U.S. DEPARTMENT
OF TRANSPORTATION

SFST Refresher Training Course

Student Manual 2004 Edition

Student Manual

NHTSA
People Saving People

SFST REFRESHER TRAINING
STUDENT MANUAL

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  - Pretest

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OVERVIEW

The SFST Refresher Training Program is for law enforcement officers who have previously completed the National Highway Traffic Safety Administration and International Association of Chiefs of Police approved Standardized Field Sobriety Testing training. The purpose of the refresher training is to review the administration and interpretation of the SFST battery. The goal of the program is to improve the overall consistency of how the SFST test battery is administered by individual police officers.

This program allows officers to refresh their skills at recognizing and interpreting evidence of DWI; administering and interpreting the scientifically validated sobriety tests; and describing DWI evidence clearly and convincingly. The program provides a review of note-taking procedures and the trial preparation and testimony process. It also provides updated information regarding recent case law and research studies.

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

INTRODUCTION

INTRODUCTION

- **Content Segments**
  - Course Objectives
  - Origin of Training
  - IACP Standards for the SFST Program
  - Pretest
- **Learning Activities**
  - Instructor-Led Presentation
  - Written Test

INTRODUCTION

- **Course Objectives**

  This refresher training program is designed to enable SFST-trained law enforcement officers to reassess their ability to:

  - recognize and interpret evidence of DWI violations
  - administer and interpret standardized field sobriety tests
  - describe DWI evidence clearly and convincingly

  The objectives of the course are for officers to:

  - review the administration and interpretation of the SFST battery
  - review note-taking procedures
  - review the trial preparation and testimony process
  - be provided with updated information on the SFST program and related case law

- **Origin of Training**

  In 1975, research began to test the validity of the field sobriety testing that law enforcement officers were administering. The research results indicated that, when administered in a standardized fashion, the SFSTs are accurate indicators of impairment. In 1984, a training program was developed by the National Highway Traffic Safety Administration, in cooperation with the International Association of Chiefs of Police, to better prepare police officers to administer and interpret the SFST test battery.

- **IACP Standards for the SFST Program**

  The International Association of Chiefs of Police adopted several standards specifying the requirement for selection and training of SFST practitioners and SFST instructors. These standards specify the criteria that must be met prior to completion of the program, as well as the knowledge and skills necessary for an individual to be considered for the program (See Attachment A).

- **Pretest**

  At the beginning of this program, you will be required to take a pretest. The pretest consists of 15 multiple-choice questions. The purpose of this test is to provide a basis for evaluating your knowledge gain throughout the program.

ATTACHMENTS

A. IACP Standards
B. SFST Refresher Training Pretest

ATTACHMENT A

IACP STANDARDS

1. A person shall be employed and under the direct control of a public criminal justice agency or institution involved in providing training services to law enforcement agencies.

2. SFST students shall successfully complete an approved classroom training course that shall, at a minimum, achieve the learning objectives as stated in the IACP-approved training curriculum.

3. Only persons who have successfully completed the NHTSA/IACP-approved DWI Detection and Standardized Field Sobriety Testing basic training program are eligible to be SFST instructors.

4. Instructor trainers must have successfully completed the SFST Basic School and the SFST Instructor Development School or an equivalent approved instructor development training course. They must be thoroughly familiar with the SFST student and instructor manuals.

UNIT 1

PHASES 1 AND 2: VEHICLE IN MOTION AND PERSONAL CONTACT

UNIT 1:
PHASES 1 AND 2: VEHICLE IN MOTION AND PERSONAL CONTACT

- **Content Segments**
  - Introduction
  - Phase 1 - Vehicle in Motion
  - Phase 2 - Personal Contact

- **Learning Activities**
  - Instructor-Led Presentations
  - Video Presentation

UNIT 1:
PHASES 1 AND 2: VEHICLE IN MOTION AND PERSONAL CONTACT

- **Introduction**

This unit will cover the first two phases of Standardized Field Sobriety Testing. Phase 1, Vehicle in Motion, 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. This unit also covers how officers can use the Standard Note-Taking Guide to document important evidence collected during Phase 1 and Phase 2.

- **Phase 1 - Vehicle in Motion**

Phase 1 begins when the officer first observes the vehicle or driver. If this observation conveys either vehicle maneuvers or human behaviors that may be associated with impairment, the officer may develop an initial suspicion of DWI.

Based on the initial observation of the vehicle, the officer must decide whether there is reasonable suspicion to stop the vehicle. Once the stop command has been communicated to the driver, the officer must closely observe the driver's actions and vehicle maneuvers during the stopping sequence. Sometimes, significant evidence of impairment comes to light during the stopping sequence. Impaired drivers may respond in unexpected and dangerous ways to the stop command. Officers need to be alert to this possibility and take precautions to preserve their safety.

- **Driving Cues**

The effects of alcohol on a driver are exhibited in a number of ways. A study (Detection of DWI at BACs Below 0.10), conducted in 1997, supported the driving cues of impairment at blood alcohol concentration levels of 0.08 or higher.

Most driving cues fall into one of five categories:

1. Problems maintaining proper lane position (probability of impairment = 50%-75%)

   - Weaving
   - Straddling the lane line
   - Turning with a wide radius
   - Almost striking a vehicle or another object

- Weaving across lane lines
- Swerving
- Drifting

2. Speed and braking problems (probability of impairment = 45%-70%)

   - Stopping problems
   - Accelerating or decelerating for no apparent reason
   - Varying speed
   - Slow speed (10 or more mph under the limit)

3. Vigilance problems (probability of impairment = 55%-65%)

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

4. Judgment problems (probability of impairment = 35%-90%)

   - Following too closely
   - Improper or unsafe lane changes
   - Illegal or improper turn
   - Driving on other than the designated roadway
   - Stopping inappropriately in response to the officer
   - Inappropriate or unusual behavior
   - Appeared to be impaired

5. Post stop cues (probability of impairment = 85%)

   - Difficulty with motor vehicle controls
   - Difficulty with exiting the vehicle
   - Fumbling with the 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 requiring the officer to repeat
   - Providing incorrect information or changing answers
   - Odor of alcoholic beverage from the driver

- **Note Taking During Phase 1**

  The DWI Investigation Field Notes Form provides space for recording the officer's initial observations and observation of the stop. The officer should record initial observations that made the officer suspect that the driver may be impaired. If a decision to stop the vehicle is made, the officer should note how the driver made the stop - particularly anything that is out of the ordinary.

II. VEHICLE IN MOTION

INITIAL OBSERVATIONS _____

_____

OBSERVATION OF STOP _____

_____

- **Phase 2 - Personal Contact**

  - **Pre-exit Screening**

    Phase 2 begins when the suspect's vehicle and the patrol vehicle have come to a complete stop. The pre-exit screening includes all conversation between the officer and the suspect prior to the suspect's exit from the vehicle. Based upon the interview and face-to-face observation of the driver, as well as the previous observations of the vehicle in motion, the officer must decide whether to instruct the suspect to exit the vehicle.

