Definition from The Random House College Dictionary (Revised Edition, 1980).

One common type of hallucination caused by these drugs is called synesthesia, which means a transposing of the senses.

Sounds for example, may be transposed into sights.

Example: the user may "see" a flash of color whenever the telephone rings.

Sights, for example, may be transposed into odors or sounds.

Example: the user may "smell" a particular fragrance when he or she looks at something painted red.

Some hallucinogenic drugs come from natural sources:

- Peyote is an hallucinogen found in a particular specie of cactus.
- Psilocybin is an hallucinogen found in a number of species of mushroom.

Other hallucinogens are synthetically manufactured:

- LSD (Lysergic Acid Diethylamide)
- MDA (3, 4-Methylene-dioxyamphetamine)
- MDMA (Ecstasy)
- Many others

Indicators of Hallucinogen Influence

- Hallucinations
- Dazed appearance
- Body tremors
- Uncoordinated
- Perspiring
- Disorientation
- Paranoia
- Difficulty in speech
- Nausea
- Piloerection
(goose bumps)



General indicators of hallucinogen influence:

Hallucinogen abusers usually take their drugs orally; however, some hallucinogens can be smoked, or injected or “snorted”.

- Hallucinations
- Dazed appearance
- Body tremors
- Uncoordinated
- Perspiring
- Disorientation
- Paranoia
- Difficulty in speech
- Nausea
- Piloerection (goose bumps)

Eye indicators of hallucinogen influence:

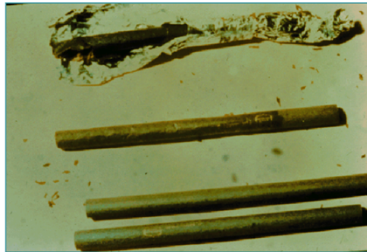
Point out that the indicators of Hallucinogen influence are very similar to the indicators of CNS Stimulant Influence.

- Neither horizontal nor vertical gaze nystagmus should be present
- The pupils usually will be noticeably dilated

Solicit participants’ questions concerning indicators of Hallucinogen influence.

Dissociative Anesthetics

- Phencyclidine (PCP)
- Ketamine
- Dextromethorphan



Dissociative Anesthetics

Dissociative Anesthetics is the category of drugs that includes PCP, its various analogs, and Dextromethorphan (DXM).

PCP is a synthetic drug, that was first developed as an intravenous anesthetic.

Point out that PCP is a very powerful anesthetic, or pain-killer.

Because PCP produces very undesirable side effects, it is no longer legally manufactured. However, an analog (chemical cousin) Ketamine is still being legally manufactured and available.

However, it is easy to manufacture:

- The formula for making PCP and PCP analogs have been widely publicized.
- The manufacturing process involves readily available chemicals.

Many Dissociative Anesthetic users smoke the drug, by using it to adulterate tobacco, marijuana, or various other substances.

Dissociative Anesthetics can also be taken orally or by injection, or inhaled.

Indicators of Dissociative Anesthetic Influence

- Warm to the touch
- Perspiring
- Blank stare
- Repetitive speech
- Incomplete verbal responses
- Confused
- Muscle rigidity
- Possibly violent & combative



General Indicators of Dissociative Anesthetics:

Dissociative Anesthetics can also be taken orally or by injection, or inhaled.

- Warm to the touch
- Perspiring
- Blank stare
- Repetitive speech
- Incomplete verbal responses
- Confused
- Muscle rigidity
- Possibly violent & combative

Eye Indicators of Dissociative Anesthetic influence:

- Horizontal gaze nystagmus generally will be present, often with very early onset and very distinct jerking.
- Vertical nystagmus generally will be present.
- Pupil Size usually will not be effected.

Solicit participants' questions concerning indicators of Dissociative Anesthetic influence.

Narcotic Analgesics

- Heroin
- Morphine
- Codeine
- Synthetic Opiates (e.g., Demerol, Methadone, Fentanyl)



Narcotic Analgesics

Narcotic Analgesics include a large number of drugs that share three important characteristics:

- They will relieve pain.

Point out that “Analgesic” means “pain killer”.

- They will produce withdrawal signs and symptoms, when the drug is stopped after chronic administration.

Point out that this characteristic implies that narcotic analgesics are physically addicting.

- They will suppress the withdrawal signs and symptoms of chronic morphine administration.

Some drugs classified as Narcotic Analgesics are natural derivatives of opium:

- Heroin
- Morphine
- Codeine

Some are synthetic narcotic analgesics, such as:

- Demerol
- Methadone
- Numorphan
- Fentanyl
- OxyContin

“Tolerance”

- An important characteristic of narcotic analgesics is that users develop tolerance to them
- “Tolerance” means that the same dose of the drug will produce diminishing effects, or that a steadily larger dose is needed to produce the same effects



Tolerance

- An important characteristic of narcotic analgesics is that users develop tolerance to them.
- “Tolerance” means that the same dose of the drug will produce diminishing effects, or that a steadily larger dose is needed to produce the same effects.

A tolerant user who has taken his or her “normal” dose of heroin (for example), may exhibit little or no evidence of physical impairment.

Indicators of Narcotic Analgesic Influence

- “On the nod”
- Droopy eyelids
- Depressed reflexes
- Dry mouth
- Facial itching
- Low, raspy speech
- Fresh puncture marks may be evident



General indicators of Narcotic Analgesic influence:

- “On the nod”
- Droopy eyelids
- Depressed reflexes
- Dry mouth
- Facial itching
- Low, raspy speech
- Fresh puncture marks may be evident

Eye indicators of Narcotic Analgesic influence:

- Neither horizontal nor vertical nystagmus will be present
- Pupils generally will be constricted

Solicit participants’ questions concerning indicators of Narcotic Analgesic influence.

Inhalants

- Glue
- Paint
- Gasoline
- Aerosol sprays
- Nitrous Oxide
- Ether
- Amyl Nitrate



Inhalants

Inhalants are breathable chemicals that produce mind-altering results.

Inhalants include many familiar household materials, such as glue (“Toluene”), paint, gasoline, aerosol sprays, etc. that produce volatile fumes.

Some drugs that are classified as Inhalants include:

- Glue (i.e., model airplane glue, Toluene)
- Paint
- Gasoline
- Aerosol sprays (i.e., vegetable frying pan lubricants, hair sprays, insecticides)
- Nitrous Oxide
- Ether
- Amyl Nitrate

Certain anesthetics also may be used as inhalants.

Indicators of Inhalant Influence

- **Disorientation**
- **Slurred speech**
- **Residue of substance on face, hands, clothing**
- **Confusion**
- **Possible nausea**



General indicators of Inhalant influence:

- Disorientation
- Slurred speech
- Residue of substance on face, hands, clothing
- Confusion
- Possible nausea

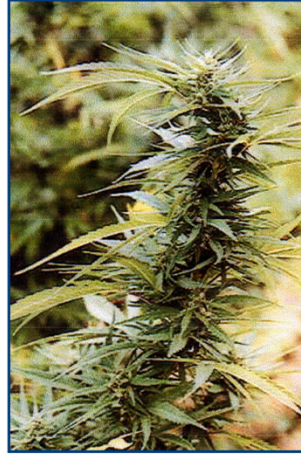
Eye indicators of Inhalant influence:

- Horizontal gaze nystagmus generally will be present.
- Vertical nystagmus may be present (especially with high doses).
- Pupil size generally will not be effected.

Solicit participants' questions concerning inhalants.

Cannabis

- **Marijuana**
- **Hashish**
- **Hash oil**



Cannabis

The category Cannabis includes the various products of the Cannabis Sativa plant, including:

- Marijuana
- Hashish
- Hash oil
- Synthetic THC (Marinol or Dronabinol)
- Synthetic cannabinoid products (Spice, K2, JWH-18, etc.)

Cannabis products generally are smoked, although they also can be ingested orally.

Indicators of Cannabis Influence

- **Marked reddening of the Conjunctiva (white part of the eyeball)**
- **Body tremors**
- **Odor of marijuana**
- **Disoriented**
- **Relaxed inhibitions**
- **Difficulty in dividing attention**



General Indicators of Cannabis Influence:

- Marked reddening of the Conjunctiva (white part of the eyeball)
- Body tremors
- Odor of marijuana
- Disoriented
- Relaxed inhibitions
- Difficulty in dividing attention

Eye indicators of Cannabis Influence:

- Neither horizontal nor vertical nystagmus will be present
- Pupil size generally will be dilated, but also may not be effected

Solicit participants' questions concerning Cannabis.

Combinations of Drugs

- “Poly” derives from the Greek word for "many"
- In the Los Angeles Field Study (1985), 81 of the 173 suspects (47%) in the Los Angeles Field Study had alcohol in combination with one or more other drugs



D. Combinations of Drugs

Many drug users routinely ingest drugs from two or more drug categories at the same time.

- The term for this condition is "polydrug use".

Point out that the prefix "poly" derives from the Greek word for "many".

In the Los Angeles Field Study (1985), 72% of the suspects had two or more drugs in them.

In that study, alcohol was often found in combination with one or more other drugs.

But even if we discount alcohol, nearly half (45%) of the Field Study suspects had two or more other drugs in them.

Point out that 81 of the 173 suspects (47%) in the Los Angeles Field Study had alcohol in combination with one or more other drugs.

Common Combinations of Drugs

- Alcohol and some other drug
- PCP and Cannabis
- Cocaine and Heroin



Common Combinations of Drugs

Write these common combinations on the dry-erase board or flip-chart.

- Alcohol and some other drug is the most frequent combination
- PCP and Cannabis is another common combination

Remind participants that many PCP users prefer to ingest that drug by smoking, and a favorite method is so sprinkle powdered PCP on marijuana.

- Cocaine and Heroin is another common combination

Because polydrug use is so common, you should not be surprised to encounter subjects who are under the influence of more than one category of drugs.

- At some times and places polydrug users may be more common than single drug users.
- Be especially alert to the possibility that subjects who have been drinking alcohol may also have ingested some other drug or drugs.

The effects of polydrug use may vary widely, depending on exactly what combination of drugs is involved, how ingested and when they were ingested.

Possible Effects of Drug Combinations

- Null
- Overlapping
- Additive
- Antagonistic



Any particular combination of drugs may produce four general kinds of effects:

- Null: Neither drug has an effect on the indicator.

Null Effect: The combination of no action + no action = no action

Example of Null Effects: CNS Stimulant and Narcotic Analgesic. Neither drug causes nystagmus, therefore, you should not see nystagmus with this combination.

- Overlapping: Each drug may effect the subject in some different way. In combination, both effects may appear.

Overlapping Effect: Action + no action = action

Example of Overlapping Effects: PCP and Narcotic Analgesic. PCP will cause nystagmus, while a Narcotic Analgesic does not cause nystagmus. Therefore, you should see nystagmus.

- Additive: The two drugs may independently produce some similar effects. In combination, these effects may be enhanced.

Additive Effect: Action + the same action reinforces the action

Example of Additive Effects: Stimulants and hallucinogens both cause pupil dilation. Therefore, pupils should be dilated.

- Antagonistic: The two drugs may produce some effects that are exactly opposite. In combination, these effects may mask each other.
- Example of Antagonistic Effect: A CNS Stimulant usually causes pupil dilation. A narcotic usually causes pupil constriction. It is possible that someone who is simultaneously under the influence of a stimulant and narcotic may have pupils that are nearly normal in size. It is also possible that the pupils will change as the effects of one drug diminishes while the other increases.

Antagonistic Effect: Action + opposite action = can't predict outcome

Session Overview – Introduction to Drugged Driving

Dealing With Suspected Drug Influence or Medical Impairment



DWI Detection and Standardized Field Sobriety Testing 0-37

E. Demonstrations of Drug Influence (Video)

F. Dealing With Suspected Drug Influence of Medical Impairment

This may be an opportunity to discuss various medical conditions that mimic drug impairment, i.e., diabetic shock and hypoglycemia.

This segment of the lesson plans must be developed locally. Relevant topics may include:

- *Local and state laws governing drug-impaired driving and chemical testing of drug-impaired subjects*
- *Departmental procedures for interviewing, searching, etc. drug-impaired subjects*
- *Procedures for contacting DREs and assisting in or witnessing the drug evaluation and classification examination.*
- *Procedures for requesting, obtaining and handling chemical test specimens*

Empathize the importance of requesting the assistance of a local DRE whenever possible.

Questions?



G. Closing

Consult with a DRE, if possible and document in detail all observations.

Although this course is not designed to qualify you as a DRE, it is intended to make you more knowledgeable when encountering drivers impaired by substances other than alcohol.

Solicit participants' question regarding the Introduction to Drugged Driving

DWI Detection and Standardized Field Sobriety Testing



Location
Date



Instructor needs to put in Location and Date.

Before beginning this session fill in the blanks with local statistics on frame 9.




Write your names on dry erase board or flipchart. State names, agency, and relevant background information.

Session 1 - Introduction

30 Minutes

Session 1

Introduction and Overview



DWI Detection and Standardized Field Sobriety Testing

1-2

A. Welcoming Remarks

Welcome to the DWI Detection and Standardized Field Sobriety Testing Course. The SFST training focuses on a set of examination procedures that provide officers knowledge and tools for DWI detection. The SFST course provides detailed explanations of the evaluation procedures, careful demonstrations of these procedures, (both "live" and via video); and ample opportunities for the students to practice administering the evaluations.

Introductions - Representatives of Host Agencies and Other Dignitaries

Dignitary introductions and their welcoming remarks must be kept brief; no more than 10 minutes can be devoted to this.




Faculty Introductions

The lead off instructor introduces the instructor faculty. State names, agency affiliations, and experience. Ask each instructor to stand as they are introduced.

Session 1 - Introduction

Housekeeping

- Paperwork
- Mandatory attendance
- Breaks
- Facility
- Interruptions
 - All electronic devices off

DWI Detection and Standardized Field Sobriety Testing 1-3

B. Administrative Details

Paperwork

Completion of registration forms, travel vouchers, etc.

Attendance

Mandatory attendance at all sessions of this school.

If a participant misses any portion of this school, he or she must make up the deficiency via after hours tutoring before completing the program.

Breaks

Time allotted for breaks and reconvening

Facility

Locations of restrooms, lunchrooms, etc.

Interruptions

No texting or email monitoring. Turn off all electronic devices.

Reading Assignments in Participant Manuals

Develop a list of reading assignments for each day and prepare a handout. Reading assignments at the end of day one should cover materials presented on day one and day two. Subsequent reading assignments should cover material to be presented on the following day. Point out that Sessions 2-8 have review questions at the end of each session. Refer to the Glossary of Terms located at the end of Session 1.

Participant Introductions

- Name
- Agency
- Duty assignment
- Experience





Participant Introductions

Whenever possible, the instructor should consider using creative and innovative icebreaking techniques. At a minimum, instruct each participant to stand and give their name, agency, duty assignment, and experience.

Session 1 - Introduction

Learning Objectives

- **Course goals and objectives**
- **Course schedule and activities**
- **Participant Manual contents**
- **Pre-training knowledge**

DWI Detection and Standardized Field Sobriety Testing

1-5

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

- State the goals and objectives of the course
- Describe the course schedule and activities
- Recognize the Participant Manual contents
- Demonstrate their pre-training knowledge of course topics

CONTENT SEGMENTS

- A. Welcoming Remarks and Objectives
- B. Administrative Details
- C. Pre-Test

LEARNING ACTIVITIES

- Instructor Led Presentations
- Written Examination

Course Goal

**Increase deterrence of DWI violations;
thereby reducing the number of crashes,
deaths, and injuries caused by impaired
drivers.**



The goal of this course is to ultimately increase deterrence of DWI violations; thereby reducing the number of crashes, deaths, and injuries caused by impaired drivers.

Enforcement Goals

- **Enforcement's role in general DWI deterrence**
- **DWI detection phases, clues, and techniques**
- **Requirements for organizing and presenting evidence in DWI cases**



Enforcement goals are to identify:

- Enforcement's role in general DWI deterrence
- DWI detection phases, clues and techniques
- Requirements for organizing and presenting testimonial and documentary evidence in DWI cases

Impaired Drivers Kill or Injure a Person Every Minute!



65 deaths and injuries each hour!



65 deaths and injuries each hour!

State and Local Data

- Approximately _____ people now live in _____.
- About _____ of these people will die in vehicle crashes.
- About _____ will die in DWI crashes.



This frame is intended to address the local perspective. Fill in appropriate information from agency sources.

- Approximately _____ people now live in _____.
- About _____ of these people will die in vehicle crashes.
- About _____ will die in DWI crashes.

Job Performance Objectives

- Recognize and interpret evidence of DWI violations
- Administer and interpret Standardized Field Sobriety Tests (SFSTs)
- Describe DWI evidence clearly and convincingly
- Ensure video and/or audio evidence if available is consistent with other evidence



Point out that the success or failure of the program will be judged on the basis of participants' improvements in these key abilities.



At the conclusion of this training, participants will demonstrate the ability to:

- Recognize and interpret evidence of DWI violations
- Administer and interpret Standardized Field Sobriety Tests
- Describe DWI evidence clearly and convincingly in written reports and verbal testimony
- Ensure video and/or audio evidence, if available, is consistent with other evidence

Session 1 - Introduction

Job Performance Enabling Objectives

Refer to Your Participant Manual



DWI Detection and Standardized Field Sobriety Testing 1-11

Enabling objectives support overall learning objectives and are detailed in your Participant Manual. Some examples are : (Instructor select some enabling objectives from the list below to see as examples.)

Job Performance Enabling Objectives



- Understand the tasks and decisions of DWI detection.
- Recognize the magnitude and scope of DWI-related crashes, deaths, injuries, property loss and other social aspects of the DWI problem.
- Understand the deterrent effects of DWI enforcement.
- Understand the DWI enforcement legal environment.
- Know and recognize typical vehicle maneuvers and human indicators symptomatic of DWI that are associated with initial observation of vehicles in operation.
- Know and recognize typical reinforcing maneuvers and indicators that come to light during the stopping sequence.
- Know and recognize typical sensory and other clues of alcohol and/or other drug impairment that may be seen during face to face contact with DWI subjects.
- Know and recognize typical behavioral clues of alcohol and/or other drug impairment that may be seen during the subject's exit from the vehicle.
- Understand the role and relevance of psychophysical testing in pre-arrest screening of DWI subjects.

Continued

Session 1 - Introduction

Job Performance Enabling Objectives (Cont.)

Refer to Your Participant Manual



DWI Detection and Standardized Field Sobriety Testing 1-12

- Understand the role and relevance of preliminary breath testing in pre-arrest screening of DWI subjects.
- Know and carry out appropriate administrative procedures for the Horizontal Gaze Nystagmus test.
- Know and carry out appropriate administrative procedures for validated divided attention psychophysical tests.
- Know and recognize typical clues of alcohol and/or other drug impairment that may be seen during administration of the SFSTs.
- Understand the factors that may affect the accuracy of preliminary breath testing devices.
- Understand the elements of DWI prosecution and their relevance to DWI arrest reporting.
- Choose appropriate descriptive terms to convey relevant observations of DWI evidence.
- Write clear, descriptive narrative DWI arrest reports.

Participant Manual

- **Basic course reference**
- **Class notes for every session**
- **Manual organization**
- **Preview sessions in advance**
- **Review prior to exam**





The Participant Manual is the basic reference document for this course. The manual contains thumbnails of each instructor presentation that includes key messages for each frame. The manual also contains a glossary of terms that are used in this course.

- Read each session prior to class.
- Use the manual to review the material prior to taking the final exam.

Session 1 - Introduction Course Activity Schedule

Course Schedule

Refer to Your Participant Manual



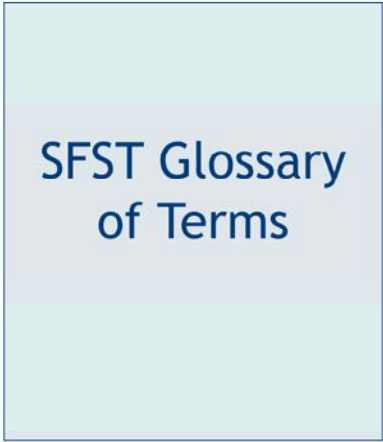
DWI Detection and Standardized Field Sobriety Testing 1-14

The course schedule is located in the Participant Manual.

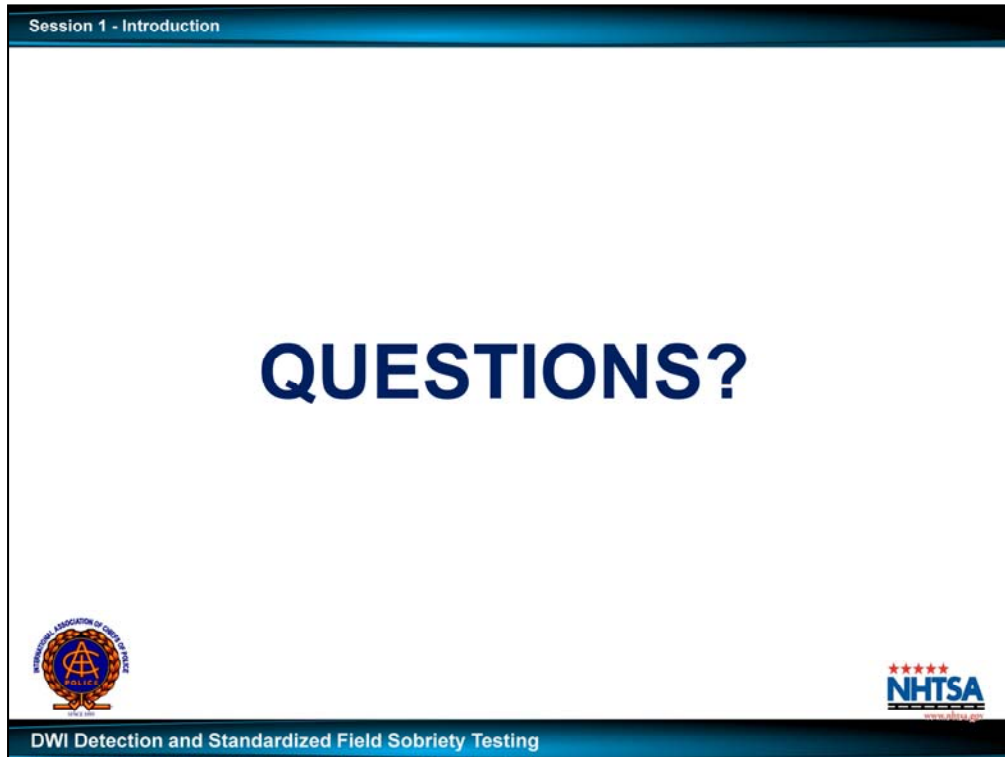
Give a brief overview of the schedule of sessions.

Questions concerning the schedule?

Glossary of Terms



The Glossary of Terms used in the course is also located in the Participant Manual.



C. Pre-Test

- ***Address participant questions.***
- ***Administer the Pre-Test.***
- ***Purpose of the Pre-Test is to provide a basis for evaluating participant knowledge gained during the class.***
- ***Allow participants approximately 10 minutes to complete the Pre-Test.***
- ***Redistribute the Pre-Test to participants after they are graded by the instructors.***

SFST Glossary of Terms

ACCOMMODATION REFLEX

The adjustment of the eyes for viewing at various distances. Meaning the pupils will automatically constrict as objects move closer and dilate as objects move further away.

ADDICTION

Habitual, psychological, and physiological dependence on a substance beyond one's voluntary control.

ADDITIVE EFFECT

One mechanism of polydrug interaction. For a particular indicator of impairment, two drugs produce an additive effect if they both affect the indicator in the same way. For example, cocaine elevates pulse rate and PCP also elevates pulse rate. The combination of cocaine and PCP produces an additive effect on pulse rate.

AFFERENT NERVES

See: "Sensory Nerves."

ALKALOID

A chemical that is found in, and can be physically extracted from, some substance. For example, morphine is a natural alkaloid of opium. It does not require a chemical reaction to produce morphine from opium.

ALVEOLAR BREATH - Breath from the deepest part of the lung.

ANALGESIC

A drug that relieves or allays pain.

ANALOG (of a drug)

An analog of a drug is a chemical that is very similar to the drug, both in terms of molecular structure and in terms of psychoactive effects. For example, the drug Ketamine is an analog of PCP.

ANESTHETIC

A drug that produces a general or local insensibility to pain and other sensation.

ANTAGONISTIC EFFECT

One mechanism of polydrug interaction. For a particular indicator of impairment, two drugs produce an antagonistic effect if they affect the indicator in opposite ways. For example, heroin constricts pupils while cocaine dilates pupils. The combination of heroin and cocaine produces an antagonistic effect on pupil size. Depending on how much of each drug was taken, and on when they were taken, the suspect's pupils could be constricted, or dilated, or within the normal range of size.

ARRHYTHMIA

An abnormal heart rhythm.

ARTERY

The strong, elastic blood vessels that carry blood away the heart.

ATAXIA

A blocked ability to coordinate movements. A staggering walk and poor balance may be caused by damage to the brain or spinal cord. This can be the result of trauma, birth defect, infection, tumor, or drug use.

AUTONOMIC NERVE

A motor nerve that carries messages to the muscles and organs that we do not consciously control. There are two kinds of autonomic nerves, the sympathetic nerves and parasympathetic nerves.

AXON

The part of a neuron (nerve cell) that sends out a neurotransmitter.

BAC

(Blood Alcohol Concentration) - The percentage of alcohol in a person's blood.

BrAC

(Breath Alcohol Concentration) - The percentage of alcohol in a person's blood as measured by a breath testing device.

BLOOD PRESSURE

The force exerted by blood on the walls of the arteries. Blood pressure changes continuously, as the heart cycles between contraction and expansion.

BRADYCARDIA

Abnormally slow heart rate; pulse rate below the normal range.

BRADYPNEA

Abnormally slow rate of breathing.

BRUXISM

Grinding the teeth. This behavior is often seen in person who are under the influence of cocaine or other CNS Stimulants.

CANNABIS

This is the drug category that includes marijuana. Marijuana comes primarily from the leaves of certain species of Cannabis plants that grow readily all over the temperate zones of the earth. Hashish is another drug in this category, and is made from dried and pressed resin of a marijuana plant. The active ingredient in both Marijuana and Hashish is a chemical called delta-9 tetrahydrocannabinol, usually abbreviated THC.

This is the drug category that includes Mari

CARBOXY THC

A metabolite of THC (tetrahydrocannabinol).

CHEYNE- STOKES RESPIRATION

Abnormal pattern of breathing. Marked by breathlessness and deep, fast breathing.

CLUE - Something that leads to the solution of a problem.

CNS (Central Nervous System)

A system within the body consisting of the brain, the brain stem, and the spinal cord.

CNS DEPRESSANTS

One of the seven drug categories. CNS Depressants include alcohol, barbiturates, anti-anxiety tranquilizers, and numerous other drugs.

CNS STIMULANTS

One of the seven drug categories. CNS Stimulants include Cocaine, the Amphetamines, Ritalin, Preludin, and numerous other drugs.

CONJUNCTIVITIS

An inflammation of the mucous membrane that lines the inner surface of the eyelids caused by infection, allergy, or outside factors. May be bacterial or viral. Persons suffering from conjunctivitis may show symptoms in one eye only. This condition is commonly referred to as "pink eye", a condition that could be mistaken for the bloodshot eyes produced by alcohol or Cannabis.

CONVERGENCE

The "crossing" of the eyes that occurs when a person is able to focus on a stimulus as it is pushed slowly toward the bridge of their nose. (See, also, "Lack of Convergence".)

CRACK/ROCK

Cocaine base, appears as a hard chunk form resembling pebbles or small rocks. It produces a very intense, but relatively short duration "high".

CUE - A reminder or prompting as a signal to do something. A suggestion or a hint.

CURRICULUM VITAE

A written summary of a person's education, training, experience, noteworthy achievements and other relevant information about a particular topic.

CYCLIC BEHAVIOR

A manifestation of impairment due to certain drugs, in which the suspect alternates between periods (or cycles) of intense agitation and relative calm. Cyclic behavior, for example, sometimes will be observed in persons under the influence of PCP.

DELIRIUM

A brief state characterized by incoherent excitement, confused speech, restlessness, and possible hallucinations.

DENDRITE

The part of a neuron (nerve cell) that receives a neurotransmitter.

DIACETYL MORPHINE

The chemical name for Heroin.

DIASTOLIC

The lowest value of blood pressure. The blood pressure reaches its diastolic value when the heart is fully expanded, or relaxed (Diastole).

DIPLOPIA

Double vision.

DISSOCIATIVE ANESTHETICS

One of the seven drug categories. Includes drugs that inhibits pain by cutting off or disassociating the brain's perception of pain. PCP and its analogs are considered Dissociative Anesthetics.

DIVIDED ATTENTION

Concentrating on more than one thing at a time. The four psychophysical tests used by DREs require the suspect to divide attention.

DIVIDED ATTENTION TEST

A test which requires the subject to concentrate on both mental and physical tasks at the same time.

DOWNSIDE EFFECT

An effect that may occur when the body reacts to the presence of a drug by producing hormones or neurotransmitters to counteract the effects of the drug consumed.

DRUG

Any substance that, when taken into the human body, can impair the ability of the person to operate a vehicle safely.

DWI/DUI

The acronym "DWI" means driving while impaired and is synonymous with the acronym "DUI", driving under the influence or other acronyms used to denote impaired driving. These terms refer to any and all offenses involving the operation of vehicles by persons under the influence of alcohol and/or other drugs.

DWI DETECTION PROCESS

The entire process of identifying and gathering evidence to determine whether or not a subject should be arrested for a DWI violation. The DWI detection process has three phases:

1. Phase One - Vehicle In Motion
2. Phase Two - Personal Contact
3. Phase Three - Pre-arrest Screening

DYSARTHIA

Slurred speech. Difficult, poorly articulated speech.

DYSPNEA et. al.

Shortness of breath.

DYSMETRIA

An abnormal condition that prevents the affected person from properly estimating distances linked to muscular movements.

DYSPHORIA

A disorder of mood. Feelings of depression and anguish.

EFFERENT NERVES

See: "Motor Nerves".

ENDOCRINE SYSTEM

The network of glands that do not have ducts and other structures. They secrete hormones into the blood stream to affect a number of functions in the body.

EVIDENCE

Any means by which some alleged fact that has been submitted to investigation may either be established or disproved. Evidence of a DWI violation may be of various types:

- Physical (or real) evidence: something tangible, visible, or audible.
- Well established facts (judicial notice).
- Demonstrative evidence: demonstrations performed in the courtroom.
- Written matter or documentation.
- Testimony.

EXPERT WITNESS

A person skilled in some art, trade, science or profession, having knowledge of matters not within knowledge of persons of average education, learning and experience, may assist a jury in arriving at a verdict by expressing an opinion on a state of facts shown by the evidence and based upon his or her special knowledge. (NOTE: Only the court can determine whether a witness is qualified to testify as an expert.)

FIELD SOBRIETY TEST

Any one of several roadside tests that can be used to determine whether a subject is impaired.

FLASHBACK

A vivid recollection of a portion of an hallucinogenic experience. Essentially, it is a very intense daydream. There are three types: (1) emotional -- feelings of panic, fear, etc.; (2) somatic -- altered body sensations, tremors, dizziness, etc.; and (3) perceptual -- distortions of vision, hearing, smell, etc.

GARRULITY

Chatter, rambling or pointless speech. Talkative.

HALLUCINATION

A sensory experience of something that does not exist outside the mind, e.g., seeing, hearing, smelling, or feeling something that isn't really there. Also, having a distorted sensory perception, so that things appear differently than they are.

HALLUCINOGENS

One of the seven drug categories. Hallucinogens include LSD, MDMA, Peyote, Psilocybin, and numerous other drugs.

HASHISH

A form of cannabis made from the dried and pressed resin of a marijuana plant.

HASH OIL

Sometimes referred to as “marijuana oil” it is a highly concentrated syrup-like oil extracted from marijuana. It is normally produced by soaking marijuana in a container of solvent, such as acetone or alcohol for several hours and after the solvent has evaporated, a thick syrup-like oil is produced with a higher THC content.

HEROIN

A powerful and widely-abused narcotic analgesic that is chemically derived from morphine. The chemical, or generic name of heroin is "diacetyl morphine".

HIPPUS

A rhythmic change in the pupil size of the eyes, as they dilate and constrict when observed in darkness independent of changes in light intensity, accommodation (focusing), or other forms of sensory stimulation. Normally only observed with specialized equipment.

HOMEOSTASIS

The dynamic balance, or steady state, involving levels of salts, water, sugars, and other materials in the body's fluids.

HORIZONTAL GAZE NYSTAGMUS (HGN)

Involuntary jerking of the eyes occurring as the eyes gaze to the side. The first test administered in the SFST battery.

HORMONES

Chemicals produced by the body's endocrine system that are carried through the blood stream to the target organ. They exert great influence on the growth and development of the individual, and that aid in the regulation of numerous body processes.

HYDROXY THC

A metabolite of THC (tetrahydrocannabinol).

HYPERFLEXIA

Exaggerated or over extended motions.

HYPERGLYCEMIA

Excess sugar in the blood.

HYPERPNEA

A deep, rapid or labored breathing.

HYPERPYREXIA

Extremely high body temperature.

HYPERREFLEXIA

A neurological condition marked by increased reflex reactions.

HYPERTENSION

Abnormally high blood pressure. Do not confuse this with hypotension.

HYPOGLYCEMIA

An abnormal decrease of blood sugar levels.

HYPOPNEA

Shallow or slow breathing.

HYPOTENSION

Abnormally low blood pressure. Do not confuse this with hypertension.

HYPOTHERMIA

Decreased body temperature.

ICE

A crystalline form of methamphetamine that produces a very intense and fairly long-lasting "high".

ILLEGAL PER SE

Unlawful in and of itself. Used to describe a law which makes it illegal to drive while having a statutorily prohibited Blood Alcohol Concentration.

INHALANTS

One of the seven drug categories. The inhalants include volatile solvents (such as glue and gasoline), aerosols (such as hair spray and insecticides) and anesthetic gases (such as nitrous oxide).

INSUFFLATION

See "snorting".

INTEGUMENTARY SYSTEM

The skin and accessory structures, hair and nails. Functions include protection, maintenance of body temperature, excretion of waste, and sensory perceptions.

INTRAOCULAR

"Within the eyeball".

KOROTKOFF SOUNDS

A series of distinct sounds produced by blood passing through an artery, as the external pressure on the artery drops from the systolic value to the diastolic value.

LACK OF CONVERGENCE

The inability of a person's eyes to converge, or "cross" as the person attempts to focus on a stimulus as it is pushed slowly toward the bridge of his or her nose.

MARIJUANA

Common term for the Cannabis Sativa plant. Usually refers to the dried leaves of the plant. This is the most common form of the cannabis category.

MARINOL

A drug containing a synthetic form of THC (tetrahydrocannabinol). Marinol belongs to the cannabis category of drugs, but marinol is not produced from any species of cannabis plant.

METABOLISM

The sum of all chemical processes that take place in the body as they relate to the movements of nutrients in the blood after digestion, resulting in growth, energy, release of wastes, and other body functions. The process by which the body, using oxygen, enzymes and other internal chemicals, breaks down ingested substances such as food and drugs so they may be consumed and eliminated. Metabolism takes place in two phases. The first step is the constructive phase (anabolism) where smaller molecules are converted to larger molecules. The second steps is the destructive phase (catabolism) where large molecules are broken down into smaller molecules.

METABOLITE

A chemical product, formed by the reaction of a drug with oxygen and/or other substances in the body.

MIOSIS

Abnormally constricted pupils.

MOTOR NERVES

Nerves that carry messages away from the brain, to be body's muscles, tissues, and organs. Motor nerves are also known as efferent nerves.

MUSCULAR HYPERTONICITY

Rigid muscle tone.

MYDRIASIS

Abnormally dilated pupils.

NARCOTIC ANALGESICS

One of the seven drug categories. Narcotic analgesics include opium, the natural alkaloids of opium (such as morphine, codeine and thebaine), the derivatives of opium (such as heroin, dilaudid, oxycodone and percodan), and the synthetic narcotics (such as demerol and numorphan).

NERVE

A cord-like fiber that carries messages either to or from the brain. For drug evaluation and classification purposes, a nerve can be pictured as a series of "wire-like" segments, with small spaces or gaps between the segments.

NEURON

A nerve cell. The basic functional unit of a nerve. It contains a nucleus within a cell body with one or more axons and dendrites.

NEUROTRANSMITTER

Chemicals that pass from the axon of one nerve cell to the dendrite of the next cell, and that carry messages across the gap between the two nerve cells.

NULL EFFECT

One mechanism of polydrug interaction. For a particular indicator of impairment, two drugs produce a null effect if neither of them affects that indicator. For example, PCP does not affect pupil size, and alcohol does not affect pupil size. The combination of PCP and alcohol produces a null effect on pupil size.

NYSTAGMUS

An involuntary jerking of the eyes.

ONE LEG STAND (OLS)

A divided attention field sobriety test. The third test administered in the SFST battery.

"ON THE NOD"

A semi-conscious state of deep relaxation. Typically induced by impairment due to Heroin or other narcotic analgesic. The suspect's eyelids droop, and chin rests on the chest. Suspect may appear to be asleep, but can be easily aroused and will respond to questions.

OVERLAPPING EFFECT

One mechanism of polydrug interaction. For a particular indicator of impairment, two drugs produce an overlapping effect if one of them affects the indicator but the other doesn't. For example, cocaine dilates pupils while alcohol doesn't affect pupil size. The combination of cocaine and alcohol produces an overlapping effect on pupil size: the combination will cause the pupils to dilate.

PALLOR

An abnormal paleness or lack of color in the skin.

PARANOIA

Mental disorder characterized delusions and the projection of personal conflicts, that are ascribed to the supposed hostility of others.

PARAPHERNALIA

Drug paraphernalia are the various kinds of tools and other equipment used to store, transport or ingest a drug. Hypodermic needles, small pipes, bent spoons, etc., are examples of drug paraphernalia. The singular form of the word is "paraphernalium". For example, one hypodermic needle would be called a "drug paraphernalium".

PARASYMPATHETIC NERVE

An autonomic nerve that commands the body to relax and to carry out tranquil activities. The brain uses parasympathetic nerves to send "at ease" commands to the muscles, tissues, and organs.

PARASYMPATHOMIMETIC DRUGS

Drugs that mimic neurotransmitter associated with the parasympathetic nerves. These drugs artificially cause the transmission of messages that produce lower blood pressure, drowsiness, etc.

PDR (Physician's Desk Reference)

A basic reference source for drug recognition experts. The PDR provides detailed information on the physical appearance and psychoactive effects of licitly-manufactured drugs.

PERSONAL CONTACT

The second phase in the DWI detection process. In this phase the officer observes and interviews the driver face to face; determines whether to ask the driver to step from the vehicle; and observes the driver's exit and walk from the vehicle.

PHENCYCLIDINE

A contraction of PHENYL CYCLOHEXYL PIPERIDINE, or PCP. Formerly used as a surgical anesthetic, however, it has no current legitimate medical use in humans.

PHENYL CYCLOHEXYL PIPERIDINE (PCP)

Often called "phencyclidine" or "PCP", it is a specific drug belonging to the Dissociative Anesthetics category.

PHYSIOLOGY

Physiology is the branch of biology dealing with the functions and activities of life or living matter and the physical and chemical phenomena involved.

PILOERECTIO

Literally, "hair standing up", or goose bumps. This condition of the skin is often observed in persons who are under the influence of LSD.

POLY DRUG USE

Ingesting drugs from two or more drug categories.

PRE-ARREST SCREENING

The third phase in the DWI detection process. In this phase the officer administers field sobriety tests to determine whether there is probable cause to arrest the driver for DWI, and administers or arranges for a preliminary breath test.

PRELIMINARY BREATH TEST (PBT)

A pre-arrest breath test administered during investigation of a possible DWI violator to obtain an indication of the person's blood alcohol concentration.

PROBABLE CAUSE

It is more than mere suspicion; facts and circumstances within the officer's knowledge, and of which he or she has reasonably trustworthy information, are sufficient to warrant a person of reasonable caution to believe that an offense has been or is being committed.

PSYCHEDELIC

A mental state characterized by a profound sense of intensified or altered sensory perception sometimes accompanied by hallucinations.

PSYCHOPHYSICAL TESTS

Methods of investigating the mental (psycho-) and physical characteristics of a person suspected of alcohol or drug impairment. Most psychophysical tests employ the concept of divided attention to assess a suspect's impairment.

PSYCHOTOGENIC

Literally, "creating psychosis" or "giving birth to insanity". A drug is considered to be psychotogenic if persons who are under the influence of the drug become insane, and remain so after the drug wears off.

PSYCHOTOMIMETIC

Literally, "mimicking psychosis" or "impersonating insanity". A drug is considered to be psychotomimetic if persons who are under the influence of the drug look and act insane while they are under the influence.

PTOSIS

Droopy eyelids.

PULSE

The expansion and relaxation of the walls of an artery, caused by the surging flow of blood.

PULSE RATE

The number of expansions of an artery per minute.

PUPILLARY LIGHT REFLEX

The pupils of the eyes will constrict and dilate depending on changes in lighting.

PUPILLARY UNREST

The continuous, irregular change in the size of the pupils that may be observed under room or steady light conditions.

REASONABLE SUSPICION

Less than probable cause but more than mere suspicion; exists when an officer, in light of his or her training and experience, reasonably believes and can articulate that criminal activity is taking, has taken or is about to take place.

REBOUND DILATION

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.

RESTING NYSTAGMUS

Jerking of the eyes as they look straight ahead.

SCLERA

A dense white fibrous membrane that, with the cornea, forms the external covering of the eyeball (i.e., the white part of the eye).

SENSORY NERVES

Nerves that carry messages to the brain, from the various parts of the body, including notably the sense organs (eyes, ears, etc.). Sensory nerves are also known as afferent nerves.

SINSEMILLA

The unpollinated female cannabis plant, having a relatively high concentration of THC.

STANDARDIZED FIELD SOBRIETY TESTING (SFST)

Standardized Field Sobriety Testing. There are three SFSTs, namely Horizontal Gaze Nystagmus (HGN), Walk and Turn, and One Leg Stand. Based on a series of controlled laboratory studies, scientifically validated clues of alcohol

impairment have been identified for each of these three tests. They are the only Standardized Field Sobriety Tests for which validated clues have been identified.

SNORTING

One method of ingesting certain drugs. Snorting requires that the drug be in powdered form. The user rapidly draws the drug up into the nostril, usually via a paper or glass tube. Snorting is also known as insufflation.

SPHYGMOMANOMETER

A medical device used to measure blood pressure. It consists of an arm or leg cuff with an air bag attached to a tube and a bulb for pumping air into the bag, and a gauge for showing the amount of air pressure being pressed against the artery.

STETHOSCOPE

A medical instrument used, for drug evaluation and classification purposes, to listen to the sounds produced by blood passing through an artery.

SYMPATHETIC NERVE

An autonomic nerve that commands the body to react in response to excitement, stress, fear, etc. The brain uses sympathetic nerves to send "wake up calls" and "fire alarms" to the muscles, tissues and organs.

SYMPATHOMIMETIC DRUGS

Drugs that mimic the neurotransmitter associated with the sympathetic nerves. These drugs artificially cause the transmission of messages that produce elevated blood pressure, dilated pupils, etc.

SYNAPSE (or Synaptic Gap)

The gap or space between two neurons (nerve cells).

SYNESTHESIA

A sensory perception disorder, in which an input via one sense is perceived by the brain as an input via another sense. In its simplest terms, it is a transposition of senses. For example, seeing a particular sight may cause the user to perceive a sound.

SYSTOLIC

The highest value of blood pressure. The blood pressure reaches its systolic value when the heart is fully contracted (systole), and blood is sent surging into the arteries.

TACHYCARDIA

Abnormally rapid heart rate; pulse rate above the normal range.

TACHYPNEA

Abnormally rapid rate of breathing.

THC (Tetrahydrocannabinol)

The principal psychoactive ingredient in drugs belonging to the cannabis category.

TIDAL BREATH

Breath from the upper part of the lungs and mouth.

TOLERANCE

An adjustment of the drug user's body and brain to the repeated presence of the drug. As tolerance develops, the user will experience diminishing psychoactive effects from the same dose of the drug. As a result, the user typically will steadily increase the dose he or she takes, in an effort to achieve the same psychoactive effect.

TRACKS

Scar tissue usually produced by repeated injection of drugs, via hypodermic needle, along a segment of a vein.

TRAFFIC SAFETY RESOURCE PROSECUTOR (TSRP)

Is usually a current or former prosecutor who provides training, education and technical support to traffic crimes prosecutors and law enforcement agencies throughout their state. For the contact information of your TSRP go to:

www.ndaa.org/apri/programs/traffic/legal_issues_resources.html

VALID

Conforming to accepted principles. Producing accurate and reliable results.

VALIDATED

A documented act of demonstrating that a procedure, process, and/or activity will consistently lead to accurate and reliable results.

VEHICLE IN MOTION

The first phase in the DWI detection process. In this phase the officer observes the vehicle in operation, determines whether to stop the vehicle, and observes the stopping sequence.

VERTICAL GAZE NYSTAGMUS

An involuntary jerking of the eyes (up-and-down) which occurs as the eyes are held at maximum elevation. The jerking should be distinct and sustained.

VOIR DIRE

A French expression literally meaning "to see, to say." Loosely, this would be rendered in English as "To seek the truth," or "to call it as you see it." In a law or court context, one application of voir dire is to question a witness to assess his or

her qualifications to be considered an expert in some matter pending before the court.

VOLUNTARY NERVE

A motor nerve that carries messages to a muscle that we consciously control.

WALK AND TURN (WAT)

A divided attention field sobriety test. The second test administered in SFST battery.

WITHDRAWAL

This occurs in someone who is physically addicted to a drug when he or she is deprived of the drug. If the craving is sufficiently intense, the person may become extremely agitated, and even physically ill.

Session 2

Detection and General Deterrence



Learning Objectives

- Describe frequency of DWI violations and crashes
- Define general deterrence
- Describe relationship between detection and general deterrence
- Describe a brief history of alcohol
- Identify common types of alcohol
- Describe physiologic processes of alcohol absorption, distribution, and elimination



Briefly review the objectives, content, and activities of this session.

Learning Objectives

At the conclusion of this session, participants will be able to:

- Describe the frequency of DWI violations and crashes
- Define general deterrence
- Describe the relationship between detection and general deterrence
- Describe a brief history of alcohol
- Identify common types of alcohol
- Describe the physiologic processes of absorption, distribution, and elimination of alcohol in the body

CONTENT SEGMENTS

- A. The DWI Problem
- B. The Concept of General Deterrence
- C. Relating Detection to Deterrence Potential
- D. Evidence of Effective Detection and Effective Deterrence
- E. Physiology of Alcohol

LEARNING ACTIVITIES

- Instructor Led Presentations
- Video Presentation
- Reading Assignments

The DWI Problem

- **Prior to 1994, nearly half of the drivers who died in crashes had been drinking**
- **In 2010 – 10,228 alcohol related fatalities represented 31 % of all traffic fatalities**



A. The DWI Problem (Local, State and National)

How Widespread Is DWI?

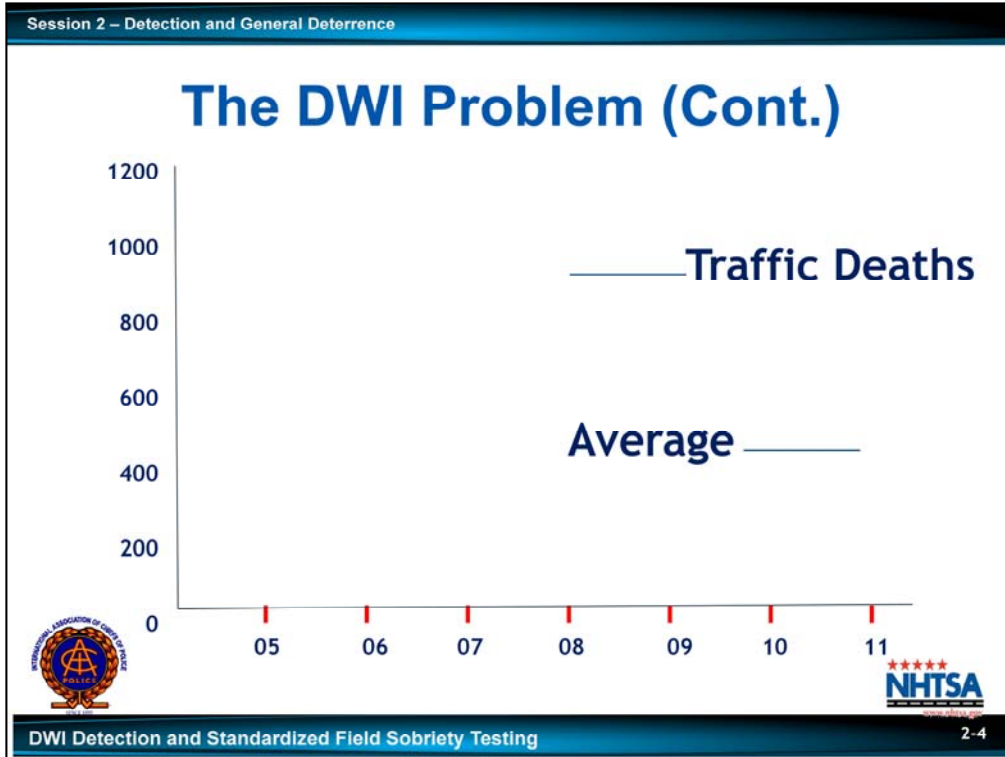
While not all of those who drive after drinking have a BAC of 0.08 or more, the presumptive or illegal per se limit for DWI in all states, some drivers do have BACs in excess of these limits.

Prior to 1994, nearly half of the drivers who died in crashes had been drinking.

Each year, tens of thousands of people die in traffic crashes. Throughout the nation, alcohol is the major contributor to traffic fatalities. In 2010, there were 10,228 alcohol related fatalities representing 31 % of all traffic fatalities. (*NHTSA, Traffic Safety Facts; 2010 Motor Vehicle Crashes: Overview, DOT HS 811 552, February 2012.*)

Ask participants to suggest why alcohol related crashes are more likely to result in death:

- ***Drinking drivers are more likely to be taking excessive risk such as speeding, turning abruptly, etc.***
- ***Drinking drivers may not react in enough time to slow down prior to crashing***
- ***Drinking drivers are less likely to wear seatbelts***



Impaired drivers are more likely than other drivers to take excessive risks such as speeding or turning abruptly. Impaired drivers also are more likely than other drivers to have slowed reaction times. They may not be able to react quickly enough to slow down before crashing and are less likely to wear seatbelts. On the average, two percent of drivers on the road at any given time are DWI. DWI violations and crashes are not simply the work of a relatively few "problem drinkers" or "problem drug users." Many people commit DWI, at least occasionally.

Compute figures for the participant's state and/or community from traffic records data.

Drivers with BAC 0.08 or Above

8.8 million people admitted driving over the legal limit in past 12 months



Estimates indicate that nationwide about 8.8 million persons 16 and over, self reported that they drove over the legal limit in the past 12 months.

It is also estimated that 1 in 88 drivers over the legal limit was arrested for DWI.

Source, Drinking and Driving Trips, Stops by the Police and Arrests (DOT HS 809 184).

National Statistics

What number of drivers commit this violation?



Weekend Nights – 10 % or More



A frequently quoted, and often misinterpreted, statistic places the average incidence of DWI at one driver in fifty. Averaged across all hours of the day and all days of the week, two percent of the drivers on the road are DWI. The 1 in 50 figure is offered as evidence that a relatively small segment of America's drivers, the so called "problem" group, account for the majority of traffic deaths. There's nothing wrong with that figure as a statistical average, but police officers know that at certain times and places many more than two percent of drivers are impaired. NHTSA research suggests that during the late night, weekend hours, as many as 10 % of drivers on the roads may be DWI. On certain holiday weekends, and other critical times, the figure may go even higher.


How Many? How Often?



The issue of how many DWIs are on the road at any given time is an important factor in measuring the magnitude of the problem. However, from an overall traffic safety perspective, the more important issue may be the number of drivers who ever commit DWI. Just how widespread is this violation?

Session 2 – Detection and General Deterrence

Average DWI Violator

- **Drives intoxicated 80 times/year**
- **Once every four or five nights**
- **Some every day**



DWI Detection and Standardized Field Sobriety Testing 2-7

It is conservatively estimated that the typical DWI violator commits that offense about 80 times per year. In other words, the average DWI violator drives while under the influence once every four or five nights.

