

SFST Refresher

DWI Detection and Standardized Field Sobriety Testing
Refresher

INSTRUCTOR GUIDE



**DWI Detection and Standardized Field Sobriety Testing
Refresher Course
Instructor Guide
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2/2023 Curriculum**

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Optional	Live Alcohol Workshop
Optional	Video Alcohol Workshop
Optional	Introduction to Drugged Driving

A. ACKNOWLEDGEMENTS

The National Highway Traffic Safety Administration (NHTSA) and the International Association of Chiefs of Police (IACP) would like to thank the following individuals for their contributions in updating and revising the 2023 Impaired Driving Enforcement Programs (DRE, SFST, ARIDE) curricula.

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Lance McWhorter, U.S. Department of Transportation, Transportation Safety Institute

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B. PREFACE

The DWI Detection and Standardized Field Sobriety Testing (SFST) training curriculum prepares police officers and other qualified persons to conduct the SFSTs for use in driving while impaired (DWI) investigations. This training, developed under the auspices and direction of NHTSA and the IACP, has experienced remarkable success since its inception in the early 1980s.

As in any educational training program, an instructor guide is considered a “living document” that is subject to updates and changes based on advances in technology and science.

A thorough review is made of information by the IACP Technical Advisory Panel (TAP) with contributions from sources in health care science, toxicology, jurisprudence, optometry, and law enforcement. Based on this information, any appropriate revisions and modifications in background theory, facts, examination, and decision-making methods are made to improve the quality of the instruction as well as the standardization of guidelines for the implementation of the SFST curriculum. The reorganized manuals are then prepared and disseminated, both domestically and internationally. Changes will take effect after approval by TAP, unless otherwise specified or when so designated.

The procedures outlined in this manual describe how the SFSTs are to be administered under ideal conditions. We recognize the SFSTs will not always be administered under ideal conditions in the field because such conditions do not always exist. Even when administered under less than ideal conditions, they will generally serve as valid and useful indicators of impairment. Slight variations from the ideal, i.e., the inability to find a perfectly smooth surface at roadside, may have some effect on the evidentiary weight given to the results; however, this does not necessarily make the SFSTs invalid.

C. FOREWARD

The Administrator Guide provides an introduction and overview of the SFST Refresher Training Program. The SFST Refresher Training Program is an Instructor-led program.

THIS SFST REFRESHER TRAINING PROGRAM IS INTENDED FOR THE PURPOSE OF REFRESHER TRAINING ONLY. THIS PROGRAM IS NOT A SUBSTITUTE FOR NHTSA/IACP-APPROVED DWI DETECTION AND STANDARDIZED FIELD SOBRIETY TESTING TRAINING.

The SFST Refresher Training Program focuses on enforcement of alcohol impaired driving. Other programs have been designed to improve police officers' skills in detecting and apprehending drug-impaired drivers, including a 4-hour format, "Introduction to Drugged Driving", the 16-hour Advanced Roadside Impaired Driving Enforcement (ARIDE), and the Drug Evaluation and Classification (DEC) Program. These are available from IACP and NHTSA.

The SFST Refresher Program is provided in a minimum 4-hour format. Sessions may be added to meet the training needs identified by each individual State SFST or DEC Program Coordinators. These optional sessions are included in this curriculum package.

SFST or DEC Program Coordinators may approve the use of 16-hour ARIDE to fulfill an individual State's requirement for SFST Refresher Training. Refer to the ARIDE Administrator Guide for delivery of program.

For more information regarding these or other materials and programs, contact your State Highway Safety Office (SHSO) NHTSA Regional Training Coordinator, State DEC Program Coordinator, and/or State SFST Training Coordinator.

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SESSION ATTACHMENTS

- Glossary (Session 1)
- The Visual Detection of DWI Motorists (Session 2)
- The Detection of DWI Motorcyclists (Session 2)
- 45 Degree Template (Session 3)
- Participant Proficiency Examination (Session 4)
- Course and Instructor Evaluation (Session 4)
- Trial Tips & Techniques (Optional Session – Processing the Arrested Subject and Preparation for Trial)
- Sample DWI Incident Report (Optional Session – Processing the Arrested Subject and Preparation for Trail)
- Overcoming Impaired Driving Defenses (Optional Session – Overcoming Impaired Driving Defenses and Legal Issues)
- Sample Dry Erase Board Array for Tabulating Results (Optional Sessions – Live Alcohol Workshop and Video Alcohol Workshop)
- SFST Field Arrest Log (Optional Sessions – Live Alcohol Workshop and Video Alcohol Workshop)
- Video Score Sheet (Optional Session – Video Alcohol Workshop)
- SFST Option Video Subject Results – CD/Video Day 1 (Optional Session – Video Alcohol Workshop)

E. PURPOSE OF THIS DOCUMENT

The Administrator Guide is intended to facilitate planning and implementation of the SFST Refresher Training Program. The guide provides a general overview of the sequence of instruction for the SFST Refresher Training Program as well as an outline of the Instructor-led sessions.

F. OVERVIEW OF THE COURSE

Intended Audience

SFST Refresher Training is for law enforcement officers at the Federal, State, county, and local level who have successfully completed the NHTSA/IACP-approved DWI Detection and Standardized Field Sobriety Testing Training Program.

Purpose of the Course

The primary purpose the SFST Refresher Training Program is to improve the overall consistency of administration of the SFSTs by individual police officers. Officers can refresh their skills with:

- recognizing and interpreting evidence of DWI
- administering and interpreting the scientifically validated sobriety tests
- describing DWI evidence clearly and convincingly
- reviewing information regarding recent case law and research studies

Course Content

The minimum SFST Refresher Training Program has four content sessions. Each session has an introduction and several topics. Optional sessions may be added as described in this document. The following is a description of the topics and content covered in each session:

Session	Title	Duration
1	Introduction and Overview	30 Minutes
2	Vehicle In Motion and Personal Contact	1 Hour
3	Standardized Field Sobriety Testing Review	1 Hour
4	Written Examination and Program Conclusion	1 Hour 30 minutes
Optional	Processing the Arrested Subject, Report Writing, and Preparation for Trial	3 Hours
Optional	Overcoming Impaired Driving Defenses and Legal Issues	1 Hour 30 minutes
Optional	Live Alcohol Workshop	1 Hour
Optional	Video Alcohol Workshop	1 Hour
Optional	Introduction to Drugged Driving	4 Hours

Limitations for Virtual Delivery of Content

The International Association of Chiefs of Police (IACP) Technical Advisory Panel (TAP) understands that restrictions in place in response to pandemic outbreaks present unique challenges to agencies and academies regarding training and certification. Where possible, and reasonable, the IACP supports video two-way virtual training for non-skill-based components for Standardized Field Sobriety Testing (SFST) conducted in strict accordance with International Association of Directors of Law Enforcement Standards and Training (IADLEST) or equivalent. Sessions should be delivered in the same sequence as listed in the curriculum. Instructors are encouraged to contact their state SFST and/or DEC Program coordinator for further assistance with this requirement.

However, realizing that the coaching and practical elements are critical parts of the training

environment, it will be necessary for elements of skill-based components to be completed in-person before being issued a certificate of completion or an in-state certification for SFST.

NOTE: The IACP strongly believes that conducting in-person training is the optimal way of achieving the learning objectives of these courses.

TAP has identified the below sessions in the SFST course as containing physical, skill-based components to be completed in-person:

Session 3 – Standardized Field Sobriety Testing Review

Session 4 – Written Examination and Program Conclusion

Optional – Processing the Arrested Subject, Report Writing and Preparation for Trial

Optional – Live Alcohol Workshop

Optional – Video Alcohol Workshop

Optional – Introduction to Drugged Driving

G. OVERVIEW OF THE CURRICULUM PACKAGE

In addition to this Administrator Guide, the curriculum package for the SFST course consists of the following documents and materials:

- Instructor Guide
- Visual Aids
- Participant Manual

Instructor Guide

The Instructor Guide is a complete and detailed blueprint of what the course covers and how it is to be taught. It is organized into four core sessions and five optional sessions.

Each session consists of a cover page, an outline page, and the lesson plans, which include images of the PowerPoint slides referenced in the lesson plans.

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

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

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

The Instructor Guide serves as an in-class reference document for helping to maintain the sequence and pace of presentations and other learning activities. **The information contained in the outlines is not to be read verbatim to the participants.**

Visual Aids

Four types of audio/visual aids are used in this course:

- Wall charts
- Dry-erase board and/or easel/easel pad presentations
- Slides (PowerPoint slides)
- Videos

Video presentations are provided and referenced in the instructor lesson plans. For example, a presentation entitled "Visual Detection of DWI Motorists" and a video entitled "Motorcycle Visual Detection Cues" are used in Session 2.

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

The remainder of the video presentations are classroom lectures and demonstrations covering the three SFSTs and the NHTSA/IACP-approved videos used for the optional Video Workshop.

Participant Manual

The Participant Manual is a reference manual for the course. It provides a summary of the contents of each session and is intended to be used during the entire training.

Session 1: Introduction and Overview

This session has two Segments: "Welcoming Remarks and Objectives" and "Administrative Details."

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

Next, you must attend to some essential "housekeeping duties" (e.g., by notifying participants of the schedule that will be followed, pointing out the locations of restrooms, lunch rooms, etc.). The pre-test will be administered at the end of this session.

Session 2: Vehicle in Motion and Personal Contact

This session is a review of the first two phases of SFSTs. Phase 1, Vehicle in Motion, including impaired motorcycle operators, covers the officer's initial observations of vehicular operation, the decision to stop, and observation of the stop. Phase 2, Personal Contact, covers the face-to-face observation and interview of the driver while still in the vehicle and the decision to instruct the driver to exit the vehicle or dismount.

Session 3: Standardized Field Sobriety Testing Review

Session 3 is a detailed review of the SFSTs including the foundational studies and the most recent validation studies. The session objectives are:

- Understand the results of selected SFST validation studies
- Define and describe the Standardized Field Sobriety Tests (SFSTs)
- Define nystagmus and distinguish between the different types
- Describe and properly administer the three SFSTs
- Recognize, document and articulate the indicators and clues of the three SFSTs Visuals

Visuals in this session will include short videos of Horizontal Gaze Nystagmus (HGN), Walk and Turn (WAT), and One Leg Stand (OLS) tests imbedded in the PowerPoint presentation.

Session 4: Written Examination and Program Conclusion

The participant must pass the NHTSA/IACP Proficiency Examination. Participant will be given a minimum of two opportunities (or such number as prescribed by State standards) to successfully complete the Proficiency Examination. The objective for this session is to demonstrate knowledge and proficiency in administering the SFSTs.

The evaluation is based on a written examination. The minimum passing grade is 80%.

Participants who fail to obtain a passing grade may take a remedial examination following the completion of this course. (A remedial exam is provided for this purpose.)

Optional Session: Processing the Arrested Subject and Preparation for Trial

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

In the second segment, "Narrative DWI Arrest Report," you will provide the kind of information officers should include in their DWI reports. Participants will view a DWI stop and arrest scenario and will record their observations. A Field Note-Taking Guide form is available if necessary. You will present and explain a model report-writing format. The narrative DWI Arrest Report will be based on the Field Note-Taking Guide Form.

The third segment is "Case Preparation and Pretrial Conference." You will explain the things officers should do in preparing to testify in DWI cases and you will emphasize the role of the pretrial conference with the prosecutor in trial preparation.

The final segment is "Guidelines for Direct Testimony." You will present and explain some "dos and don'ts" of testimony in DWI cases.

Optional Session: Overcoming Impaired Driving Defenses and Legal Issues

This session serves as a guide to the most common defenses in impaired driving cases, drawing on the expertise and experience of prosecutors from around the United States. It is suggested that a Traffic Safety Resource Prosecutor (TSRP) or other prosecutor present this session. To locate your TSRP, go to www.ndaa.org

Optional Session: Live Alcohol Workshop

You will assign the participants to work in teams and they will administer the SFSTs to a group of volunteer drinkers who are not members of the class and who have been recruited especially for this purpose. The participants will carefully record and interpret the volunteers' performance of the tests and will assess each volunteer's impairment. Participants will report their assessments of the volunteers and will be informed of the volunteers' BACs. (Instructions

for "dosing" volunteers are in the DWI and Standardized Field Sobriety Testing course Administrator Guide).

Optional Session: Video Alcohol Workshop

Participants will view the NHTSA/IACP-approved videos designated for this session. You will assign the participants to work in teams. They will practice administration of the SFST on another participant, view the videos, assess the video subjects' impairment, and record their observations. Participants will report their assessments of the video subjects and will be informed of the subjects' BACs.

Optional Session: Introduction to Drugged Driving

This session is a four-hour overview of drugs other than alcohol that impair. This session contains information to improve the participant's ability to recognize subjects who may be medically impaired or impaired by drugs other than alcohol and, when encountering such subjects, to take appropriate action.

H. GENERAL ADMINISTRATIVE REQUIREMENTS

Facility Requirements

The presentation/demonstration sessions of the SFST training require a classroom with ample table/desk space for each participant, a computer, a multimedia projector and screen, and a dry erase board and/or easel pad. The classroom must have sufficient open space to permit clearly visible demonstrations of the SFSTs. When possible, the participants' tables/desks should be arranged to maximize the learning environment.

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

The Optional Alcohol Workshop Session requires a separate room for the volunteer drinkers and use of one or more accurate breath testing instrument devices for monitoring their blood alcohol concentrations (BACs).

Instructor Qualifications

SFST instructors MUST have successfully completed the NHTSA/IACP-approved SFST training, NHTSA/IACP SFST Instructor Development Course (IDC), have experience in administering the

SFSTs, and have experience providing DWI testimony in court. Dedicated, qualified instructors are critical to the continued success of the SFST program.

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

Instructors planning and managing a live alcohol workshop should have experience in this area. **A ratio of at least one instructor for every six participants is recommended.**

All instructors must be fully proficient in administering the SFSTs. It is preferred SFST instructors delivering the four-hour “Introduction to Drugged Driving” session also be DREs.

Class Size Considerations

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

The recommended maximum class size is 24 participants. It is recommended that a minimum of two instructors teach the classroom portion of the SFST curriculum. Each instructor should be proficient in the administration and interpretation of the SFSTs and be fully conversant with the SFST curriculum.

I. STANDARDS FOR COURSE COMPLETION

In order to successfully complete this training, participants must pass the written examination and demonstrate proficiency in administering and interpreting the SFSTs.

The Written Examination

A written knowledge examination focuses on the administrative and interpretation procedures for the SFSTs. **Participants must achieve a minimum grade of 80% to successfully complete this training.** For retesting requirements refer to the International Standards for Impaired Driving Programs,

Assessing Participant Proficiency

Instructors must decide whether individual participants are proficient with the SFSTs. This is accomplished by the following:

- The lesson plans for Session 4 (Written Examination and Program Conclusion) set forth a procedure for testing each participant's ability to administer the three SFSTs properly
- Passing this proficiency requires participants to administer the complete SFSTs without deleting or erroneously performing any of the administrative elements of the tests

J. GUIDELINES FOR PREPARING POST COURSE EVALUATION

Participant Critiques

A participant critique form is provided to document their ratings of course content and activities at the conclusion of the training. Evaluation of these critiques by the instructors and/or course coordinator is critical for maintaining a high degree of achievement in learning and delivery.



EXPLAIN that the course consists of live lecture, presentation slides, group activities, and supplemental materials. The participant guide is theirs to keep.

The following icons are used throughout the guide.



Indicates an activity such as a discussion, game, or work session.



Indicates a website resource (web address).



Indicates a playable video.



Indicates an instructor note


All instructor notes appear in bold, italic font. Instructor notes do not appear in the participant manual.

A. Welcoming Remarks and Objectives

Session 1 – Introduction and Overview

Learning Objectives

- State goals and objectives of training
- Describe training schedule and activities
- Describe current DWI problem
- Identify elements of drug problem




DWI DETECTION & SFST REFRESHER 1-2

Slide 1.

Session 1 – Introduction and Overview

Learning Objectives

- Define and describe impaired-driving enforcement programs
- Understand roles and responsibilities of DRE and how this course supports DEC Program



DWI DETECTION & SFST REFRESHER 1-3

Slide 2.



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

Welcome to the DWI Detection and Standardized Field Sobriety Testing (SFST) Refresher Course. The SFST Refresher training ensures participants retain the important concepts provided in the initial DWI Detection and SFST course through detailed explanations of the evaluation procedures, careful demonstrations of these procedures (both "live" and via video), and ample opportunities for the participants to practice administering the evaluations.

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

- State the goals and objectives of the training
- Describe the training schedule and activities
- Describe the current DWI problem
- Identify the elements of the drug problem
- Define and describe impaired-driving enforcement programs
- Understand the roles and responsibilities of the DRE and how this course supports the DEC Program

B. Administrative Details



Paperwork - Completion of registration forms, travel vouchers, etc.

Breaks - Time allotted for breaks and reconvening.

Facility - Locations of restrooms, lunchrooms, etc.

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



Optional if time permits: Play MADD video "No More Victims" (approximately 10 minutes).




C. Course Goal

Session 1 – Introduction and Overview

Course Goal

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



DWI DETECTION & SFST REFRESHER 1-5

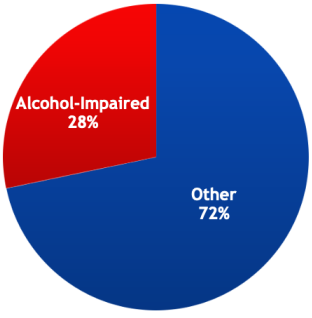
Slide 4.

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

D. Driving Under the Influence

Session 1 – Introduction and Overview

DWI Fatalities



Category	Percentage
Alcohol-Impaired	28%
Other	72%

DWI DETECTION & SFST REFRESHER 2-6

Slide 5.

In 2019, 10,142 lives were lost in alcohol-impaired crashes representing 28% of the total motor vehicle fatalities in the U.S.

Session 1 – Introduction and Overview

Alcohol-impaired drivers kill one person every 45 minutes

Alcohol-impaired crashes kill 1 person every 45 minutes	An average of 32 people die every day from alcohol-impaired crashes
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DWI DETECTION & SFST REFRESHER 1-7

Slide 6.

In 2020 there were 11,654 fatalities in motor vehicle traffic crashes in which at least one driver was alcohol-impaired. This represented 30 percent of all traffic fatalities in the United States for the year. Spread across the year, this amounted to 32 people dying each day in alcohol-impaired crashes, or one person every 45 minutes.



Source:

National Center for Statistics and Analysis. (2022, April). Alcohol-impaired driving: 2020 data (Traffic Safety Facts. Report No. DOT HS 813 294).

It is important to understand the magnitude of the problem of driving while impaired by drugs and alcohol.



Ask participants for examples specific to their State/locality?

The surveys indicate that males are twice as likely as females to drive under the influence of alcohol. Overall, 8.2% of Americans reported they had driven at least once in the last year under the influence of alcohol. Approximately 11.8 million people reported they drove under the influence of illicit drugs during the last year.

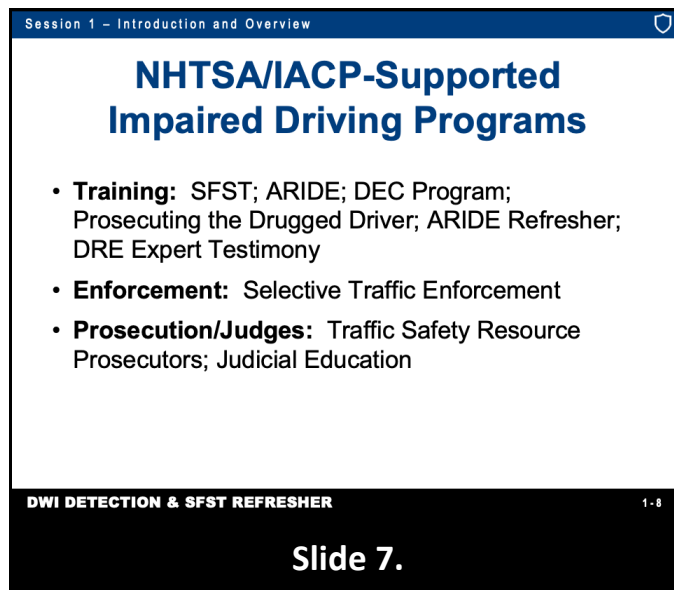


Source:

Substance Abuse and Mental Health Services Administration. (2018). *Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health*. (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD:: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>



E. Impaired Driving Enforcement Programs



NHTSA/IACP supports training, enforcement, prosecution, and adjudication.



NHTSA Supports: Selective Traffic Enforcement Program (STEP) Grants, Crackdown support, Traffic Safety Resource Prosecutors (TSRP), Saturation Patrols, Sobriety Checkpoints, and Judicial Education.

For your information, “Prosecuting the Drugged Driver,” “Lethal Weapon,” and “Protecting Lives, Saving Futures” are courses designed for prosecutors.

One of the most critical support activities NHTSA provides is TRAINING. Some examples of law enforcement and justice professional training NHTSA provides and supports are:

- SFST
- ARIDE
- Drug Evaluation and Classification (DEC) Program
- Prosecuting the Drugged Driver
- ARIDE Refresher
- DRE Expert Testimony

- Lethal Weapon
- Protecting Lives, Saving Futures



The SFST practitioner training is the cornerstone for impaired driving training and enforcement. It is the foundation for this training as well as the DEC Program and is an integral part of all alcohol and drug-impaired driving enforcement initiatives.

DWI Detection and Standardized Field Sobriety Testing

The SFSTs are a set of tests that include the following:

- Horizontal Gaze Nystagmus (HGN)
- Walk and Turn (WAT)
- One Leg Stand (OLS)

These tests are designed to be administered and evaluated in a standardized manner to obtain validated indicators of impairment based on NHTSA-supported research.

F. Drugs and Highway Safety

Session 1 – Introduction and Overview

2020 National Survey Drug Use and Health (NSDUH)

- Slightly less than half of Americans consider themselves drinkers
- 6.4% describe themselves as heavy drinkers
- 37.3 million people used illicit drugs in the past month

DWI DETECTION & SFST REFRESHER 1-10

Slide 9.

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 2020 National Survey on Drug Use and Health (NSDUH) reports that slightly less than half of Americans, 138.5 million people, consider themselves drinkers, 17.7 million people describe themselves as heavy drinkers (consuming 15 drinks or more per week), 37.3 million people or 13.5% of the population used illicit drugs in the past month, and Marijuana was used by approximately 88 percent of all current illicit drug users.



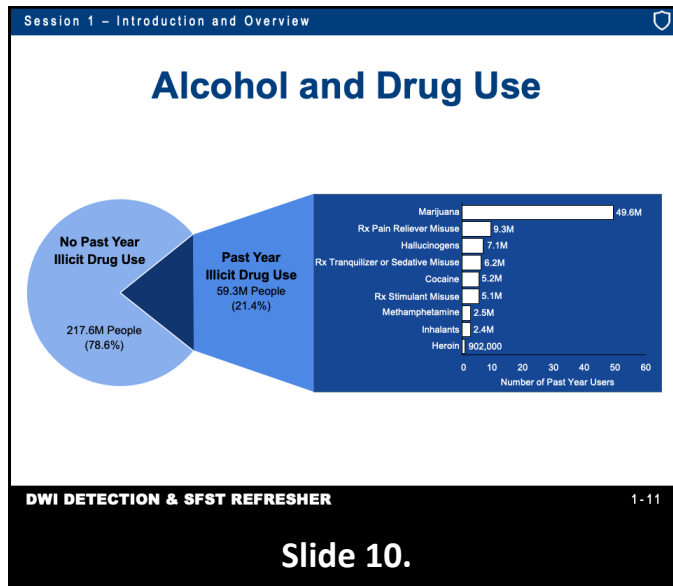
Emphasize this is a self-reported survey. There are some issues that need to be discussed. For example: limitations of data collected.



Source:

Substance Abuse and Mental Health Services Administration. (2021). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health*. (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

Although these statistics are significant, it is reasonable to assume the problem is even larger when considering legal or prescription drugs used in a manner other than for what they have been prescribed or produced. When looking at drug use specifically, it is helpful to see the trends based on specific types of drugs.



The National Survey on Drug Use and Health (NSDUH) provides additional details on drugs used within the past 30 days in a manner other than prescription:

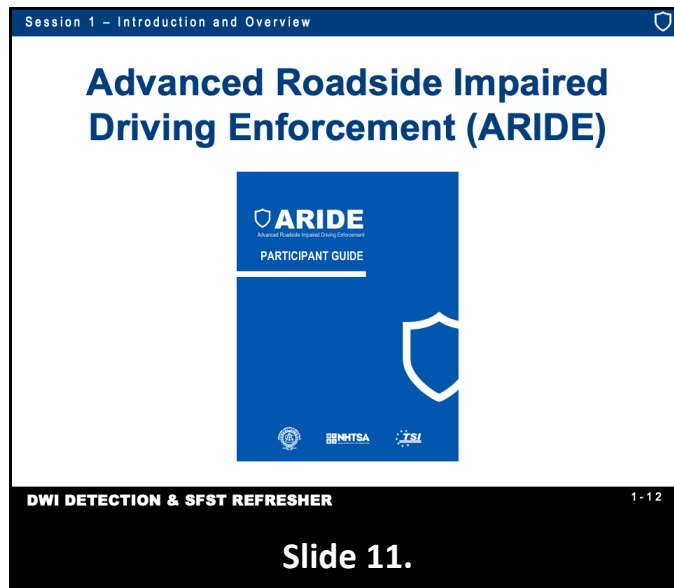
Type	Number of Users
Cocaine	1.8 Million
Hallucinogens	1.8 Million
Psychotherapeutics	16.8 Million
Pain Relievers	2.5 Million
Tranquilizers	2.2 Million
Stimulants	1.5 Million
Sedatives	2.2 Million



Source:

Substance Abuse and Mental Health Services Administration. (2021). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health*. (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>





Advanced Roadside Impaired Driving Enforcement (ARIDE)

ARIDE provides officers the ability to build on the knowledge gained through their training and experience related to the SFSTs. Many law enforcement officers have encountered subjects who appear to be impaired by a substance other than alcohol or seem to be displaying signs and symptoms which are inconsistent with their BAC test results.

ARIDE delivers the knowledge and information that will help officers better assess impaired drivers at roadside. It also demonstrates the value of having a DRE on staff in an agency and serves as a motivation for officers to attend a DRE course in the future.

A subsequent goal of ARIDE is it will facilitate better utilization of DREs in the field.

Session 1 – Introduction and Overview

ARIDE Goal

- Observe, identify, and articulate the signs of impairment related to drugs, alcohol, or a combination of both in order to reduce the number of impaired driving incidents, serious injury, and fatal crashes.

DWI DETECTION & SFST REFRESHER 1-13

Slide 12.

The desired outcome of the training is:

- The participant will better understand the role of the DRE and will be able to use their expertise more effectively
- For those law enforcement agencies with no DREs or limited access to their services, this course will help officers make informed decisions related to testing, documentation, and reporting drugged driving arrests

ARIDE is intended to bridge the gap between the SFST and DRE course and to provide a level of awareness to both law enforcement and other criminal justice professionals in the area of drug impairment in the context of traffic safety.

