

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

<u>CONTENT SEGMENTS</u> <u>LEARNING ACTIVITIES</u>
A. Procedures
B. Hands on Practice
C. Use and Maintenance of SFST Field Arrest LogInstructor-Led Presentation
D. Session Wrap Up



· Same teams as dry run

Session 11 - "Testing Subjects" Practice First Session

- 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



NHTSA

DWI Detection and Standardized Field Sobriety Testing

Α.	<u>Procedures</u>
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- 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





DWI Detection and Standardized Field Sobriety Testing

Session 11 - "Testing Subjects" Practice First Session

B. <u>Hands on Practice</u>





C. <u>Use and Maintenance of SFST Field Arrest Log (IACP strongly recommends the use of this log)</u>

The SFST Field Arrest Log is used to record the results of the SFSTs performed on suspected impaired subjects.

This log is important in documenting an officer's experience and proficiency in performing and interpreting SFSTs.

This log has the following components:

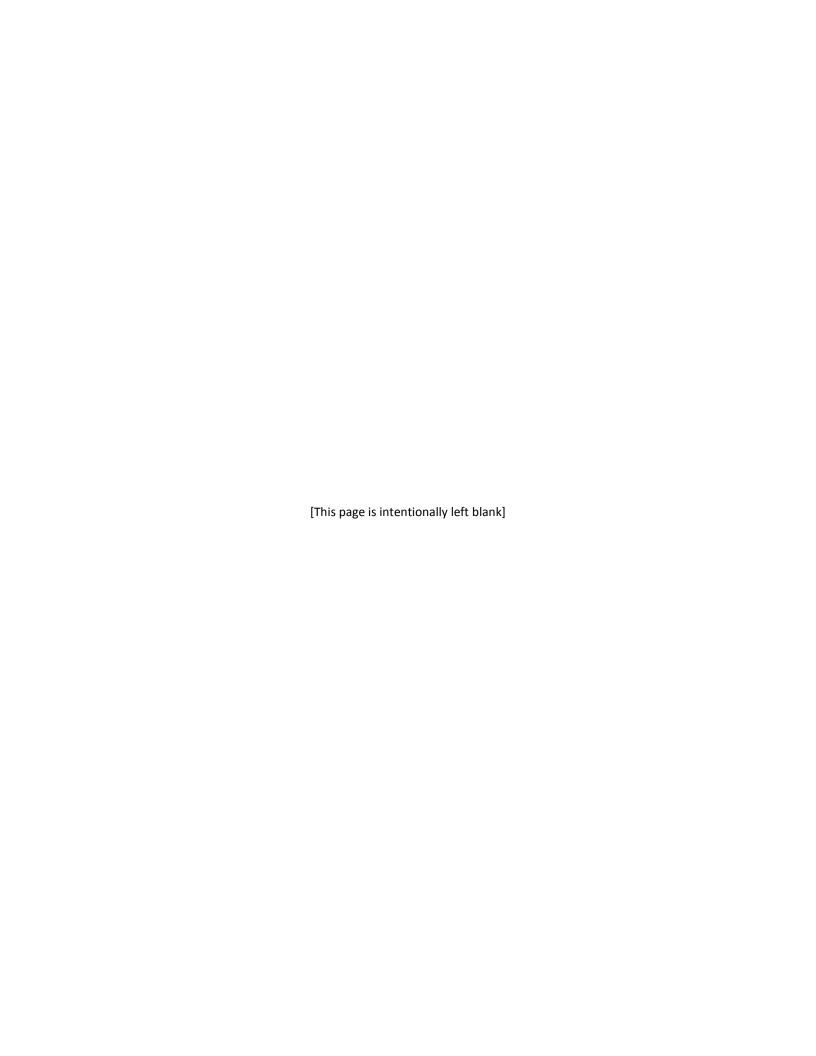
- The actual date the SFSTs were administered
- Subject's full name
- Results of each SFST test
- Classification of BAC as above or below 0.08 BAC
- Arrest/Not Arrest
- Subject's measured BAC (if available)
- Remarks

Utilization of Log			



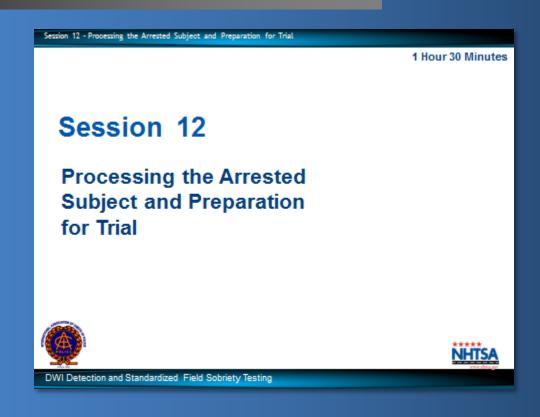


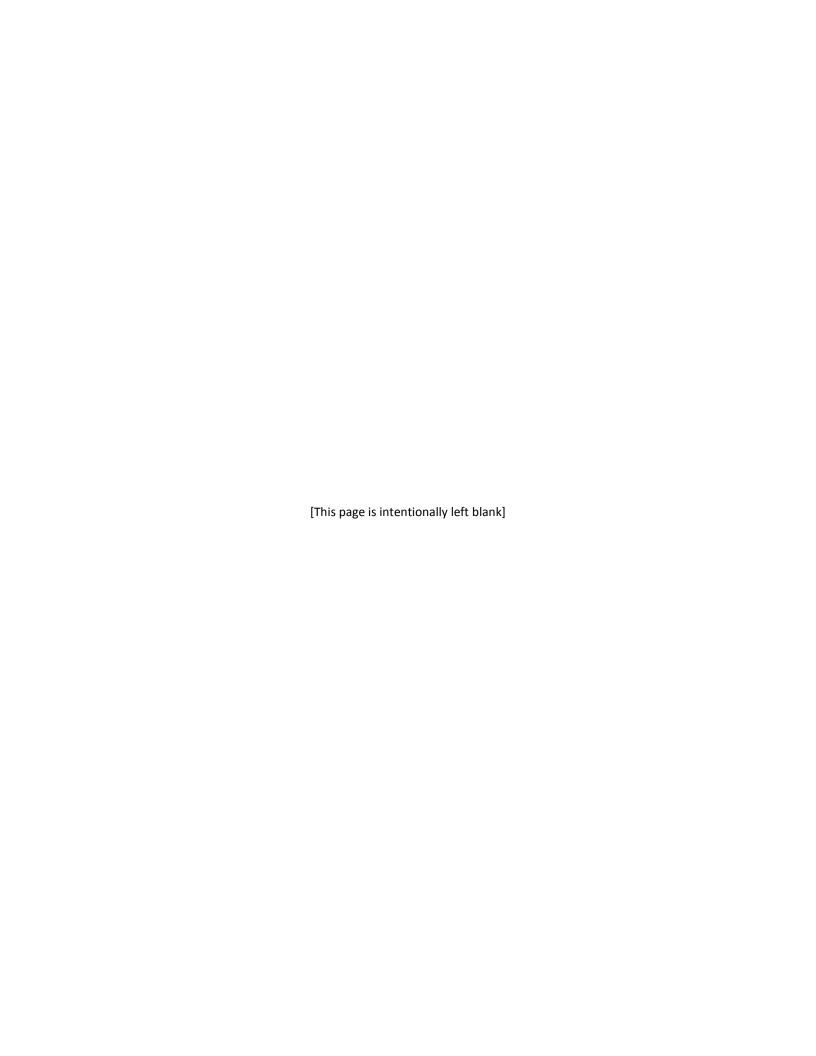
D. <u>Session Wrap Up</u>	

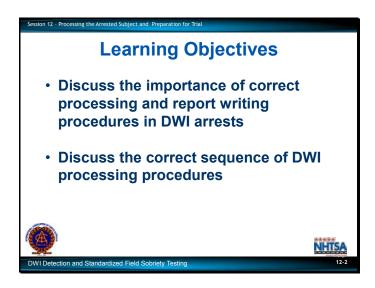


Participant Manual

DWI Detection and Standardized Field Sobriety Testing (SFST)

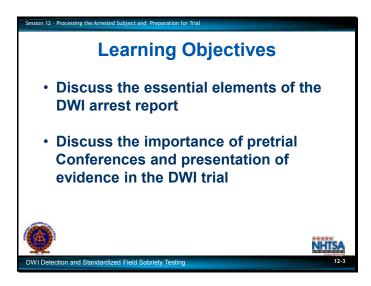






- Discuss the importance of correct processing and report writing procedures in DWI arrests
- Discuss the correct sequence of DWI processing procedures

CONTENT SEGMENTS	<u>LEARNING ACTIVITIES</u>
A. The Processing Phase	Instructor-Led Presentations
	Video Presentation
B. Narrative DWI Arrest Report	
C. Case Preparation and Pretrial Conference	Interactive Discussion
	Instructor-Led Demonstrations
D. Guidelines for Direct Testimony	Participant Presentations
The foundation for preparation and successful testimony enforcement officer(s) involved with the arrest and the pathe case. Effective communication and a clear understand expectations is essential for successful prosecution.	rosecuting attorney(s) associated with

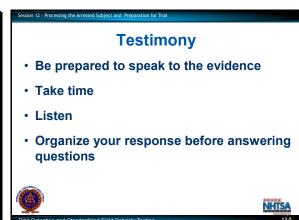


- Discuss the essential elements of the DWI arrest report
- Discuss the importance of pretrial conferences and presentation of evidence in the DWI trial

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.





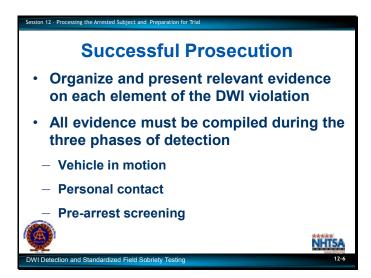
A. The Processing Phase

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.

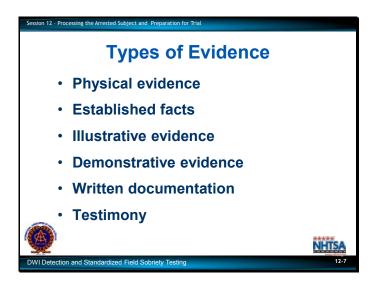
Since testimony constitutes the majority of time spent in trial, it is imperative that, in addition to effective communication techniques, the witness be well prepared to speak to the evidence related to the case. Direct examination is your opportunity to tell the story. It should be an exchange between 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.



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.

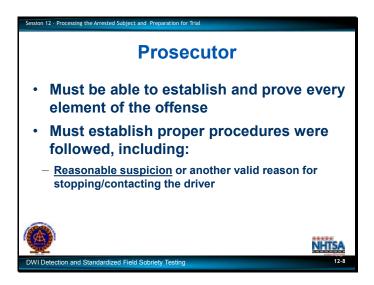
No matter how much evidence you collect, if it is not presented clearly, completely, and convincingly in court, the case may be lost. Therefore, it is essential that officers develop the ability to write a clear, complete, and concise report describing their observations and results. Additionally, the officer must be able to articulate that information to the judge/jury.



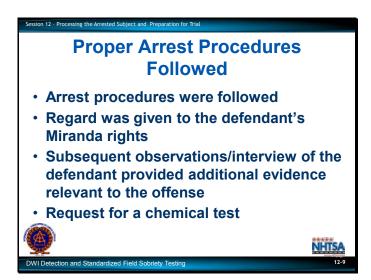
Evidence of a DWI violation may be of various types:

- 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 also must establish that the proper procedures were followed, including:
There was a <u>reasonable suspicion</u> or another valid reason for stopping/contacting the driver.

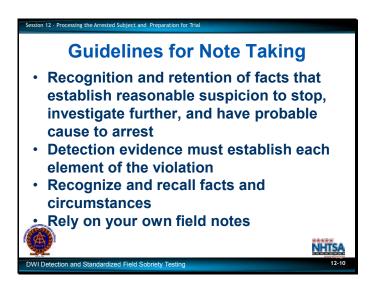


The prosecutor's case will largely be based upon the thoroughness of the officer's investigation and the clarity of his/her testimony.

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.



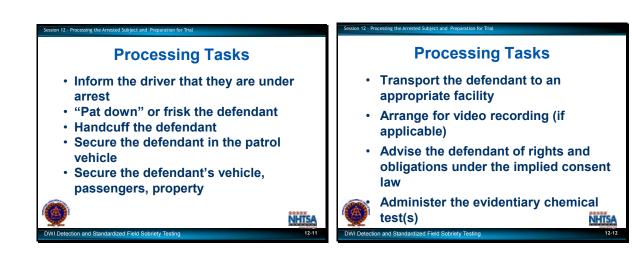
Guidelines for Note Taking

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.



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.
- 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).



- Advise the defendant of Constitutional Rights (Miranda Admonition).
- · Interview the defendant.
- Incarcerate or release the defendant.
- Complete the required reports.

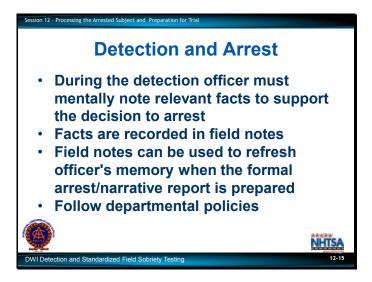


B. Narrative DWI Arrest Report

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.

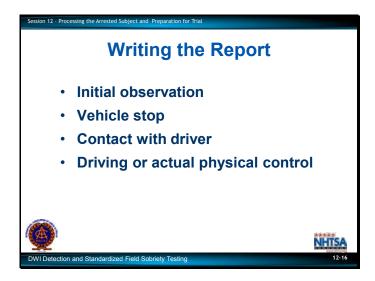
Clarity and completeness of an officer's observations and relaying this information in a clear and concise report is critical. Additionally, an officer must be able to establish that he/she had reasonable grounds for the arrest and followed proper arrest procedures. Proper arrest procedures include advising 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 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.



The following block outline format identifies some of the important components in a DWI arrest/narrative report:

<u>Initial Observations</u> - 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.

<u>Vehicle Stop</u> - 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.

<u>Contact With Driver</u> - 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.

<u>Driving or Actual Physical Control</u> - 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.



<u>Exit From Vehicle</u> - 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.

<u>Standardized Field Sobriety Tests</u> - 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.

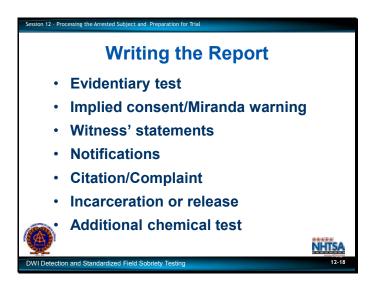
<u>Field Sobriety Tests</u> - Describe the driver's actions when you administered other field sobriety tests. Be specific.