Clearly, it is more than one in fifty. Although it may be true that, on the average, two percent of drivers are DWI at any given time, it certainly is not the same two percent every time. It is even more than one in ten. Not everyone who commits DWI is out on the road impaired every Friday and Saturday night. Some of them, at least, must skip an occasional weekend. Thus, the 10 % who show up, weekend after weekend, in the Friday and Saturday statistics must come from a larger pool of violators, each of whom "contributes" to the statistics on some nights, but not necessarily on all nights.

An analysis of BAC roadside survey data suggests that the average DWI violator commits the violation approximately 80 times each year. Undoubtedly, there are some who drive impaired virtually everyday; others commit the violation less often. It is likely that at least one quarter of all American motorists drive while impaired at least once in their lives. That figure falls approximately midway between the 55 % of drivers who at least occasionally drive after drinking and the 10 % of weekend, nighttime drivers who have BACs above the so called legal limit.

Instructor References:

Borkenstein, R.F., et al, Role of Drinking Driver in Traffic Accidents. Bloomington IN: Department of Police Administration, Indiana University, March 1964.
Alcohol Highway Safety Workshop, Participant's Workbook Problem Status. NHTSA, 1980
DWI Law Enforcement Training: Instructor's Manual. NHTSA. August 1974. P.139.

DWI Problem

- Far more than 2 % of drivers contribute to DWI problem
- Crime committed by a substantial segment of Americans
- Can be fought through societal approach



These estimates include everyone who drives impaired everyday, as well as everyone who commits the violation just once and never offends again; and it includes everyone in between. In short, it includes everyone who ever runs the risk of being involved in a crash while impaired.

Society's Problem and the Solution

The fact is that far more than two percent of American drivers actively contribute to the DWI problem. DWI is a crime committed by a substantial segment of Americans. It has been and remains a popular crime; one that many people from all walks and areas of life commit. DWI is a crime that can be fought successfully only through a societal approach of comprehensive community based programs.

1. **Explain that “alcohol related crash” per NHTSA refers to a driver with a .08 % BAC or higher. In 2008, 29 % of all fatally injured motorcycle operators had a BAC of .08 or higher. In 2008, the 25 - 34 year old group constituted 31 % of all alcohol impaired driving fatalities in the U.S. (NHTSA Traffic Safety Facts 2008 Data, DOT HS 811 155.)**
2. **Ask participants to suggest reasons why alcohol related crashes are more likely to result in death.**

Alcohol Related Crash Fatalities

- **31 % of all fatal crashes on weekends alcohol-impaired.**
- **Alcohol impaired drivers involved in fatal crashes were 4 times higher at night**
- **1.41 million drivers were arrested for DWI in 2010**
- **Average one fatality every 51 minutes**
- **Cost society approximately \$54 billion**
 - **Lost productivity, medical expenses, property damages, and other related expenditures**



- 31 % of all fatal crashes on weekends alcohol-impaired;
- Alcohol impaired drivers involved in fatal crashes were 4 times higher at night; and
- 1.41 million drivers were arrested for DWI in 2010;
- These alcohol related fatalities represent an average of one alcohol related fatality every 51 minutes; and
- Based on the most current cost data available, these alcohol related fatalities cost society approximately \$54 billion in lost productivity, medical expenses, property damages, and other related expenditures.

Source: NHTSA Traffic Safety Facts, 2010 Data, DOT HS 811 606, April 2012.

Alcohol Facts

Drivers with a BAC of .08 or higher accounted for 65 % of the fatalities:

- **17 % were passengers riding with the driver with a BAC of .08 or higher**
- **11 % of fatalities were occupants of other vehicles**
- **7 % were persons not in vehicles**



- In 2010, 11,773 lives were lost in alcohol impaired crashes representing 32 % of the total motor vehicle fatalities in the U.S.
- Drivers with a BAC of .08 or higher accounted for 65 % of the fatalities, 17 % were passengers riding with a driver with a BAC of .08 or higher, 11 % of these fatalities were occupants of other vehicles, and 7 % were persons not in vehicles.

Point out that 31 % of fatalities are not the DWI driver but innocent parties (passengers, other vehicle occupants, pedestrians, etc.)

Alcohol Facts (Cont.)

- In 2010, 10,395 lives were lost in speed related crashes
- 42 % of all drivers with a BAC of .08 or higher, involved in fatal crashes, were speeding
- In 2010, between midnight and 3:00 a.m., 72 % of speeding drivers involved in fatal crashes had a BAC of .08 or higher



- In 2010, 10,395 lives were lost in speed related crashes
- 42 % of all drivers with a BAC of .08 or higher, involved in fatal crashes, were speeding
- In 2010, between midnight and 3:00 a.m., 72 % of speeding drivers involved in fatal crashes had a BAC of .08 or higher.

Source: NHTSA Traffic Safety Facts, 2010 Data, DOT HS 811, 636, August 2012.

Alcohol Facts (Cont.)

- The rate of alcohol impairment for drivers involved in fatal crashes was four times higher at night than during the day
- Drivers with a BAC of .08 or higher who were involved in fatal crashes were eight times more likely to have a prior conviction for driving while impaired as compared to drivers involved in fatal crashes with no alcohol involvement



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Alcohol Facts (Cont.)

- In 2010, 6,652 drivers involved in fatal crashes had a BAC of .15 or higher
- Males account for 70 % of all traffic fatalities
- In 2010, the fatal crash involvement rate per 100,000 population was almost three times higher for male drivers than for females



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- Males account for 70 % of all traffic fatalities.
- In 2010, the fatal crash involvement rate per 100,000 population was almost three times higher for male drivers than for females.

General Deterrence



The fear of arrest



B. Concept of General Deterrence

The fear of arrest is the leading deterrent.

One approach to reducing the number of drinking drivers is general deterrence of DWI. General deterrence of DWI is based in the driving public's fear of being arrested. If enough violators come to believe that there is a good chance that they will get caught, at least some of them will stop committing DWI at least some of the time. However, unless there is a real risk of arrest, there will not be much fear of arrest.

Law enforcement officers must arrest enough violators enough of the time to convince the general public that they will get caught, sooner or later, if they continue to drive while impaired.

How do we convince the public that there is a good chance of being arrested for DWI? Guide the discussion to bring out the fact that an appreciable number of violators must be arrested if others are to believe that there is a real risk that they will be arrested.

How many DWI violators must be arrested in order to convince the public that there is a real risk of arrest for DWI?

Are we presently arresting enough violators in this state to convince them there is a real risk of being caught?

Several programs have demonstrated that significant deterrence can be achieved by arresting one DWI violator for every 400 DWI violations committed. Currently, however, for every DWI violator arrested, there are between 500 and 2,000 DWI violations committed.

General Deterrence (Cont.)

There is no reason to fear arrest



If the chances of being arrested are 1:2000, do you believe that the average DWI offender will fear arrest?

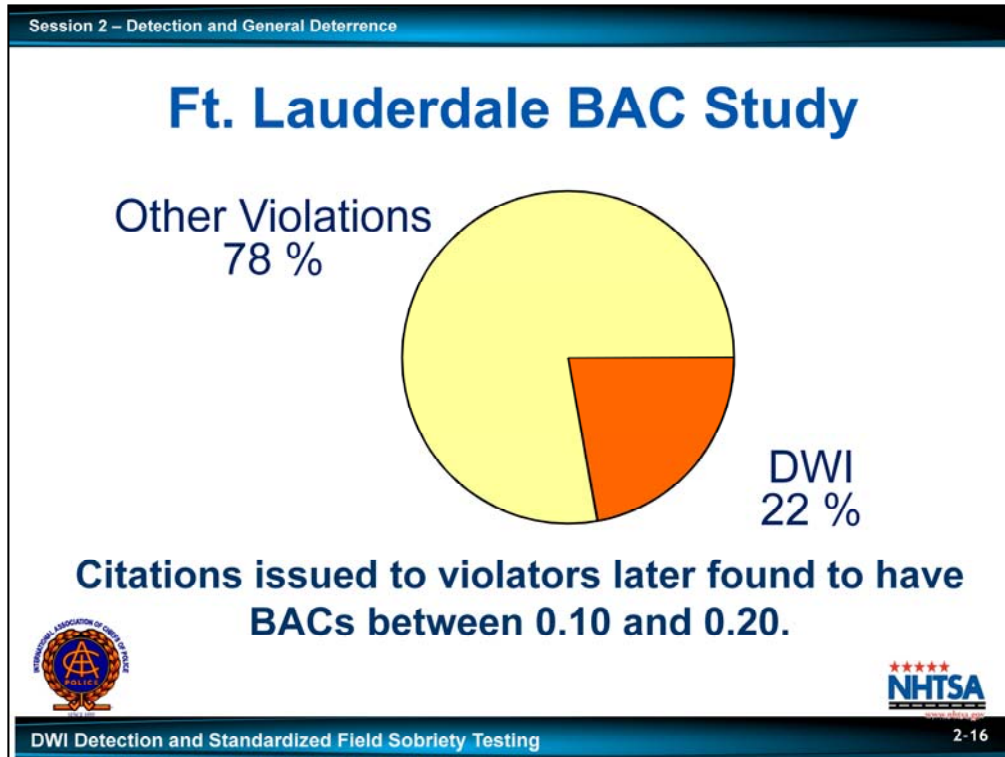
Draw the analogy – compare with housebreaking a puppy by punishing the puppy once only every 2000 times it messes on the carpet.

When the chances of being arrested are one in two thousand, the average DWI violator really has little to fear.

Why is the DWI arrest to violations ratio (1:2000) so low?

There are three noteworthy reasons.

- DWI violators vastly outnumber police officers. It is not possible to arrest every drinking driver each time they commit DWI.
- Some officers are not highly skilled at DWI detection. They fail to recognize and arrest many DWI violators.
- Some officers are not motivated to detect and arrest DWI violators.



Significant Findings

In a 1975 study conducted in Fort Lauderdale, Florida, only 22 % of traffic violators who were stopped with BACs between 0.10 and 0.20 were arrested for DWI. The remainder were cited for other violations, even though they were legally impaired. In this study breath tests were administered to the violators by researchers after the police officers had completed their investigations. The officers failed to detect 78 % of the DWI violators they investigated.

Police officers sometimes fail to recognize and arrest a DWI violator. Ft. Lauderdale (Florida) BAC study (1975): only 22 % of traffic violators with BACs between 0.10 and 0.20 were arrested for DWI.

In the Ft. Lauderdale study, breath tests were administered to traffic violators by research staff members, after police officers had completed their investigations of the violators. Officers failed to detect 78 % of the DWI violators they investigated.

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Ft. Lauderdale BAC Study (Cont.)

For every DWI violator arrested...



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Implication: For every DWI violator actually arrested three others are contacted by police officers, face to face, but are released without arrest.

Significant improvement in arrest rate could be achieved if officers were more skilled at DWI detection.

Point out that this study was the reason for NHTSA developing this course.

This study demonstrated the need for SFST training.

See Appendix for “The Ultimate Goal, Changing Behavior”

Session 2 – Detection and General Deterrence

The Ultimate Goal: Changing Behavior

The goal is to encourage more Americans to:

- Avoid committing DWI
- Control drinking prior to driving
- Select alternative transportation
- Avoid riding with impaired drivers
- Recognize impaired driving is unacceptable behavior at all levels



DWI Detection and Standardized Field Sobriety Testing 2-18

The Solutions

The Ultimate Goal: Changing Behavior

What must the comprehensive community based DWI programs seek to accomplish?

Ultimately, nothing less than fundamental behavioral change, on a widespread basis. The goal is to encourage more Americans to:



- Avoid committing DWI, either by avoiding or controlling drinking prior to driving or by selecting alternative transportation.
- Intervene actively to prevent others from committing DWI (for example, putting into practice the theme "friends don't let friends drive drunk")
- Avoid riding with drivers who are impaired.

The final test of the value of DWI countermeasures on the national, state and local levels is whether they succeed in getting significantly more people to modify their behavior. The programs also pursue other more immediate objectives that support or reinforce the ultimate goal. However, the ultimate goal is to change driving while impaired to an unacceptable form of behavior at all levels.

Session 2 – Detection and General Deterrence

Two Approaches

- Prevention
- Deterrence



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Pursuing the Goal: Two Approaches

How can we bring about these changes in behavior? How can we discourage impaired driving, prevent others from drinking and driving, and avoid becoming passive "statistics" by refusing to ride with drinking drivers?

Basically, there are two general approaches that must be taken to achieve this goal.

One: prevention -- gives promise of the ultimate, lasting solution to the DWI problem; but it will require a substantial amount of time to mature fully.

Two: deterrence -- only offers a partial or limited solution, but it is available right now.

Prevention

- **Promote positive attitudes**
- **DWI is wrong**
- **No one has the right to endanger others**
- **DWI cannot be tolerated or condoned**



Prevention: the Ultimate Solution

DWI countermeasures that strive for the ultimate achievement of drinking and driving behavioral changes have been grouped under the label "Prevention." There are many kinds of DWI preventive activities. Some are carried out by and in our schools, some through the mass media, some through concerned civic groups, and so forth. The various preventive efforts focus on different specific behaviors and address different target groups.

However, they seek to change drinking and driving behavior by promoting more positive attitudes and by fostering a set of values that reflects individual responsibilities toward drinking and driving.

Preventive countermeasures seek society's acceptance of the fact that DWI is wrong. Some people believe that drinking and driving is strictly an individual's personal business; that it is up to each person to decide whether or not to accept the risk of driving after drinking. Preventive activities try to dispel that outmoded and irresponsible belief. Instead, they promote the idea that no one has the right to endanger others by drinking and driving, or to risk becoming a burden (economically and otherwise) to others as a result of injuries suffered while drinking and driving. Realistically, everyone has an obligation not only to control their own drinking and driving, but also to speak up when others are about to commit the violation. Only when all of society views DWI as a negative behavior that cannot be tolerated or condoned, will the public's behavior begin to change. That is the long term solution.

Deterrence

- Driving public's fear of being arrested
- Enough violators must be arrested to convince public they will get caught



General deterrence of DWI is based on the driving public's fear of being arrested. If enough violators come to believe that there is a good chance that they will get caught, some of them (at least) will stop committing DWI at least some of the time.

Pose this question to class: "How do we convince the public that there is a good chance of being arrested for DWI?" Gently guide the discussion to bring out the fact that an appreciable number of violators must be arrested if others are to believe there is a real risk that they will be arrested.

Unless there is a real risk of being arrested, there will not be much fear of arrest.

Law enforcement must arrest enough violators to convince the public that they will get caught, if they continue to drive while impaired.

Deterrence (Cont.)

- Driving public's fear of being arrested
- Enough violators must be arrested to convince public they will get caught



C. Relating Detection to Deterrence Potential

Deterrence: the Interim Solution



DWI countermeasures that seek a short cut to the ultimate goal of behavioral change usually are labeled "Deterrence." Deterrence can be described as negative reinforcement. Some deterrence countermeasures focus primarily on changing individual drinking and driving behavior while others seek to influence people to intervene into others' drinking and driving decisions.

The key feature of deterrence is that it strives to change DWI behavior without dealing directly with the prevailing attitudes about the rightness or wrongness of DWI. Deterrence uses a mechanism quite distinct from attitudinal change: fear of apprehension and application of sanctions.

Session 2 – Detection and General Deterrence

The Fear of Being Caught and Punished

- **Fear long term costs and inconvenience**



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The Fear of Being Caught and Punished

Large scale DWI deterrence programs try to control the DWI behavior of the driving public by appealing to the public's presumed fear of being caught. Most actual or potential DWI violators view the prospect of being arrested with extreme distaste. For some, the arrest, with its attendant handcuffing, booking, publicity and other stigmatizing and traumatizing features, is the thing most to be feared. For others, it is the prospective punishment (jail, stiff fine, etc.) that causes most of the concern. Still others fear most the long term costs and inconvenience of a DWI arrest: the license suspension and increased premiums for automobile insurance. For many violators the fear probably is a combination of all of these. Regardless, if enough violators are sufficiently fearful of DWI arrest, some of them will avoid committing the violation at least some of the time. Fear by itself will not change their attitudes; if they do not see anything inherently wrong with drinking and driving in the first place, the prospect of arrest and punishment will not help them see the light. However, fear sometimes can be enough to keep them from putting their anti-social attitudes into practice.

This type of DWI deterrence, based on the fear of being caught, is commonly called general deterrence. It applies to the driving public generally and presumably affects the behavior of those who have never been caught. There is an element of fear of the unknown at work here.

Specific Deterrence

- Those who have been caught and arrested
- Public must perceive that there is an appreciable risk of being caught and convicted
- Enforcement creates and sustains fear of being caught



Another type of DWI deterrence, called specific deterrence, applies to those who have been caught and arrested. The typical specific deterrent involves some type of punishment, perhaps a fine, involuntary community service, a jail term or action against the driver's license. The punishment is imposed in the hope that it will convince the specific violator that there is indeed something to fear as a result of being caught, and to emphasize that if there is a next time, the punishment will be even more severe. It is the fear of the known that comes into play in this case.

The concept of DWI deterrence through fear of apprehension or punishment seems sound. But will it work in actual practice? The crux of the problem is this: If the motoring public is to fear arrest and punishment for DWI, they must perceive that there is an appreciable risk of being caught and convicted if they commit the crime. If actual and potential DWI violators come to believe that the chance of being arrested is minimal, they will quickly lose whatever fear of arrest they may have felt.

Enforcement is the mechanism for creating and sustaining a fear of being caught for DWI. No specific deterrence program can amount to much, unless police officers arrest large numbers of violators; no punishment or rehabilitation program can affect behavior on a large scale unless it is applied to many people. General deterrence depends on enforcement -- the fear of being caught is a direct function of the number of people who are caught.

Specific Deterrence (Cont.)

- **Supportive roles: Legislators, Prosecutors, Judiciary, and Media**



Obviously, the police alone cannot do the job. Legislators must supply laws that the police can enforce. Prosecutors must vigorously prosecute DWI violators, and the judiciary must adjudicate fairly and deliver the punishments prescribed by law. The media must publicize the enforcement effort and communicate the fact that the risk is not worth the probable outcome. Each of these elements plays a supportive role in DWI deterrence.

How Much Deterrence is Enough?

For every DWI violator arrested, there are between 500 and 2,000 undetected DWI violations



How much deterrence is enough?

Ask the following questions and solicit responses:

Question #1: How many DWI violators do we have to arrest in order to convince an appreciable portion of them that there is a real risk that they will be arrested?

Question #2: Are we presently arresting enough violators in this state to convince them that there is a real risk of being caught?

Estimates from around the country: For every DWI violator arrested, there are between 500 and 2,000 undetected DWI violations.

How Great is the Risk?

- Does the average DWI violator fear arrest?
- Should they be afraid?
- Intense publicity may enhance the perceived risk



How Great is the Risk?

Question #3: If the chances of being arrested are one in 2,000, do you believe that the average DWI violator will fear arrest?

The question now is, are violators afraid of being caught? More importantly, should they be afraid? Is there really an appreciable risk of being arrested if one commits DWI?

The answer to all of these questions unfortunately is: probably not. In most jurisdictions, the number of DWI arrests appears to fall short of what would be required to sustain a public perception that there is a significant risk of being caught.

Sometimes, it is possible to enhance the perceived risk, at least for a while, through intensive publicity. However, media "hype" without intensified enforcement has never been enough to maintain the fear of arrest for very long.

How Much Should the Public Fear?

- Annual DWI arrests, in most places, equal about one percent of the number of drivers in the population
- Annual DWI arrests equal about one percent of drivers in the population
- The average violator commits DWI 80 times each year



How Much Should the Public Fear?

We can draw some reasonable estimates of DWI enforcement intensity, based on what we know and on certain assumptions we have already made. Suppose we deal with a random sample of 100 Americans of driving age. If they come from typical enforcement jurisdictions, chances are that exactly one of them will be arrested for DWI in any given year: our annual DWI arrests, in most places, equal about one percent of the number of drivers in the population. That is one arrest out of 100 drivers during one year; however, how many DWI violations do those drivers commit? Recall our previous estimates that some 25 % of America's drivers at least occasionally drive while under the influence, and that the average violator commits DWI 80 times each year. Then, our sample of 100 drivers includes 25 DWI violators who collectively are responsible for 2,000 DWI violations yearly.

Changing the Odds

- Arrest enough violators to convince many of them it can happen to them
- As arrest rate increases, odds are that it will happen to them eventually



Changing the Odds

Gently guide the discussion to bring out two possibilities:

- ***DWI violators vastly outnumber police officers.***
- ***Some officers are not well trained in DWI detection.***

Question Number 4: Why is the DWI arrest to violation ratio so low?

If an arrest/violation ratio of 1 in 2,000 is not enough to make deterrence work, is it then reasonable to think that we can ever make deterrence work? After all, if we doubled DWI arrests to 1 in 1,000, we would still be missing 999 violators for every one we managed to catch. If we increased arrests ten fold, to 1 in 200, 199 would escape for every one arrested. How much deterrence would that produce?

Surprisingly, it would probably produce quite a bit. We don't have to arrest every DWI offender every time in order to convince them that they have something to fear. We only have to arrest enough of them enough of the time to convince many of them that it can happen to them. As the arrest rate increases, the odds are that it will happen to them eventually. The law of averages (or cumulative probability) will catch up with them, and sooner than we might at first expect.

Percent of Violators Arrested After...

Nightly Arrest Rate	One Year	Two Years	Three Years
1 in 2000	3.9 %	7.7 %	11.3 %
1 in 1000	7.7 %	14.8 %	21.3 %
1 in 500	14.8 %	27.4 %	38.2 %
1 in 20	33.0 %	55.2 %	70.0 %



The statistics on the chart display the cumulative probability (as a percentage) of being arrested at least once during the course of one, two or three years as a function of the arrest rate on any given night. These statistics are based on the assumption that the average violator commits DWI 80 times each year.

Clearly, the chances of being caught accumulate very quickly as the arrest/violation ratio increases. If we could maintain a ratio of one arrest in every 500 violations (a level of enforcement currently maintained in some jurisdictions), then by the time one year has passed, slightly more than one of every seven people (14.8 %) who have committed DWI during that year will have been arrested at least once. It probably is a high enough chance to get the attention -- and fear -- of many violators. If we could achieve an arrest ratio of 1 in 200 (a level attainable by officers skilled in DWI detection) we will arrest fully one third of all DWI violators at least once every year and we will arrest more than half of them by the time two years have gone by.

Can it be Done? Will it Work?

Realistic increase in DWI enforcement activity will induce a significant degree of general deterrence and a corresponding change in DWI behavior



D. Evidence of Effective Detection and Effective Deterrence

Can it Be Done, and Will it Work?

Is there any evidence that a practical and realistic increase in DWI enforcement activity will induce a significant degree of general deterrence and a corresponding change in DWI behavior? Yes there is.

Stockton, California 3 Year Intensive Weekend DWI Enforcement

- **1975: Arrest/violation ratio of 1 in 2000 or less, 9 % of weekend drivers were operating with BAC of 0.10 or higher**
- **1976 -1979: Intensive DWI enforcement on weekends nights**
- **Officers intensively trained, enforcement publicized, justice community coordinated**



Several enforcement programs have succeeded in achieving significant DWI deterrence. Consider, for example, the three year intensive weekend DWI enforcement program in Stockton, California.

As early as 1975, a study showed that the city's total number of DWI arrests (700) were considerably less than one percent of the areas licensed number of drivers (130,000). The implication here was that Stockton police were only maintaining the arrest/violation ration of 1:2,000, or less. In addition, roadside surveys on Friday and Saturday nights disclosed that nine percent of the drivers were operating with BAC's of 0.10 or higher.

Then things changed. Beginning in 1976 and continuing at planned intervals through the first half of 1979, Stockton police conducted intensive DWI enforcement on weekend nights. The officers involved were extensively trained. The enforcement effort was heavily publicized and additional equipment (PBTs and cassette recorders) was made available. The police effort was closely coordinated with the District Attorney's office, the County Probation office, and other allied criminal justice and safety organizations.

Stockton, California (Cont.)

- Arrests increased 500 %
- Weekend nighttime crashes decreased 34 %
- Proportion of nighttime, weekend drivers legally under the influence dropped from 9 % to 6 %
- For every DWI arrest, three others are contacted by police officers but NOT arrested for DWI



All this paid off. By the time the project came to a close (in 1979) DWI arrests had increased by over 500 %, and weekend nighttime collisions had decreased by 34 %, and the number of operators committing DWI dropped one third.

The implication of this study, and of other similar studies, is that for every DWI violator actually arrested for DWI, three others are contacted by police officers, but are not arrested for DWI. It is clear that significant improvement in the arrest rate could be achieved if officers were more skilled at DWI detection.

What did Stockton do to contribute to their success?

Answers: Increase training, targeted enforcement efforts, coordination with other law enforcement agencies, and media blitz

Improve DWI Detection

Keys to success:

- **Officers skilled at DWI detection**
- **Willing to arrest all violators detected**
- **Policies and application supported by agency**

In each state where the number of DWI arrests increased, alcohol related crash fatalities decreased



Improved DWI detection can be achieved in virtually every jurisdiction in the country.

The keys to success are police officers who are:

- Skilled at DWI detection
- Willing to arrest every DWI violator who is detected
- Supported by their agencies in all aspects of this program, from policy through practical application.

Since the historical Stockton study numerous states have conducted similar studies to determine the degree of effect that DWI arrests would have on alcohol related fatalities in general, and total fatalities in particular. Most of these studies were conducted between 1978 and 1986.

The results of these studies graphically illustrated in each state that when the number of arrests for DWI increased, the percentage of alcohol related fatalities decreased. Further, the results of a study conducted in Florida from 1981-1983, showed that when DWI arrests per licensed driver increased, total fatalities decreased (12 month moving average).

Detection: Key to Deterrence

- **Deterrence can vastly exceed the level of enforcement officers achieve**
- **In Stockton, increased enforcement effort convinced at least one third of the violators to change their behavior substantially**



Detection: The Key to Deterrence

It is important to understand how increased DWI enforcement can affect deterrence. Deterrence can vastly exceed the level of enforcement officers achieve on any given night. True, weekend DWI arrests can increase by as much as 500 %, as in the Stockton study. However, even though the study showed they started with an enforcement ratio no better than 1 in 2000, the tremendous increase in DWI arrests probably only brought the arrest ratio to about 1 in 400. Regardless of the fact that 399 DWI drivers avoided arrest, the increased enforcement effort convinced at least one third of the violators to change their behavior substantially.

Example of General Deterrence

When arrest/violation ratio is 1 in 400:

- Many violators **WILL** be caught
- General perception level of being caught increases
- Behavior changes



- ***Point out that this level of deterrence was achieved with an arrest/violation ration of about 1 in 400.***
- ***Increased skills coupled with increased efforts resulted in more arrests and less crashes.***

The law of averages quickly starts to catch up with DWI drivers when the enforcement ratio improves to the 1 in 400 ratio. At that level, unless violators change their behavior, many of them will be caught, or at least will have known someone who has been arrested. Coupled with the heavy publicity given to the enforcement effort, those experiences were enough to raise the perception level of apprehension among DWI operators that sooner or later they would be caught. As a result, many of them changed their behavior. This is the best example of general deterrence.

In addition, during the same time that DWI arrests went up over 500 % in Stockton, citations for other traffic violations increased by a comparatively modest 99 %. The implication is that Stockton's officers were stopping and contacting only twice as many possible violators as they had before, but they were coming up with more than five times as many arrests.

Increased DWI Detection Skills

- **Community benefits**
- **Officers recognize cues and clues**
- **Gained confidence in field sobriety tests**
- **Fewer violators stopped avoided arrest**





What have the results of these studies shown? Basically, they have shown that a community will benefit from their officers' increased skills at DWI detection. Principally because of their special training, the officers were better able to recognize "cues" of impairment when they observed vehicles in motion, and they were more familiar with the "clues" or human indicators of impairment exhibited by violators during personal contact. The officers also had more confidence in the field sobriety tests they used to investigate their suspects. The most important factor was that far fewer of the violators being stopped now avoided detection and arrest.

The difficulty in detecting DWI among operators personally contacted by officers has been well documented. Analysis of roadside survey and arrest data suggest that for every DWI violator arrested, three others actually have face to face contact with police officers but are allowed to go without arrest. Direct support of that inference was found in the Fort Lauderdale BAC study, where researchers demonstrated that police officers arrested only 22 % of the DWI operators they contacted, whose BAC levels were subsequently shown to be between 0.10 and 0.20.

Session 2 – Detection and General Deterrence

DWI Detection Ability is Key

- **If violators are not arrested, attitudes and behaviors likely will continue or worsen**
- **Use resources efficiently and improvement can be achieved**



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The ability to detect DWI violators is the key to general deterrence and possibly, the greatest impediment to it. If we accept the three to one ratio of failed detections as being reasonably accurate, the implications are rather alarming. Consider the impact on a DWI violator's subsequent behavior when, after being stopped by the police, is allowed to continue driving. Very likely, these DWI violators and their friends will become even more convinced of their ability to handle drinking and driving. Further, they will come to believe that they will never be arrested because police officers can't determine when they are "over the limit." Instead of creating general DWI deterrence, this attitude breeds specific reinforcement. This helps to develop a feeling among DWI violators that they have nothing more to fear from police than an occasional ticket for a minor traffic offense.

On the positive side, the ratio of undetected to detected violations suggests that much can be accomplished with existing resources, if we use those resources as efficiently as possible. By just being able to improve detection skills of law enforcement officers we could experience an increase in the arrest/violation ratio of 1 in 500 without any increase in contacts.

This same, or better, degree of effectiveness can happen here.

Point out that the keys to success are:

- ***Better training in detection skills.***
- ***Willingness to arrest every DWI violator who is detected.***
- ***Solicit participant's questions concerning general deterrence.***

Alcohol

A family of closely related chemicals whose molecules are made up of hydrogen, carbon, and oxygen.



E. Physiology of Alcohol

A brief overview of alcohol:

Alcohol is the most abused drug in the United States.

"Alcohol" is the name given to a family of closely related and naturally occurring chemicals. Each of the chemicals that is called an "alcohol" contains a molecule chemists refer to as a "hydroxy radical." This radical contains one oxygen atom and one hydrogen atom bonded together. The simplest alcohol has only one carbon atom, three hydrogen atoms, and one hydroxy radical. The next alcohol has two carbon atoms, five hydrogen atoms and one hydroxy radical. The third alcohol has three carbon atoms, seven hydrogen atoms and one hydroxy radical. That is how the alcohols differ from one another.

Alcohols are molecularly very similar and produce similar effects. They produce intoxicating effects when ingested into the human body. Only one of them is meant for human consumption. However, when ingested in substantial quantities it can cause death.

Some Types of Alcohol

- Methyl Alcohol (Methanol)
- Ethyl Alcohol (Ethanol)
- Isopropyl Alcohol (Isopropanol)



Ask the question: What are the names of some of the chemicals that are alcohols?

Three of the more commonly known alcohols are Methyl, Ethyl, and Isopropyl.

- Methyl alcohol also known as Methanol or wood alcohol.
- Ethyl alcohol also known as Ethanol or beverage alcohol.
- Isopropyl Alcohol (Isopropanol) also known as rubbing alcohol.

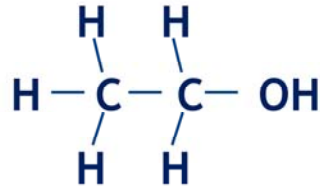
Ethanol

Ethyl Alcohol (Intended for human consumption)

Chemical Symbols

ETOH

C_2H_5OH





The ingestible alcohol is known as ethyl alcohol, or ethanol. Its chemical abbreviation is ETOH. The "ET" stands for "ethyl" and the "OH" represents the single oxygen atom bonded to one of the hydrogen atoms, ("hydroxy radical"). Ethanol is the variety of alcohol that has two carbon atoms. Two of ethanol's best known analogs are methyl alcohol (or methanol), commonly called "wood alcohol", and isopropyl alcohol (or isopropanol), also known as "rubbing alcohol".

The "ET" represents "ethyl", and the "OH" represents an oxygen atom and hydrogen atom, bonded together in what the chemists refer to as the "hydroxy radical". All alcohols have an hydroxy radical in their molecules.

Session 2 – Detection and General Deterrence

Ethanol Production - Fermentation

Yeast combines with sugars from fruit or grains in a chemical reaction that results in ETOH



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Ethanol is what interests us because it is the kind of alcohol that features prominently in impaired driving. Ethanol is beverage alcohol, the active ingredient in beer, wine, whiskey, liquors, etc. Ethanol production starts with fermentation. That is a kind of decomposition in which the sugars in fruit, grains and other organic materials combine with yeast to produce the chemical we call ethanol. This can occur naturally, as yeast spores in the air come into contact with decomposing fruit and grains. However, most of the ethanol in the world didn't ferment naturally, but was produced under human supervision.

When an alcoholic beverage is produced by fermentation, the maximum ethanol content that can be reached is about 14 %. At that concentration, the yeast dies, so the fermentation stops. Obtaining a higher ethanol content requires a process called distillation. This involves heating the beverage until the ethanol "boils off", then collecting the ethanol vapor. It is possible to do this because ethanol boils at a lower temperature than does water.

- ***Point out that humans almost certainly first encountered ethanol that had been produced accidentally in this fashion.***
- ***Ask the question: "Why can't fermentation produce a higher ethanol concentration than 14 %?"***
- ***Point out that ethanol starts to boil at a lower temperature than water does.***

Ethanol Production - Distillation

Fermented beverage is boiled at a controlled temperature to extract and concentrate the ethanol fumes



Distilled spirits is the name we give to high ethanol concentration beverages produced by distillation. These include rum, whiskey, gin, vodka, etc. The ethanol concentration of distilled spirits usually is expressed in terms of proof, which is a number corresponding to twice the ethanol percentage.

For example, an 80 proof beverage has an ethanol concentration of 40 %.

Ask the participants to name some distilled spirits (whiskey, vodka, gin, rum).

Common Drink Sizes

- **Can of beer – 12 ounces of fluid @ 4 % alcohol equals 0.48 ounces of pure ethanol**
- **Glass of wine – 4 ounces of fluid @ 12 % alcohol equals 0.48 ounces of pure ethanol**
- **Shot of whiskey (80 proof) – 1 and ¼ ounces @ 40 % alcohol equals 0.50 ounces of pure ethanol**



- Over the millennia during which people have used and abused ethanol, some common sized servings of the different beverages have evolved. Beer, for example, is normally dispensed in 12 ounce servings. Since beer has an ethanol concentration of about four percent, the typical bottle or can of beer contains a little less than one half ounce of pure ethanol.
- A standard glass of wine has about four ounces of liquid. Wine is about 12 % alcohol, so the glass of wine also has a bit less than one half ounce of ethanol in it.
- Whiskey and other distilled spirits are dispensed by the "shot glass", usually containing about one and one quarter ounce of fluid. At a typical concentration of 40 % ethanol (80 proof), the standard shot of whiskey has approximately one half ounce of ethanol.

Therefore, as far as their alcoholic contents are concerned, a can of beer, a glass of wine and a shot of whiskey are all the same.

(National Institute on Alcohol Abuse and Alcoholism of the National Institute of Health.)

- **Point out that the proof of a distilled spirit is equal to twice the ethanol concentration. Point out that alcohol concentration may vary greatly depending on type/brand.**
- **Solicit participant comments and questions on this overview of alcohol.**



Ethanol is a Central Nervous System Depressant. It doesn't affect a person until it gets into their central nervous system, i.e., the brain, brain stem and spinal cord. Ethanol gets to the brain by getting into the blood. In order to get into the blood, it has to get into the body.

There are actually a number of different ways in which ethanol can get into the body. It can be inhaled. Ethanol fumes, when taken into the lungs, will pass into the bloodstream and a positive blood alcohol concentration (BAC) will develop.

However, prolonged breathing of fairly concentrated fumes would be required to produce a significantly high BAC. Ethanol could also be injected, directly into a vein; it would then flow with the blood back to the heart, where it would be pumped first to the lungs and then to the brain. And, it could be inserted, as an enema, and pass quickly from the large intestine into the blood. But none of these methods are of any practical significance, because alcohol is almost always introduced into the body orally, i.e., by drinking.

Point out that a person would have to inhale concentrated alcohol fumes for a prolonged period of time in order to develop a significant blood alcohol concentration.

Session 2 – Detection and General Deterrence

Absorption of Alcohol

Getting the ethanol out of the stomach and into the blood

20 %

80 %

NHTSA

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Once the ethanol gets into the stomach, it has to move into the blood. The process by which this happens is known as absorption. One very important fact that pertains to alcohol absorption is that it doesn't have to be digested in order to move from the stomach to the blood.

Another very important fact is that alcohol can pass directly through the walls of the stomach. These two facts, taken together, mean that, under the right circumstances, absorption of alcohol can be accomplished fairly quickly. The ideal circumstance for rapid absorption is to drink on an empty stomach.

When the alcohol enters the empty stomach, about 20 % of it will make its way directly through the stomach walls. The remaining 80 % will pass through the stomach and enter the small intestine, from which it is readily absorbed into the blood. Because the body doesn't need to digest the alcohol before admitting it into the bloodstream, the small intestine will be open to the alcohol as soon as it hits the stomach.

Session 2 – Detection and General Deterrence

Absorption of Alcohol (Cont.)

Getting the ethanol out of the stomach and into the blood

20 %

80 %

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But what if there is food in the stomach? Suppose the person has had something to eat shortly before drinking, or eats food while drinking; will that affect the absorption of alcohol?

Yes it will. Food has to be at least partially digested in the stomach before it can pass to the small intestine. When the brain senses that food is in the stomach, it commands a muscle at the base of the stomach to constrict, and cut off the passage to the small intestine. The muscle is called the pylorus, or pyloric valve. As long as it remains constricted, little or nothing will move out of the stomach and into the small intestine. If alcohol is in the stomach along with the food, the alcohol will also remain trapped behind the pylorus. Some of the alcohol trapped in the stomach will begin to break down chemically before it ever gets into the blood. In time, as the digestive process continues, the pylorus will begin to relax, and some of the alcohol and food will pass through. But the overall effect will be to slow the absorption significantly. Because the alcohol only slowly gets into the blood, and because the body will continue to process and eliminate the alcohol that does manage to get in there, the drinker's BAC will not climb as high as it would have if he or she had drunk on an empty stomach.

Solicit participants' comments and questions about the absorption of alcohol into the blood.

Distribution of Alcohol

Getting the ethanol into the body's tissues and organs

BASIC PRINCIPLE

Ethanol goes wherever it finds water



Once the alcohol moves from the stomach into the blood, it will be distributed throughout the body by the blood. Alcohol has an affinity for water. The blood will carry the alcohol to the various tissues and organs of the body, and will deposit the alcohol in them in proportion to their water contents.

Brain tissue has a fairly high water content, so the brain receives a substantial share of the distributed alcohol. Muscle tissue also has a reasonably high water content, but fat tissue contains very little water. Thus, very little alcohol will be deposited in the drinker's body fat. This is one factor that differentiates alcohol from certain other drugs, notably PCP and THC, which are very soluble in fat.

Distribution of Alcohol (Cont.)

- **Which parts of the body have lots of water?**
 - The brain, the liver, muscle tissue
- **Which parts of the body do not have lots of water?**
 - Bones, fatty tissue
- **The average male is 68 % water**
- **The average female is 55 % water.**



Ask participants to suggest why this significant difference exists.

The affinity of alcohol for water, and its lack of affinity for fat, helps explain an important difference in the way alcohol affects women and men. Pound for pound, the typical female's body contains a good deal less water than does the typical man's.

This is because women have additional adipose (fatty) tissue, designed in part to protect a child in the womb. A Swedish pioneer in alcohol research, E.M.P. Widmark, determined that the typical male body is about 68 % water, the typical female only about 55 %. Thus, when a woman drinks, she has less fluid -- pound for pound -- in which to distribute the alcohol.

Ask the question: Suppose a woman and a man who weigh exactly the same drink exactly the same amount of alcohol under exactly the same conditions. Who will reach the higher BAC?

If a woman and a man who weighed exactly the same drank exactly the same amount of alcohol under the same circumstances, her BAC would climb higher than his. When we couple this to the fact that the average woman is smaller than the average man, it becomes apparent that a given amount of alcohol will cause a higher BAC in a woman than it usually will in a man.

Solicit participant comments and questions about the distribution of alcohol in the body.

Elimination of Alcohol

Getting the ethanol out of the body:

- **Direct excretion**
 - Breath
 - Sweat
 - Tears
 - Urine
- **Metabolism**
 - Primarily in the liver



As soon as the alcohol enters the blood stream, the body starts trying to get rid of it. Some of the alcohol will be directly expelled from the body chemically unchanged. For example, some alcohol will leave the body in the breath, in the urine, in sweat, in tears, etc. However, only a small portion (about 2-10 %) of the ingested alcohol will be directly eliminated.

Most of the alcohol a person drinks is eliminated by metabolism. Metabolism is a process of chemical change. In this case, alcohol reacts with oxygen in the body and changes, through a series of intermediate steps, into carbon dioxide and water, both of which are directly expelled from the body.

Ask the question: What organ in the body is primarily responsible for chemically breaking the alcohol down?

Reveal answer to question.

Metabolism in the Liver

- The liver burns the ethanol (i.e., causes a chemical reaction of ethanol with oxygen)
- The process is aided by an enzyme called alcohol dehydrogenase
- The ultimate products of the chemical reaction are carbon dioxide and water
- Due to metabolism, the average person's BAC drops by about 0.015/hr



Most of the metabolism of alcohol in the body takes place in the liver. An enzyme known as alcohol dehydrogenase acts to speed up the reaction of alcohol with oxygen. The speed of the reaction varies somewhat from person to person, and even from time to time for any given person. On the average, however, a person's blood alcohol concentration -- after reaching peak value -- will drop by about 0.015 per hour. For example, if the person reaches a maximum BAC of 0.15, it will take about ten hours for the person to eliminate all of the alcohol.

Some metabolism of alcohol also takes place in other parts of the body, including the brain. But the liver does the vast majority of the job.

For the average sized male, a BAC of 0.015 is equivalent to about two thirds of the alcohol content of a standard drink (i.e., about two thirds of a can of beer, or glass of wine or shot of whiskey). For the average sized female, that same BAC would be reached on just one half of a standard drink. So the typical male will eliminate about two thirds of a drink per hour, while the typical female will burn up about one half of a drink in that hour.

Pose this problem to the class: Suppose a person reaches a peak BAC of 0.15. How long will it take for his or her body to eliminate all of the alcohol?

Answer: # hours = BAC / Elimination rate

example: $X = 0.15 / 0.015$

$X = 10$ hours

Metabolism

How can we speed up the metabolism of alcohol?

- **We can't speed it up**
 - Drinking coffee won't help
 - A cold shower won't help
 - Exercise won't help

The liver takes its time burning up the alcohol



Ask the question: How can we speed up the metabolism of alcohol? We can't speed it up. Drinking coffee won't help. A cold shower won't help. Exercise won't help. The liver takes its time burning up the alcohol.

Reveal answers to the question after soliciting participant answers.

We can control the rate at which alcohol enters our bloodstream. For example, we can gulp down our drinks, or slowly sip them. We can drink on an empty stomach, or we can take the precaution of eating before drinking. We can choose to drink a lot, or a little. But once the alcohol gets into the blood, there is nothing we can do to affect how quickly it leaves. Coffee won't accelerate the rate at which our livers burn alcohol. Neither will exercise, or deep breathing, or a cold shower. We simply have to wait for the process of metabolism to move along at its own speed.

Solicit the participants for comments and questions about the elimination of alcohol from the body.

Dose Response Relationships

How much can a person drink before becoming impaired?

Depends...

- Time?
- Sex?
- Size?
- Drinking on empty stomach?

...A couple of beers can do it!



Dose Response Relationships



People sometimes ask, "how 'high' is 'drunk'?" What is the "legal limit" for "drunk driving"? How much can a person drink before becoming "impaired"?

There is no simple answer to these or similar questions, except to say that any amount of alcohol will affect a person's ability to drive to some degree. It is true that the laws of nearly all States establish a BAC limit at which it is explicitly unlawful to operate a vehicle. In those cases, that "limit" is 0.08 BAC. But every State also makes it unlawful to drive when "under the influence" of alcohol, and the law admits the possibility that a particular person may be under the influence at much lower BACs.

Session 2 – Detection and General Deterrence

How Much Alcohol to Reach a BAC of 0.08

- 175 lbs. Male
- Drinking on an Empty Stomach



DWI Detection and Standardized Field Sobriety Testing 2-54

How much alcohol does someone have to drink to reach these kinds of BACs?

Obviously, as we've already seen, it depends on how much time the person spends drinking, on whether the person is a man or a woman, on how large the person is, on whether the drinking takes place on an empty stomach, and on certain other factors. But let's take as an example a 175 pound man. If he drinks two beers, or two shots of whiskey, in quick succession on an empty stomach, his BAC will climb to slightly above 0.04. Two more beers will boost him above 0.08. One more will push him over 0.10. In one respect, then, it doesn't take very much alcohol to impair someone: "a couple of beers" can do it.

It actually takes 454 grams to make a pound.

Blood Alcohol Concentration

What does it mean?

- **BAC is the number of grams of alcohol found in 100 milliliters of the person's blood**
- **Example – If a person has a BAC of .08, then there is eight one-hundredths of a gram of alcohol in every 100 milliliters of the person's blood**



But in another respect, when we contrast alcohol with virtually any other drug, we find that impairment by alcohol requires a vastly larger dose than does impairment by the others. Consider exactly what a BAC of 0.08 means. Blood alcohol concentration is expressed in terms of the "number of grams of ethanol in every 100 milliliters of blood". Therefore, 0.08 means that there is 0.08 grams (g) of ethanol in every 100 milliliters (mL) of blood. You will find that BAC results are reported in a variety of units. Two common variations are milligrams/milliliters and percent. There are 1000 milligrams (mg) in one gram; therefore, 0.08 grams equals 80 milligrams (mg) and a BAC of 0.08 would be reported as 80 mg of ethanol/100 mL of blood. Percent means parts per one hundred. In this example 0.08 grams/100 milliliters of blood is equivalent to 0.08 % BAC.

Note: The term BAC is used in the manual. However, it should be understood to refer to either Blood Alcohol Concentration (BAC) or Breath Alcohol Concentration (BrAC) depending on the legal requirements of the jurisdiction.

Blood Alcohol Concentration (Cont.)

What does it mean?

- BAC is the number of grams of alcohol found in 100 milliliters of the person's blood
- Example – If a person has a BAC of .08, then there is eight one-hundredths of a gram of alcohol in every 100 milliliters of the person's blood



Ask the question: How much alcohol does a person have to drink to reach a BAC of 0.08?

- **Take an average male weighing 175 pounds and in reasonably good physical shape.**
- **Assume he does his drinking on an empty stomach.**
- **It is estimated that a person would have to consume four cans of beer, four glasses of wine or four shots of 80 proof whiskey in a fairly short period of time to reach a BAC of 0.08.**

Note: There are numerous physiological variables that can affect BAC such as gender, weight, stomach contents, medical/health, metabolic rate, etc.

Review questions are located at end of Session II (Optional Test).

QUESTIONS?



Test Your Knowledge

1. The average DWI violator commits that violation _____ times a year
2. In typical enforcement jurisdictions one DWI violation in _____ results in arrest
3. In the Fort Lauderdale study, police officers arrested _____ % of the drivers they contacted whose BACs were .10 to .20.



1. *The average DWI violator commits that violation 80 times a year.*
2. *In typical enforcement jurisdictions one DWI violation in 2,000 results in arrest.*
3. *In the Fort Lauderdale study, police officers arrested 22 % of the drivers they contacted whose BACs were .10 to .20.*

Test Your Knowledge (Cont'd)

4. Name three different chemicals that are alcohols.
5. Which of these is beverage alcohol, intended for human consumption?
6. What is the chemical symbol for beverage alcohol?
7. What is the name of the chemical process by which beverage alcohol is produced naturally?
8. What is the name of the process used to produce high concentration beverage alcohol?



4. Name three different chemicals that are alcohols.

Methyl, Ethyl and Isopropyl. (or, Methanol, Ethanol and Isopropanol.) (or, Wood Alcohol, Beverage Alcohol, and Rubbing Alcohol.)

5. Which of these is beverage alcohol, intended for human consumption?

Ethanol is the beverage alcohol, intended for human consumption.

6. What is the chemical symbol for beverage alcohol?

The four letter chemical symbol is ETOH.

7. What is the name of the chemical process by which beverage alcohol is produced naturally?

Fermentation

8. What is the name of the process used to produce high concentration beverage alcohol?

Distillation

Test Your Knowledge (Cont'd)

9. Blood alcohol concentration is the number of _____ of alcohol in every 100 milliliters of blood.
- a. Grams
 - b. Milligrams
 - c. Nanograms.



9. *Multiple choice: Blood alcohol concentration is the number of _____ of alcohol in every 100 milliliters of blood.*
- a. *Grams*
 - b. *Milligrams*
 - c. *Nanograms*

Correct answer is A, "grams".

Test Your Knowledge (Cont'd)

10. True or false: Pound for pound, the average woman contains more water than does the average man
11. What do we mean by the “proof” of an alcoholic beverage?
12. Every chemical that is an “alcohol” contains what three elements?



10. True or false: Pound for pound, the average woman contains more water than does the average man.

The statement is false. The average woman actually has a good deal less water, pound for pound, than does the average man. She is about 55 % water, he is about 68 %.

11. What do we mean by the "proof" of an alcoholic beverage?

"Proof" means twice the ethanol percent of the beverage. For example, 80 proof vodka is 40 % ethanol.

12. Every chemical that is an "alcohol" contains what three elements?

The three elements common to all alcohols are: carbon, hydrogen and oxygen.

Test Your Knowledge (Cont'd)

13. True or false: Most of the alcohol that a person drinks is absorbed into the blood via the small intestine
14. What is the name of the muscle that controls the passage from the stomach to the lower gastrointestinal track?
15. True or false: Alcohol can pass directly through the stomach walls and enter the bloodstream.



13. True or false: Most of the alcohol that a person drinks is absorbed into the blood via the small intestine.

The statement is true. Under normal conditions, about 80 % of the ethanol in the stomach will pass through the pyloric valve into the small intestine, from which it will quickly move into the bloodstream.

14. What is the name of the muscle that controls the passage from the stomach to the lower gastrointestinal tract?

The muscle is called the pylorus, or pyloric valve.

15. True or false: Alcohol can pass directly through the stomach walls and enter the bloodstream.

The statement is true. Usually, about 20 % of the ethanol a person drinks diffuses through the stomach walls to enter the blood.

Test Your Knowledge (Cont'd)

16. Suppose a man and a woman who both weigh 160 pounds arrived at a party and started to drink at the same time. And suppose that, two hours later, they both have a BAC of 0.10. Chances are...
- a. He had more to drink than she did
 - b. They drank just about the same amount of alcohol
 - c. He had less to drink than she did.



16. Multiple choice: *Suppose a man and a woman who both weigh 160 pounds arrived at a party and started to drink at the same time. And suppose that, two hours later, they both have a BAC of 0.10. Chances are*

- a. He had more to drink than she did.*
- b. They drank just about the same amount of alcohol.*
- c. He had less to drink than she did.*

Correct answer is A, "more".

Test Your Knowledge (Cont'd)

17. In which organ of the body does most of the metabolism of the alcohol take place?

18. What is the name of the enzyme that aids the metabolism of alcohol?



17. In which organ of the body does most of the metabolism of the alcohol take place?

The liver is where most metabolism takes place.

18. What is the name of the enzyme that aids the metabolism of alcohol?

Alcohol dehydrogenase is the enzyme that serves as a catalyst for alcohol's metabolism in the liver.

Test Your Knowledge (Cont'd)

19. Once a person reaches his or her peak BAC, it will drop at a rate of about _____ per hour.
- a. 0.025
 - b. 0.015
 - c. 0.010
20. True or false: It takes about 30 minutes for the average 175 pound man to “burn off” the alcohol in one 12 ounce can of beer.



19. *Multiple choice: Once a person reaches their peak BAC, it will drop at a rate of about ___ per hour.*

- a. 0.025
- b. 0.015
- c. 0.010

Correct answer is B, "0.015" (But remember: This is an average value, with wide variations among individuals.)

20. *True or False: It takes about thirty minutes for the average 175 pound man to "burn off" the alcohol in one 12 ounce can of beer.*




The statement is false. The average 175 pound man will need 90 minutes to metabolize the alcohol.

Session 3 – The Legal Environment

1 Hour 10 Minutes

Session 3

The Legal Environment



DWI Detection and Standardized Field Sobriety Testing

(Time varies with the complexity and variation of your state's laws relating to drinking and driving and DWI enforcement.)

The lesson plans for this module are based on a generic set of drinking and driving laws, patterned after the Uniform Vehicle Code. Significant modification may be required to adapt this module to the current statutes of your state.

An understanding of impaired driving laws that apply in your jurisdiction is critical to successful DWI enforcement.