ARIDE trains law enforcement officers to observe, identify, and articulate the signs of impairment related to drugs, alcohol, or a combination of both in order to reduce the number of impaired driving incidents, serious injury, and fatal crashes.

Often times officers come in contact with the drug-impaired driver. There are many things that could be happening:

- The officer is unfamiliar with the indicators of drug impairment, therefore does nothing with the subject
- Recognizes there is something wrong with the driver but does not know how to address the issue
- Allows subject to continue on their way
- Drives the subject home or allows the subject to ride home with another individual
- Not familiar with the resources available to them

Session 1 – Introduction and Overview

Drug Evaluation and Classification (DEC) Program

The ultimate goal of the DEC Program is to train officers to be DREs to help prevent crashes and avoid deaths and injuries by improving enforcement of drug-impaired driving investigations.

DWI DETECTION & SFST REFRESHER 1-14

Slide 13.

Drug Evaluation and Classification Program

The ultimate goal of the DEC Program is to train officers to be DREs to help prevent crashes and avoid deaths and injuries by improving enforcement of drug-impaired driving investigations.

The DRE officer is trained to conduct a detailed evaluation, consisting of twelve (12) steps and obtain other evidence that can be articulated as an opinion.

An officer who successfully completes all phases of the DEC Program is known as a DRE. They can reach reasonably accurate conclusions concerning the category or categories of drug(s) or medical conditions causing the impairment observed in the subject. Based on these informed conclusions, the DRE officer can request the collection and analysis of an appropriate biological sample (blood, urine, or saliva) to obtain corroborative, scientific evidence of the subject's drug use.

The progression between each of the impaired driving enforcement programs is:

- The foundation is SFST
- The intermediate level is ARIDE
- The final stage is the DEC Program




Drug Recognition Expert Training

To obtain a DRE Certification the law enforcement officer must complete 72 hours of classroom training, field certifications, and a Certification Knowledge Examination

In order to retain their certification, the DRE must participate in continuing education courses, complete a recertification training course every two years, maintain a log of all evaluations completed in training and as part of any enforcement activities, and meet other administrative requirements as established in the IACP International Standards governing the DEC Program. The State DEC Program Coordinators may place other standards on each DRE specific to that State.

Session 1 – Introduction and Overview

DWI Detection Phases

Phase One	Phase Two	Phase Three
		
Vehicle in Motion	Personal Contact	Pre-Arrest Screening

DWI DETECTION & SFST REFRESHER 4-15

Slide 14.

DWI Detection and Standardized Field Sobriety Testing Program

The DWI detection process includes three phases:

1. Vehicle in motion
2. Personal contact
3. Pre-arrest screening

Throughout this training we will be discussing concepts related to these three phases. The SFSTs are a set of tests that include the following:

- Horizontal Gaze Nystagmus (HGN)
- Walk and Turn (WAT)
- One Leg Stand (OLS)

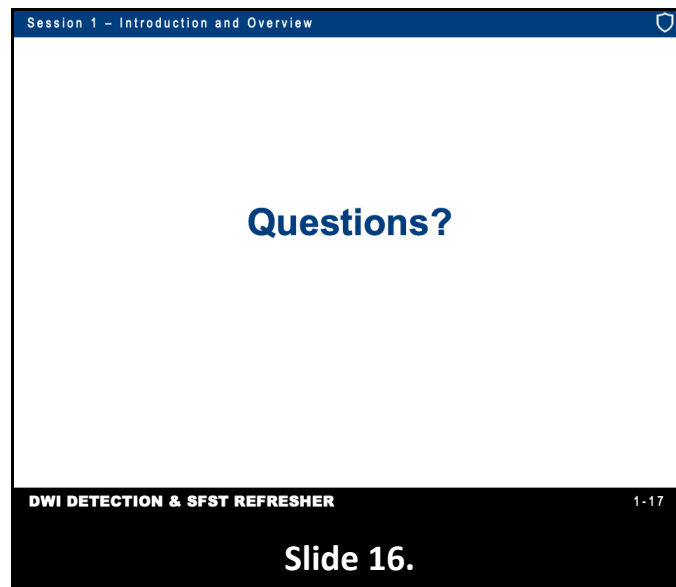
These tests are designed to be administered and evaluated in a standardized manner to obtain validated indicators of impairment based on NHTSA/IACP-supported research.

G. Glossary of Terms



The Glossary of Terms used in the training is at the end of this session.

H. Course Pre-Test Administration



Address participant questions.

Administer the Pre-Test.

Allow participants approximately 10 minutes to complete the Pre-Test.

Redistribute the Pre-Test to participants after they are graded by the instructors.

DWI DETECTION AND STANDARDIZED FIELD SOBRIETY TESTING (SFST)

GLOSSARY OF TERMS

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

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

BLOOD ALCOHOL CONCENTRATION (BAC): The percentage of alcohol in a person's blood.

BREATH ALCOHOL CONCENTRATION (BrAC): The percentage of alcohol in a person's breath, as measured by a breath testing device.

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

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

DIVIDED ATTENTION: Concentrating on more than one thing at a time.

DIVIDED ATTENTION TEST: A test which requires the subject to concentrate on both mental and physical tasks at the same time. The two psychophysical tests Walk and Turn (WAT) and One Leg Stand (OLS) require the subject to divide their attention.

DRUG RECOGNITION EXPERT (DRE): An individual who successfully completed all phases of the DRE training requirements for certification established by the IACP and NHTSA. The word "evaluator," "technician," or similar words may be used as a substitute for "expert," depending upon locale or jurisdiction.

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

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

- Phase One – Vehicle in Motion
- Phase Two – Personal Contact
- Phase Three – Pre-Arrest Screening

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

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

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

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

GAIT ATAXIA: An unsteady, staggering gait (walk) in which walking is uncoordinated and appears to be “not ordered.”

GENERAL INDICATOR: Behavior or observations of the subject that are observed and not specifically tested for. (Observational and Behavioral Indicators)

HORIZONTAL GAZE NYSTAGMUS (HGN): Involuntary jerking of the eyes occurring as the eyes gaze to the side. The first test administered in the SFSTs.

IMPAIRMENT: One of the several items used to describe the degradation of mental and/or physical abilities necessary for safely operating a vehicle.

IMPLIED CONSENT LAW: Suspected DWI drivers are deemed to have given their consent to submit to chemical testing. If the driver fails to provide a chemical test, they can be subject to license sanctions.

NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION: An Administration within the United States Department of Transportation that exercises primary responsibility for coordinating federal efforts to ensure the safe design and operation of motor vehicles.

NYSTAGMUS: An involuntary jerking of the eyes.

ONE LEG STAND (OLS): A divided attention field sobriety test. One of the tests administered in the SFSTs.

PER SE: Used to describe a law which makes it illegal to drive while having a certain percentage of alcohol in the blood or breath.

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

PRE-ARREST SCREENING: The third phase in the DWI detection process. In this phase the officer administers field sobriety tests to determine whether there is probable cause to arrest the driver for DWI. Depending on agency policy, the officer may administer or could arrange to have a preliminary breath test conducted.

PRELIMINARY BREATH TEST (PBT): A pre-arrest breath test administered during investigation of a possible DWI violator to obtain an indication of the person's blood alcohol concentration.

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

PSYCHOPHYSICAL: "Mind/Body." Used to describe field sobriety tests that measure a person's ability to perform both mental and physical tasks.

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

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

RESTING NYSTAGMUS: Jerking of the eyes as they look straight ahead.

STANDARDIZED FIELD SOBRIETY TESTS: There are three NHTSA/IACP-approved SFSTs, namely Horizontal Gaze Nystagmus (HGN), Walk and Turn (WAT), and One Leg Stand (OLS). Based on a series of controlled laboratory and field studies, scientifically validated clues of impairment have been identified for each of these three tests. They are the only NHTSA/IACP-approved Standardized Field Sobriety Tests for which validated clues have been identified for DWI investigations.

TRAFFIC SAFETY RESOURCE PROSECUTOR (TSRP): Usually a current or former prosecutor who provides training, education and technical support to traffic crimes prosecutors and law enforcement agencies throughout their State. (For the contact information of your TSRP, contact your Highway Safety Office).

VALID: Conforming to accepted principles. Producing accurate and reliable results; effective.

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

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

VERTICAL GAZE NYSTAGMUS: An involuntary jerking of the eyes (up and down) which occurs when the eyes gaze upward at maximum elevation. The jerking should be distinct and sustained.

WALK AND TURN (WAT): A divided attention field sobriety test. One of the tests administered in SFSTs.

1.

1.



EXPLAIN that the course consists of live lecture, presentation slides, group activities, and supplemental materials. The participant guide is theirs to keep.

The following icons are used throughout the guide.



Indicates an activity such as a discussion, game, or work session.



Indicates a website resource (web address).



Indicates a playable video.



Indicates an instructor note

All instructor notes appear in bold, italic font. Instructor notes do not appear in the participant manual.



Learning Objectives

- Identify typical cues of Detection Phase One and Phase Two
- Describe observed cues clearly and convincingly
- Understand significance of the impaired motorcycle rider's problem
- Obtain skills necessary to detect, arrest, and prosecute alcohol- and drug-impaired motorcyclists



Slide 2.



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

A. Overview: Tasks and Decision

Session 2 - Phase One and Two

Phase One: Vehicle In Motion

Initial Observation of the Vehicle in Operation

?

DWI DETECTION & SFST REFRESHER 2-3

Slide 3.

Your first task in Phase One: Vehicle in Motion is to observe the vehicle in operation and to note any initial cues of a possible DWI violation. At this point you must decide whether there is reasonable suspicion to stop the vehicle; either to conduct further investigation to determine if the driver may be impaired or for another traffic violation. You are not committed to arresting the driver for DWI based on this initial observation, but rather should concentrate on gathering all relevant evidence that may suggest impairment. Your second task during phase one is to observe the manner in which the driver responds to your signal to stop and to note any additional evidence of a DWI violation.



Point out Block No. 1 on the slide. Pose this question: “What are some of the kinds of things that might first draw your attention to a vehicle?”

The first task, observing the vehicle in motion, begins when you first notice the vehicle, driver, or both. Your attention may be drawn to the vehicle by such things as:

- A moving traffic violation
- An equipment violation
- An expired registration or inspection sticker
- Unusual driving actions such as weaving within a lane or moving at a slower than normal speed
- Evidence of drinking or drugs in vehicle

If this initial observation discloses vehicle maneuvers or human behaviors that may be associated with impairment, you may develop an initial suspicion of DWI. Based upon this initial observation of the vehicle in motion, you must decide whether there is reasonable suspicion to stop the vehicle. At this point, you have three choices: (1) Stop the vehicle; (2) Continue to observe the vehicle; (3) Disregard the vehicle.

Session 2 – Phase One and Two

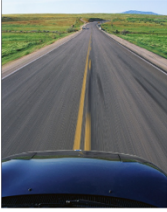
Phase One: Vehicle In Motion

Initial Observation
of the Vehicle in
Operation

Should I
Stop the
Vehicle?

?

Observation of
the Stop



DWI DETECTION & SFST REFRESHER 2-4

Slide 4.



Point out the decision on the slide. Ask class to suggest circumstances under which it would be appropriate to delay the stop decision and to continue to observe the vehicle.

Emphasize the officer may not have an explicit reason to suspect impairment at this time.

Alternatives to stopping the vehicle include delaying the stop/no stop decision in order to continue observing the vehicle and/or disregarding the vehicle.

Whenever there is a valid reason to stop a vehicle, the officer should be alert to the possibility the driver may be impaired by alcohol and/or other drugs. Once the stop command has been communicated to the suspect driver, the officer must closely observe the driver's actions and vehicle maneuvers during the stopping sequence.



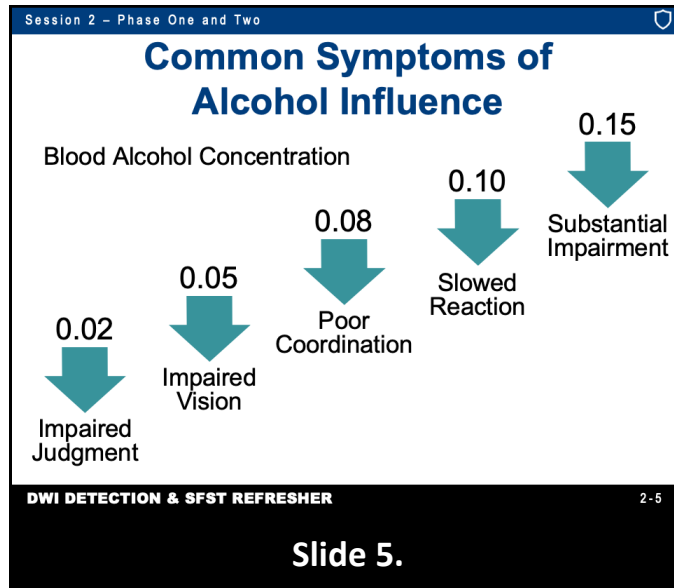
Point out block No. 2 on the slide.

Sometimes significant evidence of alcohol influence comes to light during the stopping sequence. In some cases, the stopping sequence might produce the first suspicion of DWI. Drivers impaired by alcohol and/or other drugs may respond in unexpected and dangerous ways to the stop command.



Emphasize officer's need to be alert for own safety.

B. Initial Observations: Visual Cues of Impaired Operations (Automobiles)



Blood Alcohol Concentration (BAC) ¹	Typical Effects	Predictable Effects on Driving
.02	<ul style="list-style-type: none"> Some loss of judgment Relaxation Slight body warmth Altered mood 	<ul style="list-style-type: none"> Decline in visual functions (rapid tracking of a moving target) Decline in ability to perform two tasks at the same time (divided attention)
.05	<ul style="list-style-type: none"> Exaggerated behavior May have loss of small- muscle control (e.g., focusing your eyes) Impaired judgment Usually good feeling Lowered alertness Release of inhibition 	<ul style="list-style-type: none"> Reduced coordination Reduced ability to track moving objects Difficulty steering Reduced response to emergency driving situation
.08	<ul style="list-style-type: none"> Muscle coordination becomes poor (e.g., balance, speech, vision, reaction time, and hearing) Harder to detect danger Impaired judgment, self-control, reasoning, and memory 	<ul style="list-style-type: none"> Concentration Short term memory loss Speed control Reduced information processing capability (e.g., signal detection, visual search) Impaired perception
.10	<ul style="list-style-type: none"> Clear deterioration of reaction time and control Slurred speech, poor coordination, and slowed thinking 	<ul style="list-style-type: none"> Reduced ability to maintain lane position and brake appropriately
.15	<ul style="list-style-type: none"> Far less muscle control than normal Vomiting may occur (unless this level is reached slowly or a person has developed a high tolerance for alcohol) Significant loss of balance 	<ul style="list-style-type: none"> Substantial impairment in vehicle control, attention to driving task, and in necessary visual and auditory information processing

¹Information in this table shows the BAC level at which the effect usually is first observed, and has been gathered from a variety of sources including the National Highway Traffic Safety Administration, the National Institute on Alcohol Abuse and Alcoholism, the American Medical Association, and www.webMD.com.

Drivers who are impaired frequently exhibit certain effects or symptoms of impairment. These include slowed reactions, impaired judgment as evidenced by a willingness to take risks, impaired vision, and poor coordination.



Use the following types of questions to involve the participants in a discussion of driving violations/characteristics associated with alcohol influence (all vehicles):

- ***What violations may result from impaired judgment? (i.e., divided attention, relaxation, loss of judgment)***
- ***What violations might result from impaired vision? (i.e., focusing your eyes, difficulty steering, lowered alertness)***
- ***What violations might result from poor coordination? (i.e., poor balance, speed control, impaired perception)***
- ***What violations might result from slowed reaction? (i.e., inability to maintain lane position, slowed thinking)***

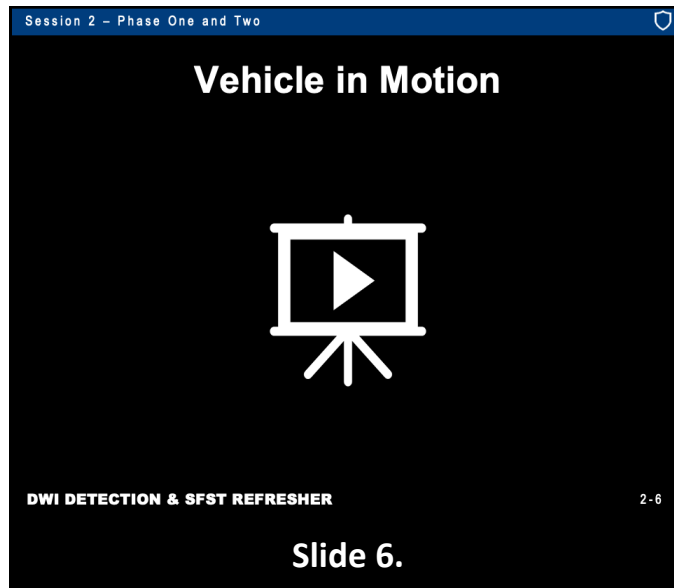
Below presents common symptoms of alcohol influence. This unit focuses on alcohol impairment because research currently provides more information about the effects of alcohol on driving than it does about the effects of other drugs on driving. Remember whether the driver is impaired by alcohol and/or drugs, the law enforcement detection process is the same and the offense is still DWI.



The Drug Evaluation Classification (DEC) Program and the Advanced Roadside Impaired Driving Enforcement (ARIDE) course have increased awareness of the DWI drug problem.



The following video segments were produced to show a variety of traffic stop situations being performed by different law enforcement agencies. The goal of these segments is to depict the cues associated with impaired driving. Participants should be guided by their own agency's policy regarding traffic stops, officer safety tactics, and professional conduct.



Show the video first. Use slide for review. Allow 12 minutes.



The common effects of alcohol on the driver's mental and physical faculties lead to predictable driving violations and vehicle operating characteristics. The National Highway Traffic Safety Administration (NHTSA) sponsored research to identify the most common and reliable initial indicators of DWI. This research identified 24 cues, each with an associated high probability the driver exhibiting the cue is *impaired*. These cues and their associated probabilities are described in the NHTSA publication, [The Visual Detection of DWI Motorists](#). They also are discussed in [Vehicle in Motion](#), a video sponsored by NHTSA to assist law enforcement officers to recognize DWI detection cues.

The Visual Detection of DWI Motorists is located in the Participant Manual.



Source:

Stuster, J. (1997). *The Detection of DWI at BACs Below 0.10*. (Final Rep. DOT-HS-808-654). Santa Barbara, CA: Anacapa Sciences, Inc.

NHTSA sponsored research to identify the most common and reliable initial indicators of DWI. Research identified 100 cues, each providing a high probability indication the driver is *under the influence*.




The cues presented in these categories predict a driver is DWI at least 35% of the time.

The list was reduced to 24 cues during three field studies involving hundreds of officers and more than 12,000 enforcement stops.

Session 2 – Phase One and Two

Most Common and Reliable Initial Indicators of DWI

- Problems in maintaining proper lane position
- Speed and braking problems
- Vigilance problems
- Judgment problems



DWI DETECTION & SFST REFRESHER 2-7


Slide 7.

The driving behaviors are presented in four categories: (1) Problems in maintaining proper lane position; (2) Speed and braking problems; (3) Vigilance problems; and, (4) Judgment problems.

Session 2 – Phase One and Two

Problems Maintaining Proper Lane Position

- Weaving
- Weaving across lane line
- Drifting
- Straddling a lane line
- Swerving
- Almost striking object or vehicle
- Turning with a wide radius



DWI DETECTION & SFST REFRESHER 2-8

Slide 8.



Usually, the probability of DWI increases substantially when a driver exhibits more than one of the cues.


There is a brochure published by NHTSA that contains these cues. The title is “The Visual Detection of DWI Motorists” DOT HS 808 677. See Attachment at the end of this session. The first category is Problems in maintaining proper lane position. [p=.50-.75]

- Weaving
- Weaving across lane lines (lane departure)
- Drifting
- Straddling a lane line
- Swerving
- Almost striking object or vehicle
- Turning with a wide radius

Session 2 – Phase One and Two

Speed and Braking Problems

- Stopping problems
- Unnecessary acceleration or deceleration
- Varying speed
- 10 mph or more under the speed limit



DWI DETECTION & SFST REFRESHER 2-9

Slide 9.

Speed and braking problems. [p=.45-.70]

- Stopping problems (too far, too short, or too jerky)
- Unnecessary acceleration or deceleration
- Varying speed
- 10 mph or more under the speed limit



Vigilance Problems

- Driving without headlights at night
- Failure to signal
- Driving wrong way
- Slow response to traffic/officer's signals
- Stopping in lane for no apparent reason



Slide 10.

The third problem is vigilance problems. [P=.55-.65]. This category includes, but is not limited to:

- Driving without headlights at night
- Failure to signal or signal inconsistent with action
- Driving in opposing lanes or wrong way on one way
- Slow response to traffic signals
- Slow or failure to respond to officer's signals
- Stopping in lane for no apparent reason



Judgment Problems

- Following too closely
- Improper lane change/turn
- Driving on other than designated roadway
- Stopping inappropriately in response to officer
- Inappropriate or unusual behavior
- Appearing to be impaired



Slide 11.

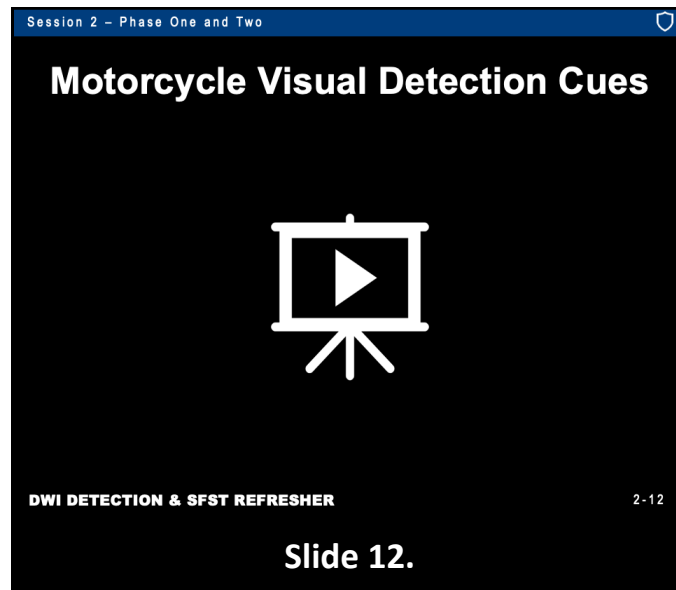
Judgment problems. [P=.35-.90]

- Following too closely (tailgating)
- Improper or unsafe lane change
- Illegal or improper turn
- Driving on other than designated roadway
- Stopping inappropriately in response to officer
- Inappropriate or unusual behavior (throwing objects, arguing, etc.)
- Appearing to be impaired



Ask if there are any questions about the 24 detection cues.

C. Initial Observations: Visual Cues of Impaired Operation (Motorcycles)



Show video. Allow 14 minutes.



NHTSA estimated in 2020, 27 percent of all motorcycle riders killed were involved in alcohol-impaired crashes.



Sources:

National Center for Statistics and Analysis. (2016, June). *Motorcycles: 2020 Data*. (Traffic Safety Facts. Report No. DOT HS 813 294). Washington D.C.: National Highway Traffic Safety Administration.

Stuster, J. (1993). *The Detection of DWI Motorcyclists*. (Final Rep. DOT-HS-807-839). Santa Barbara, CA: Anacapa Sciences, Inc.

For purposes of this study, motorcycles are defined as two- or three-wheeled motorcycles, off-road motorcycles, mopeds, scooters, minibikes, and pocket bikes. The motorcycle rider is the person operating the motorcycle; the passenger is a person seated on, but not operating, the motorcycle; the motorcyclist is a general term referring to either the rider or passenger.


NHTSA sponsored research to develop a set of behavioral cues to be used by law enforcement personnel to detect motorcyclists who are operating their vehicles while impaired. These cues can be used both day and night. These cues have been labeled as Excellent Predictors and Good Predictors.

Session 2 – Phase One and Two

Motorcycle DUI Detection Guide

Excellent Cues (50% or Greater Probability)

- Drifting during turn or curve
- Trouble with dismount/balance at a stop
- Turning problems
- Inattentive to surroundings
- Inappropriate or unusual behavior
- Weaving



DWI DETECTION & SFST REFRESHER 2-13

Slide 13.

Research has identified driving impairment cues for motorcyclists.

The Detection of DWI Motorcyclists is located in the Participant Manual.



Source:

(2013, March). *The Detection of DWI Motorcyclists*. (Publication: DOT HS 807 856).
Washington, D.C.: National Highway Traffic Safety Administration.

Excellent cues (50% or greater probability).

- Drifting during turn or curve
- Trouble with dismount
- Trouble with balance at a stop
- Turning problems (e.g., unsteady, sudden corrections, late braking, improper lean angle)
- Inattentive to surroundings
- Inappropriate or unusual behavior (e.g., carrying or dropping object, urinating at roadside, disorderly conduct, etc.)
- Weaving



Motorcycle DUI Detection Guide

Good cues (30 to 50% probability)

- Erratic movements while going straight
- Operating without lights at night
- Recklessness
- Following too closely
- Running stop light or sign
- Evasion
- Traveling wrong way



Slide 14.

Good Cues (30 to 50% probability)

- Erratic movements while going straight
- Operating without lights at night
- Recklessness
- Following too closely
- Running stop light or sign
- Evasion
- Traveling wrong way



Elements of the Driving Task



DWI DETECTION & SFST REFRESHER

2-15

Slide 15.

Point out it is important to understand how the effects of alcohol are exhibited in driving so officers can recognize the significance of their visual observations.

Driving is a complex task, composed of many parts.




Ask participants to name the various parts of the driving task. List them on the easel/easel pad as they are named.

- Steering
- Controlling accelerator
- Signaling
- Controlling brake pedal
- Operating clutch (if applicable)
- Operating gearshift (if applicable)
- Observing other traffic
- Observing signal lights, stop signs, other traffic control devices
- Making decisions (whether to stop, turn, speed up, slow down, etc.)
- Many other things

Session 2 – Phase One and Two

Safe Driving Demands



Safe driving demands the ability to divide attention among numerous simultaneous tasks.

DWI DETECTION & SFST REFRESHER 2-16

Slide 16.

In order to drive safely, a driver must be able to divide attention among all of these various activities. Under the influence of alcohol or many drugs, a person's ability to divide attention becomes impaired. The impaired driver tends to concentrate on certain parts of driving and to disregard other parts.



This picture shows a driver running a red light. Another Example: Person stops at a green light (scene from previous video).

- Alcohol has impaired ability to divide attention
- Driver is concentrating on steering and controlling the accelerator and brake
- Does not respond to the particular color of the traffic light

Some of the most significant evidence from all three phases of DWI detection can be related directly to the effects of alcohol and/or other drugs on divided attention ability.



Point out the concept of divided attention is especially important during personal contact with DWI subjects and during pre-arrest screening of them.

D. Recognition and Description of Initial Cues

Session 2 – Phase One and Two

Vehicle In Motion Initial Cues

What do you see?

- Moving violation
- Equipment violation
- Other violation
- Unusual operation
- Anything else

DWI DETECTION & SFST REFRESHER 2-17

Slide 17.

What do you see?



Solicit responses to below questions from participants.

