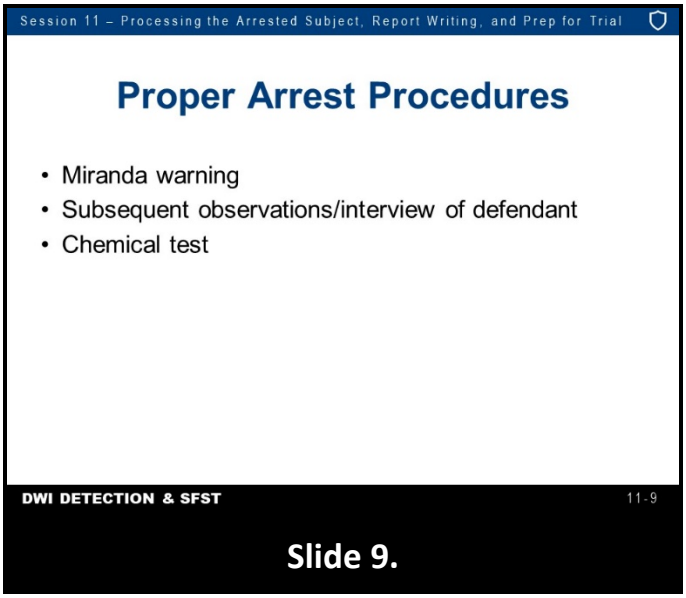
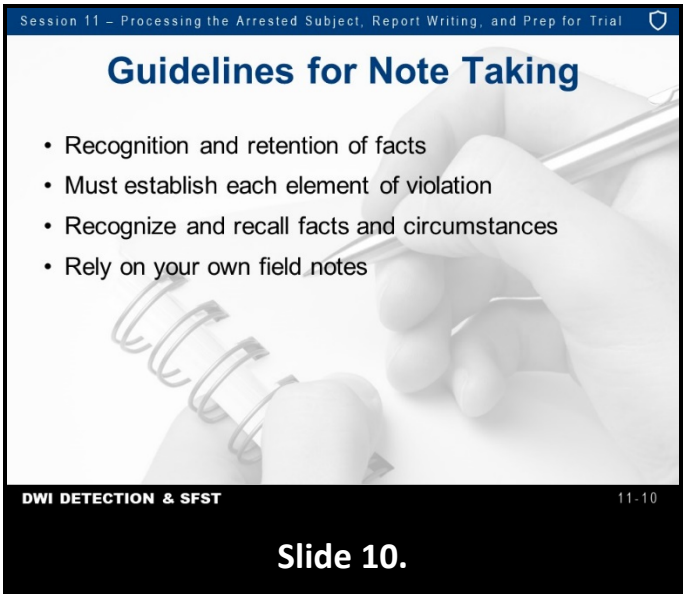


Slide 9.

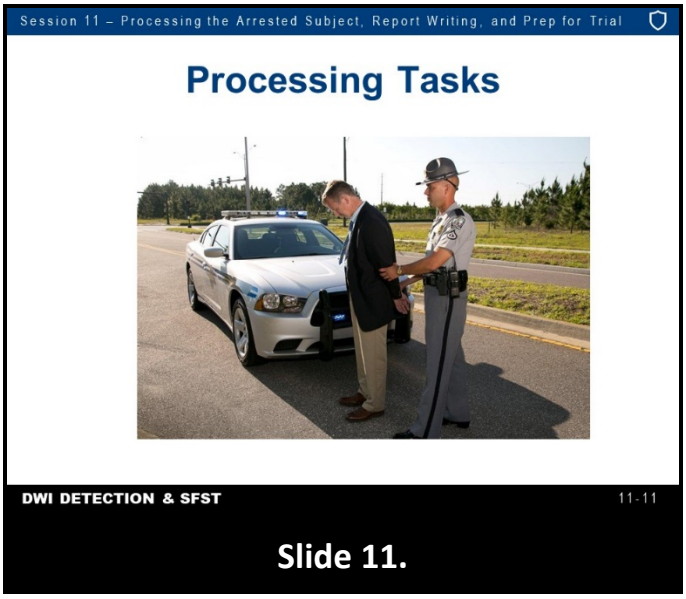
- Proper regard was given to the defendant's Miranda rights
- Subsequent observations/interview of the defendant provided additional evidence relevant to the offense
- There was a proper request for a chemical test

The prosecutor's case will largely be based upon the thoroughness of the officer's investigation and the clarity of his/her testimony. While it is true many items which are critical to the prosecution are documented on special forms, the officer must keep in mind the prosecutor may not have the time to search out relevant facts. The decision may be made to amend, reduce, or even dismiss the case on the basis of the arrest report alone. It is essential the report clearly, completely, and accurately describe the total sequence of events from the point the driver was first observed, through the arrest, the chemical test, and subsequent release or incarceration.



Slide 10.

One of the critical tasks in the DWI enforcement process is the recognition and retention of facts that establish reasonable suspicion to stop the driver, investigate further, and the probable cause to arrest persons for DWI. The evidence gathered during the detection process must establish each element of the violation and must be documented to support successful prosecution of the defendant. This evidence is largely sensory (see, smell, hear) in nature and, therefore, is extremely short lived. Law enforcement officers must be able to recognize and act on facts and circumstances with which they are confronted. But the officer must also be able to recall those observations – and describe them clearly and convincingly – to secure a conviction. The officer is inundated with evidence of DWI (sights, sounds, smells, etc.), recognizes it, and bases the decision to stop, investigate, and arrest on their observations. Since evidence of a DWI violation is short lived, police officers need a system and tools for recording field notes at scenes of DWI investigations. Technological advances have made it possible to use audio, video, and digital recorders in the field. They provide an excellent means of documenting this short-lived evidence. However, the vast majority of officers must rely on their own field notes. One way of improving the effectiveness of field notes is to use a structured note-taking guide. This type of form makes it very easy to record brief notes on each step of the detection process and ensures vital evidence is documented. Field notes provide the information necessary for completion of required DWI report forms and assist the officer in preparing a written narrative of the investigation. Since they can be used to refresh the officer's memory, field notes could be useful if the officer is required to provide oral testimony.

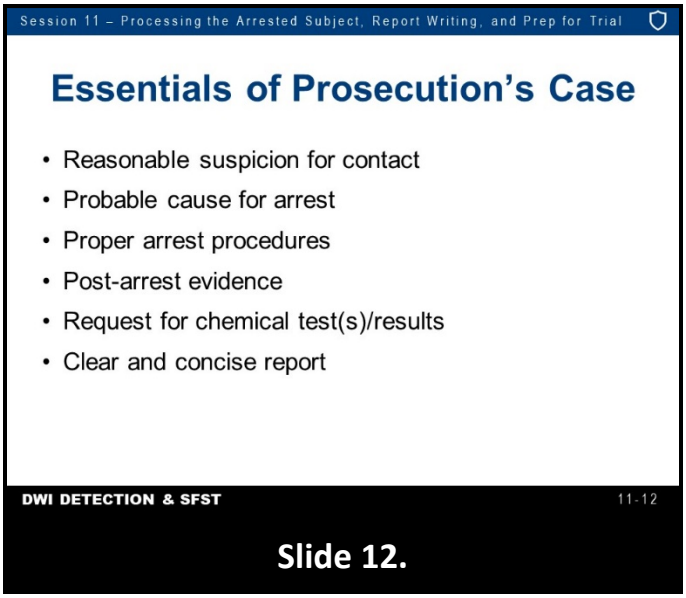


Slide 11.

The Processing Phase of a DWI Enforcement incident is the bridge between arrest and conviction of a DWI offender. Processing involves the proper assembly and organization of all of the evidence obtained during the detection phase. This ensures the evidence will be available and admissible in court. Processing also involves obtaining additional evidence, such as a chemical test or tests of the subject's breath, blood, etc. Typically, the processing phase may involve the following tasks:

- Inform the driver they are under arrest
- ”Pat down" or frisk the defendant
- Handcuff the defendant
- Secure the defendant in the patrol vehicle
- Secure the defendant’s vehicle, passengers, property
- Transport the defendant to an appropriate facility
- Advise the defendant of rights and obligations under the implied consent law
- Administer the evidentiary chemical test(s)
- Advise the defendant of Constitutional Rights (Miranda Admonition)
- Interview the defendant
- Incarcerate or release the defendant
- Complete the required reports

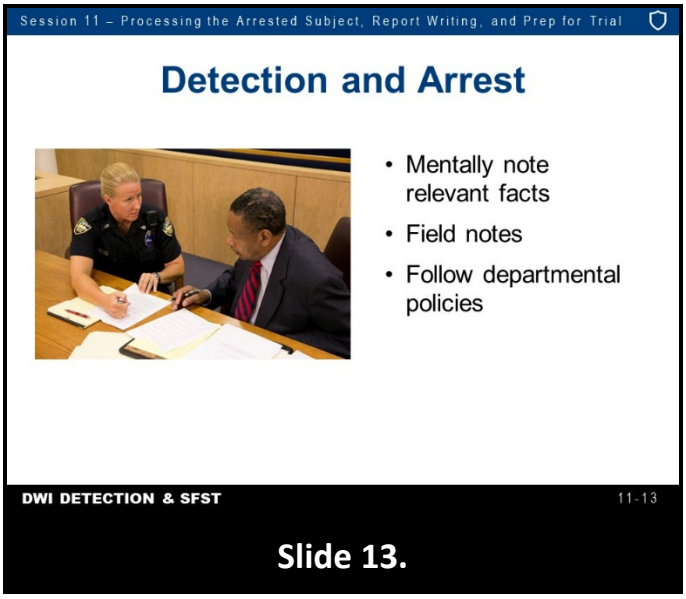
B. Narrative DWI Arrest Report



Slide 12.

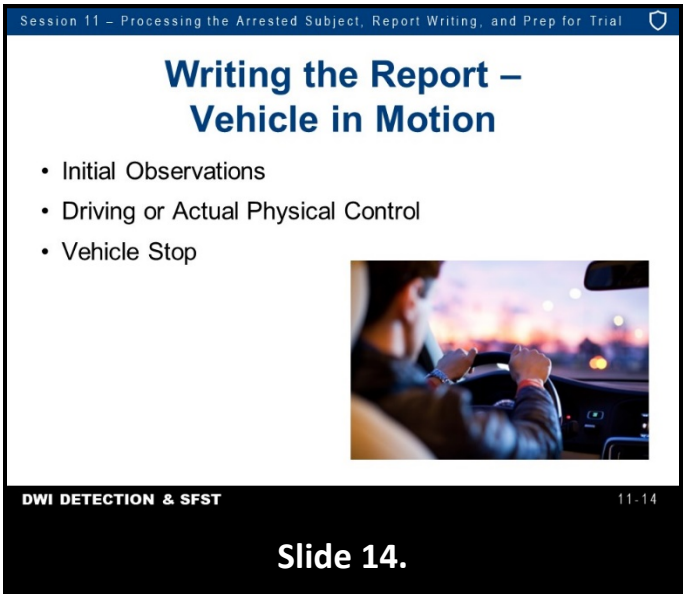
Report writing is an essential skill for a police officer. Good report writing becomes second nature with practice. While there is no one best way to write an arrest report, it is critical the report be detailed regarding every phase of the detection and arrest process. It is helpful to follow a simple format. Departmental policies and/or special instructions or requirements of the prosecutor provide some guidance.

It is important for officers to understand the essential ingredients of the prosecution's case. Clarity and completeness of an officer's observations and relaying this information in a clear and concise report is critical. Additionally, an officer must be able to establish he/she had reasonable grounds for the arrest and followed proper arrest procedures. Proper arrest procedures include advising the defendant of their constitutional rights and gathering additional post-arrest evidence. The admissibility of chemical test evidence requires a proper request in accordance with your State's guidelines.



Slide 13.