    Personal contact with the driver allows the officer to use three senses to gather evidence of impairment.

    1. Sight
       - Bloodshot eyes
       - Soiled clothing
       - Fumbling fingers
       - Unusual actions
       - Bruises, bumps and scratches

    2. Hearing
       - Slurred speech
       - Admission of drinking
       - Inconsistent responses
       - Unusual statements
       - Abusive language

3. Smell
   - Alcoholic beverage
   - "Cover-up" odors
   - Other unusual odors

- **The Exit Sequence**

  If the officer suspects that the driver may be impaired, the officer can instruct the suspect to exit the vehicle. Although the officer's suspicion may be strong, the suspect is usually not under arrest at this point. How the suspect exits the vehicle and the actions and behaviors of the suspect during the exit sequence, may provide important additional evidence of impairment.

- **Taking Notes During Phase 2**

  During Phase 2, officers should take note of what they see, hear and smell in relation to the driver. These notes should be recorded in Section III of the DWI Investigation Field Notes Form. The officer should record the observation of the driver, what the driver says, what pre-exit sobriety tests were performed and the results, how the driver exits the vehicle, and what odors, if any, were detected. This section also has space for general observations including the driver's speech, attitude, and clothing.

III. PERSONAL CONTACT

OBSERVATION OF DRIVER _____

STATEMENTS _____

PRE-EXIT SOBRIETY TESTS _____

OBSERVATION OF THE EXIT _____

ODORS _____

GENERAL OBSERVATIONS

SPEECH _____

ATTITUDE _____

CLOTHING _____

PHYSICAL DEFECTS / DRUGS OR MEDICATIONS USED _____

UNIT 2

PHASE 3: PRE-ARREST SCREENING

UNIT 2: PHASE 3: PRE-ARREST SCREENING

- **Content Segments**
  - Introduction
  - Horizontal Gaze Nystagmus (HGN)
  - Divided Attention Tests

- **Learning Activities**
  - Instructor-Led Presentations
  - Instructor Demonstrations
  - Video Presentations

UNIT 2: PHASE 3: PRE-ARREST SCREENING

- **Introduction**

This unit covers the pre-arrest screening phase of standardized field sobriety testing, in particular, two types of tests are presented: the Horizontal Gaze Nystagmus test and two divided attention tests. Keep in mind that these tests are only valid when administered in a standardized manner. Rigid criteria were used to validate the SFSTs. These criteria must be met each time a test is administered in order for the results to be admissible in a court of law. Therefore, the officer should not deviate from the administration instructions, doing so can weaken the case against the suspect.

Remember that officer safety is always a primary concern. To protect themselves, officers should avoid being in close proximity to the suspect if threats are sensed or real; never have their back to the suspect; and angle their weapon side away from the suspect.

- **Horizontal Gaze Nystagmus (HGN)**

Horizontal Gaze Nystagmus is an involuntary jerking of the eyes as they move to the side. Alcohol and certain other drugs cause Horizontal Gaze Nystagmus. The Horizontal Gaze Nystagmus test is the first standardized field sobriety test administered when the officer has determined that reasonable suspicion of impairment exists.

- **Pre-test Screening**

Before administering the Horizontal Gaze Nystagmus test, the officer looks for anything that would either interfere with the test or preclude its use. During the pre-test screening, the suspect should stand with feet together, hands at sides, head facing forward, and remain motionless. If the suspect is wearing eye glasses, the officer should make sure they are removed before beginning the test. The officer then compares the suspect's pupil size and checks tracking ability.

1. Pupil Size
   - Position the stimulus approximately 12 to 15 inches in front of the suspect's nose
   - The top of the stimulus should be slightly above eye level
   - Compare the size of each pupil to see if they are equal

   Distinctly unequal pupil size may indicate that the suspect has a head injury or medical disorder.

While checking the pupil size, the officer should check for Resting Nystagmus - a jerking of the eyes as they look straight ahead. This step is for the officer's safety. Resting nystagmus usually indicates high doses of a drug such as PCP or a pathology.

2. Checking Equal Tracking
   - Position the stimulus approximately 12-15 inches in front of the suspect's nose
   - The top of the stimulus should be slightly above eye level
   - Move the stimulus rapidly from center to far right to far left and back to center (this should take approximately 2 seconds)
   - Repeat the test at least once

- **Clues of Impairment**

For the HGN test, there are three clues of impairment - for a total of six for both eyes. The clues are lack of smooth pursuit, distinct nystagmus at maximum deviation, and onset of nystagmus prior to 45 degrees.

1. Lack of Smooth Pursuit

   - Position the stimulus approximately 12-15 inches in front of the suspect's nose
   - The top of the stimulus should be slightly above eye level
   - Check the left eye first by moving the stimulus slowly all the way out to the right
   - Then check the right eye by moving the stimulus slowly all the way across the suspect's face to the far left side (this should take approximately two seconds out and two seconds back for each eye)
   - Repeat the test at least once

   If a person is not impaired, their eyes should move smoothly as the stimulus is moved back and forth – like a marble rolling across glass. An impaired person's eyes will move like a marble rolling across a sheet of sandpaper.

2. Distinct Nystagmus at Maximum Deviation

   - Position the stimulus about 12-15 inches in front of the suspect's nose
   - The top of the stimulus should be slightly above eye level
   - Check the left eye by moving the stimulus off to the right side until no white is showing

- Hold the stimulus in this position for a minimum of four seconds
- Check the right eye by moving the stimulus back across the suspect's face all the way out to the left side
- Hold this position for a minimum of four seconds
- The test should be repeated at least once

Even when not impaired, about half of the subjects will exhibit *slight* nystagmus when the eye is held at maximum deviation. This clue can only be counted if the nystagmus is distinct and sustained.

3. Onset of Nystagmus Prior to 45°

- Position the stimulus approximately 12-15 inches in front of the suspect's nose
- The top of the stimulus should be slightly above eye level
- Check the left eye first by moving the stimulus slowly to the right until nystagmus is observed in the left eye
- Hold the stimulus at the angle of onset to determine if the angle is less than 45 degrees. (If the officer starts the stimulus directly in front of the suspect's nose, the stimulus will reach approximately 45 degrees when it is lined up with or slightly beyond the edge of the suspect's shoulder.)
- Some white will usually be visible in the corner of the suspect's eye
- Check the right eye in the same manner by moving the stimulus slowly from the center to the left
- Repeat the test at least once

IV. PRE-ARREST SCREENING

HORIZONTAL GAZE NYSTAGMUS

				LEFT	RIGHT
Equal Tracking	☐ Yes	☐ No	○ LACK OF SMOOTH PURSUIT		
Equal Pupils	☐ Yes	☐ No	○ DISTINCT NYSTAGMUS AT MAXIMUM DEVIATION		
Vertical Nystagmus	☐ Yes	☐ No	○ ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES		
Other (i.e., Resting Nystagmus)_____					

- **Divided Attention Tests**

The divided attention tests require a person to simultaneously demonstrate two or more mental and physical capabilities. Even when impaired, many people are able to handle a single, focused-attention task fairly well. However, most people, when impaired, cannot satisfactorily divide their attention to handle multiple tasks at once.