Moving violation

- Equipment violation
- Other violation
- Unusual operation
- Anything else (suspicious location, motorists assist)

Session 2 – Phase One and Two

Phase One: Task One Initial Observation of Vehicle Operation

Requires the ability to:

- Recognize evidence of alcohol and/or other drug influence
- Describe that evidence clearly and convincingly

DWI DETECTION & SFST REFRESHER 2-18

Slide 18.

The task of making initial observations of vehicle operation is the first step in the job of DWI detection. Proper performance of that task demands two distinct but related abilities: Ability to recognize evidence of alcohol and/or other drug influence and Ability to describe that evidence clearly and convincingly.

It is not enough a police officer observe and recognize symptoms of impaired driving. The officer must be able to articulate what was observed so a judge or jury will have a clear mental image of exactly what took place.



Emphasize observational evidence is of little value if the officer cannot make the judge or jury “see” what the officer saw.

Improving the ability to recognize and clearly describe observational evidence requires practice. It isn't practical to have impaired drivers actually drive through the classroom. The next best thing is to use video to portray typical DWI detection contacts.



Procedures for Practicing Cue Recognition and Description

- View DWI violation videos
- Take notes
- Testify
 - Choose words carefully
 - Provide as much detail as possible
 - Construct accurate image of observations
- Critique testimony

Slide 19.



Instructor
Note

All participants view brief video segments illustrating possible DWI violations. Make sure all participants understand the procedures that will be followed during the practice sessions. Following the video segment, a few minutes will be given to allow all participants to write notes on what was observed.



Activity

Hand out copies of the standard note taking guide.

One or more participants will be called forth to "testify" concerning what was observed. Emphasize participants are to use the guide to compile notes on their observations of the video segments.

Class will critique the "testimony" in terms of how clearly and convincingly it conveys what was actually observed. Emphasize the purpose of the critique is not to embarrass anyone, but rather to help everyone become more skilled at providing clear, descriptive testimony. Goal is to choose words carefully and provide as much detail as necessary and to construct an accurate mental image of the observations.



Show Video Segment "Leaving the Shopping Center" (Video approximately 54 seconds). Allow two minutes for participants to compile notes.



Testimony of Video Segment "Leaving the Shopping Center".



Select a representative participant to come forward and "take the witness stand" facing the class. Key points to be elicited:

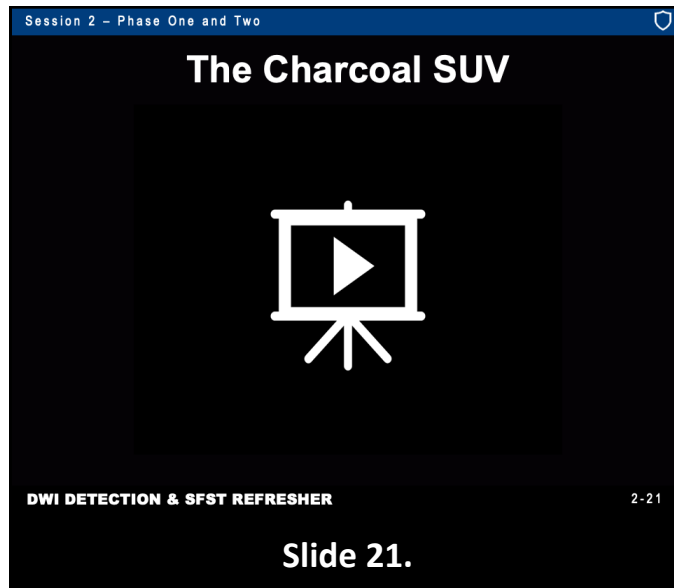
- **Weather/Traffic conditions**
- **Drives up over raised island**
- **Makes wide right turn**
- **Causes bicyclist to swerve**

Elicit testimony as follows: "Officer, you have been sworn. Please tell the court exactly what you observed at the time and place in question."

Allow the participants to refer to their notes, if so desired. When participant completes testimony ask: "Officer, do you have anything else to add?"

Once participant indicates there is nothing further to add, ask the class to comment on the clarity and completeness of the testimony and to add any important details left out. Continue to prompt the class to offer comments until all of the key points have been noted.

If so desired and appropriate, repeat the showing of Video Segment No. 1 to point out the key details.



Instructor Note

Show Video Segment “The Charcoal SUV” (Video approximately 1 minute). Allow two minutes for participants to compile notes.



Video

Testimony on Video Segment “The Charcoal SUV”.



Activity

Select a representative participant to come forward to “testify.” Allow participant to refer to notes. Probe for any additional details or more descriptive language in the testimony. Solicit comments from the class. Key points to be elicited:

- **Weather/Traffic conditions**
- **Wrong directional light on**
- **Sits on green arrow**
- **Turns on red light**
- **Drifts first to left then right**

Stress the importance of the particular words used to describe the subject vehicle's motion. Point out words such as “swerving” and “drifting,” etc., convey a powerful and clear mental image of how the vehicle moved, while terms such as “erratic” and “abnormal,” etc., are essentially non-descriptive. Point out it is permissible and desirable for the officer to use hand movements, along with verbal testimony, to convey clearly how the vehicle moved.

If desired and appropriate, repeat the showing of Video Segment “The Charcoal SUV”.


E. Typical Reinforcing Cues of the Stopping Sequence

Session 2 – Phase One and Two

Vehicle in Motion: Stopping Sequence

What do you see?

- Tries to flee
- No/slow response
- Abrupt weave
- Sudden stop
- Strikes curb
- New violations
- Anything else



DWI DETECTION & SFST REFRESHER 2-22

Slide 22.

After the command to stop is given, the alcohol-impaired driver may exhibit additional important evidence of DWI.



Ask participants to suggest possible cues that might be observed after the stop command that might reinforce the initial suspicion of DWI.

Some of these cues are exhibited because the stop command places additional demands on the driver's ability to divide attention.



Point out the concept of divided attention is especially important during personal contact with DWI subjects and during pre-arrest screening of them.

Point out here the dangers inherent with fleeing operators. If time allows, review agency's pursuit policy.

The signal to stop creates a new situation to which the driver must devote some attention, i.e., emergency flashing lights, siren, etc., that demand and divert the subject's attention.

Signal to stop requires the driver to turn the steering wheel, operate the brake pedal, activate the signal light, etc. As soon as an officer gives the stop command, the subject's driving task becomes more complex. If subject is under the influence, the subject may not be able to handle this more complex driving very well.



Emphasize turning on the patrol vehicle's emergency lights creates a simple test of the subject's driving impairment.

Session 2 – Phase One and Two

Phase One: Task Two Observation of the Stop

Requires the ability to:

- Recognize evidence of alcohol and/or other drug influence
- Describe that evidence clearly and convincingly

DWI DETECTION & SFST REFRESHER 2-23

Slide 23.

It is the officer's responsibility to capture and convey the additional evidence of impairment that may be exhibited during the stopping sequence. This requires ability to recognize evidence of alcohol and/or other drug influence and requires ability to describe that evidence clearly and convincingly.

F. Recognition and Description of Initial and Reinforcing Cues



The next two video segments combine both tasks and the decision of DWI Detection Phase One.

- ***Each segment begins with the initial observation of the vehicle in operation***
- ***In each segment, the decision to stop the vehicle is made***
- ***Each segment concludes with the observation of the stop***

Standard note taking guide to be used to compile notes.

Following each segment, a few minutes will be given to allow participants to gather thoughts and compile notes.

Participants will be called upon to "testify" concerning what was observed, both prior to and after the stop command.

Class will constructively critique the "testimony." Make sure all participants understand the procedures.



Instructor
Note

**Show Video Segment "The Sliding Sports Car" (Approximately one minute).
Allow two - three minutes for the participants to compile notes.**



Video

Testimony on Video Segment "The Sliding Sports Car"



Activity

Select a representative participant to come forward to "testify." Instruct participants as follows: "Officer, first tell us exactly why you signaled the driver to stop." Make sure participant confines this stage of testimony strictly to what was observed prior to the stop command. Next, instruct as follows: "Officer, now tell us exactly what you observed after you turned on the patrol vehicle's emergency lights." Key points to be elicited concerning observations prior to the stop command (allow participants to refer to notes):

- **Weather/traffic conditions**
- **Sports car slides through the stop sign**
- **Crosses over the fog line into the bicycle lane**
- **Weaves back across right lane and enters middle lane**
- **Slow response to stop signal**
- **Stops inappropriately (right tires drive on curb)**

Solicit class comments concerning details or possible improvements to the participant's testimony. If desired and appropriate, repeat the showing of Video segment "The Sliding Sports Car."



Instructor Note

Show Video Segment "The Impatient Driver" (Approximately one minute, 20 seconds). Allow two - three minutes for the participants to compile notes.



Video

Testimony on Video Segment "The Impatient Driver"



Activity

Select a representative participant to come forward to "testify". Key points to be elicited:

- **Weather/traffic conditions**
- **Honks at other drivers**
- **Passes on the left out of the driveway**
- **Violates the "No Left Turn" restriction**
- **Drives over the concrete island with left tires**

Key points to be elicited concerning observations prior to the stop command (allow participant to refer to notes):

- **Drifts into left lane and swerves back to right**
- **Slow response to stop command**
- **Drifts again into left lane and swerves back to right second time**
- **Stops with right front tire on curb**

Instruct participant to testify first concerning everything observed prior to the stop command, and then to everything observed after the stop command.



Show Video Segment "Half in The Bag" (Approximately one minute). Allow two - three minutes for the participants to compile notes.



Testimony on Video Segment "Half in the Bag"



Select a representative participant to come forward to "testify". Key points to be elicited concerning observations prior to the stop command (allow participant to refer to notes):

- **Weather/Traffic conditions**
- **Fail to stop for stop sign**
- **Right turn from left turn lane**
- **Wide right turn**
- **Driver throws trash at road sign**
- **Crosses lane line**

Instruct participant to testify first concerning everything observed prior to the stop command and then to everything observed after the stop command. Key points to be elicited concerning observations subsequent to stop command:

- **Slow response to the stop command**
- **Drives onto the curb two times prior to stopping**

G. Overview: Tasks and Decision

Session 2 – Phase One and Two

Phase Two: Personal Contact

Interview and Observation of the Driver

?

DWI DETECTION & SFST REFRESHER 2-27

Slide 27.

DWI Detection Phase Two: Personal Contact, like Phases One and Three, comprise two major evidence-gathering tasks and one major decision. Your first task is to approach, observe, and interview the driver while they are still in the vehicle to note any face-to-face evidence of impairment. During this face-to-face contact, you may administer some simple pre-exit sobriety tests to gain additional information to evaluate whether or not the driver is impaired. After this evaluation, you must decide whether to request the driver to exit the vehicle for further field sobriety testing. In some jurisdictions, departmental policy may dictate all drivers stopped on suspicions of DWI be instructed to exit. It is important to note by instructing the driver to exit the vehicle, you are not committed to an arrest; this is simply another step in the DWI detection process. Once you have requested the driver to exit the vehicle, your second task is to observe the manner in which the driver exits and to note any additional evidence of impairment.

You may initiate Phase Two without Phase One. This may occur, for example, at a checkpoint or when you have responded to the scene of a crash.

Task One: The first task of Phase Two, interview and observation of the driver, begins as soon as the vehicle and patrol vehicle have come to complete stops. It continues through your approach to the vehicle and involves all conversation between you and the driver prior to the driver's exit from the vehicle.



Point out block No. 1 on the slide.

Session 2 – Phase One and Two

Phase Two: Personal Contact

Should Driver Exit?


Interview and Observation of the Driver

↓

?

↓

Observation of the Exit



Slide 28.

DWI DETECTION & SFST REFRESHER 2-28

You may have developed a strong suspicion the driver is impaired prior to the face-to-face observation and interview. You may have developed this suspicion by observing something unusual while the vehicle was in motion or during the stopping sequence. You may have developed no suspicion of DWI prior to the face-to-face contact. The vehicle operation and the stop may have been normal; you may have seen no actions suggesting DWI.



Ask participants to suggest situations where this might be the case.

For example, you may have stopped the vehicle for an equipment/registration violation or where no unusual driving was evident. In some cases, Phase One will have been absent. For example, you may first encounter the driver and vehicle after a crash or when responding to a request for motorist assistance. Regardless of the evidence that may have come to light during Detection Phase One, your initial face-to-face contact with the driver usually provides the first definite indicators the driver may be impaired.

Decision: Based upon your face-to-face interview and observation of the driver, and upon your previous observations of the vehicle in motion and the stopping sequence, you must decide whether there is sufficient reason to instruct the driver to step from the vehicle. For some law enforcement officers, this decision is automatic since their agency's policy dictates the driver always be told to exit the vehicle, regardless of the cause for the stop.

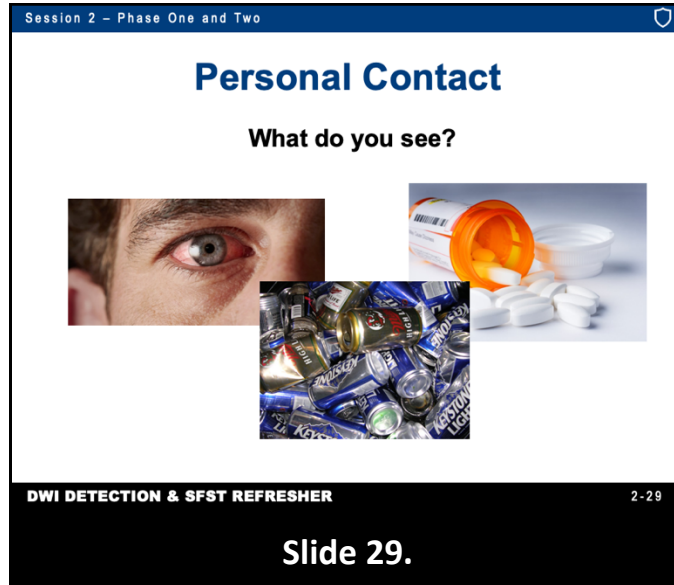
Other agencies, however, treat this as a discretionary decision to be based on what the officer sees, hears, and smells during observation and interview with the driver while the driver is seated in the vehicle. If you decide to instruct the driver to exit, closely observe the driver's actions during the exit from the vehicle and note any evidence of impairment.



Ask participants to suggest circumstances under which it would be appropriate not to instruct the driver to exit. Ask participants to suggest circumstances under which it would be appropriate to instruct the driver to exit.

Remind participants that they must always practice appropriate officer safety tactics while the driver exits the vehicle.

H. Typical Investigation Clues of the Driver Interview



Face-to-face observation and interview of the driver allows you to use three senses to gather evidence of alcohol and/or other drug influence.

- The sense of sight
- The sense of hearing
- The sense of smell



Write “see – hear – smell” on dry erase board.

There are a number of things you might see during the interview that would be describable clues or evidence of alcohol and/or other drug influence. Among them are:



Ask participants to suggest typical things an officer might see during the interview that would be describable clues or evidence of alcohol and/or other drug influence.

What do you see?

- **Bloodshot eyes**
- **Soiled clothing**
- **Fumbling fingers**
- **Alcohol containers**
- **Drugs or drug paraphernalia**
- **Bruises, bumps or scratches**
- **Unusual actions**

After most major sight clues have been suggested display the next slide.

A presentation slide titled "What Do You See?". The slide has a blue header bar with the text "Session 2 - Phase One and Two" and a shield icon. The main content area is white with a blue title "What Do You See?". Below the title, there are two columns of bulleted text. The left column lists: "Bloodshot eyes", "Soiled clothing", "Fumbling fingers", and "Alcohol containers". The right column lists: "Drug and drug paraphernalia", "Bruises, bumps, scratches", and "Unusual actions". At the bottom of the slide, there is a black footer bar with the text "DWI DETECTION & SFST REFRESHER" on the left and "2-30" on the right. Below the footer bar, the text "Slide 30." is displayed in white on a black background.

Session 2 - Phase One and Two

What Do You See?

- Bloodshot eyes
- Soiled clothing
- Fumbling fingers
- Alcohol containers
- Drug and drug paraphernalia
- Bruises, bumps, scratches
- Unusual actions

DWI DETECTION & SFST REFRESHER 2-30


Slide 30.

- Bloodshot eyes
- Soiled clothing
- Fumbling fingers
- Alcohol containers
- Drugs or drug paraphernalia
- Bruises, bumps or scratches
- Unusual actions

Session 2 – Phase One and Two

Personal Contact

What do you hear?



DWI DETECTION & SFST REFRESHER 2-31

Slide 31.

Among the things you might hear during the interview that would be describable clues or evidence of alcohol and/or other drug influence are these:



Ask participants to suggest typical things an officer might hear during the interview that would be describable clues or evidence of alcohol and/or other drug influence. After most major sound clues have been suggested display the next slide.

What do you hear?

- ***Slurred speech***
- ***Admission of drinking***
- ***Inconsistent responses***
- ***Unusual statements***
- ***Abusive language***
- ***Anything else***

Session 2 – Phase One and Two

What Do You Hear?

- Slurred speech
- Admission of drinking
- Inconsistent responses
- Unusual statements
- Abusive language
- Anything else

DWI DETECTION & SFST REFRESHER 2-32


Slide 32.

- Slurred speech
- Admission of drinking
- Inconsistent responses
- Unusual statements
- Abusive language
- Anything else

Session 2 – Phase One and Two

Personal Contact

What do you smell?



DWI DETECTION & SFST REFRESHER 2-33

Slide 33.

There are things you might smell during the interview that would be describable clues or evidence of alcohol and/or other drug influence. Typically, these include:



Ask participants to suggest typical things an officer might smell during the interview that would be describable clues or evidence of alcohol or drug ingestion.

For officer safety be aware of communicable airborne diseases, etc.

After most major odor clues have been suggested, display the next slide.

What do you smell?

- **Alcoholic beverages**
- **Marijuana**
- **Cover up odors**
- **Other unusual odors**

A presentation slide titled "What Do You Smell?". The slide has a blue header with the text "Session 2 - Phase One and Two" and a shield icon. The main content area is white and contains a bulleted list: "Alcoholic beverage", "Marijuana", "Cover-up odors", and "Other unusual odors". The footer is black and contains the text "DWI DETECTION & SFST REFRESHER" and "2-34". Below the slide, the text "Slide 34." is displayed in white on a black background.

Session 2 - Phase One and Two

What Do You Smell?

- Alcoholic beverage
- Marijuana
- "Cover-up" odors
- Other unusual odors

DWI DETECTION & SFST REFRESHER 2-34

Slide 34.

- Alcoholic beverages
- Marijuana
- Cover up odors
- Other unusual odors

Session 2 – Phase One and Two

Phase Two: Task One Face to Face Observation and Interview of Driver

Requires the ability to:

- Recognize the sensory evidence of alcohol and/or other drug influence
- Describe that evidence clearly and convincingly

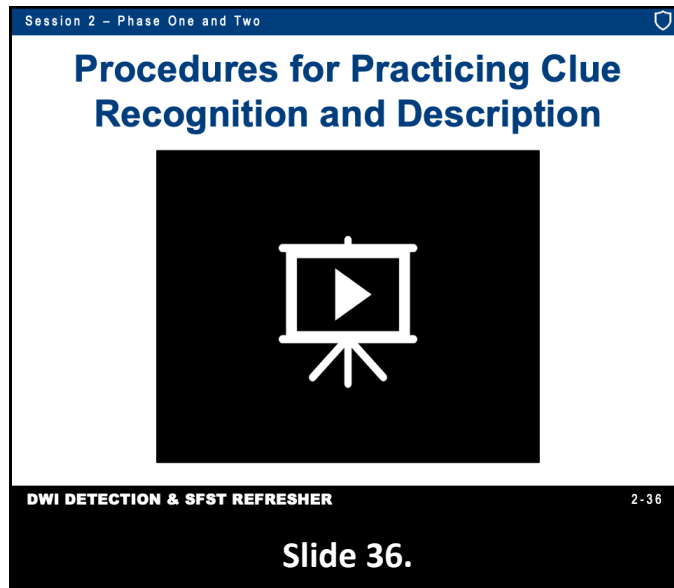
DWI DETECTION & SFST REFRESHER 2-35

Slide 35.

Proper face-to-face observation and interview of the driver demands two distinct but related abilities; The ability to recognize the sensory evidence of alcohol and/or other drug influence; and the ability to describe that evidence clearly and convincingly. Developing these abilities requires practice.

I. Recognition and Description of Investigation Clues

A basic purpose of the face-to-face observation and interview of the driver is to identify and gather evidence of alcohol and/or other drug influence. This is the purpose of each task in each phase of DWI detection. During the face-to-face observation and interview stage, it is not necessary to gather sufficient evidence to arrest the driver immediately for DWI.



One or more participants will be called upon to “testify” concerning what was seen and heard. Class will constructively critique the testimony. Make sure all participants understand the procedures. The next video segment deals strictly with the face-to-face observation and interview of a driver.

You will have to base your description of the driver’s possible impairment strictly on what you see and hear during the face-to-face contact. Both senses provide some critically important evidence, not only in this video segment but in all face-to-face contacts.



Participants can use the standard note taking guide to compile notes during the video. When the video segment ends, participants will be given a few minutes to gather their thoughts and compile notes on what they have seen and heard.



Show video segment “The Busy Businessman” (approximately one minute, 10 seconds).

Session 2 – Phase One and Two

Testimony on *The Busy Businessman*

What was seen?

What was heard?

DWI DETECTION & SFST REFRESHER 2-37

Slide 37.



Select two participants to come forward together to testify. Key points to be elicited concerning what was seen:



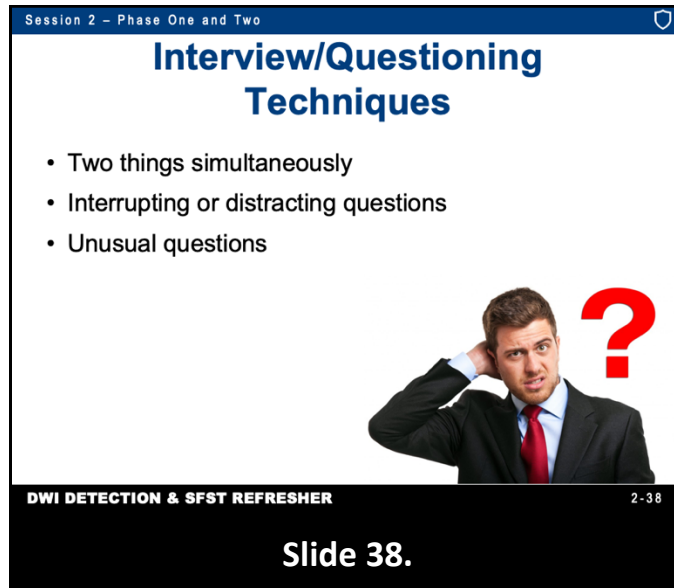
- ***Weather/Traffic conditions***
- ***Driver produces wrong document***

Instruct participants to testify strictly to what was seen. Solicit class comments concerning details or possible improvements to the first participant's testimony. Key points to be elicited concerning what was heard:

- ***Driver does not lower window all the way***
- ***Hair is disheveled***
- ***Hands wrong document initially***
- ***Fails to let go of driver license***
- ***Forgets registration, has to be reminded***

Instruct the second participant to testify strictly to what was heard. Solicit class comments concerning details or possible improvements to the second participant's testimony. Replay video (as appropriate) to compare with second participant's testimony.

J. Interview/Questioning Techniques



There are a number of techniques you can use to assess impairment while the driver is still behind the wheel. Most of these techniques apply the concept of divided attention. They require the driver to concentrate on two or more things at the same time. They include both questioning techniques and psychophysical (mind/body) tasks. These techniques are not as reliable as the Standardized Field Sobriety Tests but they can still be useful for obtaining evidence of impairment. **THESE TECHNIQUES DO NOT REPLACE THE SFSTs.**

The questions you ask and the way in which you ask them can constitute simple divided attention tasks. Three techniques are particularly pertinent: Asking for two things simultaneously; Asking interrupting or distracting questions; and, Asking unusual questions.

An example of the first technique, asking for two things simultaneously, is requesting the driver to produce both the driver's license and the vehicle registration. Possible evidence of impairment may be observed as the driver responds to this dual request.



Ask participants to suggest possible evidence of impairment that might be observed during the production of the license and registration.

Session 2 – Phase One and Two

License and Registration

- Forgets to produce both documents
- Produces wrong documents
- Fails to see license, registration
- Fumbles/drops item
- Unable to retrieve documents using fingertips

DWI DETECTION & SFST REFRESHER 2-39

Slide 39.

Possible evidence of impairment that might be observed during the production of the license and registration. Be alert for a driver who:

- Forgets to produce both documents
- Produces documents other than the ones requested
- Fails to see the license, registration, or both while searching for them
- Fumbles or drops wallet, purse, license, or registration
- Is unable to retrieve documents using fingertips

Session 2 – Phase One and Two

Questions that Divide Attention

- What day is it?
- Where are you coming from?
- Be alert for the driver who:
 - Ignores question
 - Forgets to resume search
 - Supplies grossly incorrect answer

DWI DETECTION & SFST REFRESHER 2-40

Slide 40.

The second technique would be to ask questions that require the driver to divide attention between searching for the license or registration and answering a new question. While the driver is responding to the request for the license, registration, or both, you ask unrelated questions; “What day is it?” or “Where are you coming from?”

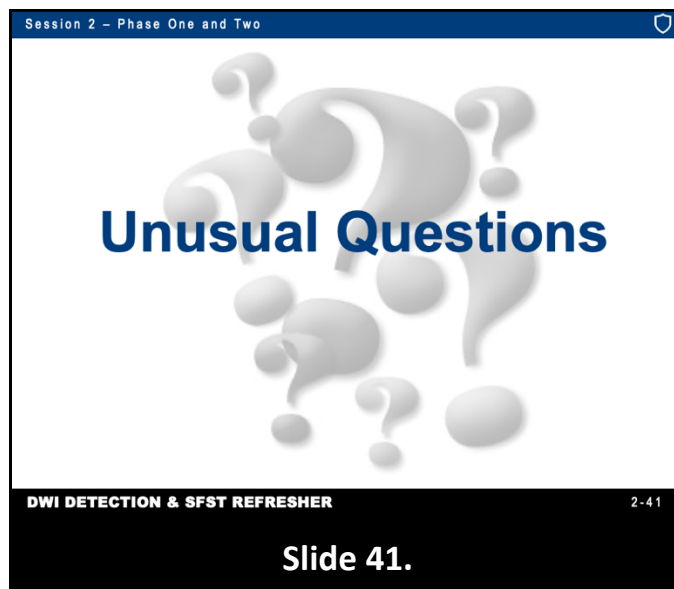
Possible evidence of impairment may be disclosed by the actions of the driver after this question has been posed. Be alert for the driver who:

- Ignores the question and concentrates only on the license or registration search
- Forgets to resume the search after answering the question
- Supplies a grossly incorrect answer to the question



Ask class to suggest possible evidence of impairment that might be disclosed by these types of questions. Continue to probe until all major possibilities have been mentioned.

Ask class to suggest other questions that might be put to a driver during the retrieval of the driver's license.



The third technique, asking unusual questions, is employed after you have obtained the driver's license and registration. Using this technique, you seek verifying information through unusual questions. For example, while holding the driver's license, you might ask the driver, "What is your middle name?" "What is your zip code?" "What is the month and day of your birth?" etc.