<u>Arrest</u> - Document the arrest decision and ensure that all elements of the violation have been accurately described.

<u>Disposition/Location of Vehicle and Keys</u> - 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.

<u>Disposition of Passenger and/or Property</u> - Ensure that passengers and property are properly cared for.

<u>Transport of Defendant</u> - Describe where the defendant was transported for evidential testing Document time of departure and arrival. (This information can be obtained from the radio log)				



<u>Evidentiary Test</u> - Document which test(s) were administered and by whom. Be sure to include the evidential test(s).

<u>Implied Consent/Miranda Warning</u> - Document that the admonishments were given at the appropriate point in the investigation.

<u>Witness' Statements</u> - 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.

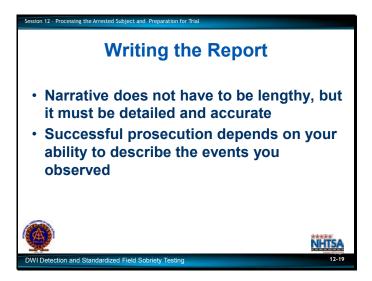
<u>Notification of Defendant's Attorney or Other Party</u> - Document the time and result of defendant's telephone call to an attorney or other party.

<u>Citation/Complaint</u> - Document that the traffic citation/complaint was issued at the appropriate time, if applicable.

<u>Incarceration or Release</u> - 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.

<u>Additional Chemical Test</u> - 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.				
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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



DWI Incident Report

Defendant: Eryn Greenfield, Age:31

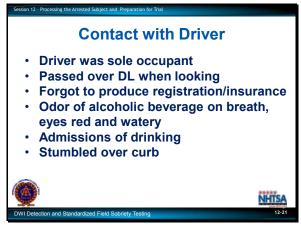
Date of Arrest: 4-14-XX Time of Arrest: 9:20 PM

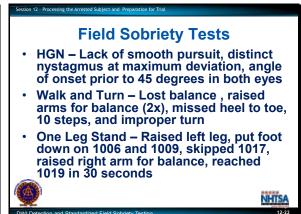
Initial Observation:

Defendant driving yellow Volkswagen

Four lane roadway, clear, breezy, traffic light

- Driving without headlights
- · Right tires over solid fog line
- Wide right turn
- · Struck curb when stopping





Contact with Driver

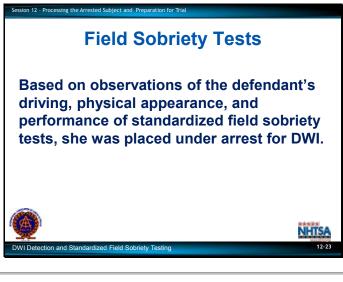
- Driver was sole occupant
- Passed over DL when looking
- Forgot to produce registration/insurance
- Odor of alcoholic beverage on breath, eyes red and watery
- Admissions of drinking
- Stumbled over curb

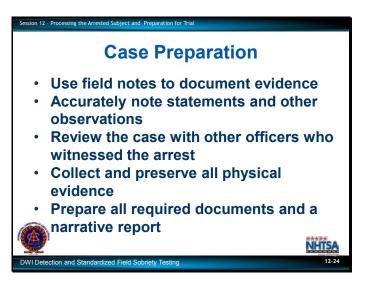
Field Sobriety Tests

- 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





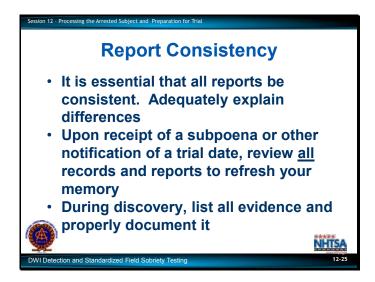
C. Case Preparation and Pretrial Conference

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.

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	re all required do	re all required documents and a	re all required documents and a narrative repo	re all required documents and a narrative report.	re all required documents and a narrative report.



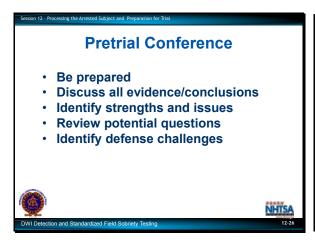
Remember, it is essential that all reports be consistent. If differences occur, be sure to adequately explain them. The defense will try to impeach your testimony by pointing out seemingly minor inconsistencies.

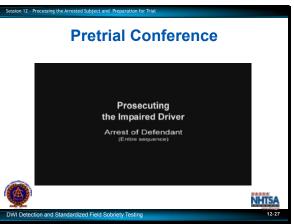
Preparation for Trial

Upon receipt of a subpoena or other notification of a trial date, review <u>all</u> 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.

Attention to detail is very important.				





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.

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.			
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D. Guidelines for Direct Testimony

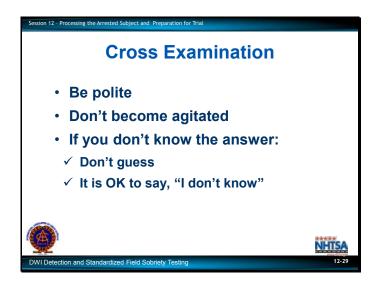
Your basic task is to establish the facts of the case:

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.

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.

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.



Cross Examination/Defense Challenges

In many cases, <u>you</u> will be the key witness for the prosecution. Therefore, the defense will try very hard to cast doubt on your testimony.

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. <u>Don't</u> guess at answers, or compromise your honesty in any way. Be professional and present evidence in a fair and impartial manner.	
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The defense will ask questions to <u>challenge your observations</u> and <u>interpretations</u>. For example, you may be asked whether the signs, symptoms and behaviors you observed of the defendant could 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 <u>not</u> 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 <u>challenge your credentials</u> 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 <u>if</u> you have been trained in that area.

The defense will ask questions to <u>challenge your credibility</u>. 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 Al available evidence.			

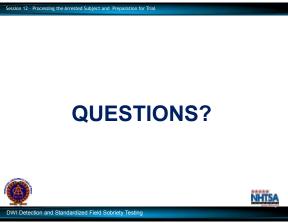
You may be asked questions that suggest you deviated from your training. These questions may suggest you eliminated portions of the tests or gave incomplete or confusing instructions. One way you can refute these defense challenges is by administering the Standardized Field Sobriety Tests as you were trained. If deviations to the protocol occur, it is important to explain why. Standardization ensures both consistency and credibility.

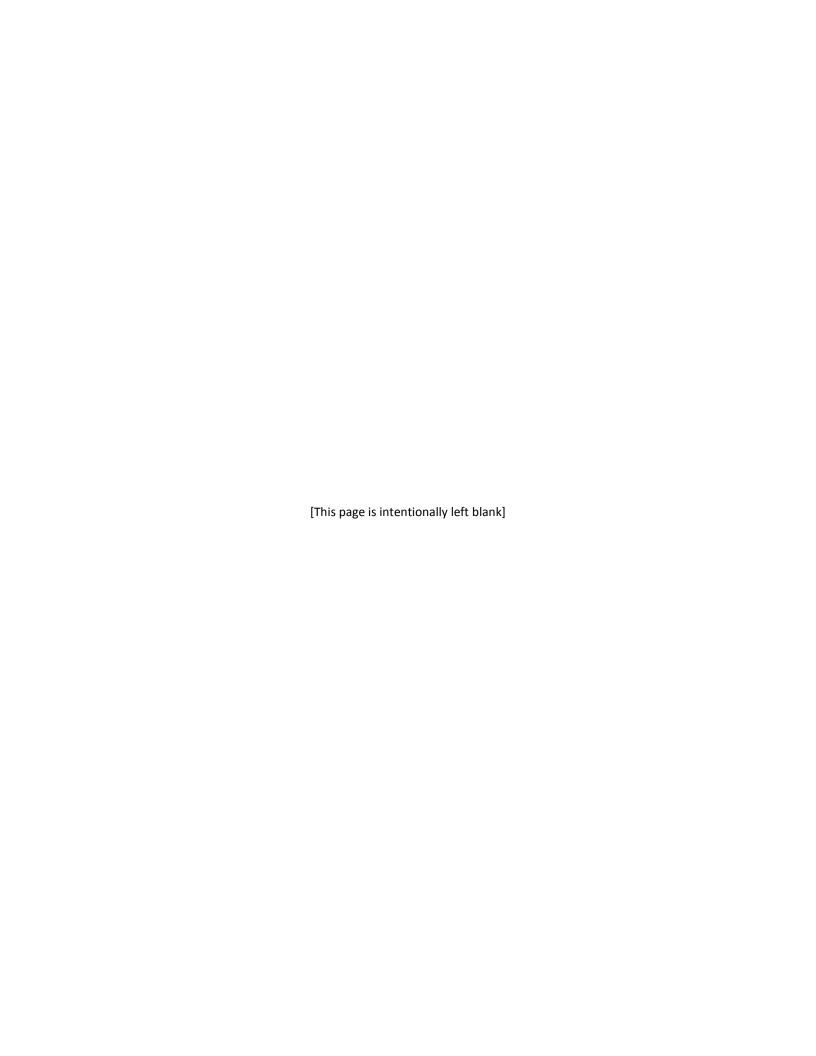
You may be asked questions that suggest the Standardized Field Sobriety Tests are not relevant. These questions will suggest that SFSTs have no relationship to driving. For example, a defense attorney may suggest that standing on one leg does not correlate with the ability to drive safely. The divided 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







Trial Tips and Techniques

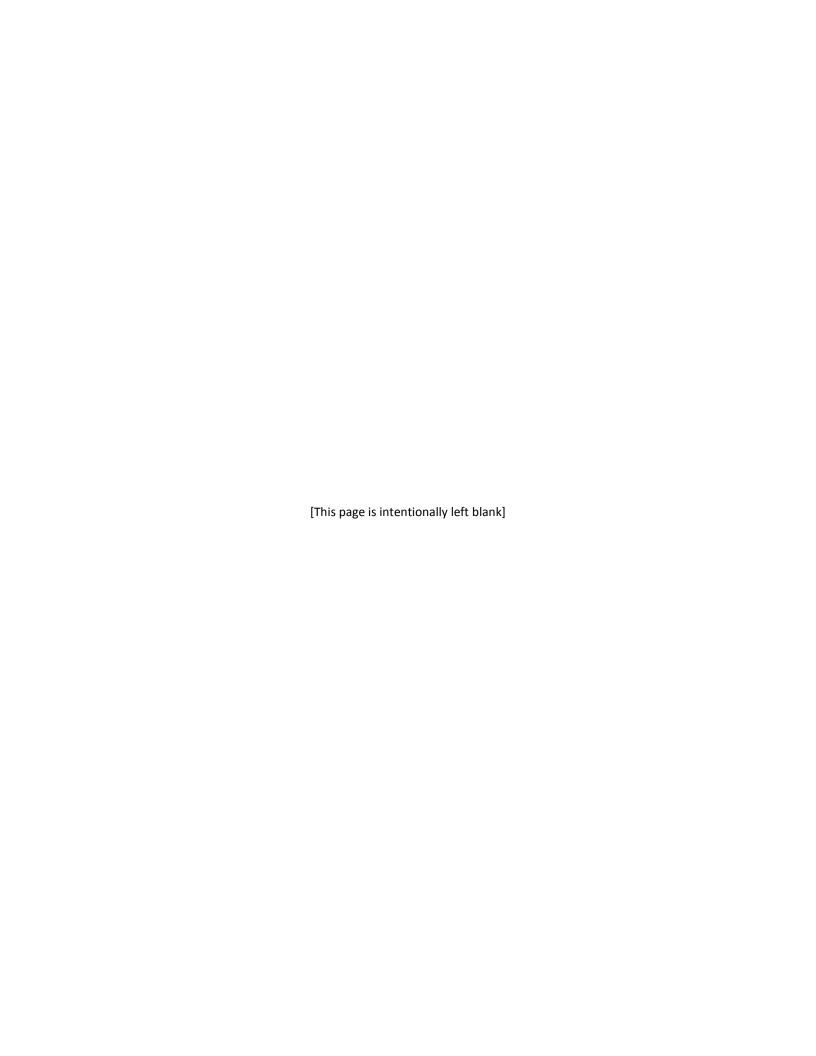
Courtroom Decorum

- 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

- 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 sidewalk so I could administer

Revised: DWI Detection and Standardized Field Sobriety Testing 10/2015 Sample DWI Incident Report

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 tow 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.

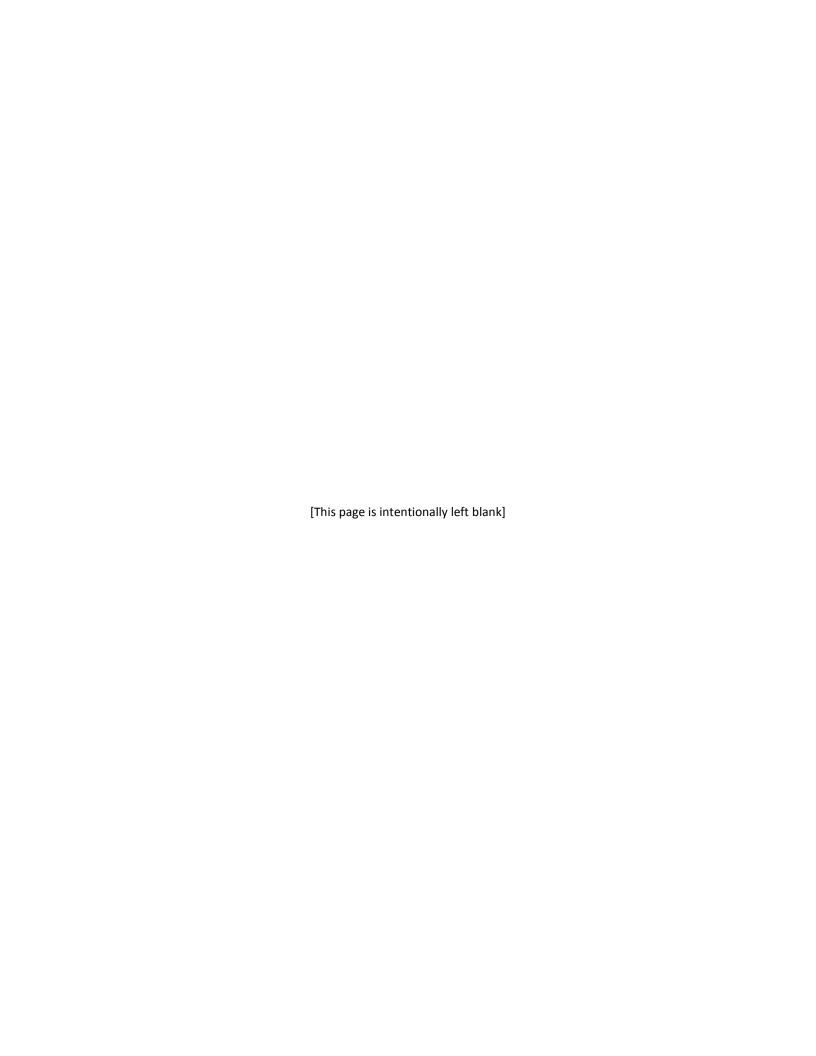
I arrested Greenfield for driving under the influence of an alcoholic beverage at 9:20 p.m. Greenfield was given the proper chemical testing advisement. She chose a breath test and was transported to the breath testing facility. She provided two breath samples of 0.08 and 0.08 at 9:50 p.m. and 9:52 p.m. 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.