Driving is a complex divided attention task, composed of many components. Impaired drivers must often ignore the less critical components of driving and focus their impaired attention on the more critical tasks. Many of the most reliable psychophysical tests employ the concept of divided attention. Tasks used for testing must be ones that a person can reasonably perform while sober.

There are two divided attention tests that are used during pre-arrest screening: the Walk-and-Turn and the One-Leg Stand.

- **Walk-and-Turn (WAT)**

  The Walk and Turn test is administered in two stages: Instructions Stage and Walking Stage.

  1. Instructions Stage

     The suspect is told to:
     - Assume a heel-to-toe stance - left foot on the line, right foot in front, heel-to-toe
     - Place arms down at sides
     - Do not start walking until told to do so

     The officer should ask, "Do you understand?"

  2. Walking Stage

     The suspect is instructed to:
     - Take nine heel-to-toe steps down the line
     - Turn in a prescribed manner
     - Take nine heel-to-toe steps back down the line

     To perform the prescribed turn, on the ninth step, the suspect is told to
     - Keep your front foot on the line
     - Turn by taking several small steps with the other foot

     The officer should ask the suspect, "Do you understand?"

     Before the suspect is instructed to begin, the officer gives final verbal instructions.
     The suspect is told to:
     - Keep watching their feet
     - Keep their arms at their sides
     - Count their steps out loud
     - Don't stop walking until the test is complete

The officer should ask, "Do you understand?" The officer should repeat any part of the instructions that the suspect does not understand.

- **Eight Clues of Impairment**

When interpreting the Walk-and-Turn test, the officer should be aware of eight clues that indicate impairment. The officer needs to note if the suspect:

1. Can't maintain balance during the Instructions Stage
2. Starts too soon
3. Stops while walking
4. Misses heel-to-toe ½ inch or more between steps
5. Steps off the line
6. Raises arms six inches or more
7. Turns improperly
8. Takes the wrong number of steps

The officer may terminate the test at any time for the suspect's safety, or if the suspect steps off the line three or more times; nearly falls at any time; or experiences "leg lock", in which the legs are crossed and the suspect is unable to move. If the suspect cannot do the test, record observed clue(s) and document the reason for not completing the test.

Displaying two or more of these eight clues indicates with 68% accuracy that the suspect has a blood alcohol concentration level above 0.10. (Based on the original research.)

- **Note Taking**

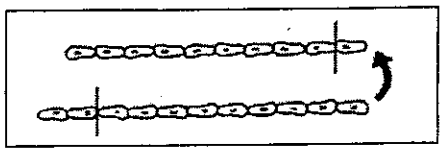
The section of the Note Taking Form used for the Walk-and-Turn is divided into two parts: Instructions Stage and Walking Stage.

WALK AND TURN

INSTRUCTIONS STAGE

CANNOT KEEP BALANCE ☐

STARTS TOO SOON ☐



WALKING STAGE

	FIRST NINE STEPS	SECOND NINE STEPS
STOPS WALKING		
MISSES HEEL-TO-TOE		
STEPS OFF LINE		
RAISES ARMS		
ACTUAL STEPS TAKEN		

IMPROPER TURN (Describe)_____

CANNOT DO TEST (EXPLAIN)_____

OTHER:_____

In the Instructions Stage section, the officer should note if the suspect cannot keep balanced while the instructions are administered or if the suspect starts the test too soon. In the Walking Stage section, the officer should note if the suspect displays any of the clues of impairment described earlier.

Based on NHTSA research, officers were 80% accurate in classifying suspects as impaired when the suspect exhibited four or more clues on the Horizontal Gaze Nystagmus test and two or more clues on the Walk and Turn test.

- **One-Leg Stand (OLS)**

The One-Leg Stand test is also administered in two stages: Instructions Stage and Balance and Count Stage.

1. Instructions Stage

   The suspect must stand with:
   - feet together
   - arms at sides
   - listen to the instructions

2. Balance and Count Stage

   The suspect must
   - Raise one leg (of their choice) approximately six inches off the ground
   - Keep the raised foot straight and pointed out
   - Keep their hands at their sides.
   - Look at the raised foot while counting out loud in the following manner - one thousand and one, one thousand and two, one thousand and three, and so on until instructed to stop.

   Before instructing the suspect to begin, the officer should ask, "Do you understand?" The officer should time the test and stop after thirty seconds.

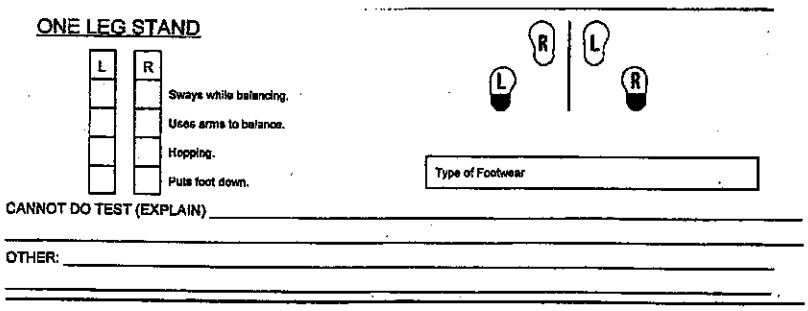
- **Four Clues of Impairment**

During the One-Leg Stand test, there are four observable clues of impairment. The officer should note if the suspect:

1. Sways while balancing
2. Raises arms six inches or more
3. Hops
4. Puts foot down

Exhibiting two or more of these clues indicates, with 65% accuracy that the suspect has a blood alcohol concentration level above 0.10. (Based on the original research.)

The officer may terminate the test at any time for the suspect's safety, or if the suspect puts his or her foot down three or more times or is in danger of falling. If the suspect cannot do the test, the officer should record this as if all four clues were observed.


ONE LEG STAND

L	R	
		Sways while balancing.
		Uses arms to balance.
		Hopping.
		Puts foot down.

Type of Footwear

CANNOT DO TEST (EXPLAIN) _____

OTHER: _____

In the One-Leg Stand section of the field notes form, the officer should record which leg the suspect uses to perform the test and if the suspect exhibits any of the four clues of impairment. In addition to the clues, the officer should note the type of footwear the suspect is wearing and any other relevant observations.