All states (and many local jurisdictions) have their own impaired driving laws. While the specific language of these laws may vary significantly, most include the following provisions:

- Basic DWI Law
- Implied Consent Law
- Illegal Per Se Law
- Preliminary Breath Testing Law

Learning Objectives

Become familiar with:

- Elements of DWI offenses
- Provisions of the implied consent law
- The relevance of chemical test evidence
- Precedents established through case law



Briefly review the objectives, content and activities of this session.

At the conclusion of this session, participants will be familiar with:

- Elements of DWI offenses
- Provisions of the implied consent law
- The relevance of chemical test evidence
- Precedents established through case law

In this session these four types of impaired driving laws are discussed in detail. The illustrations provided are drawn from the Uniform Vehicle Code. You are responsible for learning whether and how each law applies in your jurisdiction.

CONTENT SEGMENTS

- A. Basic DWI Statute: Driving While Under the Influence
- B. Illegal Per Se Statute: Driving With a Prohibited Blood Alcohol Concentration
- C. Implied Consent Law and Presumptions
- D. Preliminary Breath Testing
- E. Case Law Review

LEARNING ACTIVITIES

- Instructor Led Presentations
- Reading Assignments

Basic DWI Statute

It is unlawful for any person to operate or be in actual physical control of any vehicle within this state while under the influence of alcohol and/or any drug.



A. Basic DWI Statute: Driving While Under the Influence

A state's basic DWI statute may be subtitled Driving While Under the Influence, or something similar. Typically the statute describes the who, what, where and how of the offense in language.

For example:

It is unlawful for any person to operate or be in actual physical control of any vehicle within this state while under the influence of alcohol and/or any drug.

DWI Violation Arrest

Probable Cause

Person in question operating or in actual physical control of vehicle while under the influence:

- Alcohol
- Another drug
- Both



DWI Violation Arrest

In order to arrest someone for a basic DWI violation, a law enforcement officer must have probable cause to believe that all elements of the offense are present. That is, the officer must believe that:

The person in question was operating or in actual physical control of a vehicle (truck, van, automobile, motorcycle, even bicycle, according to specific provisions in various states) while under the influence of alcohol, another drug, or both.

Discuss meaning/interpretation of “operational/actual physical control.”

Discuss meaning of “vehicle”.

In some states it is unlawful to operate a vehicle while impaired anywhere in the State: on or off roadways, on private property, and so on. In other states, the law applies only on publicly accessible roadways. i.e., public or private property anywhere in the state.

Conviction

- Establish all four elements were present
 - Operation
 - Control
 - Vehicle
 - Impairment
- Criminal offense – establish facts “beyond a reasonable doubt”
- Infraction – standard of proof may be less
- Collect and document all evidence



Conviction

In order to convict a person of DWI, it is necessary to establish that all four elements were present.

- Operation
- Control
- Vehicle
- Impairment

With regard to under the influence, courts have usually held that phrase to mean that the ability to operate a vehicle has been affected or impaired. To convict a person of a basic DWI violation, it is usually necessary to show that the person's capability of safely operating the vehicle has been impaired. If DWI is a criminal offense, the facts must be established "beyond a reasonable doubt." If DWI is an infraction, the standard of proof may be less. In either case, it is the officer's responsibility to collect and thoroughly document all evidence.

Ask class: "What does under the influence mean?" Probe for a variety of responses.

Illegal Per Se Statute

It is unlawful for any person to:

- Operate or be in actual physical control
- Of any vehicle
- Within this state
- While having a BAC at or above the state's level



B. Illegal Per Se Statute: Driving with a Prohibited Blood Alcohol Concentration

Description

Most states include in their DWI law or implied consent law a provision making it illegal to drive with a prescribed blood alcohol concentration (BAC). This provision, often called an illegal per se law, creates another alcohol-related driving offense which is related to, but different from the basic DWI offense. Following is a typical illegal per se provision:

It is unlawful for any person to:

- Operate or be in actual physical control
- Of any vehicle
- Within this state
- While having a blood alcohol concentration at or above state's level.

Compare and contrast these elements with the elements of DWI.

To Convict Illegal Per Se

- Establish BAC was at or above state level while operating vehicle in state
- Not necessary to establish impairment



The illegal per se law makes it an offense in and of itself to drive while having a BAC at or above state's level. To convict a driver of an illegal per se violation, it is sufficient to establish that their BAC was at or above state's level while operating a vehicle in the state. It is not necessary to establish impairment.

“Per Se” roughly translates as “in and of itself.”

These laws vary from state to state. Know your state's law.

Illegal Per Se and DWI

Each defines a separate offense:

- **DWI – driving while under influence**
 - Chemical test is presumptive evidence
- **Illegal Per Se – operate while having more than legal percent of alcohol in blood or breath**
 - Chemical test is conclusive evidence



The illegal per se law does not replace the basic DWI law. Rather, the two work together. Each defines a separate offense:

- The basic DWI law makes it an offense to drive while under the influence of alcohol and/or any drug.
- The illegal per se law makes it an offense to drive while having more than a certain percentage of alcohol in the blood or breath.

For the basic DWI offense, the chemical test result is presumptive evidence. For the illegal per se offense, the chemical test result is conclusive evidence.

Pose the question to the class. “Since there is an illegal per se law, why is it necessary to retain the old DWI law?” Probe for responses until at least the following points have emerged:

- ***Some subjects refuse to submit to chemical testing***
- ***Some violators are under the influence of drugs other than alcohol***
- ***Some are under the influence of alcohol at BACs below state's level***

Illegal Per Se Purpose

- Aid in prosecution of DWI offenders
- Show the driver's BAC was at or above state level
- Often required to secure conviction



Illegal Per Se Purpose

The principal purpose of the illegal per se law is to aid in prosecution of DWI offenders. It is not necessary for the prosecutor to show that the driver was "under the influence." The state is not required to demonstrate that the driver's ability to drive was affected. It is sufficient for the state to show that the driver's BAC was at or above the state's level.

Although the illegal per se law does not require proof that the driver's ability to drive was affected, often in practice it is required to secure conviction. This is a good opportunity to have the class discuss what this means.

While the statute aids in prosecution, it does not really make DWI enforcement easier. An officer must still have probable cause to believe that the driver is impaired before making an arrest. The implied consent law usually requires that the driver be arrested before the request of a chemical test. The law also requires that the arrest be made for "acts alleged to have been committed while operating a vehicle while under the influence." Therefore, the officer usually must establish probable cause that the offense has been committed and make a valid arrest before the chemical test can be requested.

- ***Sufficient grounds for making the stop must be articulated.***
- ***Remind participants that allegation is more than mere suspicion: requires probable cause to believe the offense has been committed.***
- ***This may be a good opportunity for the instructors to discuss commercial vehicle and enforcement of underage drinking.***

Illegal Per Se Summary

- Continue to rely on your detection training and experience
- When making a DWI arrest assume chemical tests will not be available
- Present your observations clearly
- Thorough documentation is critical



Illegal Per Se Summary

Police officers dealing with impaired drivers must continue to rely primarily on their own training and experience in detection to determine whether an arrest should be made. Usually it is impossible to obtain a legally admissible chemical test result until after the arrest has been made. Sometimes drivers will refuse the chemical test after they have been arrested. Then the case will depend primarily upon the officer's observations and ability to articulate their testimony. When making a DWI arrest, always assume that the chemical test evidence will not be available. It is critical that you organize and present your observations and testimony in a clear and convincing manner. This will allow more impaired drivers to be convicted regardless of whether they take the chemical test(s) or the test(s) results.

Stress the importance of thorough documentation, i.e., "The DWI Investigative Field Notes" that will be explained in Session 4.

If your state does not have a preliminary breath testing law, skip this segment.

Implied Consent

Laws and Presumptions

- “Under the influence” is difficult to prove
- State statutes vary



C. Implied Consent Law and Presumptions

Description

It is not completely clear to what degree the level of impairment equates to driving while under the influence. Some courts have held that the slightest degree of impairment in the ability to drive means the driver is "under the influence." Other courts have held that there must be evidence of substantial impairment of the ability to drive before a DWI conviction is warranted. Therefore, proving that a driver was "under the influence" has been (and continues to be) difficult.

Remind participants that some state statutes vary regarding driving impairment.

To help resolve this difficulty, states have enacted implied consent laws. The principal purpose of the implied consent law is to encourage people arrested for DWI to submit to a chemical test to provide scientific evidence of alcohol influence.

Key Features of Implied Consent

- Operates or controls motor vehicle
- Upon state public highways
- Driver must consent to chemical test to determine blood alcohol and/or drug content
- When arrested for acts committed while operating under the influence of alcohol and/or any drug



The implied consent law usually includes language similar to “Any person who”:

- Operates or is in actual physical control of a motor vehicle
- Upon the public highways of this state
- Shall be deemed to have given consent to a chemical test for the purpose of determining the alcohol and/or drug content of that person’s blood
- When arrested for any acts alleged to have been committed while the person was operating or in actual physical control of a vehicle while under the influence of alcohol and/or any drug.

Alter this slide to more accurately reflect the state statute. Review the local state’s implied consent statute at this time.

The implied consent law states drivers must submit to a chemical test(s). The law provides penalties for refusal to submit to the test. The law also provides that the individual's driver's license may be suspended or revoked if the refusal is found to be unreasonable. The purpose of the implied consent law is to encourage those arrested for DWI to submit to a chemical test so that valuable evidence may be obtained.

Point out that the implied consent law requires the driver to submit to a chemical test(s). The law provides penalties for refusal to submit to the test(s).

Legal Presumptions

BAC _____ or more

- Presumed under the influence

Less than _____

- Presumed not under the influence

At least _____ but below _____

- No presumption



Legal presumptions define the significance of the scientific chemical test evidence. Usually the implied consent law provides an interpretation or presumption for the chemical test evidence like the following, for example:

If the chemical test shows that the person's blood alcohol concentration (BAC) is .08 or more it shall be presumed that the person is under the influence.

In some states – If the test shows that the BAC is _____ or less, it shall be presumed that the person is not under the influence.

If the test shows that the BAC is more than _____ but less than _____, there is no presumption as to whether the person is or is not under the influence. The weight of the chemical test evidence is presumptive of alcohol influence, not conclusive.

- ***Some states use breath alcohol concentration (BrAC).***
- ***Statutory presumption levels vary from state to state. Know your state law!***

The court may accept the legal presumption and conclude that the driver was or was not impaired on the basis of the chemical test alone. However, other evidence such as testimony about the defendant's driving, odor of alcohol, appearance, behavior, movements, speech, etc. may be sufficient to overcome the presumptive weight of the chemical test.

Example Number 1

Is it possible for a person whose BAC is above the state's per se or presumptive level to be acquitted of DWI?



It is possible for a person whose BAC at the time of arrest is above the per se or presumptive level legal limit to be acquitted of DWI. It is also possible for a person whose BAC at the time is below the per se or presumptive level to be convicted of DWI. Consider the following examples:

Example 1

A driver is arrested for DWI. A chemical test administered to the driver shows a BAC of 0.13. At the subsequent trial, the chemical test-evidence is introduced. In addition, the arresting officer testifies about the defendant's driving, appearance and behavior. The testimony is sketchy, confused and unclear.

Another witness testifies that the driver drove, behaved and spoke normally. The court finds the defendant not guilty of DWI.

Emphasize: Participants must be prepared to articulate the impairment exhibited by the defendant at the time of the stop.

Example Number 2

Is it possible for a person whose BAC was below the state's per se or presumptive level to be convicted of DWI?



Example 2

A driver is arrested for DWI. A chemical test administered to the driver shows a BAC of 0.05. At the subsequent trial, the chemical test evidence is introduced. In addition, the arresting officer testifies about the defendant's driving, odor of alcohol, appearance, slurred speech, and inability to perform divided attention field sobriety tests. The testimony is clear and descriptive. The court finds the defendant guilty of DWI.

The difference in outcomes in the two examples cited is directly attributable to how well the arresting officer articulates the evidence other than the chemical test. Remember that the chemical test provides presumptive evidence of alcohol influence; it does not provide conclusive evidence. While the "legal limit" in a given jurisdiction may be 0.08 BAC, many people will demonstrate impaired driving long before that "legal limit" is reached.

Explain that "legal limit" does not actually exist. Statutory BACs establish an illegal limit.

Key Point

Chemical test evidence is presumptive, not conclusive



Summary point: The chemical test provides presumptive evidence of alcohol influence, but does not provide conclusive evidence.

Solicit participant's questions concerning the nature and legal significance of "presumptive evidence."

Preliminary Breath Testing (PBT)



D. Preliminary Breath Testing

Description

Many states have enacted preliminary breath testing (PBT) laws. These laws permit a police officer to request a driver suspected of DWI to submit to a roadside breath test prior to arrest. PBT laws vary significantly from one state to another. A typical statute reads as follows:

“When an officer has reason to believe from the manner in which a person is operating or has operated a motor vehicle that the person has or may have committed the offense of operating while under the influence, the officer may request that person to provide a sample of breath for a preliminary test of the alcohol content of the blood using a device approved for this purpose.”

PBT Application



Application

PBT results are used to assist in determining whether an arrest should be made. The results usually are not admissible as substantive evidence against the defendant in court. However, PBT laws may provide statutory or administrative penalties if the driver refuses to submit to the test. These penalties may include license suspension, fines or other sanctions.

Outline the statutory/administrative penalties for PBT refusal in your state, if any.

Case Law Reviews

- **Landmark court decisions relevant to the admissibility of Standardized Field Sobriety Tests (SFSTs) and Horizontal Gaze Nystagmus (HGN)**
- **Challenges based on:**
 - **Scientific validity and reliability**
 - **Relationship of HGN to specific BAC level**
 - **Officer training, experience, and application**



E. Case Law Reviews

The following cases are landmark court decisions relevant to the admissibility of Standardized Field Sobriety Tests (SFSTs) and Horizontal Gaze Nystagmus (HGN). Challenges to the admissibility have been based on (1) scientific validity and reliability; (2) relationship of HGN to specific BAC level; and (3) officer training, experience, and application.

State v. Blake

- ***State versus Blake (718 P.2d 171 Arizona 1986) is the landmark case***
- **The Blake case established a very important precedent in Arizona.**



Emphasize that Blake is the landmark case.

State versus Blake (718 P.2d 171 Arizona 1986)

The State of Arizona (Petitioner) vs. The Superior Court of the State of Arizona, in and for the county of Cochise, and the Hon. James L. Riles, Division III (Respondent) and Frederick Andrew Blake (Real Party in Interest) No. 18343-PR Court of Appeals No. 2 CA-SA 0254 Cochise Co. No. 11684 April 7, 1986.

The Blake case established a very important precedent in Arizona. The trial court ruled that the HGN test was not reliable under Frye v. United States, 293 F.2d 1013 (DC Cir. 1923) and thus could not be used as part of probable cause. The case was dismissed by the trial court. This ruling was appealed by the state and the order of dismissal was reversed by the court of appeals and the case was remanded for further proceedings (7/25/85).

The appellate court decision was reviewed by the State Supreme Court. The State Supreme Court approved the court of appeal's opinion, as modified, and vacated the trial court's dismissal of the Blake prosecution for DWI and remanded the case for proceedings not inconsistent with its opinion.

Following is a summary of the facts of the case and a brief overview of the appellate court and Supreme Court opinions.

State v. Blake (Cont.)

- After the defendant was stopped for DUI, he was given field sobriety tests
- The officer also administered a Horizontal Gaze Nystagmus (HGN) test
- SCRI researchers found that they could determine whether a person was above or below a .10 blood alcohol level 80% of the time.



FACTS: After the defendant was stopped for DUI, he was given field sobriety tests on which he did fair. The officer also administered a Horizontal Gaze Nystagmus (HGN) test and estimated that defendant's blood alcohol content was .17. The intoxilyzer showed a .163 reading. At the motion to suppress, the state presented testimony from the SCRI project director which originally researched the HGN test.

SCRI researchers found that they could determine whether a person was above or below a .10 blood alcohol level 80% of the time. Finnish researchers had reached the same results. The project director testified that HGN has been accepted by various researchers, various police agencies and the National Highway Traffic Safety Administration. The police officer who helped develop and standardize HGN testified about his field experience with HGN and his work in the research on HGN. The officer testified that HGN was particularly useful in detecting drivers who had over .10 alcohol in their blood who would otherwise pass the field sobriety tests. The Arizona officer who administers HGN training testified that experienced drinkers with .13 or .14 reading could pass the other field sobriety tests and evade arrest. He testified that to be certified for HGN the officer had to perform 35 practice tests and then had to pass an exam where they must determine the blood alcohol level of subjects within .02 four out of five times.

State v. Blake (Cont.)

- The trial court ruled that the HGN test was not reliable under Frye v. United States and thus could not be used as part of probable cause. Accordingly, the court dismissed the prosecution. The STATE appealed this decision.
- Did the trial court err in excluding the HGN evidence?



The training officer also testified that the officer must continue to use the test regularly in the field and should be evaluated to make sure the officer maintains his proficiency. The arresting officer testified that he was certified as an HGN specialist. The arresting officer testified without HGN results, he did not think he had probable cause to arrest the defendant. The trial court ruled that the HGN test was not reliable under Frye v. United States and thus could not be used as part of probable cause. Accordingly, the court dismissed the prosecution. The STATE appealed this decision.



ISSUE: Did the trial court err in excluding the HGN evidence?

RULING: Yes, "We conclude that the record shows not only that the HGN is sufficiently reliable to provide probable cause for arrest, but that with the proper foundation as to the expertise of the officer administering it, testimony concerning the administration of the test and its results is admissible at trial. The record shows that the HGN test has gained general acceptance in the field in which it belongs." The court went on to say that they were unable to rule on whether the results of this particular HGN test would be admissible because the only evidence about the officer's proficiency was his testimony that he was certified. The court of appeals noted that the officer kept a log of when he administered the test and said, "This log would be useful if it demonstrated that (the arresting officer) was as proficient in the field as he was on the examination." The order of dismissal is reversed and the case is remanded for further proceedings.

Mr. Blake sought review of the court of appeals opinion and it was granted by the Arizona Supreme Court.

Session 3 – The Legal Environment

Is the HGN Test Sufficiently Reliable?



DWI Detection and Standardized Field Sobriety Testing 3-23

ISSUES: Whether the HGN test is sufficiently reliable to establish probable cause to arrest for DWI

Whether HGN test results are sufficiently reliable to be introduced in evidence at trial.

CONCLUSION: "We find that the Horizontal Gaze Nystagmus test properly administered by a trained police officer is sufficiently reliable to be a factor in establishing probable cause to arrest a driver for violating A.R.S.28-692(B). We further find that the Horizontal Gaze Nystagmus test satisfies the Frye test for reliability and may be admitted in evidence to corroborate or attack, but not to quantify, the chemical analysis of the accused's blood alcohol content. It may not be used to establish the accused's level of blood alcohol in the absence of a chemical analysis showing the proscribed level in the accused's blood, breath or urine. In subsection (A) prosecutions it is admissible, as is other evidence of defendant's behavior, to prove that he was under the influence."

We approve the court of appeals' opinion, as modified, vacate the trial court's dismissal of the Blake prosecution for violation of A.R.S.28-792(B), and remand for proceedings not inconsistent with this opinion.

People v. Loomis

- **Arresting officer attempted to testify to his opinion concerning the subject's BAC based solely on the angle of onset of HGN**
- **Court held Officer was not:**
 - **Entitled to testify as a lay or expert witness about HGN**
 - **Formally or properly trained in HGN**



A detailed analysis of the facts reviewed by the Supreme Court is contained in the opinion PEOPLE vs. LOOMIS (California, 1984) 156 Cal. App. 3d 1, 203 Cal. Rptr. 767 (Cal. Super. 1984).

The arresting officer attempted to testify to his opinion concerning the subject's BAC, in quantitative terms, based solely on the angle of onset of HGN. The subject had refused to submit to a chemical test. The court held that the officer was not entitled to testify as either a lay or expert witness about HGN, or to give his opinion about the defendant's BAC. The court held that HGN is a new form of scientific evidence that will be allowed only when there is a preliminary showing of its general acceptance in the scientific community. Moreover, it was clear from the officer's testimony that he had not been formally or properly trained in HGN, and didn't really understand how the test is to be given.

State v. Blake

- **First case decided at a State Supreme Court**
- **HGN satisfies the Frye standards for evidence to corroborate, or attack, the issue of a subject's impairment**
- **Frye standards are those set by the U.S. Supreme Court to govern the admissibility of "new" scientific evidence**



STATE vs. BLAKE (Arizona, 1986) 718 P.2d 171 (Arizona, 1986); see also State vs. Superior Court of County of Cochise, 149 Ariz 269, 718 P.2d 171, 60 ALR 4th, 1103.

This is the landmark ruling on HGN because it was the first case decided at a State Supreme Court. The Arizona Supreme Court found that HGN satisfies the Frye standards for evidence to corroborate, or attack, the issue of a subject's impairment.

The Frye standards are those set by the U.S. Supreme Court to govern the admissibility of "new" scientific evidence. In effect, the Arizona Supreme Court took judicial notice of HGN, so that it is no longer necessary, in Arizona, to introduce expert scientific testimony to secure the admissibility of HGN. However, the court did set standards governing the training of officers who would be qualified to testify about HGN, and the court explicitly ruled that HGN cannot be used to establish BAC quantitatively in the absence of a chemical test.

Landmark Court Decisions Relevant to the Admissibility of the SFSTs

Challenges to admissibility based on:

- Scientific validity and reliability
- Relationship of HGN to specific BAC level
- Officer training, experience, and application



The following cases are landmark court decisions relevant to the admissibility of the SFSTs including Horizontal Gaze Nystagmus.

- Challenges to the admissibility have been based on:
- Scientific validity and reliability. (See Blake case)
- Relationship of HGN to specific BAC level. (See Loomis case)
- Officer training, experience, and application. (See Murphy case, See Homan case, See Smith case)

State v. Murphy

Results of a HGN test could be admitted into evidence at a DWI trial to prove intoxication of the driver

- **Not used to determine specific BAC**
- **Officer did not have to qualify as an expert witness because the observations were objective in nature and the officer needed no special qualifications to be able to interpret the results**



STATE vs. MURPHY (451 N.W.2d 154 Iowa, 1990)

The court held that the results of a HGN test could be admitted into evidence at a DWI trial to prove the intoxication of the driver. (Not to be used to determine specific BAC level.) The court considered HGN to be one of the SFST's officers administer and in this case the officer was properly trained to administer the test. The court felt that the officer did not have to qualify as an expert witness because the observations were objective in nature and the officer needed no special qualifications to be able to interpret the results.

State v. Homan

SFSTs conducted in a manner that departs from the methods established by the National Highway Traffic Safety Administration (NHTSA) “are inherently unreliable”



STATE v. HOMAN (732 N.E.2d 952, OHIO 2000)

This significant State Supreme Court case held that Standardized Field Sobriety Tests (SFSTs) conducted in a manner that departs from the methods established by the National Highway Traffic Safety Administration (NHTSA) “are inherently unreliable”. The court determined that the administration of the SFSTs, including the One leg Stand and Walk and Turn tests, must be performed in strict compliance with the directives issued by NHTSA.

The court concluded that because the arresting officer admitted to not having strictly complied with established police procedure during the administration of the HGN and Walk and Turn tests, the results of the SFSTs must be excluded. In contrast with other court rulings, the *HOMAN* court found “*it is well established that in field sobriety testing even minor deviations from the standardized procedures can severely bias the results.*” This decision was based upon an older edition of this manual where an ambiguous phrase was strictly interpreted by the court. The phrase in question only applied to the use of SFSTs for training purposes.

Smith v. Wyoming

State Supreme Court:

- Held a law enforcement officer may testify to the results of field sobriety tests (including HGN) if officer has been adequately trained in the administration and assessment of those field sobriety tests, and conducted them in substantial accordance with that training
- Stated “*deficiencies in the administration of the sobriety tests go to the weight accorded the evidence and not to its admissibility*”



SMITH vs. WYOMING (11 P.3d 931 Wyoming, 2000)

The State Supreme Court held a law enforcement officer may testify to the results of field sobriety tests (including HGN) if it is shown that the officer has been adequately trained in the administration and assessment of those field sobriety tests, and conducted them in substantial accordance with that training. The court further stated “*deficiencies in the administration of the sobriety tests go to the weight accorded the evidence and not to its admissibility.*”

People v. McKown

- HGN testing satisfies the *Frye* standard in Illinois
- HGN testing is one facet of field sobriety
- The witness has been adequately trained, and conducted assessment in accordance with the training
- In conjunction with other evidence, HGN may be used as a part of the police officer’s opinion that the subject [was] under the influence and impaired”



PEOPLE v. MCKOWN, (226 Ill. 2d 245 ILLINOIS 2007).

In February 2010, the Illinois Supreme Court issued an opinion indicating that HGN satisfies the Frye standard. This decision came upon a review of a fully litigated Frye hearing on HGN at the trial court level. The Supreme Court upheld and adopted the findings of the trial court, which are as follows: “(1) HGN testing satisfies the *Frye* standard in Illinois; (2) HGN testing is but one facet of field sobriety testing and is admissible as a factor to be considered by the trier of fact on the issue of alcohol or drug impairment; (3) A proper foundation must include that the witness has been adequately trained, has conducted testing and assessment in accordance with the training, and that he administered the particular test in accordance with his training and proper procedures; (4)[Testimony regarding] HGN testing results should be limited to the conclusion that a “failed” test suggests that the subject may have consumed alcohol and *may [have] be[en]* under the influence. There should be no attempt to correlate the test results with any particular blood-alcohol level or range or level of intoxication; (5) In conjunction with other evidence, HGN may be used as a part of the police officer’s opinion that the subject [was] under the influence and impaired.” (Emphasis in original.)

People v. McKown (Cont.)

The officer can testify that based on the totality of the circumstances, including HGN, that (s)he formed the opinion that the subject was under the influence of alcohol.



While HGN is admissible at a trial for DUI, the officer will be required to testify to the proper foundation. First, (s)he will have to testify regarding training and experience. That training will have to comply with the NHTSA standards, although whether that compliance is strict or substantial is unknown at this point. Second, the officer will have to testify as to how (s)he conducted the test on that particular occasion and will have had to have conducted the test in accordance with NHTSA training and standards. Once the proper foundation is met, the officer will be able to testify as to his or her observations and that the results of the test indicated that the subject had been drinking and may be impaired. Finally, the officer can testify that based on the totality of the circumstances, including HGN, that (s)he formed the opinion that the subject was under the influence of alcohol.

State v. Wilkes

Seizure Case



State v. Wilkes, (756 N.W.2d 838 Iowa 2008)

Wilkes was not originally looked at as a SFST case but rather a seizure case. However, at the urging of the Iowa TSRP the court closely looked at the issue of SFSTs. Wilkes claimed the State lacked probable cause to invoke implied consent pursuant to Iowa Code section 321J.6. To support his argument, Wilkes argued that the officer improperly administered the walk and turn and one leg stand tests. Even if true, any irregularity with respect to the walk and turn and one leg stand tests has no legal significance. The officer smelled the strong odor of alcohol on Wilkes' breath, obtained a concession that he had been drinking, and performed the horizontal gaze nystagmus (HGN) test. Based on this information, the officer had an articulable suspicion to administer a preliminary breath test (PBT) pursuant to Iowa Code section 321J.5(1)(a). The results of the PBT constituted probable cause to invoke implied consent. Iowa Code § 321J.6(1)(d); State v. Horton, 625 N.W.2d 362, 364 (Iowa 2001).

State v. Wilkes (Cont.)



In determining grounds to arrest and/or invoke implied consent, the Court reviewed and considered the evidentiary value of all circumstances, including the defendant's statements, officer's observations of smell of alcohol, and SFST results even where two tests of the three SFSTs may not have been administered with textbook precision.

Remind students that additional case law can be obtained through your state's Traffic Safety Resource Prosecutor (TSRP). For the contact information of your TSRP go to: www.ndaa.org/apri/programs/traffic/legal_issues_resources.html

The National Traffic Law Center (NTLC) has a list of every state's Appellate Court/ Supreme Court case addressing HGN and SFST issues. The materials are available to law enforcement at www.ndaa.org/apri/NTLC or by phone (703) 549-4253.

Case Law Summary



TO SUMMARIZE:

The prevailing trend in court is to accept HGN as evidence of impairment, provided the proper scientific foundation is laid. However, most courts consistently reject any attempt to derive a quantitative estimate of BAC from HGN. Additionally, officers should recognize the relevance of administering the Standardized Field Sobriety Tests in accordance with the NHTSA/IACP guidelines and not significantly deviate from the established administrative procedures.

QUESTIONS?



Test Your Knowledge

1. The elements of the Basic DWI Law are:

- A.
- B.
- C.
- D.

2. If DWI is a criminal offense, the standard of proof is _____.



INSTRUCTIONS: Complete the following sentences.

1. The elements of the Basic DWI Law are:

- A. a person
- B. operation or actual physical control
- C. a vehicle or motor vehicle
- D. under the influence

2. If DWI is a criminal offense, the standard of proof is beyond a reasonable doubt.

Test Your Knowledge

3. The purpose of the implied consent law is _____.
4. Under the implied consent law, chemical test evidence is _____ evidence.
5. The illegal per se law makes it unlawful to _____.



3. *The purpose of the implied consent law is encourage a driver arrested for DWI to provide a chemical test for evidence.*
4. *Under the implied consent law, chemical test evidence is presumptive evidence.*
5. *The illegal per se law makes it unlawful to drive with a prescribed BAC level.*

Test Your Knowledge

6. The PBT law permits a police officer to request a driver suspected of DWI to _____.
7. PBT results are used to help determine _____.
8. The landmark Supreme Court case regarding HGN was _____.



6. *The PBT law permits a police officer to request a driver suspected of DWI to submit to a roadside breath test.*
7. *PBT results are used to assist in determining whether a driver should be arrested for DWI.*
8. *The landmark Supreme Court case regarding HGN was _____.*
 - A. *O’Leary*
 - B. *Paquette*
 - C. *Blake*
 - D. *Overton*

Session 4

Overview of Detection, Note Taking, and Testimony



Learning Objectives

- Three phases of detection
- Tasks and key decision of each phase
- Uses of a standard note taking guide
- Guidelines for effective testimony
 - Conduct a thorough pre-trial review of all evidence and prepare for testimony
 - Provide clear, accurate and descriptive direct testimony concerning drug influence evaluations



Briefly review the objectives, content and activities of this session.

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

- Describe the three phases of detection.
- Describe the tasks and key decision of each phase.
- Discuss the uses of a standard note taking guide.
- Discuss guidelines for effective testimony.

Detection is both the most important and difficult task in the DWI enforcement effort. If officers fail to detect DWI offenders, the DWI countermeasures program will ultimately fail. If officers do not detect and arrest DWI offenders, then prosecutors cannot prosecute them, the courts and driver licensing officials cannot impose sanctions on them, and treatment and rehabilitation programs will go unused.

Write on dry erase board or flip chart - "Focus: DWI Detection".

CONTENT SEGMENTS

- A. Three Phases of Detection
- B. DWI Investigation Field Notes
- C. Courtroom Testimony

LEARNING ACTIVITIES

- Instructor Led Presentation
- Reading Assignments

DWI Detection

The entire process of identifying and gathering evidence to determine if a subject should be arrested for a DWI violation.



The term DWI detection has been used in many different ways. Consequently it does not mean the same thing to all law enforcement officers. For the purposes of this training, DWI detection is defined as: The entire process of identifying and gathering evidence to determine if a subject should be arrested for a DWI violation.

Point out that other definitions sometimes are given for "DWI Detection", but that this particular definition will be used for this course.

Detection begins when the officer develops the first suspicion of a DWI violation.

Point out that the initial suspicion may be very slight in some cases, and may be very strong in others.

Detection ends when the officer decides whether or not there is sufficient probable cause to arrest the driver for DWI. Your attention may be called to a particular vehicle or individual for a variety of reasons. The precipitating event may be a loud noise, an obvious equipment or moving violation, behavior that is unusual, but not necessarily illegal, or almost anything else. Initial detection may carry with it an immediate suspicion that the driver is impaired; or a slight suspicion; or even no suspicion at all. In any case, it sets in motion a process wherein you focus on a particular vehicle or individual and have the opportunity to observe that vehicle or individual and to gather additional evidence.

The detection process ends when you decide either to arrest or not to arrest the individual for DWI. That decision is based on all of the evidence that has come to light since your attention was first drawn to the vehicle or individual. Effective DWI enforcers do not leap to the arrest/no arrest decision. Rather, they proceed carefully through a series of intermediate steps, each of which helps to identify the collective evidence.

DWI Detection Phases

- Phase One – Vehicle in Motion
- Phase Two – Personal Contact
- Phase Three – Pre-Arrest Screening



A. Three Phases of Detection

The typical DWI contact involves three separate and distinct phases:

- Phase One: Vehicle in motion
- Phase Two: Personal contact
- Phase Three: Pre-arrest screening

In Phase One, you usually observe the driver operating the vehicle.

In Phase Two, after you have stopped the vehicle, there usually is an opportunity to observe and speak with the driver face to face.

In Phase Three, you usually have an opportunity to administer Standardized Field Sobriety Tests to the driver to determine impairment.

In addition to SFSTs, some jurisdictions may allow you to administer other field sobriety tests, and/or a preliminary breath test (PBT) to verify that alcohol is the cause of the impairment. PBTs can be used to assist in making an arrest decision and should rarely be the only factor in deciding to arrest. PBTs should be used after administering SFSTs.

Emphasize the point that PBTs should be used after administering SFSTs.

DWI Detection Phases (Cont.)

- Phase One – Vehicle in Motion
- Phase Two – Personal Contact
- Phase Three – Pre-Arrest Screening



The DWI detection process does not always include all three phases. Sometimes there are DWI detection contacts in which Phase One is absent. These are cases in which you have no opportunity to observe the vehicle in motion. This may occur at the crash scene, at a roadblock or checkpoint, or when you have responded to a request for motorist assistance. Sometimes there are DWI contacts in which Phase Three is absent. There are cases in which you would not administer formal tests to the driver. This may occur when the driver is grossly impaired, badly injured, or refuses to submit to tests.

Emphasize the importance of being able to articulate why the driver did not or could not perform the tests.

Decisions and Possible Outcomes

Decisions

- Phase One - Stop?
- Phase Two - Exit?
- Phase Three - Arrest?

Possible Outcomes

- Yes - Do it now
- Wait - Look for more evidence
- No - Don't do it



In each of the three phases, there will be decisions and possible outcomes.

Decisions

- **Phase One: Vehicle in Motion - Should I stop the vehicle?**
- **Phase Two - Personal Contact - Should the driver exit?**
- **Phase Three - Pre-arrest Screening - Is there probable cause to arrest the suspect for DWI?**



Major Tasks and Decisions

Each detection phase usually involves two major tasks and one major decision.

In Phase One: Your first task is to observe the vehicle in operation. Based on this observation, you must decide whether there is sufficient cause to command the driver to stop. Your second task is to observe the stopping sequence. You may want to take a picture of the vehicle or scene, especially if the vehicle was involved in a crash.

Point out that merely stopping the subject doesn't necessarily mean that the officer is committed to arresting the subject for DWI. Emphasize the importance of collecting evidence and the use of mobile video and visual aids in accordance with departmental policy.

Decisions (Cont.)

- **Phase One: Vehicle in Motion - Should I stop the vehicle?**
- **Phase Two - Personal Contact - Should the driver exit?**
- **Phase Three - Pre-arrest Screening - Is there probable cause to arrest the suspect for DWI?**



In Phase Two: Your first task is to observe and interview the driver face to face. Based on this observation, you must decide whether there is sufficient cause to instruct the driver to step from the vehicle for further investigation. Your second task is to observe the driver's exit and walk from the vehicle. You may want to take a photo of the defendant.

Point out that, by instructing the driver to exit the vehicle, the officer still is not committed to making the DWI arrest. However, the officer suspects there is a possibility the driver is under the influence.

In Phase Three: Your first task is to administer structured, formal psychophysical tests. Based on these tests, you must decide whether there is sufficient probable cause to arrest the driver for DWI. Your second task is then to arrange for (or administer) a Preliminary Breath Test.

Emphasize that this decision is based on the accumulation of evidence from all three phases, and represents the culmination of the detection process.

Possible Outcomes

Yes - Do It Now

- **Phase One: Yes, there are reasonable grounds to stop the vehicle**
- **Phase Two: Yes, there is enough reason to suspect impairment to justify getting the driver out of the vehicle for further investigation**
- **Phase Three: Yes, there is probable cause to arrest driver for DWI right now**



Each of the major decisions can have any one of three different outcomes:

- Yes - Do it Now
- Wait - Look for Additional Evidence
- No - Don't Do It

Consider the following examples.

Yes - Do It Now

Phase One: Yes, there are reasonable grounds to stop the vehicle.

Phase Two: Yes, there is enough reason to suspect impairment to justify getting the driver out of the vehicle for further investigation.

Phase Three: Yes, there is probable cause to arrest the driver for DWI right now.

Instructor provide an example and walk through each decision.

Possible Outcomes

Wait - Look for Additional Evidence

- **Phase One: Don't stop the vehicle yet; keep following and observing it longer**
- **Phase Two: Don't get the driver out of the car yet; keep talking to and observing the driver longer**
- **Phase Three: Don't arrest the driver yet; administer another field sobriety test before deciding**



Wait - Look for Additional Evidence

Phase One: Don't stop the vehicle yet; keep following and observing it a bit longer.

Phase Two: Don't get the driver out of the car yet; keep talking to and observing the driver a bit longer. (This option may be limited if the officer's personal safety is at risk.)

Phase Three: Don't arrest the driver yet; administer another field sobriety test before deciding.

Possible Outcomes

No - Don't do it

- **Phase One: No, there are no grounds for stopping that vehicle**
- **Phase Two: No, there isn't enough evidence of DWI to justify administering field sobriety tests**
- **Phase Three: No, there is not sufficient probable cause to believe this driver has committed DWI**



Don't Do It:

Phase One: No, there are no grounds for stopping that vehicle.

Phase Two: No, there isn't enough evidence of DWI to justify administering field sobriety tests.

Phase Three: No, there is not sufficient probable cause to believe this driver has committed DWI.

The Arrest Decision is Based on All Evidence Accumulated During All Three Detection Phases

Initial Observation of Vehicle Operation

Observation of the Stop

Face to Face Observation and Interview

Observation of the Exit



Psychophysical Tests

Preliminary Breath Tests



Officer Responsibility

In each phase of detection, you must determine whether there is sufficient evidence to establish the "reasonable suspicion" necessary to proceed to the next step in the detection process. It is always your duty to carry out whatever tasks are appropriate, to make sure that ALL relevant evidence of DWI is gathered.

DWI Detection – Phase One

- What is the vehicle doing?
- Do I have grounds to stop the vehicle?
- How does the driver respond to my signal to stop?
- How does the driver handle the vehicle during the stopping sequence?



DWI Detection – Phase One

Answers to questions like these can aid you in DWI detection.

Phase One:

- What is the vehicle doing?
- Do I have grounds to stop the vehicle?
- How does the driver respond to my signal to stop?
- How does the driver handle the vehicle during the stopping sequence?

Instructor select a participant to describe a phase one from their experience, or instructor share an example.

DWI Detection – Phase Two

- **Vehicle approach: What do I see?**
- **Talking with driver: What do I hear, see and smell?**
- **How does the driver respond to questions?**
- **Should I instruct the driver to exit vehicle?**
- **How does the driver exit?**
- **When the driver walks toward the side of the road, what do I see?**



Phase Two:

- When I approach the vehicle, what do I see?
- When I talk with the driver, what do I hear, see and smell?
- How does the driver respond to my questions?
- Should I instruct the driver to exit the vehicle?
- How does the driver exit?
- When the driver walks toward the side of the road, what do I see?

Instructor select a participant to describe a phase two from their experience, or instructor share an example.

DWI Detection – Phase Three

- **Should I administer field sobriety tests to the driver?**
- **How does the driver perform those tests?**
- **What exactly did the driver do wrong when performing the tests?**
- **Do I have probable cause to arrest for DWI?**
- **Should I administer a preliminary breath test?**
- **What are the results of the preliminary breath test?**



Phase Three:

- Should I administer field sobriety tests to the driver?
- How does the driver perform those tests?
- What exactly did the driver do wrong when performing the tests?
- Do I have probable cause to arrest for DWI?
- Should I administer a preliminary breath test?
- What are the results of the preliminary breath test?

Successful DWI Detection

- Know what to look and listen for
- Ask the right kinds of questions
- Choose and use the right kinds of tests
- Make, interpret, and document all observations thoroughly
- Be motivated and apply your knowledge and skill whenever you encounter someone who may be under the influence



The most successful DWI detectors are those officers who:

- Know what to look and listen for
- Ask the right kinds of questions
- Choose and use the right kinds of tests
- Make, interpret, and document all observations thoroughly
- Are motivated and apply their knowledge and skill whenever they encounter someone who may be under the influence

Solicit participants' questions concerning the overview of detection phases.

Note Taking and Testimony

- Graphically describe your observations
- Convey evidence clearly and convincingly
- Field notes are only as good as the information they contain



Note Taking and Testimony

A basic skill needed for DWI enforcement is the ability to graphically describe your observations. Just as detection is the process of collecting evidence, description largely is the process of conveying or articulating evidence.

Successful description demands the ability to convey evidence clearly and convincingly. Your challenge is to communicate evidence to people who weren't there to see, hear and smell the evidence themselves. Your tools are the words that make up your written report and verbal testimony. You must communicate with the supervisor, the prosecutor, the judge, the jury and even with the defense attorney. You are trying to "paint a word picture" for those people, to develop a sharp mental image that allows them to "see" what you saw; "hear" what you heard; and "smell" what you smelled.

Officers with the knowledge, skills and motivation to select the most appropriate words for both written reports and courtroom testimony will communicate clearly and convincingly, making them more successful in DWI prosecution.

Use Clear Convincing Language

What is Vague Versus Clear?



Use Clear and Convincing Language

Field notes are only as good as the information they contain. Reports must be clearly written and events accurately described if the reports are to have evidentiary value. One persistent problem with DWI incident reports is the use of vague language to describe conditions, events and statements. When vague language is used, reports provide an inaccurate picture of what happened. Clear and complete field notes help in preparation for your testimony.

Encourage class interaction to further describe in more detail the “Clear Language” examples in the next two slides. Solicit participants’ questions concerning the overview of detection phases.

Vague

- **Made an illegal left turn on Jefferson**
- **Drove erratically**
- **Driver appeared drunk, shaking**

Clear

- **From Main, turned left (north bound) on Jefferson, which is one way south bound**
- **Weaving from side to side. Crossed center line twice and drove on shoulder three times**
- **Driver's eyes bloodshot; gaze fixed; Strong odor of alcoholic beverage on driver's breath**



Consider the following examples. Vague Language and Clear Language

- Made an illegal left turn on Jefferson
- From Main, turned left (north bound) on Jefferson, which is one way south bound

- Drove erratically
- Weaving from side to side. Crossed center line twice and drove on shoulder three times

- Driver appeared drunk, shaking
- Driver's eyes bloodshot; gaze fixed; Strong odor of alcoholic beverage on driver's breath

Vague

- **Vehicle stopped in unusual fashion**
- **Vehicle crossed the center line**

Clear

- **Vehicle struck, climbed curb; stopped on sidewalk**
- **Vehicle drifted completely into the opposing traffic lane**



Consider the following examples. Vague Language and Clear Language

- Vehicle stopped in unusual fashion
- Vehicle struck, climbed curb; stopped on sidewalk

- Vehicle crossed the center line
- Vehicle drifted completely into the opposing traffic lane

Officer Must Be Able To

- Recognize and interpret DWI evidence
- Describe the evidence clearly and convincingly



B. DWI Investigation Field Notes

One of the most critical tasks in the DWI enforcement process is the recognition and retention of facts and clues that establish reasonable suspicion to stop, investigate and subsequently arrest persons suspected of DWI. The evidence gathered during the detection process must establish the elements of the violation, and must be completely documented to support successful prosecution of the defendant. This evidence is largely sensory (sight, smell, hearing) in nature, and therefore is extremely short lived.

You must be able to recognize and act on the facts and circumstances with which you are confronted. But you also must completely document your observations and describe them clearly and convincingly to secure a conviction. You may be inundated with evidence of DWI, i.e., sights, sounds, smells. You recognize this evidence, sometimes subconsciously, and on this evidence base your decisions to stop, to investigate and ultimately to arrest.



Point out how the practice opportunities will be provided (e.g., video segments, classroom demonstrations, etc.).

Since evidence of a DWI violation is short lived, you need a system and tools for recording field notes at scenes of DWI investigations.

Session 4 - Overview of Detection, Note Taking, and Testimony

Observations - Short-Lived Evidence

DWI Investigation Field Note Form



DWI Detection and Standardized Field Sobriety Testing 4-22

Write on dry erase board or flip chart: “observations - short lived evidence.”

One way to improve the effectiveness of your handwritten field notes is to use a structured note taking guide. The guide makes it easy to record brief "notes" on each step of the detection process and ensures that vital evidence is documented.

The field notes provide the information necessary to complete required DWI report forms and assist you in preparing a written account of the incident. The field notes will also be useful if you are required to provide oral testimony, since they can be used to refresh your memory.

A model note taking guide is provided for your use. A brief description follows. Details are provided in subsequent units.

Note Taking Guide

Distribute DWI Investigation Field Note form to participants.

Advise participants that each section of the note taking guide will be broken down and thoroughly explain in subsequent sessions.

Remember that you must document those actions which gave you reasonable suspicion or probable cause to justify further investigation of a suspected DWI incident.

Session 4 - Overview of Detection, Note Taking, and Testimony



DWI Investigation Field Notes

I Name _____ Sex _____ Race _____
 Address _____ City/State _____ Op. Lic. No. _____
 D.O.B. ___/___/___ Soc. Sec. # _____
 Vehicle Make _____ Year _____ Lic. _____ State _____
 Disposition _____ No. Passengers _____
 Incident Location _____
 Date ___/___/___ Time _____ Crash Yes No

II Vehicle in Motion

Initial Observations _____

Observation of Stop _____

DWI Detection and Standardized Field Sobriety Testing 4-23

- Section I provides space to record basic information describing the subject, the vehicle, the location, and the date and time the incident occurred.

Briefly indicate the types of notes that should be taken in each section of the standard note taking guide.

- Section II provides space to record brief descriptions of the vehicle in motion (Detection Phase One), including initial observation of the vehicle in operation, and observation of the stopping sequence.

Point out that the specific contents of the guide will be clarified as the training progresses through the three phases of detection.

DWI Investigation Field Notes (Cont.)

III Personal Contact

Observation of Driver _____

Statements _____

Pre-Exit Sobriety Tests _____

Observation of the Exit _____

Odors _____

GENERAL OBSERVATIONS

Speech _____

Attitude _____

Clothing _____

Other _____



- Section III provides space to record brief descriptions of the personal contact with the subject (Detection Phase Two), including observations of the driver.

General Observations provides space to record the subject's manner of speech, attitude, clothing, etc. Any physical evidence collected should also be noted in this section.

Point out that the participants will use copies of the standard guide to practice taking notes on DWI detection evidence.

DWI Investigation (Cont.) Field Notes

IV Pre-Arrest Screening

- Equal Tracking Yes No
- Equal Pupils Yes No
- Resting Nyst. Yes No

Horizontal Gaze Nystagmus

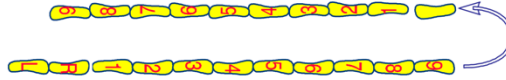
- Lack of smooth pursuit
- Dist. & sust. nystagmus at maximum deviation
- Nystagmus onset prior to 45 degrees
- Vertical Gaze Nystagmus Y or N (circle one)
- Other _____

Left	Right
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Walk-and-Turn

Instructions Stage

- Cannot keep balance
- Starts too soon



Walking Stage

- Stops walking
- Misses heel-toe
- Steps off line
- Raises arms
- Actual steps taken

First Nine Steps

Second Nine Steps

Improper Turn _____

(Describe)

Cannot Do Test _____

(Explain)

Other: _____



Point out that Field Note Guide is to be used to record all observations of suspect's actions. The validated clues of the SFSTs will be discussed in depth in Session 8.


Session 4 - Overview of Detection, Note Taking, and Testimony

DWI Investigation Field Notes (Cont.)

One Leg Stand

L	R	Sways while balancing
<input type="checkbox"/>	<input type="checkbox"/>	Uses arms to balance
<input type="checkbox"/>	<input type="checkbox"/>	Hopping
<input type="checkbox"/>	<input type="checkbox"/>	Puts foot down

Other _____



Type of Footwear _____

Other Field Sobriety Tests

Name of Test _____


Describe Performance _____

Name of Test _____


Describe Performance _____

Name of Test _____

Describe Performance _____



PBT (1) (optional) Time:___ Results:___



PBT (2) (optional) Time:___ Results:___

DWI Detection and Standardized Field Sobriety Testing 4-26

Section IV provides space to record the results of all field sobriety tests that were administered, and the results of the preliminary breath test (PBT) if such a test was given.

Section V provides space to record the officer's general observations, such as the subject's manner of speech, attitude, clothing, etc. Any physical evidence collected should also be noted in this section.

Since this is a note taking guide and space is limited, you will have to develop your own "shorthand" system. Your notes should be detailed and descriptive of the facts, circumstances or events being described. These notes may be used to refresh your memory and to write the narrative report documenting your observations to testify in court.

Encourage officers not to rely strictly on video to document these observations. Notes should be taken as soon as possible after the arrest.

NOTE: Field notes may be subpoenaed as evidence in court. It is important that any "shorthand" system you use be describable, usable, complete and consistent.

Solicit participant's questions concerning note taking procedures.

Preparing Testimony

At time of incident:

- Recognize significant evidence
- Compile complete, accurate notes
- Prepare complete, accurate, detailed report



C. Courtroom Testimony

Testimonial evidence in DWI cases establishes that the defendant was in fact the driver and was under the influence. Your testimony should be clear, detailed, and concise. Requirements: Preparation at the scene and prior to trial.

To be effective, testimonial evidence must be clear and convincing. The first requirement for effective testimony is preparation. Testimony preparation begins at the time of the DWI incident. From the very beginning of the DWI contact, it is your responsibility to:

- Recognize significant evidence
- Compile complete, accurate field notes
- Prepare a complete, accurate, detailed report

Preparing Testimony (Cont.)

Prior to trial:

- Review all paperwork
- Review all other evidence
- Mentally organize elements and evidence
- Mentally organize testimony
- Identify potential issues
- Discuss with prosecutor



Testimony preparation continues prior to trial. Just before the trial, you should:

- Review field notes, incident report, narrative and other paperwork
- Review other evidence, i.e., video, photographs, etc.
- Mentally organize elements of offense, and the evidence available to prove each element
- Mentally organize testimony to convey observations clearly and convincingly
- Identify weak spots and/or potential issues with the case and decide how to address those issues
- Discuss the case with the prosecutor

Point out that a pretrial conference is recommended. However, the decision whether or not to conduct one is controlled by the prosecutor. The "conference" may occur 5 minutes prior to the trial.

The foundation for preparation and successful testimony is the relationship between the law enforcement officer(s) involved with the arrest and the prosecuting attorney(s) associated with the case. Effective communication and a clear understanding of each groups' objectives and expectations is essential for successful prosecution.

Chronology of Testimony

- **Phase One: Vehicle in Motion**
 - Initial observations of vehicle
 - Observations during stopping sequence
- **Phase Two: Personal Contact**
 - Face to face observations
 - Statements
- **Phase Three Pre-arrest screening**
 - SFST's
 - PBT



Chronology of Testimony

In court, your testimony should be organized chronologically and should cover each phase of the DWI incident:

Point out that, in many instances, the prosecutor will control the sequence of testimony. However, the officer should organize testimony in a logical time sequence, i.e., to present facts and observations in the order in which they occurred.

Phase One: Vehicle in Motion – initial observation of vehicle, the driver or both including what first attracted your attention to the vehicle/driver and details about the driving before you initiated the traffic stop

Reinforcing cues, maneuvers or actions, observed after signaling the driver to stop, but before driver's vehicle came to a complete stop.

A “cue” is defined as a reminder or prompting as a signal to do something.

Phase Two: Personal Contact – face to face observations including personal appearance, statements and other evidence obtained during your initial contact with driver.

A “clue” is defined as something that leads to the solution of a problem.

Phase Three: Pre-arrest Screening – sobriety tests administered to the driver and the results of any preliminary breath tests.

Chronology of Testimony (Cont.)

Arrest and post arrest observations:

- Arrest procedures and admonitions
- Defendant's actions and statements
- Post arrest observations
- Request for chemical test(s)
- Administration and results of chemical test(s)
- Interview



Arrest and Post Arrest Observations

- The arrest itself; including procedures used to inform driver of arrest, admonish subject of rights, and so on
- Defendant's actions, statements, and/or admissions subsequent to the arrest
- Observation of defendant subsequent to the arrest; including not just what the defendant said but actions and reactions
- The request for the chemical test; including the procedures used, admonition of rights and requirements, and so on
- The conduct, actions, reactions, and results of the chemical test, if you were also the testing officer
- The interview of the defendant, including any new observations, statements and/or admissions.