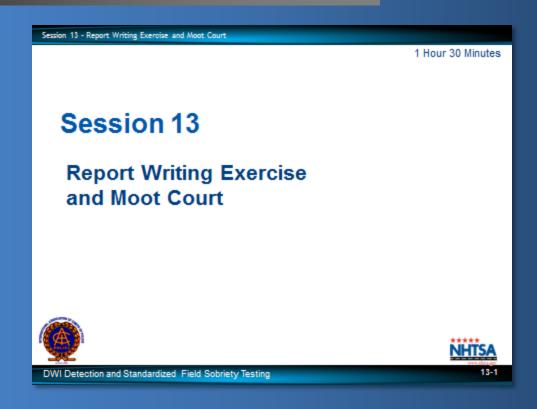
Vehicle Disposition:

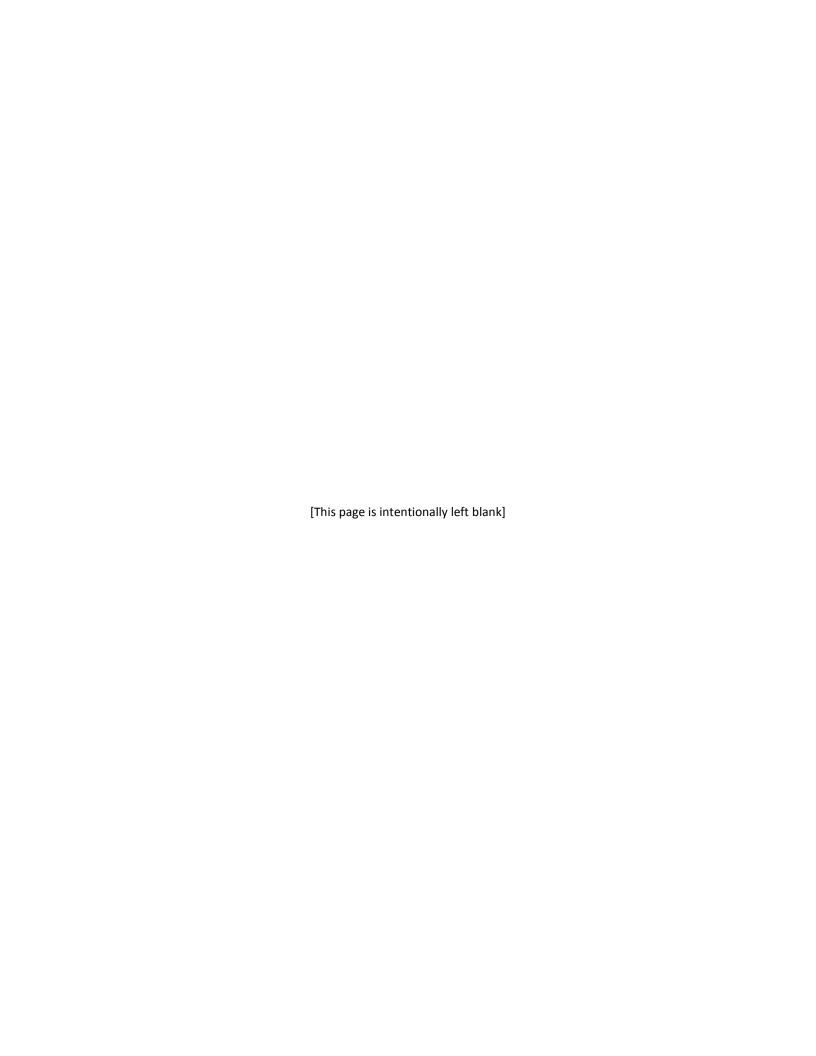
Greenfield's vehicle was stored by Reliable Towing.



Participant Manual

DWI Detection and Standardized Field Sobriety Testing (SFST)







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

<u>CO</u>	NTENT SEGMENTSLEARNING ACTIVITIES
A.	Procedures
В.	Report Writing Exercise
C.	Moot Court Exercise
	Instructor-Led Discussion
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<u>Procedures</u>	



Session 13 - Report Writing Exercise and Moot Court

- 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				



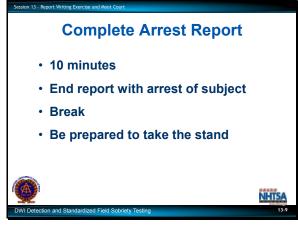
B. Report Writing Exercise

"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.					

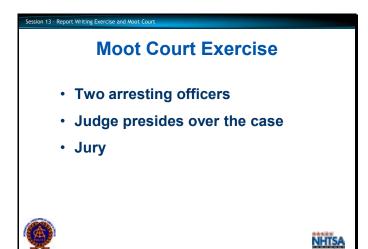




The arrest report should contain the following elements:

- Initial observations of vehicle in operation
- Observations of the stop
- Observation and interview of driver
- · Observations of the driver's exit
- SFSTs

Arrest



C. Moot Court Exercise					

Moot Court Exercise

Officers testify

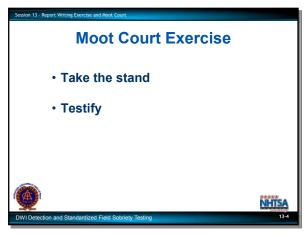
Session 13 - Report Writing Exercise and Moot Court

- Refer to written reports if necessary
- Closing statements
- Jury renders verdict
- Discussion





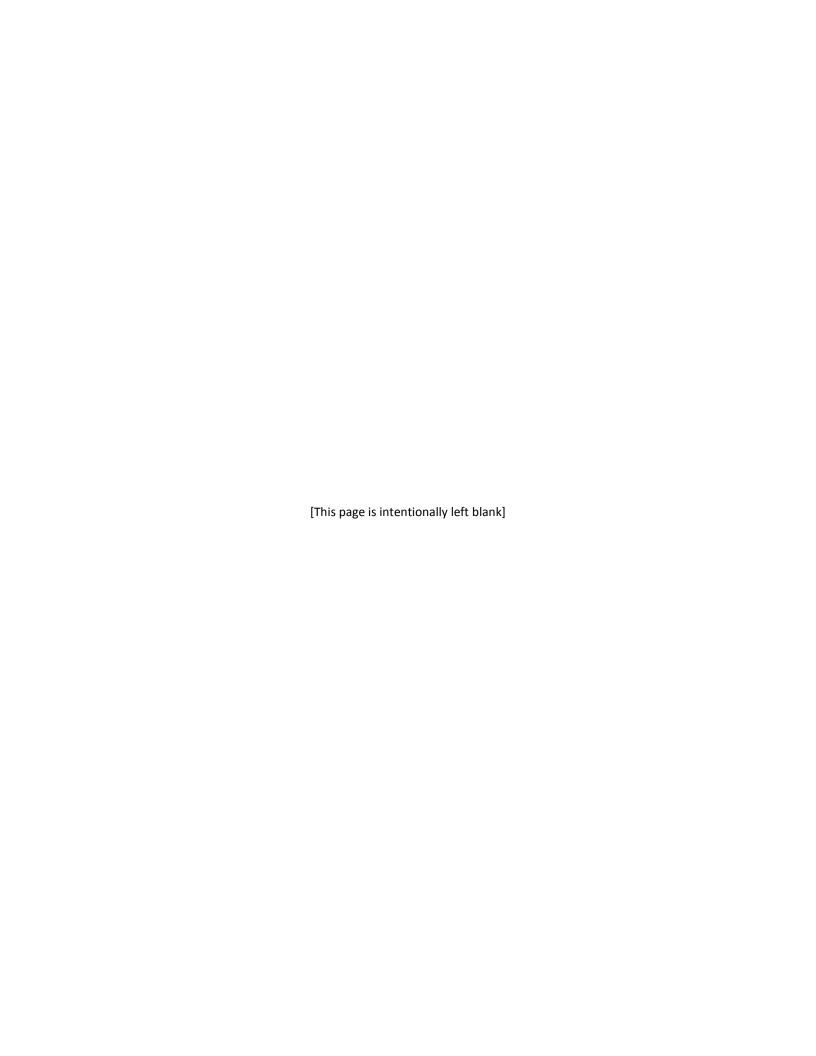
DWI Detection and Standardized Field Sobriety Testing





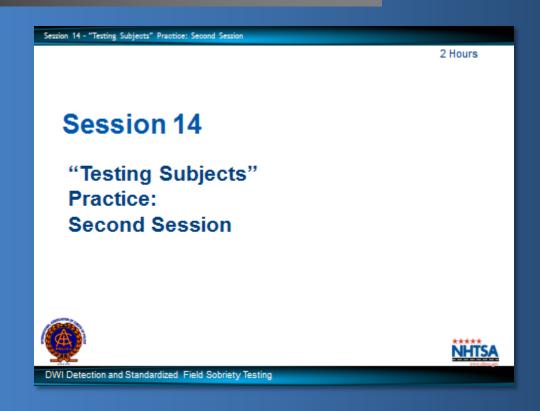
The Moot Court Exercise					

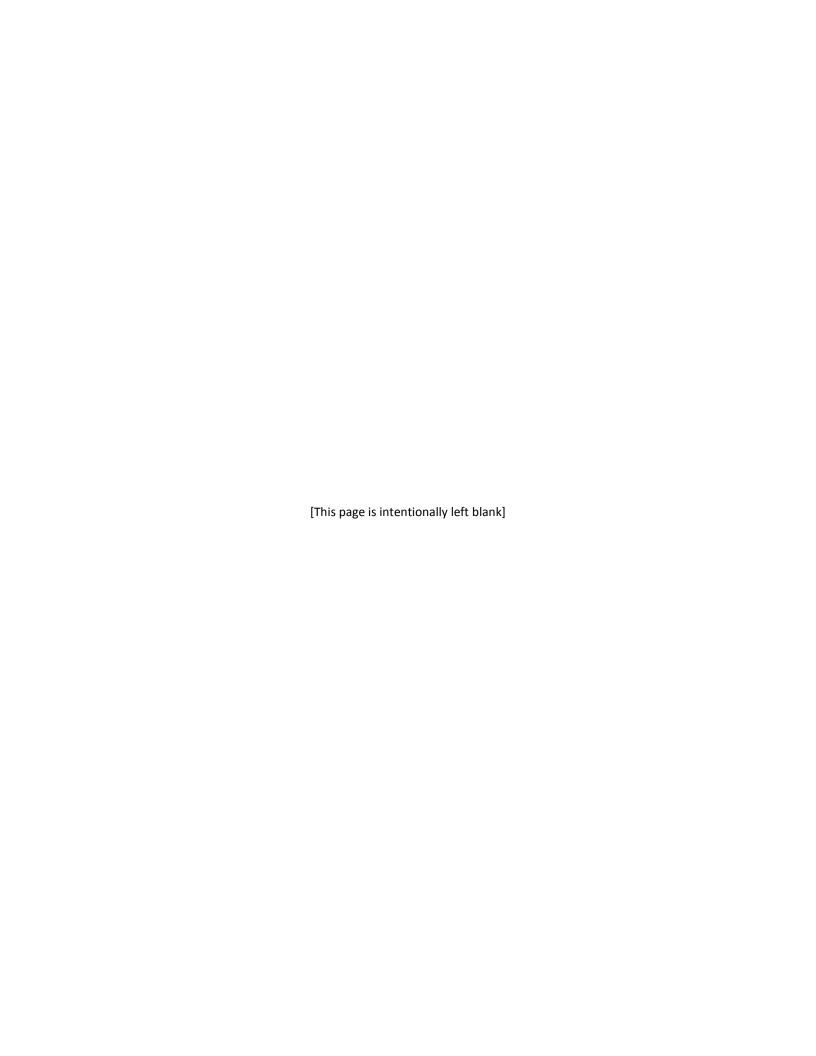


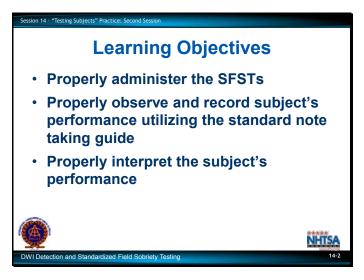


Participant Manual

DWI Detection and Standardized Field Sobriety Testing (SFST)







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	<u>LEARNING ACTIVITIES</u>
A. Procedures	Instructor-Led Presentations
B. Hands on Practice	Participant Practice Session
C. Session Wrap Up	Instructor-Led Discussion

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

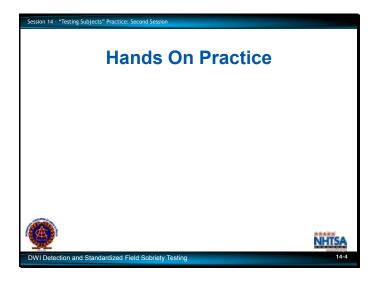


NHTSA

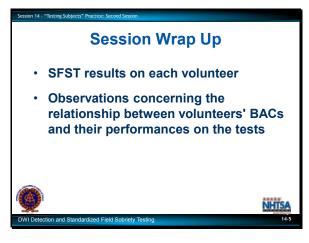
DWI Detection and Standardized Field Sobriety Testing

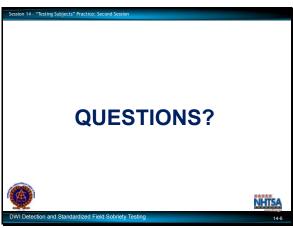
Session 14 - "Testing Subjects" Practice: Second Session