Ask class to suggest other unusual questions that might serve as simple, pre-exit techniques.

There are many such questions which the driver normally would be able to answer easily, but which might prove difficult if the driver is impaired simply because they are unusual questions. Unusual questions require the driver to process information; this can be especially difficult when the driver does not expect to have to process information. For example, a driver may respond to the question about the middle name by giving a first name. In this case the driver misunderstood the unusual question and responded instead to a usual – but unasked – question.




Asking for two things simultaneously and searching for documents while answering questions assesses the ability to divide attention, while asking unusual questions tests the driver's mental faculties.

Session 2 – Phase One and Two

Medical Questions

- Physical conditions
- Physician's care
- Medical issues
- Medications



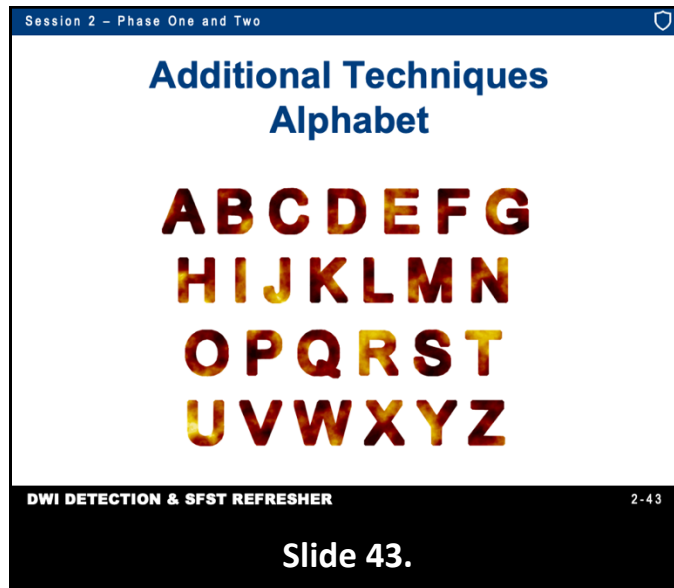
DWI DETECTION & SFST REFRESHER 2-42

Slide 42.

The slide is a presentation slide with a blue header bar containing the text "Session 2 – Phase One and Two". The main content area has a white background with the title "Medical Questions" in blue. Below the title is a bulleted list of four items: "Physical conditions", "Physician's care", "Medical issues", and "Medications". To the right of the list is a golden Rod of Asclepius, a medical symbol consisting of a staff with two snakes entwined around it and wings at the top. At the bottom of the slide is a black footer bar with the text "DWI DETECTION & SFST REFRESHER" on the left and "2-42" on the right. Below the footer bar, the text "Slide 42." is written in white.

Officers should be alert for potential medical conditions that may mimic drug or alcohol impairment. Some questions may include:

- Do you have any physical disabilities?
- Are you sick or injured?
- Are you under the care of a doctor or dentist?
- Are you diabetic or epileptic?
 - If diabetic, ask if they take insulin.
- Are you on any medications?



These techniques are optional and may help the officer with their decision to have the driver exit the vehicle. These techniques have not been scientifically validated by NHTSA but still can be useful for obtaining evidence of impairment.



Know if there are any judicial restraints in reference to these tests.

The Alphabet technique requires the driver to recite a part of the alphabet. You instruct the driver to recite the alphabet beginning with a letter other than A and stopping at a letter other than Z. For example, you might say to a driver, "Recite the alphabet, beginning with the letter E as in Edward and stopping with the letter P as in Paul." This divides the driver's attention because the driver must concentrate to begin at an unusual starting point and recall where to stop.

Session 2 – Phase One and Two

Additional Techniques Count Down

68 67 66 65 64 63
62 61 60 59 58 57
56 55 54 53...

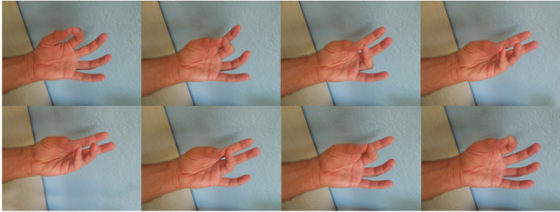
DWI DETECTION & SFST REFRESHER 2-44

Slide 44.

The Count Down technique requires the driver to count out loud 15 or more numbers in reverse sequence. For example, you might request a driver to, "Count out loud backwards, starting with the number 68 and ending with the number 53." This, too, divides attention because the driver must continuously concentrate to count backwards while trying to recall where to stop. **This technique should never be given using starting and stopping points ending in 0 or 5 because these numbers are too easy to recall. For example, do not request the driver count backwards from 65 to 50. Instead, ask the driver to count backwards from 68 to 53.**

Session 2 – Phase One and Two

Additional Techniques Finger Count



DWI DETECTION & SFST REFRESHER 2-45

Slide 45.

In the Finger Count technique, the driver is asked to touch the tip of the thumb to the tip of each finger on the same hand while simultaneously counting up one, two, three, four; then to reverse direction on the fingers while simultaneously counting down four, three, two, one.



Demonstrate the finger count.

In each instance, note whether and how well the driver is able to perform the divided attention task.



Point out the alphabet, count down, and finger count tests, etc. have not been scientifically validated by NHTSA but still can be useful for obtaining evidence of impairment. Only the HGN, WAT, and OLS are scientifically validated by NHTSA for roadside investigations.

Demonstrate the examples.


K. Recognition and Description of Clues Associated with the Exit Sequence

Session 2 - Phase One and Two

The Exit

What do you see?

- Angry, unusual reaction
- Can't follow instructions
- Can't open door
- Leaves car in gear
- "Climbs" out of car
- Leans against car
- Keeps hand on car



DWI DETECTION & SFST REFRESHER 2-46

Slide 46.

Your decision to instruct the driver to step from the vehicle usually is made after you have developed a suspicion the driver is impaired. Even if that suspicion may be very strong, the driver is usually not under arrest when you give the instruction. How the driver steps and walks from the vehicle and actions or behavior during the exit sequence may provide important evidence of impairment. Be alert to the driver who:



Ask participants to suggest typical things that might be seen with an impaired driver during the exit sequence.

- Shows angry or unusual reactions
- Cannot follow instructions
- Cannot open the door

- Leaves the vehicle in gear
- Climbs out of vehicle
- Leans against vehicle
- Keeps hands on vehicle for balance



When participants identify items on this list, reveal the bottom portion of the slide.

Proper face-to-face observation and interview of a driver requires the ability to recognize the sensory evidence of alcohol and/or other drug influence and the ability to describe that evidence clearly and convincingly. Developing these abilities takes practice.

The signal to stop creates a new situation to which the driver must devote some attention, i.e., emergency flashing lights, siren, etc., that demand and divert the subject's attention.



Show Video “The Busy Businessman Exiting” (Approximately 1 minute).

Testimony on Video Segment “The Busy Businessman Exiting”



Select a participant to testify. Key points prior to the exit:

- ***Angry response***

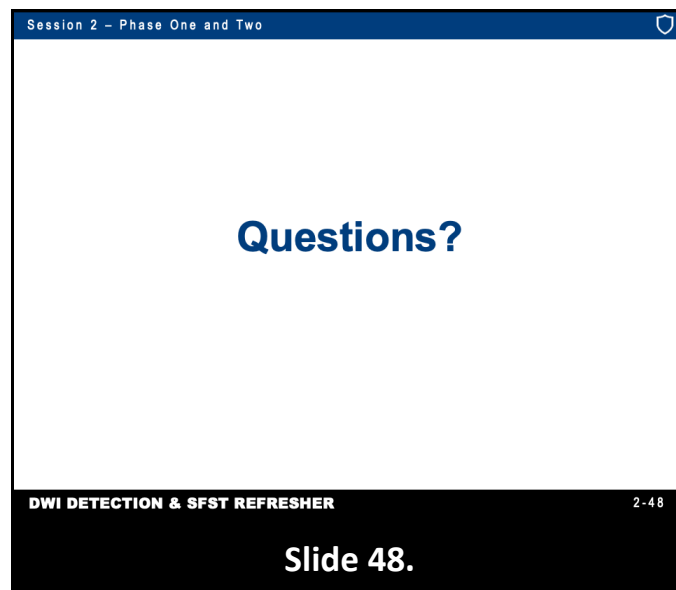
Solicit class comments concerning testimony.



Key points during the exit:

- ***Driver says no mechanical problems***
- ***Driver admits to looking at papers while driving (distracted driving)***
- ***Forgets to remove seatbelt***
- ***Uses both hands to exit vehicle (right hand on door, left hand on side of vehicle)***
- ***Uses vehicle to steady himself while walking to rear of vehicle***
- ***Driver drops wallet***
- ***Admissions to alcohol use***

Remember, you may instruct a driver to exit the vehicle as a means of ensuring your own safety. Safety considerations take precedence over all other considerations.



The Visual Detection of DWI Motorists



The Visual Detection of DWI Motorists



U.S. Department of Transportation
**National Highway Traffic Safety
Administration**



DOT HS 808 677

INTRODUCTION

More than a million people have died in traffic crashes in the United States since 1966, the year of the National Traffic and Motor Vehicle Safety Act, which led to the creation of the National Highway Traffic Safety Administration (NHTSA).

During the late 1960's and early 1970's more than 50,000 people lost their lives each year on our nation's streets, roads and highways. Traffic safety has improved considerably since that time: the annual death toll has declined substantially, even though the numbers of drivers, vehicles, and miles driven all have increased. When miles traveled are considered, the likelihood of being killed in traffic during the 1960's was three to four times what it is today.

The proportion of all crashes in which alcohol is involved also has declined. The declines in crash risk and the numbers of alcohol-involved crashes are attributable to several factors, including the effectiveness of public information and education programs, traffic safety legislation, a general aging of the population, and law enforcement efforts.

NHTSA research contributed to the improved condition, in part, by providing law enforcement officers with useful and scientifically valid information concerning the behaviors that are most predictive of impairment. Continued enforcement of Driving While Intoxicated (DWI) laws will be a key to saving lives in the future. For this reason, NHTSA sponsored research leading to the development of a new DWI detection guide and training materials, including a new training video. Many things have changed since 1979, but like the original training materials, the new detection guide describes a set of behaviors that can be used by officers to detect motorists who are likely to be driving while impaired.

Building upon the previous NHTSA study, researchers interviewed officers from across the United States and developed a list of more than 100 driving cues that have been found to predict blood alcohol concentrations (BAC) of 0.08 percent or greater. The list was reduced to 24 cues during 3 field studies involving hundreds of officers and more than 12,000 enforcement stops. The driving behaviors identified by the officers are presented in the following four categories:

- 1) Problems in maintaining proper lane position**
- 2) Speed and braking problems**
- 3) Vigilance problems**
- 4) Judgment problems**

The cues presented in these categories predict that a driver is DWI at least 35 percent of the time. For example, if you observe a driver to be weaving or weaving across lane lines, the probability of DWI is more than .50 or 50 percent. However, if you observe either of the weaving cues and any other cue listed in this booklet, the probability of DWI jumps to at least .65 or 65 percent. Observing any two cues other than weaving indicates a probability of DWI of at least 50 percent. Some cues, such as swerving, accelerating for no reason, and driving on other than the designated roadway, have single-cue probabilities greater than 70 percent. Generally, the probability of DWI increases substantially when a driver exhibits more than one of the cues.

This booklet contains:

- **The DWI Detection Guide**
- **A summary of the research that led to the guide**
- **Explanations of the 24 driving cues**
- **A description of post-stop cues that are predictive of DWI**

The research suggests that these training materials will be helpful to officers in:

- **Detecting impaired motorists**
- **Articulating observed behaviors on arrest reports**
- **Supporting officers' expert testimony**

DWI DETECTION GUIDE

Weaving plus any other cue: $p =$ at least .65

Any two cues: $p =$ at least .50

Problems Maintaining Proper Lane Position $p = .50-.75$

- Weaving
- Weaving across lane lines
- Straddling a lane line
- Swerving
- Turning with a wide radius
- Drifting
- Almost striking a vehicle or other object

Speed and Braking Problems $p = .45-.70$

- Stopping problems (too far, too short, or too jerky)
- Accelerating or decelerating for no apparent reason
- Varying speed
- Slow speed (10+ mph under limit)

Vigilance Problems $p = .55-.65$

- Driving in opposing lanes or wrong way on one-way
- Slow response to traffic signals
- Slow or failure to respond to officer's signals
- Stopping in lane for no apparent reason
- Driving without headlights at night
- Failure to signal or signal inconsistent with action

Judgment Problems $p = .35-.90$

- Following too closely
- Improper or unsafe lane change
- Illegal or improper turn (too fast, jerky, sharp, etc.)
- Driving on other than the designated roadway
- Stopping inappropriately in response to officer
- Inappropriate or unusual behavior (throwing, arguing, etc.)
- Appearing to be impaired

Post Stop Cues $p \geq .85$

- Difficulty with motor vehicle controls
- Difficulty exiting the vehicle
- Fumbling with driver's license or registration
- Repeating questions or comments
- Swaying, unsteady, or balance problems
- Leaning on the vehicle or other object
- Slurred speech
- Slow to respond to officer or officer must repeat
- Providing incorrect information, changes answers
- Odor of alcoholic beverage from the driver

$p \geq .50$ when combined with any other cue:

- Driving without headlights at night
- Failure to signal or signal inconsistent with action

The probability of detecting DWI by random traffic enforcement stops at night has been found to be about 3 percent (.03).

PROBLEMS IN MAINTAINING PROPER LANE POSITION

Maintaining proper lane position can be a difficult task for an impaired driver. For example, we have all, at one time, seen vehicles **weaving**. Weaving is when the vehicle alternately moves toward one side of the lane and then the other. The pattern of lateral movement can be fairly regular, as one steering correction is closely followed by another. In extreme cases, the vehicle's wheels even **cross the lane lines** before a correction is made. You might even observe a vehicle **straddling a center or lane line**. That is, the vehicle is moving straight ahead with either the right or left tires on the wrong side of the lane line or markers.



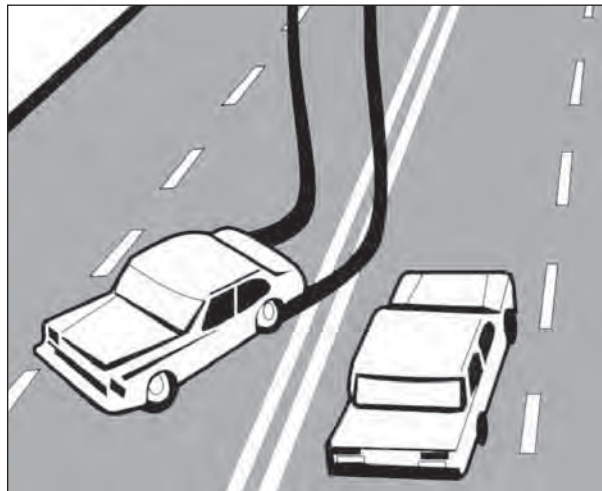
Weaving

Drifting is when a vehicle is moving in a generally straight line, but at a slight angle to the lane. The driver might correct his or her course as the vehicle approaches a lane line or other boundary or fail to correct until after a boundary has been crossed. In extreme cases, the driver fails to correct in time to avoid a collision.



Drifting

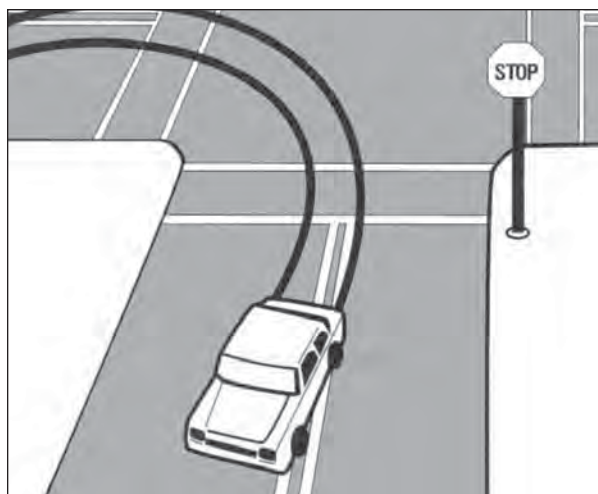
Course corrections can be gradual or abrupt. For example, you might observe a vehicle to **swerve**, making an abrupt turn away from a generally straight course, when a driver realizes that he or she has drifted out of proper lane position or to avoid a previously unnoticed hazard.



Swerving

A related DWI cue is **almost striking a vehicle or other object**. You might observe a vehicle, either at slow speeds or moving with traffic, to pass unusually close to a sign, barrier, building, or other object. This cue also includes almost striking another vehicle, either moving or parked, and causing another vehicle to maneuver to avoid a collision.

Turning with a wide radius or drifting during a curve is the final cue in this category of driver behaviors. A vehicle appears to drift to the outside of the lane or into another lane through the curve or while turning a corner. Watch for this cue, and stop the driver when you see it. Many alcohol-involved crashes are caused by an expanding turn radius or drifting out of lane position during a curve.

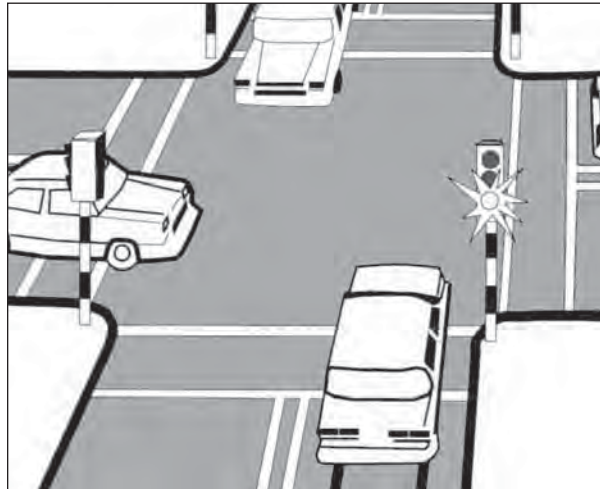


Turning With a Wide Radius

SPEED AND BRAKING PROBLEMS

The research showed that braking properly can be a difficult task for an impaired driver. For example, there is a good chance the driver is DWI if you observe any type of **stopping problem**. Stopping problems include:

- **Stopping too far from a curb or at an inappropriate angle**
- **Stopping too short or beyond a limit line**
- **Jerky or abrupt stops**



Stopping Beyond a Limit Line

Impaired drivers also can experience difficulty maintaining an appropriate speed. There is a good chance the driver is DWI if you observe a vehicle to:

- **Accelerate or decelerate rapidly for no apparent reason**
- **Vary its speed, alternating between speeding up and slowing down**
- **Be driven at a speed that is 10 miles per hour (mph) or more under the limit**

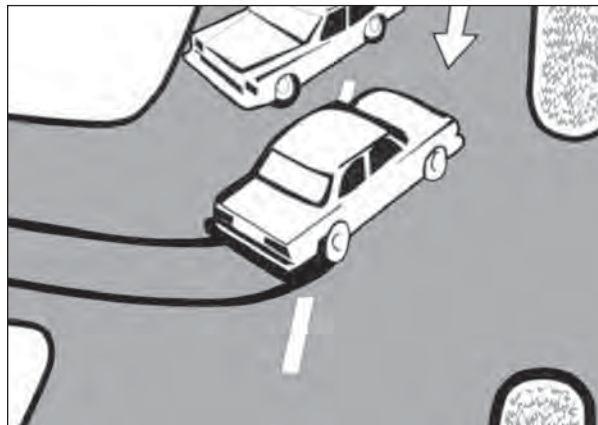
VIGILANCE PROBLEMS

Vigilance concerns a person's ability to pay attention to a task or notice changes in surroundings. A driver whose vigilance has been impaired by alcohol might forget to turn on his or her headlights when required. Similarly, impaired drivers often forget to signal a turn or lane change, or their signal is inconsistent with their maneuver, for example, signaling left but turning right.



Signaling Inconsistent With Driving Actions

Alcohol-impaired vigilance also results in motorists driving into opposing or crossing traffic and turning in front of oncoming vehicles with insufficient headway.



Driving Into Opposing or Crossing Traffic

Driving is a complex task that requires accurate information about surrounding traffic conditions. Failing to yield the right of way and driving the wrong way on a one way street are dangerous examples of vigilance problems.

A driver whose vigilance has been impaired by alcohol also might respond more slowly than normal to a change in a traffic signal. For example, the vehicle might remain stopped for an unusually long period of time after the signal has turned green. Similarly, an impaired driver might be unusually slow to respond to an officer's lights, siren, or hand signals.

The most extreme DWI cue in the category of vigilance problems is to find a vehicle stopped in a lane for no apparent reason. Sometimes when you observe this behavior the driver will be just lost or confused, but more than half of the time the driver will be DWI—maybe even asleep at the wheel.

JUDGMENT PROBLEMS

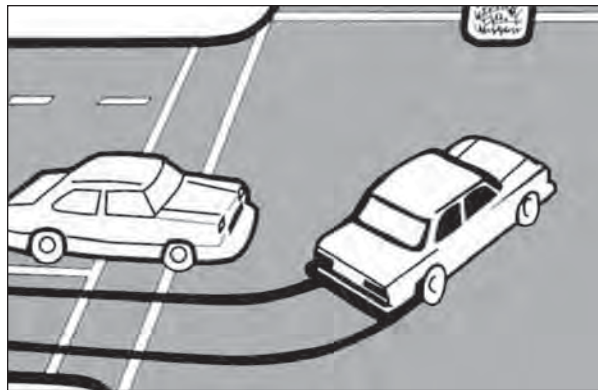
Operating a motor vehicle requires continuous decision making by the driver. Unfortunately, judgment abilities can be affected by even small amounts of alcohol. For example, alcohol-impaired judgment can cause a driver to follow another vehicle too closely, providing an unsafe stopping distance.

Alcohol-impaired judgment also can result in a driver taking risks or endangering others. If you observe a vehicle to make improper or unsafe lane changes, either frequently or abruptly or with apparent disregard for other vehicles, there is a good chance the driver's judgment has been impaired by alcohol.

Similarly, impaired judgment can cause a driver to turn improperly. For example, misjudgments about speed and the roadway can cause a driver

to take a turn too fast or to make sudden corrections during the maneuver. These corrections can appear to the observer as jerky or sharp vehicle movements during the turn.

Alcohol-impaired judgment can affect the full range of driver behaviors. For example, the research found that impaired drivers are less inhibited about making illegal turns than unimpaired drivers.

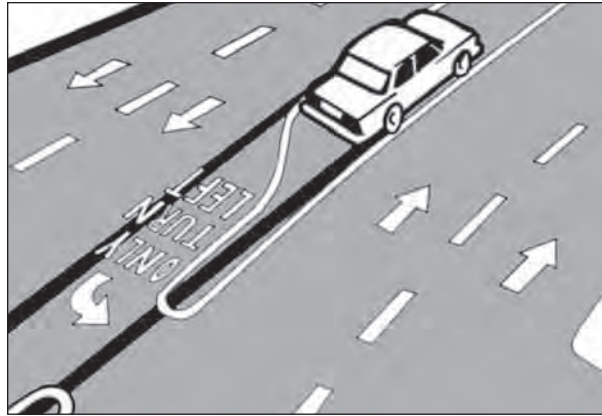


Turning Illegally

Driving on other than the designated roadway is another cue exhibited by alcohol-impaired drivers. Examples include driving at the edge of the roadway, on the shoulder, off the roadway entirely, and straight through turn-only lanes.

In some cases, impaired drivers stop inappropriately in response to an officer, either abruptly as if they had been startled or in an illegal or dangerous manner.

In fact, the research has shown that there is a good chance a driver is DWI if you observe the person exhibit *any inappropriate or unusual behavior*. Unusual behavior includes throwing something from the vehicle, drinking in the vehicle, urinating at the roadside, arguing with another motorist, or otherwise being disorderly. If you observe inappropriate or unusual behavior, there is a good probability that the driver is DWI.



Driving on Other Than the Designated Roadway

The final cue is actually one or more of a set of indicators related to the personal behavior or appearance of a driver. These indicators include, gripping the steering wheel tightly, driving with one's face close to the windshield, slouching in the seat, and staring straight ahead with eyes fixed. Some officers routinely scrutinize the faces of drivers in oncoming traffic, looking for the indicators of impairment. If you observe a driver who **appears to be impaired**, the research showed that there is an excellent probability that you are correct in your judgment.



Appearing To Be Impaired

SUMMARY

To summarize, the DWI cues related to **problems in maintaining proper lane position** include:

- **Weaving**
- **Weaving across lane lines**
- **Straddling a lane line**
- **Drifting**
- **Swerving**
- **Almost striking a vehicle or other object**
- **Turning with a wide radius or drifting during a curve**

The DWI cues related to **speed and braking problems** include:

- **Stopping problems (too far, too short, too jerky)**
- **Accelerating for no reason**
- **Varying speed**
- **Slow speed**

The DWI cues related to **vigilance problems** include:

- **Driving without headlights at night**
- **Failure to signal a turn or lane change or signaling inconsistently with actions**
- **Driving in opposing lanes or the wrong way on a one-way street**
- **Slow response to traffic signals**
- **Slow or failure to respond to officer's signals**
- **Stopping in the lane for no apparent reason**

The DWI cues related to **judgment problems** include:

- **Following too closely**
- **Improper or unsafe lane change**
- **Illegal or improper turn (too fast, jerky, sharp, etc.)**
- **Driving on other than the designated roadway**
- **Stopping inappropriately in response to an officer**
- **Inappropriate or unusual behavior**
- **Appearing to be impaired**

POST-STOP CUES

In addition to the driving cues, the following post-stop cues have been found to be excellent predictors of DWI.