Emphasize the importance of documentation in preparation for court testimony.

Discuss your state's administrative license suspension hearing procedure.

Point out that participants will have the opportunity to practice giving testimony, as the training progresses through the three detection phases.

Solicit participant's questions concerning testimonial requirements.

QUESTIONS?



Test Your Knowledge

DWI detection is defined as _____

The three phases in a typical DWI contact are:

Phase One _____

Phase Two _____

Phase Three _____

In Phase One, the officer usually has an opportunity to _____



TEST YOUR KNOWLEDGE

INSTRUCTIONS: Complete the following sentences.

1. **DWI detection is defined as the entire process of identifying and gathering evidence to determine whether or not a suspect should be arrested for a DWI violation**

2. **The three phases in a typical DWI contact are:**

Phase One	<u>Vehicle in Motion</u>
Phase Two	<u>Personal Contact</u>
Phase Three	<u>Pre-arrest Screening</u>

3. **In Phase One, the officer usually has an opportunity to observe the driver operating the vehicle**

Test Your Knowledge (Cont.)

Phase Three may not occur if _____
In Phase Two, the officer must decide

Each major decision can have any one of
_____ different outcomes.

These are _____.



4. Phase Three may not occur if the driver is badly injured, grossly impaired, or refuses to submit to the tests

5. In Phase Two, the officer must decide whether the driver should be asked to exit the vehicle

6. Each major decision can have any one of 3 different outcomes. These are: yes - do it now; wait - look for additional evidence; no - don't do it

Test Your Knowledge (Cont.)

At each phase of detection, the officer must determine _____

Evidence of DWI is largely _____ in nature

Law enforcement officers need a system and tools for recording field notes at scenes of DWI investigations because DWI evidence is _____.



7. At each phase of detection, the officer must determine whether there is sufficient evidence to establish "reasonable suspicion" necessary to proceed to the next step in the detection process

8. Evidence of DWI is largely sensory in nature.

9. Law enforcement officers need a system and tools for recording field notes at scenes of DWI investigations because DWI evidence is short lived.

Test Your Knowledge (Cont.)

Testimony preparations begins _____
List two things the officer should do to prepare testimony just before the trial.

- A. _____
B. _____



10. Testimony preparations begins at the time of the DWI incident

11. List two of the following the officer should do to prepare testimony just before the trial.

- a. Review field notes
- b. Mentally organize elements of the offense
- c. Mentally organize testimony
- d. Identify weak spots on potential issues of the case
- e. Discuss the case with the prosecutor

Test Your Knowledge (Cont.)

In court, the officer's testimony should be organized _____.

Conditions and results of the chemical test are included in the arresting officer's testimony if _____.



12. In court, the officer's testimony should be organized chronologically and should cover each phase of the DWI incident

13. Conditions and results of the chemical test are included in the arresting officer's testimony if you are the testing officer

Session 5

Phase One: Vehicle in Motion



Learning Objectives

- **Identify typical cues of Detection Phase One**
- **Describe the observed cues clearly and convincingly**



At the conclusion of this session, participants will be able to:

- Identify typical cues of Detection Phase One
- Describe the observed cues clearly and convincingly

CONTENT SEGMENTS

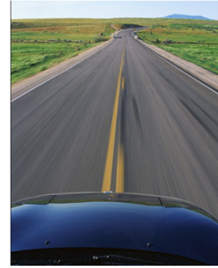
- A. Overview: Tasks and Decision
- B. Initial Observations: Visual Cues of Impaired Operation (Automobiles)
- C. Initial Observations: Visual Cues of Impaired Operation (Motorcycles)
- D. Recognition and Description of Initial Cues
- E. Typical Reinforcing Cues of the Stopping Sequence
- F. Recognition and Description of Initial and Reinforcing Cues

LEARNING ACTIVITIES

- Instructor Led Presentations
- Video Presentation
- Video Presentation
- Instructor Led Demonstrations
- Participant Presentations

Phase One: Vehicle in Motion

Initial Observation
of the Vehicle
in Operation



A. Overview: Tasks and Decision

Your first task in Phase One: Vehicle in Motion is to observe the vehicle in operation to note any initial cues of a possible DWI violation. At this point you must decide whether there is reasonable suspicion to stop the vehicle, either to conduct further investigation to determine if the driver may be impaired, or for another traffic violation. You are not committed to arresting the driver for DWI based on this initial observation, but rather should concentrate on gathering all relevant evidence that may suggest impairment. Your second task during phase one is to observe the manner in which the driver responds to your signal to stop, and to note any additional evidence of a DWI violation.

Point out block No. 1 on the slide. Pose this question: "What are some of the kinds of things that might first draw your attention to a vehicle?"

The first task, observing the vehicle in motion, begins when you first notice the vehicle, driver or both. Your attention may be drawn to the vehicle by such things as:

- A moving traffic violation
- An equipment violation
- An expired registration or inspection sticker
- Unusual driving actions, such as weaving within a lane or moving at a slower than normal speed
- Evidence of drinking or drugs in vehicle

If this initial observation discloses vehicle maneuvers or human behaviors that may be associated with impairment, you may develop an initial suspicion of DWI.

Session 5 – Phase One: Vehicle in Motion

Phase One: Vehicle in Motion

Initial Observation
of the Vehicle
in Operation

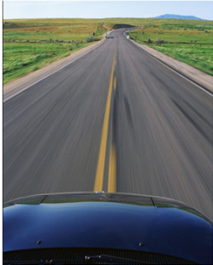
↓



Should I Stop
the Vehicle?

?

↓

Observation of
the Stop



DWI Detection and Standardized Field Sobriety Testing

5-4

Based upon this initial observation of the vehicle in motion, you must decide whether there is reasonable suspicion to stop the vehicle. At this point you have three choices:

- Stop the vehicle.
- Continue to observe the vehicle.
- Disregard the vehicle.

Point out the decision on the slide. Ask class to suggest circumstances under which it would be appropriate to delay the stop decision to continue to observe the vehicle.

Emphasize that the officer may not have an explicit reason to suspect impairment at this time.

Alternatives to stopping the vehicle include:

- Delaying the stop/no stop decision, in order to continue observing the vehicle
- Disregarding the vehicle

Whenever there is a valid reason to stop a vehicle, the officer should be alert to the possibility that the driver may be impaired by alcohol and/or other drugs.

Once the stop command has been communicated to the suspect driver, the officer must closely observe the driver's actions and vehicle maneuvers during the stopping sequence.

Phase One: Vehicle in Motion (Cont.)

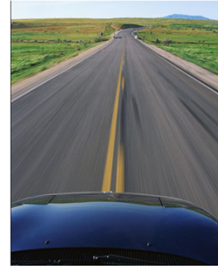
Initial Observation
of the Vehicle
in Operation



Should I Stop
the Vehicle?



Observation of
the Stop



Point out block No. 2 on the slide.





Sometimes, significant evidence of alcohol influence comes to light during the stopping sequence. In some cases, the stopping sequence might produce the first suspicion of DWI. Drivers impaired by alcohol and/or other drugs may respond in unexpected and dangerous ways to the stop command.



Emphasize officer's need to be alert for own safety.

Session 5 – Phase One: Vehicle in Motion

Common Symptoms of Alcohol Influence

Blood Alcohol Concentration

0.03	0.05	0.08	0.10
			
Slowed Reaction	Impaired Judgment	Impaired Vision	Poor Coordination

DWI Detection and Standardized Field Sobriety Testing 5-6

B. Initial Observations: Visual Cues of Impaired Vehicle Operation (Automobiles)

The following video segments were produced to show a variety of traffic stop situations being performed by different law enforcement agencies. The goal of this video is to depict the cues associated with impaired driving. Participants should be guided by their own agency's policy regarding traffic stops, officer safety tactics, and professional conduct.

Drivers who are impaired frequently exhibit certain effects or symptoms of impairment. These include:

- Slowed reactions.
- Impaired judgment as evidenced by a willingness to take risks.
- Impaired vision.
- Poor coordination.

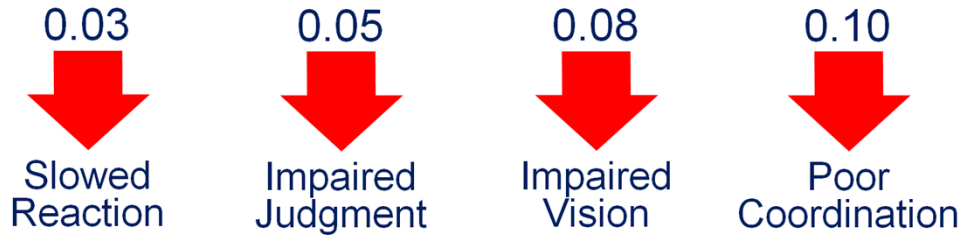
Use the following types of questions to involve the participants in a discussion of driving violations/characteristics associated with alcohol influence (all vehicles):

- ***What violations may result from slowed reactions?***
- ***What violations might result from impaired judgment?***
- ***What violations might result from impaired vision?***
- ***What violations might result from poor coordination?***

The next page presents common symptoms of alcohol influence.

Common Symptoms of Alcohol Influence (Cont.)

Blood Alcohol Concentration






This unit focuses on alcohol impairment because research currently provides more information about the effects of alcohol on driving than it does about the effects of other drugs on driving. Remember that whether the driver is impaired, the law enforcement detection process is the same, and the offense is still DWI.

The Drug Evaluation Classification Program (DECP) and the Advanced Roadside Impaired Driving Enforcement (ARIDE) course have increased awareness of the DWI drug problem.

Session 5 – Phase One: Vehicle in Motion

Visual Detection of Driving While Intoxicated

DWI Detection and Standardized Field Sobriety Testing

5-8

The common effects of alcohol on the driver's mental and physical faculties lead to predictable driving violations and vehicle operating characteristics. The National Highway Traffic Safety Administration (NHTSA) sponsored research to identify the most common and reliable initial indicators of DWI. This research identified 24 cues, each with an associated high probability that the driver exhibiting the cue is impaired. These cues and their associated probabilities are described in the NHTSA publication, The Visual Detection of DWI Motorists.

They also are discussed in Visual Detection of Driving While Intoxicated, a video sponsored by NHTSA to assist law enforcement officers to recognize DWI detection cues.

(ANACAPA Sciences, DOT HS 808 654, 1997.)

The National Highway Traffic Safety Administration sponsored research to identify the most common and reliable initial indicators of DWI.

Research identified 100 cues, each providing a high probability indication that the driver is under the influence.

The cues presented in these categories predict a driver is DWI at least 35 % of the time.

The list was reduced to 24 cues during three field studies involving hundreds of officers and more than 12,000 enforcement stops.

Show Video first. Use slide for review. Allow 12 minutes.

Most Common and Reliable Initial Indicators of DWI

- **Problems in maintaining proper lane position**
- **Speed and braking problems**
- **Vigilance problems**
- **Judgment problems**



The driving behaviors are presented in four categories:

- Problems in maintaining proper lane position
- Speed and braking problems
- Vigilance problems
- Judgment problems

Problems Maintaining Proper Lane Position

- Weaving
- Weaving across lane line
- Drifting
- Straddling a lane line
- Swerving
- Almost striking object or vehicle
- Turning with a wide radius



Usually, the probability of DWI increases substantially when a driver exhibits more than one of the cues.

There is a brochure published by NHTSA that contains these cues. The title is “The Visual Detection of DWI Motorists” DOT HS 808 677.

The first category is:

Problems in maintaining proper lane position. [p=.50-.75]

- Weaving.
- Weaving across lane lines.
- Drifting.
- Straddling a lane line.
- Swerving.
- Almost striking object or vehicle.
- Turning with a wide radius.

Speed and Braking Problems

- **Stopping problems**
- **Unnecessary acceleration or deceleration**
- **Varying speed**
- **10 mph or more under the speed limit**



Speed and braking problems. [p=.45-.70].

- Stopping problems (too far, too short, or too jerky).
- Unnecessary acceleration or deceleration
- Varying speed
- 10 mph or more under the speed limit

Stopping problems include:

- ***Stopping too far from a curb or at an inappropriate angle***
- ***Stopping too short or beyond a limit line***
- ***Jerky or abrupt stops***
- ***Unnecessary acceleration or deceleration***
- ***Varying speed***
- ***10 mph or more under the speed limit***

Vigilance Problems

- **Driving without headlights at night**
- **Failure to signal or signal inconsistent with action**
- **Driving in opposing lanes or wrong way on one way**
- **Slow response to traffic signals**
- **Slow or failure to respond to officer's signals**
- **Stopping in lane for no apparent reason**



The third problem is vigilance problems. [P=.55-.65]. This category includes, but is not limited to:

- Driving without headlights at night
- Failure to signal or signal inconsistent with action
- Driving in opposing lanes or wrong way on one way
- Slow response to traffic signals
- Slow or failure to respond to officer's signals
- Stopping in lane for no apparent reason

Judgment Problems

- **Following too closely**
- **Improper or unsafe lane change**
- **Illegal or improper turn**
- **Driving on other than designated roadway**
- **Stopping inappropriately in response to officer**
- **Inappropriate or unusual behavior**
- **Appearing to be impaired**



Judgment problems. [P=.35-.90].

- Following too closely (tailgating)
- Improper or unsafe lane change
- Illegal or improper turn
- Driving on other than designated roadway
- Stopping inappropriately in response to officer
- Inappropriate or unusual behavior (throwing objects, arguing, etc.)
- Appearing to be impaired

Post Stop Clues

- **Difficulty with motor vehicle controls**
- **Fumbling with driver license or registration**
- **Difficulty exiting the vehicle**
- **Repeating questions or comments**
- **Swaying, unsteady, or balance problems**
- **Leaning on the vehicle or other object**
- **Slurred speech**
- **Slow to respond to officer/officer must repeat**
- **Provides incorrect information, changes answers**
- **Odor of alcoholic beverage from the driver**



The research also identified 10 post stop cues. [$P \geq .85$].

- Difficulty with motor vehicle controls
- Fumbling with driver license or registration
- Difficulty exiting the vehicle
- Repeating questions or comments
- Swaying, unsteady, or balance problems
- Leaning on the vehicle or other object
- Slurred speech
- Slow to respond to officer/officer must repeat
- Provides incorrect information, changes answers
- Odor of alcoholic beverage from the driver

Explanation and illustration of the 24 detection cues.

Visual Cues of Motorcycle Impaired Drivers



C. Initial Observations: Visual Cues of Impaired Vehicle Operation (Motorcycles)

Show video. Allow 13 minutes.

Motorcycle DUI Detection Guide Excellent Cues (50% or Greater Probability)

- Drifting during turn or curve
- Trouble with dismount
- Trouble with balance at a stop
- Turning problems
- Inattentive to surroundings
- Inappropriate or unusual behavior
- Weaving



Research has identified driving impairment cues for motorcyclists.
(ANACAPA Sciences, DOT HS 807 839, 1993.)

Excellent cues (50% or greater probability).

- Drifting during turn or curve
- Trouble with dismount
- Trouble with balance at a stop
- Turning problems (e.g., unsteady, sudden corrections, late braking, improper lean angle)
- Inattentive to surroundings
- Inappropriate or unusual behavior (e.g., carrying or dropping object, urinating at roadside, disorderly conduct, etc.)
- Weaving

Motorcycle DUI Detection Guide

Good cues (30 to 50% probability)

- Erratic movements while going straight
- Operating without lights at night
- Recklessness
- Following too closely
- Running stop light or sign
- Evasion
- Traveling wrong way



Good Cues (30 to 50% probability)

- Erratic movements while going straight
- Operating without lights at night
- Recklessness
- Following too closely
- Running stop light or sign
- Evasion
- Traveling wrong way

Elements of the Driving Task



Relationship of Visual Cues to Impaired Divided Attention Capability

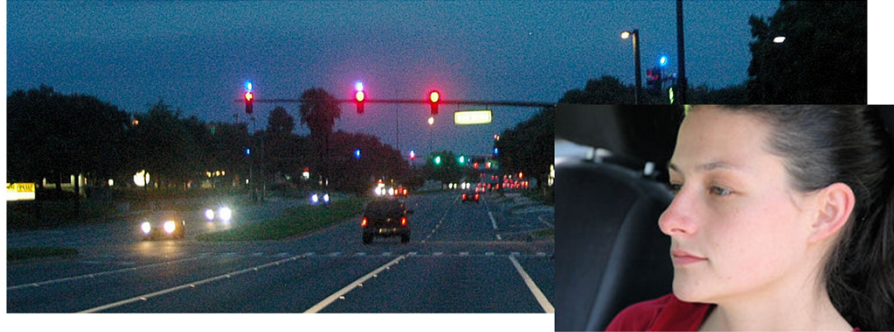
Point out that it is important to understand how the effects of alcohol are exhibited in driving, so that officers can recognize the significance of their visual observations.

Driving is a complex task, composed of many parts:

Ask participants to name the various parts of the driving task. List them on the dry erase board or flip chart as they are named.

- Steering
- Controlling accelerator
- Signaling
- Controlling brake pedal
- Operating clutch (if applicable)
- Operating gearshift (if applicable)
- Observing other traffic
- Observing signal lights, stop signs, other traffic control devices
- Making decisions (whether to stop, turn, speed up, slow down, etc.)
- Many other things

Safe Driving Demands



Safe driving demands the ability to divide attention among numerous simultaneous tasks.



In order to drive safely, a driver must be able to divide attention among all of these various activities.

Under the influence of alcohol or many drugs, a person's ability to divide attention becomes impaired.

The impaired driver tends to concentrate on certain parts of driving and to disregard other parts.

This picture shows a driver running a red light.

Another Example: Person stops at a green light (scene from previous video.)

- Alcohol has impaired ability to divide attention.
- Driver is concentrating on steering and controlling the accelerator and brake.
- Does not respond to the particular color of the traffic light.

Some of the most significant evidence from all three phases of DWI detection can be related directly to the effects of alcohol and/or other drugs on divided attention ability.

Point out that the concept of divided attention is especially important during personal contact with DWI subjects and during pre-arrest screening of them.

Vehicle In Motion Initial Cues

What do you see?

- Moving violation?
- Equipment violation?
- Other violation?
- Unusual operation?
- Anything else?



D. Recognition and Description of Initial Cues

What do you see?

- Moving violation?
- Equipment violation?
- Other violation?
- Unusual operation?
- Anything else?

Phase One: Task One Initial Observation of Vehicle Operation

Requires the ability to:

- Recognize evidence of alcohol and/or other drug influence
- Describe that evidence clearly and convincingly



Phase One: Task One Initial Observation of Vehicle Operation

The task of making initial observations of vehicle operation is the first step in the job of DWI detection.

Proper performance of that task demands two distinct but related abilities:

- Ability to recognize evidence of alcohol and/or other drug influence.
- Ability to describe that evidence clearly and convincingly.

It is not enough that a police officer observe and recognize symptoms of impaired driving. The officer must be able to articulate what was observed so that a judge or jury will have a clear mental image of exactly what took place.

Emphasize that observational evidence is of little value if the officer cannot make the judge or jury "see" what the officer saw.

Improving the ability to recognize and clearly describe observational evidence requires practice.

It isn't practical to have impaired drivers actually drive through the classroom.

The next best thing is to use video to portray typical DWI detection contacts.

Procedures for Practicing Cue Recognition and Description

- View DWI violation videos
- Take notes
- Testify
 - Choose words carefully
 - Provide as much detail as possible
 - Construct accurate image of observations
- Critique testimony



Procedures for Practicing Cue Recognition and Description

All participants view brief video segments illustrating possible DWI violations.

Make sure all participants understand the procedures that will be followed during the practice sessions.

Following the video segment, a few minutes will be given to allow all participants to write notes on what was observed.

Hand out copies of the standard note taking guide.

One or more participants will be called forth to "testify" concerning what was observed. Emphasize that participants are to use the guide to compile notes on their observations of the video segments.

Class will critique the "testimony" in terms of how clearly and convincingly it conveys what was actually observed. Emphasize that the purpose of the critique is not to embarrass anyone, but rather to help everyone become more skilled at providing clear, descriptive testimony.

Goal is to choose words carefully and provide as much detail as necessary, to construct an accurate mental image of the observations.

Leaving the Shopping Center



Video Segment “Leaving the Shopping Center”(Video approximately 54 seconds)
Show Video Segment “Leaving the Shopping Center”. Allow two minutes for participants to compile notes.

Testimony of Video Segment “Leaving the Shopping Center”

Select a representative participant to come forward and “take the witness stand,” facing the class.

Key points to be elicited:

- **Weather/Traffic conditions.**
- **Drives up over raised island.**
- **Makes wide right turn.**
- **Causes bicyclist to swerve.**

Elicit testimony as follows: “Officer, you have been sworn. Please tell the court exactly what you observed at the time and place in question.

Allow the participants to refer to their notes, if so desired.

When participant completes testimony ask: “Officer, do you have anything else to add?”

Once participant indicates that there is nothing further to add, ask the class to comment on the clarity and completeness of the testimony, and to add any important details that were left out.

Continue to prompt the class to offer comments until all of the key points have been notes.

If so desired and appropriate, repeat the showing of Video Segment No. 1 to point out the key details.

The Charcoal SUV



Video Segment “The Charcoal SUV” (Video approximately 1 minute)
Show Video Segment “The Charcoal SUV.” Allow two minutes for participants to compile notes.

Testimony on Video Segment The Charcoal SUV” .

Select a representative participant to come forward to “testify”. Allow participant to refer to notes. Probe for any additional details, or more descriptive language, in the testimony. Solicit comments from the class.

Key points to be elicited:

- **Weather/Traffic conditions**
- **Wrong directional light on**
- **Sits on green arrow**
- **Turns on red light**
- **Drifts first to left then right**

Stress the importance of the particular words used to describe the subject vehicle’s motion.

Point out that words such as “swerving” and “drifting,” etc., convey a powerful and clear mental image of how the vehicle moved, while terms such as “erratic” and “abnormal,” etc., are essentially non-descriptive.

Point out that it is permissible and desirable for the officer to use hand movements, along with verbal testimony, to convey clearly how the vehicle moved.

If desired and appropriate, repeat the showing of Video Segment “The Charcoal SUV”

Vehicle in Motion Stopping Sequence

What do you see?

- Tries to flee?
- No response?
- Slow response?
- Abrupt weave?
- Sudden stop?
- Strikes curb?
- New violations?
- Anything else?



E. Typical Reinforcing Cues of the Stopping Sequence

After the command to stop is given, the alcohol impaired driver may exhibit additional important evidence of DWI.

Ask participants to suggest possible cues that might be observed after the stop command that might reinforce the initial suspicion of DWI.

Some of these cues are exhibited because the stop command places additional demands on the driver's ability to divide attention.

Point out that the concept of divided attention is especially important during personal contact with DWI subjects and during pre-arrest screening of them.

Point out here the dangers inherent with fleeing operators. If time allows, review agency's pursuit policy.

The signal to stop creates a new situation to which the driver must devote some attention, i.e., emergency flashing lights, siren, etc., demand and divert the subject's attention.

Signal to stop requires the driver to turn the steering wheel, operate the brake pedal, activate the signal light, etc.

As soon as officer gives the stop command, the subject's driving task becomes more complex.

If subject is under the influence, the subject may not be able to handle this more complex driving very well.

Emphasize that turning on the patrol vehicle's emergency lights creates a simple test of the subject's driving impairment.

Phase One: Task Two Observation of the Stop

Requires the ability to:

- Recognize evidence of alcohol and/or other drug influence
- Describe that evidence clearly and convincingly



Phase One: Task Two Observation of the Stop

It is the officer's responsibility to capture and convey the additional evidence of impairment that may be exhibited during the stopping sequence.

- Requires ability to recognize evidence of alcohol and/or other drug influence.
- Requires ability to describe that evidence clearly and convincingly.

F. Recognition and Description of Initial and Reinforcing Cues

Procedures for practicing cue recognition and description.

The next two video segments combines both tasks and the decision of DWI Detection Phase One.

- ***Each segment begins with the initial observation of the vehicle in operation.***
- ***In each segment, the decision to stop the vehicle is made.***
- ***Each segment concludes with the observation of the stop.***

Standard note taking guide to be used to compile notes.

Following each segment, a few minutes will be given to allow participants to gather thoughts and compile notes.

Participants will be called upon to "testify" concerning what was observed, both prior to and after the stop command.

Class will constructively critique the "testimony." Make sure all participants understand the procedures.

The Sliding Sports Car



Video Segment "The Sliding Sports Car"

Show Video Segment "The Sliding Sports Car" . Allow two - three minutes for the participants to compile notes.

Testimony on Video Segment "The Sliding Sports Car"

Select a representative participant to come forward to "testify".

Instruct participants as follows: "Officer, first tell us exactly why you signaled the driver to stop." Make sure participant confines this stage of testimony strictly to what was observed prior to the stop command.

Next, instruct as follows: "Officer, now tell us exactly what you observed after you turned on the patrol vehicle's emergency lights."

Key points to be elicited concerning observations prior to the stop command (allow participants to refer to notes):

- ***Weather/traffic conditions***
- ***Sports car slides through the stop sign***
- ***Crosses over the fog line into the bicycle lane***
- ***Weaves back across right lane and enters middle lane***
- ***Slow response to stop signal***
- ***Stops inappropriately (right tires drive on curb)***

Solicit class comments concerning details or possible improvements to the participant's testimony. If desired and appropriate, repeat the showing of Video segment "The Sliding Sports Car".

The Impatient Driver



Video Segment "The Impatient Driver"

Show Video Segment "The Impatient Driver" . Allow two - three minutes for the participants to compile notes.

Testimony on Video Segment "The Impatient Driver"

Select a representative participant to come forward to "testify".

Key Points to be elicited:

- ***Weather/traffic conditions***
- ***Honks at other driver***
- ***Passes on the left out of the driveway***
- ***Violates the "No Left Turn" restriction***
- ***Drives over the concrete island with left tires***

Key points to be elicited concerning observations prior to the stop command

(allow participant to refer to notes):

- ***Drifts into left lane and swerves back to right***
- ***Slow response to stop command***
- ***Drifts again into left lane and swerves back to right second time***
- ***Stops with right front tire on curb***

Instruct participant to testify first concerning everything observed prior to the stop command, and then to everything observed after the stop command.

Half in the Bag



Video Segment "Half In The Bag" Show Video Segment No. 8. Allow two three minutes for the participants to compile notes.

Testimony on Video Segment "Half In the Bag"

Select a representative participant to come forward to "testify".

Key points to be elicited concerning observations prior to the stop command (allow participant to refer to notes):

- ***Weather/Traffic conditions***
- ***Fail to stop for stop sign***
- ***Right turn from left turn lane***
- ***Wide right turn***
- ***Driver throws trash at road sign***
- ***Weaves across lane line***

Instruct participant to testify first concerning everything observed prior to the stop command, and then to everything observed after the stop command.

Key points to be elicited concerning observations subsequent to stop command:

- ***Slow response to the stop command***
- ***Drives onto the curb two times prior to stopping.***

QUESTIONS?



Test Your Knowledge

The Phase One tasks are _____
Two common symptoms of impairment are:

A.

B.



TEST YOUR KNOWLEDGE

INSTRUCTIONS: Complete the following sentences.

1. The Phase One tasks are decide to stop the vehicle or not and to observe the manner in which the driver responds to your signal to stop

2. Two common symptoms of impairment are:

Slowed reactions, impaired judgment, impaired vision, poor coordination

Test Your Knowledge (Cont.)

Alcohol impairs the ability to _____ among tasks

Three cues reinforcing the suspicion of DWI which may be observed during the stopping sequence are:

- A. _____
- B. _____
- C. _____



3. Alcohol impairs the ability to divide attention among tasks.

4. Three cues reinforcing the suspicion of DWI which may be observed during the stopping sequence are:

Attempt to flee, no response, slow response, an abrupt swerve, sudden stop, striking the curb or another object

Session 6

Phase Two: Personal Contact



Learning Objectives

- Identify typical clues of Detection Phase Two
- Describe observed clues clearly and convincingly



Briefly review the objectives, content and activities of this session.

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

- Identify typical clues of Detection Phase Two.
- Describe the observed clues clearly and convincingly.

CONTENT SEGMENTS

- A. Overview: Tasks and Decision
- B. Typical Investigation Clues of the Driver Interview
- C. Recognition and Description of Investigation Clues
- D. Interview/Questioning Techniques
- E. Recognition and Description of Clues Associated with the Exit Sequence




LEARNING ACTIVITIES

- Instructor Led Presentations
- Video Presentation
- Instructor Led Demonstrations
- Participant Presentations

Session 6-Phase Two: Personal Contact

Phase Two: Personal Contact

Interview and Observation of the Driver



DWI Detection and Standardized Field Sobriety Testing 6-3

A. Overview Tasks and Decisions




DWI Detection Phase Two: Personal Contact, like Phases One and Three, comprise two major evidence gathering tasks and one major decision. Your first task is to approach, observe, and interview the driver while they are still in the vehicle to Note any face to face evidence of impairment. During this face to face contact you may administer some simple pre-exit sobriety tests to gain additional information to evaluate whether or not the driver is impaired. After this evaluation, you must decide whether to request the driver to exit the vehicle for further field sobriety testing. In some jurisdictions, departmental policy may dictate that all drivers stopped on suspicion of DWI be instructed to exit. It is important to Note that by instructing the driver to exit the vehicle, you are not committed to an arrest; this is simply another step in the DWI detection process. Once you have requested the driver to exit the vehicle, your second task is to observe the manner in which the driver exits and to Note any additional evidence of impairment.

You may initiate Phase Two without Phase One. This may occur, for example, at a checkpoint, or when you have responded to the scene of a crash.

Session 6-Phase Two: Personal Contact

Phase Two: Personal Contact

Interview and Observation of the Driver



DWI Detection and Standardized Field Sobriety Testing 6-4

Task One

The first task of Phase Two, interview and observation of the driver, begins as soon as the driver vehicle and the patrol vehicle have come to complete stops. It continues through your approach to the driver vehicle and involves all conversation between you and the driver prior to the driver's exit from the vehicle.

Point out block No. 1 on the slide.

You may have developed a strong suspicion that the driver is impaired prior to the face to face observation and interview. You may have developed this suspicion by observing something unusual while the vehicle was in motion, or during the stopping sequence. You may have developed no suspicion of DWI prior to the face to face contact. The vehicle operation and the stop may have been normal; you may have seen no actions suggesting DWI.

Ask participants to suggest situations where this might be the case.


For example, you may have stopped the vehicle for an equipment/registration violation, or where no unusual driving was evident. In some cases, Phase One will have been absent. For example, you may first encounter the driver and vehicle after a crash or when responding to a request for motorist assistance.

Regardless of the evidence that may have come to light during Detection Phase One, your initial face to face contact with the driver usually provides the first definite indications that the driver is impaired.


Session 6-Phase Two: Personal Contact


Phase Two: Personal Contact



**Interview and
Observation
of the Driver**



**Should
Driver
Exit?**





DWI Detection and Standardized Field Sobriety Testing 6-5

Decision

Based upon your face to face interview and observation of the driver, and upon your previous observations of the vehicle in motion and the stopping sequence, you must decide whether there is sufficient reason to instruct the driver to step from the vehicle.

For some law enforcement officers, this decision is automatic since their agency's policy dictates that the driver always be told to exit the vehicle, regardless of the cause for the stop. Other agencies; however, treat this as a discretionary decision to be based on what the officer sees, hears, and smells during observation and interview with the driver while the driver is seated in the vehicle.

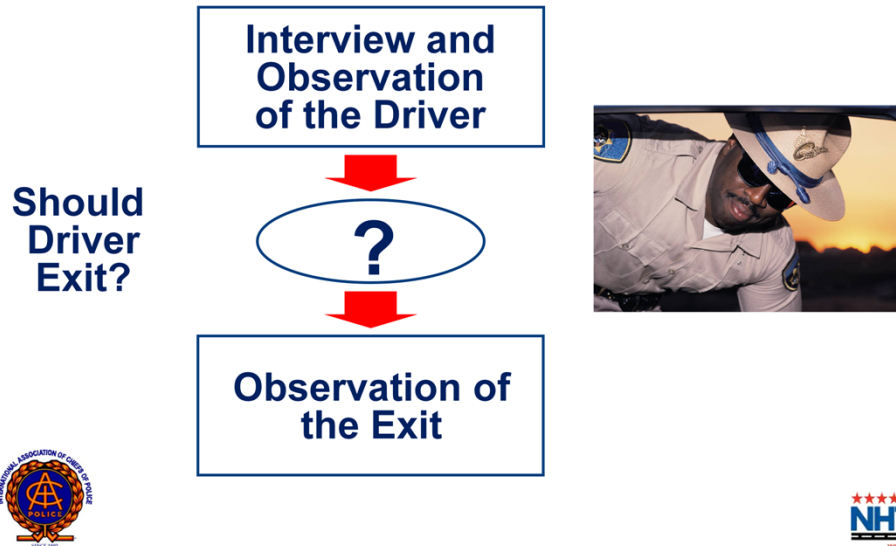
If you decide to instruct the driver to exit, closely observe the driver's actions during the exit from the vehicle and Note any evidence of impairment.

Ask participants to suggest circumstances under which it would be appropriate not to instruct the driver to exit.

Ask participants to suggest circumstances under which it would be appropriate to instruct the driver to exit.

Remind participants that they must always practice appropriate officer safety tactics while the driver exits the vehicle.

Phase Two: Personal Contact



B. Typical Investigation Clues of the Driver Interview

Face to face observation and interview of the driver allows you to use three senses to gather evidence of alcohol and/or other drug influence:

- The sense of sight
- The sense of hearing
- The sense of smell

Write "see – hear – smell" on dry erase board.

Personal Contact

What do you see?



Sight

There are a number of things you might see during the interview that would be describable clues or evidence of alcohol and/or other drug influence. Among them are:

Ask participants to suggest typical things that an officer might see during the interview that would be describable clues or evidence of alcohol and/or other drug influence.

What do you see?

- ***Bloodshot eyes?***
- ***Soiled clothing?***
- ***Fumbling fingers?***
- ***Alcohol containers?***
- ***Drugs or drug paraphernalia?***
- ***Bruises, bumps or scratches?***
- ***Unusual actions?***

After most major sight clues have been suggested display slide 6 – 8.

What Do You See?

- **Bloodshot eyes?**
- **Soiled clothing?**
- **Fumbling fingers?**
- **Alcohol containers?**
- **Drug and drug paraphernalia?**
- **Bruises, bumps, scratches?**
- **Unusual actions?**



What do you see?

- Bloodshot eyes?
- Soiled clothing?
- Fumbling fingers?
- Alcohol containers?
- Drugs or drug paraphernalia?
- Bruises, bumps or scratches?
- Unusual actions?

Personal Contact (Cont.)

What do you hear?



Hearing

Among the things you might hear during the interview that would be describable clues or evidence of alcohol and/or other drug influence are these:

Ask participants to suggest typical things that an officer might hear during the interview that would be describable clues or evidence of alcohol and/or other drug influence.

After most major sound clues have been suggested display slide 6-10.

What do you hear?

- ***Slurred speech?***
- ***Admission of drinking?***
- ***Inconsistent responses?***
- ***Unusual statements?***
- ***Abusive language?***
- ***Anything else?***

What Do You Hear?

- **Slurred speech?**
- **Admission of drinking?**
- **Inconsistent responses?**
- **Unusual statements?**
- **Abusive language?**
- **Anything else?**



What do you hear?

- Slurred speech?
- Admission of drinking?
- Inconsistent responses?
- Unusual statements?
- Abusive language?
- Anything else?

Personal Contact (Cont.)

What do you smell?



Smell

There are things you might smell during the interview that would be describable clues or evidence of alcohol and/or other drug influence. Typically these include:

Ask participants to suggest typical things that an officer might smell during the interview that would be describable clues or evidence of alcohol or drug ingestion.

For officer safety be aware of communicable airborne diseases, etc.

After most major odor clues have been suggested, display slide 6-12.

What do you smell?

- ***Alcoholic beverages?***
- ***Marijuana?***
- ***Cover up odors?***
- ***Other unusual odors?***

What Do You Smell?

- **Alcoholic beverage?**
- **Marijuana?**
- **“Cover-up” odors?**
- **Other unusual odors?**



What do you smell?

- Alcoholic beverages?
- Marijuana?
- Cover up odors?
- Other unusual odors?

Phase Two: Task One Face to Face Observation and Interview of Suspect

Requires the ability to:

- Recognize the sensory evidence of alcohol and/or other drug influence
- Describe that evidence clearly and convincingly



Proper face to face observation and interview of the driver demands two distinct but related abilities:

- The ability to recognize the sensory evidence of alcohol and/or other drug influence
- The ability to describe that evidence clearly and convincingly

Developing these abilities requires practice.


C. Recognition and Description of Investigation Clues

A basic purpose of the face to face observation and interview of the driver is to identify and gather evidence of alcohol and/or other drug influence. This is the purpose of each task in each phase of DWI detection.



During the face to face observation and interview stage, it is not necessary to gather sufficient evidence to arrest the driver immediately for DWI.

Session 6-Phase Two: Personal Contact

Procedures for Practicing Clue Recognition and Description



The Busy Businessman



DWI Detection and Standardized Field Sobriety Testing 6-14

Procedures for Practicing Clue Recognition and Description

One or more participants will be called upon to "testify" concerning what was seen and heard. Class will constructively critique the testimony.

Make sure all participants understand the procedures.

The next video segment deals strictly with the face to face observation and interview of a driver.

You will have to base your description of the driver's possible impairment strictly on what you see and hear during the face to face contact.

Both senses provide some critically important evidence, not only in this video segment, but in all face to face contacts.

Participants can use the standard note taking guide to compile notes during the video.

When the video segment ends, participants will be given a few minutes to gather their thoughts and compile notes on what they have seen and heard.

Video Segment "The Busy Businessman"

Testimony on *The Busy Businessman*

What was seen?

What was heard?



Testimony on Video Segment "The Busy Businessman"

Select two participants to come forward together to testify.

Key points to be elicited concerning what was seen:

- **Weather/Traffic conditions.**
- **Driver produces wrong document.**

Instruct participants to testify strictly to what was seen. Solicit class comments concerning details or possible improvements to the first participant's testimony.

Key points to be elicited concerning what was heard:

- **Driver does not lower window all the way**
- **Hair is disheveled**
- **Hands wrong document initially**
- **Fails to let go of driver license**
- **Forgets registration, has to be reminded**

Instruct the second participant to testify strictly to what was heard.

Solicit class comments concerning details or possible improvements to the second participant's testimony.

Replay video (as appropriate) to compare with second participant's testimony.

Interview/Questioning Techniques

- Asking for two things simultaneously
- Asking interrupting or distracting questions
- Asking unusual questions



D. Interview/Questioning Techniques

There are a number of techniques you can use to assess impairment while the driver is still behind the wheel. Most of these techniques apply the concept of divided attention. They require the driver to concentrate on two or more things at the same time. They include both questioning techniques and psychophysical (mind/body) tasks.

These techniques are not as reliable as the Standardized Field Sobriety Tests but they can still be useful for obtaining evidence of impairment. **THESE TECHNIQUES DO NOT REPLACE THE SFSTs.**

Questioning Techniques

The questions you ask and the way in which you ask them can constitute simple divided attention tasks. Three techniques are particularly pertinent:

- Asking for two things simultaneously
- Asking interrupting or distracting questions
- Asking unusual questions.

An example of the first technique, asking for two things simultaneously, is requesting the driver to produce both the driver's license and the vehicle registration. Possible evidence of impairment may be observed as the driver responds to this dual request. Be alert for the driver who:

Ask participants to suggest possible evidence of impairment that might be observed during the production of the license and registration.

License and Registration

- Forgets to produce both documents
- Produces wrong documents
- Fails to see the license, registration or both while searching for them
- Fumbles or drops wallet, purse, license or registration
- Unable to retrieve documents using fingertips



Possible evidence of impairment that might be observed during the production of the license and registration.

- Forgets to produce both documents
- Produces documents other than the ones requested
- Fails to see the license, registration or both while searching for them
- Fumbles or drops wallet, purse, license or registration
- Is unable to retrieve documents using fingertips

Questions that Divide Attention

- **What day is it?**
- **Where are you coming from?**
- **Be alert for the driver who:**
 - **Ignores the question and concentrates only on the license or registration search**
 - **Forgets to resume the search after answering the question**
 - **Supplies a grossly incorrect answer to the question**



The second technique would be to ask questions that require the driver to divide attention between searching for the license or registration and answering a new question. While the driver is responding to the request for license, registration or both, you ask unrelated questions; "What day is it?" or "Where are you coming from?"

Possible evidence of impairment may be disclosed by the actions of the driver after this question has been posed. Be alert for the driver who:

- Ignores the question and concentrates only on the license or registration search
- Forgets to resume the search after answering the question
- Supplies a grossly incorrect answer to the question

Ask class to suggest possible evidence of impairment that might be disclosed by these types of questions. Continue to probe until all major possibilities have been mentioned.

Ask class to suggest other questions that might be put to a driver during the retrieval of the driver's license.

Ask Unusual Questions

- What is your middle name?
- What are other unusual questions you can ask?



The third technique, asking unusual questions, is employed after you have obtained the driver's license and registration. Using this technique, you seek verifying information through unusual questions. For example, while holding the driver's license, you might ask the driver, "What is your middle name?"

Ask class to suggest other unusual questions that might serve as simple, pre-exit techniques.

There are many such questions which the driver normally would be able to answer easily, but which might prove difficult if the driver is impaired, simply because they are unusual questions. Unusual questions require the driver to process information; this can be especially difficult when the driver does not expect to have to process information. For example, a driver may respond to the question about the middle name by giving a first name. In this case the driver ignored the unusual question and responded instead to a usual -- but unasked -- question.

Asking for two things simultaneously and searching for documents while answering questions assesses the ability to divide attention, while asking unusual questions tests the driver's mental faculties.

Additional Techniques

Alphabet



Additional Techniques

Know if there are any judicial restraints in reference to these tests.

Alphabet

This technique requires the driver to recite a part of the alphabet. You instruct the driver to recite the alphabet beginning with a letter other than A and stopping at a letter other than Z. For example, you might say to a driver, "Recite the alphabet, beginning with the letter E as in Edward and stopping with the letter P as in Paul." This divides the driver's attention because the driver must concentrate to begin at an unusual starting point and recall where to stop.

Additional Techniques

Count Down

68 67 66 65 64 63
62 61 60 59 58 57
56 55 54 53...



Count Down

This technique requires the driver to count out loud 15 or more numbers in reverse sequence. For example, you might request a driver to, "Count out loud backwards, starting with the number 68 and ending with the number 53." This, too, divides attention because the driver must continuously concentrate to count backwards while trying to recall where to stop.

This technique should never be given using starting and stopping points that end in 0 or 5 because these numbers are too easy to recall. For example, do not request that the driver count backwards from 65 to 50. Instead, ask the driver to count backwards from 68 to 53.

Additional Techniques

Finger Count



Finger Count

In this technique, the driver is asked to touch the tip of the thumb to the tip of each finger on the same hand while simultaneously counting up one, two, three, four; then to reverse direction on the fingers while simultaneously counting down four, three, two, one.

Demonstrate the finger count.

In each instance, Note whether and how well the driver is able to perform the divided attention task.

Point out that these kinds of tests have not been scientifically validated but still can be useful for obtaining evidence of impairment.

Demonstrate the examples.

The Exit

What do you see?

- Angry, unusual reaction?
- Can't follow instructions?
- Can't open door?
- Leaves car in gear?
- "Climbs" out of car?
- Leans against car?
- Keeps hand on car?
- Anything else?



E. Recognition and Description of Clues Associated With the Exit Sequence

Your decision to instruct the driver to step from the vehicle usually is made after you have developed a suspicion that the driver is impaired. Even if that suspicion may be very strong, the driver is usually not under arrest when you give the instruction.

How the driver steps and walks from the vehicle and actions or behavior during the exit sequence may provide important evidence of impairment. Be alert to the driver who:

Ask participants to suggest typical things that might be seen with an impaired driver during the exit sequence.


- ***Shows angry or unusual reactions***
- ***Cannot follow instructions***
- ***Cannot open the door***
- ***Leaves the vehicle in gear***
- ***Climbs out of vehicle***
- ***Leans against vehicle***
- ***Keeps hands on vehicle for balance***

When participants identify items on this list, reveal the bottom portion of the slide.



Proper face to face observation and interview of a driver requires the ability to recognize the sensory evidence of alcohol and/or other drug influence and the ability to describe that evidence clearly and convincingly. Developing these abilities takes practice.

Session 6-Phase Two: Personal Contact

The Exit



The Busy Businessman Exiting



DWI Detection and Standardized Field Sobriety Testing 6-24

Video Segment “The Busy Businessman Exiting” (Video approximately 1 minute)

Show Video “The Busy businessman Exiting”.

Testimony on Video Segment “The Busy Businessman Exiting”

Select a participant to testify.

Key points prior to the exit:

- ***Angry response***
- ***Solicit class comments concerning testimony***

Key points during the exit:

- ***Driver says no mechanical problems***
- ***Driver admits to looking at papers while driving (distracted driving)***
- ***Forgets to remove seatbelt***
- ***Uses both hands to exit vehicle (right hand on door, left hand on side of vehicle)***
- ***Uses vehicle to steady himself while walking to rear of vehicle***
- ***Driver drops wallet***

Except, however, that you may instruct a driver to exit the vehicle as a means of ensuring your own safety. Safety considerations take precedence over all other considerations.

Test Your Knowledge

The two major evidence gathering tasks of Phase Two are _____

The major decision of Phase Two is _____

Among the describable clues an officer might see during the Phase Two interview are: A.

B.

C.



TEST YOUR KNOWLEDGE

INSTRUCTIONS: Complete the following sentences.

1. The two major evidence gathering tasks of Phase Two are 1) approach, observe and interview the driver 2) decide whether to instruct the suspect to exit the vehicle
2. The major decision of Phase Two is do I have enough suspicion of DWI to instruct the suspect to exit the vehicle?
3. Among the describable clues an officer might see during the Phase Two interview are:
 - A. Bloodshot eyes
 - B. Soiled clothing
 - C. Fumbling fingers

Other acceptable answers: alcohol containers, drugs or drug paraphernalia, bruises, bumps or scratches, unusual actions

Test Your Knowledge (Cont.)

Among the describable clues an officer might hear during the Phase Two interview are:



4. Among the describable clues an officer might hear during the interview are:

A. Slurred speech

B. Admission of drinking

C. Inconsistent responses

Other acceptable answers: abusive language, unusual statements

Test Your Knowledge (Cont.)

Among the describable clues an officer might smell during the Phase Two interview are:



5. Among the describable clues an officer might smell during the interview are:

A. Alcoholic beverages

B. Marijuana

Other acceptable answers: “cover up” odors, unusual odors

Test Your Knowledge (Cont.)

Three techniques an officer might use in asking questions that constitute simple divided attention tasks.

The Countdown Technique requires the subject to:



6. There are three techniques an officer might use in asking questions that constitute simple divided attention tasks. These techniques are:

Asking for two things simultaneously

Asking interrupting or distracting questions

Asking unusual questions

7. The Count Down Technique requires the driver to count out loud 15 or more numbers in reverse sequence.

Test Your Knowledge (Cont.)

Leaning against the vehicle is a clue to DWI which may be observed during



8. Leaning against the vehicle is a clue to DWI which may be observed during the exit sequence.

QUESTIONS?



Session 7

Phase Three: Pre-Arrest Screening



Learning Objectives

- Describe the role of psychophysical and preliminary breath tests
- Define and describe the concepts of divided attention and nystagmus
- Discuss the advantages and limitations of preliminary breath testing
- Discuss the arrest decision process



At the conclusion of this session, participants will be able to:

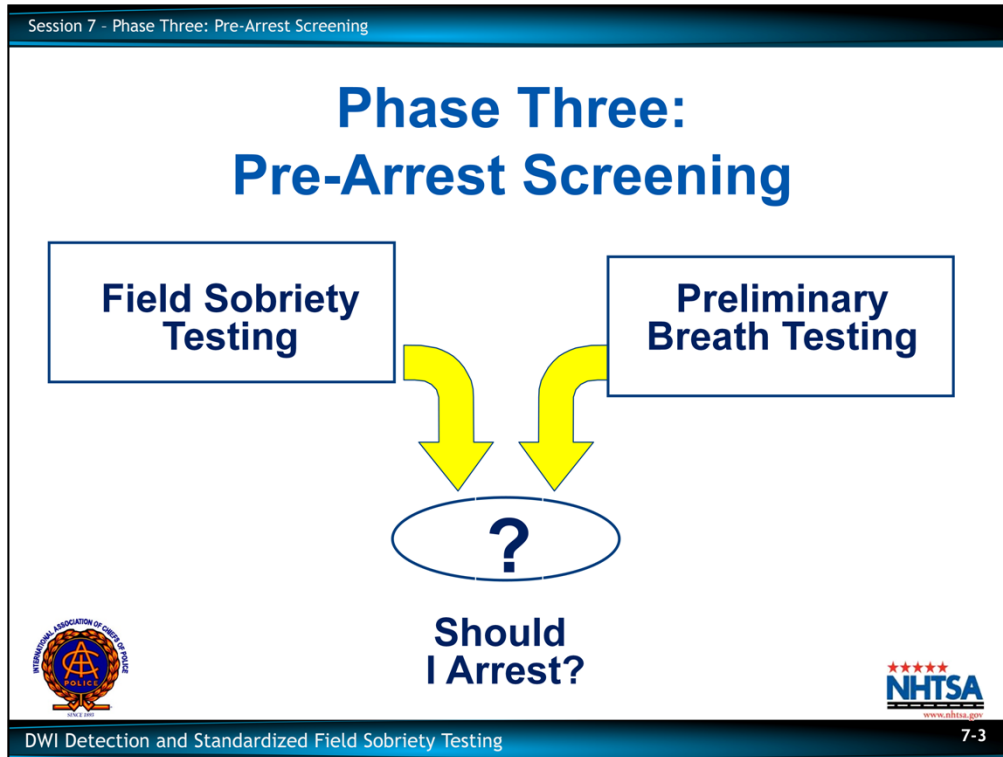
- Describe the role of psychophysical and preliminary breath tests;
- Define and describe the concepts of divided attention and nystagmus;
- Discuss the advantages and limitations of preliminary breath testing; and
- Discuss the arrest decision process.

CONTENT SEGMENTS

- A. Overview: Tasks and Decision
- B. Gaze Nystagmus - Definition
- C. Horizontal Gaze Nystagmus – Definition, Concepts, Demonstration
- D. Vertical Gaze Nystagmus – Definition, Concepts, Demonstration
- E. Divided Attention Tests: Concepts, Examples, Demonstration
- F. Advantages and Limitations of Preliminary Breath Testing
- G. The Arrest Decision

LEARNING ACTIVITIES

- Instructor Led Presentation
- Instructor Led Demonstrations
- Video Presentation



A. Overview: Tasks and Decision

Like Phases One and Two, DWI Detection Phase Three, Pre-arrest Screening has two major evidence gathering tasks and one major decision.

Phase Three: Pre-Arrest Screening

Your first task in Phase Three is to administer three scientifically validated Standardized Field Sobriety Tests. If your agency uses preliminary breath tests (PBTs), your second task would be to administer (or arrange for) a PBT to confirm the chemical basis of the subject's impairment. Based on these tests and on all other evidence from Phase One and Two, you must decide whether there is sufficient probable cause to arrest the subject for DWI. The entire detection process culminates in the arrest/no arrest decision.

Psychophysical Tests

Methods of Assessing Subject's Mental and Physical Impairment

- Focus on balance, coordination, information processing, etc.
- Observed as soon as face to face contact and begin the interview
- Additional indicators observed as the subject exits
- SFST tests are most scientifically reliable



Psychophysical tests are methods of assessing a subject's mental and physical impairment. These tests focus on the abilities needed for safe driving: balance, coordination, information processing and so on.

Indicators of psychophysical impairment may be observed as soon as you come into face to face contact with the subject and begin the interview. Additional indicators of impairment can be observed as the subject exits the vehicle to begin the field sobriety tests. The Standardized Field Sobriety Tests are the most scientifically reliable.

It is the policy of some police departments to conduct psychophysical testing prior to preliminary breath testing, whereas other departments usually conduct preliminary breath testing first. Hence, the two screening tasks are shown as parallel rather than sequential activities on the slide.

The preferred sequence of psychophysical and preliminary breath testing for the participants' department.

Write on dry erase board or flip chart: "Standardized Field Sobriety Tests."