A. <u>Procedures</u>	
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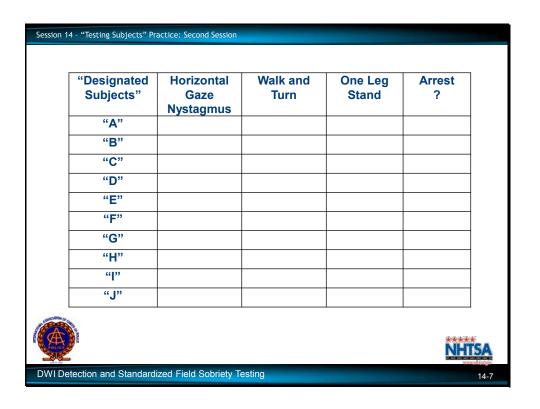


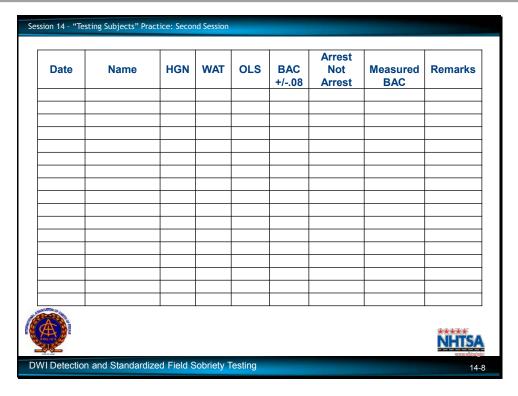
B. <u>Hands on Practice</u>					



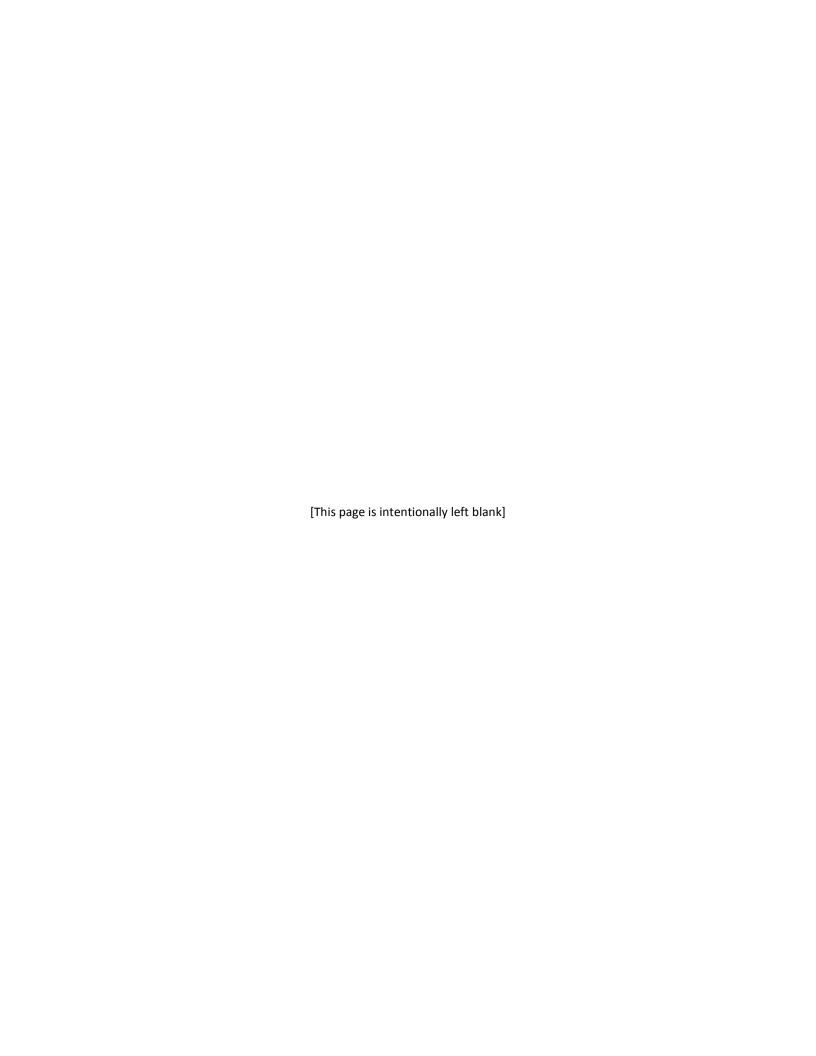


C. Session Wrap Up					



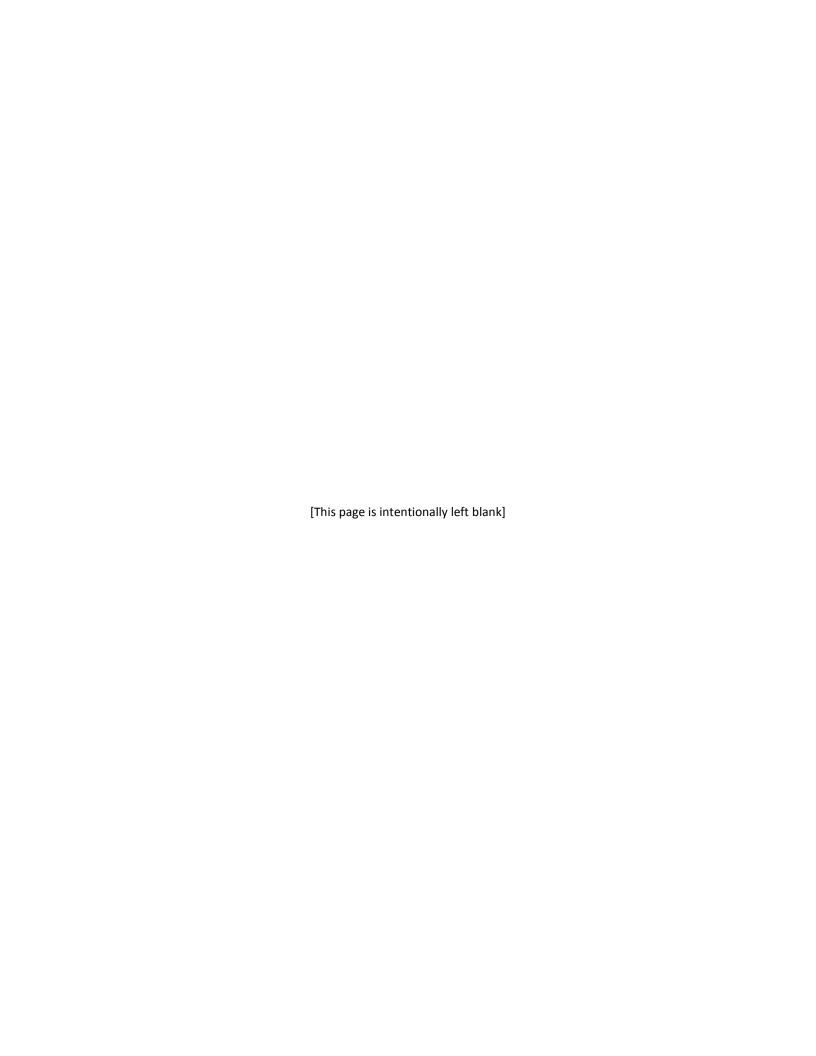


SAMPLE DRY ERASE BOARD ARRAY FOR TABULATING RESULTS



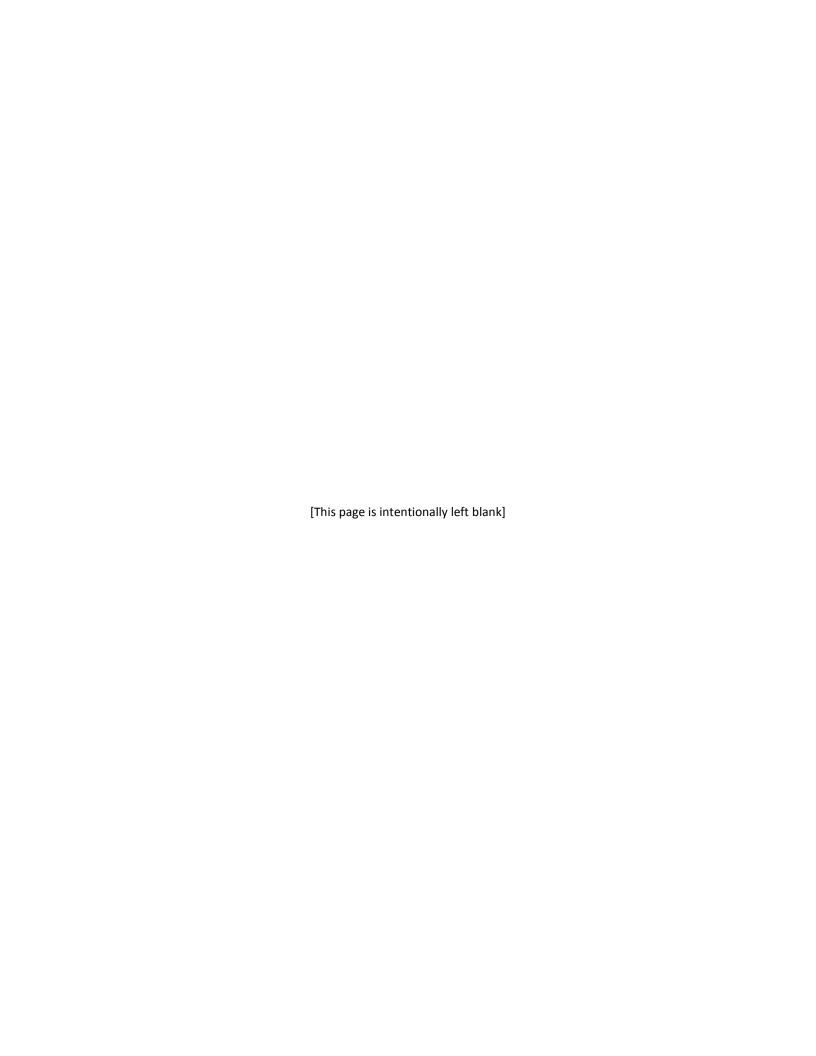
Sample Dry Erase Board Array for Tabulating Results

"Designated Subjects"	Horizontal Gaze Nystagmus	Walk and Turn	One Leg Stand	Arrest?
"A"				
"B"				
"C"				
"D"				
"E"				
"F"				
"G"				
"H"				
"ן"				
"J"				



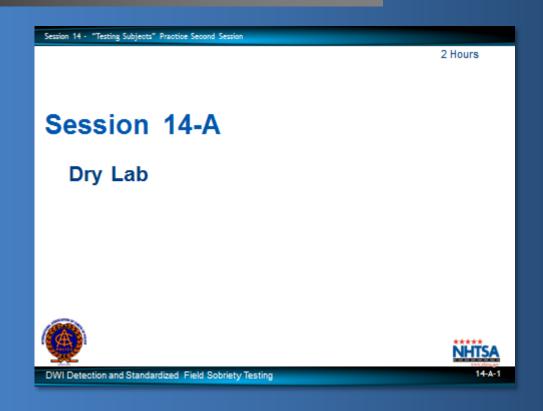
SFST Field Arrest Log

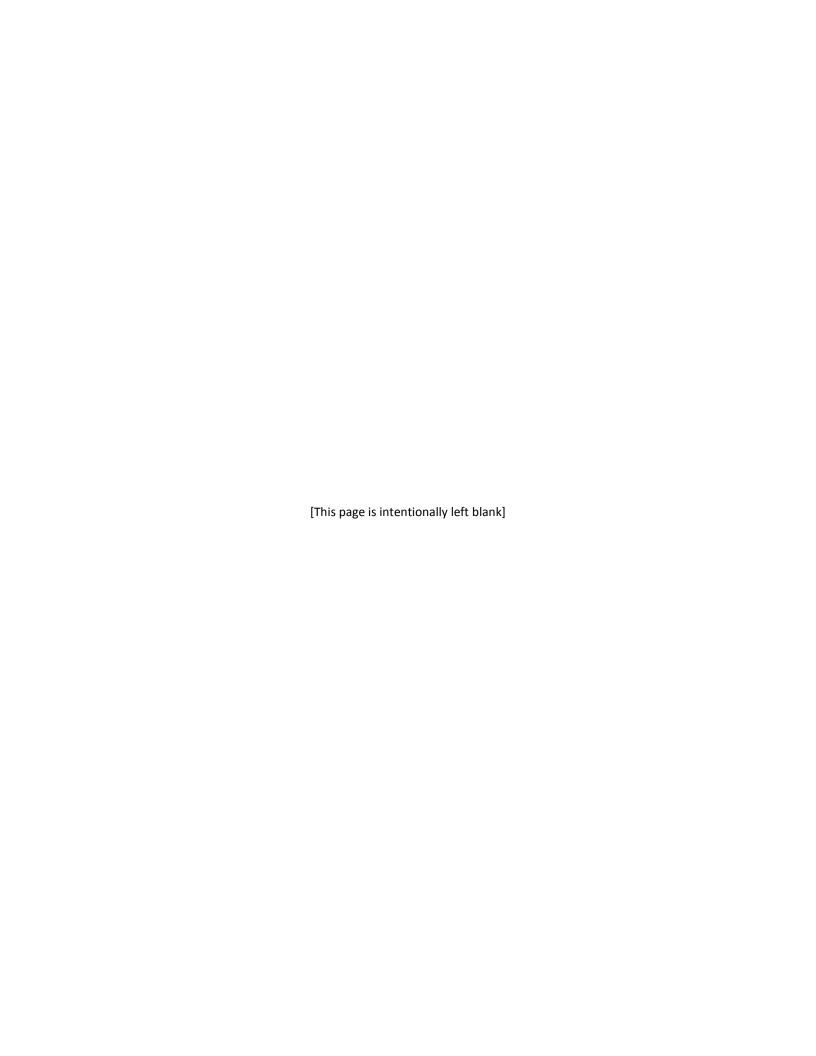
Date	Name	HGN	WAT	OLS	BAC +/08	Arrest / Not Arrest	Measured BAC	Remarks

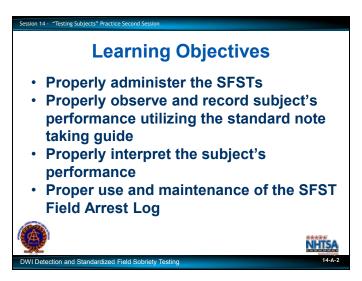


Participant Manual

DWI Detection and Standardized Field Sobriety Testing (SFST)







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

<u>CO</u>	NTENT SEGMENTS	LEARNING ACTIVITIES
A.	Procedures	Instructor-Led Presentations
В.	Hands on Practice	Participant Practice Session
C.	Use and Maintenance of SFST Field Arrest Log	Instructor-Led Presentation
D.	Session Wrap Up	Instructor-Led Discussion
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Same teams as dry run

Session 14 - "Testing Subjects" Practice Second Session

- 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





DWI Detection and Standardized Field Sobriety Testing

A. Procedures	



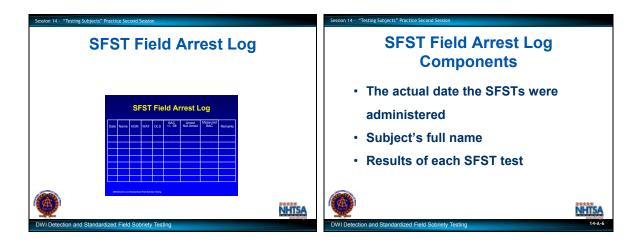
- Class will be divided into two groups
- One half will watch video subjects
- Other half will practice administration of SFSTs
- At conclusion of video, participants will switch roles





DWI Detection and Standardized Field Sobriety Testing

B. <u>Hands on Practice</u>	



C. <u>Use and Maintenance of SFST Field Arrest Log (IACP strongly recommends the use of this log)</u>

The SFST Field Arrest Log is used to record the results of the SFSTs performed on suspected impaired subjects.