- **Difficulty with motor vehicle controls**
- **Difficulty exiting the vehicle**
- **Fumbling with driver's license or registration**
- **Repeating questions or comments**
- **Swaying, unsteady, or balance problems**
- **Leaning on the vehicle or other object**
- **Slurred speech**
- **Slow to respond to officer or officer must repeat questions**
- **Providing incorrect information or changes answers**
- **Odor of alcoholic beverage from the driver**

DOT HS 808 677
March 2010

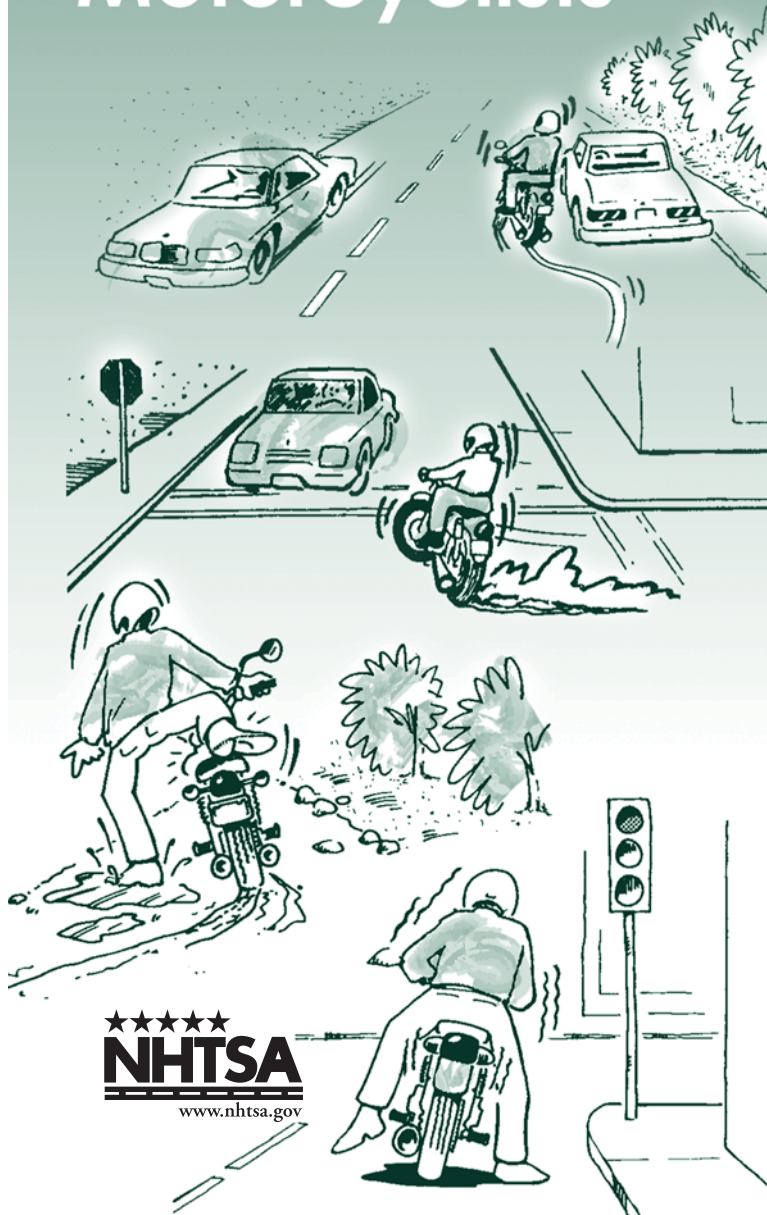


U.S. Department of Transportation
**National Highway Traffic Safety
Administration**



National Highway Traffic Safety Administration

The Detection of DWI Motorcyclists



★★★★★
NHTSA
www.nhtsa.gov

Motorcycle DWI Detection Guide

NHTSA has found that the following cues predicted impaired motorcycle operation.

Excellent Cues (50% or greater probability)

- Drifting during turn or curve
- Trouble with dismount
- Trouble with balance at a stop
- Turning problems (e.g., unsteady, sudden corrections, late braking, improper lean angle)
- Inattentive to surroundings
- Inappropriate or unusual behavior (e.g., carrying or dropping object, urinating at roadside, disorderly conduct, etc.)
- Weaving

Good Cues (30 to 50% probability)

- Erratic movements while going straight
- Operating without lights at night
- Recklessness
- Following too closely
- Running stop light or sign
- Evasion
- Wrong way

The Detection of DWI Motorcyclists

Introduction

The National Highway Traffic Safety Administration (NHTSA) estimated that in 2011, about 29 percent of motorcycle operators involved in fatal crashes had a blood alcohol concentration (BAC) of .08 grams per deciliter (g/dL) or higher.

Clearly, enforcing impaired driving laws is a key to reducing the number of alcohol-related motorcyclist fatalities. *But which cues should be used to detect impaired motorcyclists?*

NHTSA sponsored research to develop a set of behavioral cues to be used by law enforcement personnel to detect motorcyclists who are operating their vehicles while intoxicated. The researchers began by interviewing experienced patrol officers from across the country to determine what behavioral cues have been used to detect impaired motorcyclists. A few, primarily motorcycle officers, suggested cues that reflected considerable understanding of the mental and physical requirements of riding a motorcycle. Others believed the cues to be identical to those used to detect impaired drivers. But some officers, even those with many years of experience, reported they believe there are no cues that can be used to distinguish DWI from unimpaired motorcycle operation.

In addition to interviewing law enforcement personnel, the research team developed a database of 1,000 motorcycle DWI arrest reports. The research team focused on officers' narratives and motorcyclists' behaviors that motivated the stops, and correlated those behaviors with BAC. Analysis of the interviews and arrest report data resulted in an inventory of about 100 cues that have been observed by officers in relation to impaired operation of motorcycles.

The researchers, working closely with law enforcement personnel, conducted two major field studies involving more than 50 sites throughout the United

States. Officers recorded information about every enforcement stop they made of a motorcyclist. Those field studies permitted the researchers to identify the most effective cues and to calculate the probabilities those cues were predictive of DWI. This brochure highlights the results of that research.

Fourteen cues were identified that best discriminate between DWI and unimpaired motorcycle operation. These cues have been labeled as “Excellent Cues” and “Good Cues,” based on the study’s results. The *excellent* cues predicted impaired motorcycle operation at least 50 percent of the time. The *good* cues predicted impaired motorcycle operation 30 to 49 percent of the time. The special coordination and balance requirements of riding a two-wheeled vehicle provided most of the behaviors in the “Excellent” category of cues.

Important Information

Law enforcement officers across the United States have used the cues described in this brochure to help detect impaired motorcycle operators. The cues can be used at any hour of the day and night, and they apply to all two-wheeled motor vehicles.

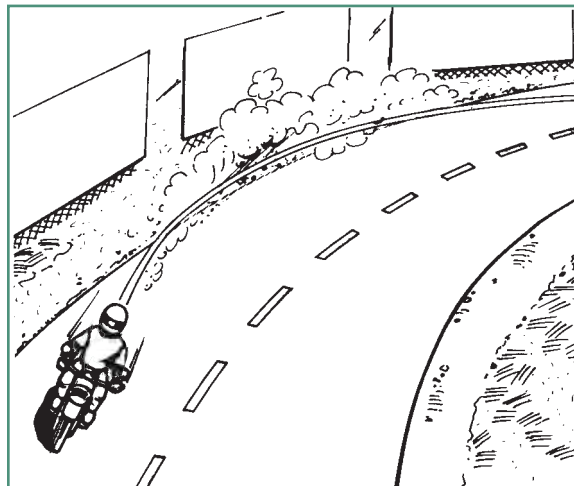
The cues described and illustrated in this brochure (and on a training video) are the behaviors that are most likely to discriminate between impaired and normal operation of a motorcycle. Cases that involve speeding, however, require additional clarification. Motorcyclists stopped for excessive speed are likely to be driving while intoxicated only about 10 percent of the time (i.e., 10 times out of 100 stops for speeding). But because motorcyclists tend to travel in excess of posted speed limits, speeding is associated with a large portion of all motorcycle DWI arrests. In other words, while only a small proportion of speeding motorcyclists are likely to be considered DWI, the large number of motorcyclists who are speeding results in a large number of DWIs, despite the relatively small probability.

This research will be helpful to officers in:

- Detecting impaired motorcyclists
- Articulating observed behaviors on arrest reports
- Supporting officer's expert testimony

Drifting During Turn or Curve

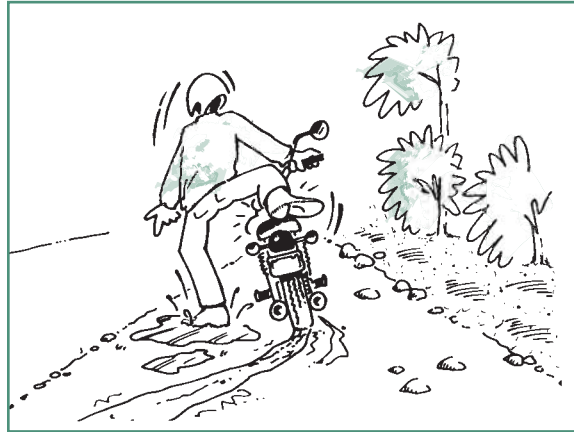
Earlier studies have shown that the most common cause of single-vehicle, fatal motorcycle crashes is the failure to negotiate curves, with the motorcycle continuing in a straight line until it strikes a stationary object. This type of crash is usually caused by alcohol-impaired balance and coordination. In less extreme cases, the motorcycle's turn radius expands during the maneuver. The motorcycle appears to drift outside of the lane or into another lane, through the curve, or while turning a corner. If you see a motorcycle drifting during a turn or curve, do the rider a favor and pull him or her over – our study showed there is a better than average possibility that the motorcyclist is a DWI offender.



Trouble With Dismount

Parking and dismounting a motorcycle can be a useful field sobriety test. The motorcyclist must turn off the engine and locate and deploy the kickstand. The operator must then balance his or her weight on one foot while swinging the other foot over the seat to dismount. But first, the

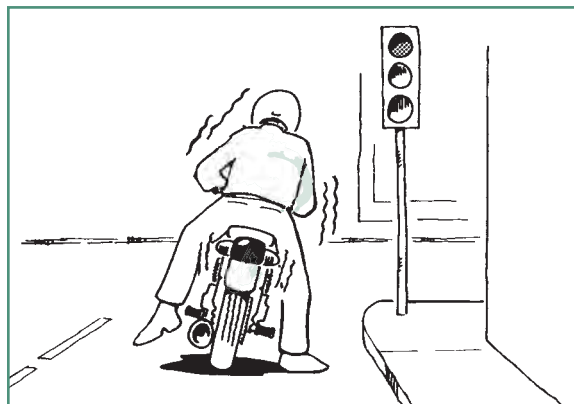
operator must decide upon a safe place to stop the bike. Problems with any step in this sequence can be evidence of alcohol impairment.



Not every motorcyclist you observe experiencing some difficulty with a dismount is riding under the influence, but study results indicated that more than 50 percent of them were DWI offenders. In other words, having a problem dismounting is a reliable cue to DWI.

Trouble With Balance at Stop

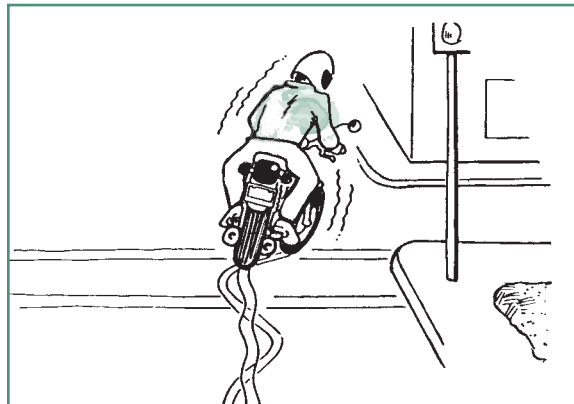
One typical practice for motorcycle riders at a stop is for the motorcyclist to place one foot on the ground to keep the bike upright, while leaving the other foot



covering the brake pedal. Some riders favor placing both feet on the ground for stability. Riders whose balance has been impaired by alcohol often have difficulty with these tasks. They might be observed as having shifted their weight from side-to-side, that is, from one foot to another, to maintain balance at a stop. From a block away, an officer might notice a single taillight moving from side to side in a gentle rocking motion. If you observe a motorcyclist having trouble with balance at a stop, there is a better than average chance that the operator is a DWI offender.

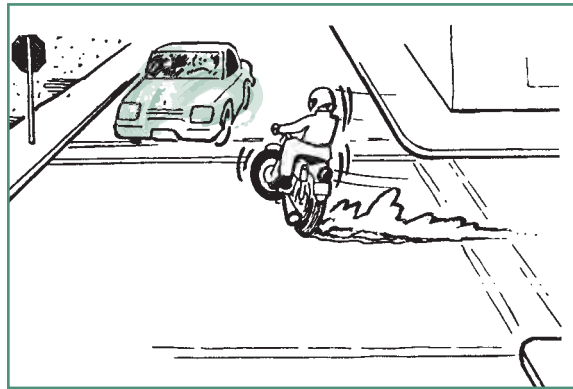
Turning Problems

The research also identified four turning problems that indicate rider impairment:

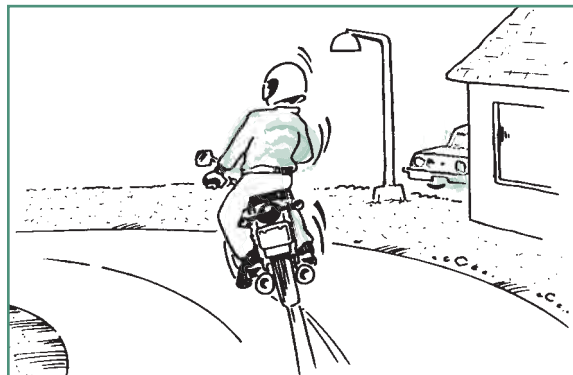


- **Unsteady During Turn or Curve.** The gyroscopic effects of a motorcycle's wheels tend to keep a motorcycle "on track" as long as speed is maintained. As a motorcycle's speed decreases, the demands placed on the operator's balancing capabilities increases. As a result, an officer might observe a motorcycle's front wheels or handlebars wobbling as an impaired rider attempts to maintain balance at slow speeds or during a turn.

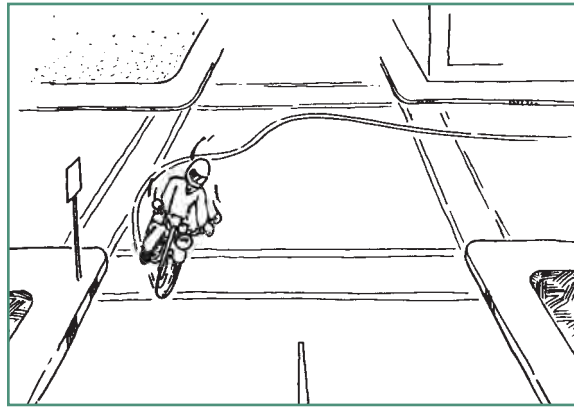
-
- **Late Braking During Turn.** The next turning problem is “late braking during a turn or on a curve.” A motorcyclist normally brakes prior to entering a turn or curve, so the motorcycle can accelerate through the maneuver for maximum control. An impaired motorcyclist might misjudge the speed or distance to the corner or curve, requiring an application of the brakes during the maneuver.



- **Improper Lean Angle During Turn.** A third turning problem occurs when a motorcyclist normally negotiates a turn or curve by leaning into the turn. When a rider’s balance or speed decision-making is impaired, the rider frequently attempts to sit upright through the maneuver. As a result, a trained observer can detect an “improper lean angle.”

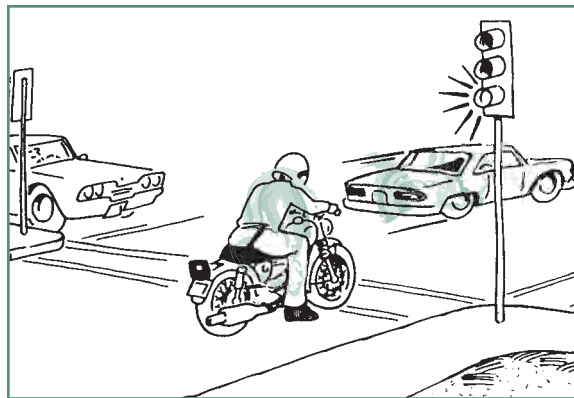


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- **Erratic Movements During Turn.** The fourth turning problem is “erratic movements.” These are defined as an inconsistent action or a sudden correction of a motorcycle maneuver during a turn or curve that can also indicate impaired driving. If you observe a motorcyclist who is unsteady during a turn or curve, brakes late, assumes an improper lean angle, or makes erratic movements during a turn or curve, there is a better-than-average chance that the motorcyclist is driving while impaired.



Inattentive to Surroundings

Vigilance concerns people’s ability to pay attention to a task or notice changes in their surroundings. A motorcyclist whose vigilance has been impaired by



alcohol consumption might fail to notice that the traffic light has changed from red to green.

A vigilance problem also is evident when motorcyclists are inattentive to their surroundings or are seemingly unconcerned with detection by law enforcement. For example, there is cause for suspicion of DWI when a motorcyclist fails to periodically scan the area around the bike when in traffic, a wise defensive riding measure to guard against potential encroachment by other vehicles. There is further evidence of impairment if a motorcyclist fails to respond to an officer's emergency lights or hand signals.

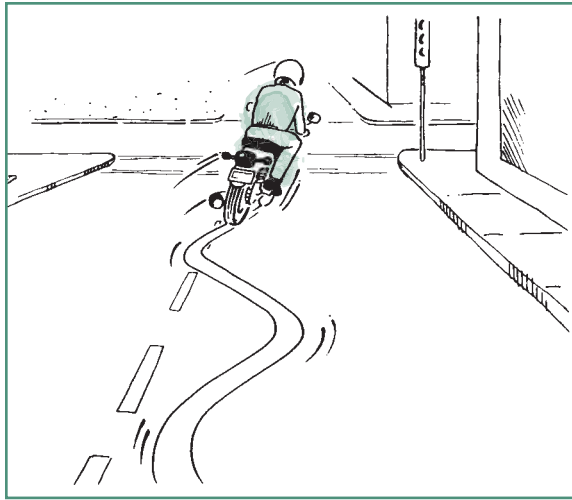
If you observe a motorcyclist to be inattentive to the surroundings, there is a better than average chance that the motorcyclist is a DWI violator.

Inappropriate or Unusual Behavior

There is a category of cues referred to as "inappropriate or unusual behavior." This category of cues includes behaviors such as operating a motorcycle while holding an object in one hand or under an arm, carrying an open container of alcohol, dropping something from a moving motorcycle, urinating at the roadside, arguing with another motorist, or otherwise being disorderly. If you observe inappropriate or unusual behavior by a motorcyclist, there is a better than average chance that the motorcyclist is a DWI offender.

Weaving

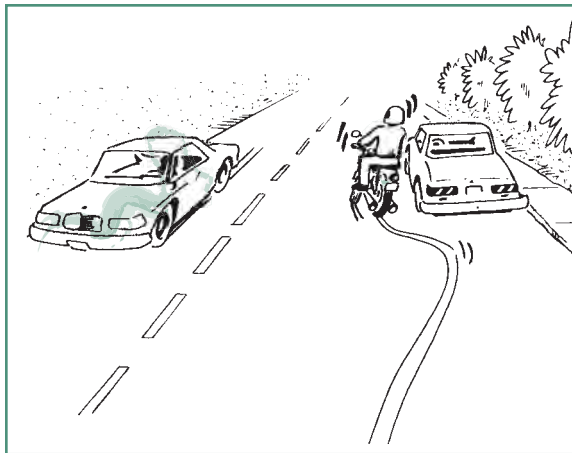
You are probably familiar with weaving as a predictor of DWI. If you see an automobile weaving there is a better than average chance the driver has exceeded the legal alcohol limits, but if you observe a motorcycle to be weaving, the probability of DWI is



even greater – weaving is an excellent cue. Weaving involves excessive movement within a lane or across lane lines, but does not include movements necessary to avoid road hazards.

Erratic Movements While Going Straight

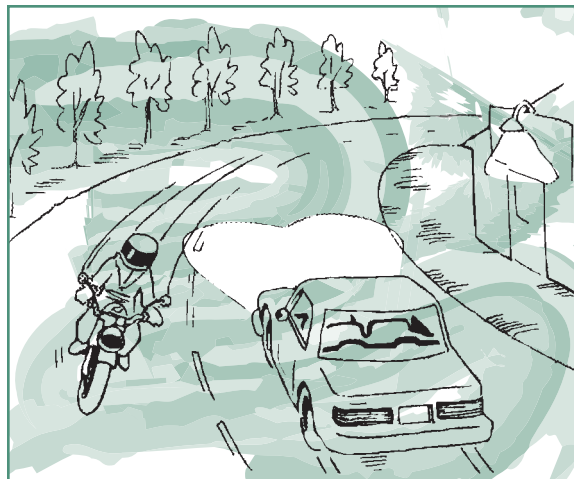
If you observe a motorcyclist making erratic movements or sudden corrections while attempting to ride in a straight line, study results indicated there is



a good probability that the rider is a DWI violator. In fact, during the study erratic movements while going straight were observed 30 to 49 percent of the time in relation to impaired driving.

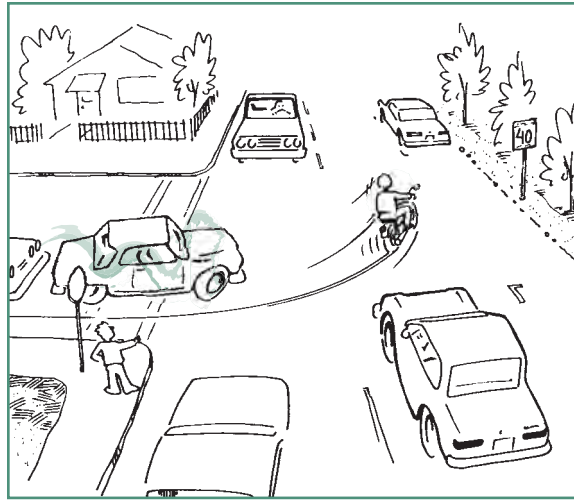
Operating without Lights at Night

Operating a motorcycle without lights at night is dangerous and can be another indicator of operator impairment. Study results showed that if you detect a motorcyclist riding at night without lights, there is a good chance that the operator is a DWI offender.



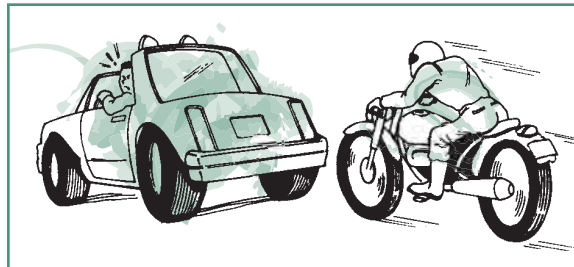
Recklessness

Motorcyclists tend to ride faster than automobiles so speeding is not necessarily a good predictor of DWI for motorcyclists. On the other hand, recklessness or riding too fast for the conditions was found to be a good indicator of operator impairment.



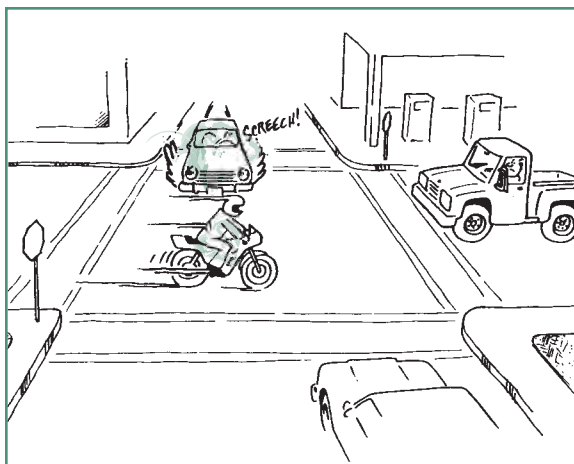
Following Too Closely

Following too closely, which is an unsafe following distance, is another indication of impaired operator judgment. During the study, this cue was found to be a good predictor of DWI by motorcycle riders.



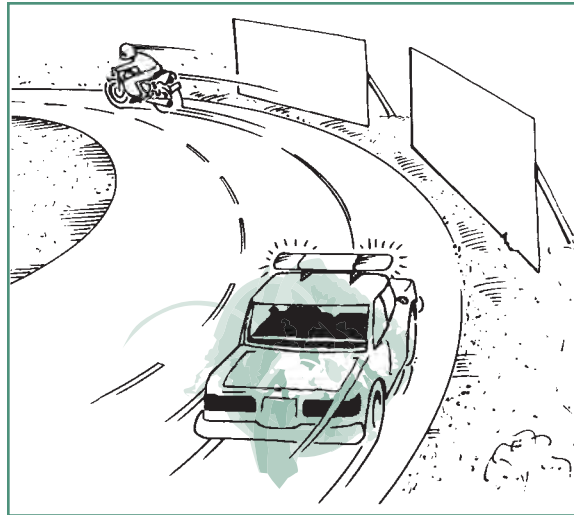
Running Stop Light or Sign

Failure to stop at a red light or stop sign can indicate either impaired vigilance capabilities (i.e., did not see the stop light or sign), or impaired judgment (i.e., decided not to stop). Whatever the form of impairment, if you observe a motorcyclist running a stop light or sign, there is a good chance that he or she is a DWI offender.



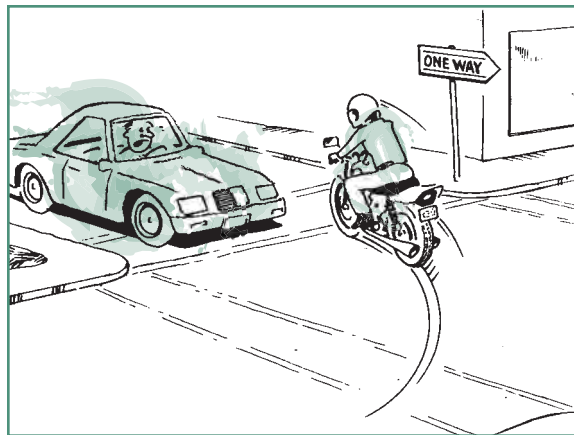
Evasion

Evasion, or fleeing an officer, is a recurring problem. If a motorcyclist attempts to evade an officer's enforcement stop, study results indicate there is a good chance he is a DWI violator as well.



Wrong Way

Obviously, riding into opposing traffic is dangerous. Study results showed that when you find a motorcycle going the wrong way in traffic, there is a good chance that the operator is under the influence. This includes going the wrong way on a one-way street, and crossing a center divider line to ride into opposing traffic.



Motorcycle DWI Detection Guide

NHTSA has found that the following cues predicted impaired motorcycle operation.

Excellent Cues (50% or greater probability)

- Drifting during turn or curve
- Trouble with dismount
- Trouble with balance at a stop
- Turning problems (e.g., unsteady, sudden corrections, late braking, improper lean angle)
- Inattentive to surroundings
- Inappropriate or unusual behavior (e.g., carrying or dropping object, urinating at roadside, disorderly conduct, etc.)
- Weaving

Good Cues (30 to 50% probability)

- Erratic movements while going straight
- Operating without lights at night
- Recklessness
- Following too closely
- Running stop light or sign
- Evasion
- Wrong way

This brochure and related training materials are based on NHTSA Technical Report DOT HS 807 839, The Detection of DWI Motorcyclists, which is available upon request from NHTSA's Safety Countermeasures Division (NTI-121), 1200 New Jersey Avenue SE., Washington, DC 20590.

DOT HS 807 856
revised March 2013



U.S. Department
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**National Highway
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Administration**



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EXPLAIN that the course consists of live lecture, presentation slides, group activities, and supplemental materials. The participant guide is theirs to keep.

The following icons are used throughout the guide.



Indicates an activity such as a discussion, game, or work session.



Indicates a website resource (web address).



Indicates a playable video.



Indicates an instructor note

All instructor notes appear in bold, italic font. Instructor notes do not appear in the participant manual.



Learning Objectives

- Understand results of selected SFST validation studies
- Define, describe, properly administer SFSTs
- Define nystagmus and distinguish between different types



Slide 2.



Learning Objectives

- Recognize, document, and articulate indicators and clues of the three SFSTs
- Identify limitations of the three SFSTs



Slide 3.



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

A. SFST Validation Studies

Session 3 – Standardized Field Sobriety Testing Review

Overview: Development and Validation

- NHTSA research began in 1975 in California
- Three final reports published
 - California: 1977 (lab study only)
 - California: 1981 (lab/field study)
 - Maryland, Washington, DC, Virginia, North Carolina: 1983 (field study only)

DWI DETECTION & SFST REFRESHER 3-4

Slide 4.