Preliminary Breath Test (PBT)

PBT:

- Helps corroborate all other evidence
- Helps confirm your judgment as to whether the subject is impaired
- Usually results cannot be introduced as evidence against the subject in court*

* State laws vary in this regard



Preliminary Breath Test

The preliminary breath test (PBT) can help to corroborate all other evidence and to confirm your judgment as to whether the subject is impaired. Usually PBT results cannot be introduced as evidence against the subject in court; however, state laws vary in this regard.

**** In most states, results of a preliminary breath test ordinarily cannot be introduced as evidence by the prosecution. Indicate to participants the limits of admissibility of PBT results in their state.***

The Arrest Decision

- **DWI detection process concludes with the arrest decision**
- **This decision is based on all evidence obtained during all three detection phases:**
 - **Observation of vehicle in motion and during the stopping sequence**
 - **Face to face observation of subject and subject's vehicle exit**
- **Pre-arrest screening**



The Arrest Decision

The DWI detection process concludes with the arrest decision. This decision is based on all of the evidence you have obtained during all three detection phases: on observation of the vehicle in motion and during the stopping sequence; on face to face observation of the subject and the subject's exit from the vehicle; and, pre-arrest screening.

The arrest decision is based on all of the evidence obtained during all three detection phases.

Nystagmus

Involuntary Jerking of the Eyes



B. Gaze Nystagmus – Definition

"Nystagmus" means an involuntary jerking of the eyes.

Alcohol and certain other drugs cause Horizontal Gaze Nystagmus.

Horizontal Gaze Nystagmus (HGN)

- **Most reliable field sobriety test**
- **Involuntary jerking occurring as eyes gaze toward the sides**
- **Readily noticeable when a person is impaired**
- **As BAC increases eyes begin to jerk sooner as they move to the side**
- **CNS depressants, inhalants, and dissociative anesthetics also cause HGN**



C. Horizontal Gaze Nystagmus – Definition, Concepts, Demonstration

Horizontal Gaze Nystagmus (HGN) is the most reliable field sobriety test. Especially when used in combination with the divided attention tests, it will help law enforcement officers correctly identify subjects who are impaired.

Involuntary jerking of the eyes becomes readily noticeable when a person is impaired. As a person's blood alcohol concentration increases, the eyes will begin to jerk sooner as they move to the side.

Horizontal Gaze Nystagmus refers to an involuntary jerking occurring as the eyes gaze toward the side. In addition to being involuntary the person experiencing the nystagmus is usually unaware that the jerking is happening.

In administering the HGN test, the officer has the subject follow the motion of a small stimulus with the eyes only. The stimulus may be the tip of a pen or penlight, or an eraser on a pencil, whichever contrasts with the background.

Nystagmus Indications

- **Six maximum clues**
- **Maximum three clues per eye**
- **77% accurate detecting subjects**
≥ 0.10 BAC



- When the HGN test is administered always begin with subject's left eye. Each eye is examined for three specific clues.
- As the eye moves from side to side, does it move smoothly or does it jerk noticeably? (As people become impaired by alcohol, their eyes exhibit a lack of smooth pursuit as they move from side to side.)
- When the eye moves as far to the side as possible and is kept at that position for four seconds, does it jerk distinctly? (Distinct and sustained nystagmus at maximum deviation is another clue of impairment.)
- As the eye moves toward the side, does it start to jerk prior to a 45 degree angle? (Onset of nystagmus prior to 45 degrees is another clue of impairment.)
- As a person's blood alcohol concentration increases it is more likely these clues will appear.
- The maximum total number of clues is six. The maximum number of clues that may appear in one eye is three.
- The original research was conducted by the Southern California Research Institute (SCRI) and used to develop the initial curriculum showing this test was 77% accurate at detecting subjects at or above a 0.10 BAC.

Remind class that they will receive current validation studies relative to 0.08 BAC in Session 8. Choose a participant to come forward to serve as a demonstration subject. In addition to alcohol, drugs such as CNS Depressants, Inhalants, and Dissociative Anesthetics generally cause HGN.

Horizontal Gaze Nystagmus Demonstration



To test for Horizontal Gaze Nystagmus, the subject is instructed to stand with feet together, hands at sides, hold the head still, and follow the motion of a stimulus with the eyes only.

Ask participant if they have any eye problems or eye abnormalities. If the participant is wearing glasses, have participant remove them.

The object may be the tip of a pen or penlight or the eraser on a pencil, which contrasts with the background.

The stimulus should be held approximately 12 - 15 inches (30 - 38 cm) from the subjects' nose.

Each eye is checked, beginning with the subject's left. A subjects' height might restrict ability to clearly see nystagmus. Subject may be placed in sitting position to accommodate a better view.

Demonstrate the administration of the Horizontal Gaze Nystagmus test using a participant.

Two or more "passes" are made before each eye, to look for each of the clues of nystagmus.

Allow participant to return to seat.

Subject height may restrict ability to see nystagmus in those cases, a sitting position may work .

HGN Video

The Truth is in the Eyes



Suggest the showing of the video entitled, “The Truth Is In the Eyes” (8 minutes and 55 seconds).

Vertical Gaze Nystagmus Demonstration



D. Vertical Gaze Nystagmus – Definition, Concepts, Demonstration

Vertical Gaze Nystagmus was not included in the SFST battery during the original research, however, it is a reliable indicator of a high quantity of alcohol for that individual, or other drug impairment.

Vertical Gaze Nystagmus is an involuntary jerking of the eyes occurring as the eyes are held at maximum elevation.

For VGN to be recorded, it must be distinct and sustained for a minimum of four seconds at maximum elevation.

Demonstrate the administration of the Vertical Gaze Nystagmus test using a participant.

Both Horizontal Gaze Nystagmus and Vertical Gaze Nystagmus will be covered in detail in Session 8.

Divided Attention

Concentrating on more than one thing at a time (mental tasks and physical tasks)



E. Divided Attention Tests: Concepts, Examples, Demonstration

Many of the most reliable and useful psychophysical tests employ the concept of divided attention: they require the subject to concentrate on more than one thing at a time (mental tasks and physical tasks). Driving is a complex divided attention task. In order to operate a vehicle safely, subjects must simultaneously control steering, acceleration and braking; react appropriately to a constantly changing environment; and perform many other tasks.

Alcohol and many other drugs reduce a person's ability to divide attention. Impaired subjects often ignore the less critical tasks of driving in order to focus their impaired attention on the more critical tasks. For example, a subject may ignore a traffic signal and focus instead on speed control.

Even when impaired, many people can handle a single, focused attention task fairly well. For example, a subject may be able to keep the vehicle well within the proper traffic lane as long as the road remains fairly straight. However, most people, when impaired, cannot satisfactorily divide their attention to handle multiple tasks at the same time.

The concept of divided attention has been applied to psychophysical testing. Field sobriety tests that simulate the divided attention characteristics of driving have been developed and are being used by law enforcement agencies nationwide. The best of these tests exercise the same mental and physical capabilities that a person needs to drive safely.

Remind participants of the many tasks subjects must perform in order to operate a vehicle safely.

Typical Simultaneous Capabilities Required for Driving

- Information processing
- Short term memory
- Judgment/Decision making
- Balance
- Steady, sure reactions
- Clear vision
- Small muscle control
- Coordination of limbs



Typical simultaneous capabilities required for driving:

- Information processing
- Short term memory
- Judgment and decision making
- Balance
- Steady, sure reactions
- Clear vision
- Small muscle control
- Coordination of limbs

Briefly give examples/indications of how these capabilities relate to driving.

Any test that requires a person to demonstrate two or more of these capabilities simultaneously is potentially a good psychophysical test.

Some of the best psychophysical tests are those that exercise the same mental and physical capabilities that a person needs to drive safely.

Simplicity

Field sobriety tests should be reasonably simple for the average person like you, the jurors, the judge and the suspect to complete as instructed when sober



Simplicity is the key to divided attention field sobriety testing. It is not enough to select a test that just divides the subject's attention. The test also must be one that is reasonably simple for the average person to complete as instructed when sober. Tests that are difficult for a sober subject to perform have little or no evidentiary value.

Prior to administering the psychophysical tests, ensure the subject is physically able to perform the tests.

Two Divided Attention Field Sobriety Tests

Walk and Turn



One Leg Stand



Two divided attention field sobriety tests that have proven accurate and effective in DWI detection are the Walk and Turn and the One Leg Stand.

Walk and Turn

- Validated by NHTSA
- 68% accurate detecting ≥ 0.10 BAC
- Do NOT deviate from SFST instructions
- Two stages:

1. Instructions Stage
2. Walking Stage



Walk and Turn

Walk and Turn is a test that has been validated through extensive research sponsored by the National Highway Traffic Safety Administration.

The original research was conducted by the SCRI and used to develop the initial curriculum showing this test was 68% accurate at detecting subjects at or above a 0.10 BAC.

The rigid standards the scientific community must follow in order to validate laboratory research (i.e., the development of psychophysical test for DWI detection) and the differences between validated testing and standardized testing. Officers administering SFSTs at roadside are expected: 1) to be reasonable and prudent in their decision to test; and 2) not to deviate from the SFST administrative instructions described later in this course.

Walk and Turn is a divided attention test consisting of two stages:

- Instructions stage
- Walking stage

Walk and Turn – Instructions Stage

- **Divides subject's attention:**
 - **Balancing**
 - **Information processing**
- **Subject stands with feet in heel to toe position**
- **Arms at side**
- **Listen to instructions**



The Instructions Stage divides the subject's attention between a balancing task (standing while maintaining the heel to toe position) and an information processing task (listening to and remembering instructions).

In the Instructions Stage, the subject must stand with their feet in a heel to toe position, keep their arms at their sides, and listen to the instructions.

Demonstrate stance.

Walk and Turn – Walking Stage

Divides subject's attention:

- **Balancing task**
- **Small muscle control task**
- **Short term memory task**



In the Walking Stage the subject takes nine heel to toe steps, turns in a prescribed manner, takes nine heel to toe steps back, counts the steps out loud, and watches their feet. During the turn, the subject keeps their front foot on the line, turns in a prescribed manner, and uses the other foot to take several small steps to complete the turn. The Walking Stage divides the subject's attention among a balancing task (walking heel to toe and turning); a small muscle control task (counting out loud); and a short term memory task (recalling the number of steps and the turning instructions).

The walking stage divides the subject's attention between a task of listening, comprehending and carrying out the instruction.

Demonstrate turn. Point out that this divides attention between a balancing task and an information processing task. Demonstrate heel to toe steps and simultaneous counting.

Walking and Turn Test Clues

1. Cannot keep balance while listening to the instructions
2. Starts too soon
3. Stops while walking
4. Does not touch heel to toe
5. Steps off the line
6. Uses arms to balance
7. Improper turn
8. Incorrect number of steps



The Walk and Turn test is administered and interpreted in a standardized manner, i.e., the same way every time. Officers administering the Walk and Turn test observe the subject's performance for eight clues:

1. Cannot keep balance while listening to the instructions
2. Starts too soon
3. Stops while walking
4. Does not touch heel to toe
5. Steps off the line
6. Uses arms to balance
7. Improper turn
8. Incorrect number of steps

Inability to complete the Walk and Turn test may occur when the subject is in danger of falling or otherwise cannot complete the test.

Remind class that they will receive information regarding the current validation studies relative to 0.08 BAC in Session 8.

One Leg Stand

- **Validated by NHTSA**
- **65% accurate at detecting subjects ≥ 0.10 BAC**
- **Two stages:**
 1. **Instructions Stage**
 2. **Balance and Counting Stage**



One Leg Stand

The One Leg Stand has also been validated through NHTSA sponsored research.

The original research was conducted by the SCRI and used to develop the initial curriculum showing this test was 65% accurate at detecting subjects at or above a 0.10 BAC.

It is a divided attention test consisting of two stages:

- Instructions stage
- Balance and counting stage

One Leg Stand – Instruction Stage

Divides subject's attention:

- **Balancing task**
- **Information processing**



In the Instruction Stage, the subject must stand with their feet together, keep their arms at their sides, and listen to instructions.

This divides the subject's attention between a balancing task (maintaining a stance) and an information processing task (listening to and remembering instructions.)

Demonstrate the stance.

Balancing and Counting Stage

- **Divides subject's attention:**
 - **Balancing task**
 - **Small muscle control**
- **30 second timing is important!**



In the Balance and Counting Stage, the subject must raise one foot, either foot, with the raised foot approximately six inches off the ground, with both legs straight and the raised foot parallel to the ground. Have the subject, while looking at the elevated foot, count out loud in the following manner: "one thousand one", "one thousand two", "one thousand three" until told to stop. This divides the subject's attention between balancing (standing on one foot) and small muscle control (counting out loud).

Demonstrate stance and counting. The subject should be timed for 30 seconds while performing this test.

Point out that this divides the subject's attention between balancing and counting out loud.

The timing for a thirty second period by the officer is an important part of the One Leg Stand test. The original research conducted by SCRI in 1977 showed that many impaired subjects are able to stand on one leg for up to 25 seconds, but that few can do so for 30 seconds.

One Leg Stand

Four clues:

1. Sways while balancing
2. Uses arms to balance
3. Hopping
4. Puts foot down



One Leg Stand is also administered and interpreted in a standardized manner. Officers carefully observe the subject's performance and look for four specific clues:

1. Sways while balancing
2. Uses arms to balance
3. Hopping
4. Puts foot down

Inability to complete the One Leg Stand test occurs when the subject is in danger of falling or otherwise cannot complete the test.

Remind class that they will receive current validation studies relative to 0.08 BAC in Session 8.

If time permits, explain and demonstrate other divided attention tests that may be used by participant's respective departments.

Other examples of simple, divided attention tests. Typical tests:

- ***Finger to nose.***
- ***Modified Romberg Balance Test.***

Preliminary Breath Testing (PBT)

- Is a stage in DWI subject pre-arrest screening
- **Purpose: Demonstrate association of alcohol with the observable evidence of the subject's impairment**
- **Impairment established through sensory evidence: what officer sees, hears, smells**
- **It does not indicate the level of subject impairment**



F. Advantages and Limitations of Preliminary Breath Testing

Preliminary breath testing, like psychophysical testing, is a stage in the pre-arrest screening of a DWI subject. Usually the subject is not yet under arrest when requested to submit to the preliminary breath test.

The basic purpose of preliminary breath testing (PBT) is to demonstrate the association of alcohol with the observable evidence of the subject's impairment. The subject's impairment is established through sensory evidence: what the officer sees, hears and smells.

The PBT provides the evidence that alcohol is the chemical basis of that impairment by yielding an on the spot indication of the subject's blood alcohol concentration (BAC). The PBT provides direct indication of the BAC level. **It does not indicate the level of the subject's impairment.** Impairment varies widely among individuals with the same BAC level.

The subject's impairment is established through what the officer sees, hears and smells.

PBT – Investigative Stage

- PBT conducted at investigative stage
- Accusatory stage has not yet begun
- PBT is one of many factors to determine if subject should be arrested for DWI
- Never the sole basis for a DWI arrest
- PBT provides direct indication of alcohol impairment
- Administer PBT after administering SFSTs



The DWI incident remains at the investigative stage; the accusatory stage has not yet begun. The PBT result is only one of many factors the officer considers in determining whether the subject should be arrested for DWI. Whenever possible, it should never be the sole basis for a DWI arrest. The PBT result is an important factor because it provides direct indication of alcohol impairment. All other evidence, from initial observation of the vehicle in operation through psychophysical testing, indicates alcohol impairment.

The PBT helps to confirm the chemical basis (alcohol) of that impairment. Also, PBTs should be used after administering SFSTs.

PBT Advantages

- Corroborate other evidence
- Confirm officer's judgment
- Confirm alcohol as cause of impairment
- Help establish probable cause for DWI arrest



PBT Advantages

A PBT offers several important advantages for DWI detection. It may:

- Corroborate other evidence by demonstrating that the suspicion of alcohol impairment is consistent with the officer's observations of the subject's mental and physical impairment.
- Confirm the officer's own judgment and help gain confidence in evaluating alcohol impairment accurately, based on observations and psychophysical tests. (Many officers experienced in DWI enforcement find that they rely less and less on the PBT as their confidence in their own powers of detection increases).

Many experienced DWI officers find that they rely less and less on the PBT as their confidence in their own powers of detection increases.

- Disclose the possibility of medical complications or impairment due to drugs other than alcohol. (The PBT can confirm or deny that alcohol is the cause of the observed impairment. For example, observed psychophysical impairment coupled with a PBT result showing a very low BAC indicates an immediate need to investigate the possibility that the subject has ingested a drug other than alcohol or suffers from a medical problem).
- Help to establish probable cause for a DWI arrest. (The role of the PBT in establishing probable cause may be affected by the evidentiary value of PBT results in your state. Consult your specific PBT law, your supervisor, or the local prosecutor for clarification, if necessary).

PBT Limitations

- Evidentiary
- Accuracy



PBT Limitations

The potential role of the PBT in establishing probable cause may be affected by the evidentiary value of PBT results in your state.

Consult your specific PBT statute, and your local state's or district attorney to clarify this point for your participants.

Explain the specific circumstances under which PBT results may and may not be admissible as evidence in your state. Explain the weight or probative value of PBT evidence, when admissible.

Preliminary breath testing may have both evidentiary limitations and accuracy limitations. Evidentiary limitations vary with specific laws. In some states PBT results are admissible as evidence; in other states they are not admissible. Where the results are admissible, there may be differences in the weight or value they are given. Consult your state PBT law, your supervisor or your local prosecutor, as necessary, for clarification.

Although all PBT instruments currently used by law enforcement are reasonably accurate, they are subject to the possibility of some error, especially if they are not used in the proper fashion.

Possible Factors Affecting High PBT

- Residual mouth alcohol
- Breath contaminants



There are two common factors that tend to produce high results on a PBT.

Residual mouth alcohol. After a person takes a drink, some of the alcohol will remain in the mouth. If the person exhales soon after drinking, the breath sample will pick up some of this left over mouth alcohol. In this case, the breath sample will contain an additional amount of alcohol and the test result will be higher than the true BAC.

It takes approximately 15 minutes for the residual alcohol to be eliminated from the mouth.

The only sure way to eliminate this factor is to make sure the subject does not consume any alcohol for at least 15 to 20 minutes before conducting a breath test. Remember, too, most mouthwashes, breath sprays, cough syrups, etc., contain alcohol and may produce residual mouth alcohol. Therefore, do not permit the subject to put anything in their mouth for at least 15 to 20 minutes prior to testing.

Breath Contaminants. Some types of preliminary breath tests might react to certain substances other than alcohol. For example, substances such as ether, chloroform, acetone, acetaldehyde and cigarette smoke may produce a positive reaction on certain devices. If so, the test would be contaminated and its result would be higher than the true BAC. Normal characteristics of breath samples, such as halitosis (bad breath), food odors, etc., do not affect accuracy.

Possible Factors Affecting Low PBT

- **Breath sample cooling**
- **Breath sample composition**



PBT instruments have accuracy limitations. Although all PBT instruments currently used by law enforcement are reasonably accurate, they are subject to the possibility of error, especially if they are not used properly. There are factors that can affect the accuracy of preliminary breath testing devices. Some of these factors tend to produce "high" test results; others tend to produce "low" results.

There are two common factors that tend to produce low PBT results.

Breath sample cooling. If the captured breath sample is allowed to cool before it is analyzed, some of the alcohol vapor in the breath may turn to liquid and precipitate out of the sample. If that happens, the subsequent analysis of the breath sample will produce a low BAC result.

Breath sample composition. Breath composition means the mixture of the tidal breath and alveolar breath. Tidal breath is breath from the upper part of the lungs and the mouth. Alveolar breath is deep lung breath. Breath testing should be conducted on a sample of alveolar breath, obtained by having the subject blow into the PBT instrument until all air is expelled from the lungs.

Possible Factor Affecting Either High or Low PBT

- Radio frequency interference



Radio frequency interference (RFI) can produce either high or low test results, or can prevent a breath test device from producing any result. Care should be exercised when utilizing a PBT around radio equipment.

Point out that the first two factors listed act to produce high test results, and that the third and fourth act to produce low test results.

Point out that RFI can produce either high or low test results, or can prevent a breath test device from producing any result.

Briefly explain the factors and their influence.

Possible Factors Affecting Preliminary Breath Tests

- Breath sample cooling
- Breath sample composition
- Residual mouth alcohol
- Breath contaminants
- Radio frequency interference



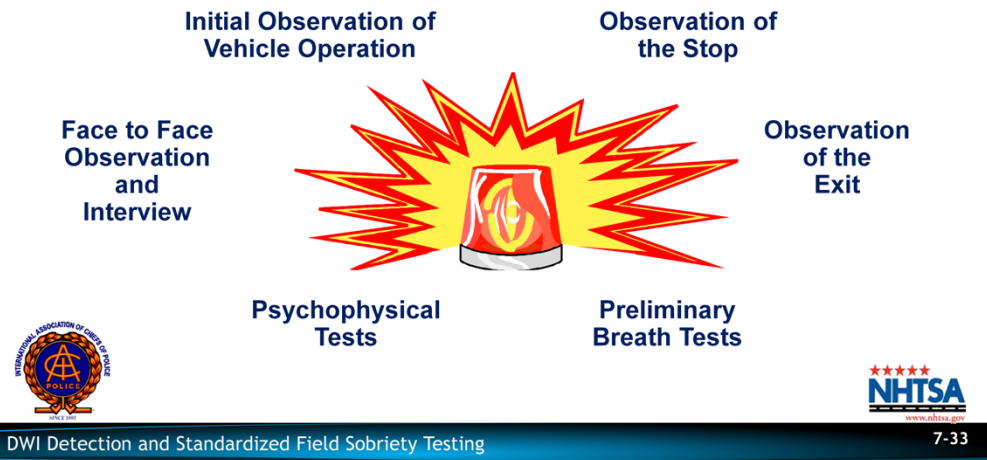
Radio frequency interference (RFI) can produce either high or low test results, or can prevent a breath test device from producing any result. Care should be exercised when utilizing a PBT around radio equipment.

Point out that the first two factors listed act to produce low test results, and that the third and fourth act to produce high test results.

Point out that RFI can produce either high or low test results, or can prevent a breath test device from producing any result.

Briefly explain the factors and their influence.

The Arrest Decision is Based on All Evidence Accumulated During All Three Detection Phases



G. The Arrest Decision

Your arrest/no arrest decision is the culmination of the DWI detection process. That decision is based on all of the evidence that has come to light since your attention was first drawn to the vehicle or individual.

PHASE ONE:

- Initial observation of vehicle in motion
- Observation of the stop.

PHASE TWO:

- Face to face observation and interview
- Observation of the exit.

PHASE THREE:

- SFSTs
- Preliminary breath tests.

Your decision involves a careful review of each of the observations you have made. Conduct a "mental summary" of the evidence collected during vehicle in motion, personal contact and pre-arrest screening. If all of the evidence, taken together, establishes probable cause to believe that a DWI offense has been committed, you should arrest the subject.

Test Your Knowledge

1. The two major evidence gathering tasks of Phase Three are _____ and _____
2. The major decision in Phase Three is _____
3. The entire DWI detection process culminates in _____
4. Divided attention tests require the subject to _____



TEST YOUR KNOWLEDGE

INSTRUCTIONS: Complete the following sentences.

1. The two major evidence gathering tasks of Phase Three are 1) psychophysical (field) sobriety tests 2) preliminary breath testing (PBT).
2. The major decision in Phase Three is should I arrest the subject for DWI?
3. The entire DWI detection process culminates in the completion of all the detection phases.
4. Divided attention tests require the subject to concentrate on two things at once.

Test Your Knowledge (Cont.)

5. Among the mental and physical capabilities a person needs to drive safely are these four:

- A.
- B.
- C.
- D.

6. The two stages of the walk and turn are:

- A.
- B.



5. Among the mental and physical capabilities a person needs to drive safely are these four:

- A. Information processing**
- B. Short term memory**
- C. Judgment and decision making**
- D. Balance**

Other acceptable answers: Steady, sure reactions; clear vision; small muscle control; coordination of limbs

6. The two stages of the Walk and Turn are:

- A. Instructions stage**
- B. Walking stage**

Test Your Knowledge (Cont.)

7. The two stages of the One Leg Stand are:
 - A.
 - B.
8. The purpose of PBT is _____
9. Two factors that product high results on a PBT are:
 - A.
 - B.



7. The two stages of the One Leg Stand are:

- A. Instructions stage**
- B. Balance and counting stage**

8. The purpose of PBT is to demonstrate the association of alcohol with the observable evidence of the suspect's impairment

9. Two factors that produce high results on a PBT are:

- A. Residual mouth alcohol**
- B. Breath contaminants**

Test Your Knowledge (Cont.)

10. Two factors that produce low results on a PBT are:
- A.
 - B.



10. Two factors that produce low results on a PBT are:

- A. Cooling of the breath sample
- B. The composition of the breath sample

QUESTIONS?



Session 8

Concepts and Principles of the Standardized Field Sobriety Tests (SFST)



Learning Objectives

- **Discuss the development and validity of the research and the standardized elements, clues and interpretation of the three Standardized Field Sobriety Tests**
- **Discuss types of nystagmus and their effects on the Horizontal Gaze Nystagmus test**



Briefly review the objectives, content and activities of this session.

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

- Discuss the development and validity of the research and the standardized elements, clues and interpretation of the three Standardized Field Sobriety Tests.
- Discuss the different types of nystagmus and their effects on the Horizontal Gaze Nystagmus test.

Learning Objectives (Cont.)

- **Proper administration of the three Standardized Field Sobriety Tests**
- **Recognize clues of the three SFST Tests**
- **Describe and record results of the three SFSTs on a standard note taking guide**
- **Discuss limiting factors of the three SFSTs**



- Discuss and properly administer the three Standardized Field Sobriety Tests.
- Discuss and properly recognize the clues of the three Standardized Field Sobriety Tests.
- Describe in a clear and convincing manner and properly record the results of the three Standardized Field Sobriety Tests on a standard note taking guide.
- Discuss the limiting factors of the three Standardized Field Sobriety Tests.

CONTENT SEGMENTS

- A. Overview: Development and Validation
- B. SFST Field Validation Studies
- C. Horizontal Gaze Nystagmus
- D. Vertical Gaze Nystagmus
- E. Walk and Turn
- F. One Leg Stand
- G. Taking Field Notes on the Standardized Field Sobriety Tests

LEARNING ACTIVITIES

- Instructor Led Demonstration
Participant Practice Session and
Demonstration

Overview: Development and Validation

NHTSA research began in 1975 in California with three final reports being published:

- **California: 1977 (lab study only)**
- **California: 1981 (lab/field study)**
- **Maryland, Washington, DC, Virginia, North Carolina: 1983 (field study only)**



A. Overview: Development and Validation

For many years law enforcement officers have utilized field sobriety tests to determine a driver's impairment due to alcohol influence. The performance of the driver on those field sobriety tests was used by the officer to develop probable cause for arrest and as evidence in court. A wide variety of field sobriety tests existed and there was a need to develop a battery of standardized valid tests.

Original Research Objectives

- Evaluate currently used physical coordination tests to determine their relationship to intoxication and driving impairment
- Develop more sensitive tests that would provide more reliable evidence of impairment
- Standardize the tests and observations



The original research objectives were to:

- Evaluate currently used physical coordination tests to determine their relationship to intoxication and driving impairment
- Develop more sensitive tests that would provide more reliable evidence of impairment
- Standardize the tests and observations.

Point out to participants that NHTSA contracted with the Southern California Research Institute (SCRI) in 1975 to develop these field tests. SCRI published the following three reports:

California: 1977 (Lab)

California: 1981 (Lab and Field)

Maryland, DC, VA, NC, 1983 (Field)

Beginning in late 1975, extensive scientific research studies were sponsored by NHTSA through a contract with the Southern California Research Institute (SCRI) to determine which roadside field sobriety tests were the most accurate. SCRI published the following three reports:

- California: 1977 (Lab)
- California: 1981 (Lab and Field)
- Maryland, District of Columbia, Virginia, North Carolina: 1983 (Field)

Volunteers Were Subjected to Six Tests

- One Leg Stand
- Finger to Nose
- Finger Count
- Walk and Turn
- Tracing (a paper and pencil exercise)
- Nystagmus (called alcohol gaze nystagmus in final report)



SCRI traveled to law enforcement agencies throughout the United States to select the most commonly used field sobriety tests. Six tests were used in the initial stages of this study.

1. One Leg Stand
2. Finger to Nose
3. Finger Count
4. Walk and Turn
5. Tracing (a paper and pencil exercise)
6. Nystagmus (called alcohol gaze nystagmus in final report).

Volunteers Were Subjected to Six Tests (Cont.)

- One Leg Stand
- Finger to Nose
- Finger Count
- Walk and Turn
- Tracing (a paper and pencil exercise)
- Nystagmus (called alcohol gaze nystagmus in final report)



Laboratory research indicated that three of these tests, when administered in a standardized manner, were a highly accurate and reliable battery of tests for distinguishing BACs at or above 0.10; Horizontal Gaze Nystagmus (HGN), Walk and Turn (WAT), and One Leg Stand (OLS).

The research showed that these three tests were the most accurate and the remaining tests were merely reassessing the same skills.

Emphasize to participants that other field sobriety tests (including finger to nose, finger count, tracing, etc.) can be effectively used to assess impairment.

While many field sobriety tests are valid tests, the Standardized Field Sobriety Tests have been validated through numerous research studies.

Explain to participants the difference between valid and validated.

VALID - Conforming to accepted principles. Producing accurate and reliable results; effective.

VALIDATED - A documented act of demonstrating that a procedure, process, and/or activity will consistently lead to accurate and reliable results.

Laboratory Test Data Results

- **HGN by itself was 77% accurate**
- **Walk and Turn was 68% accurate**
- **One Leg Stand was 65% accurate**



NHTSA analyzed the laboratory test data and found:

- HGN, by itself, was 77% accurate
- WAT, by itself, was 68% accurate
- OLS, by itself, was 65% accurate

Third Phase: Field Validation and Standardization Objectives

- Develop standardized, practical and effective procedures for police officers to use in reaching arrest/no arrest decisions
- Test the feasibility of the procedures in enforcement conditions
- Determine if tests discriminate in the field, as well as in the laboratory



B. SFST Field Validation Studies

The final phase of this study was conducted as a field validation.

- Standardized, practical and effective procedures were developed
- Determine the feasibility of the procedures for these tests in actual enforcement conditions
- The tests were determined to discriminate in the field, as well as in the laboratory.

Standardized Elements

- **Standardized Administrative Procedures**
- **Standardized Clues**
- **Standardized Criteria**



The three standardized tests were found to be highly reliable in identifying subjects whose BACs were at or above 0.10. The results of the study unmistakably validated the SFSTs.

The “Standardized” elements included:

- Standardized Administrative Procedures
- Standardized Clues
- Standardized Criteria

Importance of Large Scale Field Validation Study


- **First significant assessment of the workability of the standardized tests under actual enforcement conditions**
- **First time completely objective clues and scoring criteria had been defined for the tests**
- **Results of the study validated the SFSTs**



The large scale field validation study was the first significant assessment of the workability of the standardized tests under actual enforcement conditions. It was also the first time completely objective clues and scoring criteria had been defined for these tests. The results of this study validated the SFSTs.

Session 8 - Concepts and Principles of the Standardized Field Sobriety Tests (SFST)



SFST Field Validation Studies



Colorado
1995

Florida
1997

San Diego, California
1998



DWI Detection and Standardized Field Sobriety Testing

8-12

Three SFST validation studies were undertaken between 1995 and 1998:



- Colorado - 1995
- Florida - 1997
- San Diego - 1998

In order to understand the results of the research studies discussed in this course, it is important to define what is meant by a correct arrest decision. A correct arrest decision is made when an officer, after completing the third phase of the detection process, decides to arrest a subject and that subject tested above the illegal per se limit for BAC or the officer decides to release a subject who is below the illegal per se limit for BAC.

Session 8 - Concepts and Principles of the Standardized Field Sobriety Tests (SFST)

Correct Decision

	Arrested Subject	Did Not Arrest Subject
Above Illegal Per Se Limit	I Officer decided to arrest the subject <u>and</u> their BAC was <u>above</u> the illegal per se limit	II Officer decided <u>not</u> to arrest the subject and their BAC was <u>above</u> the illegal per se limit
Below Illegal Per Se Limit	III Officer decided to arrest the subject <u>but</u> their BAC was <u>below</u> the illegal per se limit	IV Officer decided <u>not</u> to arrest the subject and their BAC was <u>below</u> the illegal per se limit

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Figure 1: Matrix of possible arrest decisions illustrates the four different decisions which are present in all the validation studies. There are four quadrants, each representing a different decision. The quadrants (I & IV), shaded in gray, represent a correct arrest decision.

The remaining subjects, incorrect arrest decisions, fall into two other categories. Members of the first group were not arrested, but tested above the illegal per se limit for BAC (quadrant II). The Colorado Study noted that a number (approximately 33%) of these individuals were considered alcohol tolerant and performed well on the SFSTs even though their BACs were above the illegal per se limit. Although these release decisions were recorded as errors based on the procedures outlined in the study, this non arrest decision ultimately benefited the driver.

The subjects in quadrant III were arrested, but their BAC was below the illegal per se limit. Many states stipulate in their statute that a driver is considered DWI if they are either above the illegal per se limit for BAC or have lost the normal use of their mental or physical faculties. Even though the arrests in quadrant III are legally justifiable according to an individual state's statute, these decisions are recorded as errors in the research based on the procedures outlined in the study.

Note: It is important for the officer who is trained in SFST to prepare themselves to understand and explain these statistics in layman terms in order to effectively articulate them to a jury in a courtroom.

Each of these studies have shown that the SFST three test battery is a scientifically validated and reliable method for distinguishing between impaired and unimpaired drivers.

Colorado Field Validation Study of SFST

- **First full field validation study using SFST experienced law enforcement personnel**
- **86% correct arrest/release decision based on three test battery (HGN, WAT, OLS)**
- **93% of those arrested had a BAC of 0.05 or higher**



“A Colorado Validation Study of Standardized Field Sobriety Test Battery”

- The Colorado SFST validation study was the first full field study that utilized law enforcement personnel experienced in the use of SFSTs.
- The initial 1977 study utilized only a few experienced officers in DWI enforcement in both a laboratory setting and field setting. These officers received approximately four hours of training in field sobriety testing prior to the laboratory study.
- In the Colorado study, correct arrest/release decisions at a 0.05 BAC were 86% accurate based on the three test battery (HGN, WAT, OLS). 93% of arrested drivers had a BAC of 0.05 or higher. These results, by officers who were trained in the Standardized Field Sobriety Testing curriculum, were substantially higher than the initial 1977 study results.

Florida Field Validation Study of SFST

- **95% correct arrest decision based on three test battery (HGN, WAT, OLS)**
- **Validated SFSTs at 0.08 BAC and above**



“Florida Validation Study of the Standardized field Sobriety Test Battery”

- The Florida SFST field validation study was undertaken in order to answer the question of whether SFSTs are valid and reliable indices of the presence of alcohol when used under present day traffic and law enforcement conditions.
- Correct decisions to arrest were made 95% of the time based on the three test battery (HGN, WAT, OLS).

This was the second SFST field validation study that was undertaken.

This study was the first study conducted at the lower BAC limit of 0.08.

San Diego Field Validation Study of SFST

- **91% correct arrest decision for 0.08 BAC and above using three test battery (HGN, WAT, OLS)**
- **HGN is still most reliable of three-test battery and supports arrest decisions at 0.08 BAC**



“Validation of the Standardized Field Sobriety Test Battery at BACs Below 0.10 %”

- The San Diego SFST validation field study was undertaken because of the nationwide trend towards lowering the BAC limits to 0.08. The question to be answered was “Do SFSTs discriminate at BACs below 0.10%?”
- The study examined the validity of SFST’s for both .08% and .04%.
- Correct arrest decisions were made 91% of the time based on the three-test battery (HGN, WAT, OLS) at the 0.08 level and above.

San Diego Field Validation Study of SFST (Cont.)

Based on this study:

- HGN was 88% accurate
- WAT was 79% accurate
- OLS was 83% accurate



- HGN was 88% accurate
- WAT was 79% accurate
- OLS was 83% accurate

The results of this study provide clear evidence of the validity of the three test battery to support arrest decisions at above or below 0.08. It strongly suggests that the SFSTs also identify BACs at 0.04 and above.

Results: Three SFST 1990's Field Studies

% Correct

Colorado	86% Arrest / Release Decisions
Florida	95% Arrest Decisions
California	91% Arrest Decisions

By properly administering and interpreting the Standardized Field Sobriety Tests in a systematic and standardized manner, can allow officers to obtain results similar to the studies mentioned above.

Horizontal Gaze Nystagmus

Involuntary jerking of the eyes,
occurring as the eyes gaze to the side



C. Horizontal Gaze Nystagmus

Definition Review: Involuntary jerking of the eyes, occurring as the eyes gaze to the side.

In addition to being involuntary:

- Person is usually unaware that it is happening.
- Person is powerless to stop it or control it.

Key Summary Point: Alcohol and certain other drugs cause Horizontal Gaze Nystagmus.

Other drugs that can cause nystagmus are CNS Depressants, Inhalants, and Dissociative Anesthetics.

Categories of Nystagmus

- **Vestibular**
- **Neural**
- **Pathological Disorders and Diseases**



Categories of Nystagmus

Horizontal Gaze Nystagmus is not the only kind of nystagmus. There are other circumstances under which the eyes will jerk involuntarily.

It is important to know some of the other common types of nystagmus, to be aware of their potential impact on our field sobriety tests.

Nystagmus of several different origins may be seen. The three general categories of nystagmus are:

- Vestibular
- Neural
- Pathological Disorders and Diseases

Vestibular Nystagmus

- Rotational
- Post Rotational
- Caloric



Vestibular Nystagmus is caused by movement or action to the vestibular system.

Point out that the vestibular system is a sense organ located in the inner ear. It provides information to the brain, and consequently to the eyes about position and movement of the head to maintain orientation and balance of the body.

Types of vestibular nystagmus:

- Rotational Nystagmus occurs when the person is spun around or rotated rapidly, causing the fluid in the inner ear to be disturbed. If it were possible to observe the eyes of a rotating person, they would be seen to jerk noticeably.
- Post Rotational Nystagmus is closely related to rotational nystagmus: when the person stops spinning, the fluid in the inner ear remains disturbed for a period of time, and the eyes continue to jerk.

Neither Rotational nor Post Rotational Nystagmus will interfere with the Horizontal Gaze Nystagmus test because of the conditions under which they occur.

To illustrate rotational and post rotational, swirl a half glass of water several times. Stop swirling glass, water will continue to spin for a short period of time.

- Caloric Nystagmus occurs when fluid motion in the canals of the vestibular system is stimulated by temperature as by putting warm water in one ear and cold in the other.

Vestibular Nystagmus (Cont.)

- **Positional Alcohol Nystagmus**



Positional Alcohol Nystagmus (PAN) occurs when a foreign fluid, such as alcohol, that alters the specific gravity of the blood is in unequal concentrations in the blood and the vestibular system. This causes the vestibular system to respond to gravity in certain head positions, resulting in nystagmus.

In the original HGN study, research was not conducted for performing HGN on people lying down. Current research demonstrates that HGN can be performed on someone in this position.

There are two types of PAN:

PAN I - occurs when the alcohol concentration in the blood is greater than the inner ear fluid. PAN I occurs while BAC is increasing.



PAN II - occurs when the alcohol concentration in the inner ear fluid is greater than in the blood. An example of PAN is the spinning of a room when a person lies down after consuming alcohol. This occurs while BAC is decreasing.

Reference in 2010 Manual to details of this study is included in section H, 5 #33.

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Neural Nystagmus

- Optokinetic



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Nystagmus can also result directly from neural activity:

Optokinetic Nystagmus occurs when the eyes fixate on an object that suddenly moves out of sight, or when the eyes watch sharply contrasting moving images.

Examples of optokinetic nystagmus include watching strobe lights, rotating lights, or rapidly moving traffic in close proximity. The Horizontal Gaze Nystagmus test will not be influenced by optokinetic nystagmus when administered properly. During the Horizontal Gaze Nystagmus test, the suspect is required to fixate the eyes on a penlight, pencil or similar object that moves in accordance with the HGN testing procedures, thus optokinetic nystagmus will not occur. The movement of the stimulus and the fixation on the stimulus by the subject precludes this form of nystagmus from being observed by the officer.

Point out that during the Horizontal Gaze Nystagmus test, the subject is required to focus the eyes on a penlight, pencil or similar object that moves smoothly and relatively slowly across the field of view, thus optokinetic nystagmus will not occur.

When practical, remind participants to face the driver away from potential distractions that could be raised later.

Neural Nystagmus

- Physiological
- Gaze



Physiological Nystagmus is a natural nystagmus that keeps the sensory cells of the eye from tiring. It is the most common type of nystagmus. It happens to all of us, all the time. This type of nystagmus produces extremely minor tremors or jerks of the eyes. These tremors are usually too small to be seen with the naked eye. Physiological nystagmus will have no impact on our Standardized Field Sobriety Tests, because it's tremors are usually invisible.

Emphasize that physiological nystagmus will have no impact on our Standardized Field Sobriety Tests, because its tremors are usually invisible.

Gaze Nystagmus is a form of nystagmus that occurs when the eyes attempt to maintain visual fixation on a stimulus.

Gaze Nystagmus

- **Horizontal**
- **Vertical**
- **Resting**



For our purposes, gaze nystagmus is separated into three types:

- Horizontal
- Vertical
- Resting

Horizontal Gaze Nystagmus

- Involuntary jerking of the eyes, occurring as the eyes gaze to the side
- Observation of the eyes for Horizontal Gaze Nystagmus provides the first and most accurate test in the SFST Battery
- It's presence may indicate use of certain other drugs



Horizontal Gaze Nystagmus is an involuntary jerking of the eyes, occurring as the eyes gaze to the side. It is the observation of the eyes for Horizontal Gaze Nystagmus that provides the first and most accurate test in the Standardized Field Sobriety Test battery. Although this type of nystagmus is indicative of alcohol impairment, its presence may also indicate use of certain other drugs.

Examples of other drugs are: CNS Depressants, Inhalants, and Dissociative Anesthetics such as PCP and its analogs.

Emphasize to participants that this training course is concerned with Horizontal Gaze Nystagmus and that this procedure has been validated as an accurate indicator for alcohol influence by extensive scientific research.

Vertical Gaze Nystagmus

- Involuntary jerking of the eyes (up and down)
- Occurs when the eyes gaze upward at maximum elevation
- Associated with high doses of alcohol and certain other drugs
- Drugs that cause VGN may cause HGN



Vertical Gaze Nystagmus is an involuntary jerking of the eyes (up and down) which occurs when the eyes gaze upward at maximum elevation. The presence of this type of nystagmus is associated with high doses of alcohol for that individual and certain other drugs. The drugs that cause Vertical Gaze Nystagmus are the same ones that cause Horizontal Gaze Nystagmus.

There is no drug that will cause Vertical Gaze Nystagmus that may not cause Horizontal Gaze Nystagmus. If Vertical Gaze Nystagmus is present and Horizontal Gaze Nystagmus is not, it could be a medical condition.

For VGN to be recorded, it must be definite, distinct and sustained for a minimum of four seconds at maximum elevation.

Resting Nystagmus

- Jerking of the eyes as they look straight ahead
- Presence usually indicates a pathological disorder or high doses of a Dissociative Anesthetic drug such as PCP
- If detected, take **OFFICER SAFETY** precautions



Resting Nystagmus is referred to as a jerking of the eyes as they look straight ahead. Its presence usually indicates a pathological disorder or high doses of a Dissociative Anesthetic drug such as PCP. If detected, take precautions. (OFFICER SAFETY.)

Nystagmus may also be caused by certain pathological disorders. They include brain tumors and other brain damage or some diseases of the inner ear. These pathological disorders occur in very few people and in even fewer drivers.

Pathological Disorder Nystagmus

- Brain tumors and other brain damage
- Some inner ear diseases
- Rare in the driving population



Nystagmus may also be caused by certain pathological disorders. They include brain tumors and other brain damage or some diseases of the inner ear. These pathological disorders occur in very few people and in even fewer drivers.

Point out that nystagmus caused by pathological disorders is extremely rare in the driving population. Persons suffering from these disorders are rarely able to drive.

Medical Impairment

- Equal pupil size
- Resting nystagmus
- Equal tracking



Medical Impairment

The examinations that you conduct to assess possible medical impairment include:

- Equal pupil size
- Resting nystagmus
- Equal tracking

Pupil size will be affected by some medical conditions or injuries. If the two pupils are distinctly different in size, it is possible that the subject:

- Has a prosthetic eye
- Is suffering from a head injury
- Has a neurological disorder

Resting nystagmus is referred to as jerking as the eyes look straight ahead. This condition is not frequently seen. Its presence usually indicates a pathology or high doses of a drug such as a Dissociative Anesthetic like PCP.

Resting nystagmus may also be a medical problem.

Tracking ability will be affected by certain medical conditions or injuries involving the brain.

Demonstrate how to check for equal pupil size, resting nystagmus and equal tracking.

This observation is a medical assessment. If the two eyes do not track together, the possibility of a serious medical condition or injury is present.

Medical Impairment (Cont.)

Even though the possibility of alcohol and/or drug impairment exists, be aware of medical conditions having symptoms in common with alcohol influence.



Point out: Even though the possibility of alcohol and/or drug impairment exists, officers should be aware of medical conditions having symptoms in common with alcohol influence.

By passing a stimulus across both eyes, you can check to see if both eyes are tracking equally. If they don't (i.e., if one eye tracks the stimulus, but the other fails to move, or lags behind the stimulus) there is the possibility of a neurological disorder.

If a person has sight in both eyes, but the eyes fail to track together, there is a possibility that the person is suffering from an injury or illness affecting the brain.

For further information on drugs other than alcohol and procedures for conducting a preliminary examination to check for medical impairment, injury or drug impairment, see the curriculum package entitled "Introduction to Drugged Driving" or "ARIDE."

HGN Medical Impairment Assessment Procedures

- Check eyes for:
 - Equal pupil size
 - Resting nystagmus
 - Equal tracking
-
- If eyes do not track together, or pupils are noticeably unequal in size, medical disorders or injuries may be present



Procedures to Assess Possible Medical Impairment

Prior to administration of HGN, the eyes are checked for equal pupil size, resting nystagmus, and equal tracking (can they follow an object together). If the eyes do not track together, or if the pupils are noticeably unequal in size, the chance of medical disorders or injuries causing the nystagmus may be present.

HGN Testing: Three Clues

- Lack of smooth pursuit
- Distinct and sustained Nystagmus at maximum deviation
- Onset of Nystagmus prior to 45 degrees



Procedures of Horizontal Gaze Nystagmus Testing: The Three Clues

The test you will use at roadside is "Horizontal Gaze Nystagmus" -- an involuntary jerking of the eyes occurring as the eyes gaze to the side. When a person is impaired by alcohol or certain drugs, some jerking will be seen if the eyes are moved far enough to the side.

Note: CNS Depressants, Inhalants, and Dissociative Anesthetics can cause HGN.

- The Lack of Smooth Pursuit (Clue Number One) - The eyes can be observed to jerk or "bounce" as they follow a smoothly moving stimulus, such as a pencil or penlight. The eyes of an impaired person will not follow smoothly, i.e., a marble rolling across sand paper, or windshield wipers moving across a dry windshield.
- Distinct and Sustained Nystagmus At Maximum Deviation (Clue Number Two) - Distinct and sustained nystagmus is evident when the eye is held at maximum deviation for a minimum of four seconds and continues to jerk toward the side.

Even unimpaired people may exhibit slight jerking of the eye at maximum deviation, but this will not be evident or sustained for more than a few seconds.

- Onset of Nystagmus Prior To 45 Degrees (Clue Number Three) - The point at which the eye is first seen jerking. If the jerking begins prior to 45 degrees it is evident that the person has a BAC above 0.08, as shown by recent research.

The higher the degree of impairment, the sooner the nystagmus will be observable.

Administrative Procedures

- Check for eyeglasses
- Verbal instructions
- Position stimulus (12-15 inches and slightly above eye level)
- Check for equal pupil size and resting nystagmus
- Check for equal tracking
- Lack of smooth pursuit
- Distinct and sustained nystagmus at maximum deviation
- Onset of nystagmus prior to 45 degrees
- Total the clues
- Check for vertical nystagmus



Horizontal and Vertical Gaze Nystagmus can be observed directly and does not require special equipment. You will need a contrasting stimulus for the subject to follow with their eyes. This can be a penlight or pen. The stimulus used should be held slightly above eye level, so that the eyes are wide open when they look directly at it. It should be held approximately 12 - 15 inches in front of the nose. Remain aware of your position in relation to the subject at all times.

OFFICER SAFETY IS THE NUMBER ONE PRIORITY ON ANY TRAFFIC STOP.

Administrative Procedures

- Check for eyeglasses
- Verbal instructions
- Position stimulus (12-15 inches and slightly above eye level)
- Check for equal pupil size and resting nystagmus
- Check for equal tracking
- Lack of smooth pursuit
- Distinct and sustained nystagmus at maximum deviation
- Onset of nystagmus prior to 45 degrees
- Total the clues
- Check for vertical nystagmus

HGN Procedures

1. Check for eyeglasses



Administrative Procedures for Horizontal Gaze Nystagmus

It is important to administer the Horizontal Gaze Nystagmus test systematically using the following steps, to ensure that nothing is overlooked.

There are 10 steps in the systematic administration of the Horizontal Gaze Nystagmus test.

Step 1: Check for Eyeglasses.

Begin by instructing the subject to remove eyeglasses, if worn.

Point out that eyeglasses may impede the subject's peripheral vision, and may also impede the officer's ability to observe the eye carefully.



It does not matter whether the subject can see the stimulus with perfect clarity, as long as subject can see it at all.

Remind participants that nystagmus is not a vision test.

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HGN Procedures (Cont.)

1. Check for eyeglasses
2. Verbal instructions
3. Position stimulus



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Step 2: Verbal Instructions.

Give the subject the appropriate verbal instructions:

Point out that officers' should note whether subject sways, wobbles, etc. while trying to balance.

- Put feet together, hands at the side
- Keep head still
- Look at the stimulus
- Follow movement of the stimulus with the eyes only
- Keep looking at the stimulus until told the test is over

Emphasize that these are the major points that must be conveyed during the verbal instructions.

Step 3: Position the Stimulus.



Position the stimulus approximately 12 - 15 inches (30 - 38 cm) in front of subject's nose, and slightly above eye level to commence the test.

Resting Nystagmus may be observed at this time. Officers should note whether the subject displays Resting Nystagmus.

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HGN Procedures (Cont.)

4. Pupil size and resting nystagmus
5. Equal tracking



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Step 4: Equal Pupil Size and Resting Nystagmus. Check for equal pupil size and resting nystagmus.

Remind the participants that if Resting Nystagmus is observed they can continue with the remainder of the test to check for other possible indicators of impairment and any possible indicators of a medical condition.

Remind participants to also check for resting nystagmus when checking for equal pupil size.

Step 5: Equal Tracking.

Check for equal tracking. Move the stimulus rapidly from center to far right, to far left and back to center.

Remind the participants that the speed of the stimulus should be approximately the same speed used as checking for the lack of smooth pursuit.

Remind the participants to make at least two complete passes in front of the eyes to check for equal tracking.

Point out that there should be a clear, distinguishable break between the check for equal tracking and lack of smooth pursuit.

HGN Procedures (Cont.)

6. Check for lack of smooth pursuit
7. Check for distinct and sustained nystagmus at maximum deviation
8. Check for onset of nystagmus prior to 45 degrees



Step 6: Lack of Smooth Pursuit. Check the left eye for lack of the "Smooth Pursuit" clue. If the eye is observed to jerk while moving, that is one clue.

Check the right eye for lack of the "Smooth Pursuit" clue and compare.

Remind participants to make at least two complete passes in front of the eyes to check this clue.

Step 7: Check the right and left eye for the "distinct and sustained nystagmus at maximum deviation" clue. If the jerkiness is distinct and sustained, that is one clue.

Emphasize that the jerking must be definite, distinct and sustained in order to score this clue. Remind participants to check each eye at least twice for this clue.

Check the right eye for the "distinct and sustained nystagmus at maximum deviation" clue and compare.

Point out that in most cases no white should be showing in the corner of the eye when observing this clue.

Step 8: Onset of Nystagmus Prior to 45 Degrees. Check the left eye for the "onset of nystagmus prior to 45 degrees" clue. If the jerking begins prior to 45 degrees, that is one clue.

Remind participants to check each eye at least twice for this clue. Point out that, for many subjects, nystagmus clues will appear in the sequence listed.

Check the right eye for "onset of nystagmus prior to 45 degrees" clue, and compare.

HGN Procedures (Cont.)