During the detection phase of the DWI arrest process, the arresting officer must mentally note relevant facts to support the decision to arrest. These facts are then recorded in the form of field notes and can be used to refresh officer's memory when the formal arrest/narrative report is prepared.



Slide 14.

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

Initial Observations – Describe your first observations of the driver's actions. What drew your attention to the vehicle/driver? Your first observations are important because they help establish your reasonable suspicion to stop. This should include details about the driving before you initiated the traffic stop. Be sure to record the time and location of the first event.

Driving or Actual Physical Control – In some cases, you may not use the driving behavior as the basis for the contact. Your first contact could result from a crash investigation or a motorist assistance type of contact. Your observations and documentation must establish the driver was operating or in actual physical control of the vehicle. You can use circumstantial evidence, such as seat belt marks, ownership of the vehicle, location of the keys, admissions, witness statements, etc. to establish this element.

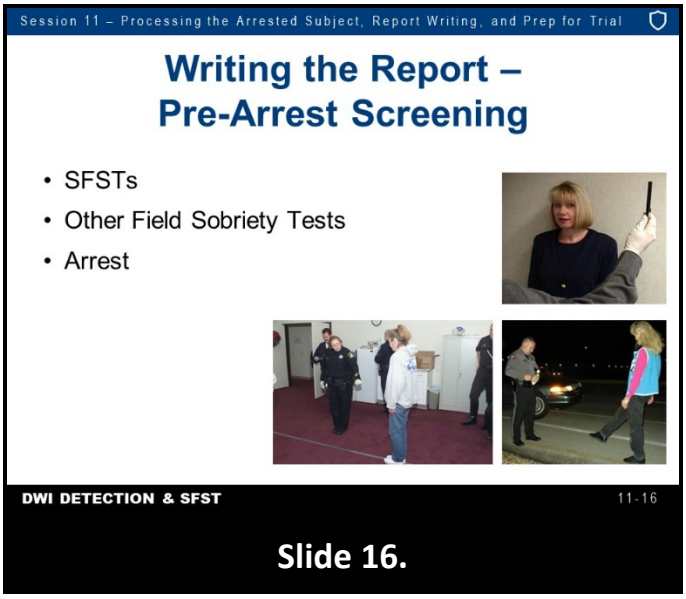
Vehicle Stop – Record any unusual actions taken by the driver. How did the driver react to the emergency light and/or siren? How far did the driver travel after emergency equipment was activated? How did the driver pull over? Was it a normal stop? Be detailed and specific.

Slide 15.

Contact with Driver – Record your observations of the driver's personal appearance, condition of the eyes, speech, odors, inappropriate or inconsistent responses to questions, etc. Record the name and condition of passengers in the vehicle and where they were located. Describe any unusual actions taken by the driver or passengers.

Preliminary Questions – Record the preliminary questions you ask of the driver as well as their responses. Pay close attention to any inconsistent responses and any other physical signs of impairment. For example: driver responds, “I’m just trying to get home” when asked “are you diabetic or epileptic?”

Exit from Vehicle – Record your observations of the driver's exit from the vehicle and include any unusual actions taken by the driver. Be specific about how the driver exits the vehicle. For example climbs out of the vehicle, uses the vehicle for support, leans on the vehicle, walks slowly and/or deliberately, stumbles, etc.

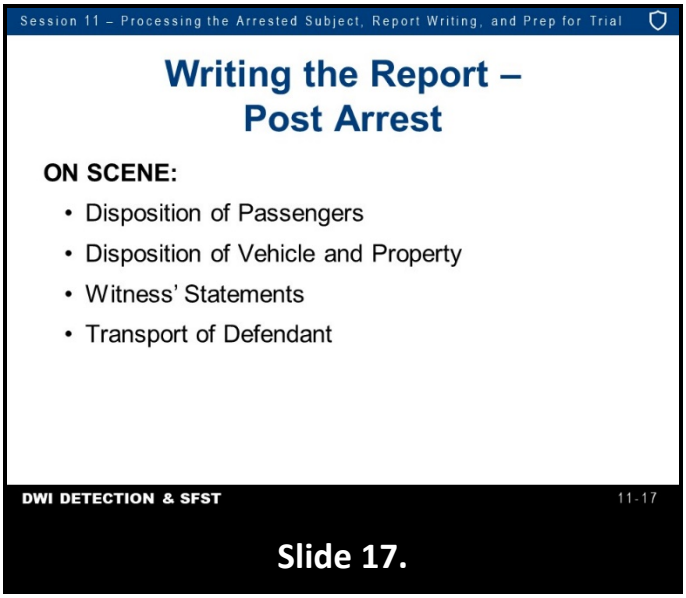


Slide 16.

SFSTs – This should include specific details about the validated clues noted during the test. It should also include all other observations made during the SFSTs such as: did not follow directions, how quickly or slowly the driver performed the test, etc. Include specific details about the clues observed. For example, missed heel-to-toe on steps 3, 4, and 5 by at least three inches each step, etc.

Other Field Sobriety Tests – Describe the driver's actions when you administered other field sobriety tests. Be specific.

Arrest – Document the arrest decision and ensure all elements of the crime have been accurately described.



Slide 17.

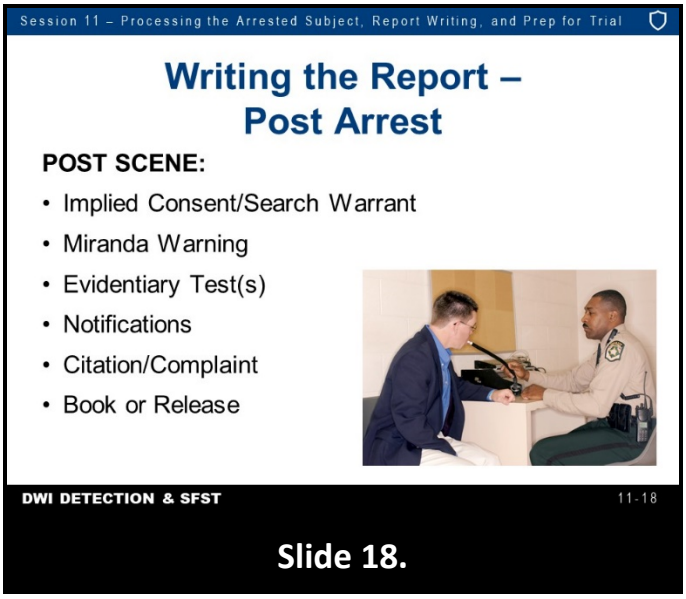
ON SCENE:

Disposition of Passengers – Make sure passengers are identified, interviewed, and safely released.

Disposition of Vehicle and Property – Indicate where the vehicle was secured or towed and the location of the keys. If the vehicle was released to another party or was driven by a backup officer, record that fact. Document disposition of any property seized.

Witness' Statements – List all witnesses (including other officers), contact information, and attach copies of their statements (if any). Additionally, make notes of any verbal statements made by witnesses.

Transport of Defendant – Describe where the defendant was transported for evidential testing. Document time of departure and arrival. (This information can be obtained from the radio log). Note any spontaneous or voluntary comments made by the defendant.



Slide 18.

The foregoing list is not intended to be all inclusive. In many cases, several points may not be applicable and additional information not listed may apply.

POST SCENE:

Implied Consent/Search Warrant – Document the admonishments given at the appropriate point in the investigation.

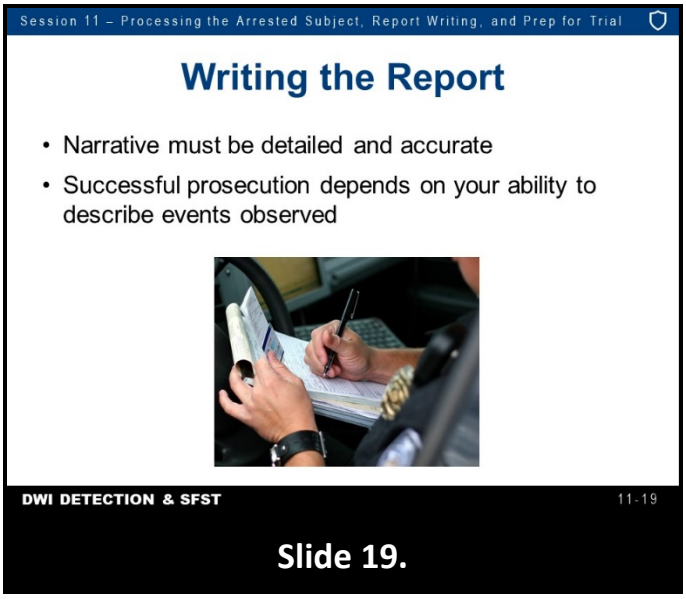
Miranda Warning

Evidentiary Test(s) – Document which test(s) were administered and by whom. If the defendant is authorized to request additional chemical tests and does so, record the type of test, time administered, location, and party administering the test.

Notification of Defendant's Attorney or Other Party – Document the time and result of defendant's telephone call to an attorney or other party.

Citation/Complaint – Document the traffic citation/complaint was issued at the appropriate time, if applicable.

Book or Release – Document the time and place of incarceration or the name and address of the responsible party to whom the defendant was released. Be sure to record the time.



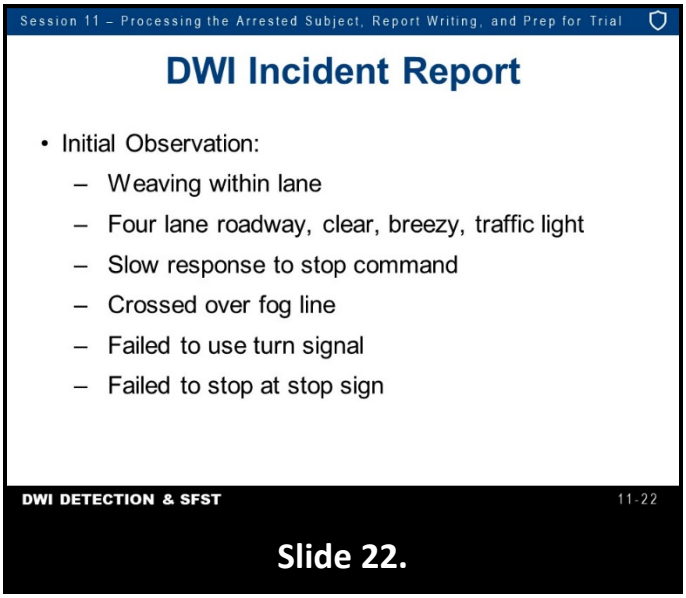
Slide 19.

The narrative does not necessarily have to be lengthy, but it must be detailed and accurate. Remember, successful prosecution depends on your ability to describe the events you observed. Often a trial can be avoided (i.e., a defendant may plead guilty) when you do a thorough job in preparing your arrest report.

A sample report providing an example of the block outline format is at the end of the session.

Slide 20.

Slide 21.



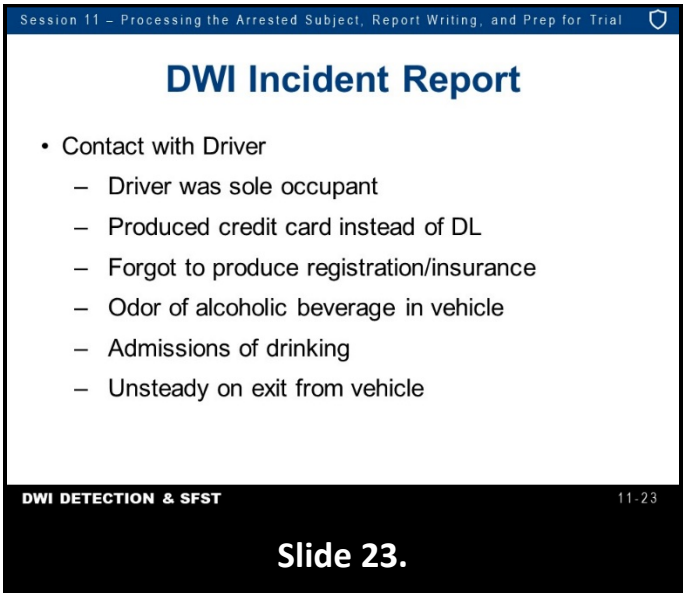
Slide 22.