This log is important in documenting an officer's experience and proficiency in performing and interpreting SFSTs.

This log has the following components:

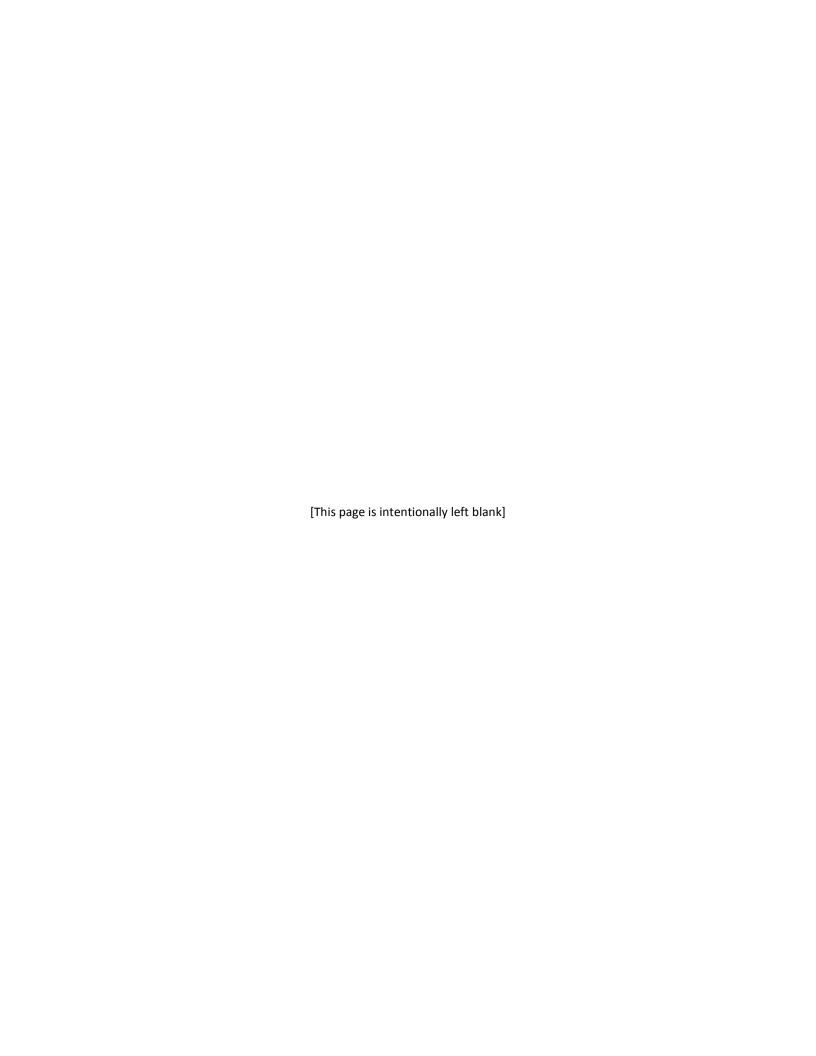
- The actual date the SFSTs were administered
- Subject's full name
- Results of each SFST test
- Classification of BAC as above or below 0.08 BAC
- Arrest/Not Arrest
- Subject's measured BAC (if available)
- Remarks

Utilization of Log		



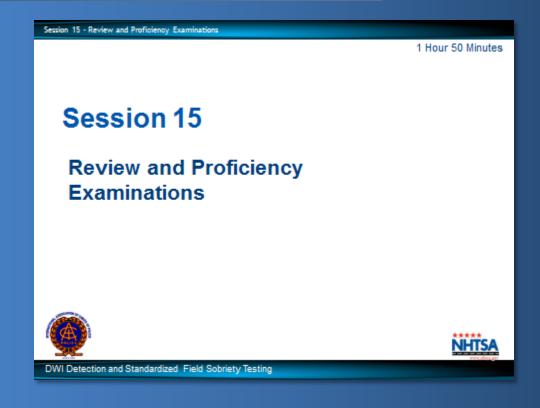


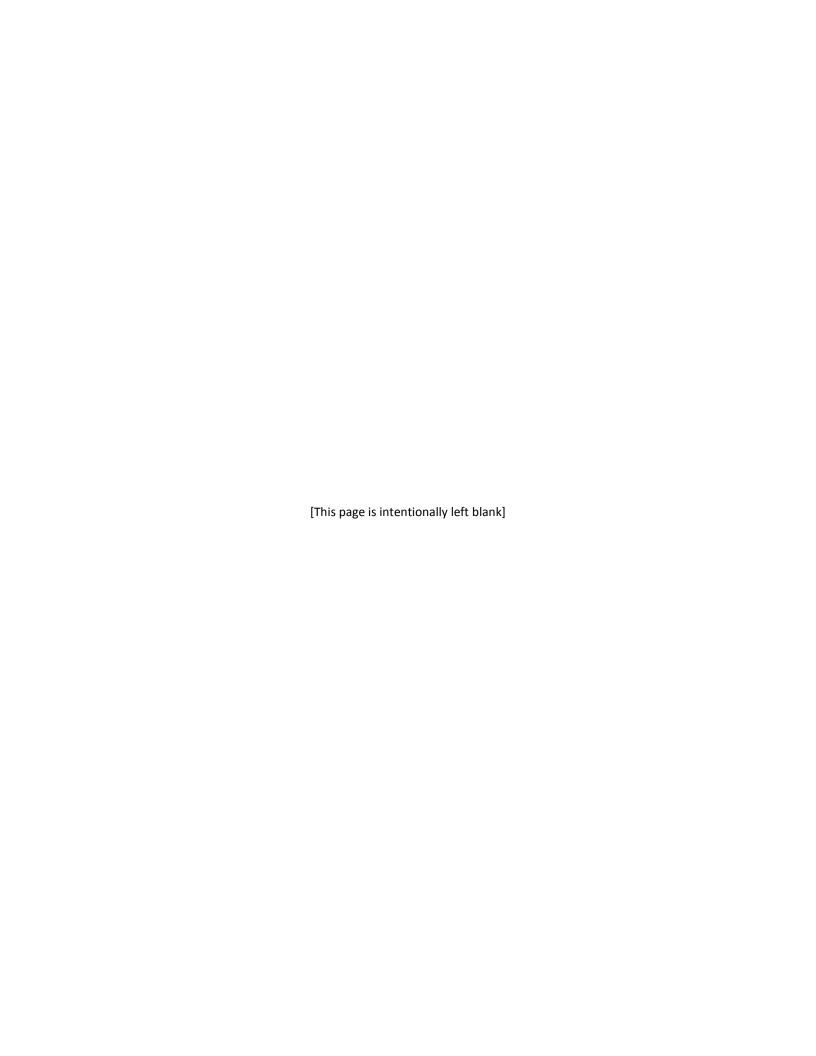
D. <u>Session Wrap Up</u>	
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Participant Manual

DWI Detection and Standardized Field Sobriety Testing (SFST)



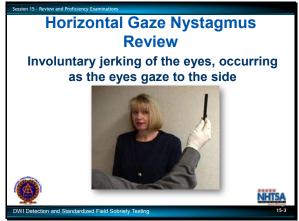


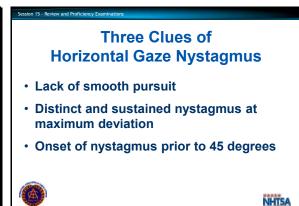


Upon successfully completing this session the participant will be able to:

 Demonstrate knowledge and proficiency in administering the Standardized Field Sobriety Test battery.

CONTENT SEGMENTS	<u>LEARNING ACTIVITIES</u>
A. Review of Horizontal Gaze Nystagmu	sInstructor-Led Presentations
B. Review of Walk and Turn	Instructor and Participant Led Demonstrations
C. Review of One Leg Stand	
D. Video Demonstrations	Video Demonstration (Second Showing) IF TIME PERMITS
E. Proficiency Exam	Participant Proficiency Examination





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.

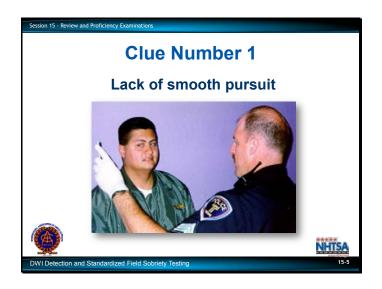
Nystagmus is caused by alcohol and/or other drugs and some medical conditions.

Three specific clues of Horizontal Gaze Nystagmus.

Onset of nystagmus prior to 45 degrees

Look for these clues in each eye:

- · Lack of smooth pursuit
- Distinct and sustained nystagmus at maximum deviation



Clue No. 1: Lack of Smooth Pursuit

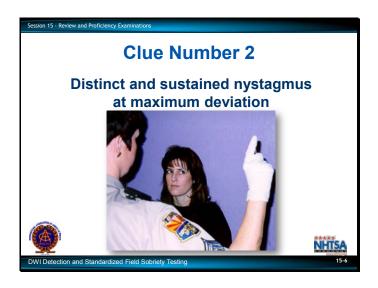
Position stimulus approximately 12 - 15 inches (30 - 38 cm) in front of subject's nose, slightly above eye level.

Start with the left eye.

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).

Make at least two complete passes.

Observe eyes for signs of nystagmus as they move side to side.			



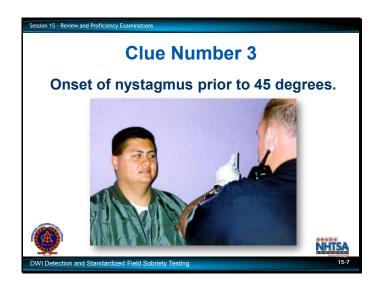
Clue No. 2: Distinct and Sustained Nystagmus at Maximum Deviation

Move the stimulus to the right until the subject's left eye reaches maximum deviation.

Verify that no white is showing in the corner of the eye.

Hold the stimulus steady for a minimum of four seconds, and watch for distinct and sustained nystagmus.

Repeat for right eye.				
Check each eye twice for each clue.				



Clue No. 3: Onset of Nystagmus prior to 45 Degrees

Position stimulus approximately 12-15 inches (30-38 cm) in front of subject's nose, slightly above eye level.

Begin to make a slow pass in front of the left eye.

When you see nystagmus, stop the stimulus.

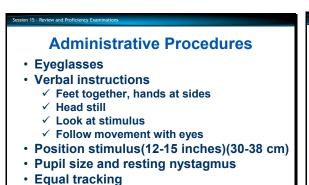
Hold the stimulus steady and verify that the nystagmus continues.

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

Check each eye twice for each clue.



Administrative Procedures

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

Nystagmus Administrative Procedures

Step 1: Check for Eyeglasses.

Step 2: Verbal Instructions.

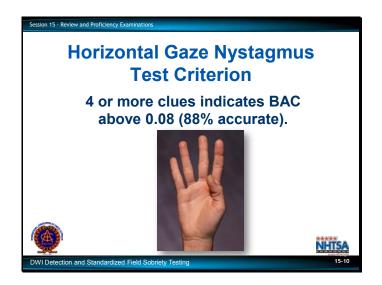
- · Feet together, hands at sides
- Head still
- Look at stimulus
- Follow movement with eyes
- Step 3: Positioning the Stimulus.
- Step 4: Pupil Size and Resting Nystagmus.
- Step 5: Check for Equal Tracking.
- Step 6: Check for Lack of Smooth Pursuit.
- Step 7: Check for Distinct and Sustained Nystagmus at Maximum Deviation.

NHTS

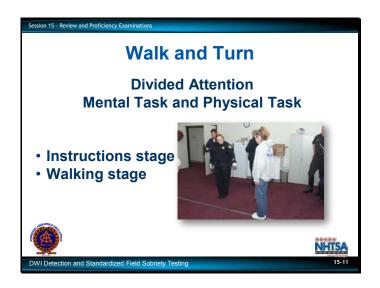
- Step 8: Check for Onset of Nystagmus Prior to 45 Degrees.
- Step 9: Total the clues.
- Step 10: Check for Vertical Gaze Nystagmus.

Check each eye independently beginning with the subject's left and compare.





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
Test Administration
Verbal Instructions
Initial positioning of stimulus.
Check for each clue.
Estimate a 45 degree angle.
Critique



B. Review Walk and Turn

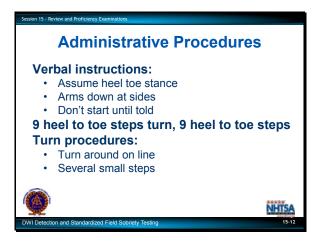
Two Stage Test

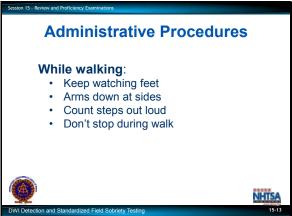
- 1. Instructions stage.
- 2. Walking stage.

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.





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:

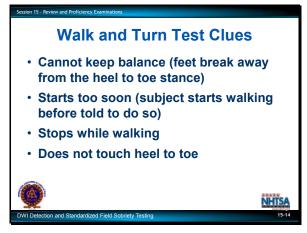
- Turn around on line
- Several small steps

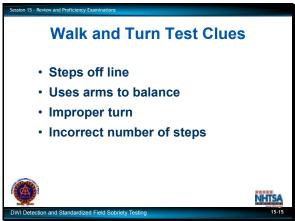
Walk and Turn Administrative Procedures

While walking:

- Keep watching feet
- · Arms down at sides
- Count steps out loud
- Don't stop during walk



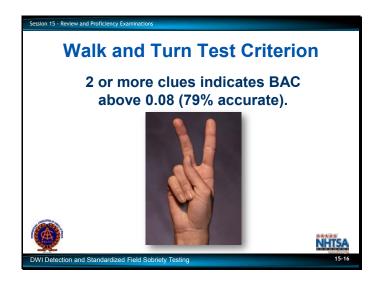




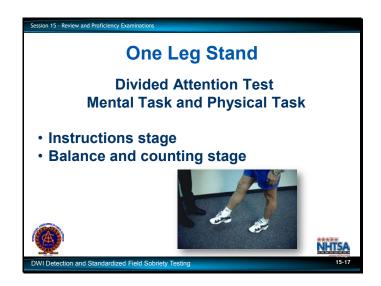
There are eight possible clues for the Walk and Turn test:

- Cannot keep balance
- Starts too soon
- Stops while walking
- · Does not touch heel to toe
- Steps off line
- Uses arms to balance
- Improper turn
- Incorrect number of steps





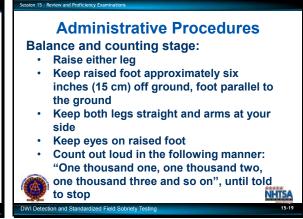
Test Interpretation
Eight specific clues of impairment.
Test criterion is 2 or more.
Test is 79% accurate.
Based on the San Diego validation study.
Participant Led Demonstration
Test Administration
Critique



C. Review of One Leg Stand

Two Stage Test
Instructions stage.
Balance and Counting stage.