9. Total the clues

10. Check for Vertical Gaze Nystagmus



Step 9: Total the clues

Maximum number of clues possible for each eye: 3

Total maximum number of clues possible for both eyes: 6

Also, point out that the subject's performance may not be exactly identical in both eyes.

That is, as BAC increases, many people first show inability of smooth pursuit, then show distinct jerkiness at maximum deviation, and finally show an onset within 45 degrees. However, that may not always be true.

Step 10: Check for Vertical Nystagmus

It is possible that all three clues definitely will be found in one eye, while only two (or sometimes only one) will show up in the other eye. It is always necessary to check both eyes, and to check them independently. Notwithstanding, it is unlikely that the eyes of someone under the influence of alcohol will behave totally different.

Thus, if one eye shows all three clues distinctly while the other eye gives no evidence of nystagmus, the person may be suffering from one of the pathological disorders covered previously.

Test Interpretation

Look for three clues of nystagmus in each eye:

- Lack of smooth pursuit
- Distinct and sustained Nystagmus at maximum deviation
- Onset of Nystagmus prior to 45 degrees



Test Interpretation

You should look for three clues of nystagmus in each eye.

Lack of Smooth Pursuit (The eye cannot follow a moving object smoothly)

Distinct and Sustained Nystagmus at Maximum Deviation (Nystagmus is distinct and sustained when the eye is held at maximum deviation for a minimum of four seconds)

Onset of Nystagmus Prior to 45 Degrees.

Based on recent research, if you observe four or more clues it is likely that the subject's BAC is at or above 0.08. Using this criterion you will be able to classify about 88% of your subjects accurately. This was determined during laboratory and field testing and helps you weigh the various Standardized Field Sobriety Tests in this battery as you make your arrest decision.

This accuracy level was determined through the San Diego Study ("Validation of the Standardized Field Sobriety Test Battery at BACs Below 0.10 %").

Three Clues of Horizontal Gaze Nystagmus

- Lack of smooth pursuit
- Distinct and sustained nystagmus at maximum deviation
- Onset of nystagmus prior to 45 degrees



Three Clues of Horizontal Gaze Nystagmus

It is important that participants start with the subject's left eye first. Then check the right eye for the same clue. This procedure should be used for all three clues.

When we administer the Horizontal Gaze Nystagmus test, we look for three specific clues as evidence of alcohol influence.

We check each eye independently for each clue.

Remind the participants to check each eye twice for each clue.

For standardization, begin with the subject's left eye. Check for the first clue. Next, check right eye for same clue. Repeat this procedure for each clue starting with left eye, then right eye. Compare and document the results.

When we are checking an eye, it is good practice to administer the test by the numbers each time, to make sure that no step is overlooked.

EMPHASIZE THAT: OFFICER SAFETY IS OF KEY IMPORTANCE WHEN ADMINISTERING THESE TESTS.

Clue Number 1

Lack of smooth pursuit



Clue No. 1: Lack of Smooth Pursuit

The first clue requires that the subject move the eye to follow the motion of a smoothly moving stimulus.

Emphasize that subject must keep the head still and follow the stimulus with the eyes only.

The stimulus may be the eraser on a pencil, the tip of a penlight, the tip of your finger, or any similar small object.

Emphasize here that it is best to use a stimulus which contrasts with the background.

Begin by holding the stimulus vertically approximately 12 - 15 inches (30 - 38 cm) in front of the subject's nose, and slightly above eye level.

Point out that when stimulus slightly higher than eye level, subject will have to open eyes wide to focus on it. Wide open eyes make it easier to see the nystagmus.

Clue Number 1 (Cont.)

Lack of smooth pursuit



Move the stimulus smoothly all the way out to the right (checking subject's left eye first) then move the stimulus smoothly all the way across the subject's face to the left side (checking the subject's right eye), then back to center.

Make at least two complete passes with the stimulus

If a person is not impaired by alcohol (or drugs that cause HGN), the eyes should move smoothly as the object is moved back and forth.

Analogy: movement of the eyes of a person not impaired by alcohol (or drugs that cause HGN) will be similar to the movement of windshield wipers across a wet windshield versus an impaired person and windshield wipers moving across a dry windshield.

Mechanics of Clue Number 1

- **Move object steadily at a speed that takes approximately 2 seconds to bring the eye from center to side**
- **Make at least two complete passes in front of the eyes**



The Mechanics of Clue Number 1

It is necessary to move the object smoothly in order to check the eye's ability to pursue smoothly.

The stimulus should be moved from center position, all the way out to the right side (checking subject's left eye) where the eye can go no further, and then all the way back across subject's face all the way out to the left side where the eye can go no further (checking subject's right eye) and then back to the center.

Demonstrate.

The object must be moved steadily, at a speed that takes approximately 2 seconds to bring the eye from center to side.

Demonstrate.

In checking for this clue, make at least two complete passes in front of the eyes.

Demonstrate.

If you are still not able to determine whether or not the eye is jerking as it moves, additional passes may be made in front of the eyes.

Live Demonstration Clue Number 1



Live Demonstration of the Mechanics of Clue No. 1

Solicit a participant to participate in the live demonstration.

- ***Station the participant subject in a position where the eyes can easily be seen by the class. (It may be necessary to conduct the demonstration at two or more locations in the class to permit all to see.)***
- ***Position stimulus approximately 12 - 15 inches (30 - 38 cm) in front of nose, slightly higher than eye level.***
- ***Articulate each step in the procedural mechanics aloud.***
- ***Stimulus is moved smoothly from center all the way out to the right (checking subject's left eye), back across subject's face all the way to the left side (checking subject right eye) then back to center.***
- ***Point out how the arm is held to ensure smooth movement.***
- ***A second pass is conducted the same as the first.***
- ***Point out that each pass takes the eye as far to the side as it can go.***
- ***On each pass, the arm is moved smoothly, and the eye is taken as far to the side as possible.***
- ***Point out that it takes approximately 2 seconds to move the object from center to the side as far as the eye can go.***
- ***Solicit participants' questions concerning the procedural mechanics for Clue No. 1.***

Participant Practice Clue Number 1



Participant Practice of the Mechanics of Clue No. 1

Practice in groups of two or three, taking turns.

Instruct each participant to practice conducting the test of smooth pursuit, using another participant as a subject.

Remind participants that they are to make at least two complete passes in front of the eyes.

Coaching and critiquing participants' practice.

Common initial mistakes to note and correct:

- ***Holding object too close to (or too far from) subject's eyes***
- ***Moving object too slowly (or too quickly) toward the side***
- ***Failing to move object far enough to the side to bring eye to maximum deviation***
- ***Curving downward and curving around. Encourage participants to practice this procedure using a flat surface such as a wall for a guide***

Participant Led Demonstration Clue Number 1



Participant Led Demonstration

Choose a participant who appears to be doing a good job in carrying out the procedural mechanics of Clue No. 1, and have that participant come forward with a subject to demonstrate the mechanics to the class.

Resume participant practice and allow it to continue until all participants appear reasonably proficient in carrying out the mechanics of Clue No. 1.

Clue Number 2

Distinct and Sustained Nystagmus at Maximum Deviation



Clue No. 2: Distinct and Sustained Nystagmus at Maximum Deviation

Once you have completed the check for lack of smooth pursuit, you will check the eyes for distinct and sustained nystagmus when the eye is held at maximum deviation, beginning with the subject's left eye.

The Mechanics of Clue Number 2

Once again, position the stimulus approximately 12 - 15 inches (30 - 38 cm) in front of subject's nose and slightly above eye level.

Demonstrate.

Move the stimulus off to the right side (checking subject's left eye) until the eye has gone as far as possible.

Demonstrate holding the stimulus steadily off to the side.

Hold the stimulus steady at that position for a minimum of four (4) seconds, and carefully watch the eye.

Point out that four (4) seconds is a relatively long period of time. You cannot simply hold the eye to the side for an instant, and expect to observe distinct jerking.

Then, move the stimulus back across the subject's face all the way out to the left side (subject's right eye).

Clue Number 2 (Cont.)

Distinct and Sustained Nystagmus at Maximum Deviation



Four seconds will not cause fatigue nystagmus. This type of nystagmus may begin if a subject's eye is held at maximum deviation for more than 30 seconds.

Hold the stimulus steady and carefully watch the eye.

If the person is impaired, the eye is likely to exhibit definite, distinct and sustained jerking when held at maximum deviation for a minimum of 4 seconds.

Emphasize this point.

In order to "count" this clue as evidence of impairment, the nystagmus must be distinct and sustained for a minimum of 4 seconds.

If you think you see only slight nystagmus at this stage of the test, or if you have to convince yourself that nystagmus is present, then it isn't really there.

ONCE AGAIN, EMPHASIZE OFFICER SAFETY.

Live Demonstration Clue Number 2



Live Demonstration of the Mechanics of Clue No. 2

Stimulus initially positioned approximately 12 - 15 inches (30 -38 cm) in front of the participant subject's nose, slightly higher than eye level.

- ***Stimulus moved to the side, drawing the eye to its maximum deviation.***
- ***Hold the stimulus steady at that point for a minimum of 4 seconds, to determine whether or not there is distinct and sustained nystagmus.***
- ***Then, move the stimulus back across the subject's face all the way out to the left side (subject's right eye).***
- ***Station the participant subject in a position where eyes can readily be seen by the class. (It may be necessary to conduct the demonstration at two or more locations in the class.)***
- ***Hold the stimulus steady and carefully watch the eye.***
- ***Articulate each step in the procedural mechanics aloud.***
- ***Hold the stimulus steady at that point for a minimum of 4 seconds to determine whether or not there is distinct and sustained nystagmus.***

Solicit a participant to participate in the live demonstration.

Participant Led Demonstrations Clue Number 2



Participant practice of the mechanics of Clue No. 2

Participant Led Demonstrations

Instruct each participant to practice conducting the test of maximum deviation, using another participant as a subject.

Practice in groups of two or three, taking turns.

Coaching and critiquing participants' practice.

Common initial mistakes to note and correct:

- ***Not bringing the eye sufficiently far to the side (some white still showing)***
- ***Not holding the object steadily for at least four seconds, at maximum deviation***

Allow participant practice to continue until all participants appear reasonably proficient in carrying out the mechanics of Clue No. 2.

Solicit participants' questions concerning the procedural mechanics for Clue No. 2.

Clue Number 3

Onset of Nystagmus Prior to 45 Degrees



Clue No. 3: Onset of Nystagmus Prior to 45 Degrees

Once again, position the stimulus approximately 12 - 15 inches (30 - 38 cm) in front of subject's nose and slightly above eye level.

EMPHASIZE OFFICER SAFETY.

The angle of onset of nystagmus is simply the point at which the eye is first seen jerking.

Examples: With someone at a very high BAC (0.20+), the jerking might begin almost immediately after the eye starts to move toward the side. For someone at 0.08 BAC, the jerking might not start until the eye has moved nearly to the 45 degree angle.

Generally speaking, the higher the BAC, the sooner the jerking will start as the eye moves toward the side.

If the jerking begins prior to 45 degrees, that person's BAC could be 0.08 or above.

REMINd PARTICIPANTS THAT THE ADMINISTRATION OF HGN IS NOT TO BE USED TO ESTIMATE SPECIFIC BAC LEVEL.

Clue Number 3 (Cont.)

Onset of Nystagmus Prior to 45 Degrees



It is not difficult to determine when the eye has reached the 45 degree point, but it does require some practice.

Instruct participants that whatever distance you position the stimulus from the nose, you will reach 45 degrees when you have moved the stimulus an equal distance to the side. (i.e., if you start with the stimulus 12 inches from the nose, move it 12 inches to the side.)

If you start with the stimulus approximately 12 - 15 inches (30 - 38 cm) directly in front of the nose, you will reach 45 degrees when you have moved the stimulus an equal distance to the side. Two other important indicators can be used to determine if the eye is within 45 degrees.

Point out the white showing in the eye portrayed in Slide 8-22. Note that some people's eyes may exhibit no white in the corner prior to 45 degrees.

At 45 degrees, some white usually will still be visible in the corner of the eye (for most people).

If you started with the stimulus approximately 12 - 15 inches (30 - 38 cm) in front of the subject, when you reach 45 degrees the stimulus will usually be lined up with, or slightly beyond, the edge of the subject's shoulder.

Point out that this latter indicator may not be valid if the subject is either a very large or a very small person.

Mechanics of Clue Number 3



The Mechanics of Clue No. 3

The stimulus is positioned approximately 12 - 15 inches from (30 - 38 cm) subject's nose and slightly above eye level. It is necessary to move the stimulus slowly to identify the point at which the eye begins to jerk.

Start moving the stimulus towards the right side (left eye) at the speed that would take approximately 4 seconds for the stimulus to reach the edge of the subject's shoulder.

Demonstrate stopping the stimulus, and holding it steady.

As you are slowly moving the stimulus, watch the eye carefully for any sign of jerking.

Demonstrate movement at that speed.

When you see the jerking begin, immediately stop moving the stimulus and hold it steady at that position.

With the stimulus held steady, look at the eye and verify that the jerking is continuing.

If the jerking is not evident with the stimulus held steady, you have not located the point of onset. Therefore, resume moving the stimulus slowly toward the side until you notice the jerking again.

Point out that nystagmus doesn't go away once the eye stops moving. If the officer actually has found the point of onset, the eye will continue to jerk when the stimulus is held steady.

When you locate the point of onset of nystagmus, you must determine whether it is prior to 45 degrees.

Mechanics of Clue Number 3 (Cont.)



Verify that some white is still showing in the corner of the eye.
Examine the alignment between the stimulus and the edge of the subject's shoulder.
Start moving the stimulus towards the left side (right eye) at the speed that would take approximately 4 seconds for the stimulus to reach the edge of the subject's shoulder.

Demonstrate stopping the stimulus, and holding it steady.

As you are slowly moving the stimulus, watch the eye carefully for any sign of jerking.

Demonstrate movement at that speed.

When you see the jerking begin, immediately stop moving the stimulus and hold it steady at that position.

With the stimulus held steady, look at the eye and verify that the jerking is continuing.

Point out that nystagmus doesn't go away once the eye stops moving. If the officer actually has found the point of onset, the eye will continue to jerk when the stimulus is held steady.

If the jerking is not evident with the stimulus held steady, you have not located the point of onset. Therefore, resume moving the stimulus slowly toward the side until you notice the jerking again.

When you locate the point of onset of nystagmus, you must determine whether it is prior to 45 degrees.

Verify that some white is still showing in the corner of the eye.

Examine the alignment between the stimulus and the edge of the subject's shoulder.

Live Demonstration Clue Number 3



Live Demonstration of the Mechanics of Clue No. 3

Solicit a participant to participate in the live demonstration.

Stimulus initially positioned approximately 12 - 15 inches (30 - 38 cm) in front of participant subject's nose, slightly higher than eye level.

Station the participant subject in a position where participant's eyes can readily be seen by the class. (It may be necessary to conduct the demonstration at two or more locations.)

Slowly move the stimulus toward the side, watching the eye for nystagmus.

Articulate each step in the procedural mechanics aloud.

Stop the stimulus and hold it steady when nystagmus is first observed.

Verify that the jerking is continuing.

Now determine whether the onset of nystagmus is prior to 45 degrees.

Is there white still showing in the corner of the eye?

Is the stimulus within or only slightly beyond the edge of the shoulder?

Solicit participants' questions concerning the procedural mechanics for Clue No. 3.

Participant Practice Clue Number 3



Participant practice of the mechanics of Clue No. 3

Practice in groups of two or three, taking turns.

Remind participants to move stimulus slowly.

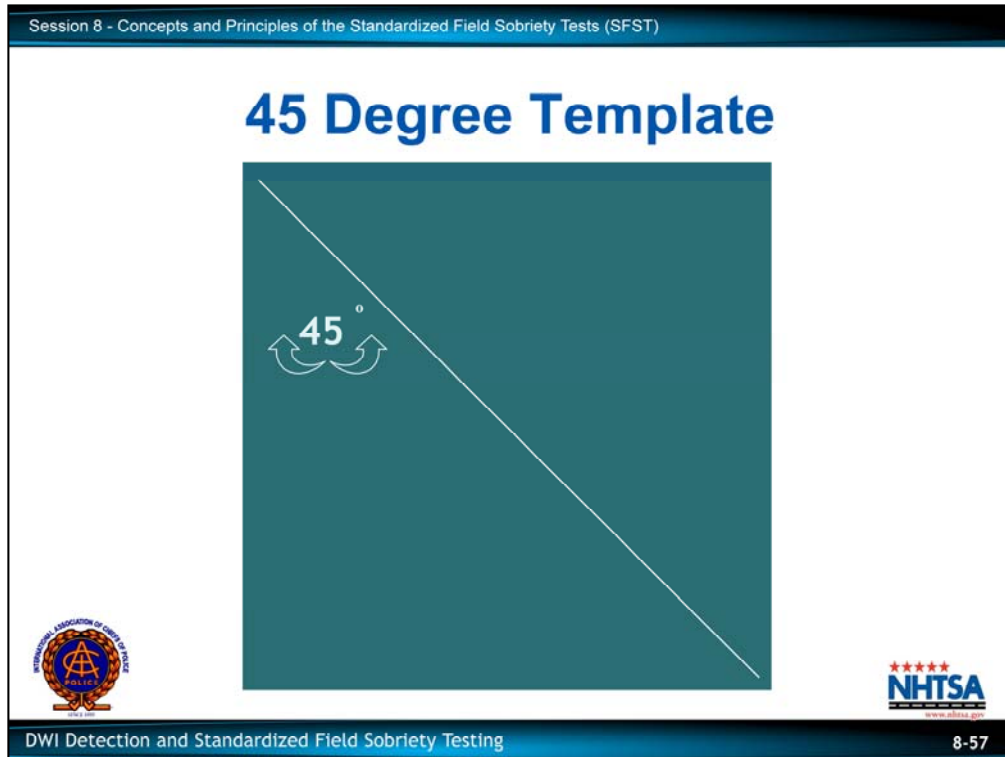
Coaching and critiquing participants practice.

Instruct each participant to practice conducting the test for onset of nystagmus prior to 45 degrees, using another participant as the subject.

Common mistakes to note and correct:

- ***Incorrect position of stimulus***
- ***Moving stimulus too fast***

Participant led demonstration.



Training Aid: The 45 Degree Template

A training aid has been provided to help you practice estimating a 45 degree angle.

Instruct participants to remove their copies of the template from their participant manuals which is located at the back of Session 8 in Attachments.

- The outline of a square, with its diagonal line, gives us a 45 degree angle.
- This outline, or template, is provided for practice only.
- It is not to be used with actual DWI subjects.


Demonstrate proper placement of the template.



To use the template, have your training partner hold the corner of the square under the nose.

Demonstrate placement of the pencil or penlight.

Session 8 - Concepts and Principles of the Standardized Field Sobriety Tests (SFST)

45 Degree Template (Cont.)



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When you line up your stimulus with the diagonal line, your partner will be looking along a 45 degree angle.

Participant practice with 45 degree Template. Practice in groups of two or three, taking turns.

Instruct participants to begin by lining the stimulus up with the diagonal, so they can become familiar with the position of an eye at a 45 degree angle.

Point out the amount of white showing in the corner of an eye at 45 degrees.

Next, instruct each participant to attempt to locate the 45 degree point without using the template, then to raise the template to check the accuracy of the estimate.

Session 8 - Concepts and Principles of the Standardized Field Sobriety Tests (SFST)

Participant Practice

DWI Detection and Standardized Field Sobriety Testing

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Coaching and Critiquing Participants' Practice

Common initial mistakes to note and correct:

- ***Failing to check for white in the corner of the eye.***
- ***Tending to stop short of 45 degrees.***
- ***Failing to check alignment of object with shoulder.***

Participant led Demonstration

Choose a participant who appears to be doing a good job in estimating a 45 degree angle, and have the participant come forward to demonstrate to the class.

Resume participant practice, and allow it to continue until all participants appear reasonably proficient in carrying out the mechanics of Clue No. 3.

Horizontal Gaze Nystagmus Test Criterion

4 or more clues indicates
BAC above 0.08 (88% accurate)



Test Interpretation

Based upon the original developmental research into Horizontal Gaze Nystagmus, the criterion for this test is 4.

If a person exhibits at least 4 out of the possible 6 clues, the implication is a BAC above 0.08.

Using this criterion, the test is 88% accurate.

Remind participants that the SFST field evaluation study conducted in San Diego in 1998 indicated that "HGN alone provides valid indications to support arrest decisions at 0.08 BAC."

Horizontal Gaze Nystagmus Test Demonstration



Test Demonstration

Choose a participant to serve as a demonstration subject.

Advance to next slide to conduct demonstration.

Administrative Procedures

- Check for eyeglasses
- Verbal instructions
- Position stimulus (12-15 inches and slightly above eye level)
- Check for equal pupil size and resting nystagmus
- Check for equal tracking



Conduct a complete test of that participant subject, articulating every step in the testing sequence.

Upon completion of the demonstration, solicit participants' questions concerning Horizontal Gaze Nystagmus.

If time permits, conduct another complete demonstration of HGN, using another participant.

Administrative Procedures (Cont.)

- Lack of smooth pursuit
- Distinct and sustained nystagmus as maximum deviation
- Onset of nystagmus prior to 45 degrees
- Total the clues
- Check for vertical nystagmus



Vertical Gaze Nystagmus



D. Vertical Gaze Nystagmus

The Vertical Gaze Nystagmus test is simple to administer. During the Vertical Gaze Nystagmus test, look for jerking as the eyes move up and are held for a minimum of four seconds at maximum elevation.

- Position the stimulus horizontally, about 12 - 15 inches in front of the subject's nose.
- Instruct the subject to hold the head still, and follow the object with the eyes only.
- Raise the object until the subject's eyes are elevated as far as possible.
- Hold for a minimum of four seconds.
- Watch closely for evidence of the eyes jerking upward.

Point out that vertical nystagmus was not examined in the original research that led to the validation of the Standardized Field Sobriety Test battery (Horizontal Gaze Nystagmus, Walk and Turn and One Leg Stand).

Select a participant or another instructor to serve as a subject and demonstrate the vertical nystagmus test.

Vertical Gaze Nystagmus



Remind the participants to make two checks for Vertical Gaze Nystagmus.

Participant led demonstration.

Practice in groups of two or three, taking turns.

Coaching and critiquing participants practice.

Instruct each participant to practice conducting the test for vertical gaze nystagmus, using another participant as the subject.

Common mistakes to note and correct:

- ***Incorrect position of stimulus (Not at maximum elevation)***
- ***Failure to hold stimulus at maximum deviation for four seconds***

For VGN to be recorded, it must be distinct and sustained for a minimum of four seconds at maximum elevation.

VGN may be present in subjects under the influence of high doses of alcohol for that individual, and some other drugs.

Walk and Turn

Divided Attention Test Mental Task and Physical Task

Instructions stage
Walking stage



E. Walk and Turn

Test Stages

Like all divided attention tests, Walk and Turn has two stages.

They are:

- instructions stage
- walking stage

Both stages are important, because they can affect the subject's overall performance on the test.

Walk and Turn

Divided Attention Test Mental Task and Physical Task

Instructions stage
Walking stage



Test Conditions

Whenever possible, the Walk and Turn test should be conducted on a reasonably dry, hard, level, non slippery surface. There should be sufficient room for subjects to complete nine heel-to-toe steps. Recent field validation studies have indicated that varying environmental conditions have not affected a subject's ability to perform this test.

The original SCRI studies suggested that individuals over 65 years of age or people with back, leg or inner ear problems had difficulty performing this test. Less than 1.5% of the test subjects in the original studies were over 65 years of age. Also, the SCRI studies suggest that individuals wearing heels more than 2 inches high should be given the opportunity to remove their shoes. Officers should consider all factors when conducting SFSTs.

Stress to participants to consider age along with environmental factors, location, injury, or physical ailments while administering this test. The importance of the totality of all factors should not be overlooked.

Point out that subjects with any form of any unusual footwear (i.e., flip flops, platform shoes, etc.) should be afforded the opportunity to remove that footwear prior to the test.

Remind participants that prior to administering this test to ask the subject if they have any physical problems or disabilities.

Safety Precautions

- **Keep subject on left side during demonstrations**
- **Never turn back on subject**
- **Be aware of surroundings**



Procedures for Walk and Turn Testing



Remind participants of officer safety precautions:

- ***Keep subject on left side when initiating demonstrations***
- ***Never turn back on subject***
- ***Aware of surroundings (environment)***
- ***Emphasize that the Officer should not turn his/her back to the subject for safety reasons.***

Session 8 - Concepts and Principles of the Standardized Field Sobriety Tests (SFST)

Administrative Procedures Instructions Stage

- **Verbal instructions:**
 - **Assume heel-to-toe stance**
 - **Arms down at sides**
 - **Don't start until told**



DWI Detection and Standardized Field Sobriety Testing 8-69

Instructions Stage: Initial Positioning and Verbal Instructions

For standardization in the performance of this test, have the subject assume the heel-to-toe stance by giving the following verbal instructions, accompanied by demonstrations:

Place your left foot on the line (real or imaginary).

Demonstrate placement of left foot.

Place your right foot on the line ahead of the left foot, with the heel of your right foot against the toe of the left foot.

Demonstrate placement of both feet.

Place your arms down at your sides.

Demonstrate placement of arms at sides.

Maintain this position until I have completed the instructions. Do not start to walk until told to do so.



Do you understand the instructions so far? (Make sure subject indicates understanding.)

Emphasize that officer must receive some affirmative response before continuing.

Session 8 - Concepts and Principles of the Standardized Field Sobriety Tests (SFST)

Administrative Procedures Walking Stage

- **Nine heel-to-toe steps, turn, nine heel-to-toe steps**
- **Turn procedures:**
 - Turn around on line
 - Several small steps

DWI Detection and Standardized Field Sobriety Testing 8-70

Demonstrations and Instructions for the Walking Stage

A straight line must be available for this and subsequent demonstrations.

A 10 - 12 foot strip of masking tape on the floor of the classroom will prove suitable.

Explain the test requirements by giving instructions, accompanied by demonstrations:

When I tell you to start, take nine heel-to-toe steps on the line, turn, and take nine heel-to-toe steps down the line.

Demonstrate a minimum of three heel-to-toe steps.

When you turn, keep the front (lead) foot on the line, and turn by taking a series of small steps with the other foot, like this.

Demonstrate the turn and a minimum of three heel-to-toe return steps

While you are walking, keep your arms at your sides, watch your feet at all times, and count your steps out loud.

Once you start walking, don't stop until you have completed the test.

Do you understand the instructions? (Make sure subject understands.)

Instruct the person to begin the test.

Instructor's demonstration (repeat if necessary).

Instruct the participants that there may be instances when the officer may have to remind the suspect that the first step taken from the heel-to-toe position is step one.

Administrative Procedures (Cont.)

While walking:

- Keep watching feet
- Arms down at sides
- Count steps out loud
- Don't stop during walk



While walking:

- Keep watching feet
- Arms down at sides
- Count steps out loud
- Don't stop during walk

Walk and Turn Test Clues

- **Cannot keep balance while listening to instructions**



Test Interpretation

You may observe a number of different behaviors when a subject performs this test. Original research demonstrated that the behaviors listed below are likely to be observed in someone with a BAC at or above 0.08. Look for the following clues each time this test is given:

Cannot keep balance while listening to the instructions. Two tasks are required at the beginning of this test. The subject must balance heel-to-toe on the line, and at the same time, listen carefully to the instructions. Typically, the person who is impaired can do only one of these things. The subject may listen to the instructions, but not keep balance. Record this clue if the subject does not maintain the heel-to-toe position throughout the instructions. (Feet must actually break apart or step off the line.) Do not record this clue if the subject sways or uses the arms to balance but maintains the heel-to-toe position.

Instructor may break away from the heel-to-toe stance at this point.

Demonstrate actions that constitute "Cannot keep balance while listening to instructions", and demonstrate other actions that do not justify recording this clue.

Walk and Turn Test Clues (Cont.)

- Starts too soon
- Stops while walking
- Does not touch heel-to-toe



Starts too soon. The impaired person may also keep balance, but not listen to the instructions. Since you specifically instructed the subject not to start walking "until I tell you to begin," record this clue if the subject does not wait.

Emphasize that this clue can't be recorded unless subject was told not to start walking until directed to do so.

Stress to the participants that these first two clues, like all clues in this test, can be accumulated only once.

Demonstrate.

Stops while walking. The subject stops while walking. Do not record this clue if the subject is merely walking slowly.

Emphasize that it is because of this clue that it is important to inform the subject not to stop walking once the test begins.

Does not touch heel-to-toe. The subject leaves a space of more than one half inch between the heel and toe on any step.

Point out that a gap of at least one half inch is necessary to record this clue.

Walk and Turn Test Clues (Cont.)

- Steps off line
- Uses arms to balance
- Improper turn
- Incorrect number of steps



Steps off the line. The subject steps so that one foot is entirely off the line.

Uses arms to balance. The subject raises one or both arms more than 6 inches from the sides in order to maintain balance.

Point out that a movement of the arms of six or more inches from the side is required to record this clue.

Demonstrate each of these clues.

Point out that it is often possible to note two of these clues simultaneously. Examples: (Demonstrate)

Improper turn. The subject removes the front foot from the line while turning. Also record this clue if the subject has not followed directions as instructed, i.e., spins or pivots around or loses balance while turning.

Note: There may be times when the suspect takes a wrong number of steps or begins the heel-to-toe walk with the wrong foot resulting in a turn on the right foot instead of the left. If this occurs the suspect would normally be assessed a clue for an incorrect number of steps and not assessed a clue for an improper turn if the turn was made using a series of small steps as instructed and the suspect did not lose his/her balance while attempting the turn. This scoring is consistent with the original research and training conducted the Southern California Research Institute and with the administration and scoring of the Walk and Turn test in the San Diego Field Study.

Demonstrate various ways of turning incorrectly (i.e., pivots, spins).



Incorrect number of steps. Record this clue if the subject takes more or fewer than nine steps in either direction.

Emphasize that it is the number of steps that the subject physically takes that matters here. Mistakes in the verbal count do not justify recording this clue.

Session 8 - Concepts and Principles of the Standardized Field Sobriety Tests (SFST)

Walk and Turn Test Clues Summary

SFSTs are a tool to assist you in seeing visible signs of impairment and are not a pass/fail test



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If subject can't do the test, record observed clues and document the reason for not completing the test, e.g. subject's safety.

Emphasize that officers should be prepared to explain in court why the subject could not complete the test.

Remember that the SFSTs are a tool to assist you in seeing visible signs of impairment and are not a pass/fail test.

Subject gets into a "leg lock" position (legs crossed, unable to move.)

If the subject has difficulty with the test (for example, steps off the line), Continue from that point, not from the beginning. This test may lose its sensitivity if it is repeated several times.

Observe the subject from a safe distance and limit your movement which may distract the subject during the test. **Always consider officer safety.**

Walk and Turn Test Criterion

**2 or more clues indicates BAC
at or above 0.08 (79% accurate)**



Based on recent research, if the subject exhibits two or more clues on this test or fails to complete it, classify the subject's BAC as at or above 0.08. Using this criterion, you will be able to accurately classify 79% of your subjects.

This accuracy level was determined through the San Diego Study ("Validation of the Standardized Field Sobriety Test Battery at BACs Below 0.10 %").

Review of Divided Attention Definition

Walk and Turn is a field sobriety test based on the important concept of divided attention.

***Pose this question: "What driving skills are assessed during the Walk and Turn test?"
Lead the discussion, as these items were previously identified in Session 7.***

The test requires the subject to divide attention among mental tasks and physical tasks.

The mental tasks include comprehension of verbal instructions; processing of information; and, recall of memory.

The physical tasks include balance and coordination; the subject is required to maintain balance and coordination while standing still, walking, and turning.

Walk and Turn Test Criterion

**2 or more clues indicates BAC
at or above 0.08 (79% accurate)**



Instruction Stage

Select a participant to participate as a subject in the demonstration.

Use precise language to direct the participant subject to assume the instructions stance.

Tell the participant subject to assume the instructions stance.

Make sure directions are understood.

Tell the participant subject not to start walking until told to do so.

Tell the participant subject of the requirement to take nine heel-to-toe steps, to turn, and to take another nine heel-to-toe steps.

Walk and Turn Test Criterion

**2 or more clues indicates BAC
at or above 0.08 (79% accurate)**



Balance and Counting Stage

Demonstrate several heel-to-toe steps.

Tell the participant subject of the required turn procedures.

Demonstrate the proper turn.

Demonstrate the turn.

Give the participant subject the final verbal instructions:

- ***Keep watching feet***
- ***Count steps out loud***
- ***Arms at sides***
- ***Don't stop walking until test is completed***

Ask participant subject if instructions are understood. Clarify any parts that are not understandable.

At this point, do not instruct the participant subject to execute the test. Rather, thank the participant subject for participating and allow the participant to return to the seat.

Solicit participants' questions concerning the test administrative procedures.

Walk and Turn Test Criterion

**2 or more clues indicates BAC
at or above 0.08 (79% accurate)**



Test Demonstrations

Choose a participant to serve as a demonstration subject.

Conduct a complete test of the participant subject, carefully carrying out all of the administrative procedures. Refer to the walk and turn administrative procedures in the Participant Manual.

Have the participant subject actually perform the walking stage of the test.

Discuss the participant subject's performance in terms of the test scoring factors. Refer to the walk and turn clues in the Participant Manual.

If time permits, conduct another demonstration using another participant subject.

One Leg Stand

Divided Attention Test Mental Task and Physical Task



- Instructions stage
- Balance and counting stage



F. One Leg Stand

Remind participants that prior to administering this test to check if the subject has any physical problems or disabilities.

Test Stages

Like all divided attention tests, One Leg Stand has two stages.

They are:

- Instructions stage
- Balance and counting stage

Both stages are important, because they can affect the subject's overall performance on the test.

One Leg Stand



Test Conditions

One Leg Stand requires a reasonably dry, hard, level, and non slippery surface. Subject's safety should be considered at all times.

Standardizing this test for every type of road condition is unrealistic. The original research study recommended that this test be performed on a dry, hard, level, non slippery surface and relatively safe conditions. If not, the research recommends:

- 1) subject be asked to perform the test elsewhere, or
- 2) only HGN be administered

However, recent field validation studies have indicated that varying environmental conditions have not affected a subject's ability to perform this test.

The original SCRI studies suggested that individuals over 65 years of age; people with back, leg or inner ear problems; or people who are overweight by 50 or more pounds may have difficulty performing this test. Less than 1.5% of the test subjects in the original studies were over 65 years of age. There was no data containing the weight of the test subjects included in the final report. Also, the SCRI studies suggest that individuals wearing heels more than 2 inches high should be given the opportunity to remove their shoes.

One Leg Stand



Stress to participants to consider age and excessive weight along with environmental factors, location, injury, or physical ailments while administering this test. The importance of the totality of all factors should not be overlooked.

Point out that subjects with any form of any unusual footwear (i.e., flip flops, platform shoes, etc.) should be afforded the opportunity to remove that footwear prior to the test.

Administrative Procedures

Instructions stage:

- Stand straight, feet together
- Keep arms at sides
- Maintain position until told otherwise



Instructions Stage: Initial Positioning and Verbal Instructions

Initiate the test by giving the following instructions, accompanied by demonstrations.

Please stand with your feet together and your arms down at the sides, like this.

Demonstrate placement of both feet and placement of arms at sides.

Do not start to perform the test until I tell you to do so.

Do you understand the instructions so far?

Emphasize that officer must receive some affirmative response before continuing.

Administrative Procedures (Cont.)

Balance and counting stage:

- Raise either leg
- Keep raised foot approximately six inches (15 cm) off ground
- Keep both legs straight and arms at your side
- Keep eyes on raised foot
- Count out loud in the following manner:
“one thousand one, one thousand two, one thousand three and so on”, until told to stop



Demonstrations and Instructions for the Balance and Counting Stage

Explain the test requirements, using the following verbal instructions, accompanied by demonstrations:

When I tell you to start, raise either leg with the foot approximately six inches off the ground.

Demonstrate this position.

Keep both legs straight and your arms at your side.

While holding that position, count out loud in the following manner: “one thousand one, one thousand two, one thousand three,” and so on until told to stop.

Demonstrate a count, as follows: "one thousand one, one thousand two, one thousand three, etc." Officer should not look at his foot when conducting the demonstration - OFFICER SAFETY.

Administrative Procedures (Cont.)

Balance and counting stage:

- Raise either leg
- Keep raised foot approximately six inches (15 cm) off ground, foot pointed out
- Keep both legs straight and arms at your side
- Keep eyes on raised foot
- Count out loud in the following manner: “one thousand one, one thousand two, one thousand three and so on”, until told to stop



Keep your arms at your sides at all times and keep watching the raised foot.
Do you understand?

Make sure subject indicates understanding and answer any questions the subject may have about the test.

Go ahead and perform the test. (Officer should always time the 30 seconds. Test should be discontinued after 30 seconds.)

Observe the subject from a safe distance. If the subject puts the foot down, give instructions to pick the foot up again and continue counting from the point at which the foot touched the ground. If the subject counts very slowly, terminate the test after 30 seconds.

One Leg Stand Test Clues

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



Test Interpretation

You may observe a number of different behaviors when a subject performs this test. The original research found the behaviors listed below are the most likely to be observed in someone with a BAC at or above 0.08. When administering the One Leg Stand test, we look for certain specific behaviors. Each behavior or action is considered one clue. There is a maximum number of 4 clues on this test. Look for the following clues each time the One leg Stand test is administered.

The subject sways while balancing. This refers to side to side or back and forth motion while the subject maintains the one leg stand position.

Emphasize that swaying means a distinct, noticeable side to side or front to back movement of the elevated foot or of the subject's body.

Slight tremors of the foot or body should not be interpreted as swaying.

Demonstrate swaying.

One Leg Stand Test Clues

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



Uses arms to balance. Subject moves arms 6 or more inches from the side of the body in order to keep balance.

Point out that a movement of the arms of six inches or more from the side is sufficient to record this clue.

Demonstrate uses arms to balance.

Hopping. Subject is able to keep one foot off the ground, but resorts to hopping in order to maintain balance.

Demonstrate hopping.

Puts foot down. The subject is not able to maintain the one leg stand position, putting the foot down one or more times during the 30 second count.

Demonstrate putting the foot down.

If the subject puts the foot down, give instructions to pick the foot up again and continue counting from the point at which the foot touched.

One Leg Stand Test Clues

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



Emphasize some subjects count slowly and may stand on the leg for more than 30 seconds. Terminate the test after 30 seconds have passed.

Point out that it is possible to note two clues simultaneously.

Examples (Demonstrate):

- ***Hopping and swaying***
- ***Foot down and arms raised***

If subject can't do the test, record observed clues and document the reason for not completing the test, e.g. subject's safety.

Emphasize that officers should be prepared to explain in court why the subject could not complete the test.

Remember that time is critical in this test. The original SCRI research has shown a person with a BAC above 0.10 can maintain balance for up to 25 seconds, but seldom as long as 30.

One Leg Stand Test Criterion

**2 or more clues indicates BAC
at or above 0.08 (83% accurate)**



Based on recent research, if an individual shows two or more clues or fails to complete the One Leg Stand, there is a good chance the BAC is at or above 0.08. Using that criterion, you will accurately classify 83% of the people you test as to whether their BAC's are at or above 0.08.

This accuracy level was determined through the San Diego Study (“Validation of the Standardized Field Sobriety Test Battery at BACs Below 0.10 %”).

Observe the subject from a safe distance and minimize movement during the test so as not to interfere. If the subject puts the foot down, give instructions to pick the foot up again and continue counting from the point at which the foot touched the ground. If the subject counts very slowly, terminate the test after 30 seconds.

Review of Divided Attention Definition

One Leg Stand is another field sobriety test that employs divided attention.

The subject's attention is divided among such simple tasks as balancing, listening, and counting out loud.

Although none of these is particularly difficult in itself, the combination can be very difficult for someone who is impaired.

One Leg Stand Test Demonstration



Test Demonstrations

Choose a participant to serve as a demonstration subject.

Conduct a complete test of the participant subject, carefully articulating the verbal instructions.

Discuss the participant subject's performance in terms of the test scoring factors.

If time permits, conduct another demonstration using another participant subject.

Refer to the one leg stand clues in the Participant Manual.

Session 8 - Concepts and Principles of the Standardized Field Sobriety Tests (SFST)

Taking Field Notes on the SFSTs

IV Pre-Arrest Screening

- Equal Tracking Yes No
- Equal Pupils Yes No
- Resting Nyst. Yes No

Walk-and-Turn

Instructions Stage

- Cannot keep balance
- Starts too soon

Walking Stage

- Stops walking
- Misses heel-toe
- Steps off line
- Raises arms
- Actual steps taken

Horizontal Gaze Nystagmus

- Lack of smooth pursuit
- Dist. & sust. nystagmus at maximum deviation
- Nystagmus onset prior to 45 degrees
- Vertical Gaze Nystagmus Y or N (circle one)
- Other _____

Left Right

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

First Nine Steps

Second Nine Steps

Improper Turn (Describe) _____

Cannot Do Test (Explain) _____

Other: _____

DWI Detection and Standardized Field Sobriety Testing 8-91

G. Taking Field Notes on the Standardized Field Sobriety Tests

For purposes of the arrest report and courtroom testimony, it is not enough to report the number of clues on the three tests.

The numbers are important to the police officer in the field, because they help determine whether there is probable cause to arrest.

But to secure a conviction, more descriptive evidence is needed.

The officer must be able to describe how the subject performed on the tests, and what the subject did.

The standard note taking guide is designed to help develop a clear description of the subject's performance on the tests.

Instruct the participants to take out a copy of the note taking guide to follow along with this discussion.

Medical Assessment

- Equal Tracking Yes No
- Equal Pupils Yes No
- Resting Nyst. Yes No



- Equal Pupils Yes No
- Equal Tracking Yes No
- Resting Nystagmus Yes No
- Other _____

Emphasize that officers must be careful to place their check marks in the columns corresponding to the eye actually being checked.

Horizontal Gaze Nystagmus

Horizontal Gaze Nystagmus

- Lack of smooth pursuit
- Dist. & sust. nystagmus at maximum deviation
- Nystagmus onset prior to 45 degrees
- Vertical Gaze Nystagmus(circle one)

Left Right

Y or N

Other _____



Sections of the note taking guide will be on display throughout the discussion.

Complete the entire procedure for both eyes, checking "yes" or "no" for each clue.

Check box ✓ if the clue is present.

For standardization, test the subject's left eye first.

Then, check for the same clue in the right eye.

If clue is not present, leave box blank.

After both eyes have been completely checked, total the number of HGN clues observed.

Complete the check for vertical gaze nystagmus



If present, circle Y. If not present, circle N.

In the section labeled "other", record any facts, circumstances, conditions or observations that may be relevant to this procedure.

Session 8 - Concepts and Principles of the Standardized Field Sobriety Tests (SFST)

Horizontal Gaze Nystagmus

Horizontal Gaze Nystagmus	Left	Right	
• Lack of smooth pursuit	<input type="checkbox"/>	<input type="checkbox"/>	
• Dist. & sust. nystagmus at maximum deviation	<input type="checkbox"/>	<input type="checkbox"/>	
• Nystagmus onset prior to 45 degrees	<input type="checkbox"/>	<input type="checkbox"/>	
• Vertical Gaze Nystagmus(circle one)	Y	or	N
Other _____			

DWI Detection and Standardized Field Sobriety Testing
8-94

Examples of additional evidence of impairment emerging while checking for nystagmus:

- Subject unable to keep head still
- Subject swaying noticeably
- Subject utters incriminating statements

Give examples of facts, circumstances, etc., that should be noted in this section of the note taking guide (i.e., Resting Nystagmus).

Ask participants to give additional examples of facts, circumstances, etc., that should be noted.

Examples of conditions that may interfere with subject's performance while checking for nystagmus:

Wind, dust, etc. (irritating subject's eyes).

NOTE: Try to face subject away from flashing or strobe lights that could cause visual or other distractions that could impede the test.

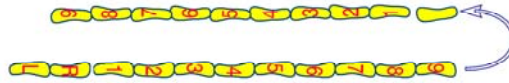
Visual or other distractions impeding the test.

Walk and Turn

Walk-and-Turn

Instructions Stage

- Cannot keep balance
- Starts too soon



Walking Stage

- Stops walking
- Misses heel-toe
- Steps off line
- Raises arms
- Actual steps taken

First Nine Steps

Second Nine Steps

Improper Turn (Describe) _____

Cannot Do Test (Explain) _____

Other: _____



This slide will be left on display throughout the discussion of Walk and Turn scoring.

The section on the Walk and Turn test appears at the top of the guide's back side.

First two clues are checked only during the instructions stage.

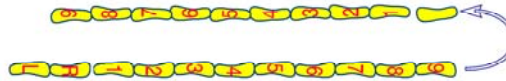
Walk and Turn

Walk-and-Turn

Instructions Stage

- Cannot keep balance
- Starts too soon

--



Walking Stage

- Stops walking
- Misses heel-toe
- Steps off line
- Raises arms
- Actual steps taken

First Nine Steps

Second Nine Steps

Improper Turn (Describe) _____

Cannot Do Test (Explain) _____

Other: _____



In the boxes provided check (✓) the number of times the clue appears during the instructions stage.

Example: if subject loses balance twice during the instructions stage, Place two (✓) check marks in the box.

Remind participants that the clue "loses balance during instructions" is recorded only if the subject's feet "break apart".

Example: If the subject does not start too soon, write "0" in that box.

Emphasize that participants should not leave a box blank if the clue doesn't appear, they should indicate that by writing "0".

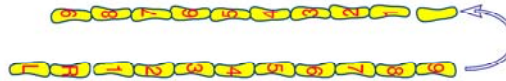
Record the next four clues separately for each nine steps.

Walk and Turn

Walk-and-Turn

Instructions Stage

- Cannot keep balance
- Starts too soon



Walking Stage

- Stops walking
- Misses heel-toe
- Steps off line
- Raises arms
- Actual steps taken

First Nine Steps

Second Nine Steps

Improper Turn (Describe) _____
 Cannot Do Test (Explain) _____
 Other: _____



If subject stops walking, record it by drawing a vertical line from the toe at the step at which the stop occurred. Do this for each of the nine steps.

Instruct participants to place a letter “S” at bottom of vertical line to indicate “stops walking”.

How many times during first nine steps?

How many times during second nine steps?

Remind participants that, if subject stops walking even once, that will count as one clue; but in order to prepare a clear, descriptive arrest report, it is best to document how many times subject paused while walking.

If subject fails to touch heel-to-toe, record how many times this happens?

Instruct participants to place a letter “M” at bottom of vertical line to indicate missed heel-to-toe.

If subject steps off the line while walking, record it by drawing a line from the appropriate footprint at the angle in the direction in which the foot stepped. Do this for each nine steps.

Session 8 - Concepts and Principles of the Standardized Field Sobriety Tests (SFST)

Walk and Turn

Walk-and-Turn

Instructions Stage

- Cannot keep balance
- Starts too soon

Walking Stage

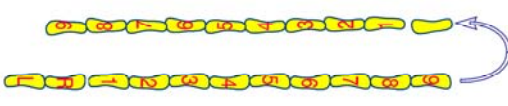


- Stops walking
- Misses heel-toe
- Steps off line
- Raises arms
- Actual steps taken

First Nine Steps
Second Nine Steps

Improper Turn (Describe) _____

Cannot Do Test (Explain) _____

Other: _____

DWI Detection and Standardized Field Sobriety Testing 8-98

If subject uses arms to balance, give some indication of how often or how long this happens.

Example: subject raised arms from sides three times

Place three (√) check marks in the box.

Record the actual number of steps taken by subject, in each direction.

Record the actual number of steps taken. "Incorrect number of steps" is the validated clue.

For the next clue, "Improper Turn," record a description of the turn.

- Example: turned incorrectly
- Example: stumbled, to left
- Example: wrong direction
- Example: no small steps
- If the turn is correct, note: N/A

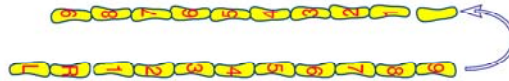
Walk and Turn

Walk-and-Turn

Instructions Stage

- Cannot keep balance
- Starts too soon

--



Walking Stage

- Stops walking
- Misses heel-toe
- Steps off line
- Raises arms
- Actual steps taken

First Nine Steps

Second Nine Steps

Improper Turn (Describe) _____

Cannot Do Test (Explain) _____

Other: _____



If the subject is unable to safely complete the test, you may stop the test early. Document the reasons the test was stopped.

At end of the test, examine each factor and determine the total number of clues recorded.

Remind participants that, even if a clue shows up more than once, each clue is counted only once.

In the section labeled "other", record any facts, circumstances, conditions or observations that may be relevant to this test.

Examples of additional evidence of impairment emerging during Walk and Turn test.

Session 8 - Concepts and Principles of the Standardized Field Sobriety Tests (SFST)

Walk and Turn

Walk-and-Turn

Instructions Stage

- Cannot keep balance
- Starts too soon

Walking Stage

- Stops walking
- Misses heel-toe
- Steps off line
- Raises arms
- Actual steps taken

First Nine Steps

Second Nine Steps

Improper Turn (Describe) _____

Cannot Do Test (Explain) _____

Other: _____

DWI Detection and Standardized Field Sobriety Testing 8-100

Give examples of facts, circumstances, etc., that should be noted in this section of the note taking guide.

Subject verbally miscounts steps

Subject utters incriminating statements

Examples of conditions that may interfere with subject's performance of the Walk and Turn test:

- Wind/Weather conditions
- Subject's age
- Subject's footwear

Ask participants to give additional examples of facts, circumstances, etc., that should be noted.

Subjects with heels 2" or higher should be given the opportunity to remove their footwear.

Point out that subjects with any form of any unusual footwear (i.e., flip flops, platform shoes, etc.) should be afforded the opportunity to remove that footwear prior to the test.

One Leg Stand Field Notes

One Leg Stand:



- | L | R | |
|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Sways while balancing |
| <input type="checkbox"/> | <input type="checkbox"/> | Uses arms to balance |
| <input type="checkbox"/> | <input type="checkbox"/> | Hopping |
| <input type="checkbox"/> | <input type="checkbox"/> | Puts foot down |

Type of Footwear: _____

Other: _____



This slide will be left on display throughout the discussion of one leg stand clue.

Type of Footwear _____

Record the subject's performance separately.

For each clue, record how often it appears with a (✓) check mark.

Point out that, by recording when things happen as well as what happens, a more descriptive arrest report can be prepared.

Session 8 - Concepts and Principles of the Standardized Field Sobriety Tests (SFST)

One Leg Stand Field Notes

One Leg Stand:

L	R	
<input type="checkbox"/>	<input type="checkbox"/>	Sways while balancing
<input type="checkbox"/>	<input type="checkbox"/>	Uses arms to balance
<input type="checkbox"/>	<input type="checkbox"/>	Hopping
<input type="checkbox"/>	<input type="checkbox"/>	Puts foot down

Type of Footwear: _____
 Other: _____

DWI Detection and Standardized Field Sobriety Testing

8-102

If subject sways, indicate how often with a (√) check mark.

Indicate above the feet the number they were counting when they put their foot down.

Check marks should be made to indicate the number of times the subject swayed, used arms, hopped or put foot down.

Place (√) check marks in or near the small boxes to indicate how many times you observed each of the clues.

In addition, if the subject puts the foot down during the test, record when it happened. To do this, write the count number at which the foot came down.

Demonstrate the proper documentation for observed clues.

For example, suppose that, when standing on the left leg, the subject lowered the right foot at a count of "one thousand thirteen," and again at "one thousand twenty."

If subject uses arms to balance, indicate how often arms were raised.

If subject hops, indicate how many hops were taken.

If subject puts foot down, indicate how many times the foot came down.

If the subject is unable to safely complete the test, you may stop the test early. Document the reasons the test was stopped.

At end of the test, examine each clue and determine how many clues have been recorded.

One Leg Stand Field Notes

One Leg Stand:



- | L | R | |
|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Sways while balancing |
| <input type="checkbox"/> | <input type="checkbox"/> | Uses arms to balance |
| <input type="checkbox"/> | <input type="checkbox"/> | Hopping |
| <input type="checkbox"/> | <input type="checkbox"/> | Puts foot down |

Type of Footwear: _____

Other: _____



Remind participants that, even if a clue shows up more than once, each clue is counted only once.

Remind participants that "number" of clues is utilized only for administrative purposes and that for courtroom testimony a complete description of each clue observed is essential.

In the section labeled "other", record any facts, circumstances, conditions or observations that may be relevant to this test.