DWI Incident Report

Defendant: Jarod Primo, Age:31
Date of Arrest: 4-14-XX
Time of Arrest: 9:20 PM
Initial Observation:

- Defendant driving white SUV
- Driving without license plate
- Drifted over the center line twice
- Weaving within lane
- Slow response to stop command
- Failed to stop at stop sign
- Four lane roadway, clear, breezy, traffic light
- Slow response to stop command
- Crossed over fog line

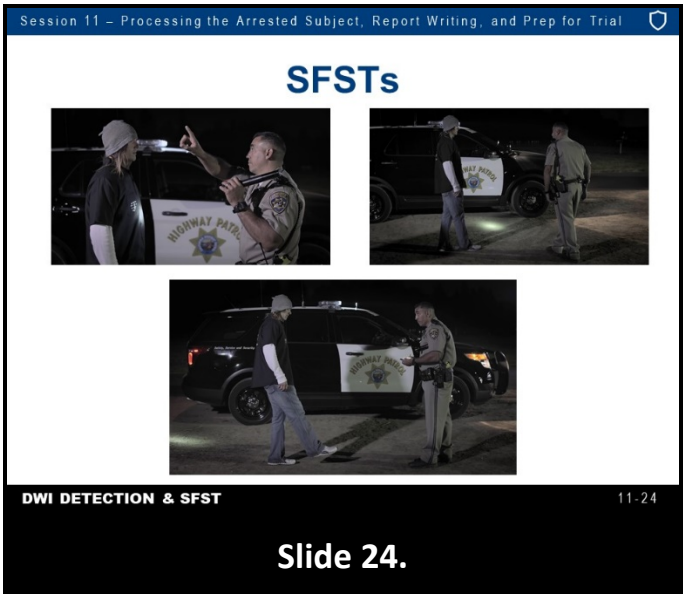
- Failed to use turn signal
- Failed to stop at stop sign



Slide 23.

Contact with Driver:

- Driver was sole occupant
- Produced credit card instead of DL
- Forgot to produce registration/insurance
- Odor of alcoholic beverage in vehicle
- Admissions of drinking (2 drinks)
- Unsteady on exit from vehicle
- Any other observations during contact with driver?

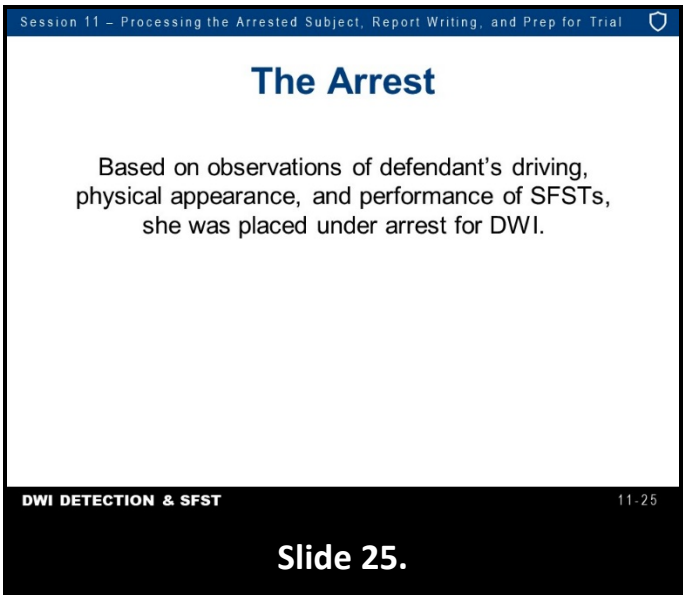


Slide 24.

SFSTs

- Horizontal Gaze Nystagmus (HGN) – Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, and Onset of Nystagmus Prior to 45 Degrees in both eyes
- Walk and Turn (WAT) – Could not maintain balance during instructions, improper turn, used arms for balance (2x), steps off line, and stops while walking
- One Leg Stand (OLS) – Raised right foot, put foot down on 1010 and 1014, raised left arm for balance, hopped, and reached the count of 1014 in 30 seconds

Any other observations?



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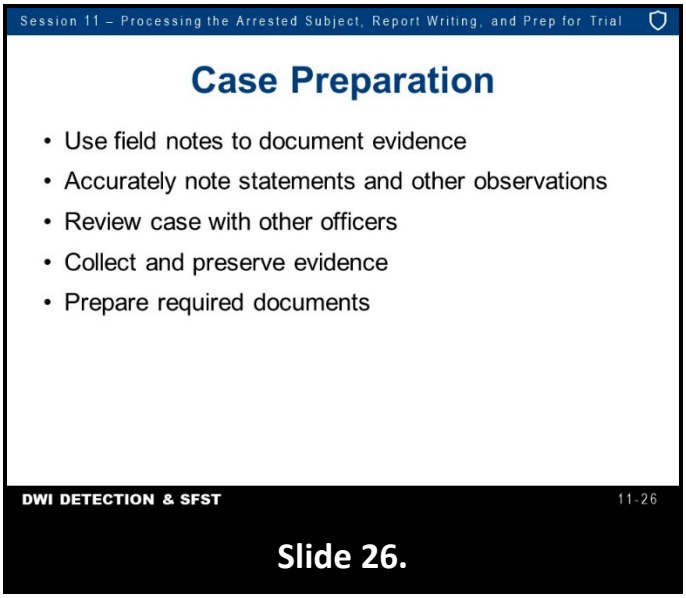
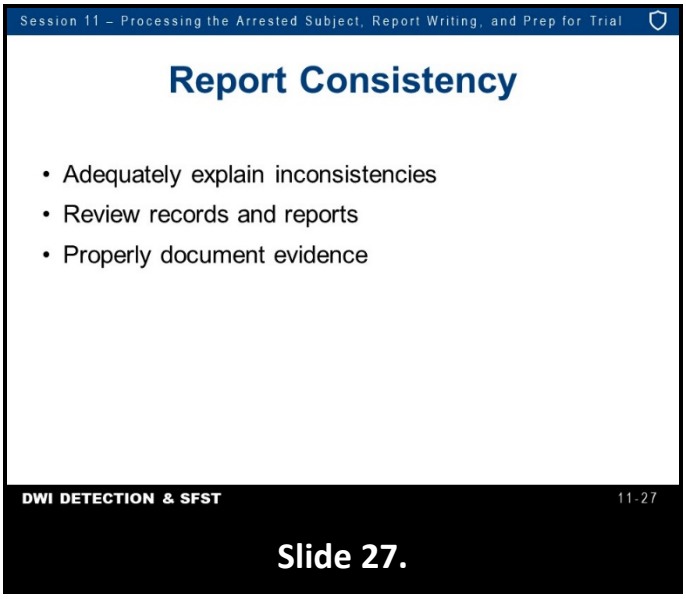
C. Case Preparation and Pretrial Conference



Slide 26.

As was discussed in Session 4, case preparation begins with your first observation and contact with the driver. It is essential all relevant facts and evidence are mentally noted and later documented in field notes, narrative report, or other official forms.

Guidelines for Case Preparation: Use field notes to document evidence. Accurately note statements and other observations. Review case with other officers who witnessed the arrest or otherwise assisted you and write down relevant facts. Collect and preserve all physical evidence. Prepare all required documents and a narrative report.

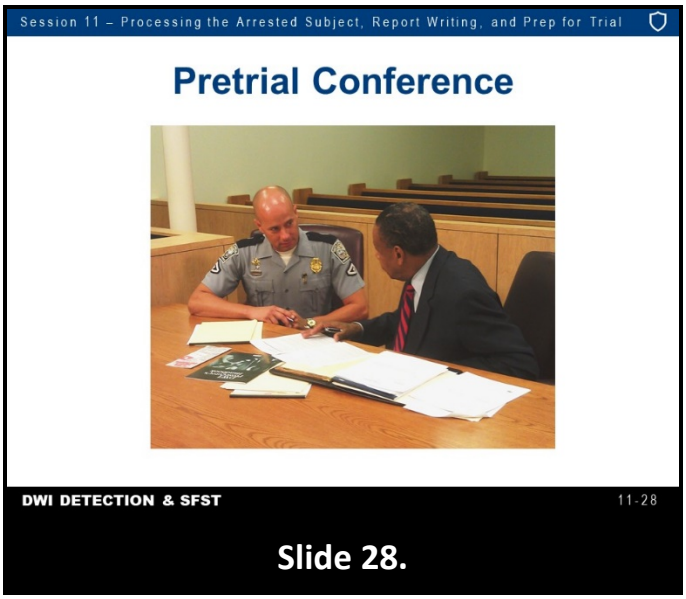


Slide 27.

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

Preparation for Trial: Upon receipt of a subpoena or other notification of a trial date, review all records and reports to refresh your memory. If appropriate, revisit the scene of the arrest. Compare notes with assisting officers to ensure all facts are clear. During discovery, list all evidence and properly document it. Remember, evidence may be excluded if proper procedures are not followed.

Attention to detail is very important.



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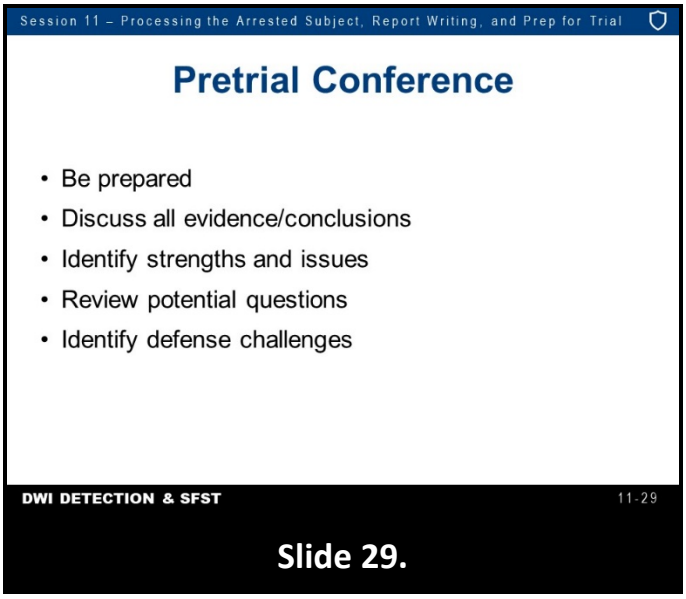
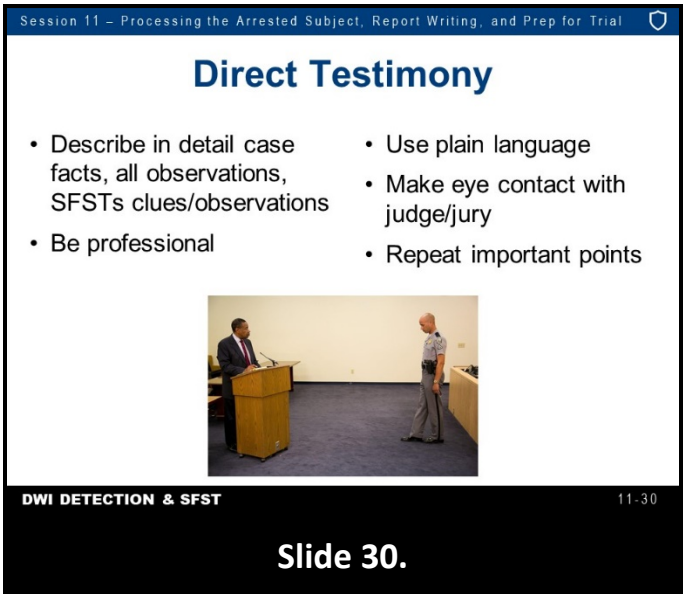


Slide 29.