NHTSA research found that when combining the required minimum of clues for HGN, Walk-and-Turn, and One-leg Stand, officers were accurate 91% of the time at estimating impairment levels at or above the 0.08 level (San Diego Study, 1998). U.S. DOT HS 808 839

Officers should be aware of certain limitations when administering the divided attention tests. Both the Walk-and-Turn test and the One-leg Stand test require a relatively smooth surface and satisfactory weather conditions. The research indicated that individuals over 65 years of age had difficulty performing the Walk-and-Turn. Research also indicated that individuals over the age 65 or who are more than 50 pounds overweight had difficulty performing the One-leg Stand. An individual with a leg injury or an inner ear disorder may have difficulty performing these tests or any other balance test. If the individual is wearing shoes with heels higher than 2 inches they may also have difficulty performing these or any other balance tests.

UNIT 3

INTERPRETATION OF EVIDENCE/MAKING THE ARREST DECISION

UNIT 3:
INTERPRETATION OF EVIDENCE/MAKING THE ARREST DECISION

- **Content Segments**
  - Introduction
  - The Arrest Decision
  - Dealing with Inconsistent BAC
- **Learning Activities**
  - Instructor-Led Presentations

UNIT 3:
INTERPRETATION OF EVIDENCE/MAKING THE ARREST DECISION

- **Introduction**

  Throughout the officer's contact with the vehicle and the suspect, as well as throughout the administration of the SFSTs, evidence is collected to gauge whether or not the suspect is impaired. This unit covers the interpretation of the evidence and the arrest decision.

- **The Arrest Decision**

  All evidence accumulated during the three detection phases provides the foundation for making the arrest decision. To make this decision, the officer must carefully review and weigh the evidence collected during the Vehicle in Motion, Personal Contact and Pre-Arrest Screening phases. If all the evidence, taken together, establishes probable cause to believe an offense has been committed, the officer should arrest the suspect. In the absence of probable cause, the proper decision is to release the suspect or cite another violation if applicable.

- **Dealing with Inconsistent BAC**

  There are several reasons why a suspect's blood alcohol concentration level may be inconsistent with the behaviors that the suspect displays. For instance, some individuals have a high tolerance level for alcohol. There are also certain other drugs that cause HGN, including Phencyclidine, or PCP; inhalants; and Central Nervous System depressants.

  A qualified Drug Recognition Expert, or DRE, is a specially trained individual who can examine a suspect and determine, with a high degree of accuracy, the category (or combination of categories) of drugs causing an impairment. A DRE conducts an evaluation only after a suspect has been apprehended, whether for DWI or some other offense, and only when there is reason to believe that a substance other then alcohol is responsible for the impairment.

  A mounting body of data suggests that an appreciable percentage of DWI violators may be under the influence of drugs - either alone or in combination with alcohol. Officers must be able to recognize when a suspect may be drug-impaired and call on a qualified DRE.

UNIT 4

FIELD NOTES

UNIT 4: FIELD NOTES

- **Content Segments**
  - Introduction
  - Descriptive Notes
  - Note-Taking Guide
- **Learning Activities**
  - Instructor-Led Presentations

UNIT 4: FIELD NOTES

- **Introduction**

  Having descriptive field notes is the best way for an officer to convey evidence clearly and convincingly. This unit will cover some guidelines for taking clear, concise and detailed field notes.

- **Descriptive Notes**

  Descriptive notes are a tool that an officer uses to make decisions such as should I stop the vehicle; should the driver exit; and is there probable cause to arrest the suspect. But, field notes aren't just for the officer. Descriptive field notes are used to communicate evidence to people who weren't there, such as a prosecutor and a judge. Although number scores on field sobriety tests help to determine probable cause, it is the descriptive field notes that can actually secure a conviction.

  To convey evidence clearly, an officer must have well written field notes that describe events accurately. Using clear language when recording field notes is an officer's responsibility and the best way to ensure that the evidence is presented convincingly in court.

  The officer should use words that convey powerful mental images, such as "swerving" and "drifting" to describe vehicle action. Vague words such as "abnormal" and "erratic" are subjective and non-descriptive.

  Examples:

Vague Language	Clear Language
Vehicle stopped in unusual fashion.	Vehicle drifted completely into the opposing traffic lane.
Vehicle was driven erratically.	Vehicle was weaving side to side and crossed centerline twice.
Suspect appeared drunk.	Suspect's eyes were bloodshot; gaze fixed; hands shaking. Strong odor of an alcoholic beverage on suspect's breath.

- **Note-Taking Guide**

  Officers should use the DWI Investigation Field Notes form to record evidence gathered at the time of the incident. The note-taking guide is designed to help an officer develop a clear description of the events. There are sections for recording observations during the Vehicle in Motion phase, Personal contact phase, and the Pre-exit Screening phase. The form also has a section for recording test performance. It's critical that the officer conveys how the suspect performed on the tests and exactly what the suspect did.

  – **DWI Investigation Field Notes Form** (See Attachment)

    1. Section I provides space to record basic information describing the suspect, the vehicle, the location, and the date and time of the incident.

    2. Section II provides space to record brief descriptions of the vehicle in motion, including initial observation of the vehicle in operation, and observation of the stopping sequence.

    3. Section III provides space to record brief descriptions of the personal contact with the suspect, including observations of the driver.

    4. Section IV provides space to record information collected during pre-arrest screening, including the results of the three standardized field sobriety tests.

    5. Section V provides space to record the results of any other field sobriety tests that were administered. There is also space to record the results of the preliminary breath test (PBT) if the test was administered.

ATTACHMENT

DWI Investigation Field Notes Form

DWI INVESTIGATION FIELD NOTES

I. NAME_____ SEX_____ RACE_____

ADDRESS_____ CITY/STATE_____ OP.LIC.NO._____

D.O.B._____/_____/_____ SOC. SEC. #_____

VEHICLE MAKE_____ YEAR_____ LIC._____ STATE_____

DISPOSITION_____ NO. PASSENGERS_____

INCIDENT LOCATION_____

DATE_____/_____/_____ TIME_____ CRASH YES ☐ NO ☐

II. VEHICLE IN MOTION

INITIAL OBSERVATIONS _____

_____

OBSERVATION OF STOP _____

_____

III. PERSONAL CONTACT

OBSERVATION OF DRIVER _____

_____

STATEMENTS _____

_____

PRE-EXIT SOBRIETY TESTS _____

_____

OBSERVATION OF THE EXIT _____

_____

ODORS _____

_____

GENERAL OBSERVATIONS

SPEECH _____

ATTITUDE _____

CLOTHING _____

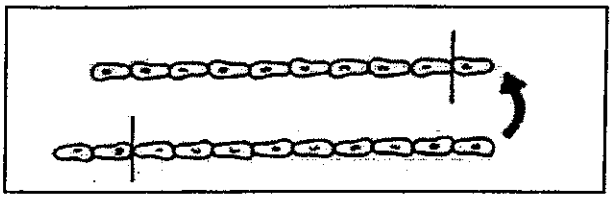
PHYSICAL DEFECTS/DRUGS OR MEDICATIONS USED _____