Stand with your feet together with your arms down at your sides.

Hold position until told to begin.

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.

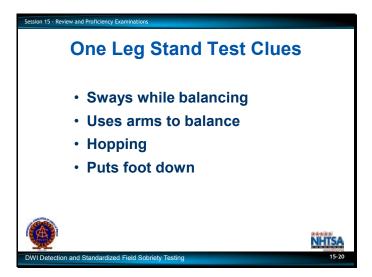
Keep both legs straight and your arms at your side.

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.

Simple physical demonstrations:

Demonstrate One Leg Stand.	
Demonstrate counting.	

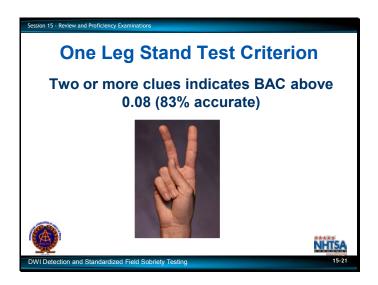


Test Interpretation

There are four specific clues of impairment for the One Leg Stand test

- Sways while balancing
- · Uses arms to balance
- Hopping

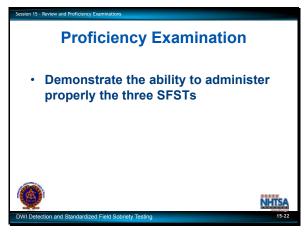
· Puts foot down

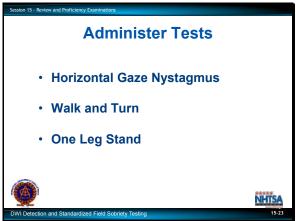


- Test criterion is 2 or more.
- Test is 83% accurate.
- Based on the San Diego validation study

Participant Led Demonstration

Test Administration
Critique





E. Proficiency Examination

Procedures

Horizontal Gaze Nystagmus

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

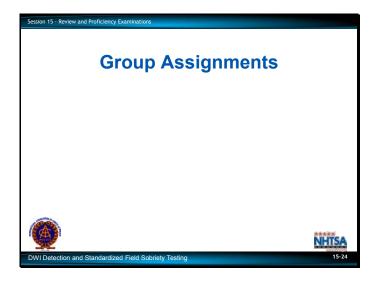
Demonstrate ability to give proper verbal instructions.

Demonstrate ability to carry out appropriate physical demonstrations to support the verbal instructions.

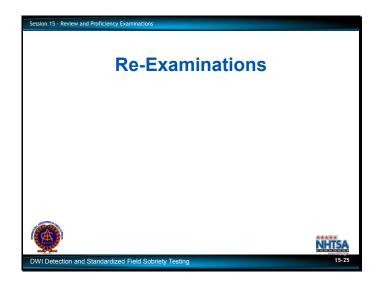
One Leg Stand

Demonstrate ability to give proper verbal instructions.

Demonstrate ability to carry out appropriate physical demonstrations to support the verbal instructions.

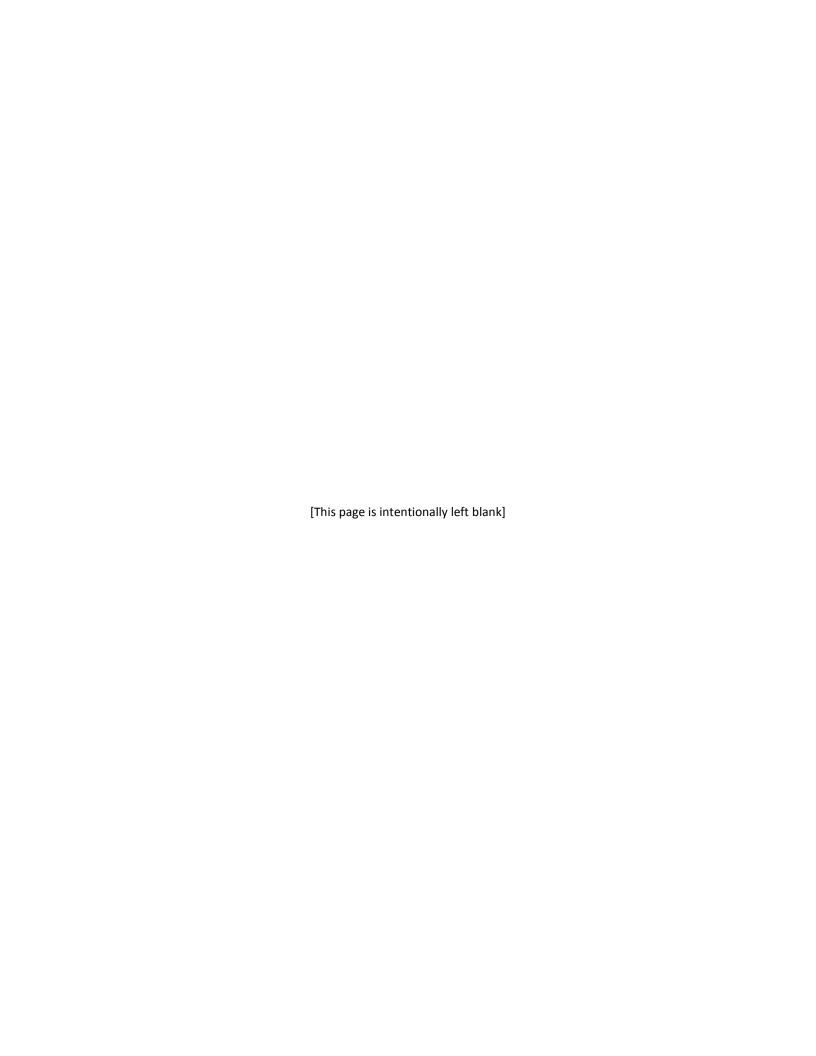


Group Assignments
Conduct Examinations



Re-examinations (as necessary)				





PARTICIPANT PROFICIENCY EXAMINATION STANDARDIZED FIELD SOBRIETY TEST BATTERY

Name	Date/
Agency	
I. HORIZO	ONTAL GAZE NYSTAGMUS
1	_ Have subject remove glasses if worn.
2	_ Stimulus held in proper position (approximately 12"-15" from nose, just slightly above eye level.
3	_ Check for equal pupil size and resting nystagmus.
4	_ Check for equal tracking.
5	Smooth movement from center of nose to maximum deviation in approximately 2 seconds and then back across subject's face to maximum deviation in right eye, then back to center. Check left eye, then right eye. (Repeat)
6	Eye held at maximum deviation for a minimum of 4 seconds (no white showing). Checkleft eye, then right eye. (Repeat)
7	Eye moved slowly (approximately 4 seconds) from center to 45 angle. Check left eye, then right eye. (Repeat)
8	_ Check for Vertical Gaze Nystagmus. (Repeat)
II. WALI	K AND TURN
1	_ Instructions given from a safe position.
2	_ Tells subject to place feet on a line in heel-to-toe manner (left foot behind right foot) with arms at sides and gives demonstration.
3	_ Tells subject not to begin test 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 once they begin.
11	Asks subject if all instructions are understood

Instructions given from a safe position. Tells subject to stand straight, place feet together, and hold arms at sides. Tells subject not to begin test until instructed to do so and asked if subject understands. Tells subject to raise one leg, either leg, approximately 6" from the ground, keeping raised foot parallel to the ground, and gives demonstration. Tells subject to keep both legs straight and to look at elevated foot. Tells subject to count out loud in the following manner: one thousand one, one thousand two, one thousand three, and so on until told to stop, and gives demonstration.

III. ONE LEG STAND

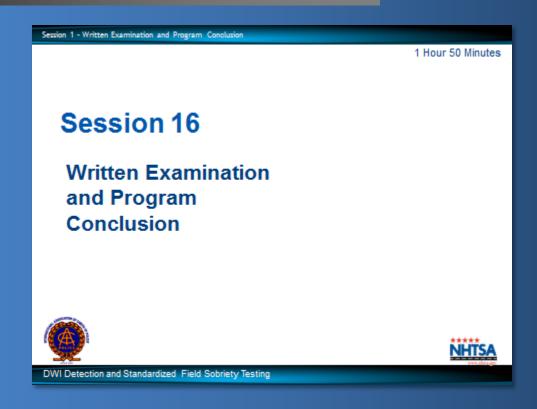
Instructor: _____

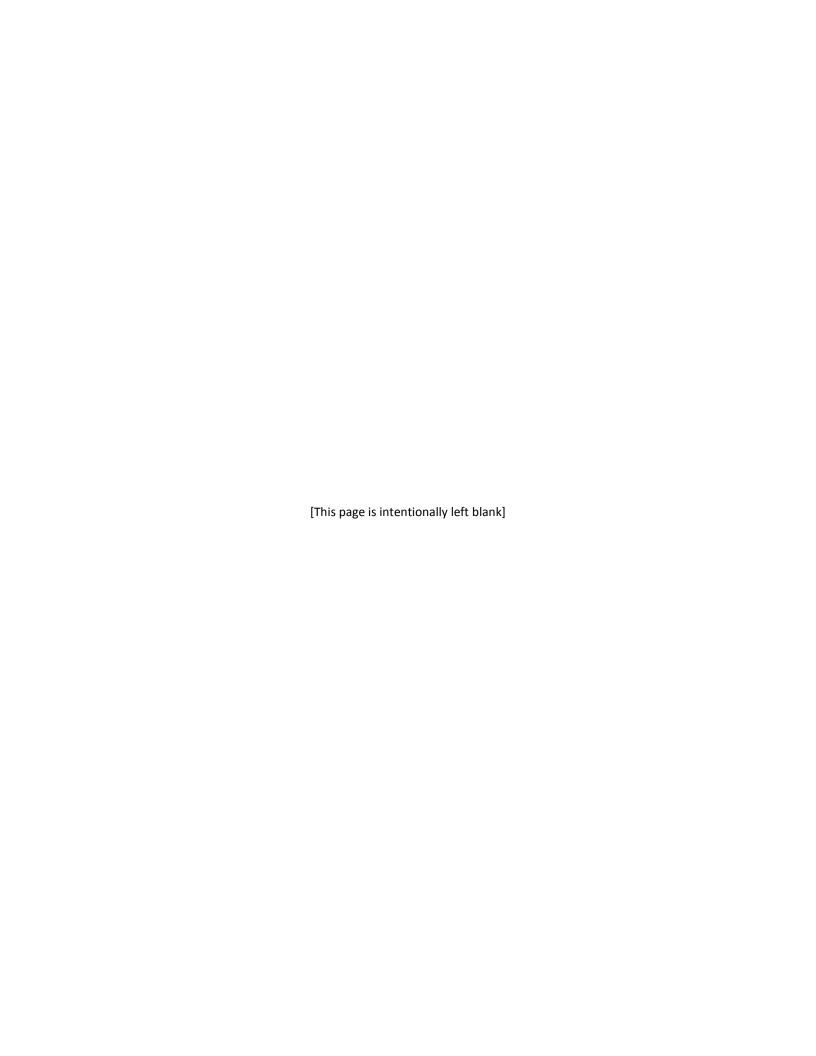
7. ____ Checks actual time subject holds leg up. (Time for 30 seconds.)

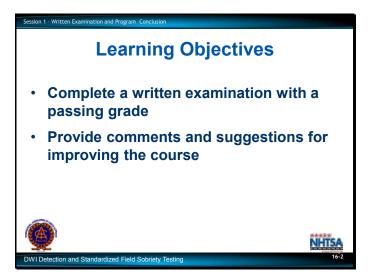
Note: In order to pass the proficiency examination, the student must explain and proficiently complete each of the steps listed.

Participant Manual

DWI Detection and Standardized Field Sobriety Testing (SFST)



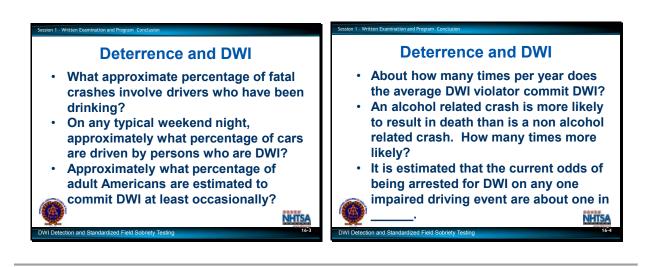




Upon successfully completing this session the participant will be able to:

- Complete a written examination with a passing grade.
- Provide comments and suggestions for improving the course.

<u>CO</u>	DNTENT SEGMENTS	<u>LEARNING ACTIVITIES</u>
A.	Post TestWrit	tten Participant Examination
В.	Critique	Written Participant Critique
C.	Review of Post Test	.Instructor-Led Presentation
D.	Concluding Remarks	
E.	Certificates and Dismissal	
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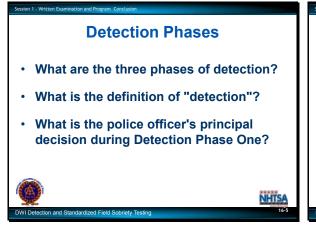


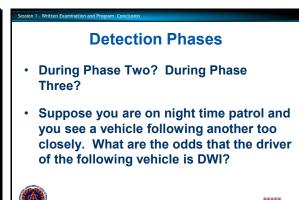
Suggested topics for review to prepare for the test.

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?
- 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 	



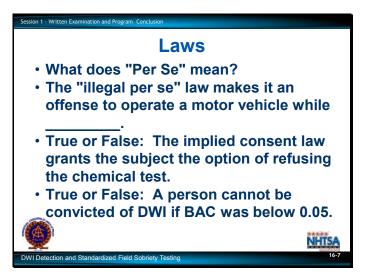


Detection Phases

- 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?