Successful prosecution is dependent upon the prosecutor's ability to present a clear and convincing case based on your testimony, physical evidence, and supporting evidence/testimony from other witnesses and/or experts.

If at all possible, arrange a pretrial conference with the prosecutor. In preparation for the pretrial conference, you should review the entire case file. During the conference, discuss with the prosecutor all evidence and all bases for your conclusions. If there are strengths or issues in your case, bring them to the prosecutor's attention. Ask the prosecutor to review the questions that will be asked on the witness stand. Identify questions of which you do not have the answer to the prosecutor. Ask the prosecutor to review questions and challenges the defense attorney may use. Review your credentials and qualifications with the prosecutor. If you cannot have a pretrial conference, try to identify the main points and weaknesses about the case and be sure to discuss these with the prosecutor during the few minutes you will have just before the trial.

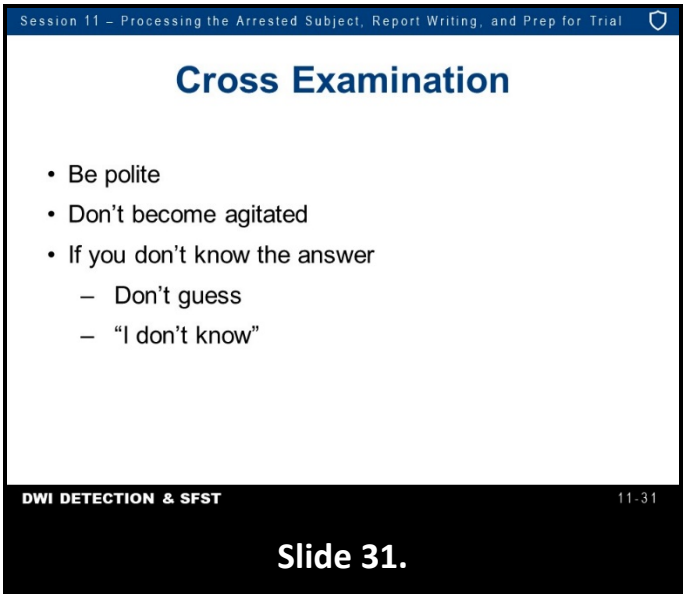
D. Guidelines for Direct Testimony



Slide 30.

Your basic task is to establish the facts of the case: *The subject was driving or in actual physical control of a vehicle on a highway or other specified location within the court's jurisdiction and was impaired by alcohol and/or other drugs.* In other words, to present evidence to establish reasonable suspicion for the stop, probable cause for the arrest, and conclusive evidence regarding every element of the offense.

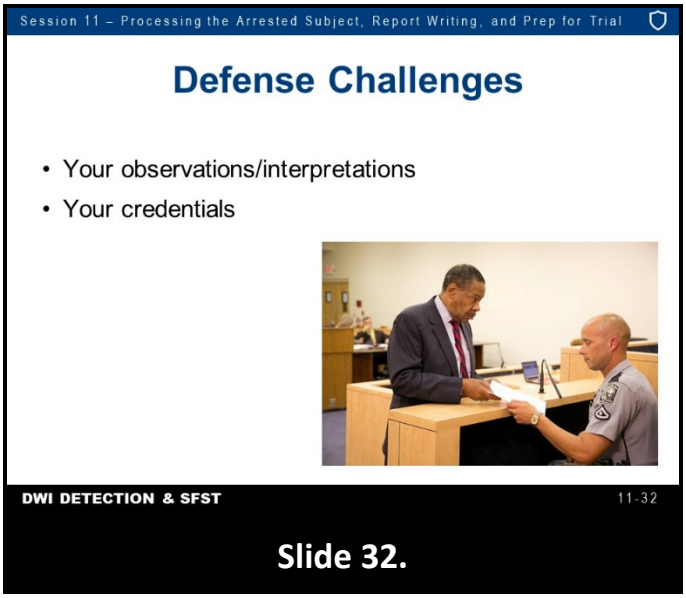
Describe in a clear, detailed, and convincing manner all relevant observations during the three detection phases and those subsequent to the arrest. Describe clearly how the defendant performed (e.g., stepped off the line twice on steps 2 and 4, raised the arms on steps 5 and 7 going out and step 3 coming back, etc.). By presenting your observations clearly and convincingly, you will allow evidence of the defendant's impairment to speak for itself. Direct testimony should include all relevant information about this incident. Always keep in mind juries typically focus on an officer's demeanor as much or more than on the content of the testimony. Strive to maintain your professionalism and impartiality. Be clear in your testimony, explain technical terms in layman's language, don't use jargon, abbreviations, acronyms, etc. Make eye contact with the judge/jury; they are the people you are trying to convince. Repeat important points and continued observations about the defendant.



Slide 31.

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

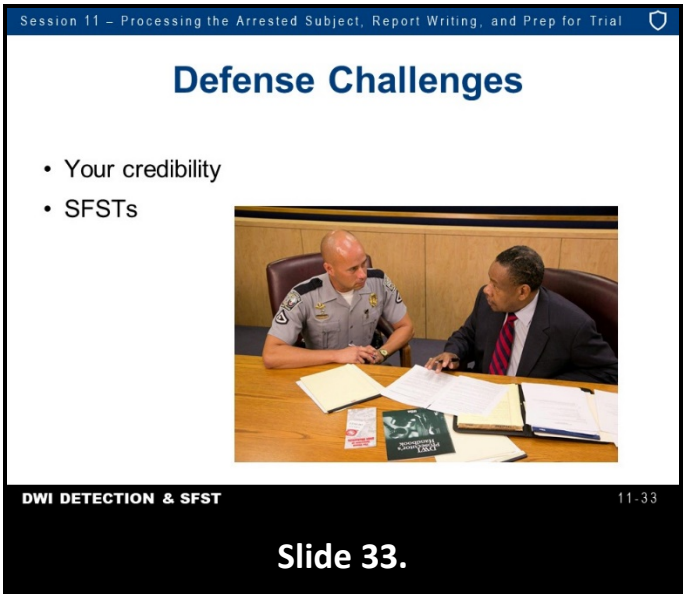
Be polite and courteous. Do not become agitated in response to questions by the defense. Above all, if you don't know the answer to a question, say so. Don't guess at answers or compromise your honesty in any way. Be professional and present evidence in a fair and impartial manner.



Slide 32.

The defense will ask questions to challenge your observations and interpretations. For example, you may be asked whether the signs, symptoms, and behaviors you observed of the defendant could have been caused by an injury or illness or by something other than the alcohol/drugs. You will be asked questions to create doubt about your observations. Answer these questions honestly, but carefully. If your observations are not consistent with an illness or injury, explain why not. Clearly testify your opinion is based on everything observed during the DWI investigation.

The defense will attempt to challenge your credentials by asking questions to cast doubt on your formal training. They will ask questions to "trip you up" on technical or scientific issues. Answer all questions about your training and experience completely and accurately, but don't embellish. Answer scientific or technical questions only if you have been trained in that area.



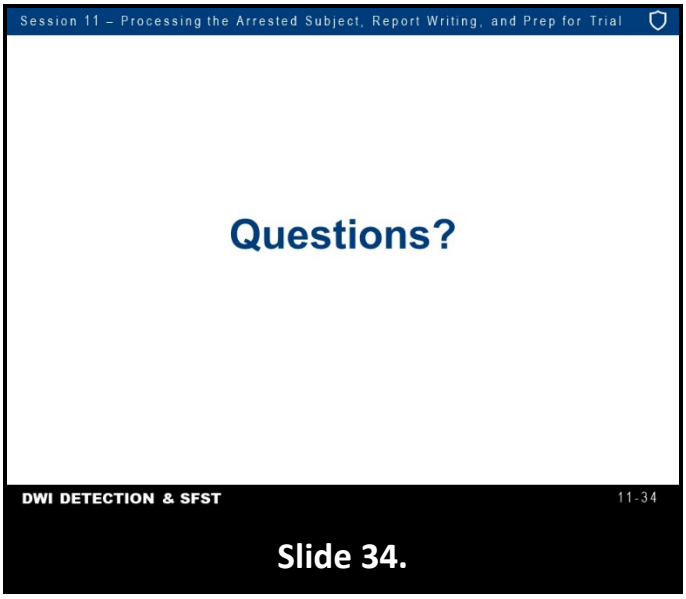
Slide 33.

The defense will ask questions to challenge your credibility. You may be asked several very similar questions in the hope your answers will be inconsistent. You may be asked questions designed to imply you had already formed your opinion before the defendant completed the SFSTs. Listen to the questions carefully and emphasize your arrest decision was made at the completion of your DWI investigation and based on ALL available evidence.

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

Avoid using "I didn't do XYZ" versus "I couldn't do XYZ." If you deviated from the standard, "didn't" implies it was your choice. "Couldn't" implies you had no choice (i.e., inclement weather, gross impairment of the defendant, the defendant was not cooperative, physical injury, geographical location, etc.).

You may be asked questions that suggest the SFSTs are not relevant. These questions will suggest SFSTs have no relationship to driving. For example, a defense attorney may suggest standing on one leg does not correlate with the ability to drive safely. The divided attention tests assess the same mental and physical capabilities a person needs to drive safely. These include information processing; short term memory; judgment and decision making; balance; steady, sure reactions; clear vision; small muscle control; and coordination of limbs.


Session 11 – Processing the Arrested Subject, Report Writing, and Prep for Trial
Questions?
DWI DETECTION & SFST
11-34

Slide 34.

Trial Tips and Techniques
Courtroom Decorum

1. TELL THE TRUTH. Honesty is the best policy. Telling the truth requires a witness testify accurately as to what he knows. If you tell the truth and are accurate, you have nothing to fear on cross examination.

2. Provide your professional Curriculum Vitae to the prosecutor and, if requested, bring it to court with you.

3. READ YOUR INCIDENT REPORT prior to arrival at court. Go over the details and refresh your memory of the events of the arrest. If you cannot locate a copy of your report, ask the prosecutor prior to the court date.

4. Dress neatly and professionally; leave sunglasses, gloves, flashlight and other cumbersome equipment in your car before coming into the courtroom, unless needed for a demonstration.

5. Do not guess the answer to any question asked. It is OKAY to say "I don't know" or "I can't remember" in response to questions. Do not give the impression that you are guessing the answer by prefacing your response with "I think" or "I believe." If you do not know the answer, it is okay to look at your report and refresh your memory. Always give definitive, positive, sure answers.

6. Listen carefully to the question asked. Do not begin your answer until the attorney has finished asking the question. Be sure you understand the question before you attempt to give an answer. It is appropriate if you don't understand the question to say, "I don't understand your question." If necessary, ask that the question be repeated or rephrased.

7. Take your time. Do not feel pressured to give a quick answer. Take time after the question is asked to think before you answer. After a question is asked, there may be an objection. When you hear the word, "objection," stop testifying.

8. Answer the question that is asked, then stop. Do not volunteer information not asked. Explain an answer if you feel your answer appears ambiguous or incomplete. You are always permitted to explain your answer. Tell the prosecutor prior to your testimony if there is anything you feel they do not know about the case.

9. Always be professional in the courthouse. Jurors could be anywhere at any time.

10. Speak loud and clear so that you can be easily heard.

11. Look at the judge/jury when testifying. Always make eye contact with who you are trying to convince. During a bench trial, look at the judge. During a jury trial, look at the jury. This applies even when the attorney asking the question is not standing near the judge or jury box. Always talk to the judge or jury and maintain eye contact with them, even if it feels unnatural.

12. Always be courteous, even when the defense attorney is not. Control your emotions, and never allow yourself to be drawn into an argument. Remember, the best way to make a good impression with the judge/jury is to be courteous and professional. You were just doing your job during the arrest and presenting the facts in court as they occurred.