IV. PRE-ARREST SCREENING

HORIZONTAL GAZE NYSTAGMUS

					LEFT	RIGHT
Equal Tracking	☐ Yes	☐ No	✪	LACK OF SMOOTH PURSUIT		
Equal Pupils	☐ Yes	☐ No	✪	DISTINCT NYSTAGMUS AT MAXIMUM DEVIATION		
Vertical Nystagmus	☐ Yes	☐ No	✪	ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES		
Other (i.e., Resting Nystagmus)_____						

WALK AND TURN



INSTRUCTIONS STAGE

CANNOT KEEP BALANCE ☐

STARTS TOO SOON ☐

WALKING STAGE

	FIRST NINE STEPS	SECOND NINE STEPS
STOPS WALKING		
MISSES HEEL -TO- TOE		
STEPS OFF LINE		
RAISES ARMS		
ACTUAL STEPS TAKEN		

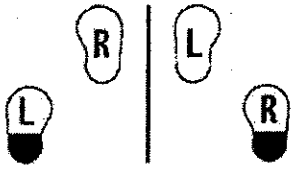
IMPROPER TURN (Describe) _____

CANNOT DO TEST (EXPLAIN) _____

OTHER: _____

ONE LEG STAND

L	R	
		Sways while balancing.
		Uses arms to balance.
		Hopping.
		Puts foot down.



Type of Footwear

CANNOT DO TEST (EXPLAIN): _____

OTHER: _____

OTHER FIELD SOBRIETY TESTS

NAME OF TEST _____

DESCRIBE PERFORMANCE _____

NAME OF TEST _____

DESCRIBE PERFORMANCE _____

NAME OF TEST _____

DESCRIBE PERFORMANCE _____

PBT (1) (optional) Time:_____ Results:_____ PBT (2) (optional) Time:_____ Results:_____

UNIT 5

TESTIMONY AND PRE-TRIAL PREPARATION

UNIT 5: TESTIMONY AND PRE-TRIAL PREPARATION

- **Content Segments**
  - Introduction
  - Pre-trial Preparation
  - Guidelines for Testimony
- **Learning Activities**
  - Instructor-Led Presentations

UNIT 5: TESTIMONY AND PRE-TRIAL PREPARATION

- **Introduction**

  Although the majority of DWI cases do not actually go to trial, the arresting officer must be fully prepared to testify in court. Testimonial evidence in DWI cases is usually the only way to establish that the accused was in fact the driver of the vehicle alleged to have been involved in the incident. The officer's evidence presented at trial may also be the only source for establishing that the accused was impaired. This unit covers how to prepare for trial and guidelines for testimony.

- **Pre-trial Preparation**

  – Preparation for testimony begins at the time of the incident and requires:

    1. Recognizing significant evidence and documenting it in the field notes
    2. Compiling complete and accurate notes
    3. Preparing a complete and accurate report.

  – Preparation for testimony continues prior to trial by:

    1. Reviewing the jacket or case file
    2. Discussing the case with other officers who witnessed the arrest or otherwise assisted in it and note the relevant facts
    3. Mentally organizing the elements of the offense and the evidence that supports it
    4. Mentally organizing the testimony to convey observations clearly and convincingly

  – Once an officer receives a subpoena or other notification of a trial date, the officer should:

    1. Review all records and reports
    2. Revisit the scene if appropriate
    3. List all the evidence during discovery and properly document it
    4. Compare notes with assisting officers
    5. Discuss the details of the case and testimony with the prosecutor assigned to the case.

- **Guidelines for Testimony**

  - During direct testimony, the officer's responsibility is to present the facts of the case. The officer should:

    1. Testify to what they observed using language geared for the lay person in other words, don't use jargon, acronyms, or abbreviations
    2. Never guess at an answer - it's okay to say, "I don't know."
    3. Provide specific descriptive details concerning exactly what the suspect did or was not able to do and describe what these actions mean

  - An officer's testimony should **NOT** include:

    1. Testimony or evidence that has been excluded
    2. Embellished testimony
    3. Testimony that can appear biased for or against the defendant

  Professional conduct during a trial is very important. Jurors focus on an officer's demeanor as well as the content of the testimony. Avoid becoming agitated or taking personal issue with defense tactics - just stick to the facts.

UNIT 6

NEW DEVELOPMENTS

UNIT 6: NEW DEVELOPMENTS

- **Content Segments**
  - Introduction
  - State Case Law on HGN
  - Validation Research
  - The Four and Eight Hour Drug Modules
  - Drug Evaluation and Classification Program
- **Learning Activities**
  - Instructor-Led Presentations

UNIT 6: NEW DEVELOPMENTS

- **Introduction**

  There have been a number of landmark court decisions and validation research studies pertinent to the use of the SFST battery. This unit highlights some of the new developments in the research, administration, and interpretation of the SFSTs. This unit also provides information about two additional training modules that are now available and the Drug Evaluation and Classification program.

- **State Case Law on HGN**

  There have been several court decisions relevant to the admissibility of a defendant's HGN results. Challenges to the admissibility of HGN have been based on scientific validity and accuracy; relationship of HGN to a specific BAC level; and officer training, experience and application. See Attachment A for a description of several court cases relevant to the admissibility of HGN.

  The National Traffic Law Center has a list of every state appellate case addressing the admissibility of HGN, as well as a variety of other impaired driving and traffic enforcement related resources. These materials are available to prosecutors, law enforcement, and judges. For more information, call the NTLC at (703) 549-4253.

- **Validation Research**

  Officers across the country have been trained in the administration of SFSTs and use the tests successfully to help them identify impaired drivers. In spite of this, defense attorneys often challenge the validity and reliability of the test results. Several validation research studies have been conducted to determine the credibility of the SFST battery. See Attachment B for a summary of three related research studies.

- **The Four and Eight Hour Drug Modules**

  Two additional training programs that are now available for police officers include - a four-hour training module entitled "Introduction to Drugged Driving" and an eight hour module - "Drugs that Impair Driving". These programs are designed to help law enforcement officers become more proficient at detecting, apprehending, testing, and convicting drug-impaired drivers.

- **Drug Evaluation and Classification Program**

The Drug Evaluation and Classification program is designed to be the first step toward qualifying an officer to serve as a Drug Recognition Expert, or DRE. The program consists of a two-day pre-school, seven days of classroom training, and field certification training. The program was developed in response to a mounting body of data suggesting that an appreciative percentage of DWI violators may be under the influence of drugs other than alcohol, either alone or in combination with alcohol. The DEC program will help officers recognize when a suspect may be drug-impaired.