For many years, law enforcement officers have utilized field sobriety tests to determine a driver's impairment due to alcohol influence. The performance of the driver on those field sobriety tests was used by the officer to develop probable cause for arrest and as evidence in court. A wide variety of field sobriety tests existed and there was a need to develop valid SFSTs.


The National Highway Traffic Safety Administration (NHTSA) analyzed the original SCRI research laboratory test data and found HGN, by itself, was 77% accurate, WAT, by itself, was 68% accurate, and OLS, by itself, was 65% accurate.



Emphasize these percentages were from the original SCRI research for BACs of 0.10 or higher and were refined in the San Diego field validation study.

Session 3 – Standardized Field Sobriety Testing Review

SFST Field Validation Studies



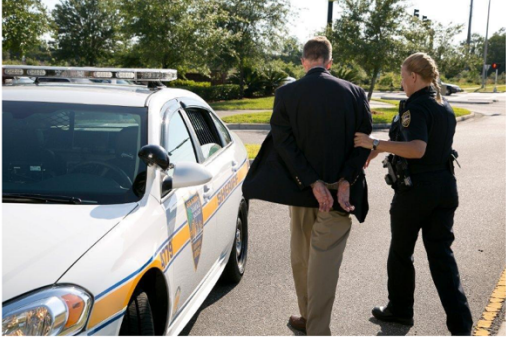
DWI DETECTION & SFST REFRESHER 3-5

Slide 5.

Three SFST validation studies were undertaken between 1995 and 1998. These were Colorado – 1995, Florida – 1997, and San Diego – 1998.

Session 3 – Standardized Field Sobriety Testing Review

“Correct” and “Incorrect” Arrest Decisions



DWI DETECTION & SFST REFRESHER 3-6

Slide 6.

In order to understand the results of the research studies discussed in this course, it is important to define what is meant by a correct arrest decision. A correct arrest decision is made when an officer, after completing the third phase of the detection process, decides to arrest a subject and that subject tested above the per se limit for BAC, or the officer decides to release a subject who is below the per se limit for BAC. The remaining subjects, incorrect arrest decisions, fall into two other categories. Members of the first group were not arrested but tested above the per se limit for BAC. The Colorado Study noted a number (approximately 33%) of these individuals were considered alcohol tolerant and performed well on the SFSTs even though

their BACs were above the per se limit. Although these release decisions were recorded as errors based on the procedures outlined in the study, this non-arrest decision ultimately benefited the driver.

For purposes of this study, the subjects who were arrested, but their BAC was below the per se limit, were also considered incorrect arrests. Many States stipulate in their statute a driver is considered DWI if they are either above the per se limit for BAC or are impaired. Even though these arrests are legally justifiable according to an individual State's statute, these decisions are recorded as errors in the research based on the procedures outlined in the study.



Emphasize it is important for the officer who is trained in SFST to prepare themselves to understand and explain these statistics in layman terms in order to effectively articulate them to a jury in a courtroom.

Each of these studies have shown the SFSTs are scientifically validated and are a reliable method for distinguishing between impaired and unimpaired drivers. It is important for the officer who is trained in SFST to prepare themselves to understand and explain these statistics in layman terms in order to effectively articulate them to a jury in a courtroom. Remember, if you do not know the answer to a defense question you can say, "I DON'T KNOW."

Session 3 – Standardized Field Sobriety Testing Review

Colorado Field Validation Study of SFST

- First full field validation study using SFST-experienced law enforcement
- 86% correct arrest/release decision based on three SFSTs
- 93% of those arrested had a BAC of 0.05 or higher

DWI DETECTION & SFST REFRESHER 3-7

Slide 7.

The Colorado SFST Validation Study was the first full field study that utilized law enforcement personnel experienced in the use of SFSTs. The initial 1977 study utilized only a few experienced officers in DWI enforcement in both a laboratory setting and field setting. These officers received approximately four hours of training in field sobriety testing prior to the laboratory study. In the Colorado study, correct arrest/release decisions were 86% accurate based on the three SFSTs (HGN, WAT, OLS) and 93% of arrested drivers had a BAC of 0.05 or higher. These results, by officers who were trained in the SFST curriculum, were higher than the initial 1977 study results.



Source:

Burns, M., & Anderson, E. (1995, November). *A Colorado Validation Study of the Standardized Field Sobriety Test (SFST) Battery*. Colorado Department of Transportation.

Session 3 – Standardized Field Sobriety Testing Review

Florida Field Validation Study of SFST

- 95% correct arrest decision based on three SFSTs
- Validated SFSTs at 0.08 BAC and above

DWI DETECTION & SFST REFRESHER 3-8

Slide 8.

The Florida SFST field validation study was undertaken in order to answer the question of whether SFSTs are valid and reliable indices of the presence of alcohol when used under present-day traffic and law enforcement conditions. Correct decisions to arrest were made 95% of the time based on the three SFSTs (HGN, WAT, OLS). This was the second SFST field validation study undertaken. This study was the first study conducted at the lower BAC limit of 0.08.



Source:

Burns, M., & Dioquino, T. (1997). *A Florida Validation Study of the Standardized Field Sobriety Test (SFST) Battery*. National Highway Traffic Safety Administration.

Session 3 – Standardized Field Sobriety Testing Review

San Diego Field Validation Study of SFST

- 91% correct-arrest decision for 0.08 BAC and above using three SFSTs
- HGN is still most reliable of three SFSTs and supports arrest decisions at 0.08 BAC

DWI DETECTION & SFST REFRESHER 3-9

Slide 9.

The San Diego SFST validation field study was undertaken because of the nationwide trend towards lowering the BAC limits to 0.08. The question to be answered was “Do SFSTs discriminate at BACs below 0.10%?” The study examined the validity of SFSTs for both .08% and .04%. Correct arrest decisions were made 91% of the time based on the three SFSTs (HGN, WAT, OLS) at the 0.08 level and above. This is the most current research used to describe the accuracy of the SFSTs.

Session 3 – Standardized Field Sobriety Testing Review

San Diego Field Validation Study of SFST

SFST	Accuracy (%)
HGN	88
WAT	79
OLS	83

DWI DETECTION & SFST REFRESHER 3-10

Slide 10.



Emphasize this is the study that should be referenced in court whenever possible.

- HGN was 88% accurate
- WAT was 79% accurate
- OLS was 83% accurate

The results of this study provide clear evidence of the validity of the three-tests to support arrest decisions at above or below 0.08. It strongly suggests the SFSTs also identify BACs at 0.04 and above.

Results: Three SFST 1990's Field Studies	
Study	% Correct
Colorado	86% Arrest/Release Decisions
Florida	95% Arrest Decisions
San Diego	91% Arrest Decisions



These percentages were obtained from experienced SFST personnel. With experience, properly administering and interpreting the SFSTs in a systematic and standardized manner, officers can obtain results similar to the studies mentioned above.

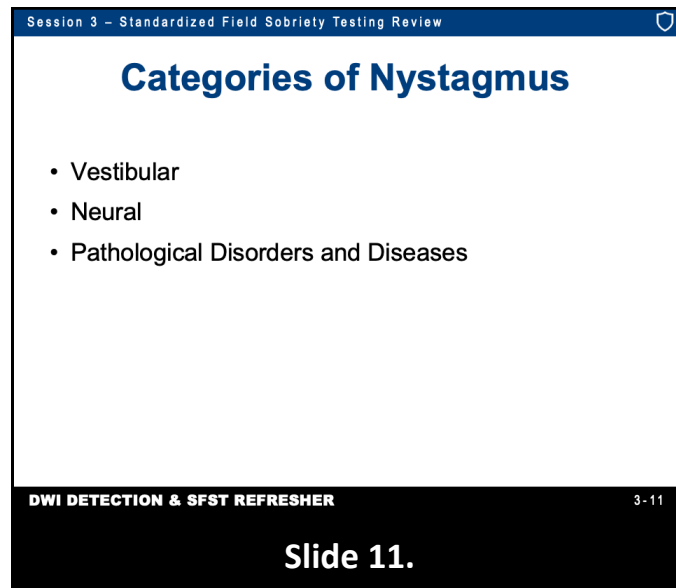
It is necessary to emphasize this validation applies only when the tests are administered in the prescribed and standardized manner, the standardized clues are used to assess the subject's performance, and the standardized criteria are employed to interpret that performance. If any one of the SFST elements is changed, the validity may be compromised.



Source:

Stuster, J., & Burns, M. (1998, August). *Validation of the Standardized Field Sobriety Test Battery at BACs Below 0.10 Percent*. Santa Barbara, CA: Anacapa Sciences, Inc.

B. Overview of Selected Types of Nystagmus



Session 3 – Standardized Field Sobriety Testing Review

Categories of Nystagmus

- Vestibular
- Neural
- Pathological Disorders and Diseases

DWI DETECTION & SFST REFRESHER 3-11

Slide 11.

HGN is not the only kind of nystagmus. There are other circumstances under which the eyes will jerk involuntarily. It is important to know some of the other common types of nystagmus and to be aware of their potential impact on field sobriety tests. Nystagmus of several different origins may be seen. The three general categories of nystagmus are Vestibular, Neural, and Pathological Disorders and Diseases.

Vestibular Nystagmus is caused by movement or action to the vestibular system. It can be caused by movement or action to the vestibular system that can occur when an individual is spun around and the fluid in the ear is disturbed or there is a change in the fluid (temperature, foreign substance, etc.).



Point out the vestibular system is a sense organ located in the inner ear. It provides information to the brain, and consequently to the eyes, about position and movement of the head to maintain orientation and balance of the body.


The HGN test will not be influenced by Vestibular Nystagmus when administered properly.

Nystagmus can also result directly from a disturbance to the neural system. In this course we will only be concerned with gaze-evoked Neural Nystagmus. Alcohol and/or specific drugs can cause three types of gaze nystagmus.

Session 3 – Standardized Field Sobriety Testing Review

Gaze Nystagmus

- Horizontal
- Vertical
- Resting



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Slide 12.

For our purposes, Gaze Nystagmus is separated into three types which are Horizontal, Vertical, and Resting.

Session 3 – Standardized Field Sobriety Testing Review

Horizontal Gaze Nystagmus

- Involuntary jerking of eyes, occurring as eyes gaze to side



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Slide 13.

Horizontal Gaze Nystagmus is an involuntary jerking of the eyes, occurring as the eyes gaze to the side. It is the observation of the eyes for Horizontal Gaze Nystagmus that provides the first and most accurate test in the SFSTs. Although this type of nystagmus is indicative of alcohol impairment, its presence may also indicate use of certain other drugs. Examples of other drug categories are CNS Depressants, Inhalants, and Dissociative Anesthetics such as PCP and its analogs.



Emphasize this training course is concerned with HGN and this procedure has been validated as an accurate indicator for alcohol influence by extensive scientific research.



Source:

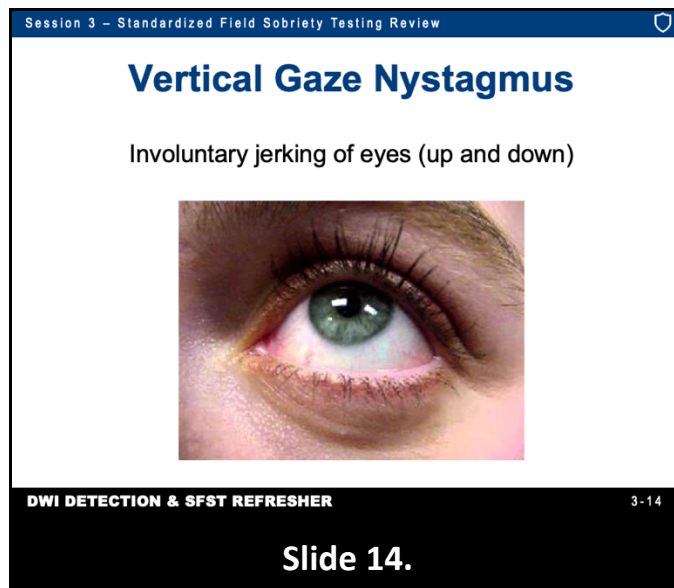
(1999). *Horizontal Gaze Nystagmus: The Science and the Law: A Resource Guide for Judges, Prosecutors and Law Enforcement*. National Traffic Law Center. National Highway Traffic Safety Administration. Retrieved from https://www.nhtsa.gov/sites/nhtsa.gov/files/documents/horizontal_gaze_nystagmus-the_science_and_the_law.pdf

Any deficiency in eye movement, especially if it is acquired or of recent onset, can impair a person’s ability to see properly. Drug impairment, including from alcohol, can affect eye movements in several ways, depending on the nature of the intoxicant used. Drug use, including alcohol, is understood to cause physiological changes that are acquired.



Source:

Leigh, R., & Zee, D. (2015). *The Neurology of Eye Movements, Fifth Edition*. Oxford University Press.



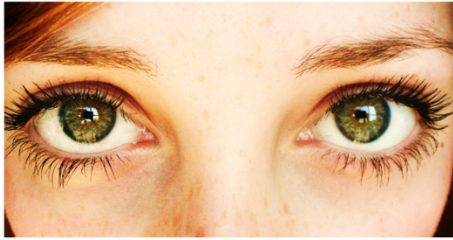
Vertical Gaze Nystagmus is an involuntary jerking of the eyes (up and down) which occurs when the eyes gaze upward at maximum elevation. The presence of this type of nystagmus is associated with high doses of alcohol for that individual. It may also be present with certain other drugs. The drugs that cause VGN are the same ones that cause HGN. There is no known drug that will cause VGN without causing at least four clues of HGN. If VGN is present and HGN

is not, it could be a medical condition. For VGN to be recorded, it must be distinct and sustained for a minimum of four seconds at maximum elevation.

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Resting Nystagmus

Jerking of eyes as they look straight ahead



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Slide 15.

Resting Nystagmus is referred to as a jerking of the eyes as they look straight ahead. Its presence usually indicates a medical condition or high doses of a Dissociative Anesthetic drug.

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Pathological Disorder Nystagmus

- Brain tumors and other brain damage
- Some inner ear diseases
- Rare in the driving population

DWI DETECTION & SFST REFRESHER 3-16

Slide 16.

Nystagmus may also be caused by certain pathological disorders. They include brain tumors and other brain damage or some diseases of the inner ear. These pathological disorders occur in very few people and in even fewer drivers. Congenital nystagmus is developed at birth and up to six months, while acquired nystagmus may be caused later in life from medical conditions and/or alcohol or drugs.



Point out nystagmus caused by pathological disorders is extremely rare in the driving population. Persons suffering from these disorders are rarely able to drive.

Individuals with a long-standing abnormality or deficiency in eye movements often learn to compensate in some manner. One example includes making a head movement rather than an eye movement when someone has a natural lack of smooth pursuit, not due to intoxication, illness, or trauma. Likewise, someone who has a constant and long-standing nystagmus may be able to detect and extract visual information between successive eye movements. Therefore, while the appearance to the officer may be abnormal, the person is not necessarily impaired.

Session 3 – Standardized Field Sobriety Testing Review

Horizontal Gaze Nystagmus Medical Impairment Assessment Procedures

Check eyes for:

- Equal Pupil Size
- Resting Nystagmus
- Equal Tracking



DWI DETECTION & SFST REFRESHER 3-17

Slide 17.

Prior to administration of HGN, the eyes are checked for Equal Pupil Size, Resting Nystagmus, and Equal Tracking (can they follow an object together). If the eyes do not track together, or if the pupils are noticeably unequal in size, the chance of medical disorders or injuries causing the nystagmus may be present. If the eyes track together, continue with the test and document the results.

Pupil size may be affected by some medical conditions or injuries. If the two pupils are distinctly different in size, it is possible the subject:

- Has a prosthetic eye
- Is suffering from a head injury
- Has a neurological disorder

Resting Nystagmus is referred to as jerking as the eyes look straight ahead. This condition is not frequently seen. Its presence usually indicates a pathology or high doses of a drug such as a Dissociative Anesthetic. Resting Nystagmus may also be a medical problem. Tracking ability may be affected by certain medical conditions or injuries involving the brain.



Demonstrate how to check for Equal Pupil Size, Resting Nystagmus, and Equal Tracking.

This observation is a medical assessment. If the two eyes do not track together, the possibility of a serious medical condition or injury is present. Officers are reminded to ask questions about the subject's eye and general health conditions prior to administering the HGN test. If a subject responds or volunteers information that he or she is blind in one eye or has an artificial eye, and the subject has equal tracking, the officer should make note of the abnormality and proceed with the HGN test. If there are any abnormal findings on the pre-test checks, the officer may choose not to continue with the testing. If HGN testing is continued, officers are reminded this does not follow the standardized protocol and should acknowledge such in any report.

If HGN testing is conducted on a person with a blind eye, typical inconsistent findings could be related to the blind eye not being able to see or track the stimulus, or when the normal eye can no longer see the stimulus, e.g., when checking Distinct and Sustained Nystagmus at Maximum Deviation on the blind eye side.



Source:

Citek, K. (2014). *Eye Tests on a Suspect with a Blind Eye*. Pacific University College of Optometry.

For most HGN testing, the normal eye can see the stimulus and the movement of either eye should be consistent with what is expected. When the normal eye can no longer see the stimulus, most commonly when assessing Distinct and Sustained Nystagmus at Maximum Deviation on the blind eye side, eye movements not consistent with nystagmus may be observed.

Session 3 – Standardized Field Sobriety Testing Review

Horizontal Gaze Nystagmus Testing: Three Clues

- Lack of Smooth Pursuit
- Distinct and Sustained Nystagmus at Maximum Deviation
- Onset of Nystagmus Prior to 45 Degrees

DWI DETECTION & SFST REFRESHER 3-18

Slide 18.

The HGN test is comprised of three separate components: Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, and Onset of Nystagmus Prior to 45 Degrees. This test may provide important indicators of alcohol and drug use.

The first recommended test you will use at roadside is HGN – an involuntary jerking of the eyes occurring as the eyes gaze to the side. When a person is impaired by alcohol or certain drugs, some jerking will be seen if the eyes are moved far enough to the side.



Inform the participants CNS Depressants, Inhalants, and Dissociative Anesthetics can cause HGN.

Lack of Smooth Pursuit (Clue Number One) – The eyes can be observed to jerk or "bounce" as they follow a smoothly moving stimulus, such as a pencil or penlight. The eyes of an impaired person will not follow smoothly, i.e., windshield wipers moving across a dry windshield. While not an actual Gaze Nystagmus, Lack of Smooth Pursuit is a validated clue in the HGN test.

Distinct and Sustained Nystagmus at Maximum Deviation (Clue Number Two) – Distinct and sustained nystagmus is evident when the eye is held at maximum deviation for a minimum of four seconds and continues to jerk toward the side.



Unimpaired people also may exhibit a slight jerking of the eye at maximum deviation, but this will not be evident or sustained for more than a few seconds.

Onset of Nystagmus Prior To 45 Degrees (Clue Number Three) – The jerking of the eye begins prior to the stimulus reaching an approximate 45-degree angle.

Session 3 – Standardized Field Sobriety Testing Review

Administrative Procedures

1. Check for eyeglasses
2. Verbal instructions
3. Position stimulus (12-15 inches and slightly above eye level)
4. Check for Equal Pupil Size and Resting Nystagmus
5. Check for Equal Tracking

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Slide 19.

Session 3 – Standardized Field Sobriety Testing Review

Administrative Procedures

6. Lack of Smooth Pursuit
7. Distinct and Sustained Nystagmus at Maximum Deviation
8. Onset of Nystagmus Prior to 45 Degrees
9. Total the clues
10. Check for Vertical Nystagmus

DWI DETECTION & SFST REFRESHER 3-20

Slide 20.

HGN

HGN and VGN can be observed directly and does not require special equipment. You will need a contrasting stimulus for the subject to follow with their eyes. This can be a penlight, pen, or similar object. The stimulus used should be held slightly above eye level, so the eyes are wide open when they look directly at it. It should be held approximately 12 - 15 inches in front of the nose. Remain aware of your position in relation to the subject at all times.

OFFICER SAFETY IS THE NUMBER ONE PRIORITY ON ANY TRAFFIC STOP.

Administrative Procedures

1. Check for eyeglasses
2. Verbal instructions
3. Position stimulus (12-15 inches and slightly above eye level)

4. Check for Equal Pupil Size and Resting Nystagmus
5. Check for Equal Tracking
6. Lack of Smooth Pursuit
7. Distinct and Sustained Nystagmus at Maximum Deviation
8. Onset of Nystagmus Prior to 45 Degrees
9. Total the clues
10. Check for Vertical Nystagmus

Session 3 – Standardized Field Sobriety Testing Review

Horizontal Gaze Nystagmus Procedures

1. Check for eyeglasses
2. Verbal instructions
3. Position stimulus

Slide 21.

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It is important to administer the HGN test systematically using the following steps to ensure nothing is overlooked.



There are 10 steps in the systemic administration of the HGN test.

Step 1: Check for Eyeglasses (Note if subject wears contacts especially colored contacts because some colored contacts may affect the ability to compare pupil size). Begin by instructing the subject to remove eyeglasses, if worn.



Point out eyeglasses may impede the subject's peripheral vision and may also impede the officer's ability to observe the eye carefully.

It does not matter whether the subject can see the stimulus with perfect clarity. The subject just needs to see it and be able to follow it.



Remind participants nystagmus is not a vision test.

Step 2: Verbal instructions. Give the subject the appropriate verbal instructions:



Point out officers should note whether subject sways, wobbles, etc. while trying to balance.

- Put feet together, hands at the side
- Keep head still
- Look at the stimulus
- Follow movement of the stimulus with the eyes only
- Keep looking at the stimulus until told the test is over



Emphasize these are the major points that must be conveyed during the verbal instructions.

Step 3: Position the Stimulus. Position the stimulus approximately 12 - 15 inches (30 - 38 cm) in front of subject's nose and slightly above eye level to commence the test. Resting Nystagmus may be observed at this time. Officers should note whether the subject displays Resting Nystagmus.

Session 3 – Standardized Field Sobriety Testing Review

Horizontal Gaze Nystagmus Procedures

4. Equal Pupil Size and Resting Nystagmus
5. Equal Tracking

DWI DETECTION & SFST REFRESHER 3-22

Slide 22.

Step 4: Equal Pupil Size and Resting Nystagmus. Check for Equal Pupil Size and Resting Nystagmus.



Remind the participants, if Resting Nystagmus is observed, they can continue with the remainder of the test to check for other possible indicators of impairment and any possible indicators of a medical condition.

Remind participants to also check for Resting Nystagmus when checking for Equal Pupil Size.

Step 5: Equal Tracking. Check for Equal Tracking. Move the stimulus from center to far right, to far left, and back to center. The speed of the stimulus should be approximately the same speed used as checking for the Lack of Smooth Pursuit. This check may be done more than once.

There should be a clear, distinguishable break between the check for Equal Tracking and Lack of Smooth Pursuit.

If there are any abnormal findings on the pre-test checks, the officer may choose not to continue with the testing. If HGN testing is continued, officers are reminded this does not follow the standardized protocol and should acknowledge such in any report.

Horizontal Gaze Nystagmus Procedures

6. Check for Lack of Smooth Pursuit
7. Check for Distinct and Sustained Nystagmus at Maximum Deviation
8. Check for Onset of Nystagmus Prior to 45 Degrees

Slide 23.

Step 6: Lack of Smooth Pursuit. Check the left eye for lack of the "Smooth Pursuit" clue. If the eye is observed to jerk while moving, that is one clue. Check the right eye for lack of the "Smooth Pursuit" clue and compare. Check each eye at least twice.



Remind participants to make at least two complete passes in front of the eyes to check this clue.

Step 7: Check the right and left eye for the "Distinct and Sustained Nystagmus at Maximum Deviation" clue. If the jerkiness is distinct and sustained, that is one clue. Check each eye at least twice.



Emphasize the jerking must be definite, distinct and sustained in order to record this clue. Remind participants to check each eye at least twice for this clue.

Check the right eye for the "Distinct and Sustained Nystagmus at Maximum Deviation" clue and compare.

Point out in most cases no white should be showing in the corner of the eye when observing this clue.

Step 8: Onset of Nystagmus Prior to 45 Degrees. Check the left eye for the "Onset of Nystagmus Prior to 45 Degrees" clue. If the jerking begins prior to an approximate 45-degree angle, that is one clue.



Remind participants to check each eye at least twice for this clue. Point out, for many subjects, nystagmus clues will appear in the sequence listed.

Check the right eye for "Onset of Nystagmus Prior to 45 Degrees" clue and compare. Check each eye at least twice.

Session 3 – Standardized Field Sobriety Testing Review

Horizontal Gaze Nystagmus Procedures

9. Total the clues
10. Check for Vertical Gaze Nystagmus

Slide 24.

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Step 9: Total the clues. Maximum number of clues possible for each eye: 3. Total maximum number of clues possible for both eyes: 6



Also, point out the subject's performance may not be exactly identical in both eyes.

It is possible all three clues definitely will be found in one eye, while only two (or sometimes only one) will show up in the other eye. It is always necessary to check both eyes and to check them independently. Notwithstanding, it is unlikely the eyes of someone under the influence of alcohol will behave totally different. Thus, if one eye shows all three clues distinctly while the other eye gives no evidence of nystagmus, the person may be suffering from one of the pathological disorders covered previously.



As BAC increases, many people first show inability of smooth pursuit, then show distinct jerkiness at maximum deviation, and finally show an onset within 45 degrees. However, that may not always be true.

Step 10: Check for Vertical Nystagmus. The VGN test is simple to administer. During the VGN test, look for jerking as the eyes gaze up and are held for a minimum of four seconds at maximum elevation. Position the stimulus horizontally and 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 and hold for a minimum of four seconds. Watch closely for evidence of the eyes jerking upward. The jerking must be definite, distinct and sustained.

Test Interpretation

Look for three clues of nystagmus in each eye:

- Lack of Smooth Pursuit
- Distinct and Sustained Nystagmus at Maximum Deviation
- Onset of Nystagmus Prior to 45 Degrees

Slide 25.

You should look for three clues of nystagmus in each eye.

- Lack of Smooth Pursuit (The eye cannot follow a moving object smoothly)
- Distinct and Sustained Nystagmus at Maximum Deviation (nystagmus is distinct and sustained when the eye is held at maximum deviation for a minimum of four seconds)
- Onset of Nystagmus Prior to 45 Degrees

Based on recent research, if you observe four or more clues it is likely the subject's BAC is at or above 0.08. Using this criterion, you will be able to classify about 88% of your subjects accurately. This was determined during laboratory and field testing and helps you weigh the various SFSTs as you make your arrest decision.



This accuracy level was determined through the San Diego Study (“Validation of the Standardized Field Sobriety Test Battery at BACs Below 0.10%”). These percentages were obtained from experienced SFST personnel. With experience, properly administering and interpreting the SFSTs in a systematic and standardized manner, officers can obtain results similar to the studies mentioned above. Remind participants this validation applies only when:

- ***The tests are administered in the prescribed, standardized manner***
- ***The standardized clues are used to assess the subject’s performance***
- ***The standardized criteria are employed to interpret that performance***



Three Clues of Horizontal Gaze Nystagmus

- Lack of Smooth Pursuit
- Distinct and Sustained Nystagmus at Maximum Deviation
- Onset of Nystagmus Prior to 45 Degrees

Slide 26.