13. Testify in plain language. Do not say, "The perpetrator exited the vehicle" when in reality "the defendant got out of his car." The person on trial is never a "lady" or "gentlemen," but is always "the defendant." Do not use military times without clarifying the time in laymen's terms. Do not use call signals. It makes more sense to the jury when you speak the same language they do.

14. It is the best practice to discuss the case with the prosecutor before trial. A defense attorney may ask if you've had a pretrial conference with the prosecutor. Tell the truth. Preparation for court is acceptable. Be straight forward in answering all questions.

15. Always tell the truth. No case is worth sacrificing your credibility.

Specific DWI Trial Recommendations

1. Never give the numerical PBT reading of the defendant when asked by the prosecutor. However, if the defense attorney asks you for the NUMERICAL reading, give it to him/her. The prohibition of PBT results of a defendant do not apply to witnesses, such as passengers in the car.

2. Discuss with the prosecutor, pre-trial, whether or not to demonstrate how you conducted field sobriety tests. Be certain that you can do in court all the tests you asked the defendant to perform at the time of the arrest. If you cannot do them, the jury will not expect that the defendant could have done them properly.

3. Know the reasons for giving field sobriety tests:
   - They are **divided attention tests**, designed to detect when a person is impaired by alcohol and/or drugs
   - They provide evidence of impairment in cases where the defendant refuses to take a chemical test under implied consent
   - They prevent an arbitrary decision to arrest, and allow an officer to articulate the reasons for concluding that a driver was DWI

4. If you testify to the accuracy of the field sobriety tests, make sure you know the studies, percentages, and their significance. Considered independently, the nystagmus test was 88% accurate, the Walk and Turn, 79% accurate, and the One Leg Stand, 83% accurate in identifying subjects whose BAC were .08 or more.

5. Remember, you should not testify that the defendant passed or failed the SFSTs. The tests are not “pass” or “fail.” You should testify if the defendant completed the tests as instructed. These tests simply identify impairment.

Sample DWI Incident Report

Defendant:	Jarod Primo
Age:	31
Date of Birth:	10/03/XX
Date of Arrest:	XX-XX-XX
Time of Arrest:	9:20 pm
CA - D.L. #:	CA 1234567

First Observations:

On XX-XX-XX at approximately 9:00 p.m., I was patrolling northbound on State Road 113, a four-lane divided highway, traveling toward Woodland, California in Yolo County. I observed a white sport utility vehicle traveling ahead of me northbound in the right lane of SR 113. I noticed the S/V drift outside of its travel lane to the left, crossing the line divider the entire width of its left side tires. The vehicle corrected its path, returned to the right lane, and then drifted to the left again. The left side tires again crossed completely over the center line before the vehicle corrected and returned to the right lane. As I moved closer to the vehicle, I noticed there was no license plate displayed on the rear of the S/V. I signaled for the vehicle to stop by activating my emergency lights. The driver did not respond for approximately 700-800 feet, so I activated an audible siren to alert the driver. After a few more seconds, the driver reacted to my signal and exited the freeway at exit 34, County Road 25A and crossed over the fog line. At the foot of the ramp the S/V did not stop at the stop sign or signal his turn but rolled through it during a right turn onto CR 25A. The S/V made another right turn and came to a stop on County Road 100 approximately 300 feet south of CR 25A.

Observations After the Stop:

I approached the S/V on the passenger side and made contact with the driver who was the sole occupant. I immediately noticed the driver had red, bloodshot, watery eyes. I advised him of the reasons for the stop and asked if his vehicle had any mechanical problems. He stated, “no.” I requested his driver’s license, registration, and insurance. The driver handed me a visa credit card, which was removed from his wallet located in a storage pocket in the center of his vehicle dashboard. He did not attempt to produce his registration or insurance card. I asked him where he was coming from. He replied “Downtown,” and that he had been “with some friends.” I noticed his speech was slurred when he was speaking to me and I detected the odor of an alcoholic beverage that was greater when he spoke. I asked him where he was headed and he replied, “just going home.” I informed him he had produced a credit card and asked again for him to produce his driver license. When he provided his driver license, I identified the driver by the photo on his California driver license (#CA1234567) as Jared Primo. I asked him how much alcohol he had consumed tonight, and he replied, “Just a couple of drinks.” I asked him again for his registration and proof of insurance and he reached into his glove box and retrieved his vehicle registration.
I noticed his movements were uncoordinated as he leaned over and retrieved this document. I asked him to exit the vehicle and step to the front of his vehicle car. He asked “Why? What’s going on?” I informed him I detected the odor of an alcoholic beverage coming from within the vehicle and I wanted to ensure he was safe to drive. He rolled his eyes and muttered

"Whatever," but complied with my request. When he stepped from the vehicle he was unsteady on his feet and staggered slightly as he walked towards the front of the vehicle. I asked him several pre-field sobriety test questions. As I communicated with him, I continued to smell an odor of alcoholic beverage emitting from his breath. The defendant stated he had no mechanical problems with his vehicle, he was not sick or injured, and he had no physical problems. He stated he ate some pizza "a few hours ago," he was not aware of the location where we were stopped, and that he had consumed two beers between 2-3 hours ago when he was downtown. While questioning the defendant, he occasionally swayed forward and backward.

Field Sobriety Tests:

This evaluation was performed on the west shoulder of CR 100 Drive, just south of CR 25A. The evaluation surface was level packed dirt. Lighting conditions consisted of patrol vehicle headlights, spotlights, overhead lights, and my flashlight. The weather was clear with a slight breeze and Primo was wearing athletic shoes.

Horizontal Gaze Nystagmus (explained):

In checking Primo's eyes, I observed equal tracking in both eyes, equal pupil size in both eyes, and no resting nystagmus in either eye. I observed lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and an onset of nystagmus prior to 45 degrees in both of Primo's eyes. Vertical Gaze Nystagmus was not observed.

Walk and Turn (explained and demonstrated):

Instruction Stage: Lost balance (feet broke apart) and swayed noticeably from side to side. Walking Stage: Raised left arm over 6 inches away from body to assist with balance at steps 3 and 5 during the first set of nine steps and raised his right arm during the second set of steps from 3-8. Missed heel to toe once (#6 during first set of nine steps). Turn: Primo only took one step during the turn instead of several small steps as instructed.

One Leg Stand (explained and demonstrated):

Primo raised his right foot and began counting. He put his foot down on counts 1010 and 1014. He used his arms for balance (6+ inches from body) and was swaying while balancing on many occasions. He hopped on 1013. He counted to 1014 during the thirty seconds of the test.

Arrest:

Based on the following information, I formed the opinion that Primo was driving under the influence:

- Driving at night with no license plate
- Weaving out of his lane into another lane
- Driving to the right of the solid white fog line freeway
- Failing to stop for stop sign when exiting SR 113 at CR 25A
- I observed divided attention problems while retrieving his license/registration and insurance
- His red, bloodshot, watery eyes and slurred speech
- His admissions to consuming alcoholic beverages
- Staggering after exiting vehicle
- Odor of alcoholic beverage emitting from his breath
- I observed signs of impairment as he performed the standardized field sobriety tests

I arrested Primo for driving under the influence of an alcoholic beverage at 9:20 p.m. Primo was given the proper chemical testing advisement. He chose a breath test and was transported to the breath testing facility. He provided two breath samples of 0.095 and 0.092 at 9:50 p.m. and 9:52 p.m. He was then booked along with his property.

Recommendations:

I recommend a copy of this report be forwarded to the district attorney's office for review and prosecution of Primo for driving under the influence and driving with a blood alcohol concentration at or above the legal state limit.

Vehicle Disposition:

Primo's vehicle was stored by Reliable Towing.

12 SFST

Moot Court

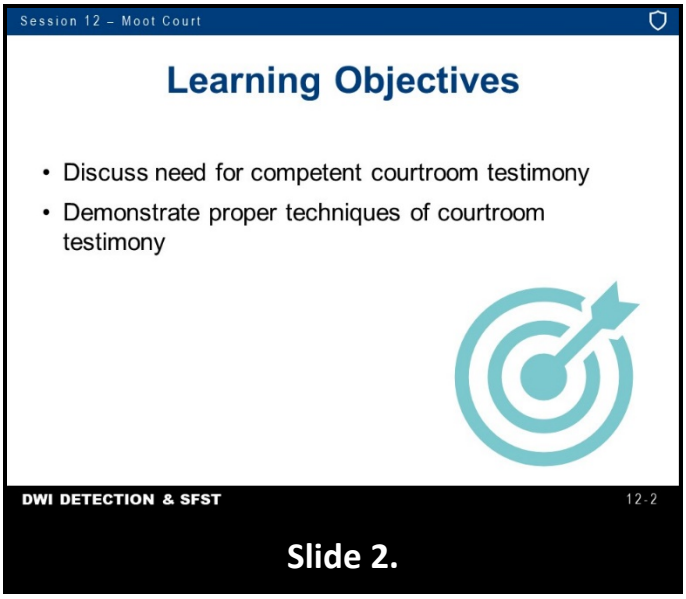
LEARNING OBJECTIVES

- Discuss the need for competent courtroom testimony
- Demonstrate the proper techniques of courtroom testimony

CONTENTS

LEARNING ACTIVITIES

- Instructor-Led Presentations
- Participant's Courtroom Testimony Exercise
- Instructor-Led Discussion



Slide 2.

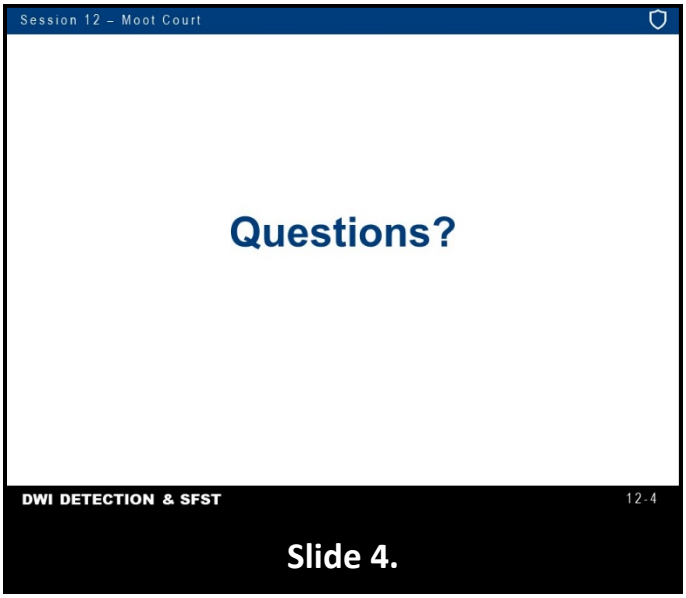
A. Procedures

Slide 3.

The purpose of this exercise is to have you demonstrate your ability to testify in a logical sequence to the evidence you collected during the three phases of DWI Detection with Report Writing video.

B. Moot Court Exercise

A representative from each group will be called to testify. You should only testify to what you actually observed. You may refer to your written reports if necessary.



Slide 4.