Having an effective Drug and Evaluation Classification program helps prevent crashes, deaths and injuries by improving enforcement of impaired driving violations. Being able to identify additional cues to drug-impairment can help an officer provide probable cause for chemical tests in the event of an inconsistent BAC. It is important to note that in order to qualify as a DRE, you must meet all IACP certification standards. A DRE is a highly skilled individual and there are only a limited number of these specially trained officers.

If you are interested in learning more about DEC training opportunities, you can contact:

- Governors' Highway Safety Representatives (See Appendix B)
- NHTSA Regional Offices (See Appendix C)
- The NHTSA website (www.nhtsa.gov)

ATTACHMENTS

A. Summaries of Relevant Case Law
B. Summaries of Validation Research

ATTACHMENT A

SUMMARIES OF RELEVANT CASE LAW

- **State v. Superior Court, 718 P.2d 171 (Ariz.1986)**

This case is also known as the "Blake" case. It was the first case to reach the State Supreme Court level. The Arizona Supreme Court found that HGN satisfies the Frye standards for evidence to corroborate or attach the issue of a suspect's impairment. Because the court took judicial notice of HGN, it is not necessary to introduce expert scientific testimony to secure the admissibility of HGN. The court also set the standards governing the training of officers who would be qualified to testify about HGN. The court explicitly found that HGN cannot be used to establish BAC quantitatively in the absence of a chemical test. In this case, the arresting officer was attempting to use the angle of onset of nystagmus to give a quantitative estimate of BAC. The California court ruled that the officer was not entitled to testify as either a lay or expert witness about HGN, or to give his opinion about the defendant's BAC. The Court stated that, at the time, HGN was a new form of scientific evidence that had not yet shown its general acceptance in the scientific community. The officer's testimony in this case clearly demonstrated that he was not properly trained in HGN and didn't really understand how the test should be administered.

- **California v. Loomis, 156 Cal. App. 3d Supp. 1, 203 Cal. Rptr. 767 (1984)**

In this case, the arresting officer was attempting to use the angle of onset of nystagmus to give a quantitative estimate of BAC. The California court held that the officer was not entitled to testify as either a lay or expert witness about HGN, or to give his opinion about the defendant's BAC. The court stated that, at the time, HGN was a new form of scientific evidence that had not yet shown its general acceptance in the scientific community. The officer's testimony in this case clearly demonstrated that he was not properly trained in HGN and didn't really understand how the test should be administered.

- **Iowa v. Murphy, 451N.W.2d 154 (1990)**

While this case also ruled that HGN test results could not be used to determine a specific BAC level, it did rule that the results of the test could be admitted into evidence because it was part of the SFST battery and the observations of impairment were objective in nature. The court also noted that the officer was properly trained to administer the test and that there was no need for the officer to be specially qualified to be able to interpret the results.

- **Ohio v. Homan, 732 N.E.2d 952 (2000)**

The Ohio Supreme Court ruled that, while field sobriety tests are an effective means of identifying intoxicated drivers, their reliability depends largely upon the manner in which they are administered. The court held that even minor deviations from the standardized procedures promulgated by NHTSA could severely bias the results. Thus, SFSTs, including HGN, must be administered in strict compliance with those procedures, or the results are inadmissible.

Note: The Homan decision does not preclude officers from testifying to observations even if SFSTs are barred. See *Ohio v. Schmitt,* 101 Ohio St.3d 79, 2004.

- **Young v. City of Brookhaven, 693 So.2d 1355 (Miss. 1997)**

The Mississippi Supreme Court held that although HGN is admissible to establish probable cause to arrest, it is not admissible at trial to prove the guilt or innocence of the defendant. This is contrary to the vast majority of cases that have addressed the issue. Most states that allow the admission of HGN evidence allow it to establish both probable cause to arrest and guilt or innocence.

- **Smith v Wyoming, 2000 Wyo. LEXIS 202 (Wyo October 4, 2000)**

For the purpose of establishing probable cause, an officer may testify to the results of the SFSTs (including HGN) if it is shown that the officer has been adequately trained, and conducted them (SFSTs) in substantial accordance with that training. Deficiencies in the administration of the SFSTs go to the weight accorded the evidence and not to its admissibility.

ATTACHMENT B

SUMMARIES OF VALIDATION RESEARCH

- **Colorado Validation Study of the Standardized Field Sobriety Test (SFST) Battery - November1995**

This study researched the question, "How accurate are the officer's arrest and release decisions when the SFSTs are used by trained and experienced officers?" Using the standardized test battery described in this course, the researchers found that officers were more likely to error on the side of releasing drivers than on the side of incorrectly arresting drivers. Researchers concluded that the SFSTs are valid indices of the presence of alcohol at impairing levels.

- **Florida Validation Study of the Standardized Field Sobriety Test (SFST) Battery - 1997**

This study was conducted in response to vigorous legal challenges to the validity of the SFST battery and to update the relevancy of the research to the current use of the tests. The data obtained during this study demonstrated that 95% of the officer's decisions to arrest the driver were correct. Furthermore, 82% of their decisions to release drivers were also correct. Therefore, it was concluded that the SFSTs not only assist law enforcement officers in removing impaired drivers from the roadways, they also protect the rights of the unimpaired driver.

- **Validation of the Standardized Field Sobriety Test Battery at BACs Below 0.10 Percent (NHTSA Study) - August 1998**

The purpose of this study was to evaluate the accuracy of the Standardized Field Sobriety Test (SFST) battery to assist officers in making arrest decisions for DWI at BACs below 0.10. Data analysis found the SFSTs to be extremely accurate in discriminating between BACs above and below 0.08.

CONCLUSION

CONCLUSION

- **Content Segments**
  - Final Test
  - Closing Remarks and Dismissal
- **Learning Activities**
  - Instructor-Led Presentations
  - Written Test

CONCLUSION

- **Final Test**

  At the conclusion of this training program, you will take a written test to demonstrate your knowledge of the topics covered in this course.

- **Closing Remarks**

  Law enforcement officers should remember that deterrence is the key to reducing the number of alcohol-related crashes. It is the responsibility of each individual officer to be properly trained in the use of SFSTs and to know how to recognize, arrest, and ultimately convict alcohol-impaired drivers.

APPENDICES

A. **Glossary**

B. **State Offices of Highway Safety**

C. **NHTSA Regional Offices**

D. **References**

APPENDIX A

GLOSSARY

Alveolar Breath - Breath from the deepest part of the lung.

Blood Alcohol Concentration (BAC) - Grams of alcohol found in 100 milliliters of blood.

Breath Alcohol Concentration (BrAC) - Grams of alcohol found in 210 liters of breath.

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

DWI - Driving While Intoxicated. (Also Driving While Impaired) Driving a vehicle while under the influence of alcohol 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 1 – Vehicle in Motion,
Phase 2 – Personal Contact,
Phase 3 – Pre-arrest Screening

Evidence - A means by which an alleged fact may either be established or disproved. Evidence of a DWI violation may be of various types:

1. Physical (or real) evidence: something tangible, visible, or audible.
2. Well established facts (judicial notice)
3. Demonstrative evidence: demonstrations performed in a courtroom
4. Written matter or documentation
5. Testimony

Field Sobriety Test - Any one of several roadside tests that can be used to determine whether a suspect is impaired.