It is important participants start with the subject's left eye first. Then check the right eye for the same clue. This procedure should be used for all three clues.

When we administer the HGN test, we look for three specific clues as evidence of impairment. We check each eye independently for each clue.



Remind the participants to check each eye twice for each clue.

For standardization, begin with the subject's left eye. Check for the first clue. Next, check right eye for same clue. Repeat this procedure for each clue starting with left eye, then right eye. Compare and document the results. When we are checking an eye, it is good practice to administer the test by the numbers each time, to make sure no step is overlooked.




EMPHASIZE OFFICER SAFETY IS OF KEY IMPORTANCE WHEN ADMINISTERING THESE TESTS.

Session 3 – Standardized Field Sobriety Testing Review

Clue Number 1

Lack of Smooth Pursuit



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Slide 27.

The first clue requires the subject move the eye to follow the motion of a smoothly moving stimulus.



Emphasize subject must keep their head still and follow the stimulus with their eyes only.

The stimulus may be the eraser on a pencil, the tip of a penlight, the tip of your finger, or any similar small object.

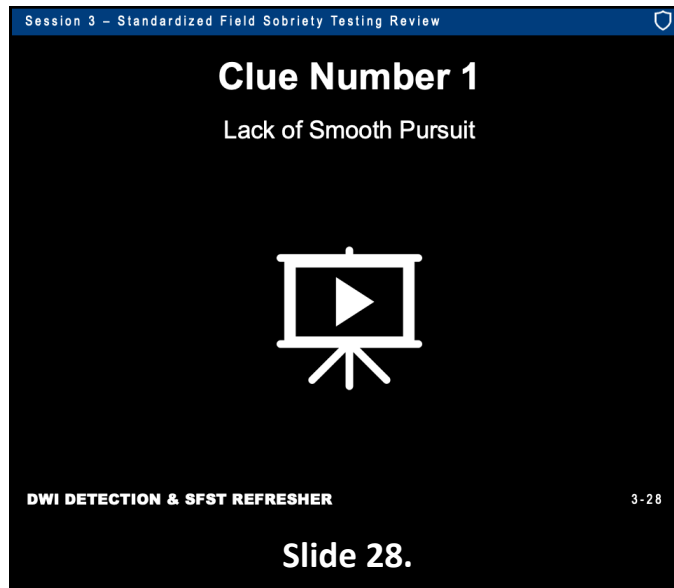


Emphasize it is best to use a stimulus which contrasts with the background.

Begin by holding the stimulus vertically approximately 12 - 15 inches (30 - 38 cm) in front of the subject's nose and slightly above eye level.



Point out when stimulus is slightly higher than eye level, subject will have to open eyes wide to focus on it. Wide open eyes make it easier to see the nystagmus.



Note: *This video will loop continuously until you go to the next slide.*



Move the stimulus smoothly all the way out to the right (checking subject's left eye first). Move the object from center to the side as far as the eye can move. Then move the stimulus smoothly all the way across the subject's face to the left (checking the subject's right eye), then back to center. Carefully watch the subject's left eye then right eye and determine if they are able to pursue smoothly. Make at least two complete passes with the stimulus. The stimulus must be moved in a smooth, continuous manner without stopping at either side or the center while checking for this clue. If a person is not impaired by alcohol (or drugs that cause HGN), the eyes should move smoothly as the object is moved back and forth. Analogy: movement of the eyes of a person not impaired by alcohol (or drugs that cause HGN) will be similar to the movement of windshield wipers across a wet windshield versus an impaired person and windshield wipers moving across a dry windshield.

Lack of smooth pursuit can impair the ability to see details (such as when reading a sign) or make accurate observations (as of the direction and speed of another vehicle) when there is relative motion between the observer and the target (one or the other is moving, or both are moving but at different speeds and/or different directions).

Session 3 – Standardized Field Sobriety Testing Review

Mechanics of Clue Number 1

Move object steadily at a speed that takes approximately 2 seconds to bring the eye from center to side

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Slide 29.

It is necessary to move the object smoothly in order to check the eye's ability to pursue smoothly. The stimulus should be moved from center position, all the way out to the right (checking subject's left eye) where the eye can go no further, and then all the way back across subject's face all the way out to the left where the eye can go no further (checking subject's right eye) and then back to the center.



Demonstrate.

The object must be moved steadily, at a speed that takes approximately 2 seconds to bring the eye from center to side.



Demonstrate.

In checking for this clue, make at least two complete passes in front of the eyes.

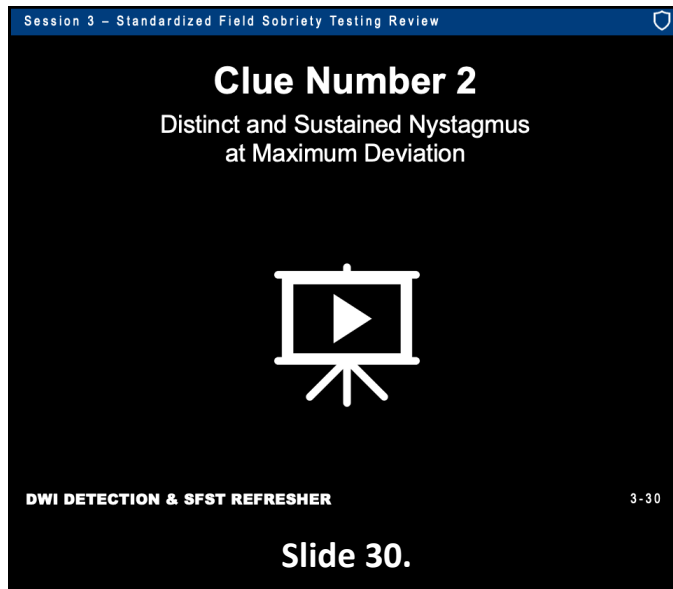


Demonstrate.

If you are still not able to determine whether or not the eye is jerking as it moves, additional passes may be made in front of the eyes.



Point out: the stimulus must be moved in a smooth, continuous manner without stopping at either side or the center while checking for this clue.



Note: This video will loop continuously until you go to the next slide.



Once you have completed the check for Lack of Smooth Pursuit, you will check the eyes for distinct and sustained nystagmus when the eye is held at maximum deviation, beginning with the subject's left eye.

The Mechanics of Clue Number 2: Once again, position the stimulus approximately 12 - 15 inches (30 - 38 cm) in front of subject's nose and slightly above eye level.



Demonstrate.

Move the stimulus off to the right (checking subject's left eye) until the eye has gone as far as possible.



Demonstrate holding the stimulus steadily off to the side.

Hold the stimulus steady at that position for a minimum of four (4) seconds and carefully watch the eye.




Point out four (4) seconds is a relatively long period of time. You cannot simply hold the eye to the side for an instant and expect to observe distinct jerking.

Then, move the stimulus back across the subject's face all the way out to the left (subject's right eye).

Session 3 – Standardized Field Sobriety Testing Review

Clue Number 2

Distinct and Sustained Nystagmus
at Maximum Deviation



DWI DETECTION & SFST REFRESHER 3-31

Slide 31.

Hold the stimulus steady and carefully watch the eye. If the person is impaired, the eye is likely to exhibit distinct and sustained jerking when held at maximum deviation for a minimum of 4 seconds. This type of nystagmus is different from fatigue nystagmus. Fatigue nystagmus is a result of the tiring of the eye muscles when the eyes are held at maximum deviation for at least 30 seconds. Four seconds will not cause fatigue nystagmus.



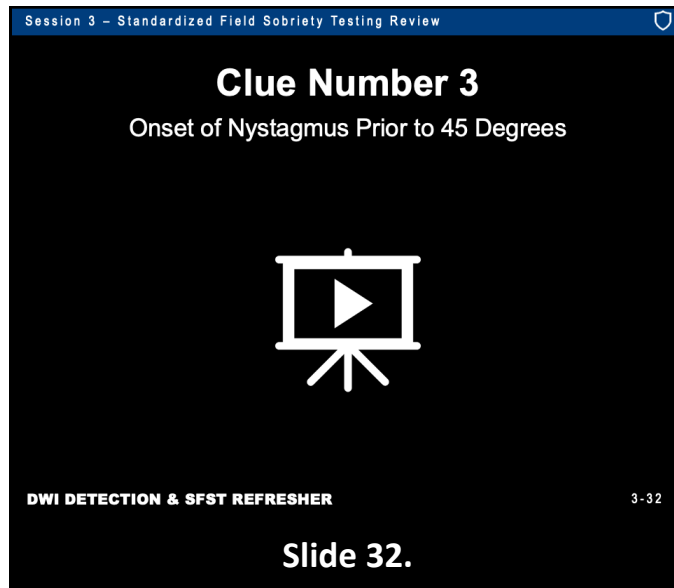
Emphasize this point.

In order to "count" this clue as evidence of impairment, the nystagmus must be distinct and sustained for a minimum of 4 seconds. If you think you see only slight nystagmus at this stage of the test or if you have to convince yourself nystagmus is present, then it isn't really there.



ONCE AGAIN, EMPHASIZE OFFICER SAFETY.

A subject with distinct and sustained nystagmus at maximum deviation, as a result of alcohol or drug impairment, experiences a reduction of visual acuity (clarity or sharpness of vision).



Note: *This video will loop continuously until you go to the next slide.*



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



EMPHASIZE OFFICER SAFETY.

The angle of onset of nystagmus is simply the point at which the eye is first seen jerking. Examples: With someone at a very high BAC (0.20+), the jerking might begin almost immediately after the eye starts to gaze toward the side. For someone at 0.08 BAC, the jerking might not start until the eye has moved nearly to the 45-degree angle. Generally speaking, the higher the BAC, the sooner the jerking will start as the eye moves toward the side. If the jerking begins prior to 45 degrees, that person's BAC could be 0.08 or above.




THE ADMINISTRATION OF HGN IS NOT TO BE USED TO QUANTIFY A SPECIFIC BAC AT THIS LEVEL OF TRAINING.

A subject with an angle of onset of nystagmus prior to 45 degrees, as a result of alcohol or drug impairment, also experiences a reduction of visual acuity (clarity or sharpness of vision).

Session 3 – Standardized Field Sobriety Testing Review

Clue Number 3

Onset of Nystagmus Prior to 45 Degrees



DWI DETECTION & SFST REFRESHER 3-33

Slide 33.

It is not difficult to determine when the eye has reached the 45-degree point, but it does require some practice.



Instruct participants whatever distance you position the stimulus from the nose, you will reach 45 degrees when you have moved the stimulus an equal distance to the side. (i.e., If you start with the stimulus 12 inches from the nose, move it 12 inches to the side.) QUANTIFY A SPECIFIC BAC AT THIS LEVEL OF TRAINING.

If you start with the stimulus approximately 12 - 15 inches (30 - 38 cm) directly in front of the nose, you will reach 45 degrees when you have moved the stimulus an equal distance to the side. At 45 degrees, some white usually will still be visible in the corner of the eye (for most people). Some people's eyes may not exhibit white in the corner at 45 degrees.



Mechanics of Clue Number 3



DWI DETECTION & SFST REFRESHER

3-34

Slide 34.

The stimulus is positioned approximately 12 - 15 inches from (30 - 38 cm) subject's nose and slightly above eye level. It is necessary to move the stimulus slowly to identify the point at which the eye begins to jerk.

Start again with the subject's left eye. The stimulus should be moved at a speed that takes approximately 4 seconds or more to travel from center to approximately 45 degrees. Moving the stimulus at a slower speed aids the officer in observing when the eye first begins to jerk.



Demonstrate stopping the stimulus and holding it steady.

As you are slowly moving the stimulus, watch the eye carefully for any sign of jerking.



Demonstrate movement at that speed.

When you see the eye jerk, stop moving the stimulus, hold it at that position, and verify the jerking continues. If the jerking is not evident with the stimulus held steady, you have not located the point of onset. Therefore, resume moving the stimulus slowly toward the side until you notice the jerking again.




Point out nystagmus doesn't go away once the eye stops moving. If the officer actually has found the point of onset, the eye will continue to jerk when the stimulus is held steady.

When you locate the point of onset of nystagmus, stop moving the stimulus and determine whether it is prior to approximately 45 degrees. If nystagmus is not observed prior to approximately 45 degrees, stop and hold the stimulus at an approximate 45-degree angle to verify the nystagmus is not present.

Session 3 – Standardized Field Sobriety Testing Review

Horizontal Gaze Nystagmus Test Criterion

4 or more clues indicates
BAC above 0.08 (88% accurate)



DWI DETECTION & SFST REFRESHER 3-35

Slide 35.

Based upon the original developmental research into HGN, the criterion for this test is 4. If a person exhibits at least 4 out of the possible 6 clues, the implication is a BAC above 0.08. Using this criterion, the test is 88% accurate.



Remind participants the SFST field evaluation study conducted in San Diego in 1998 indicated “HGN alone provides valid indications to support arrest decisions at 0.08 BAC.” These percentages were obtained from experienced SFST personnel. With experience, properly administering and interpreting the SFSTs in a systematic and standardized manner, officers can obtain results similar to the studies mentioned above. Remind participants this validation applies only when:

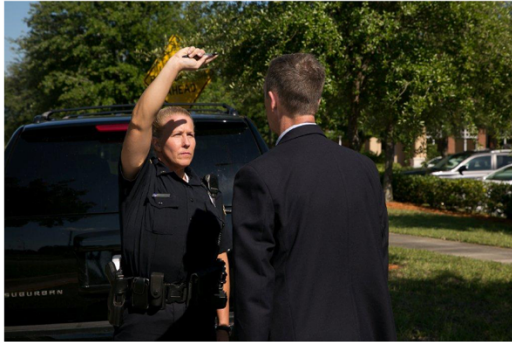
- ***The tests are administered in the prescribed, standardized manner***
- ***The standardized clues are used to assess the subject’s performance***
- ***The standardized criteria are employed to interpret that performance***

Test Demonstration. Choose a participant to serve as a demonstration subject.

Advance to next slide to conduct demonstration.

Session 3 – Standardized Field Sobriety Testing Review

Vertical Gaze Nystagmus



DWI DETECTION & SFST REFRESHER 3-36

Slide 36.

The VGN test is simple to administer. Look for jerking when the eyes are held at maximum elevation for a minimum of four seconds.

- Position the stimulus horizontally, approximately 12 - 15 inches in front of the subject's nose
- Instruct the subject to hold the head still and follow the object with the eyes only
- Raise the object until the subject's eyes are elevated as far as possible
- Hold for a minimum of four seconds
- Watch closely for evidence of the eyes jerking upward
- Conduct this check at least twice




Point out VGN was not examined in the original research that led to the validation of the SFSTs (HGN, WAT, and OLS).

For VGN to be recorded, it must be distinct and sustained for a minimum of four seconds at maximum elevation. VGN may be present in subjects under the influence of high doses of alcohol for that individual, and some other drugs.

Session 3 – Standardized Field Sobriety Testing Review

Horizontal Gaze Nystagmus Demonstration



DWI DETECTION & SFST REFRESHER 3-37

Slide 37.



Show HGN Video (approximately two minutes)




C. Psychophysical Field Sobriety Tests

Session 3 – Standardized Field Sobriety Testing Review

Walk and Turn

Divided Attention Test
Mental Task and Physical Task

- Instruction stage
- Walking stage



DWI DETECTION & SFST REFRESHER 3-38

Slide 38.

Test Stages: Like all divided attention tests, WAT has two stages. They are: Instruction stage and Walking stage. Both stages are important because they can affect the subject's overall performance on the test.

Test Conditions: Whenever possible, the WAT test should be conducted on a reasonably dry, hard, level, non-slippery surface. There should be sufficient room for subjects to complete nine

heel-to-toe steps. Field validation studies have indicated varying environmental conditions have not affected a subject's ability to perform this test. Standardizing this test for every type of road condition is unrealistic. The original research study recommended this test be performed on a dry, hard, level, non-slippery surface and relatively safe conditions. If not, the research recommends: 1) subject be asked to perform the test elsewhere, or 2) only HGN be administered.

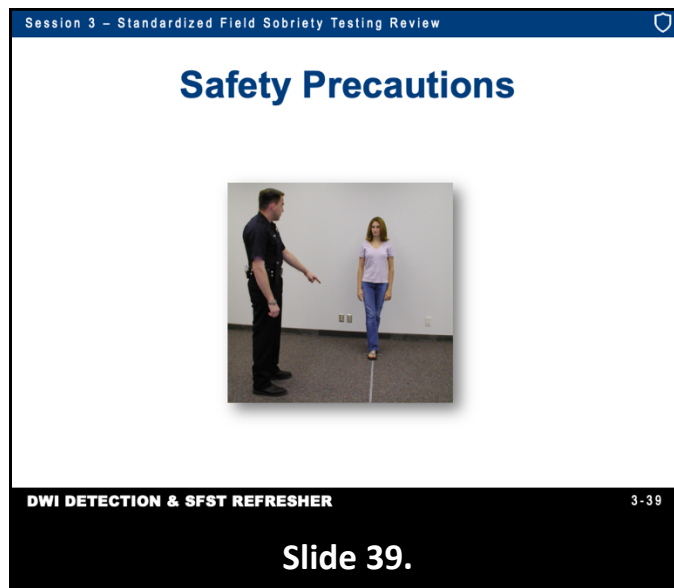
The original SCRI studies suggested individuals over 65 years of age or people with back, leg, or inner ear problems had difficulty performing this test. Less than 1.5% of the test subjects in the original studies were over 65 years of age. Also, the SCRI studies suggest individuals wearing heels more than 2 inches high should be given the opportunity to remove their shoes. Officers should consider all factors when conducting SFSTs.



Stress to participants to consider age along with environmental factors, location, injury, or physical ailments while administering this test. The importance of the totality of all factors should not be overlooked.

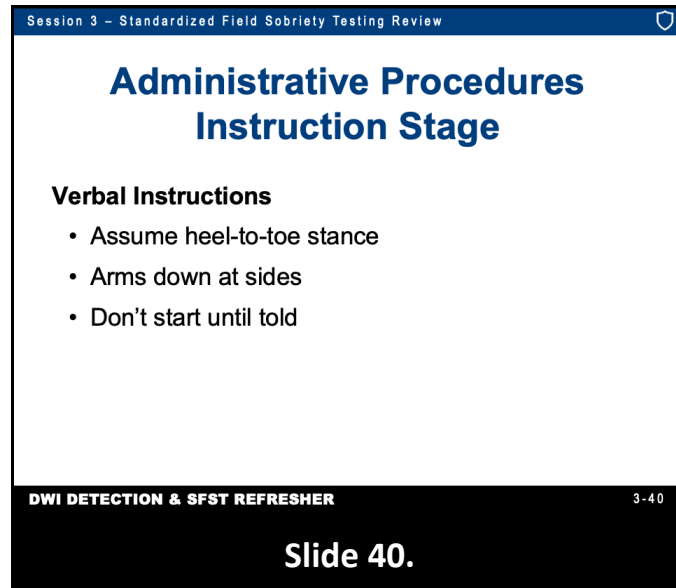
Point out subjects with heels two inches or more or any other form of unusual footwear (i.e., flip flops, platform shoes, etc.) should be afforded the opportunity to remove that footwear prior to the test.

Remind participants prior to administering psychophysical tests to ask the subject if they have any physical problems or disabilities.



Emphasize the officer should not turn his/her back to the subject for safety reasons.

Officers should be mindful of safety precautions when providing instructions for the WAT. By demonstrating the test perpendicular to the subject's "line" and initiating the demonstration with the subject to the left of the officer, the officer will properly demonstrate the turn WITHOUT turning his/her back to the subject. Officers should always be aware of their surroundings and environment when conducting DWI roadside investigations.



For standardization in the performance of this test, have the subject assume the heel-to-toe stance by giving the following verbal instructions, accompanied by demonstrations.

- Place your left foot on the line (real or imaginary).



Demonstrate placement of left foot.

- Place your right foot on the line ahead of the left foot, with the heel of your right foot against the toe of the left foot.



Demonstrate placement of both feet.

- Place your arms down at your sides.



Demonstrate placement of arms at sides.

- Maintain this position until I have completed the instructions. Do not start to walk until told to do so.
- Do you understand the instructions so far? (Make sure subject indicates understanding.)



Emphasize officer must receive some affirmative response before continuing.

Session 3 – Standardized Field Sobriety Testing Review

Administrative Procedures Walking Stage

- Nine heel-to-toe steps, turn, nine heel-to-toe steps
- Turn procedures:
 - Turn around on the line
 - Several small steps

Slide 41.

DWI DETECTION & SFST REFRESHER 3-41



A straight line must be available for this and subsequent demonstrations. A strip of masking tape on the floor of the classroom will prove suitable continuing.

Explain the test requirements by giving the following instructions, accompanied by demonstrations:

- When I tell you to start, take nine heel-to-toe steps on the line, turn, and take nine heel-to-toe steps down the line.



Demonstrate a minimum of three heel-to-toe steps.

- When you turn, keep the front (lead) foot on the line, and turn by taking a series of small steps with the other foot, like this.



Demonstrate the turn and a minimum of three heel-to-toe return steps.

- While you are walking, keep your arms at your sides, watch your feet at all times, and count your steps out loud.
- Once you start walking, don't stop until you have completed the test.
- Do you understand the instructions? (Make sure subject understands.)
- Instruct the person to begin the test.



Instructor's demonstration (repeat if necessary).

If the subject does not count out loud or watch his/her feet, remind him/her to perform these tasks. This interruption will not affect the validity of the test and is essential for evaluating divided attention.




Instruct the participants there may be instances when the officer may have to remind the subject the first step taken from the heel-to-toe position is step one.

Session 3 – Standardized Field Sobriety Testing Review

Instruction Stage Clues

- Cannot keep balance while listening to instructions
- Starts too soon



DWI DETECTION & SFST REFRESHER 3-42

Slide 42.

Test Interpretation: You may observe a number of different behaviors when a subject performs this test. Original research demonstrated the behaviors listed below are likely to be observed in someone with a BAC at or above 0.08. Look for the following clues each time this test is given:

Cannot keep balance while listening to the instructions. Two tasks are required at the beginning of this test. The subject must balance heel-to-toe on the line, and at the same time, listen carefully to the instructions. Typically, the person who is impaired can do only one of these things. The subject may listen to the instructions, but not keep balance. Record this clue if the subject does not maintain the heel-to-toe position throughout the instructions. (Feet must actually break apart or step off the line.) Do not record this clue if the subject sways or uses the arms to balance but maintains the heel-to-toe position.



Instructor may break away from the heel-to-toe stance at this point.

Demonstrate actions that constitute “Cannot keep balance while listening to instructions” and demonstrate other actions that do not justify recording this clue.

Starts too soon. The impaired person may also keep balance, but not listen to the instructions. Since you specifically instructed the subject not to start walking "until I tell you to begin," record this clue if the subject does not wait.



Emphasize this clue can't be recorded unless subject was told not to start walking until directed to do so.

Stress these first two clues, like all clues in this test, can be accumulated only once.

Demonstrate.

Session 3 – Standardized Field Sobriety Testing Review

Walking Stage Clues

- Stops while walking
- Does not touch heel-to-toe
- Steps off the line
- Uses arm(s) to balance
- Improper turn
- Incorrect number of steps

DWI DETECTION & SFST REFRESHER 3-43

Slide 43.

Stops while walking. The subject stops while walking. Do not record this clue if the subject is merely walking slowly.



Emphasize it is because of this clue that it is important to inform the subject not to stop walking once the test begins.

Also emphasize a stop should be clear and deliberate and it could be attributed to a number of things, i.e., trying to regain balance, problems with divided attention, or problems remembering the instructions. For this clue, officers may need to articulate the suspected reason for the stop in their report.

Does not touch heel-to-toe. The subject leaves a space of one-half inch or more between the heel and toe on any step.

Steps off the line. The subject steps so that one foot is entirely off the line.

Uses arm(s) to balance. The subject raises one or both arms six or more inches from the sides in order to maintain balance.



Point out a movement of the arms of six or more inches from the side is required to record this clue.

Demonstrate each of these clues.

Point out it is often possible to note two of these clues simultaneously.

Examples: (Demonstrate)

Improper turn. The subject removes the front foot from the line while turning. Also record this clue if the subject has not followed directions as instructed, i.e., spins or pivots around or loses balance while turning.



Inform the participants there may be times when the subject takes a wrong number of steps or begins the heel-to-toe walk with the wrong foot resulting in a turn on the right foot instead of the left. If this occurs the subject would normally be assessed a clue for an incorrect number of steps and not assessed a clue for an improper turn if the turn was made using a series of small steps as instructed and the subject did not lose his/her balance while attempting the turn. This recording is consistent with the original research and training conducted by the SCRI and with the administration and recording of the WAT test in the San Diego Field Study.

Demonstrate various ways of turning incorrectly (i.e., pivots, spins).

Incorrect number of steps. Record this clue if the subject takes more or fewer than nine steps in either direction.



Emphasize it is the number of steps the subject physically takes that matters here. Mistakes in the verbal count do not justify recording this clue.

Session 3 – Standardized Field Sobriety Testing Review

Walk and Turn Test Clues Summary

SFSTs are a tool to assist you in seeing visible signs of impairment and are not a pass/fail test.

DWI DETECTION & SFST REFRESHER 3-44

Slide 44.

If subject can't do the test, record observed clues and document the reason for not completing the test, e.g., subject's safety.



Emphasize officers should be prepared to explain in court why the subject could not complete the test.

Remember the SFSTs are a tool to assist you in seeing visible signs of impairment and are not a pass/fail test.


Subject gets into a "leg lock" position (legs crossed, unable to move.) If the subject has difficulty with the test (for example, steps off the line), continue from that point, not from the beginning. This test may lose its sensitivity if it is repeated several times. Observe the subject from a safe distance and limit your movement which may distract the subject during the test.

Always consider officer safety.

Session 3 – Standardized Field Sobriety Testing Review

Walk and Turn Test Criterion

2 or more clues indicates BAC
at or above 0.08 (79% accurate)



DWI DETECTION & SFST REFRESHER 3-45

Slide 45.

Based on research, if the subject exhibits two or more clues on this test or cannot complete it, classify the subject's BAC as at or above 0.08. Using this criterion, you will be able to accurately classify 79% of your subjects.



This accuracy level was determined through the San Diego Study. These percentages were obtained from experienced SFST personnel. With experience, properly administering and interpreting the SFSTs in a systematic and standardized manner, officers can obtain results similar to the studies mentioned above. Remind participants this validation applies when:

- ***The tests are administered in the prescribed, standardized manner***
- ***The standardized clues are used to assess the subject's performance***
- ***The standardized criteria are employed to interpret that performance***

Source:

Stuster, J., & Burns, M. (1998, August). *Validation of the Standardized Field Sobriety Test Battery at BACs Below 0.10 Percent*. Santa Barbara, CA: Anacapa Sciences, Inc.

Review of Divided Attention Definition: WAT is a field sobriety test based on the important concept of divided attention.



Pose this question: "What driving skills are assessed during the WAT test?" Lead the discussion, as these items were previously identified in Session 7.