13 SFST

Alcohol Workshop: Second Session

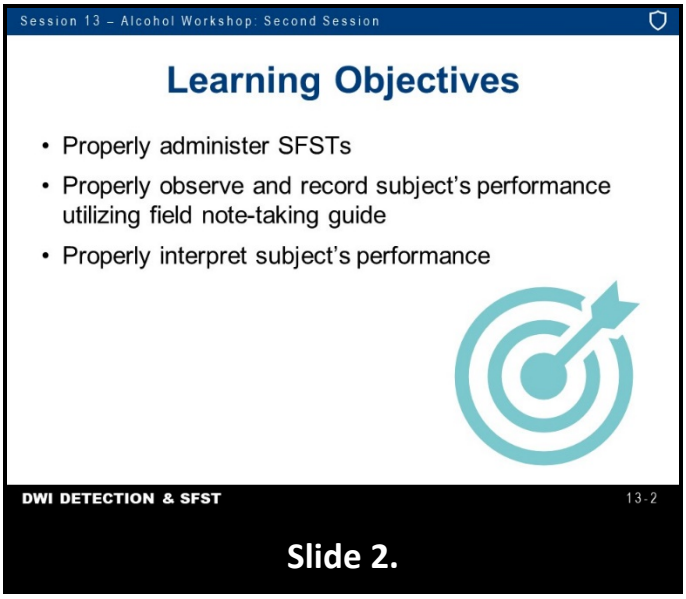
LEARNING OBJECTIVES

- Properly administer the Standardized Field Sobriety Tests (SFSTs)
- Properly observe and record subject's performance utilizing the field note-taking guide
- Properly interpret the subject's performance

CONTENTS

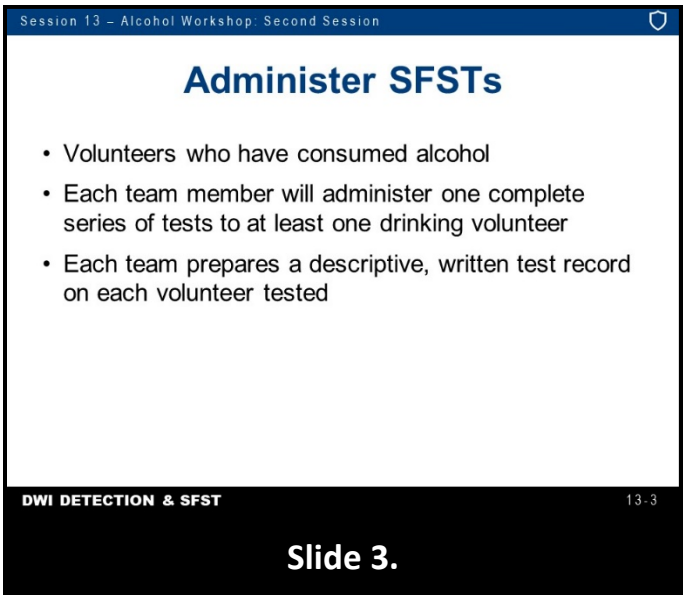
LEARNING ACTIVITIES

- Instructor-Led Presentations
- Participant Practice Session
- Instructor-Led Discussion



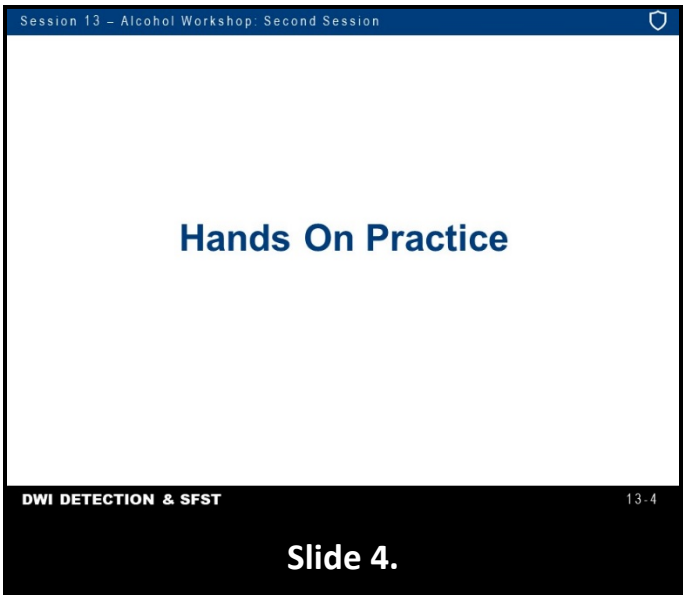
Slide 2.

A. Procedures



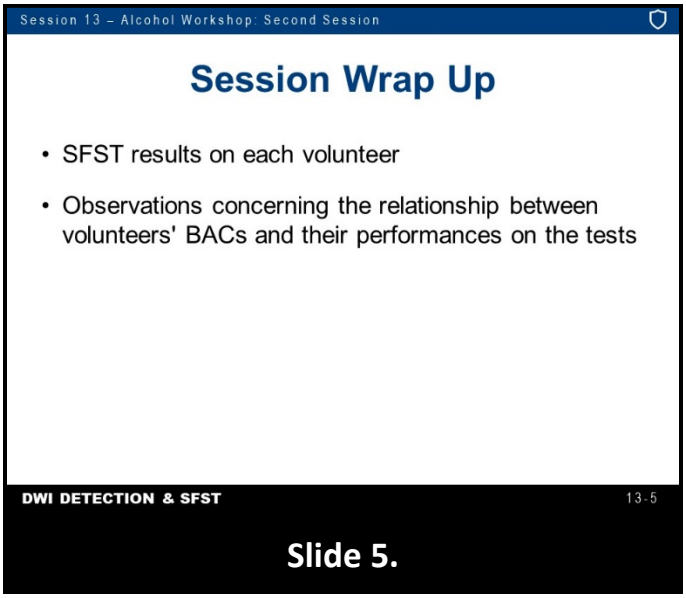
Slide 3.

B. Hands On Practice

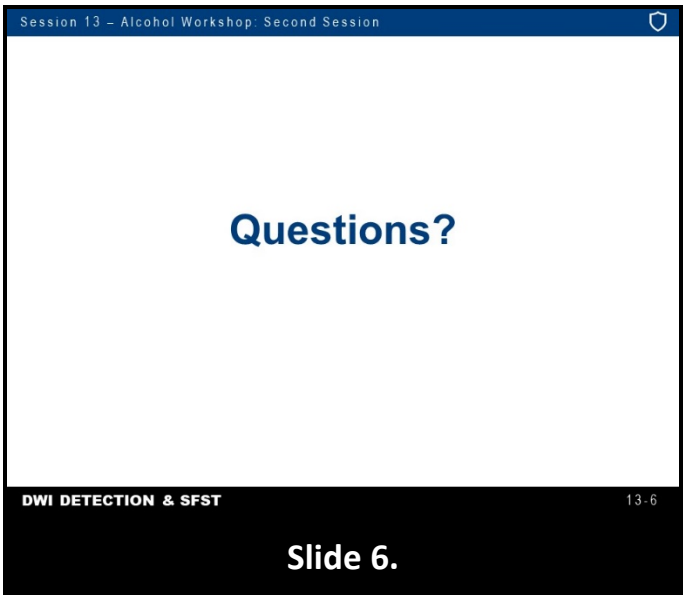


Slide 4.

C. Session Wrap Up



Slide 5.


Session 13 – Alcohol Workshop: Second Session
Questions?
DWI DETECTION & SFST
13-6

Slide 6.

SFST Log

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

SFST

Session 13-A

Dry Lab: Second Session

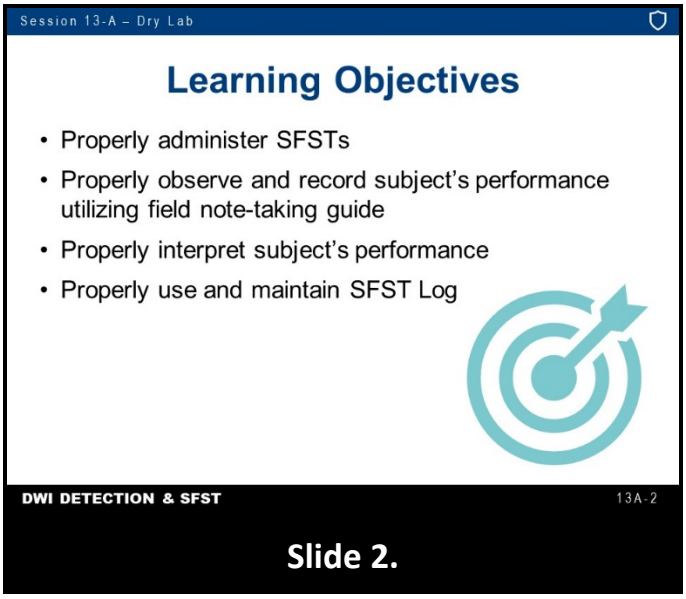
LEARNING OBJECTIVES

- Properly administer the Standardized Field Sobriety Tests (SFSTs)
- Properly observe and record subject's performance utilizing the field note-taking guide
- Properly interpret the subject's performance
- Properly use and maintain the SFST log

CONTENTS

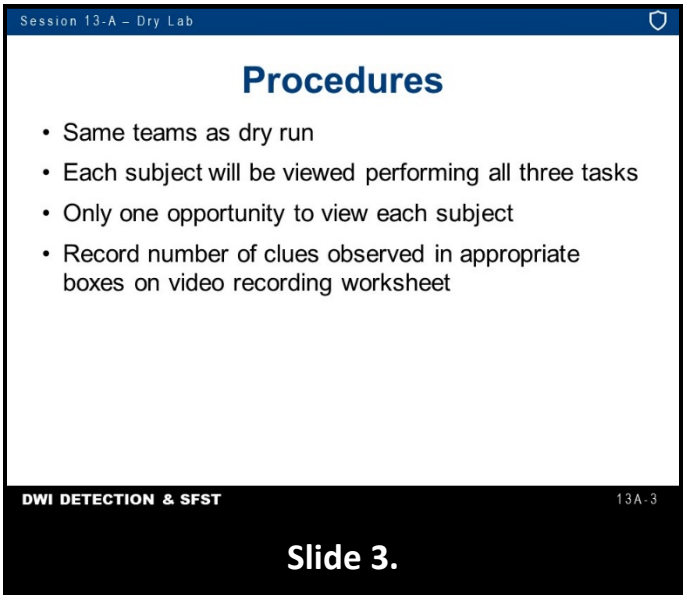
LEARNING ACTIVITIES

- Instructor-Led Presentations
- Participant Practice Session
- Instructor-Led Presentation
- Instructor-Led Discussion



Slide 2.

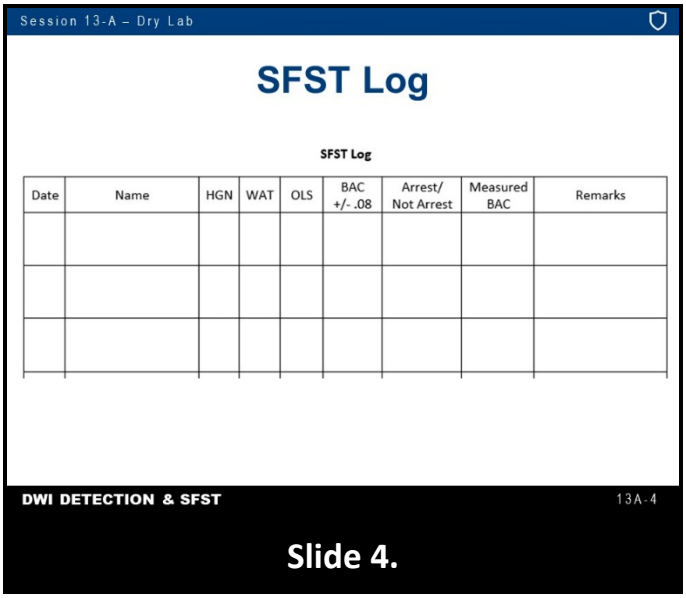
A. Procedures



Slide 3.

B. Hands On Practice

C. Use and Maintenance of SFST Log



Slide 4.