One Leg Stand Field Notes

One Leg Stand:



- | | | |
|--------------------------|--------------------------|-----------------------|
| L | R | |
| <input type="checkbox"/> | <input type="checkbox"/> | Sways while balancing |
| <input type="checkbox"/> | <input type="checkbox"/> | Uses arms to balance |
| <input type="checkbox"/> | <input type="checkbox"/> | Hopping |
| <input type="checkbox"/> | <input type="checkbox"/> | Puts foot down |

Type of Footwear: _____
Other: _____



Examples of additional evidence of impairment emerging during One leg Stand test:

Subject verbally miscounts 30 seconds

Subject utters incriminating statements.

Ask participants to give additional examples of facts, circumstances, etc., that should be noted.

Give examples of facts, circumstances, etc., that should be noted in this section of the note taking guide (i.e., untied shoelaces, removed footwear, etc.).

Examples of conditions that may interfere with subject's performance of One Leg Stand:

- ***Wind/Weather conditions***
- ***Subject's age***
- ***Weight***
- ***Subject's footwear***

Subjects with heels 2" or higher should be given the opportunity to remove their footwear.

One Leg Stand Field Notes

One Leg Stand:



- | L | R | |
|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Sways while balancing |
| <input type="checkbox"/> | <input type="checkbox"/> | Uses arms to balance |
| <input type="checkbox"/> | <input type="checkbox"/> | Hopping |
| <input type="checkbox"/> | <input type="checkbox"/> | Puts foot down |

Type of Footwear: _____

Other: _____



Point out that subjects with any form of any unusual footwear (i.e., flip flops, platform shoes, etc.) should be afforded the opportunity to remove that footwear prior to the test.

Solicit participants' questions concerning field note taking.

At end of the test, examine each factor and determine how many clues have been recorded. Remember, each clue may appear several times, but still only constitutes one clue.

Officers who are video recording the Standardized Field Sobriety Tests may choose to document any observed clues by voicing them into the recording as the clues are observed.

Test Your Knowledge

1. Walk and Turn is an example of _____ field sobriety test.
2. The Walk and Turn requires a real or imaginary line and _____
3. During the _____ stage of the Walk and Turn, the suspect is required to count out loud.



TEST YOUR KNOWLEDGE

INSTRUCTIONS: Complete the following sentences.

1. Walk and Turn is an example of a divided attention field sobriety test.
2. The Walk and Turn requires a real or imaginary line and the suspect to take nine heel-to-toe steps in a straight line
3. During the walking stage of the Walk and Turn, the subject is required to count out loud.

Test Your Knowledge (Cont.)

4. Based upon the San Diego study, the Walk and Turn test can determine whether a subject's BAC is above or below 0.08, _____ % of the time
5. In the Walk and Turn test, a subject who steps off the line during the first 9 steps and once again during the second 9 steps and who raises arms for balance twice during the second 9 steps has produced _____ distinct clue(s).



4. *Based upon the San Diego study, the Walk and Turn test can determine whether a subject's BAC is above or below 0.08, 79 % of the time.*
5. *In the Walk and Turn test, a subject who steps off the line during the first 9 steps and once again during the second 9 steps and who raises arms for balance twice during the second nine steps has produced two distinct clue(s).*

Test Your Knowledge (Cont.)

6. The Walk and Turn test has _____ possible clues.
7. During the _____ stage of the One Leg Stand test the subject must maintain balance while standing on one foot
8. The One Leg Stand test requires that the subject keep the foot raised for _____ seconds.



6. *The Walk and Turn test has 8 possible clues.*
7. *During the balance and counting stage of the One leg Stand test the subject must maintain balance for 30 seconds.*
8. *The One Leg Stand requires that the subject keep the foot elevated for 30 seconds.*

Test Your Knowledge (Cont.)

9. Based upon the San Diego study, the One Leg Stand test can determine whether a subject's BAC is above or below 0.08, _____ % of the time
10. In the One Leg Stand test, a subject who sways has produced _____ clue(s)
11. In the One Leg Stand test, a subject who raises arms, hops, and puts foot down has produced _____ clue(s).



9. *Based upon the San Diego study, the One Leg Stand test can determine whether a subject's BAC is above or below 0.08, 83 % of the time.*
10. *In the One Leg Stand test, a subject who sways has produced one clue(s).*
11. *In the One leg Stand test, a subject who raises arms, hops, and puts foot down has produced three clue(s).*

Test Your Knowledge (Cont.)

12. The maximum number of clues for Horizontal Gaze Nystagmus that can appear in one eye is _____.
13. Based upon the San Diego study, the HGN test can determine whether a subject's BAC is above 0.08, _____ % of the time.
14. The third clue of HGN is an onset of nystagmus prior to _____ degrees.



12. *The maximum number of clues for Horizontal Gaze Nystagmus that can appear in one eye is three.*
13. *Based upon the San Diego study, the Horizontal Gaze Nystagmus test can determine whether a subject's BAC is above 0.08, 88 % of the time.*
14. *The third clue of HGN is an onset of nystagmus prior to 45 degrees.*

QUESTIONS?



Session 9

Test Battery Demonstrations



Learning Objective

- **Demonstrate the appropriate administrative procedures for the Standardized Field Sobriety Testing Battery**



Briefly review the objective, content and activities of this session.

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

- Demonstrate the appropriate administrative procedures for the Standardized Field Sobriety Testing Battery.

CONTENT SEGMENTS

A. Live Classroom Demonstrations

LEARNING ACTIVITIES

Instructor Led Presentation

Explain that in this session, participants will have the opportunity to observe several demonstrations of the three Standardized Field Sobriety Tests. The instructors will conduct some of these demonstrations. Other demonstrations will be provided on video.

Instructor Led Demonstrations

Three tests:

- Horizontal and Vertical Gaze Nystagmus
- Walk and Turn
- One Leg Stand



A. Live Classroom Demonstrations

Instructor Led Demonstrations

Carefully articulate all verbal instructions and physical demonstrations.

Choose a participant subject.

Administer the three tests to the participant subject, in sequence.

- *Horizontal and Vertical Gaze Nystagmus*
- *Walk and Turn*
- *One Leg Stand*

Discuss participant subject's test performances. Choose a second participant subject, and repeat the sequence of test administrations.

Participant Led Demonstration

Three tests:

- Horizontal and Vertical Gaze Nystagmus
- Walk and Turn
- One Leg Stand



Participant Led Demonstration

Choose a participant to serve as the test demonstrator.

Choose another participant to serve as the test subject.

- ***Horizontal and Vertical Gaze Nystagmus***
- ***Walk and Turn***
- ***One Leg Stand***

Monitor and critique demonstrator's administration of the three tests.

QUESTIONS?



Solicit and answer participant questions concerning SFST administrative procedures.

Session 10

"Dry Run" Practice Session



Learning Objective

Demonstrate the appropriate administration of the three Standardized Field Sobriety Tests



Briefly review the objective, content and activities of this session.

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

- Demonstrate the proper administration of the three Standardized Field Sobriety Tests.

CONTENT SEGMENTS

- A. Procedures and Group Assignments
- B. Live Administration of SFST Battery
- C. Hands on Practice

LEARNING ACTIVITIES

- Instructor Led Presentation
- Participant Practice Session
- Instructor Led Presentation

Explain that Participants will work with each other taking turns administering the Standardized Field Sobriety Tests to each other. When they are not administering a test or serving as the test subject, they will be expected to observe the test administrator and subsequently help critique their performance.

The Participant Performance Checklist should be used to help you monitor a fellow Participant's performance as a test administrator.

Procedures and Group Assignments

Practice procedures

- Horizontal and Vertical Gaze Nystagmus
- Walk and Turn
- One Leg Stand
- Participants record each other's performance



A. Procedures and Group Assignments

Assign Participant to work in teams of three or four. Make team assignments. Each Participant will conduct a complete series of tests, using a fellow team member as a subject. Make sure that all participants understand the practice procedures:

- ***Horizontal and Vertical Gaze Nystagmus***
- ***Walk and Turn***
- ***One Leg Stand***

Team members who are not immediately participating in a series of tests (either as test administrator or as test subject) are expected to take notes on test administrator's performance, and to offer constructive criticism.

Once one team member has administered a complete series of tests, other members of the team follow in turn.

Participants should use the checklist to record each other's performance.

Practice is to continue until every participant has administered a complete series of the three tests at least once.

SFST Battery Live Administration

Participants observe technique and
scoring only



B. Live Administration of SFST Battery

Instructor conducts the three Standardized Field Sobriety Tests on an instructor. Participants observe technique and scoring only.

Hands on Practice

"Dry run" practice procedures



C. Hands on Practice

Participants carry out "dry run" practice procedures.

Instructors circulate among teams to observe and coach Participants' performance, as necessary.

QUESTIONS?



Session 11

"Testing Subjects" Practice: First Session



Learning Objectives

- Properly administer the SFSTs
- Properly observe and record subject's performance utilizing the standard note taking guide
- Properly interpret the subject's performance
- Proper use and maintenance of the SFST Field Arrest Log



Briefly review the objectives, content and activities of this session.

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

- Properly administer the SFST's
- Properly observe and record subject's performance utilizing the standard note taking guide
- Properly interpret the subject's performance
- Properly use and maintain the SFST Field Arrest Log

CONTENT SEGMENTS

- A. Procedures
- B. Hands on Practice
- C. Use and Maintenance of SFST Field Arrest Log
- D. Session Wrap Up

LEARNING ACTIVITIES

- Instructor Led Presentations
- Participant Practice Session
- Instructor Led Presentation
- Instructor Led Discussion

Explain that participants will work as teams to administer Standardized Field Sobriety Tests to volunteers who have consumed alcoholic beverages. Some of these volunteers will have BACs above 0.08. Others will be below that level. Participants will carefully note and record the volunteers' performance, and attempt to distinguish those above 0.08 from those below 0.08.

Participants will also learn to record observations on a SFST Field Arrest Log.

Procedures

- Same teams as dry run
- Each team member administers one complete series of tests to at least one drinking volunteer
- Prepare descriptive written test record on each volunteer tested
- Other team members observe and record performance



A. Procedures

Participants work in the same teams that were constituted for the Dry Run Practice Session.

Make sure that all participants understand the practice procedures. Each team will test at least as many drinking volunteers as the team has members.

- ***Example: If a team has four members, that team will administer a complete set of tests to at least four volunteers.***

Each team member will administer one complete series of tests to at least one drinking volunteer. If time permits, teams will test additional volunteers.

- ***Emphasize that each team is to prepare a descriptive, written test record on each volunteer tested (using the standard note taking guide).***

While one participant is administering tests to a volunteer, the other team members will observe and record the volunteer's performance.

Procedures (Cont.)

- Escort volunteer to the next scheduled team
- When segment is complete, volunteers are escorted to breath testing station
- BACs announced during "wrap-up"



As soon as the team has completed the SFSTs on a particular volunteer, the volunteer must be escorted by a monitor to the next scheduled team.

Define the sequence in which volunteers will circulate among teams.

Upon termination of this practice segment, monitors will escort the volunteer subjects to the breath testing station.

Emphasize that teams will not be informed of the volunteers' BACs until the session "Wrap Up".

B. Hands on Practice

Participants carry out the "drinking subjects" practice procedures.

Instructors circulate among teams to observe and coach participant performance, as necessary.

Upon completion of practice, teams escort volunteers to the Breath Testing Station.

Teams return to classroom to complete report writing assignment. An instructor records the BACs of the volunteer.

SFST Field Arrest Log Components

- The actual date the SFSTs were administered
- Subject's full name
- Results of each SFST test



This log has the following components:

- The actual date the SFSTs were administered
- Subject's full name
- Results of each SFST test

Direct participants to transfer their documentation from the note taking guide to the log:

- Classification of BAC as above or below 0.08 BAC
- Arrest/Not Arrest
- Subject's measured BAC (if available)
- Remarks

Utilization of Log

Team Reports

- Volunteer observations
- Record results
- Comments?
- Questions?
- Observations?



D. Session Wrap Up

Teams report their observations of volunteers.

Solicit SFST results on each volunteer. Record results on dry erase board (See sample chalkboard array on next page).

Instructor notifies participants of volunteers' BACs, as obtained during the breath tests.

Write BACs next to volunteers' names or code letters on the dry erase board.

Solicit participant comments, questions or observations concerning the relationship between volunteers' BACs and their performances on the tests.

QUESTIONS?



**SAMPLE DRY ERASE BOARD ARRAY FOR
TABULATING RESULTS**

"Designated Subjects"	Horizontal Gaze Nystagmus	Walk and Turn	One Leg Stand	Arrest ?
"A"				
"B"				
"C"				
"D"				
"E"				
"F"				
"G"				

"H"				
"I"				
"J"				

Session 11-A

Video Workshop First Session



Learning Objectives

- Properly administer the SFSTs
- Properly observe and record subject's performance utilizing the standard note taking guide
- Properly interpret the subject's performance
- Proper use and maintenance of the SFST Field Arrest Log



Briefly review the objectives, content and activities of this session.

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

- Properly administer the SFST's
- Properly observe and record subject's performance utilizing the standard note taking guide
- Properly interpret the subject's performance
- Properly use and maintain the SFST Field Arrest Log

CONTENT SEGMENTS

- A. Procedures
- B. Hands on Practice
- C. Use and Maintenance of SFST Field Arrest Log
- D. Session Wrap Up

LEARNING ACTIVITIES

- Instructor Led Presentations
- Participant Practice Session
- Instructor Led Presentation
- Instructor Led Discussion

Explain that participants will view the administration of Standardized Field Sobriety Tests to volunteers who have consumed alcoholic beverages. Some of these volunteers will have BACs above 0.08. Others will be below that level. Participants will carefully note and record the video subjects' performance, and attempt to distinguish those above 0.08 from those below 0.08.

Participants will also learn to record observations on a SFST Field Arrest Log.

Procedures

- Same teams as dry run
- Each subject will be viewed performing all three tasks
- Only one opportunity to view each subject
- Record the number of clues observed in the appropriate boxes on video score worksheet



A. Procedures

Participants work in the same teams that were constituted for the Dry Run Practice Session.

Make sure that all participants understand the practice procedures.

Distribute video score sheets, have participants fill in their name and team number.

Have sufficient copies of handout 11-A available (Minimum of eight copies per student).

Advise participants that each subject will be viewed performing all three tasks, Pauses are provided between each test to allow participants to record observed clues.

Point out that participants will have only one chance to view each subject. Review can be conducted after the "wrap-up."

Participants shall record the number of clues observed, in the boxes located opposite each test.

Procedures (Cont.)

- **Class will be divided into two groups**
- **One half will watch video subjects**
- **Other half will practice administration of SFSTs**
- **At conclusion of video, participants will switch roles**



B. Hands on Practice

Divide class into two groups.

Each team member will administer a complete SFST batter on another student under the direct supervision of an instructor.

It is recommended that half the class perform the SFSTs under the direction of instructor while the remainder of the class views, records, and interprets the NHTSA/IACP approved videos for this session. Once completed, the groups switch roles.

EACH team member viewing the videos must determine if the subject should or should not be arrested.

Emphasize that each officer is to prepare a descriptive, written test record on each video subject, using the standard note-taking guide.

Emphasize that teams will not be informed of the volunteer's BACs until the session "Wrap-up."

If time permits, participants will administer additional tests to each other.

SFST Field Arrest Log Components

- The actual date the SFSTs were administered
- Subject's full name
- Results of each SFST test



This log has the following components:

- The actual date the SFSTs were administered
- Subject's full name
- Results of each SFST test

Direct participants to transfer their documentation from the note taking guide to the log:

- Classification of BAC as above or below 0.08 BAC
- Arrest/Not Arrest
- Subject's measured BAC (if available)
- Remarks

Utilization of Log

Team Reports

- Video subject observations
- Record results
- Comments?
- Questions?
- Observations?



D. Session Wrap Up

Teams report their observations of video subjects.

Solicit SFST results on each video subject. Record results on dry erase board (See sample dry-erase board array on next page).

Instructor notifies participants of video subjects' BACs.

Write BACs next to video subjects' names or code letters on the dry erase board.

Solicit participant comments, questions or observations concerning the relationship between video subjects' BACs and their performances on the tests.

QUESTIONS?



Solicit participant comments, questions or observations concerning the relationship between video subjects' BACs and their performances on the tests.

VIDEO SCORE SHEET - SESSION XI-A

SUSPECT'S NAME: _____ OFFICER'S NAME: _____

Pupil Size: Equal Unequal	Tracking: Equal Unequal		Unequal Pupil Size: Explain:
Resting Nystagmus Yes No	Eyelids: Normal Droopy		
Lack Of Smooth Pursuit	Left Eye	Right Eye	Vertical Nystagmus Yes No
Distinct Nystagmus At Maximum Deviation			Eyes: Normal Bloodshot Watery
Onset Of Nystagmus Prior To 45 Degrees			

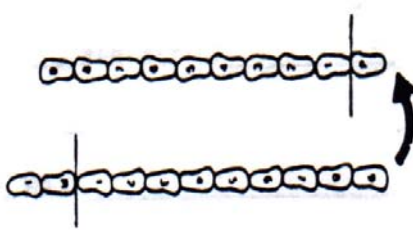
HGN CLUES

Observed	Actual

WALK AND TURN TEST

Cannot keep balance _____
Starts too soon _____

WALK AND TURN



- Stops Walking
- Misses Heel-to-Toe
- Steps Off Line
- Raises Arms
- Actual Steps Taken

1 st Nine	2 nd Nine

Observed	Actual

Improper Turn (Describe)	Cannot Do Test (explain)
--------------------------	--------------------------

Team Information
Team No: _____
Arrest Decision: Yes: _____ No: _____
BAC: Above 0.10: _____ Below 0.10: _____ Above 0.08: _____ Below 0.08: _____

ONE LEG STAND	
L	R
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
	Sways while balancing. Uses arms to balance. Hopping. Puts foot down.

ONE LEG STAND

Observed	Actual

Standardized Field Sobriety Testing
Option Video
Subject Results

CD/Video Day 1		
Subjects Name: Bob		BAC: .155
HGN Clues	6	Lack of smooth pursuit present in each eye, Distinct and sustained nystagmus and maximum deviation present in each eye, Onset of nystagmus present in each eye, vertical nystagmus present in each eye.
W & T	2	Missed heel to toe, uses arms for balance.
OLS	0	None
Teaching points/Comments: Left leg is slightly bent, which will improve the subject ability to perform the test without demonstrating clues.		

CD/Video Day 1		
Subjects Name: Brandon		BAC: .073
HGN Clues	4	Lack of smooth pursuit in each eye, Distinct and sustained nystagmus at maximum deviation present in each eye.
W & T	3	Loses balance during instructional stage, Used arms to balance, Stopped walking.
OLS	0	None
Teaching points/Comments: None		

CD/Video Day 1		
Subjects Name: Jason		BAC: .000
HGN Clues	0	None
W & T	0	None
OLS	0	None
Teaching points/Comments: None/Placebo		

CD/Video Day 1		
Subjects Name: Carl		BAC: .134
HGN Clues	5	Lack of smooth pursuit in each eye, Distinct and sustained nystagmus at maximum deviation in each eye, Onset of nystagmus in left eye only.
W & T	4	Lost balance during instructional stage, Uses arms for balance, Stepped off line, Misses heel to toe.
OLS	1	Swaying
Teaching points/Comments: Subject looked beyond stimulus at maximum deviation , not allowing clue to be observed in that eye.		

CD/Video Day 1		
Subjects Name: Suzanne		BAC: .074
HGN Clues	4	Lack of smooth pursuit in each eye, Distinct and sustained nystagmus at maximum deviation in each eye.
W & T	0	None
OLS	1	Hopping
Teaching points/Comments: Give opportunity to remove shoes, especially those with high heels		

CD/Video Day 1		
Subjects Name: Christina		BAC: .093
HGN Clues	5	Lack of smooth pursuit in each eye, Distinct and sustained nystagmus at maximum deviation in each eye, Onset of nystagmus in right eye. Vertical nystagmus present.
W & T	3	Stepped off line, Uses arms for balance, Stopped while walking.
OLS	1	Swaying
Teaching points/Comments: None		

CD/Video Day 1		
Subjects Name: <u>Keith</u>		BAC: <u>.140</u>
HGN Clues	6	Lack of smooth pursuit in each eye, Distinct and sustained nystagmus at maximum deviation present in each eye, Onset of nystagmus present in each eye.
W & T	4	Lost balance during instructional stage, Uses arms for balance, Steps offline, Misses heel to toe.
OLS	3	Sways, Puts foot down, Uses arms for balance, Stopped test
Teaching points/Comments: Consider stopping the psychophysical tests for the safety of the subject.		

CD/Video Day 1		
Subjects Name: <u>Josh</u>		BAC: <u>.132</u>
HGN Clues	6	Lack of smooth pursuit present in each eye, Distinct and sustained nystagmus at maximum deviation present in each eye, onset of nystagmus present in each eye.
W & T	2	Stepped off line, Misses heel to toe.
OLS	0	None
Teaching points/Comments: None		

Session 12

Processing the Arrested Subject and Preparation for Trial



Learning Objectives

- Discuss the importance of correct processing and report writing procedures in DWI arrests
- Discuss the correct sequence of DWI processing procedures



Briefly review the objectives, content and activities of this session.

- Discuss the importance of correct processing and report writing procedures in DWI arrests
- Discuss the correct sequence of DWI processing procedures

CONTENT SEGMENTS

- A. The Processing Phase
- B. Narrative DWI Arrest Report
- C. Case Preparation and Pretrial Conference
- D. Guidelines for Direct Testimony

LEARNING ACTIVITIES

- Instructor Led Presentations
- Video Presentation
- Interactive Discussion
- Instructor Led Demonstrations
- Participant Presentations

The foundation for preparation and successful testimony is the relationship between the law enforcement officer(s) involved with the arrest and the prosecuting attorney(s) associated with the case. Effective communication and a clear understanding of each group's objectives and expectations is essential for successful prosecution.

Learning Objectives (Cont.)

- Discuss the essential elements of the DWI arrest report
- Discuss the importance of pretrial Conferences and presentation of evidence in the DWI trial



Briefly review the objectives, content and activities of this session.

- Discuss the essential elements of the DWI arrest report
- Discuss the importance of pretrial conferences and presentation of evidence in the DWI trial

You, as the state's primary witness, play an important part in illustrating to the judge/jury the impairment of the defendant. In addition to verbal testimony, visual aids are often helpful in painting the picture of the entire DWI detection process. Visual aids engage the judge/jury and increase the retention of information. In addition, it is important that you do not use legal, law enforcement or medical terms unless absolutely necessary. The use of plain English assists the judge, jury and others involved in the case to understand the specifics of all the testimony.

Foundation for Successful Testimony

- **Relationship between the law enforcement officer(s) involved with the arrest and the prosecuting attorney(s)**
- **Communication**



A. The Processing Phase

The foundation for preparation and successful testimony is the relationship between the law enforcement officer(s) involved with the arrest and the prosecuting attorney(s) associated with the case. Effective communication and a clear understanding of each group's objectives and expectations is essential for successful prosecution.

You, as the state's primary witness, play an important part in illustrating to the judge/jury the impairment of the defendant. In addition to verbal testimony, visual aids are often helpful in painting the picture of the entire DWI detection process. Visual aids engage the judge/jury and increase the retention of information. In addition, it is important that you do not use legal, law enforcement or medical terms unless absolutely necessary. The use of plain English assists the judge, jury and others involved in the case to understand the specifics of all the testimony.

Testimony

- **Be prepared to speak to the evidence**
- **Take time**
- **Listen**
- **Organize your response before answering questions**



Since testimony constitutes the majority of time spent in trial, it is imperative that in addition to effective communication techniques, the witness be well prepared to speak to the evidence related to the case. Direct examination is your opportunity to tell the story. It should be an exchange between the prosecutor and the law enforcement officer. Take the time to think and make sure that you completely understand the question and organize your response before you answer. NEVER answer a question that you do not fully understand. Cross examination is NOT the time to showboat. Always, listen carefully to the question and again make sure you completely understand the question before you answer. If you do not understand the question, ask for clarification. If you are not able to fully understand the question during direct or cross examination, it is acceptable to say "I do not know," "I cannot answer that question" or "I cannot answer that question without further explanation." Always make sure you listen closely to the question and don't answer a question you don't understand.

Remember: When it comes to successful testimony, there is NO substitution for preparation.

Successful Prosecution

- **Organize and present relevant evidence on each element of the DWI violation**
- **All evidence must be compiled during the three phases of detection**
 - **Vehicle in motion**
 - **Personal contact**
 - **Pre-arrest screening**



The successful prosecution of a DWI case often depends upon the officer's ability to organize and present all relevant evidence of each element of the DWI violation. Keep in mind that virtually all of this evidence must be compiled during the three phases of detection -- vehicle in motion, personal contact, and pre-arrest screening. The officer must be able to establish the level of impairment at the time that the violation occurred, therefore, observations are critical. Subsequent evidence of impairment, such as chemical test result(s) and/or the evidence gathered during a drug evaluation, will be admissible only when a proper arrest has been made. The efforts expended in detecting, apprehending, investigating and testing/evaluating the DWI offender will be of little value if there is not sufficient evidence to prove every element of the violation.

No matter how much evidence you collect, if it is not presented clearly, completely, and convincingly in court, the case may be lost. Therefore, it is essential that officers develop the ability to write a clear, complete, and concise report describing their observations and results. Additionally, the officer must be able to articulate that information to the judge/jury.

Ask the class to suggest types of evidence that would likely be important in a DWI arrest. After most examples have been elicited, show slide.

Types of Evidence

- **Physical evidence**
- **Established facts**
- **Illustrative evidence**
- **Demonstrative evidence**
- **Written documentation**
- **Testimony**



Evidence of a DWI violation may be of various types:

- **Physical (or real) evidence:** something tangible, visible, audible (e.g. a blood sample or a partially empty can of beer).
- **Well established facts** (e.g. judicial notice of accuracy of the breath test device when proper procedures are followed).
- **Illustrative evidence:** visual aids (e.g., photo of the crash scene, defendant, or diagram of the roadway).
- **Demonstrative evidence:** demonstrations performed in courtroom (e.g., SFSTs or other field sobriety tests).
- **Written documentation** (e.g. the citation, the alcohol influence report, the drug evaluation report, evidential chemical test results, etc.).
- **Testimony** (the officer's verbal description of what was seen, heard, smelled, etc.).

Prosecutor

- **Must be able to establish and prove every element of the offense**
- **Must establish proper procedures were followed, including:**
 - **Reasonable suspicion or another valid reason for stopping/contacting the driver**



The prosecutor must be able to establish and prove every element of the offense. The prosecutor also must establish that the proper procedures were followed, including:

There was a reasonable suspicion or another valid reason for stopping/contacting the driver.

Remind participants the definition of reasonable suspicion is “Less than probable cause but more than mere suspicion; exists when an officer, in light of his or her training and experience, reasonably believes and can articulate that criminal activity is taking, has taken or is about to take place”.

Discuss with participants state specific definitions.

The driver was operating or in actual physical control of the vehicle.

There was probable cause to arrest the driver.

Remind participants the definition of probable cause - “More than mere suspicion; facts and circumstances within the officer’s knowledge, and of which he or she has reasonably trustworthy information, are sufficient to warrant a person of reasonable caution to believe that an offense has been or is being committed”.

Proper Arrest Procedures Followed

- Arrest procedures were followed
- Regard was given to the defendant's Miranda rights
- Subsequent observations/interview of the defendant provided additional evidence relevant to the offense
- Request for a chemical test



- *Proper arrest procedures were followed.*
- *Proper regard was given to the defendant's Miranda rights.*
- *Subsequent observations/interview of the defendant provided additional evidence relevant to the offense.*
- *There was a proper request for a chemical test.*

The prosecutor's case will largely be based upon the thoroughness of the officer's investigation and the clarity of his/her testimony.

While it is true that many items which are critical to the prosecution are documented on special forms, the officer must keep in mind that the prosecutor may not have the time to search out relevant facts. The decision may be made to amend, reduce, or even dismiss the case on the basis of the arrest report alone.

It is essential that the report clearly, completely, and accurately describe the total sequence of events from the point the driver was first observed, through the arrest, the chemical test, and subsequent release or incarceration.

Guidelines for Note Taking

- **Recognition and retention of facts that establish reasonable suspicion to stop, investigate further, and have probable cause to arrest**
- **Detection evidence must establish each element of the violation**
- **Recognize and recall facts and circumstances**
- **Rely on your own field notes**



Guidelines for Note Taking

One of the critical tasks in the DWI enforcement process is the recognition and retention of facts that establish reasonable suspicion to stop the driver, investigate further, and the probable cause to arrest persons for DWI. The evidence gathered during the detection process must establish each element of the violation and must be documented to support successful prosecution of the defendant. This evidence is largely sensory (see, smell, hear) in nature and therefore is extremely short lived.

Law enforcement officers must be able to recognize and act on facts and circumstances with which they are confronted. But the officer must also be able to recall those observations, and describe them clearly and convincingly, to secure a conviction. The officer is inundated with evidence of DWI (sights, sounds, smells, etc.) recognizes it, and bases the decision to stop, investigate and arrest on their observations.

Since evidence of a DWI violation is short lived, police officers need a system and tools for recording field notes at scenes of DWI investigations. Technological advances have made it possible to use audio, video, and digital recorders in the field. They provide an excellent means of documenting this short lived evidence. However, the vast majority of officers must rely on their own field notes.

One way of improving the effectiveness of field notes is to use a structured note taking guide. This type of form makes it very easy to record brief notes on each step of the detection process and ensures that vital evidence is documented. Field notes provide the information necessary for completion of required DWI report forms and assist the officer in preparing a written narrative of the investigation. Since they can be used to refresh the officer's memory, field notes could be useful if the officer is required to provide oral testimony.

Processing Tasks

- **Inform the driver that they are under arrest**
- **“Pat down” or frisk the defendant**
- **Handcuff the defendant**
- **Secure the defendant in the patrol vehicle**
- **Secure the defendant’s vehicle, passengers, property**



Remind participants to become thoroughly familiar with their agency's guidelines for processing individuals. Ask a participant to suggest how a procedural error during the processing phase might cause some evidence to be ruled inadmissible.

The Processing Phase of a DWI Enforcement incident is the bridge between arrest and conviction of a DWI offender. Processing involves the proper assembly and organization of all of the evidence obtained during the detection phase. This ensures that the evidence will be available and admissible in court. Processing also involves obtaining additional evidence, such as a chemical test or tests of the subject's breath, blood, etc.

Typically, the processing phase may involve the following tasks:

- Inform the driver that they are under arrest.
- "Pat down" or frisk the defendant.
- Handcuff the defendant.
- Secure the defendant in the patrol vehicle.
- Secure the defendant’s vehicle, passengers, property.

Processing Tasks (Cont.)

- **Transport the defendant to an appropriate facility**
- **Arrange for video recording (if applicable)**
- **Advise the defendant of rights and obligations under the implied consent law**
- **Administer the evidentiary chemical test(s)**



- Transport the defendant to an appropriate facility.
- Arrange for video recording (if applicable).
- Advise the defendant of rights and obligations under the implied consent law.
- Administer the evidentiary chemical test(s).

Processing Tasks (Cont.)

- Advise the defendant of Constitutional Rights (Miranda Admonition)
- Interview the defendant
- Incarcerate or release the defendant
- Complete the required reports



- Advise the defendant of Constitutional Rights (Miranda Admonition).
- Interview the defendant.
- Incarcerate or release the defendant.
- Complete the required reports.

Video segment “Nighttime DWI Arrest”.

Hand out copies of DWI Investigation Field Note form. Show video segment “Nighttime DWI Arrest”. Allow participants 4 - 5 minutes to complete notes.

Inform participants the defendant is assumed to have demonstrated six clues of HGN.

Essential Ingredients of Prosecution's Case

- Clarity and completeness of officer's observations
- Clear and concise report
- Reasonable grounds for arrest
- Proper arrest procedures
- Rights of accused
- Post-arrest evidence
- Proper request for chemical test(s)
- Chemical test result(s)



B. Narrative DWI Arrest Report

Report writing is an essential skill for a police officer. Good report writing becomes second nature with practice. While there is no one best way to write an arrest report, it is critical that the report be detailed regarding every phase of the detection and arrest process. It is helpful to follow a simple format. Departmental policies and/or special instructions or requirements of the prosecutor provide some guidance.

Point out that good report writing becomes second nature with practice.

It is important for officers to understand the essential ingredients of the prosecution's case. Clarity and completeness of an officer's observations and relaying this information in a clear and concise report is critical. Additionally, an officer must be able to establish that he/she had reasonable grounds for the arrest and followed proper arrest procedures. Proper arrest procedures include advising the defendant of their constitutional rights and gathering additional post arrest evidence. The admissibility of chemical test evidence requires a proper request in accordance with your state's guidelines.

Detection and Arrest

- During the detection officer must mentally note relevant facts to support the decision to arrest
- Facts are recorded in field notes
- Field notes can be used to refresh officer's memory when the formal arrest/narrative report is prepared
- Follow departmental policies



Detection and Arrest

During the detection phase of the DWI arrest process, the arresting officer must mentally note relevant facts to support the decision to arrest.

These facts are then recorded in the form of field notes and can be used to refresh officer's memory when the formal arrest/narrative report is prepared.

Point out that officers should be guided by departmental policies and/or instructions or requirements specified by the prosecutor.

Writing the Report

- **Initial observation**
- **Vehicle stop**
- **Contact with driver**
- **Driving or actual physical control**



The following block outline format identifies some of the important components in a DWI arrest/narrative report:

Initial Observations - Describe your first observations of the driver's actions. What drew your attention to the vehicle/driver? Your first observations are important because they help establish your reasonable suspicion to stop. This should include details about the driving before you initiated the traffic stop. Be sure to record the time and location of the first event.

Vehicle Stop - Record any unusual actions taken by the driver. How did the driver react to the emergency light and/or siren? How far did the driver travel after emergency equipment was activated? How did the driver pull over? Was it a normal stop? Be detailed and specific.

Contact With Driver - Record your observations of the driver's personal appearance, condition of the eyes, speech, odors, inappropriate or inconsistent responses to questions, etc. Record the name and condition of passengers in the vehicle and where they were located. Describe any unusual actions taken by the driver or passengers.

Driving or Actual Physical Control - In some cases, you may not use the driving behavior as the basis for the contact. Your first contact could result from a crash investigation or a motorist assistance type of contact. Your observations and documentation must establish that the driver was operating or in actual physical control of the vehicle. You can use circumstantial evidence, such as seat belt marks, ownership of the vehicle, location of the keys, admissions, witness statements, etc. to establish this element.

Writing the Report (Cont.)

- Exit the vehicle
- SFSTs/Other field sobriety test
- Arrest
- Disposition of vehicle, people and property
- Transport defendant



Exit From Vehicle - Record your observations of the driver's exit from the vehicle and include any unusual actions taken by the driver. Be specific about how the driver exits the vehicle. For example: climbs out of the vehicle, uses the vehicle for support, leans on the vehicle, walks slowly and/or deliberately, stumbles, etc.

Standardized Field Sobriety Tests - This should include specific details about the validated clues noted during the test. It should also include all other observations made during the SFSTs such as: did not follow directions, how quickly or slowly the driver performed the test, etc.

Include specific details about the clues observed. For example, missed heel to toe on steps 3, 4, and 5 by at least three inches each step, etc.

Field Sobriety Tests - Describe the driver's actions when you administered other field sobriety tests. Be specific.

Arrest - Document the arrest decision and ensure that all elements of the violation have been accurately described.

Disposition/Location of Vehicle and Keys - Indicate where the vehicle was secured or towed and the location of the keys. If the vehicle was released to another party or was driven by a backup officer, record that fact.

Disposition of Passenger and/or Property - Ensure that passengers and property are properly cared for.

Transport of Defendant - Describe where the defendant was transported for evidential testing. Document time of departure and arrival. (This information can be obtained from the radio log). Note any spontaneous or voluntary comments made by the defendant.

Writing the Report (Cont.)

- **Evidentiary test**
- **Implied consent/Miranda warning**
- **Witness' statements**
- **Notifications**
- **Citation/Complaint**
- **Incarceration or release**
- **Additional chemical test**



Evidentiary Test - Document which test(s) were administered and by whom. Be sure to include the evidential test(s).

Implied Consent/Miranda Warning - Document that the admonishments were given at the appropriate point in the investigation.

Witness' Statements - List all witnesses (including other officers), contact information, and attach copies of their statements (if any). Additionally, make notes of any verbal statements made by witnesses.

Notification of Defendant's Attorney or Other Party - Document the time and result of defendant's telephone call to an attorney or other party.

Citation/Complaint - Document that the traffic citation/complaint was issued at the appropriate time, if applicable.

Incarceration or Release - Document the time and place of incarceration or the name and address of the responsible party to whom the defendant was released. Be sure to record the time.

Additional Chemical Test - If the defendant is authorized to request additional chemical tests and does so, record the type of test, time administered, location, and party administering the test.

The foregoing list is not intended to be all inclusive. In many cases, several points may not be applicable and additional information not listed may apply.

Writing the Report (Cont.)

- **Narrative does not have to be lengthy, but it must be detailed and accurate**
- **Successful prosecution depends on your ability to describe the events you observed**



Point out that not every report will require all of the above components. Some may be missing or not relevant to a DWI investigation.

Briefly discuss each component.

The narrative does not necessarily have to be lengthy, but it must be detailed and accurate. Remember, successful prosecution depends on your ability to describe the events you observed. Often a trial can be avoided (i.e., a defendant may plead guilty) when you do a thorough job in preparing your arrest report.

A sample report providing an example of the block outline format is at the end of this session.

Solicit participants' questions concerning the narrative DWI arrest report elements.

Refer participants to sample report in their manual.

The following slides only include the validated clues of the SFSTs, however there are other observations of impairment that are evident in the video and included in the model report.

DWI Incident Report

Defendant: Eryn Greenfield Age:31

Date of Arrest: 4-14-XX

Time of Arrest: 9:20 PM

• **Initial Observation:**

- Defendant driving yellow Volkswagen
- Driving without headlights
- Right tires over solid fog line
- Wide right turn
- Struck curb when stopping
- Four lane roadway, clear, breezy, traffic light



DWI Incident Report

Defendant: Eryn Greenfield, Age:31

Date of Arrest: 4-14-XX

Time of Arrest: 9:20 PM

Initial Observation:

- Defendant driving yellow Volkswagen
- Driving without headlights
- Right tires over solid fog line
- Wide right turn
- Struck curb when stopping
- Four lane roadway, clear, breezy, traffic light

Contact with Driver

- **Driver was sole occupant**
- **Passed over DL when looking**
- **Forgot to produce registration/insurance**
- **Odor of alcoholic beverage on breath, eyes red and watery**
- **Admissions of drinking**
- **Stumbled over curb**



Contact with Driver

- Driver was sole occupant
- Passed over DL when looking
- Forgot to produce registration/insurance
- Odor of alcoholic beverage on breath, eyes red and watery
- Admissions of drinking
- Stumbled over curb

Field Sobriety Tests

- **HGN – Lack of smooth pursuit, distinct nystagmus at maximum deviation, angle of onset prior to 45 degrees in both eyes**
- **Walk and Turn – Lost balance , raised arms for balance (2x), missed heel to toe, 10 steps, and improper turn**
- **One Leg Stand – Raised left leg, put foot down on 1006 and 1009, skipped 1017, raised right arm for balance, reached 1019 in 30 seconds**



Field Sobriety Tests

- HGN – Lack of smooth pursuit, distinct nystagmus at maximum deviation, angle of onset prior to 45 degrees in both eyes
- Walk and Turn – Lost balance , raised arms for balance (2x), missed heel to toe, 10 steps, and improper turn
- One Leg Stand – Raised left leg, put foot down on 1006 and 1009, skipped 1017, raised right arm for balance, reached 1019 in 30 seconds

Field Sobriety Tests (Cont.)

Based on observations of the defendant's driving, physical appearance, and performance of standardized field sobriety tests, she was placed under arrest for DWI.



Emphasize that the defendant in a DWI case could be acquitted if the officer's testimony was not sufficient to establish probable cause or prove beyond a reasonable doubt that the defendant was impaired.

Case Preparation

- Use field notes to document evidence
- Accurately note statements and other observations
- Review the case with other officers who witnessed the arrest
- Collect and preserve all physical evidence
- Prepare all required documents and a narrative report



C. Case Preparation and Pretrial Conference

As was discussed earlier in Session 4, case preparation begins with your first observation and contact with the driver. It is essential that all relevant facts and evidence are mentally noted and later documented in field notes, narrative report, or other official forms.

Guidelines for Case Preparation

- Use field notes to document evidence.
- Accurately note statements and other observations.
- Review the case with other officers who witnessed the arrest or otherwise assisted you and write down relevant facts.
- Collect and preserve all physical evidence.
- Prepare all required documents and a narrative report.

Briefly discuss the purpose, components, and the importance of a CV (Curriculum Vitae). Consider providing an example.

Report Consistency

- It is essential that all reports be consistent. Adequately explain differences
- Upon receipt of a subpoena or other notification of a trial date, review all records and reports to refresh your memory
- During discovery, list all evidence and properly document it



Remember, it is essential that all reports be consistent. If differences occur, be sure to adequately explain them. The defense will try to impeach your testimony by pointing out seemingly minor inconsistencies.

Point out that it is essential that reports are corroborative or when differences occur, that they be adequately explained. The defense will try to impeach your testimony over any inconsistencies.

Ask participants to identify relevant records/ reports to be reviewed. Probe until appropriate items are identified.

Preparation for Trial

Upon receipt of a subpoena or other notification of a trial date, review all records and reports to refresh your memory. If appropriate, revisit the scene of the arrest. Compare notes with assisting officers to ensure that all facts are clear.

During discovery, list all evidence and properly document it. Remember, evidence may be excluded if proper procedures are not followed.

Point out that evidence will not be admitted if these procedures are not followed.

Attention to detail is very important.

Pretrial Conference

- **Be prepared**
- **Discuss all evidence/conclusions**
- **Identify strengths and issues**
- **Review potential questions**
- **Identify defense challenges**



Successful prosecution is dependent upon the prosecutor's ability to present a clear and convincing case based on your testimony, physical evidence, and supporting evidence/testimony from other witnesses and/or experts.

Point out to participants that a prosecutor should be able to elicit key points from an officer's testimony to bring out the facts necessary to convict the defendant.

If at all possible, arrange a pretrial conference with the prosecutor. In preparation for the pretrial conference, you should review the entire case file. During the conference, discuss with the prosecutor all evidence and all basis for your conclusions. If there are strengths or issues in your case, bring them to the prosecutor's attention. Ask the prosecutor to review the questions that will be asked on the witness stand. Point out when you do not know the answer to a question. Ask the prosecutor to review questions and challenges the defense attorney may use. Make sure your Curriculum Vitae is current. Review your credentials and qualifications with the prosecutor.

If you cannot have a pretrial conference, try to identify the main points and weaknesses about the case, and be sure to discuss these with the prosecutor during the few minutes you will have just before the trial.

Point out that there should be "no surprises" during the trial. Ask the participants to give examples of items to be discussed at a pretrial conference.

Point out that due to a variety of reasons, prosecutors are not able to have pre-trial conferences. That does not mean they are unconcerned. Try to see it from their viewpoint.

Pretrial Conference



If time allows, show video segment “Pretrial Conference” (10 minutes).

Emphasize the importance of the discussion of a DWI case between the arresting officer and the prosecuting attorney prior to going to trial.

Solicit participant questions concerning the pretrial conference.

Direct Testimony

- **Describe in detail:**
 - **Case facts**
 - **All observations**
 - **SFSTs clues/observations**
- **Be professional**
- **Use plain language**
- **Make eye contact with judge/jury**
- **Repeat important points**



D. Guidelines for Direct Testimony

Your basic task is to establish the facts of the case:

That the subject was driving or in actual physical control of a vehicle on a highway or other specified location within the court's jurisdiction and was impaired by alcohol and/or other drugs.

In other words, to present evidence to establish reasonable suspicion for the stop, probable cause for the arrest, and conclusive evidence regarding every element of the offense.

Point out that if officer testifies on subject matter that was excluded, it could result in suppression of the evidence or a mistrial.

Describe in a clear, detailed, and convincing manner all relevant observations during the three detection phases and those subsequent to the arrest. Describe clearly how the defendant performed (e.g., "stepped off the line twice on steps 2 and 4, raised the arms on steps 5 and 7 going out and step 3 coming back, etc."). By presenting your observations clearly and convincingly, you will allow the fact of the defendant's impairment to speak for itself. Direct testimony should include all relevant information about this incident.

Direct Testimony (Cont.)

- Describe in detail:
 - Case facts
 - All observations
 - SFSTs clues/observations
- Be professional
- Use plain language
- Make eye contact with judge/jury
- Repeat important points



Always keep in mind that juries typically focus on an officer's demeanor as much or more than on the content of the testimony. Strive to maintain your professionalism and impartiality. Be clear in your testimony; explain technical terms in layman's language; don't use jargon, abbreviations, acronyms, etc. Make eye contact with the judge/jury; they are the people you are trying to convince. Repeat important points and continued observations about the defendant.

See Trial Tips and Techniques in Attachment A at the end of this session.

Solicit examples from the participants to include: bloodshot, watery eyes; odor of alcoholic beverage on breath, etc.

Cross Examination

- **Be polite**
- **Don't become agitated**
- **If you don't know the answer:**
 - **Don't guess**
 - **It is OK to say, "I don't know"**



Cross Examination/Defense Challenges

In many cases, you will be the key witness for the prosecution. Therefore, the defense will try very hard to cast doubt on your testimony.

Remind participants that both sides have a different role in the case.

Be polite and courteous. Do not become agitated in response to questions by the defense. Above all, if you don't know the answer to a question, say so. Don't guess at answers, or compromise your honesty in any way. Be professional and present evidence in a fair and impartial manner.

Point out that officer should be polite and courteous during testimony...do not become agitated as a result of defense questions. Do not take personal issue with defense statements, stick to the facts.

Defense Challenges

- Your observations/interpretations
- Your credentials
- Your credibility
- SFSTs



The defense will ask questions to challenge your observations and interpretations. For example, you may be asked whether the signs, symptoms and behaviors you observed of the defendant couldn't have been caused by an injury or illness, or by something other than the alcohol/drugs. You will be asked questions to create doubt about your observations. Answer these questions honestly, but carefully. If your observations are not consistent with an illness or injury, explain why not. Clearly testify that your opinion is based on everything that was observed during the DWI investigation.

The defense will attempt to challenge your credentials by asking questions to cast doubt on your formal training. They will ask questions to "trip you up" on technical or scientific issues. Answer all questions about your training and experience completely and accurately, but don't embellish. Answer scientific or technical questions only if you have been trained in that area.

Point out that officers should not embellish their testimony...be careful not to open any doors for the defense.

***Point out that the defense attorney's job is to try to create a "reasonable doubt."
Don't take it personally.***

Defense Challenges (Cont.)

- Your observations/interpretations
- Your credentials
- Your credibility
- SFSTs



The defense will ask questions to challenge your credibility. You may be asked several very similar questions in the hope that your answers will be inconsistent.

You may be asked questions designed to imply you had already formed your opinion before the defendant completed the field sobriety tests. Listen to the questions carefully and emphasize your arrest decision was made at the completion of your DWI investigation and based on ALL available evidence.

Point out that if the defense can discredit your training and/or experience your testimony will have little "weight" with the jury.

Emphasize that arrest decisions should be based on the totality of the circumstances.

You may be asked questions that suggest you deviated from your training. These questions may suggest you eliminated portions of the tests or gave incomplete or confusing instructions. One way you can refute these defense challenges is by administering the Standardized Field Sobriety Tests as you were trained. If deviations to the protocol occur, it is important to explain why. Standardization ensures both consistency and credibility.

Defense Challenges (Cont.)

- Your observations/interpretations
- Your credentials
- Your credibility
- SFSTs



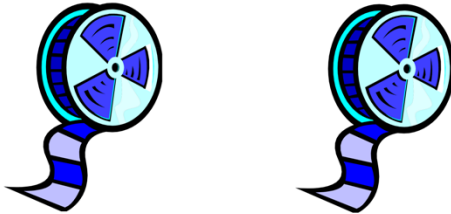
Point out that field sobriety tests should be administered according to the training.

Note: Avoid using “I didn’t do XYZ” versus “I couldn’t do XYZ.” If you deviated from the standard, “didn’t” implies it was your choice. “Couldn’t” implies that you had no choice (i.e., inclement weather, gross impairment of the defendant, the defendant was not cooperative, physical injury, geographical location, etc.).

You may be asked questions that suggest the Standardized Field Sobriety Tests are not relevant. These questions will suggest that SFSTs have no relationship to driving. For example, a defense attorney may suggest that standing on one leg does not correlate with the ability to drive safely. The divided attention tests assess the same mental and physical capabilities that a person needs to drive safely. These include:

- Information processing
- Short term memory
- Judgment and decision making
- Balance
- Steady, sure reactions
- Clear vision
- Small muscle control
- Coordination of limbs

The Courtroom Testimony



Video segment "The Courtroom Testimony"

During this video segment, the prosecutor asks three important questions of the officer. Each question is followed by a stop sign icon.

Instructors are asked to solicit responses from the participants on how they would answer that question. Discussion can follow.

Video segment "DWI Courtroom Testimony"

Video and discussion

If time allows, show the video segment of actual courtroom testimony in "DWI Courtroom Testimony" (15 minutes).

Emphasize the need for clear and convincing testimony.

Solicit participants' questions and comments concerning direct testimony.

QUESTIONS?



TRIAL TIPS AND TECHNIQUES

Courtroom Decorum

1. **TELL THE TRUTH.** Honesty is the best policy. Telling the truth requires a witness testify accurately as to what he knows. If you tell the truth and are accurate, you have nothing to fear on cross examination.
2. Provide your professional Curriculum Vitae to the prosecutor and, if requested, bring it to court with you.
3. **READ YOUR INCIDENT REPORT** prior to arrival at court. Go over the details and refresh your memory of the events of the arrest. If you cannot locate a copy of your report, ask the prosecutor prior to the court date.
4. Dress neatly and professionally; leave sunglasses, gloves, flashlight and other cumbersome equipment in your car before coming into the courtroom, unless needed for a demonstration.
5. Do not guess the answer to any question asked. It is OKAY to say “I don’t know” or “I can’t remember” in response to questions. Do not give the impression that you are guessing the answer by prefacing your response with “I think” or “I believe.” If you do not know the answer, it is okay to look at your report and refresh your memory. Always give definitive, positive, sure answers.
6. Listen carefully to the question asked. Do not begin your answer until the attorney has finished asking the question. Be sure you understand the question before you attempt to give an answer. It is appropriate if you don’t understand the question to say “I don’t understand your question.” If necessary, ask that the question be repeated or rephrased.
7. Take your time. Do not feel pressured to give a quick answer. Take time after the question is asked to think before you answer. After a question is asked, there may be an objection. When you hear the word, “objection,” stop testifying.
8. Answer the question that is asked, then stop. Do not volunteer information not asked. Explain an answer if you feel your answer appears ambiguous or incomplete. You are always permitted to explain your answer. Tell the prosecutor prior to your testimony if there is anything you feel they do not know about the case.
9. Always be professional in the courthouse. Jurors could be anywhere at any time.
10. Speak loud and clear so that you can be easily heard.

11. Look at the judge/jury when testifying. Always make eye contact with who you are trying to convince. During a bench trial, look at the judge. During a jury trial, look at the jury. This applies even when the attorney asking the question is not standing near the judge or jury box. Always talk to the judge or jury and maintain eye contact with them, even if it feels unnatural.
12. Always be courteous, even when the defense attorney is not. Control your emotions, and never allow yourself to be drawn into an argument. Remember, the best way to make a good impression with the judge/jury is to be courteous and professional. You were just doing your job during the arrest, and presenting the facts in court as they occurred.
13. Testify in plain language. Do not say, "The perpetrator exited the vehicle" when in reality "the defendant got out of his car." The person on trial is never a "lady" or "gentlemen," but is always "the defendant." Do not use military times without clarifying the time in laymen's terms. Do not use call signals. It makes more sense to the jury when you speak the same language they do.
14. It is the best practice to discuss the case with the prosecutor before trial. A defense attorney may ask if you've had a pretrial conference with the prosecutor. Tell the truth. Preparation for court is acceptable. Be straight forward in answering all questions.
15. Always tell the truth. No case is worth sacrificing your credibility.