Horizontal Gaze Nystagmus (HGN) - A standardized field sobriety test based on the involuntary jerking of the eyes as they gaze toward the side.

Illegal Per Se - Unlawful in and of itself. Used to describe a law that makes it illegal to drive while having a statutorily prohibited Blood Alcohol Concentration.

Nystagmus - An involuntary jerking of the eyes.

One-leg Stand (OLS) - A standardized divided attention field sobriety test.

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 standardized field sobriety tests to determine whether there is probable cause to arrest the driver for DWI, and administers or arranges for a preliminary breath test.

Preliminary Breath Test (PBT) - A pre-arrest breath test administered during investigation of a possible DWI violation to obtain an indication of the person's blood alcohol concentration.

Psychophysical "Mind body" - Used to describe field sobriety tests that measure a person's ability to perform both mental and physical tasks at the same time.

Standardized Field Sobriety Test Battery - A battery of three tests, Horizontal Gaze Nystagmus, Walk-and-Turn, and One-Leg Stand, administered and evaluated in a standardized manner to obtain validated indicators of impairment based on NHTSA research.

Tidal Breath - Breath from the upper part of the lungs and mouth.

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 up and down jerking of the eyes which occurs when the eyes gaze upward at maximum elevation

Walk-and-Turn (WAT) - A standardized divided attention field sobriety test.

APPENDIX B

STATE OFFICES OF HIGHWAY SAFETY

Alabama
Dept Of Econ & Comm Affairs
401 Adams Ave (PO Box 5690)
Montgomery, AL 36103-5690
(334) 242-5803
FAX (334) 242-0712

Alaska
Alaska Hwy Safety Planning Agency
450 Whittier St.
Juneau, AK 99811
(907) 465-4374
FAX (907) 465-5860

Arizona
Gov's Office of Hwy Safety
3030 N. Central, Suite 1550
Phoenix, AZ 85012
(602) 255-3216
FAX (602) 255-1265

Arkansas
AR State Hwy & Trans. Dept.
11300 Baseline Rd
Little Rock, AR 72203-2261
(501) 569-2648
FAX (501) 569-2651

California
Business, Transportation, and Housing Agency
7000 Franklin Blvd., Suite 440
Sacramento, CA 95823
(916) 262-0990
FAX (916) 262-2960

Colorado
Department of Transportation
4201 E. Arkansas Ave.
Denver, CO 80222
(303) 757-9440
FAX (303) 757-9219

Connecticut
Department of Transportation
PO Box 317546
2800 Berlin Turnpike
Newington, CT 06131-7546
(860) 594-2370
FAX (860) 594-2374

Delaware
Office of Highway Safety
Public Safety Bldg, Box 1321
Rte. 113 South & Bay Road
Dover, DE 19903-1321
(302) 739-3295
FAX (302) 739-5995

District of Columbia
DC Dept of Public Works
Frank D. Reeves Center
2000 14th St., NW, 7th Floor
Washington, DC 20009
(202) 671-0492
FAX (202) 939-7185

Florida
Department of Transportation
605 Suwanne Street, MS-53
Tallahassee, FL 32399-0450
(850) 488-3546
FAX (850) 922-2935

Georgia
Gov.'s Office of Hwy. Safety
1 Park Tower
34 Peachtree Street, Suite 1600
Atlanta, GA 30303
(404) 656-6996
FAX (404) 651-9107

Hawaii
Motor Vehicle Safety Office
Department of Transportation
601 Kamokila Blvd, Room 511
Kapolei, HI 96707
(808) 692-7650
FAX (808) 692-7665

Idaho
Department of Transportation
3311 W. State St.
Boise, ID 83707
(208) 334-8101
FAX (208) 334-3858

Illinois
Department of Transportation
PO Box 19245
3215 Executive Park Drive
Springfield, IL 62794-9245
(217) 782-4974
FAX (217) 782-9159

Indiana
Governor's Council on Impaired and Dangerous Driving
ISTA Building, Suite 330
150 West Market
Indianapolis, IN 46204
(317) 232-4220
FAX (317) 233-5150

Iowa
Gov. Traffic Safety Bureau
307 East Seventh Street
Des Moines, IA 50319-0248
(515) 281-3907
FAX (515) 281-6190

Kansas
Bureau of Traffic Safety
Thacher Building, 3rd Floor
217 SE 4th Street
Topeka, KS 66603
(785) 296-3756
FAX (785) 291-3010

Kentucky
KY State Police Headquarters
919 Versailles Road
Frankfort, KY 40601-9980
(502) 695-6356
FAX (502) 573-1634

Louisiana
LA Hwy Safety Commission
PO Box 66336
Baton Rouge, LA 70896
(225) 925-6991
FAX (225) 922-0083

Maine
Bureau of Highway Safety
164 State House Station
Augusta, ME 04333
(207) 624-8756
FAX (207) 624-8768

Maryland
Office of Traffic and Safety
7491 Connelley Drive
Hanover, MD 21076
(410) 787-4017
FAX (410) 787-4082

Massachusetts
Gov. Highway Safety Bureau
10 Park Plaza, Suite 5220
Boston, MA 02116-3933
(617) 973-8904
FAX (617) 973-8917

Michigan
Office of Hwy. Safety Planning
4000 Collins Road
PO Box 30633
Lansing, MI 48909-8133
(517) 336-6477
FAX (517) 333-5756

Minnesota
Office of Traffic Safety
444 Cedar Street, Suite 150
St. Paul, MN 55101-5150
(651) 296-9507
FAX (651) 297-4844

Mississippi
Gov.'s Highway Safety Office
401 North West St., 8th Floor
Jackson, MS 39225-3039
(601) 359-7880
FAX (601) 359-7832

Missouri
Division Of Highway Safety
PO Box 104808
Jefferson City, MO 65110
(573) 751-4161
FAX (573) 634-5977

Montana
Department of Transportation
PO Box 201001
2701 Prospect Ave., Room 109
Helena, MT 59620-1001
(406) 444-3423
FAX (406) 444-7303

Nebraska
Office of Highway Safety
PO Box 94612
Lincoln, NE 68509
(402) 471-2515
FAX (402) 471-3865

Nevada
Office of Traffic Safety
Dept. of Motor Vehicles
& Public Safety
555 Wright Way
Carson City, NV 89711-0099
(775) 687-5720
FAX (775) 687-5328

New Hampshire
Highway Safety Agency
Pine Inn Plaza
117 Manchester Street
Concord, NH 03301
(603) 271-2131
FAX (603) 271-3790