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

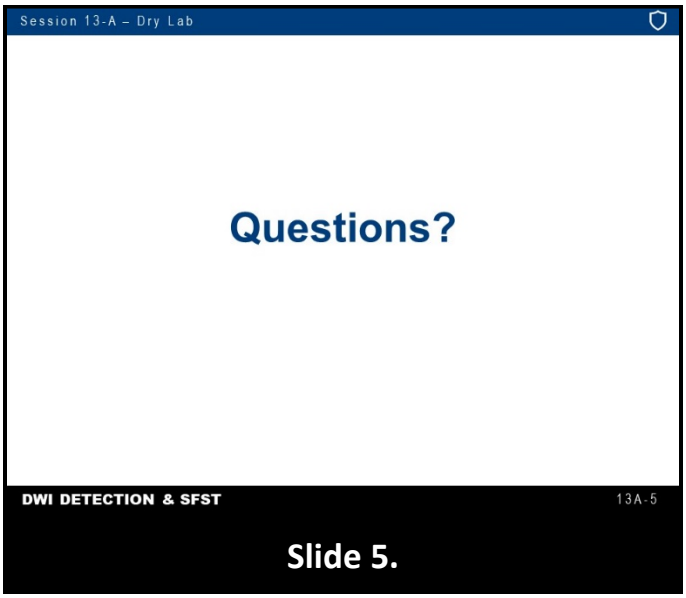
This log is important in documenting an officer's experience and proficiency in performing and interpreting SFSTs. It is highly recommended by the IACP and the National Highway Traffic Safety Administration (NHTSA), that officers utilize an SFST log for the following reasons:

- Records training proficiency
- Records field proficiency
- Documents the officer's experience

All of these combined helps to establish the officer's credibility in administering the SFSTs and may be used as evidence in court. This log has the following components:

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

D. Session Wrap Up



Slide 5.

SFST Log

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

Video Recording Sheet

SUSPECT'S NAME: _____ OFFICER'S NAME: _____

Pupil Size: □ Equal □ Unequal	Tracking: □ Equal □ Unequal	Unequal Pupil Size: Explain:
Resting Nystagmus □ Yes □ No	Eyelids: □ Normal □ Droopy	

Lack of Smooth Pursuit	Left Eye	Right Eye	Vertical Nystagmus □ Yes □ No
Distinct and Sustained Nystagmus at Maximum Deviation	Left Eye	Right Eye	Eyes: □ Normal □ Bloodshot □ Watery
Onset of Nystagmus Prior To 45 Degrees			

HGN CLUES

Observed	Actual

WALK AND TURN TEST Cannot keep balance_____ Starts too soon_____

	1st Nine	2nd Nine
Stops Walking		
Misses Heel-to-Toe		
Steps Off Line		
Uses Arms		
Actual Steps Taken		

WALK AND TURN

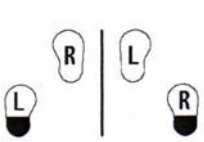
Observed	Actual

Improper Turn (Describe)	Cannot Do Test (Explain)

Team Information
Team No: _____
Arrest Decision:
Yes: _____
No: _____

BAC:
Above 0.08: _____
Below 0.08: _____

ONE LEG STAND



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

ONE LEG STAND

Observed	Actual

14 SFST

Review and Proficiency Examinations

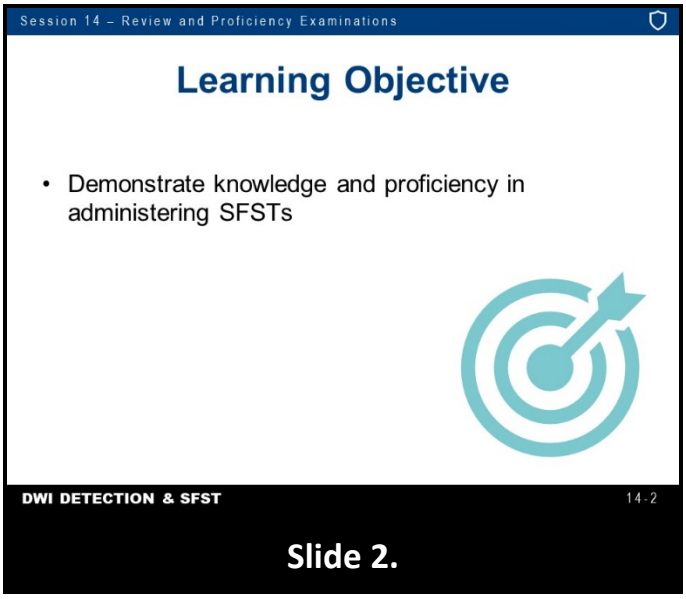
LEARNING OBJECTIVES

- Demonstrate knowledge and proficiency in administering the Standardized Field Sobriety Tests (SFSTs)

CONTENTS

LEARNING ACTIVITIES

- Instructor-Led Presentations
- Instructor- and Participant-Led Demonstrations
- Video Demonstration (Second Showing IF TIME PERMITS)
- Participant Proficiency Examination

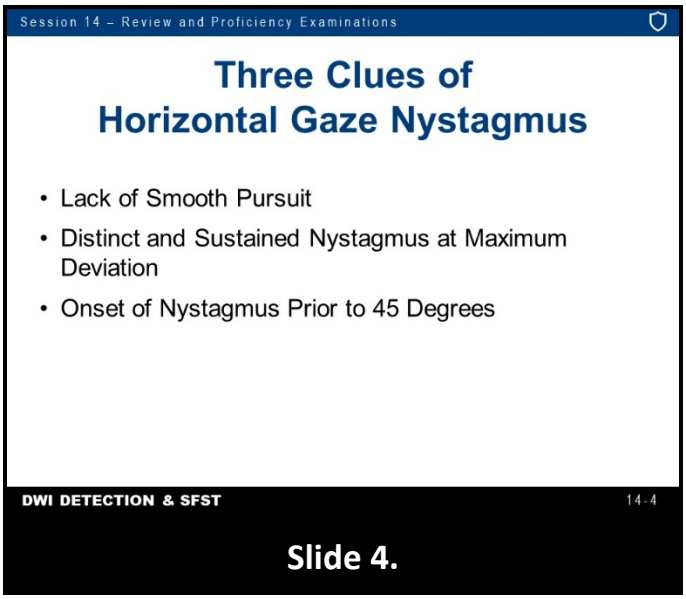

Session 14 – Review and Proficiency Examinations
Learning Objective
• Demonstrate knowledge and proficiency in administering SFSTs
DWI DETECTION & SFST
14-2

Slide 2.

A. Review of Horizontal Gaze Nystagmus

Slide 3.

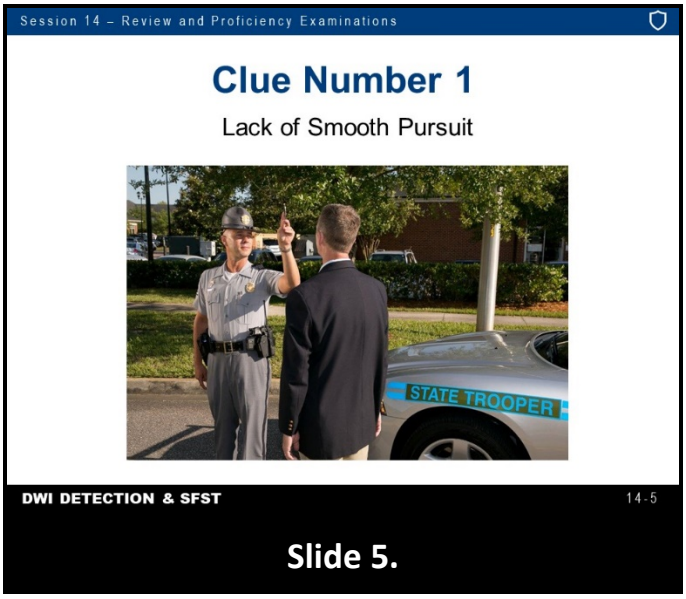
Involuntary jerking of the eyes, occurring as the eyes gaze to the side. The subject is generally unaware of the nystagmus. Nystagmus is caused by alcohol and/or other drugs and some medical conditions.



Slide 4.

Three specific clues of HGN. Look for these clues in each eye:

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



Slide 5.

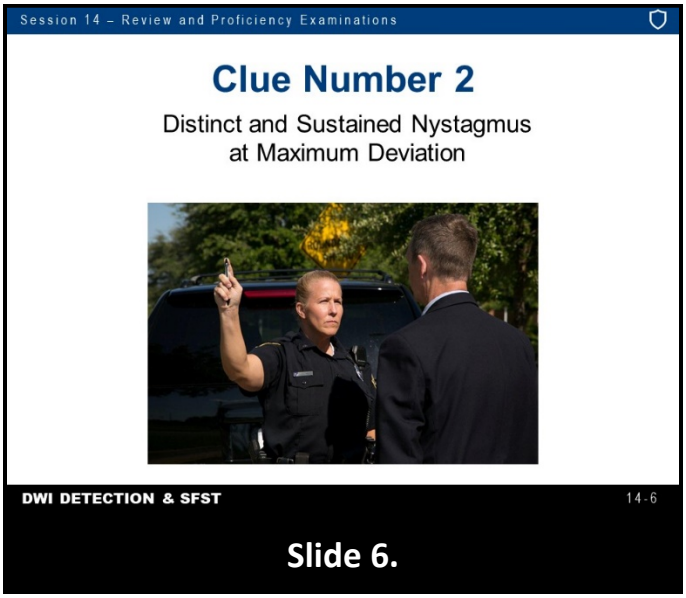
Position stimulus approximately 12-15 inches (30-38 cm) in front of subject's nose, slightly above eye level.

Start with the left eye.

Move the stimulus smoothly all the way to the right (checking subject's left eye) then all the way to the left (checking subject's right eye).

Make at least two complete passes.

Observe eyes for lack of smooth pursuit as they move side to side.



Slide 6.

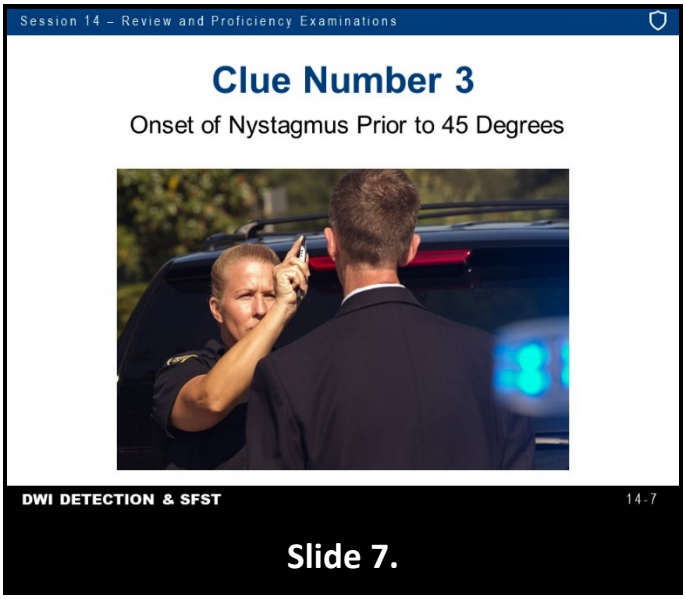
Move the stimulus to the right until the subject's left eye reaches maximum deviation.

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

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

Repeat for right eye.

Check each eye twice for each clue.



Slide 7.

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

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

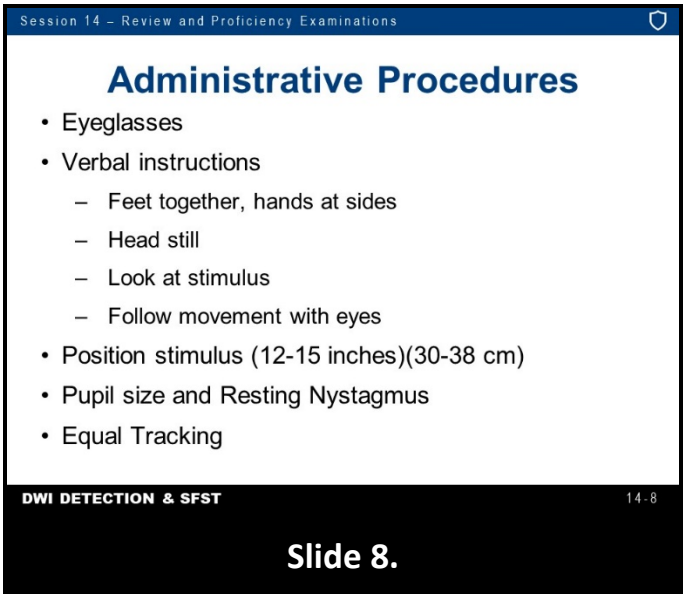
When you see nystagmus, stop the stimulus.