Specific DWI Trial Recommendations

1. Never give the numerical PBT reading of the defendant when asked by the prosecutor. However, if the defense attorney asks you for the NUMERICAL reading, give it to him/her. The prohibition of PBT results of a defendant do not apply to witnesses, such as passengers in the car.
2. Discuss with the prosecutor, pre-trial, whether or not to demonstrate how you conducted field sobriety tests. Be certain that you can do in court all the tests you asked the defendant to perform at the time of the arrest. If you cannot do them, the jury will not expect that the defendant could have done them properly.
3. Know the reasons for giving field sobriety tests:
 - They are **divided attention tests**, designed to detect when a person is impaired by alcohol and/or drugs.
 - They provide evidence of impairment in cases where the defendant refuses to take a chemical test under implied consent.
 - They prevent an arbitrary decision to arrest, and allow an officer to articulate the reasons for concluding that a driver was DWI.
4. If you testify to the accuracy of the field sobriety tests, make sure you know the studies, percentages, and their significance. Considered independently, the Nystagmus test was 88% accurate, the Walk and Turn, 79% accurate, and the One Leg Stand, 83% accurate in identifying subjects whose BAC were .08 or more.
5. Remember, you should not testify that the defendant passed or failed the SFSTs. The tests are not scored "pass" or "fail." You should testify if the defendant completed the tests as instructed. These tests simply identify impairment.

SAMPLE DWI INCIDENT REPORT

Defendant: Eryn Greenfield
Age: 31
Date of Birth: 10/03/XX
Date of Arrest: XX-XX-XX
Time of Arrest: 9:20 pm
CA - D.L. #: CA 1234567

First Observations:

On XX-XX-XX at approximately 9:00 p.m., I was patrolling westbound on Reed Avenue at the intersection with Interstate 80 (fully marked CHP patrol vehicle #904534). I was stopped at the intersection preparing to make a left turn onto eastbound I-80. I observed a yellow Volkswagon (S/V) traveling down the eastbound I 80 exit ramp approaching the intersection with Reed Avenue. I noticed the S/V traveling with no headlights. I also noticed that the front right parking light was not working correctly. Furthermore, I noticed the right tires of the S/V travel over the solid white fog line on the exit ramp by approximately 2 feet. The S/V made a brief stop at the intersection, then made a right turn onto eastbound Reed Avenue without using a turn signal. I made a U turn and followed the S/V. The S/V then made a wide right turn from Reed Avenue onto southbound Riverpoint Drive without using a turn signal. An enforcement stop was initiated at which point the S/V began to pull to the right. At the point the right front tire of the S/V rubbed up onto the raised concrete curb that paralleled the roadway.

Observations After The Stop:

I approached the S/V on the passenger side and made contact with the driver (convertible top down). I immediately noticed that the driver had red, bloodshot, watery eyes. I advised her of the reason for the stop and asked if her vehicle had any mechanical problems. She stated, "no." I requested her driver's license, registration, and insurance. The driver removed a stack of cards from her wallet, which was located in her purse on right front passenger seat. She began sifting through the stack of cards. I observed her clearly pass by her license and continue searching through the cards. Unable to locate her license on the first attempt, she started over at the top and located the license on the second attempt. She was identified as Eryn Greenfield by California driver's license (#CA1234567). After handing me the license, she did not make an attempt to retrieve the other documents I had requested. I asked her again for the registration and insurance cards. She then retrieved them out of the glove compartment. I asked her how much alcohol she had consumed and she stated "a couple of beers about an hour ago." I asked her what size and type of beer and she replied with 12oz. bottles of Heineken. I asked her if she felt the effects of the drinks and she stated, "No, I feel fine." As she spoke, I noticed that her speech was slurred. I asked her to exit the vehicle and step to the side walk so I could administer several field sobriety tests to her (see field sobriety test section). As she exited the vehicle, she

stepped around the front as instructed, then stumbled on the raised curb. I asked her several pre-field sobriety test questions of which she answered accordingly (see page 2 of face page). As I communicated with her, I smelled an odor of alcoholic beverage emitting from her breath.

Field Sobriety Tests:

This evaluation was performed on Riverpoint Drive, just south of Reed Avenue. The evaluation surface was smooth concrete. Lighting conditions consisted of patrol vehicle headlights, spotlights, overhead lights, streetlight, and my flashlight. No surface defects were noted or claimed. It was noticeably windy.

Horizontal Gaze Nystagmus (explained):

I observed lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and an onset of nystagmus prior to 45 degrees in both of Greenfield's eyes. Greenfield was swaying forward and backward significantly during the test. At least 3 inches in both directions.

Walk and Turn (explained and demonstrated):

Instruction Stage: Lost balance (feet broke apart)

Walking Stage (1st Nine): Walked 10 steps (counted 10).
Raised left arm over 6 inches away from body to assist with balance on one occasion (at steps 4 - 5).

Walking Stage (2nd Nine): Walked 10 steps (counted 9).
Raised left arm over 6 inches away from body to assist with balance on two occasions (at steps 6 - 7).

Turn: Lost balance during turn and did not turn as instructed. Greenfield only took one step during the turn instead of several small steps as instructed.

One Leg Stand (explained and demonstrated):

While explaining the test, Greenfield started before being told to begin. Greenfield raised her left leg and began counting. She put her foot down on counts 1006 and 1009. As she was counting, she skipped 1017 (counting from 1016 to 1018). Used right arm for balance (6+ inches from body) and was swaying while balancing. She counted to 1019 after 30 seconds.

Arrest:

Based on the following information, I formed the opinion that Greenfield was driving under the influence:

- Driving at night with no headlights.
- Driving to the right of the solid white fog line on exit ramp.
- Making wide right turn from eastbound Reed Avenue to southbound Riverpoint Drive without using a turn signal.
- Right tire rubbing against raised concrete curb after stop was initiated.
- I observed divided attention problems while retrieving her license/registration and insurance.
- Her red, bloodshot, watery eyes and slurred speech.
- Her admissions to consuming alcoholic beverages.
- Stumbling over curb after exiting the vehicle.
- Odor of alcoholic beverage emitting from her breath.
- I observed signs of impairment as she performed the standardized field sobriety tests.

I arrested Greenfield for driving under the influence of an alcoholic beverage at 9:20 p.m. Greenfield was given the proper chemical testing advisement. She chose a breath test and was transported to the breath testing facility. She provided two breath samples of 0.08 and 0.08 at 9:50 p.m. and 9:52 p.m. She was then booked along with her property.

Recommendations:

I recommend a copy of this report be forwarded to the district attorney's office for review and prosecution of Greenfield for driving under the influence and driving with a blood alcohol concentration at or above the legal state limit.

Vehicle Disposition:

Greenfield's vehicle was stored by Reliable Towing.

Session 13

Report Writing Exercise and Moot Court



Learning Objectives

- Discuss the required information on a narrative arrest report
- Successfully complete a narrative arrest report
- Discuss the need for competent courtroom testimony
- Demonstrate the proper techniques of courtroom testimony



Briefly review the objectives, content and activities of this session.

At the conclusion of this session, participants will be able to:

- Discuss the required information on a narrative arrest report
- Successfully complete a narrative arrest report
- Discuss the need for competent courtroom testimony
- Demonstrate the proper techniques of courtroom testimony

CONTENT SEGMENTS

- A. Procedures
- B. Report Writing Exercise
- C. Moot Court Exercise

LEARNING ACTIVITIES

- Instructor Led Presentations
- Video Presentation
- Writing Skills Exercise
- Participant's Courtroom Testimony Exercise
- Instructor Led Discussion

Explain that participants will view a video of a simulated DWI arrest, after which they will write a narrative arrest report based on their observations. Some participants subsequently will be selected to "testify" about the incident in a moot court.

Report Writing Exercise

- Report Writing
 - Video simulation of DWI incident



A. Procedures

Report writing exercise consists of two sections.

The first section employs a video to simulate the three phases of DWI Detection.

Video begins with initial observation of a vehicle in operation, proceeds through the stop command and the observation of the stop, continues through the observation and interview with the driver, and ends with the observation of the driver's exit from the vehicle.

The video used for the report writing exercise is somewhat longer than the videos viewed in previous modules because this segment also includes the exit decision, observation of the exit, and the SFSTs.

Report Writing Exercise

- **Report Writing**
 - **Video simulation of DWI incident**
 - **10 Minutes to make notes**
 - **Complete narrative arrest report**



Following the video, participants will have 10 minutes to make notes and complete a narrative arrest report based on what was seen and heard in the video.

The standardized note taking guide/narrative arrest report form is to be used to record all evidence depicted in the video.

The report will include all the evidence portrayed in the video.

Instruct the participants that in this exercise the subject refused to take the Standardized Field Sobriety Tests or a chemical test. They are to end their narrative report at the completion of the driver's exit.

Report will be collected following the courtroom testimony exercise for grading by instructors.

This is optional.

Moot Court Exercise

- Take the stand
- Testify



The Moot Court Exercise

This exercise involves a moot court situation in which participants are required to "testify" in a DWI trial based on information included in the narrative arrest report they had prepared in the report writing exercise.

In this exercise, participants will be required to appear in a realistic court situation, take the stand, and testify before a jury about their observations of the defendant at the time of the traffic stop.

Re-emphasize the importance of a complete arrest report when testifying in court.

Two participants will be selected by the instructor as patrol partners in a DWI case. They will be required to take the stand separately and testify from the facts listed on their completed narrative arrest reports.

After both "officers" have testified, the remainder of the class will be asked for comments as to the testimony given.

Moot Court Exercise

- Video replayed
- Comments
- Instructor Critique



The video will be replayed in its entirety to the class.

Class members will again be asked for their comments.

Instructor critique.

Arrest Report

- Use to record all evidence depicted in the video
- End narrative report at the completion of the driver's exit



Distribution of Standardized Note Taking Guide/Narrative Arrest Report Forms

Hand out sufficient copies of the standard note taking guide and narrative arrest report forms.

Report Writing



B. Report Writing Exercise

“Report Writing” video.

Show the “Report Writing” video. While this video is being shown participants may fill out note taking guides.

Reference back to Sessions 5 and 6 for appropriate clues.

Arrest Report Format

- **Initial observation**
- **Stopping sequence**
- **Contact with driver**
- **SFSTs**
- **PBTs**
- **Arrest**



The arrest report should contain the following elements:

- Initial observations of vehicle in operation
- Observations of the stop
- Observation and interview of driver
- Observations of the driver's exit
- SFSTs
- Arrest

Complete Arrest Report

- 10 minutes
- End report with exit from the vehicle
- Break
- Be prepared to take the stand



Completion of Narrative Arrest Reports

Allow 10 minutes for the participants to complete their reports individually.

Instruct participants that in this case the subject refused the chemical test and to end their report at the completion of the driver's exit from vehicle.

Point out that the sample report used in Session XII may be used as a guide in this exercise.

When reports have been completed participants will take a break. When they return, they will be prepared to take the stand and testify in Report Writing video DWI case.

During the break following this segment, arrange the classroom in the moot court setting.

Moot Court Exercise

- Two arresting officers
- Judge presides over the case
- Jury



C. Moot Court Exercise

The purpose of this exercise is to have the participants demonstrate their ability to testify in a logical sequence to the evidence they collected during the three phases of DWI Detection with Report Writing video.

Choose the two participants who will testify as "arresting officers".

A participant judge will be appointed to preside over the case and two participants will be selected as arresting officers and sequestered until they are called to testify. The remainder of the participants will serve as members of the jury. Two instructors will serve as prosecutor and defense counsel.

When the two participants are chosen as "arresting officers" have them move to another room where they cannot hear or see what is happening in the court room.

The judge will call the court to order, the case will be announced and the prosecutor and defense counsel will give their opening statements.

One instructor shall give instructions to the jury. Have judge and jury move into their appropriate positions.

Moot Court Exercise (Cont.)

- Officers testify
- Refer to written reports if necessary
- Closing statements
- Jury renders verdict
- Discussion



The first officer will be called to testify.

The second officer will be called to testify.

The officers should only testify to what they actually observed. They may refer to their written reports if necessary. When one "arresting officer" testifies, the other will remain sequestered

Prosecutor and defense counsel will give closing statements.

Judge will direct jury to render a verdict.

Have the jury render a verdict with a show of hands.

Discussion: Solicit participant comments as to the testimony of the two arresting officers.

(Optional): The Report Writing video may be shown again if time permits.

QUESTIONS?



Session 14

"Testing Subjects" Practice: Second Session



Learning Objectives

- Properly administer the SFSTs
- Properly observe and record subject's performance utilizing the standard note taking guide
- Properly interpret the subject's performance



See Section E, "Guidelines for Controlled Drinking Practice Session," in the Administrator's Guide.

Briefly review the objectives, content and activities of this session.

At the conclusion of this session, participants will be able to:

- Properly administer the SFSTs
- Properly observe and record subject's performance utilizing the standard note taking guide
- Properly interpret the subject's performance

CONTENT SEGMENTS

- A. Procedures
- B. Hands on Practice
- C. Session Wrap Up

LEARNING ACTIVITIES

- Instructor Led Presentations
- Participant Practice Session
- Instructor Led Discussion

Explain that participants will work as teams to administer Standardized Field Sobriety Tests to volunteers who have consumed alcoholic beverages. Some of these volunteers will have BACs above 0.08. Others will be below that level.

Participants will carefully note and record the volunteers' performance, and attempt to distinguish those above 0.08 from those below 0.08.

Participants will also learn to record your observations on a SFST Field Arrest Log.

Administer SFSTs

- **Volunteers who have consumed alcohol**
- **Each team member will administer one complete series of tests to at least one drinking volunteer**
- **Each team prepares a descriptive, written test record on each volunteer tested**



A. Procedures

Participants work in the same teams that were constituted for the Dry Run Practice Session.

Make sure that all participants understand the practice procedures. Each team will test at least as many drinking volunteers as the team has members.

Example: If a team has four members, that team will administer a complete set of tests to at least four volunteers.

Each team member will administer one complete series of tests to at least one drinking volunteer. If time permits, teams will test additional volunteers.

- ***Emphasize that each team is to prepare a descriptive, written test record on each volunteer tested (using the standard note taking guide).***

While one participant is administering tests to a volunteer, the other team members will observe and record the volunteer's performance.

As soon as the team has completed the SFSTs on a particular volunteer, the volunteer must be escorted by a monitor to the next scheduled team.

- ***Define the sequence in which volunteers will circulate among teams.***

Upon termination of this practice segment, monitors will escort the volunteer subjects to the Breath Testing Station.

- ***Emphasize that teams will not be informed of the volunteers' BACs until the session "Wrap Up".***

Hands On Practice



B. Hands on Practice

Participants carry out the "drinking subjects" practice procedures.

Instructors circulate among teams to observe and coach participant performance, as necessary.

Upon completion of practice, teams escort volunteers to the Breath Testing Station.

Teams return to classroom to complete report writing assignment. An instructor records the BACs of the volunteer.

Session Wrap Up

- **SFST results on each volunteer**
- **Observations concerning the relationship between volunteers' BACs and their performances on the tests**



C. Session Wrap Up

Teams report their observations of volunteers.

Solicit SFST results on each volunteer. Record results on dry erase board (See sample array on next page).

Instructor notifies participants of volunteers' BACs, as obtained during the breath tests.

Write BACs next to volunteers' names or code letters on the dry erase board.

Solicit participant comments, questions or observations concerning the relationship between volunteers' BACs and their performances on the tests.

QUESTIONS?



"Designated Subjects"	Horizontal Gaze Nystagmus	Walk and Turn	One Leg Stand	Arrest ?
"A"				
"B"				
"C"				
"D"				
"E"				
"F"				
"G"				
"H"				
"I"				
"J"				



SAMPLE DRY ERASE BOARD ARRAY FOR TABULATING RESULTS

**SAMPLE DRY ERASE BOARD ARRAY FOR
TABULATING RESULTS**

"Designated Subjects"	Horizontal Gaze Nystagmus	Walk and Turn	One Leg Stand	Arrest ?
"A"				
"B"				
"C"				
"D"				
"E"				
"F"				
"G"				

"H"				
"I"				
"J"				

Session 14-A

Video Workshop Second Session



Learning Objectives

- Properly administer the SFSTs
- Properly observe and record subject's performance utilizing the standard note taking guide
- Properly interpret the subject's performance
- Proper use and maintenance of the SFST Field Arrest Log



Briefly review the objectives, content and activities of this session.

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

- Properly administer the SFST's
- Properly observe and record subject's performance utilizing the standard note taking guide
- Properly interpret the subject's performance
- Properly use and maintain the SFST Field Arrest Log

CONTENT SEGMENTS

- A. Procedures
- B. Hands on Practice
- C. Use and Maintenance of SFST Field Arrest Log
- D. Session Wrap Up

LEARNING ACTIVITIES

- Instructor Led Presentations
- Participant Practice Session
- Instructor Led Presentation
- Instructor Led Discussion

Explain that participants will view the administration of Standardized Field Sobriety Tests to volunteers who have consumed alcoholic beverages. Some of these volunteers will have BACs above 0.08. Others will be below that level. Participants will carefully note and record the video subjects' performance, and attempt to distinguish those above 0.08 from those below 0.08.

Participants will also learn to record observations on a SFST Field Arrest Log.

Procedures

- Same teams as dry run
- Each subject will be viewed performing all three tasks
- Only one opportunity to view each subject
- Record the number of clues observed in the appropriate boxes on video score worksheet



A. Procedures

Participants work in the same teams that were constituted for the Dry Run Practice Session.

Make sure that all participants understand the practice procedures.

Distribute video score sheets, have participants fill in their name and team number.

Have sufficient copies of handout 11-A available (Minimum of eight copies per student).

Advise participants that each subject will be viewed performing all three tasks, Pauses are provided between each test to allow participants to record observed clues.

Point out that participants will have only one chance to view each subject. Review can be conducted after the "wrap-up."

Participants shall record the number of clues observed, in the boxes located opposite each test.

Procedures (Cont.)

- Class will be divided into two groups
- One half will watch video subjects
- Other half will practice administration of SFSTs
- At conclusion of video, participants will switch roles



B. Hands on Practice

Divide class into two groups.

Each team member will administer a complete SFST batter on another student under the direct supervision of an instructor.

It is recommended that half the class perform the SFSTs under the direction of instructor while the remainder of the class views, records, and interprets the NHTSA/IACP approved videos for this session. Once completed, the groups switch roles.

EACH team member viewing the videos must determine if the subject should or should not be arrested.

Emphasize that each officer is to prepare a descriptive, written test record on each video subject, using the standard note-taking guide.

Emphasize that teams will not be informed of the volunteer's BACs until the session "Wrap-up."

If time permits, participants will administer additional tests to each other.

SFST Field Arrest Log Components

- The actual date the SFSTs were administered
- Subject's full name
- Results of each SFST test



This log has the following components:

- The actual date the SFSTs were administered
- Subject's full name
- Results of each SFST test

Direct participants to transfer their documentation from the note taking guide to the log:

- Classification of BAC as above or below 0.08 BAC
- Arrest/Not Arrest
- Subject's measured BAC (if available)
- Remarks

Utilization of Log

Team Reports

- Video subject observations
- Record results
- Comments?
- Questions?
- Observations?



D. Session Wrap Up

Teams report their observations of video subjects.

Solicit SFST results on each video subject. Record results on dry erase board (See sample dry-erase board array on next page).

Instructor notifies participants of video subjects' BACs.

Write BACs next to video subjects' names or code letters on the dry erase board.

Solicit participant comments, questions or observations concerning the relationship between video subjects' BACs and their performances on the tests.

QUESTIONS?



VIDEO SCORE SHEET - SESSION XI-A

SUSPECT'S NAME: _____ OFFICER'S NAME: _____

Pupil Size: Equal Unequal	Tracking: Equal Unequal		Unequal Pupil Size: Explain:
Resting Nystagmus Yes No	Eyelids: Normal Droopy		
Lack Of Smooth Pursuit	Left Eye	Right Eye	Vertical Nystagmus Yes No
Distinct Nystagmus At Maximum Deviation			Eyes: Normal Bloodshot Watery
Onset Of Nystagmus Prior To 45 Degrees			

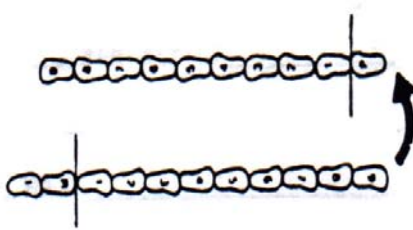
HGN CLUES

Observed	Actual

WALK AND TURN TEST

Cannot keep balance _____
Starts too soon _____

WALK AND TURN



- Stops Walking
- Misses Heel-to-Toe
- Steps Off Line
- Raises Arms
- Actual Steps Taken

1st Nine 2nd Nine

1 st Nine	2 nd Nine

Observed	Actual

Improper Turn (Describe)	Cannot Do Test (explain)
--------------------------	--------------------------

Team Information
Team No: _____
Arrest Decision: Yes: _____ No: _____
BAC: Above 0.10: _____ Below 0.10: _____ Above 0.08: _____ Below 0.08: _____

ONE LEG STAND	
L	R
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
	Sways while balancing.
	Uses arms to balance.
	Hopping.
	Puts foot down.

ONE LEG STAND

Observed	Actual

CD/Video Day 2		
Subjects Name: Laura		BAC: .141
HGN Clues	6	Lack of smooth pursuit present in both eyes, Distinct and sustained nystagmus present in both eyes, Onset of nystagmus prior to 45 degrees present on both eyes.
W & T	3	Used arms for balance, Stepped off line, Improper turn
OLS	0	None
Teaching points/Comments: None		

CD/Video Day 2		
Subjects Name: Andrew		BAC: .000
HGN Clues	2	Distinct and sustained nystagmus at maximum deviation
W & T	0	None
OLS	0	None
Teaching points/Comments: Not uncommon to see to see distinct and sustained nystagmus at maximum deviation, Placebo		

CD/Video Day 2		
Subjects Name: Joe		BAC: .104
HGN Clues	6	Lack of smooth pursuit present in each eye, Distinct and sustained nystagmus at maximum deviation present in each eye, Onset of nystagmus prior to 45 degrees present in each eye.
W & T	0	None
OLS	1	Puts foot down
Teaching points/Comments: Subject did not count as instructed by officer		

CD/Video Day 2		
Subjects Name: Wayne		BAC: .000
HGN Clues	0	None
W & T	0	None
OLS	0	None
Teaching points/Comments: Placebo		

CD/Video Day 2		
Subjects Name: Merideth		BAC: .122
HGN Clues	4	Lack of smooth pursuit present in each eye, Distinct and sustained nystagmus at maximum deviation present in each eye.
W & T	1	Stepped off line
OLS	1	Hopped
Teaching points/Comments: Subject did not count as instructed by officer		

CD/Video Day 2		
Subjects Name: Orin		BAC: .142
HGN Clues	6	Ack of smooth pursuit present in each eye, Distinct and sustained nystagmus at maximum deviation present in each eye, onset of nystagmus present in each eye.
W & T	1	Missed heel to toe
OLS	3	Swaying, Uses arms to balance, put foot down.
Teaching points/Comments: None		

CD/Video Day 2		
Subjects Name: Phil		BAC: .000
HGN Clues	0	None
W & T	3	Missed heel to toe, stops walking, improper turn.
OLS	0	None
Teaching points/Comments: None / Placebo		

CD/Video Day 2		
Subjects Name: Joannah		BAC: .132
HGN Clues	6	Lack of smooth pursuit present in each eye, distinct and sustained nystagmus at maximum deviation present in each eye, Onset of nystagmus present in each eye.
W & T	2	Lost balance during instructional stage, Improper turn.
OLS	0	None
Teaching points/Comments:		

Session 15

Review and Proficiency Examinations



Learning Objective

Demonstrate knowledge and proficiency in administering the SFSTs battery



Briefly review the objectives, content and activities of this session.

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

- Demonstrate knowledge and proficiency in administering the Standardized Field Sobriety Test battery.

CONTENT SEGMENTS

- A. Review of Horizontal Gaze Nystagmus
- B. Review of Walk and Turn
- C. Review of One Leg Stand
- D. Video Demonstrations
- E. Proficiency Exam

LEARNING ACTIVITIES

- Instructor Led Presentations
- Instructor and Participant Led Demonstrations
- Video Demonstration
(Second Showing) IF TIME PERMITS
- Participant Proficiency Examination

Explain that the participant will review the administrative procedures for the three Standardized Field Sobriety Tests. They will participate in and observe demonstrations of those tests in the classroom and they will view video demonstrations.

Near the end of this session, the will be examined to determine proficiency in administering the three tests. Study the Participant's Performance Checklist. They must perform each administrative step perfectly to pass the proficiency examination.

Horizontal Gaze Nystagmus Review

Involuntary jerking of the eyes, occurring
as the eyes gaze to the side



A. Review of Horizontal Gaze Nystagmus

Involuntary jerking of the eyes, occurring as the eyes gaze to the side.

The subject is generally unaware of the nystagmus.

Nystagmus is caused by alcohol and/or other drugs and some medical conditions.

Review pupil size, resting nystagmus, and equal tracking.

Three Clues of Horizontal Gaze Nystagmus

- **Lack of smooth pursuit**
- **Distinct and sustained nystagmus at maximum deviation**
- **Onset of nystagmus prior to 45 degrees**



Three specific clues of Horizontal Gaze Nystagmus.

Look for these clues in each eye:

- Lack of smooth pursuit
- Distinct and sustained nystagmus at maximum deviation
- Onset of nystagmus prior to 45 degrees

Clue Number 1

Lack of smooth pursuit



Clue No. 1: Lack of Smooth Pursuit

Position stimulus approximately 12 - 15 inches (30 - 38 cm) in front of subject's nose, slightly above eye level.

Start with the left eye.

Demonstrate initial positioning of object.

Move the stimulus smoothly all the way to the right side (checking subject's left eye) then all the way to the left side (across subject's nose) to the left side (checking subject's right eye).

Demonstrate.

Make at least two complete passes.

Observe eyes for signs of nystagmus as they move side to side.

Clue Number 2

Distinct and sustained nystagmus at maximum deviation



Clue No. 2: Distinct and Sustained Nystagmus at Maximum Deviation

Select another participant to serve as a demonstration subject.

Move the stimulus to the right until the subject's left eye reaches maximum deviation.

Demonstrate.

Verify that no white is showing in the corner of the eye.

Remind participants that the nystagmus must be distinct. Very slight nystagmus at maximum deviation is common among some unimpaired people.

Hold the stimulus steady for a minimum of four seconds, and watch for distinct and sustained nystagmus.

Repeat for right eye.

Remind participants to conduct a second pass the same as the first.

Check each eye twice for each clue.

Clue Number 3

Onset of nystagmus prior to 45 degrees.



Clue No. 3: Onset of Nystagmus prior to 45 Degrees

Select another participant to serve as a demonstration subject.

Position stimulus approximately 12 - 15 inches (30 - 38 cm) in front of subject's nose, slightly above eye level.

Demonstrate.

Begin to make a slow pass in front of the left eye.

Demonstrate.

When you see nystagmus, stop the stimulus.

Demonstrate.

Hold the stimulus steady and verify that the nystagmus continues.

Remind participants that in most individuals there will be some white showing in the corner of the eye at 45 degrees.

Verify that there is still some white showing in the corner of the eye.

Check the alignment of the object with the subject's shoulder.

Repeat for right eye

Remind participants to conduct a second pass the same as the first.

Check each eye twice for each clue.

Administrative Procedures

- **Eyeglasses**
- **Verbal instructions**
 - **Feet together, hands at sides**
 - **Head still**
 - **Look at stimulus**
 - **Follow movement with eyes**
- **Position stimulus(12-15 inches)(30-38 cm)**
- **Pupil size and resting nystagmus**
- **Equal tracking**



Nystagmus Administrative Procedures

Step 1: Check for Eyeglasses.

Step 2: Verbal Instructions.

- Feet together, hands at sides
- Head still
- Look at stimulus
- Follow movement with eyes

Step 3: Positioning the Stimulus.

Step 4: Pupil Size and Resting Nystagmus.

Step 5: Check for Equal Tracking.

Remind participants that vertical nystagmus was not included in SFST battery during the original research. However, it is a reliable indicator of a high dose of alcohol for that individual and can also be caused by certain other drugs.

Administrative Procedures (Cont.)

- **Check for Lack of Smooth Pursuit**
- **Check for distinct and sustained nystagmus at maximum deviation**
- **Check for onset of nystagmus prior to 45 degrees**
- **Total the clues**
- **Check for Vertical Gaze Nystagmus**



Step 6: Check for Lack of Smooth Pursuit.

Step 7: Check for Distinct and Sustained Nystagmus at Maximum Deviation.

Step 8: Check for Onset of Nystagmus Prior to 45 Degrees.

Step 9: Total the clues.

Step 10: Check for Vertical Gaze Nystagmus.

Check each eye independently beginning with the subject's left and compare.

Horizontal Gaze Nystagmus Test Criterion

4 or more clues indicates BAC
above 0.08 (88% accurate).



Test Interpretation

Maximum possible number of clues is 6.

Test criterion is 4 or more.

Test is 88% accurate.

Based on the San Diego validation study.

Participant Led Demonstration

Choose a participant to serve as the test administrator.

Choose another participant to serve as a subject.

Test Administration

Have participant administrator conduct a complete test of the participant subject's eyes.

Instruct participant administrator to articulate each step in the testing procedure.

Verbal Instructions

Initial positioning of stimulus.

Check for each clue.

Estimate a 45 degree angle.

At completion of test, have participant estimate a 45 degree angle.

Critique

Comment on, and solicit other participants' comments on, participant administrator's performance.

Walk and Turn

Divided Attention Mental Task and Physical Task

- Instructions stage
- Walking stage



B. Review Walk and Turn

Two Stage Test

1. Instructions stage.
2. Walking stage.

Instructions Stage Positioning

Place your right foot on the line ahead of the left foot, with the heel of your right foot against the toe of the left foot, keeping the arms at the sides.

Maintain this position until I have completed the instructions. Do not start to walk until told to do so.

Demonstrate positioning for the instructions stage.

Remind participants that it is important that the subject be asked if he/she understands the instructions. Once the subject acknowledges his/her understanding of the instructions, instruct the subject to begin the test.

Administrative Procedures

Verbal instructions:

- Assume heel toe stance
- Arms down at sides
- Don't start until told

9 heel to toe steps turn, 9 heel to toe steps

Turn procedures:

- Turn around on line
- Several small steps



Walk and Turn Administrative Procedures

Verbal instructions:

- Assume heel toe stance
- Arms down at sides
- Don't start until told

9 heel to toe steps turn, 9 heel to toe steps

Turn procedures:

- Turn around on line
- Several small steps

Administrative Procedures (Cont.)

While walking:

- Keep watching feet
- Arms down at sides
- Count steps out loud
- Don't stop during walk



Walk and Turn Administrative Procedures (Cont.)

While walking:

- Keep watching feet
- Arms down at sides
- Count steps out loud
- Don't stop during walk

Walk and Turn Test Clues

- **Cannot keep balance (feet break away from the heel to toe stance)**
- **Starts too soon (subject starts walking before told to do so)**
- **Stops while walking**
- **Does not touch heel to toe**



There are eight possible clues for the Walk and Turn test:

- Cannot keep balance
- Starts too soon
- Stops while walking
- Does not touch heel to toe

Walk and Turn Test Clues (Cont.)

- **Steps off line**
- **Uses arms to balance**
- **Improper turn**
- **Incorrect number of steps**



- Steps off line
- Uses arms to balance
- Improper turn
- Incorrect number of steps

Walk and Turn Test Criterion

**2 or more clues indicates BAC
above 0.08 (79% accurate).**



Test Interpretation

Eight specific clues of impairment.

Test criterion is 2 or more.

Test is 79% accurate.

Based on the San Diego validation study.

Participant Led Demonstration

Choose a participant to serve as the test administrator.

Choose another participant to serve as the test subject.

Test Administration

Have participant administrator initiate the test of the subject.

Instructions positioning.

Verbal instructions.

Turn demonstration.

Terminate the test after the subject has taken two or three steps.

Critique

Comment on, and solicit other participants' comments on participant administrator's performance.

One Leg Stand

Divided Attention Test Mental Task and Physical Task

- **Instructions stage**
- **Balance and counting stage**



C. Review of One Leg Stand

Two Stage Test

Instructions stage.

Balance and Counting stage.

Administrative Procedures

Instructions stage:

- Stand straight, feet together
- Keep arms at sides
- Maintain position until told otherwise



Demonstrate positioning for the instructions stage.

Stand with your feet together with your arms down at your sides.

Hold position until told to begin.

Administrative Procedures (Cont.)

Balance and counting stage:

- Raise either leg
- Keep raised foot approximately six inches (15 cm) off ground, foot parallel to the ground
- Keep both legs straight and arms at your side
- Keep eyes on raised foot
- Count out loud in the following manner: “One thousand one, one thousand two, one thousand three and so on”, until told to stop



Demonstrate the administrative procedures.

Simple verbal instructions:

When I tell you to start, raise either leg with the foot approximately six inches off the ground, keeping your raised foot parallel to the ground.

Keep both legs straight and your arms at your side.

Keep both legs straight and to look at elevated foot.

Count out loud in the following manner: “one thousand one, one thousand two, one thousand three,” and so on until told to stop.

Demonstrate count: one thousand one; one thousand two; one thousand three, etc.

Simple physical demonstrations:

Demonstrate One Leg Stand.

Demonstrate counting.

One Leg Stand Test Clues

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



Test Interpretation

There are four specific clues of impairment for the One Leg Stand test

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

If subject can't do the test, record observed clues and document the reason for not completing the test.

One Leg Stand Test Criterion

Two or more clues indicates BAC above
0.08 (83% accurate)



- Test criterion is 2 or more.
- Test is 83% accurate.
- Based on the San Diego validation study

Participant Led Demonstration

Choose a participant to serve as the test administrator.

Choose another to serve as the test subject.

Test Administration

Have participant administrator initiate the test of the subject.

- **Instructions positioning**
- **Verbal instructions**
- **Physical demonstrations**

Terminate the test after the subject has counted out three or four seconds.

Critique

Comment on, and solicit other participant comments on, participant administrator's performance.

Solicit and answer participants' questions concerning test administrative procedures.

Proficiency Examination

- **Demonstrate the ability to administer properly the three SFSTs**



E. Proficiency Examination

Procedures

Make sure all participants understand the proficiency examination procedures.

Each participant must demonstrate the ability to administer properly the three SFSTs.

Administer Tests

- **Horizontal Gaze Nystagmus**
- **Walk and Turn**
- **One Leg Stand**



Horizontal Gaze Nystagmus

Inform participants that each must satisfactorily administer the Horizontal Gaze Nystagmus test to one of the fellow participants.

Demonstrate ability to give proper verbal instructions.

Demonstrate ability to carry out the mechanics of testing for each clue.

Demonstrate ability to estimate a 45 degree angle.

Walk and Turn

Inform the participants that each must satisfactorily administer the Walk and Turn test to one of the fellow participants.

Demonstrate ability to give proper verbal instructions.

Demonstrate ability to carry out appropriate physical demonstrations to support the verbal instructions.

One Leg Stand

Inform the participants that each must satisfactorily administer the One Leg Stand test to a fellow participant.

Demonstrate ability to give proper verbal instructions.

Demonstrate ability to carry out appropriate physical demonstrations to support the verbal instructions.

Group Assignments



Group Assignments

Divide the class among the instructors.

Conduct Examinations

Within each group, participants conduct their tests one at a time.

While one participant is conducting the tests, another participant assists by serving as the test subject. Other participants in the group observe the participant administrator's performance.

Each participant conducts a complete test of Horizontal and Vertical Gaze Nystagmus.

Instructor critiques/comments on participant administrator's performance in conducting Horizontal Gaze Nystagmus test. (Use the performance checklist from the participant manual.)

Each participant administers the verbal instructions and physical demonstrations of the Walk and Turn test.

Instructor stops the test after the participant subject has taken two or three heel toe steps.

Instructor critiques/comments on participant administrator's performance in conducting Walk and Turn test.

Each participant administers the verbal instructions and physical demonstrations of the One Leg Stand test.

Instructor stops the test after the participant subject has counted out three or four seconds.

Instructor critiques/comments on participant administrator's performance in conducting One Leg Stand test.

Re-Examinations



Re-examinations (as necessary)

Participants who have failed to exhibit adequate proficiency in administering the tests will receive additional practice, and a repeat examination. This may be conducted during the lunch hour, or after regular class hours, as appropriate.

“Adequate proficiency” for purposes of this session means the participant successfully administers the entire 3 test battery at least once without missing any of the performance checklist items that are marked with an asterisk (*).

QUESTIONS?



**PARTICIPANT PROFICIENCY EXAMINATION
STANDARDIZED FIELD SOBRIETY TEST BATTERY**

Participant Name: _____ Date: _____

I. HORIZONTAL GAZE NYSTAGMUS

- _____ 1. Remove eyeglasses.
- _____ 2. Stimulus held in proper position (approximately 12"-15" from nose, just above eye level).
- _____ 3. Check for equal pupil size and look for resting nystagmus.
- _____ 4. Check equal tracking.
- _____ 5. Smooth movement from center of nose to maximum deviation in approximately 2 seconds and then back across the subject's face to maximum deviation in right and then back to center so that each movement takes approximately 2 seconds to bring the eye from center to side. Check left eye, then right eye. (Repeat)
- _____ 6. Eye held at maximum deviation for a minimum of 4 seconds (no white showing). Check left eye, then right eye. (Repeat)
- _____ 7. Eye moved slowly (approximately 4 seconds) from center to 45 degree angle. Check left eye, then right eye. (Repeat)
- _____ 8. Check for Vertical Gaze Nystagmus. Eyes held at maximum elevation for at least 4 seconds. Check both eyes at the same time. (Repeat)

II. WALK AND TURN

- _____ 1. Instructions given from a safe position.
- _____ 2. Tells subject to place left foot on a line, then right foot in front of left foot touching heel to toe with arms at sides and gives demonstration.
- _____ 3. Tells subject not to begin walking until instructed to do so and asks if subject understands.
- _____ 4. Tells subject to take nine heel-to-toe steps on the line and demonstrates.
- _____ 5. Explains and demonstrates turning procedure.
- _____ 6. Tells subject to return on the line taking nine heel-to-toe steps.

- _____ 7. Tells subject to count steps out loud.
- _____ 8. Tells subject to look at feet while walking.
- _____ 9. Tells subject not to raise arms from sides.
- _____ 10. Tells subject not to stop *walking until the test is completed*.
- _____ 11. Asks subject if all instructions are understood.

III. ONE LEG STAND

- _____ 1. Instructions given from a safe position.
- _____ 2. Tells subject to stand straight, place feet together, and hold arms at sides.
- _____ 3. Tells subject not to begin test until instructed to do so and asks if subject understands.
- _____ 4. Tells subject to raise one leg, either leg, with the foot approximately 6" off the ground, keeping raised foot parallel to the ground, and gives demonstration.
- _____ 5. Tells subject to keep both legs straight and arms at sides and to look at elevated foot.
- _____ 6. Tells subject to count in the following manner: "one thousand one, one thousand two, one thousand three" until told to stop, and gives demonstration.
- _____ 7. Asks subject if all instructions are understood.
- _____ 8. Checks actual time subject holds leg up. (Time for 30 seconds).

Instructor: _____

Session 16

Written Examination and Program Conclusion



Learning Objectives

- Complete a written examination with a passing grade
- Provide comments and suggestions for improving the course



Briefly review the objectives, content and activities of this session.

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

- Complete a written examination with a passing grade.
- Provide comments and suggestions for improving the course.

CONTENT SEGMENTS

- A. Post Test
- B. Critique
- C. Review of Post Test
- D. Concluding Remarks
- E. Certificates and Dismissal

LEARNING ACTIVITIES

- Written Participant Examination
- Written Participant Critique
- Instructor Led Presentation

Explain that participants will take a written test to demonstrate their knowledge of the key topics covered in this course. They should study the manual prior to the test and become familiar with its contents.

Deterrence and DWI

- **What approximate percentage of fatal crashes involve drivers who have been drinking?**
- **On any typical weekend night, approximately what percentage of cars are driven by persons who are DWI?**
- **Approximately what percentage of adult Americans are estimated to commit DWI at least occasionally?**



Suggested topics for review to prepare for the test.

Deterrence and DWI

- Approximately what percentage of fatal crashes involve drivers who have been drinking?
- On any typical weekend night, approximately what percentage of cars are driven by persons who are DWI?
- Approximately what percentage of adult Americans are estimated to commit DWI at least occasionally?

Deterrence and DWI (Cont.)

- About how many times per year does the average DWI violator commit DWI?
- An alcohol related crash is more likely to result in death than is a non alcohol related crash. How many times more likely?
- It is estimated that the current odds of being arrested for DWI on any one impaired driving event are about one in _____.



- About how many times per year does the average DWI violator commit DWI?
- An alcohol related crash is more likely to result in death than is a non alcohol related crash. How many times more likely?
- It is estimated that the current odds of being arrested for DWI on any one impaired driving event are about one in _____.

Detection Phases

- **What are the three phases of detection?**
- **What is the definition of "detection"?**
- **What is the police officer's principal decision during Detection Phase One?**



Detection Phases

- What are the three phases of detection?
- What is the definition of "detection"?
- What is the police officer's principal decision during Detection Phase One?

Detection Phases (Cont.)

- **During Phase Two? During Phase Three?**
- **Suppose you are on night time patrol and you see a vehicle following another too closely. What are the odds that the driver of the following vehicle is DWI?**



- During Phase Two? During Phase Three?
- Suppose you are on night time patrol and you see a vehicle following another too closely. What are the odds that the driver of the following vehicle is DWI?

Laws

- What does "Per Se" mean?
- The "illegal per se" law makes it an offense to operate a motor vehicle while _____.
- True or False: The implied consent law grants the subject the option of refusing the chemical test.
- True or False: A person cannot be convicted of DWI if BAC was below 0.05.



Laws

- What does "Per Se" mean?
- The "illegal per se" law makes it an offense to operate a motor vehicle while _____.
- True or False: The implied consent law grants the subject the option of refusing the chemical test.
- True or False: A person cannot be convicted of DWI if BAC was below 0.05.

Alcohol Physiology

- **True or False: Vision will be impaired for virtually all people by the time BAC reaches 0.08**
- **Name at least three factors that may affect the accuracy of a preliminary breath test**



Alcohol Physiology

- True or False: Vision will be impaired for virtually all people by the time BAC reaches 0.08.
- Name at least three factors that may affect the accuracy of a preliminary breath test.

Field Sobriety Testing

- What does "nystagmus" mean?
- Walk and Turn is an example of a _____ attention test
- Name the eight distinct clues of Walk and Turn
- Name the four distinct clues of One Leg Stand
- Name the three distinct clues of Horizontal Gaze Nystagmus
- What is the critical angle for determining whether the third clue of HGN is present?



Field Sobriety Testing

- What does "nystagmus" mean?
- Walk and Turn is an example of a _____ attention test.
- Name the eight distinct clues of Walk and Turn.
- Name the four distinct clues of One Leg Stand.
- Name the three distinct clues of Horizontal Gaze Nystagmus.
- What is the critical angle for determining whether the third clue of HGN is present?

Field Sobriety Testing (Cont.)

- How many steps in each direction must the subject take in the Walk and Turn test?
- How long must the subject stand on one foot in the One Leg Stand test?
- Suppose a subject produces three clues on the HGN test and one clue on the Walk and Turn test. Should you classify the subject's BAC as above or below 0.08?
- How reliable is each test?



- How many steps in each direction must the subject take in the Walk and Turn test?
- How long must the subject stand on one foot in the One Leg Stand test?
- Suppose a subject produces three clues on the HGN test and one clue on the Walk and Turn test. Should you classify the subject's BAC as above or below 0.08?
- How reliable is each test?

Post Test

- “Closed book“
- Passing score is 80%
- Approximately 17 minutes to complete



A. Post Test

Purpose of Post Test: to compare with pretest, and determine extent of knowledge gained by participants.

“Closed book” test. Passing score is 80%.

Distribute post tests.

Allow participants approximately 17 minutes to complete the post test.

Collect completed post tests.

Instructors grade post test and redistribute to participants for review.

Course Critique



B. Critique

Purpose of the critique form: To identify possible improvements that can and should be made to this program.

Explain to participants that they will be asked to complete -- anonymously -- a critique form. The instructors need their comments and suggestions to help improve the course.

Distribute critique forms.

Allow participants approximately 8 minutes to complete the critique form.

Collect completed critique forms.

Review of Post Test



C. Review of Post Test

If passing score is not achieved, participant(s) will be allowed to take “make up” exam.

Read aloud each question on the post test, and ask class to supply correct answer.

Correct class response, as necessary.

Explain correct answers briefly, as necessary.

Ultimate Goal

**Increase DWI Deterrence and Decrease
Alcohol Related Crashes,
Deaths and Injuries.**



D. Concluding Remarks

Overall Goal

Briefly remind participants of the importance of DWI deterrence.

Job Performance Objectives

You will become better able to:

- Recognize and interpret evidence of DWI violations
- Administer and interpret validated psychophysical standardized field sobriety tests
- Describe DWI evidence clearly and convincingly



Express the hope that the participants will strive always to obtain and clearly convey all of the evidence that is present in their DWI contacts.

E. Certificates and Dismissal

Hand out certificates.

Thank the participants for their time and attention.

QUESTIONS?



DWI DETECTION AND STANDARDIZED FIELD SOBRIETY TESTING

POST TEST

Name _____ Date ____ / ____ / ____

Agency _____

1. There are a total of _____ observable clues in the HGN test.
 - A. 1
 - B. 2
 - C. 4
 - D. 6
 - E. 8

2. The "illegal per se" law makes it an offense to operate a vehicle while _____.
 - A. Having a statutorily prohibited blood alcohol content.
 - B. Under the influence of alcohol and/or drugs.
 - C. Impaired by alcohol or drugs to the slightest degree.
 - D. Having consumed any alcohol (if the operator is a minor).
 - E. Incapable of safely operating, regardless of cause.

3. A good, structured field sobriety test is simple and _____.
 - A. Focuses the subject's attention.
 - B. Interrupts the subject's attention.
 - C. Captures the subject's attention.
 - D. Divides the subject's attention.
 - E. Multiplies the subject's attention.

4. The police officer's principal decision during the Detection Phase Two usually is _____.
 - A. Do I have sufficient grounds to request a chemical test?
 - B. Should I arrest the operator for DWI?
 - C. Is this person the operator of the vehicle?
 - D. Should I instruct the driver to exit the vehicle?
 - E. Is the impairment due to alcohol or drugs?

5. There are a total of _____ observable clues in the OLS test.
- A. 1
 - B. 2
 - C. 4
 - D. 6
 - E. 8
6. The word "nystagmus" means _____.
- A. Eyes unable to move independently of the head.
 - B. Impaired pupillary contraction ("alcohol dilation effect")
 - C. Gaze fixation ability.
 - D. Vision impairment due to central nervous system depression.
 - E. Involuntary jerking of the eye.
7. According to law, a person cannot be convicted of DWI/alcohol, if the blood alcohol content is below your state's legal limit.
- A. True
 - B. False
8. In the Walk and Turn test, the subject is required to take nine heel to toe steps in a straight line, to turn around in a prescribed manner, and to return _____ heel to toe steps back along the line.
- A. Nine
 - B. Any specific number other than nine.
 - C. Eight
 - D. Seven
 - E. Ten
9. During the One Leg Stand test the subject must be timed to stand on one foot for _____ seconds.
- A. 25
 - B. 30
 - C. 45
 - D. 60
10. Name the two stages of the One Leg Stand, divided attention test.
1. _____
2. _____

11. There are a total of _____ observable clues in the WAT test.
- A. 1
 - B. 2
 - C. 4
 - D. 6
 - E. 8
12. The police officer's principal decision during Detection Phase One is_____.
- A. Do I have sufficient grounds to stop this vehicle?
 - B. Should I instruct the driver to exit the vehicle?
 - C. Is this person the operator of the vehicle?
 - D. Do I have sufficient grounds to request a chemical test?
 - E. Is the operator's ability to drive impaired to any degree?
13. The three phases of DWI detection are _____.
- A. Vehicle in motion, personal contact, pre-arrest screening.
 - B. Investigation, arrest, chemical test.
 - C. Driver identification, vehicle identification, probable cause.
 - D. The stop, the field test, the chemical test.
14. The implied consent law states drivers must submit to a chemical test or be subject to license sanctions.
- A. True
 - B. False
15. When checking for distinct and sustained nystagmus at maximum deviation, the eye is held out for a minimum of _____ seconds.
- A. 1
 - B. 2
 - C. 4
 - D. 6
 - E. 8
16. The three clues of Horizontal Gaze Nystagmus are (fill in the blanks):
- _____
 - _____
 - _____

17. Which of the following is one of the validated clues of the Walk and Turn test:

- A. "Starting too soon"
- B. "Hopping"
- C. "Putting foot down"
- D. "Failing to Count Steps Out Loud"

18. List the Standardized Field Sobriety Tests:

19. How many clues are assessed a subject who displays 1) lack of smooth pursuit in both eyes; 2) distinct and sustained nystagmus in both eyes at maximum deviation; and, 3) no onset of nystagmus prior to 45 degrees in either eye.

- A. 2
- B. 4
- C. 6
- D. 0

20. The police officer's principal decision during Detection Phase Three is _____.

- A. Do I have sufficient ground to request a chemical test?
- B. Should I arrest the operator for DWI?
- C. Is this person the operator of the vehicle?
- D. Should I instruct the driver to exit the vehicle?
- E. Is the impairment due to alcohol or drugs?

POST TEST ANSWER SHEET

- | | |
|---|--|
| 1. D | 12. A |
| 2. A | 13. A |
| 3. D | 14. A |
| 4. D | 15. C |
| 5. C | 16. Lack of smooth pursuit;
Distinct and sustained
nystagmus at
maximum deviation;
Onset of Nystagmus
prior to 45 degrees |
| 6. E | |
| 7. B | |
| 8. A | 17. A |
| 9. B | 18. HGN; Walk and Turn;
One Leg Stand |
| 10. Instruction Stage
Balancing and Counting Stage | 19. B |
| 11. E | 0. B |

Note: Each correct answer is worth five (5) points.

DWI DETECTION AND STANDARDIZED FIELD SOBRIETY TESTING

REMEDIAL TEST

1. While performing the WAT test, the subject steps off the line twice. How many clues are counted?
 - A. 1
 - B. 2
 - C. 4
 - D. 6
 - E. Stepping off the line is not a validated clue.

2. In the OLS test, if the subject raises arms more than _____ inches, a clue is counted.
 - A. 2
 - B. 4
 - C. 6
 - D. 8

3. Which of the following is/are Standardized Field Sobriety Test(s)?
 - A. Alphabet
 - B. Finger Count
 - C. Walk and Turn
 - D. PBT
 - E. All of the Above

4. What are the two stages of the Walk and Turn test?

5. When conducting HGN the stimulus should be approximately _____ inches from the subject's nose.

6. When administering the HGN test, start with the subject's _____ eye.

7. Alcohol, at high levels for that individual, may cause vertical gaze nystagmus.
 - A. True
 - B. False

8. Which is/are not types of nystagmus?
 - A. Post Rotational
 - B. Caloric
 - C. Photosynthetic
 - D. Vertical

9. The landmark court decision regarding HGN is State vs. _____.
 - A. Loomis
 - B. Frye
 - C. Blake
 - D. Armstrong

10. What is the position of the feet during the instruction stage of the One Leg Stand?
 - A. Together
 - B. Left in front of Right
 - C. Right in front of Left
 - D. Apart

11. If you terminate the Walk and Turn test because the subject cannot do the test at all, how many clues do you record?
 - A. 6
 - B. 4
 - C. The actual number of clues observed
 - D. 8

12. During the OLS test, the subject must be instructed to stand on one foot and count one thousand and one to one thousand and thirty then stop.
 - A. True
 - B. False

13. Accurate field notes are essential in a DWI investigation because:
 - A. The subject may refuse the chemical test.
 - B. It will assist in drawing a picture of what was observed for the jury.
 - C. The evidence of DWI is short lived.
 - D. All of the Above

14. In the San Diego study, HGN was found to be ____ percent accurate.
- A. 65
 - B. 68
 - C. 71
 - D. 88
15. What are the three senses an officer uses to gather evidence of alcohol impairment during face to face contact?
- _____
- _____
- _____
16. DWI Detection Phase One, Vehicle in Motion, consists of the initial observation of vehicular operation, the stop decision, and _____.
17. In the HGN test, the minimum number of passes per clue for each eye is _____
- A. 1
 - B. 2
 - C. 3
 - D. 4
18. The use of PBTs or passive alcohol sensors are validated field sobriety tests.
- A. True
 - B. False
19. Psychophysical tests are methods of directly assessing a subject's mental and/or _____ impairment.
20. The number one priority during any traffic stop is officer safety.
- A. True
 - B. False

REMEDIAL TEST ANSWER SHEET

- | | |
|--------------------------|-----------------------------|
| 1. A | 11. C |
| 2. C | 12. B |
| 3. C | 13. D |
| 4. Instructions, Walking | 14. D |
| 5. 12 - 15 | 15. Sight, Smell, Hearing |
| 6. Left | 16. Observation of the Stop |
| 7. True | 17. B |
| 8. C | 18. B |
| 9. C | 19. Physical |
| 10. A | 20. A |