Suppose you are on night time patrol and you see a vehicle following another too

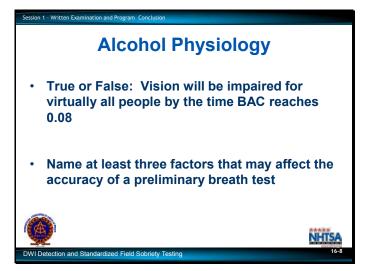
- During Phase Two? During Phase Three?
- closely. What are the odds that the driver of the following vehicle is DWI?



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.



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? What does "nystagmus" mean?

Field Sobriety Testing

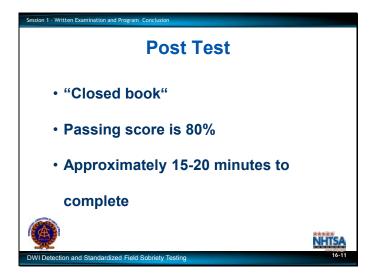
- · How many steps in each direction must the subject take in the Walk and Turn test?
- How long must the subject stand on one foot in the One Leg Stand test?
- Suppose a subject produces three clues on the HGN test and one clue on the Walk and Turn test. Should you classify the subject's BAC as above or below 0.08?
- How reliable is each test using the San Diego study?

Field Sobriety Testing

- 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?
- 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?

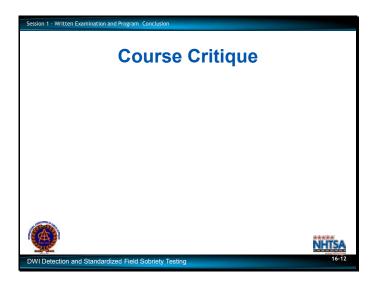
How reliable is each test using the San Diego field validation study?

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?



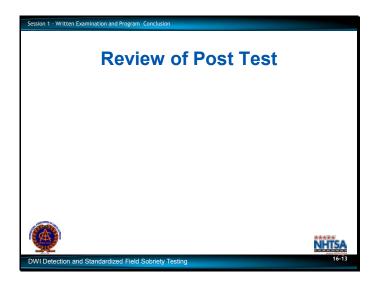
A. Post Test

Purpose of Post Test: to compare with pretest, and determine extent of knowledge gained by participants.



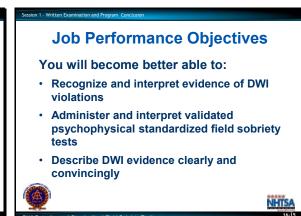
B. Critique

Purpose of the critique form: To identify possible improvements that can and should be made to this program.

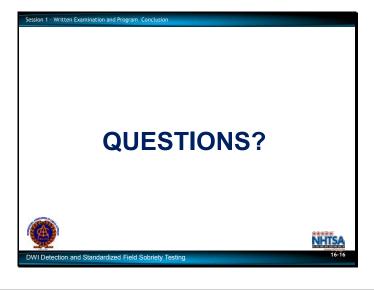


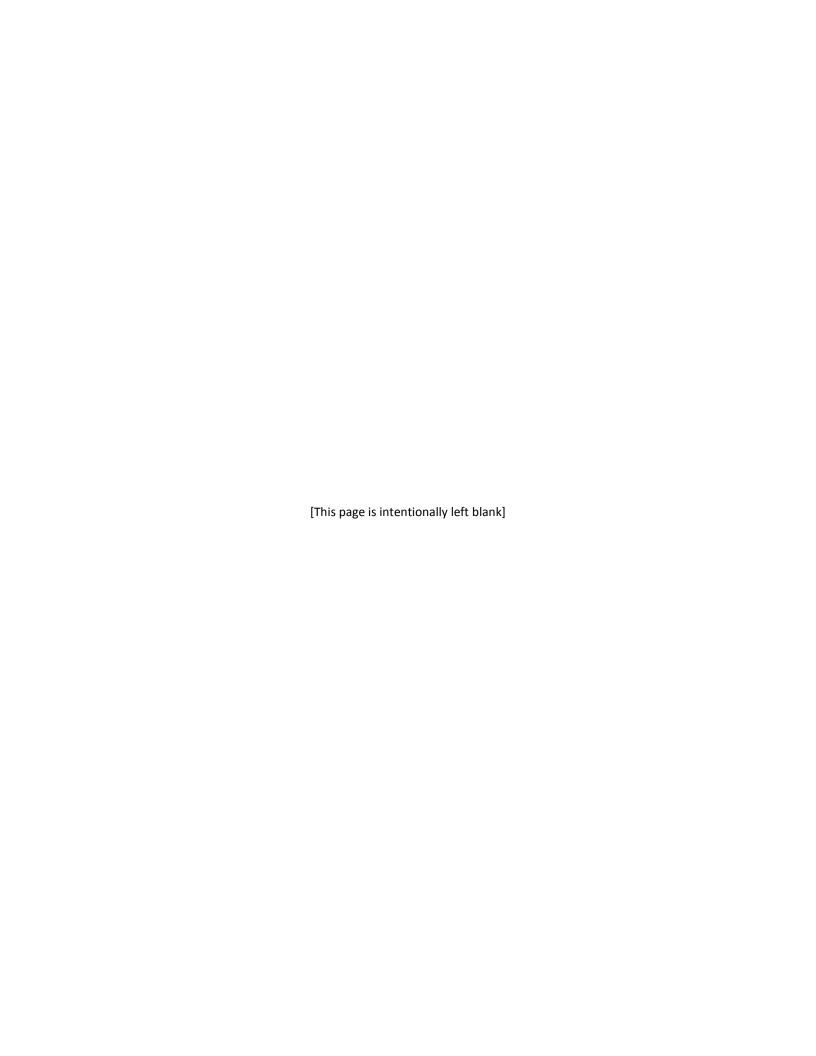
C. Review of Post Test			
If passing score is not achieved, participant(s) will be allowed to take "make up" exam.			





D. <u>Concluding Remarks</u>				
E. <u>Certificates and Dismissal</u>				





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 <u>you personally</u>. 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.

	Session/Activity	<u>Quality</u>
Detection and General Deterrence		
The Legal Environment		
Overview of Detection, Note Taking and Testimony		
Phase One: Vehicle in Motion	<u></u>	
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

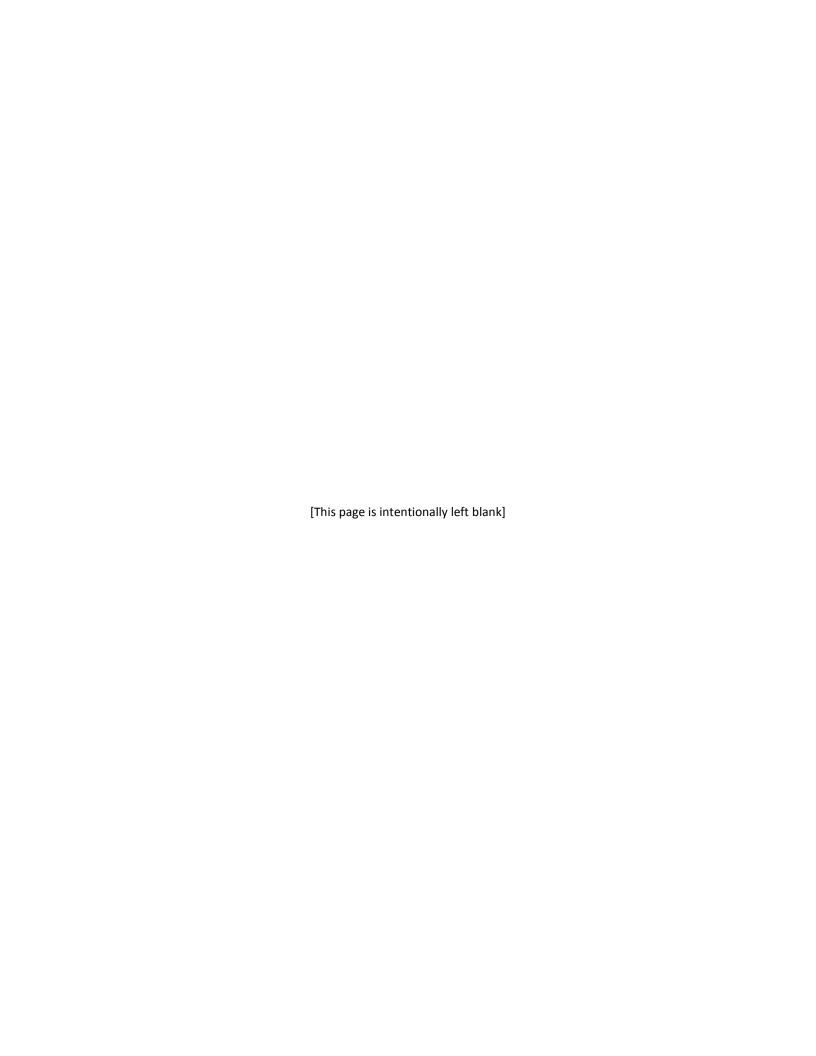
Please circle the appropriate word to indicate your agreement or disagreement with each of the following statements.

1.	The program contains some information that is not needed and that should be deleted.		
	Agree	Disagree	Not Sure
2.	There are some important	topics missing from the prog	ram that should be added.
	Agree	Disagree	Not Sure
3.	The program is too short.		
	Agree	Disagree	Not Sure
4.	I feel this program has imp	roved my own ability to enfo	rce DWI laws.
	Agree	Disagree	Not Sure
5.	The instructors did a good j	ob.	
	Agree	Disagree	Not Sure
6.	I am very glad I attended th	ne program.	
	Agree	Disagree	Not Sure
7.	The program is too long.		
	Agree	Disagree	Not Sure
8.	The instructors should have	e been better prepared.	
	Agree	Disagree	Not Sure
9.	I feel fully qualified to use t	he 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 sper	nt practicing with drinking vo	lunteers.
	Agree	Disagree	Not Sure
12.	These three new tests defin	nitely will improve our ability	to identify impaired drivers.
	Agree	Disagree	Not Sure
13.	I wish we had more practice	e with drinking volunteers.	
	Agree	Disagree	Not Sure
D.	If you <u>absolutely</u> had to de	lete one session or topic fro	m this course, what would it be?
Ε.	If you could add <u>one new t</u>	opic or session to this cours	e, what would it be?
F.	Overall Course Rating		
	use rate the overall quality of od, 3=Good, 2=Fair, 1=Poor.	f the seminar on a scale from	n 1 to 5 where: 5=Excellent, 4=Very
Ove	rall Course Rating:	_	

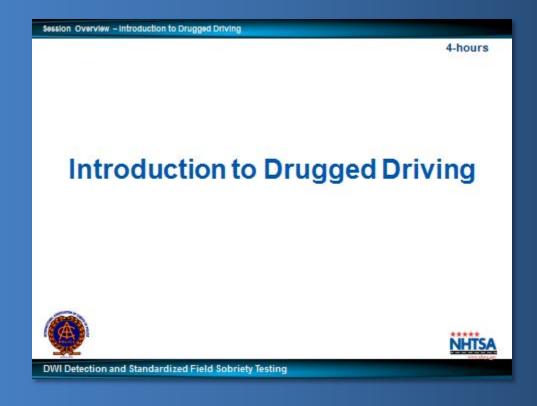
G. Quality of Instruction

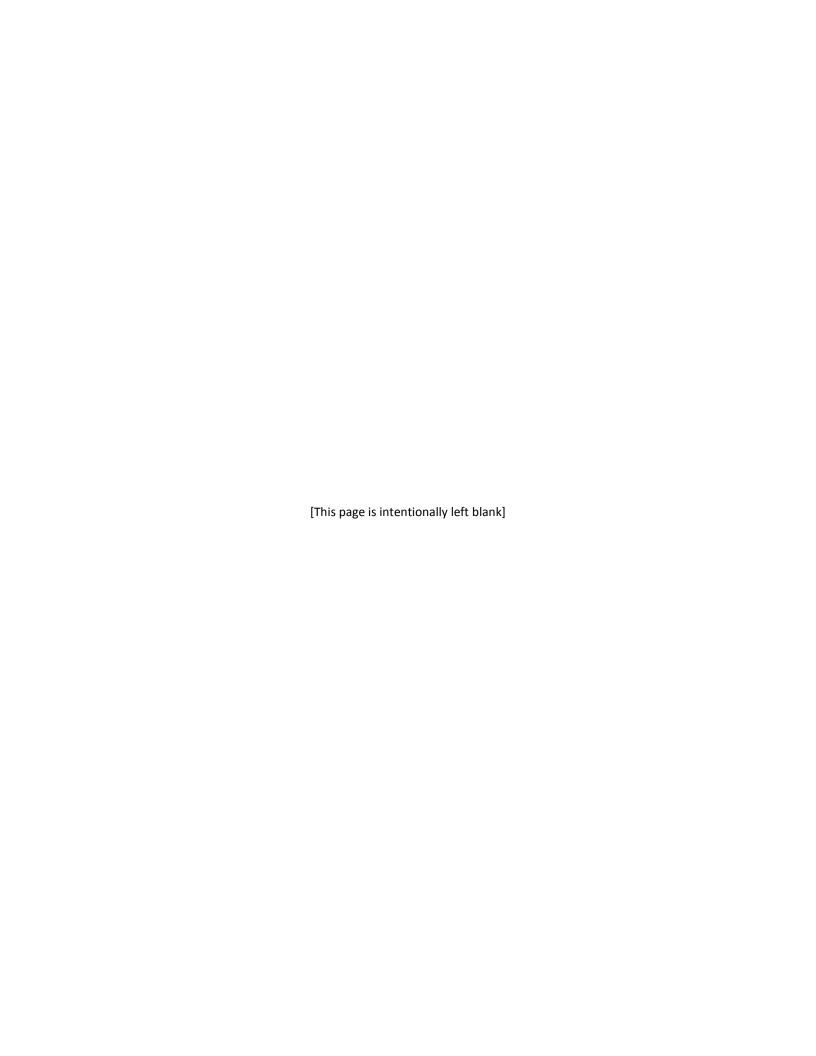
Please rate each instructor on a	scale from 1 to 5 where: 5=Excellent, 4=Very	Good, 3=Good,
2=Fair, 1=Poor.		
Instructor	Rating	
Instructor	Rating	
Instructor	Rating	
Instructor	 Rating	
	1.00.11.6	
I. Please comment on the "In presented.	ntroduction to Drugged Driving" portion of th	e class, if



Participant Manual

DWI Detection and Standardized Field Sobriety Testing (SFST)







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

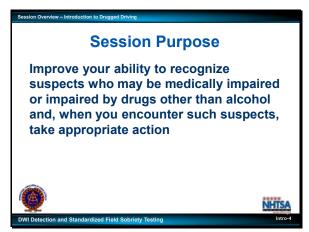
- Define the term "drug" in the context of DWI enforcement
- Describe in approximate, quantitative terms the incidence of drug involvement in motor vehicle crashes and in DWI enforcement
- Name the categories of drugs

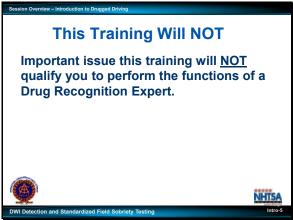
Learning Objectives

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.