The test requires the subject to divide attention among mental tasks and physical tasks. The mental tasks include comprehension of verbal instructions, processing of information, and recall of memory. The physical tasks include balance and coordination. The subject is required to maintain balance and coordination while standing still, walking, and turning.

Session 3 – Standardized Field Sobriety Testing Review

Walk and Turn Demonstration



DWI DETECTION & SFST REFRESHER 3-46

Slide 46.



Click to start demonstration video (approximately one minute, 30 seconds).




One Leg Stand

Session 3 – Standardized Field Sobriety Testing Review

One Leg Stand

Divided Attention Test
Mental Task and Physical Task



- Instruction stage
- Balance and counting stage

DWI DETECTION & SFST REFRESHER 3-47

Slide 47.



Remind participants prior to administering this test to check if the subject has any physical problems or disabilities.

Like all divided attention tests, OLS has two stages. They are: Instruction stage and Balance and Counting stage. Both stages are important because they can affect the subject's overall performance on the test.

Test Conditions: Whenever possible, the OLS test should be conducted on a reasonably dry, hard, level, and non-slippery surface. Subject's safety should be considered at all times. Standardizing this test for every type of road condition is unrealistic. The original research study recommended this test be performed on a dry, hard, level, non-slippery surface and relatively safe conditions. If not, the research recommends: 1) subject be asked to perform the test elsewhere; or 2) only HGN be administered. However, field validation studies have indicated that varying environmental conditions have not affected a subject's ability to perform this test.

The original SCRI studies suggested individuals over 65 years of age, people with back, leg or inner ear problems, or people who are overweight by 50 or more pounds may have difficulty performing this test. Less than 1.5% of the test subjects in the original studies were over 65 years of age.

There was no data containing the weight of the test subjects included in the final report. Also, the SCRI studies suggest individuals wearing heels more than 2 inches high should be given the opportunity to remove their shoes.



Stress to participants to consider age and excessive weight along with environmental factors, location, injury, or physical ailments while administering this test. The importance of the totality of all factors should not be overlooked.

Point out subjects with any form of any unusual footwear (i.e., flip flops, platform shoes, etc.) should be afforded the opportunity to remove that footwear prior to the test.

Administrative Procedures Instruction Stage

- Stand straight, feet together
- Keep arms at sides
- Maintain position until told otherwise



DWI DETECTION & SFST REFRESHER

3-48

Slide 48.

Initiate the test by giving the following instructions, accompanied by demonstrations.

- Please stand with your feet together and your arms down at the sides, like this.



Demonstrate placement of both feet and placement of arms at sides.

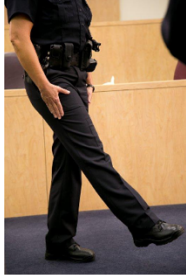
- Do not start to perform the test until I tell you to do so.
- Do you understand the instructions so far?



Emphasize officer must receive some affirmative response before continuing.

Session 3 – Standardized Field Sobriety Testing Review

Administrative Procedures Balance and Counting Stage



DWI DETECTION & SFST REFRESHER 3-49

Slide 49.

Explain the test requirements using the following verbal instructions accompanied by demonstrations:

- When I tell you to start, raise either leg with the foot approximately six inches off the ground, keeping your foot parallel to the ground.



Demonstrate this position.

- Keep both legs straight and your arms at your side.
- While holding that position, count out loud in the following manner: “one thousand one, one thousand two, one thousand three,” and so on until told to stop.



Demonstrate a count, as follows: "one thousand one, one thousand two, one thousand three, etc." Officer should not look at his/her foot when conducting the demonstration - OFFICER SAFETY.

- Keep your arms at your sides at all times and keep watching the raised foot.
- Do you understand?



Make sure subject indicates understanding and answer any questions the subject may have about the test.

- Go ahead and perform the test. (Officer should always time the 30 seconds. Test should be discontinued after 30 seconds.)

Observe the subject from a safe distance. Although not part of the administrative procedures, if the subject puts the foot down, give instructions to pick the foot up again and continue counting from the point at which the foot touched the ground.

Session 3 – Standardized Field Sobriety Testing Review

One Leg Stand Test Clues

- Sways while balancing
- Uses arm(s) to balance

DWI DETECTION & SFST REFRESHER 3-50

Slide 50.

You may observe a number of different behaviors when a subject performs this test. The original research found the behaviors listed below are the most likely to be observed in someone with a BAC at or above 0.08. When administering the OLS test, we look for certain specific behaviors. Each behavior or action is considered one clue. There is a maximum number of 4 clues on this test. Look for the following clues each time the OLS test is administered.

The subject sways while balancing – This refers to side to side or back and forth motion of the body, or a swaying motion of the foot, while the subject maintains the OLS position.



Emphasize swaying means a distinct, noticeable side to side or front to back movement of the elevated foot or of the subject's body.

Slight tremors of the foot or body should not be interpreted as swaying.



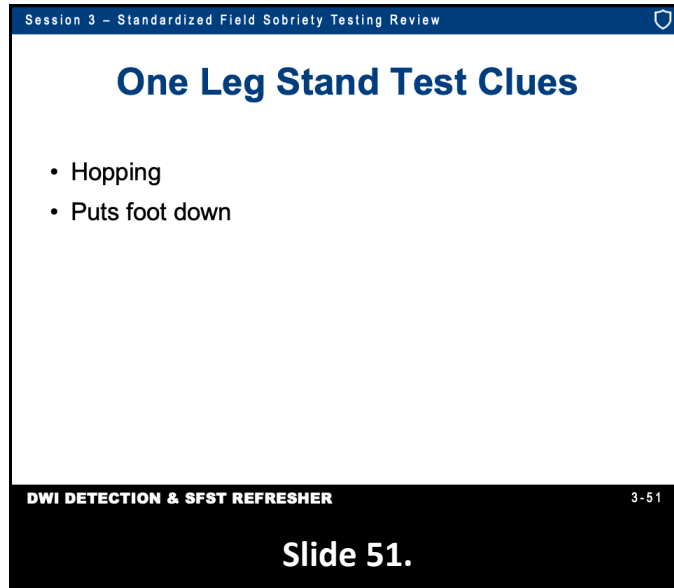
Demonstrate swaying.

Uses arm(s) to balance – Subject moves one or both arm(s) 6 or more inches from the side of the body in order to keep balance.



Point out a movement of the arms of six inches or more from the side is sufficient to record this clue.

Demonstrate uses arm(s) to balance.



Hopping – Subject is able to keep one foot off the ground, but resorts to hopping in order to maintain balance.



Demonstrate hopping.

Puts foot down – The subject is not able to maintain the OLS position, putting the foot down one or more times during the 30 second count.



Demonstrate putting the foot down.

If the subject puts the foot down, give instructions to pick the foot up again and continue counting from the point at which the foot touched.



Test should be discontinued after 30 seconds. Point out it is possible to note two clues simultaneously. Examples (Demonstrate):

- ***Hopping and swaying***
- ***Foot down and arms raised***

If subject can't do the test, record observed clues and document the reason for not completing the test, e.g. subject's safety.




Emphasize officers should be prepared to explain in court why the subject could not complete the test.

Remember time is critical in this test. The original SCRI research has shown a person with a BAC above 0.10 can maintain balance for up to 25 seconds, but seldom as long as 30.

Session 3 – Standardized Field Sobriety Testing Review

One Leg Stand Test Criterion

2 or more clues indicates BAC at or above 0.08 (83% accurate)



DWI DETECTION & SFST REFRESHER 3-52

Slide 52.

Based on research, if an individual shows two or more clues or cannot complete the OLS, there is a good chance the BAC is at or above 0.08. Using that criterion, you will accurately classify 83% of the people you test as to whether their BAC's are at or above 0.08.



This accuracy level was determined through the San Diego Study. These percentages were obtained from experienced SFST personnel. With experience, properly administering and interpreting the SFSTs in a systematic and standardized manner, officers can obtain results similar to the studies mentioned above. Remind participants this validation applies only when:

- ***The tests are administered in the prescribed, standardized manner***
- ***The standardized clues are used to assess the subject's performance***
- ***The standardized criteria are employed to interpret that performance***

Source:

Stuster, J., & Burns, M. (1998, August). *Validation of the Standardized Field Sobriety Test Battery at BACs Below 0.10 Percent*. Santa Barbara, CA: Anacapa Sciences, Inc.

Observe the subject from a safe distance and minimize movement during the test so as not to interfere. If the subject puts the foot down, give instructions to pick the foot up again and

continue counting from the point at which the foot touched the ground. Terminate the test after 30 seconds.

Review of Divided Attention Definition: OLS is another field sobriety test that employs divided attention. The subject's attention is divided among such simple tasks as balancing, listening, and counting out loud. Although none of these is particularly difficult in itself, the combination can be very difficult for someone who is impaired.



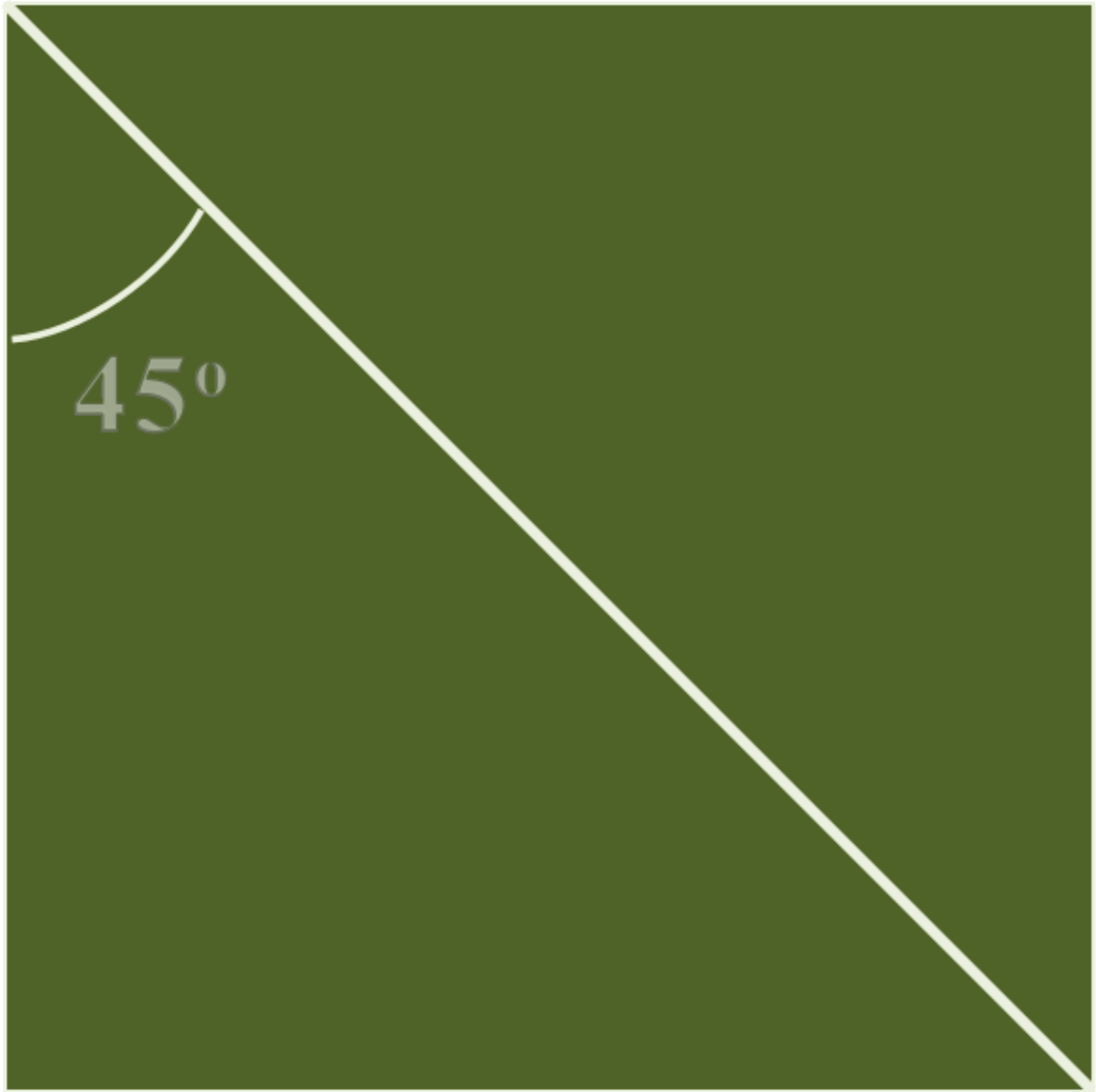
Click to start demonstration video (approximately one minute).





Questions?

Slide 54.





EXPLAIN that the course consists of live lecture, presentation slides, group activities, and supplemental materials. The participant guide is theirs to keep.

The following icons are used throughout the guide.



Indicates an activity such as a discussion, game, or work session.



Indicates a website resource (web address).



Indicates a playable video.




Indicates an instructor note

All instructor notes appear in bold, italic font. Instructor notes do not appear in the participant manual.

Session 4 – Written Examination and Program Conclusion

Learning Objectives

- Demonstrate knowledge and proficiency in administering SFSTs
- Complete written examination with passing grade
- Provide comments and suggestions for improving course



DWI DETECTION & SFST REFRESHER 4-2

Slide 2.



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

Explain participants will take a written test to demonstrate their knowledge of the key topics covered in this course. They should study the manual prior to the test and become familiar with its contents.

A. Proficiency Examination

Session 4 – Written Examination and Program Conclusion

Proficiency Examination

DWI DETECTION & SFST REFRESHER 4-3

Slide 3.



Make sure all participants understand the proficiency examination procedures. Each participant must demonstrate the ability to administer properly the three SFSTs.



HGN: Inform participants each must satisfactorily administer the HGN test to one of the fellow participants.

- Demonstrate ability to give proper verbal instructions
- Demonstrate ability to carry out the mechanics of testing for each clue
- Demonstrate ability to estimate a 45-degree angle



WAT: Inform the participants each must satisfactorily administer the WAT test to one of the fellow participants.

- Demonstrate ability to give proper verbal instructions
- Demonstrate ability to carry out appropriate physical demonstrations to support the verbal instructions



OLS: Inform the participants each must satisfactorily administer the OLS test to a fellow participant.

- Demonstrate ability to give proper verbal instructions
- Demonstrate ability to carry out appropriate physical demonstrations to support the verbal instructions



Divide the class among the instructors.



Within each group, participants conduct their tests one at a time. While one participant is conducting the tests, another participant assists by serving as the test subject. Other participants in the group observe the participant administrator's performance.



Each participant conducts a complete test of HGN and VGN. Critique/comment on participant administrator's performance in conducting HGN test. (Use the performance checklist from the participant manual.)

Each participant administers the verbal instructions and physical demonstrations of the WAT test. Stops the test after the participant subject has taken two or three heel-to-toe steps. Critique/comment on participant administrator's performance in conducting WAT test.

Each participant administers the verbal instructions and physical demonstrations of the OLS test. Stops the test after the participant subject has counted out three or four seconds. Critique/comment on participant administrator's performance in conducting OLS test.

Use the SFST Proficiency Examination Checklist found in this session.



Participants who have failed to exhibit adequate proficiency in administering the tests will receive additional practice and a repeat examination (or such number as prescribed by State standards) before the conclusion of the course. Adequate proficiency for purposes of this session means the participant successfully administers all of the SFSTs prior to the completion of the training course.



Detection Phases

- What are the three phases of detection?
- What is the definition of "DWI detection"?
- What is the police officer's principal decision during Detection Phase One?
- During Phase Two?
- During Phase Three?

Slide 4.



- ***Vehicle in motion, Personal contact, and Pre- arrest screening***
 - ***The entire process of identifying and gathering evidence to determine if a subject should be arrested for a DWI offense.***
 - ***Should I stop the vehicle?***
 - ***Should I have the driver exit?***
 - ***Should I arrest the driver for DWI?***
-
- What are the three phases of detection?
 - What is the definition of "DWI detection"?
 - What is the police officer's principal decision during Detection Phase One?
 - During Phase Two?
 - During Phase Three?



Field Sobriety Testing

- What does "nystagmus" mean?
- WAT is an example of a _____ attention test
- Name the eight distinct clues of WAT
- Name the four distinct clues of OLS
- Name the three distinct clues of HGN

Slide 5.



- ***Involuntary jerking of the eyes, occurring as the eyes gaze to the side.***
 - ***Divided***
 - ***Cannot keep balance while listening to the instructions, starts too soon, stops while walking, does not touch heel-to-toe, steps off line, uses arm(s) to balance, improper turn, incorrect number of steps***
 - ***Sways while balancing, uses arm(s) to balance, hopping, puts foot down***
 - ***Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, Onset of Nystagmus Prior to 45 Degrees***
-
- What does "nystagmus" mean?
 - Walk and Turn (WAT) is an example of a _____ attention test.
 - Name the eight distinct clues of WAT.
 - Name the four distinct clues of One Leg Stand (OLS).
 - Name the three distinct clues of Horizontal Gaze Nystagmus (HGN).



Field Sobriety Testing

- 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 WAT test?
- How long must the subject stand on one foot in the OLS test?

Slide 6.



- **45 degrees**
 - **9**
 - **30 seconds**
-
- 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 WAT test?
 - How long must the subject stand on one foot in the OLS test?



Field Sobriety Testing

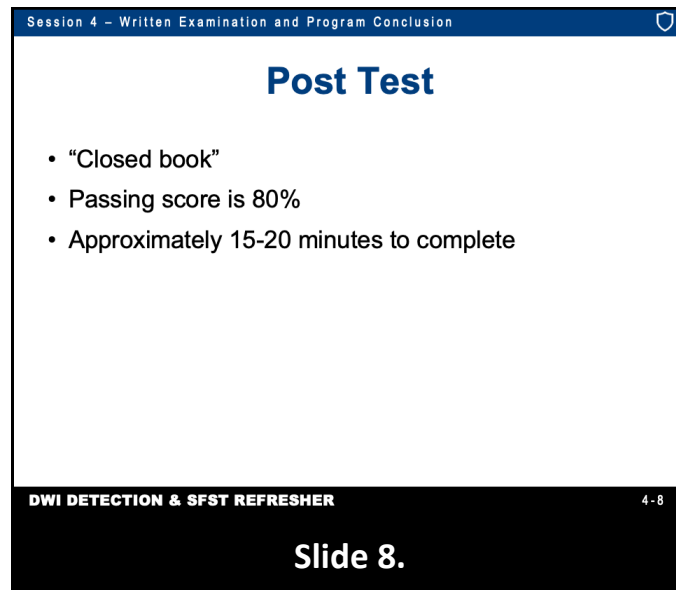
- In the WAT test, a subject who steps off the line during the first 9 steps and once again during the second 9 steps and who uses arm(s) to balance twice during the second 9 steps has produced ____ distinct clue(s).
- How reliable is each test using the San Diego study?

Slide 7.



- *Two*
 - *HGN – 88%, WAT – 79%, OLS – 83%*
-
- In the WAT test, a subject who steps off the line during the first 9 steps and once again during the second 9 steps and who uses arm(s) to balance twice during the second 9 steps has produced ____ distinct clue(s).
 - How reliable is each test using the San Diego field validation study?

B. Post Test



Session 4 – Written Examination and Program Conclusion

Post Test

- “Closed book”
- Passing score is 80%
- Approximately 15-20 minutes to complete

DWI DETECTION & SFST REFRESHER 4-8

Slide 8.

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



“Closed book” test. Passing score is 80%.

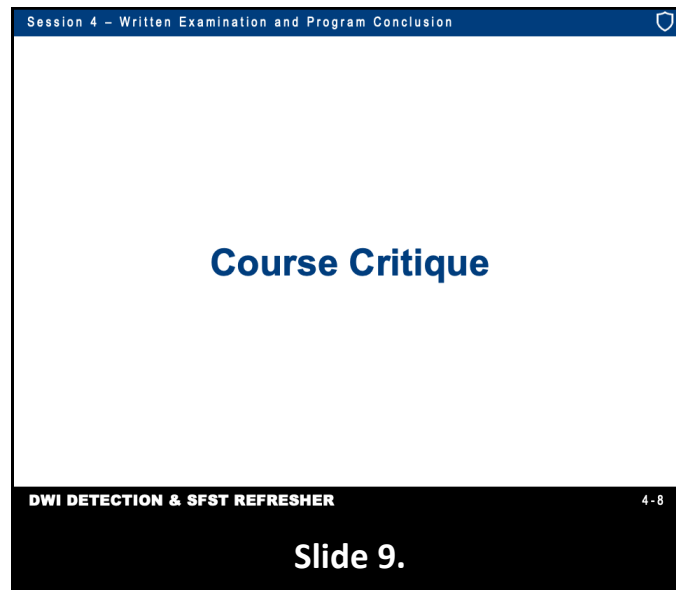
Distribute Post Test.

Allow participants approximately 15-20 minutes to complete the post test.

Collect completed Post Tests.

Grade Post Test and redistribute to participants for review.

C. Critique



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



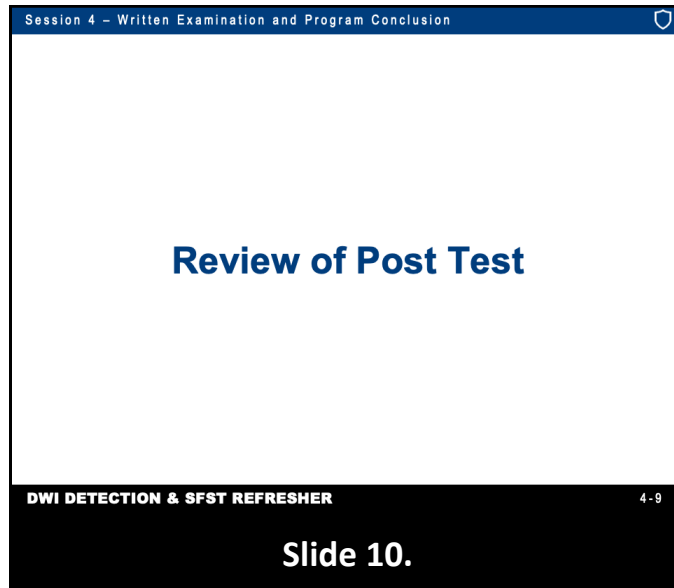
Explain to participants they will be asked to complete -- anonymously -- a critique form. The instructors need their comments and suggestions to help improve the course.

Distribute critique forms.

Allow participants approximately 8 minutes to complete the critique form.

Collect completed critique forms.

D. Review of Post Test



If passing score is not achieved, participant(s) will be allowed to take a “make up” exam at a future date not less than fifteen days nor more than 30 days from the completion of the course.



Read aloud each question on the Post Test and ask participants to supply correct answer.

Correct class responses, as necessary.


Explain correct answers briefly, as necessary.

E. Concluding Remarks

Session 4 – Written Examination and Program Conclusion

Ultimate Goal

Increase DWI Deterrence and Decrease Alcohol Related Crashes, Deaths and Injuries.



DWI DETECTION & SFST REFRESHER 4-10

Slide 11.



Overall Goal: Briefly remind participants of the importance of DWI deterrence.

F. Certificates and Dismissal

Session 4 – Written Examination and Program Conclusion

Job Performance Objectives

You will become better able to:

- Recognize and interpret evidence of DWI violations
- Administer and interpret validated psychophysical SFSTs
- Describe DWI evidence clearly and convincingly

DWI DETECTION & SFST REFRESHER 4-11

Slide 12.



Express the hope the participants will strive always to obtain and clearly convey all of the evidence that is present in their DWI contacts.

Hand out certificates.

Thank the participants for their time and attention.

Session 4 – Written Examination and Program Conclusion

Questions?

DWI DETECTION & SFST REFRESHER 4-12

Slide 13.

**PARTICIPANT PROFICIENCY EXAMINATION
STANDARDIZED FIELD SOBRIETY TESTs**

Name _____ Date _____/_____/_____

Agency _____

I. HORIZONTAL GAZE NYSTAGMUS

1. _____ Have subject remove glasses if worn.
2. _____ Gives verbal instructions.
3. _____ Stimulus held in proper position (approximately 12"-15" from nose, just slightly above eye level).
4. _____ Check for equal pupil size and resting nystagmus.
5. _____ Check for equal tracking.
6. _____ 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)
7. _____ Eye held at maximum deviation for a minimum of 4 seconds (no white showing).
Check left eye, then right eye. (Repeat)
8. _____ Eye moved slowly (approximately 4 seconds) from center to 45 angle.
Check left eye, then right eye. (Repeat)
9. _____ Total the number of clues.
10. _____ Check for Vertical Gaze Nystagmus. (Repeat)

II. WALK 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 walking once they begin.
11. _____ Asks subject if all instructions are understood.

III. ONE LEG STAND

1. _____ Instructions given from a safe position.
2. _____ Tells subject to stand straight, place feet together, and hold arms at sides.
3. _____ Tells subject not to begin test until instructed to do so and asks if subject understands.
4. _____ Tells subject to raise one leg, either leg, approximately 6" from the ground, keeping raised foot parallel to the ground and gives demonstration.
5. _____ Tells subject to keep both legs straight and to look at elevated foot.
6. _____ 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.
7. _____ Asks subject if all instructions are understood.
8. _____ Checks actual time subject holds leg up. (Time for 30 seconds.).

Instructor: _____

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

DWI Detection and SFST - Course and Instructor Evaluation

For items 1-6, please select your level of agreement with the following statements. Include any additional information in the space provided.

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. This course enabled me to improve my ability to recognize and interpret evidence of DWI violations. Comments: _____ _____	0	0	0	0	0
2. This course enabled me to administer and interpret the scientifically validated psychophysical tests. Comments: _____ _____	0	0	0	0	0
3. This course enabled me to describe DWI evidence clearly and convincingly. Comments: _____ _____	0	0	0	0	0
4. This course enabled me to review information regarding recent case law and research studies. Comments: _____ _____	0	0	0	0	0

Please rate how helpful each workshop session was for you personally.

Item	Poor	Fair	Good	Very Good	Excellent
Vehicle in Motion and Personal Contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standardized Field Sobriety Testing Review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Processing the Arrested Subject and Preparation for Trial (Optional Session)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overcoming Impaired Driving Defenses and Legal Issues (Optional Session)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live Alcohol Workshop (Optional Session)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video Alcohol Workshop (Optional Session)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduction to Drugged Driving (Optional Session)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Item	Agree	Disagree	Not Sure
The program contains some information that is not needed and that should be deleted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are some important topics missing from the program that should be added.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program is too short.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel this program has improved my own ability to enforce DWI laws.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructors did a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am very glad I attended the program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program is too long.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instructors should have been better prepared.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel fully qualified to use the nystagmus test now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel fully qualified to use the two divided attention tests now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too much time was spent practicing with drinking volunteers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
These three new tests definitely will improve our ability to identify impaired drivers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

	Poor	Fair	Good	Very Good	Excellent
Please rate the overall quality of the course.	○	○	○	○	○

Please rate your instructors for this course. Rate the instructor(s) by selecting the appropriate response:

Instructor Name	Poor	Below Average	Average	Above Average	Excellent
Comments: _____ _____	○	○	○	○	○
Comments: _____ _____	○	○	○	○	○
Comments: _____ _____	○	○	○	○	○
Comments: _____ _____	○	○	○	○	○
Comments: _____ _____	○	○	○	○	○

Name (optional): _____