New Jersey
Div. of Highway Traffic Safety
225 East State Street, CN-048
Trenton, NJ 08625
(609) 633-9300
FAX (609) 633-9020

New Mexico
Traffic Safety Bureau
604 W. San Mateo
P.O. Box 1149
Santa Fe, NM 87504-1149
(505) 827-0427
FAX (505) 827-0431

New York
Gov. Traffic Safety Committee
Swan St. Bldg., Empire Plaza
Albany, NY 12228
(518) 473-9007
FAX (518) 473-6946

North Carolina
Gov. Highway Safety Program
215 East Lane Street
Raleigh, NC 27601
(919) 733-3083
FAX (919) 733-0604

North Dakota
Drivers Lic. & Traf. Safety Div.
Department of Transportation
608 East Boulevard Avenue
Bismarck, ND 58505-0700
(701) 328-2601
FAX (701) 328-2435

Ohio
Office of Gov. Hwy. Safety Rep.
PO Box 182081
1970 W. Broad Street (43223)
Columbus, OH 43218-2081
(614) 466-3250
FAX (614) 728-8330

Oklahoma
OK Highway Safety Office
3223 North Lincoln
Oklahoma City, OK 73105
(405) 521-3314
FAX (405) 524-4906

Oregon
Transportation Safety Section
555 13th Street, NE
Salem, OR 97310
(503) 986-4190
FAX (503) 986-4189

Pennsylvania
Bureau of Highway Safety and
Traffic Engineering
555 Walnut Street
7th Floor, Forum Place
Harrisburg, PA 17105-2047
(717) 787-7350 or 8069
FAX (717) 783-8012

Rhode Island
Gov. Office of Highway Safety
345 Harris Avenue
Providence, RI 02909
(401) 222-3024
FAX (401) 222-6038

South Carolina
Department of Public Safety
5400 Broad River Road
Columbia, SC 29210
(803) 896-7896
FAX (803) 896-8393

South Dakota
Office of Highway Safety
Dept Of Commerce & Reg.
118 West Capitol
Pierre, SD 57501
(605) 773-4493
FAX (605) 773-6893

Tennessee
Gov. Highway Safety Programs
James K Polk State Office Bldg
505 Deaderick Street, Suite 600
Nashville, TN 37243
(615) 741-2589
FAX (615) 741-9673

Texas
Department of Transportation
125 E. 11th Street
Austin, TX 78701-2483
(512) 416-3202
FAX (512) 416-3214

Utah
Highway Safety Office
Department of Public Safety
5263 South 300 West, Suite 202
Salt Lake City, UT 84107
(801) 293-2481
FAX (801) 293-2498

Vermont
Highway Safety Agency
103 South Main Street
Waterbury, VT 05671-2101
(802) 244-1317
FAX (802) 244-4124

Virginia
Transportation Safety Services
Department of Motor Vehicles
PO Box 27412
Richmond, VA 23269
(804) 367-1670
FAX (804) 367-6631

Washington
Traffic Safety Commission
1000 South Cherry Street,
MS/PD-11
Olympia, WA 98504
(360) 753-6197
FAX (360) 586-6489

West Virginia
Driver Services
Department of Motor Vehicles
Capitol Complex Bldg 3 Rm 118
Charleston, WV 25317
(304) 558-6080 Ext. 13
FAX (304) 558-0391

Wisconsin
Bureau Of Transportation
Hill Farms State Ofc. Bldg #933
4802 Sheboygan Avenue
PO Box 7936
Madison, WI 53707-7936
(608) 266-3048
FAX (608) 267-0441

Wyoming
Highway Safety Program
5300 Bishop Blvd., PO Box 1708
Cheyenne, WY 82003-9019
(307) 777-4450
FAX (307) 777-4250

American Samoa
Office of Highway Safety
Government of American Samoa
PO Box 1086
Pago Pago, AS 96799
(684) 699-1911 or 2911
FAX (684) 699-4224

Guam
Dept. of Public Works, OHS
542 N. Marine Drive
Tamuning, GU 96910
(671) 646-3211
FAX (671) 646-3733

Commonwealth of The Northern Marina Islands
Department of Public Safety
Office of Special Programs
Commonwealth of No.
Mariana Islands
PO Box 791
Civic Center; Susupe Village
Saipan, MP 96950
(670) 664-9128
FAX (670) 664-9141

Puerto Rico
Traffic Safety Commission
Box 41289, Minillas Station
Santurce, PR 00940
(787) 723-3590
FAX (787) 727-0486

Virgin Islands
Office of Highway Safety
Lagoon Street Complex
Fredriksted
St. Croix, VI 00840
(340) 776-5820
FAX (340) 772-2626

Indian Nations
Indian Hwy. Safety Programs
Bureau of Indian Affairs
Dept. of Interior, Suite 1705
505 Marquette Avenue, NW
Albuquerque, NM 87102
(505) 248-5053
FAX (505) 248-5064

APPENDIX C

NHTSA REGIONAL OFFICES

Note: Regional Training Coordinators are located in each Regional Office.

New England Region
Volpe National Trans. Systems Center
55 Broadway - Kendall Square - Code 903
Cambridge, MA 02142
(617) 494-3427
FAX (617) 494-3646

Eastern Region and Virgin Islands
222 Mamaroneck Ave, Suite 204
White Plains, NY 10605
(914) 682-6162
FAX (914) 682-6239

Mid Atlantic Region
10 South Howard Street, Suite 4000
Baltimore, MD 21201
(410) 962-0077
FAX (410) 962-2770

Southeast Region
Atlanta Federal Center
61 Forsyth Street, SW, Suite 17T30
Atlanta, GA 30303
(404) 562-3739
FAX (404) 562-3763

Great Lakes Region
19900 Governors Drive, Suite 201
Olympia Fields, IL 60461
(708) 503-8822
FAX (708) 503-8991

South Central Region and Indian Nations
819 Taylor Street Room 8A38
Fort Worth, TX 76102-6177
(817) 978-3653
FAX (817) 978-8339

Central Region
PO Box 412515 (Zip 64141)
6301 Rockhill Road Rm 100 (Zip 64131)
Kansas City, MO
(816) 822-7233
FAX (816) 822-2069

Rocky Mountain Region
555 Zang Street, Room 430
Denver, CO 80228
(303) 969-6917
FAX (303) 969-6294

Western Region and Pacific Territories
201 Mission Street, Suite 2230
San Francisco, CA 94105
(415) 744-3089
FAX (744-2532

Northwest Region
3140 Jackson Federal Building
915 Second Avenue
Seattle, WA 98174
(206) 220-7640
FAX (206) 220-7651

APPENDIX D

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- Stuster, J. and Burns, M. (1977) Validation of the Standardized Field Sobriety Test Battery at BACs Below 0.10 Percent. Final Report, DTNH22-95-C-05192, NHTSA, U.S. Dept. of Transportation.
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