<u>CO</u>	NTENT SEGMENTSLEARNING ACTIVITIES
A.	Overview
В.	Eye Examinations: Detecting Signs of Drug Influence
C.	Drug Categories and Their Observable Effects
D.	Combination of Drugs
Ε.	Dealing with Suspected Drug Influence or Medical Impairment
_	



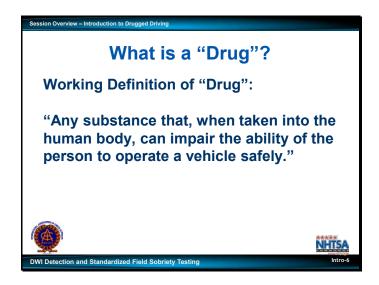


A. Overview

- 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
- 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)

One important thing that this session will not accomplish: it will NOT qualify you to perform	n
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.)



A Simple, Enforcement-Oriented Definition of Drugs

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

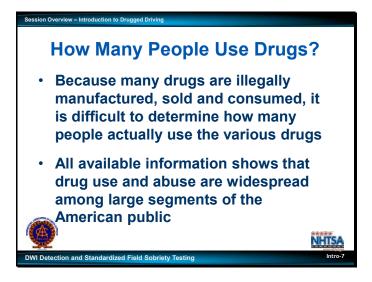
Working definition derived from the 1985 California Vehicle Code.

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

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

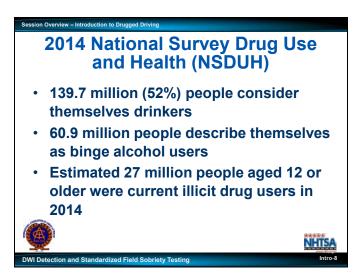
Each category consists of substances that impair a person's ability to drive.

The categories differ from one another in terms of how they impair driving ability and in terms of the kinds of impairment they cause.



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.



C. Statistics and Research

Alcohol and Drug Use

Social drinking is considered acceptable in many societies.

It is important to understand the use of alcohol in the context of society, since it is related to the enforcement and adjudication of DWI offenses.

The National Survey on Drug Use and Health (NSDUH) Survey 2012 reports that:

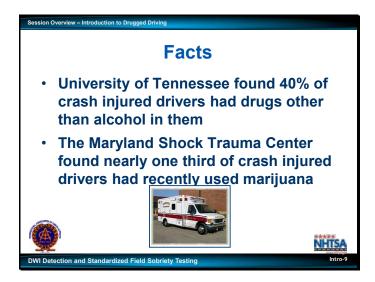
139.7 million (52%) people consider themselves as alcohol users

60.9 million people describe themselves as binge drinkers.

An estimated 27.0 million people aged 12 or older were current illicit drug users in 2014.

Although these statistics are significant, it is reasonable to assume that the problem is even larger when you consider legal or prescription drugs used in a manner other than for what they have been prescribed or produced.

When we look at drug use specifically, it is helpful to see the trends based on specific types drugs.						
	_					



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 43% had drugs or the combination of drugs and alcohol in their systems at the time of the crash.

Source: FARS, 2012					

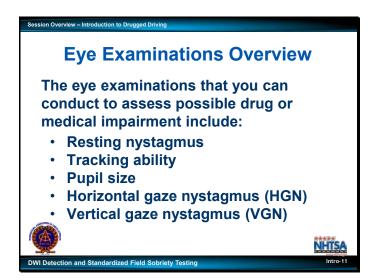


B. Eye Examinations: Detecting Signs of Dug Influence

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

- 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:

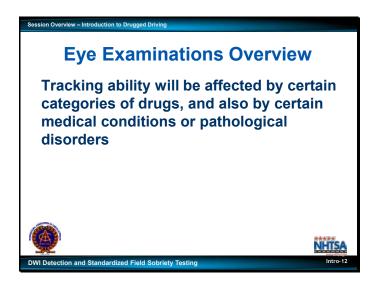
The eye examinations that you can conduct to assess possible drug or medical impairment include:

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

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.

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.



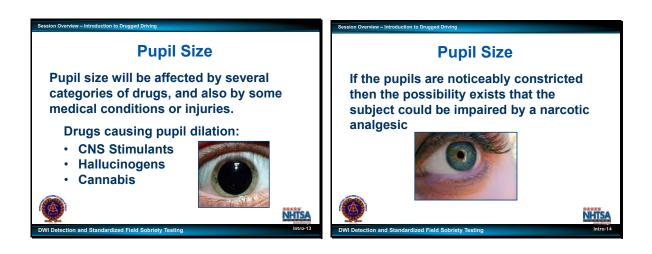
Tracking Ability will be affected by certain categories of drugs, and also by certain medical conditions or pathological disorders.

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.

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.

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.					
	Π				
	Π				
	Π				
	Π				



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.

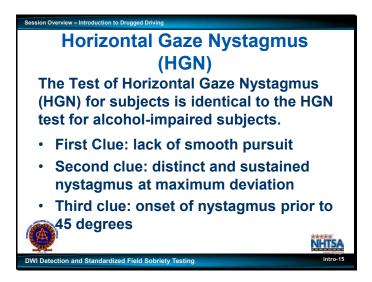
If the pupils are noticeably dilated, then the possibility exists that the subject could be impaired by certain categories of drugs:

- CNS Stimulants
- Hallucinogens
- Cannabis

Pupil Size

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

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



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:

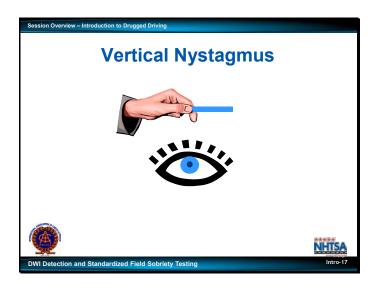
- Central Nervous System Depressants
- Dissociative Anesthetics
- Inhalants



PCP May Cause Immediate Onset of Nystagmus

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

the cycs 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.



Vertical Nystagmus

The Vertical Nystagmus test is very simple to administer.

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

Vertical Nystagmus may be present in subjects under the influence of CNS Depressants or Inhalants.					



C. <u>Drug Categories and Their Observable Effects</u>

Seven Categories of "Drugs"

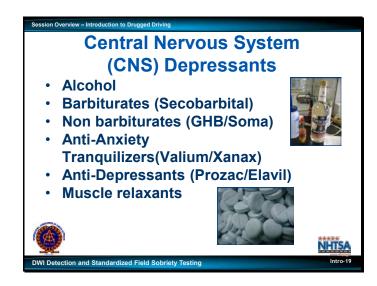
Definition of "Drug": Any substance that, when taken into the human body, can impair the ability of the person to operate a vehicle safely.

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

-			



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.

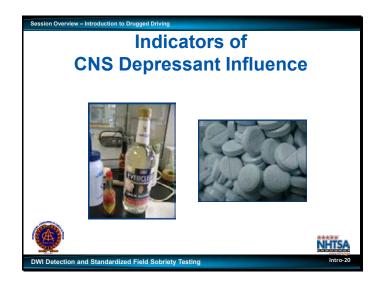
The most familiar CNS Depressant is alcohol.

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 Rohpynol)
- 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. However, CNS Depressants may be injected or insufflated.

In general, people the influence of a	nce of any CNS	Depressant look	and act like peop	le under



General indicators of CNS Depressant influence are:

- "Drunken" behavior and appearance
- Uncoordinated
- Drowsy
- Sluggish
- Disoriented
- Thick, slurred speech
- Unsteady, staggering (Gait Ataxia)

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



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.

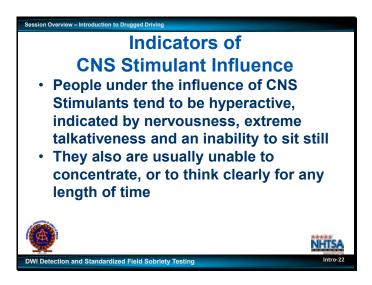
Methamphetamines are chemically produced (manufactured) drugs.

Cocaine abusers may take the drug:

- By insufflation
- By smoking (freebase, or "Crack")
- By injection
- Orally

Abusers of amphetamines and methamphetamines may take their drugs:

- By injection
- Orally
- By insufflation
- Smoked (methamphetamines only)



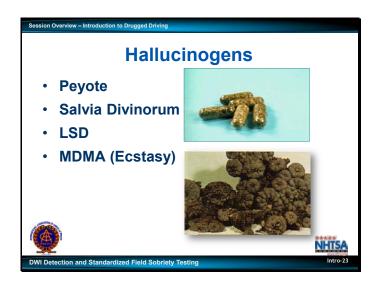
General indicators of CNS Stimulant influence:

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.



Hallucinogens

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

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.

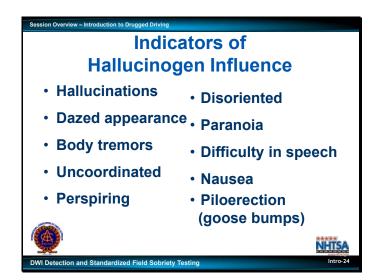
Sights, for example, may be transposed into odors or sounds.

Some hallucinogenic drugs come from natural sources:

- Peyote is a Hallucinogen found in a particular species of cactus.
- Psilocybin is a Hallucinogen found in a number of species of mushroom.

Other Hallucinogens are synthetically manufactured:

- LSD (Lysergic Acid Diethylamide)
- MDA (3,4-Methylenedioxyamphetamine)
- MDMA (3,4-Methylenedioxymethamphetamine or Ecstasy)
- Many others



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
- Disoriented
- Paranoia
- Difficulty in speech
- Nausea
- Piloerection (goose bumps)

Eye indicators of Hallucinogen influence:

• The pupils usually will be noticeably dilated

- Neither horizontal nor vertical gaze nystagmus should be present



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.

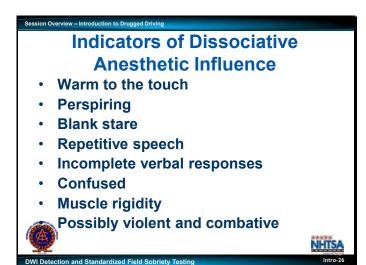
Because PCP produces very undesirable side effects, it is no longer legally manufactured. However, an analog (chemical cousin) Ketamine is still being legally manufactured and available.

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.				



General indicators of Dissociative Anesthetics:

Dissociative Anesthetics cans 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 and 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.					



Narcotic Analgesics

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

- They will relieve pain.
- They will produce withdrawal signs and symptoms, when the drug is stopped after chronic administration.
- They will suppress the withdrawal signs and symptoms of chronic morphine administration.

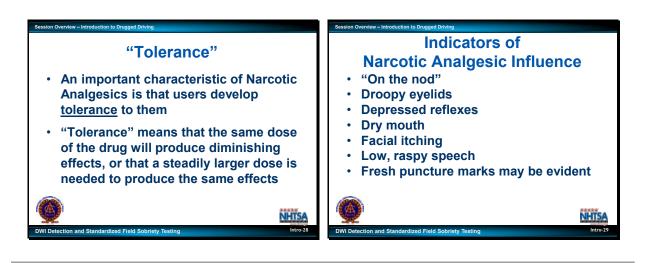
Some drugs classified as Narcotic Analgesics are natural derivatives of opium:

- Heroin
- Morphine
- Codeine

Some are synthetic Narcotic Analgesics, such as:

- Methadone
- Numorphan
- Fentanyl
- OxyContin





Tolerance

- An important characteristic of Narcotic Analgesics is that users develop <u>tolerance</u> 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 evidence of divided attention impairment.

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





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:

- Various glues (e.g. Toluene)
- Paint
- Gasoline
- Aerosol sprays (i.e., vegetable frying pan lubricants, hair sprays, insecticides)
- Nitrous Oxide
- Ether
- Amyl Nitrite

Certain anesthetics also may be used as Inhalants.				



General indicators of Inhalant influence:

- Disoriented
- 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.



Cannabis

Cannabis is a category of drugs derived from various species of plants, such as the Cannabis Sativa and Cannabis Indica.

- 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.



- Body tremors
- Odor of marijuana
- Disoriented
- · Relaxed inhibitions
- · Difficulty in dividing attention



NHTSA

DWI Detection and Standardized Field Sobriety Testing

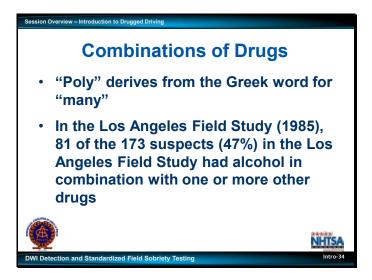
General Indicators of Cannabis Influence:

- Bloodshot eyes
- 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



D. Combinations of Drugs

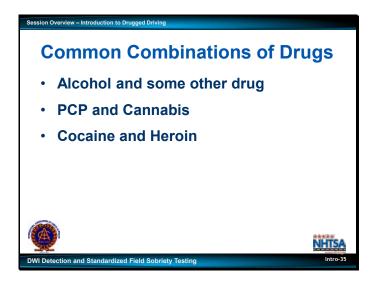
Many drug users routinely ingest drugs from two or more drug categories at the same time.

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

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.



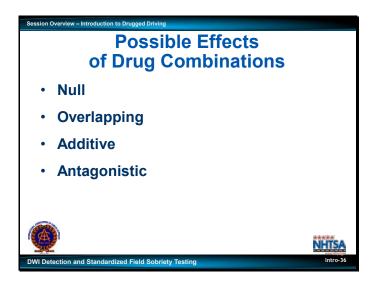
Common Combinations of Drugs

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

involved, how ingested and when they were ingested.				

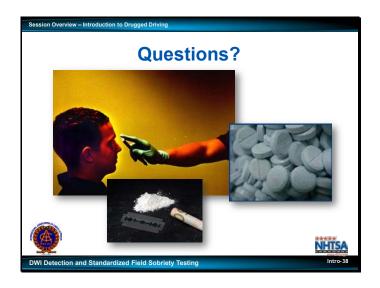


Any particular combination of drugs may produce four general kinds of effects:

- Null: Neither drug has an effect on the indicator.
- Overlapping: Each drug may effect the subject in some different way. In combination, both effects may appear.
- Additive: The two drugs may independently produce some similar effects. In combination, these effects may be enhanced.
- 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.



E. Dealing With Suspected Drug Influence of Medical Impairment				



F. Closing

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.

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