Hold the stimulus steady and verify the nystagmus continues.

Verify there is still some white showing in the corner of the eye.

Repeat for right eye.

Check each eye twice for each clue.

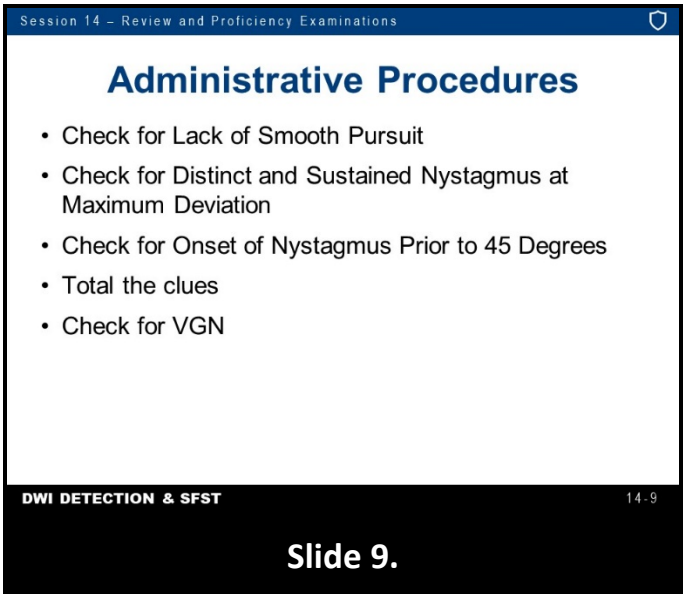


Slide 8.

Step 1: Check for Eyeglasses
Step 2: Verbal Instructions

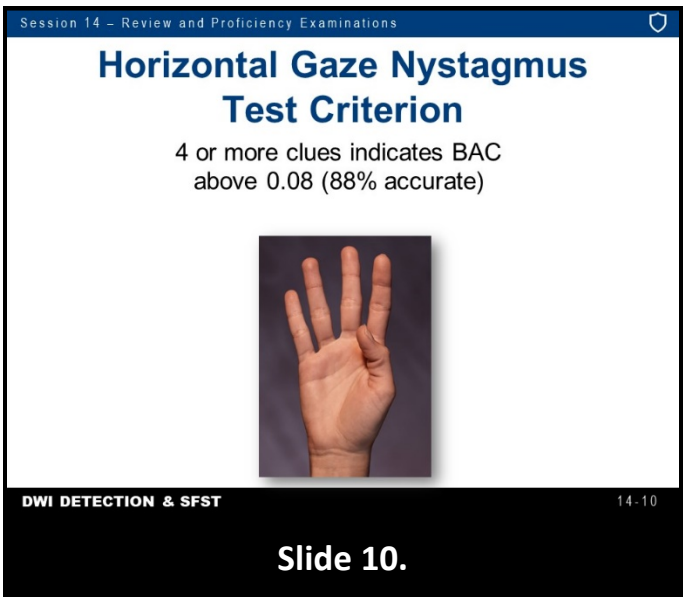
- Feet together, hands at sides
- Head still
- Look at stimulus
- Follow movement with eyes

Step 3: Positioning the Stimulus
Step 4: Pupil Size and Resting Nystagmus
Step 5: Check for Equal Tracking



Slide 9.

Step 6: Check for Lack of Smooth Pursuit
Step 7: Check for Distinct and Sustained Nystagmus at Maximum Deviation
Step 8: Check for Onset of Nystagmus Prior to 45 Degrees
Step 9: Total the clues
Step 10: Check for Vertical Gaze Nystagmus (VGN)
Check each eye independently beginning with the subject's left and compare.

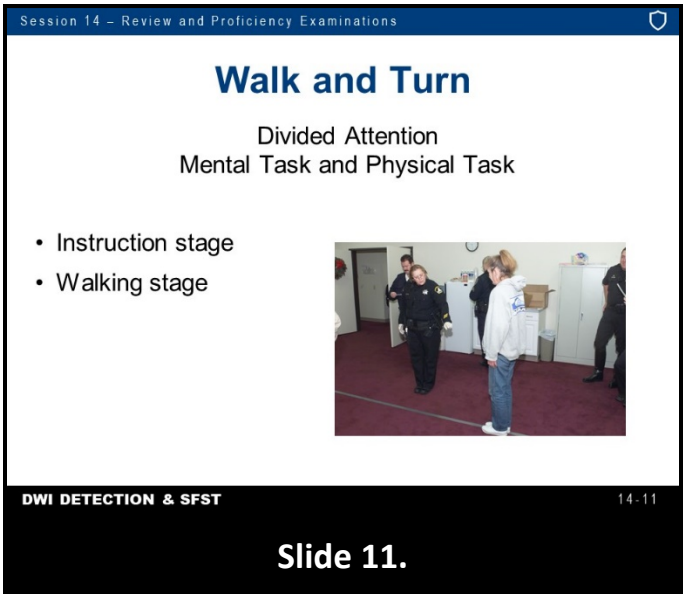


Slide 10.

Maximum possible number of clues is 6. Test criterion is 4 or more. Test is 88% accurate based on the San Diego validation study.

Initial positioning of stimulus. Check for each clue. Estimate a 45-degree angle.

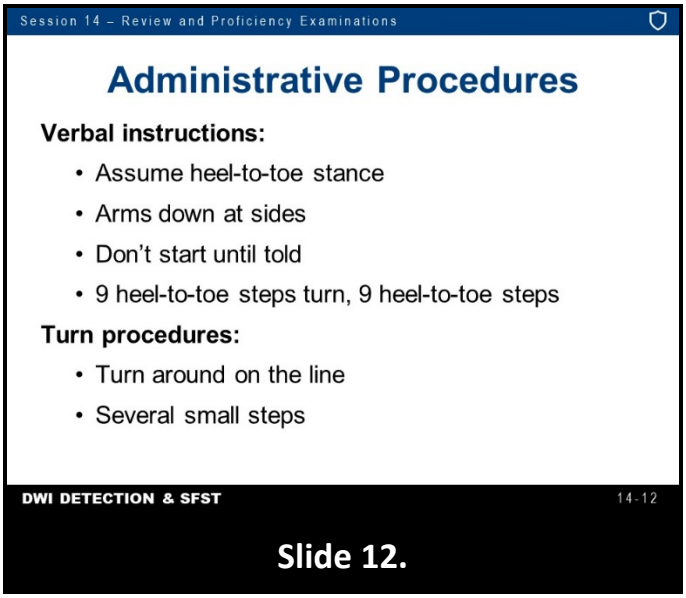
B. Review Walk and Turn



Slide 11.

1. Instruction stage
2. Walking stage

Place your right foot on the line ahead of the left foot, with the heel of your right foot against the toe of the left foot, keeping the arms at the sides. Maintain this position until I have completed the instructions. Do not start until told to do so.



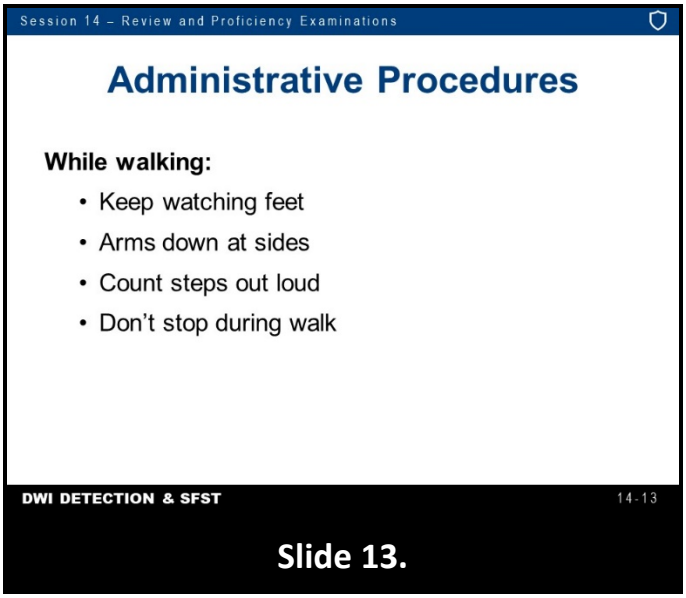
Slide 12.

Verbal instructions:

- Assume heel-to-toe stance
- Arms down at sides
- Don't start until told
- 9 heel-to-toe steps turn, 9 heel-to-toe steps

Turn procedures:

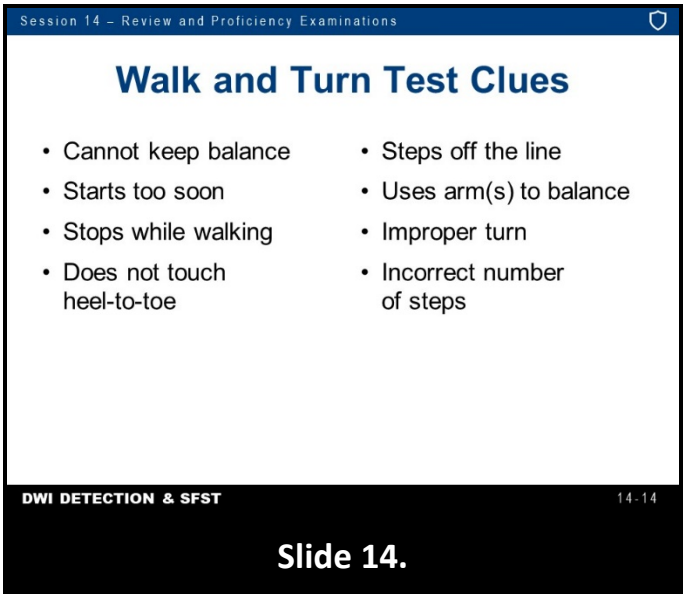
- Turn around on line
- Several small steps



Slide 13.

While walking:

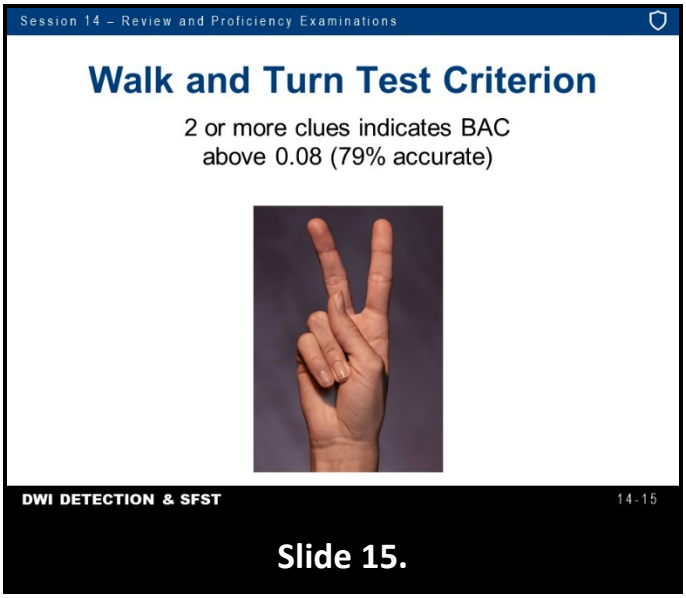
- Keep watching feet
- Arms down at sides
- Count steps out loud
- Don't stop during walk



Slide 14.

There are eight possible clues for the WAT test:

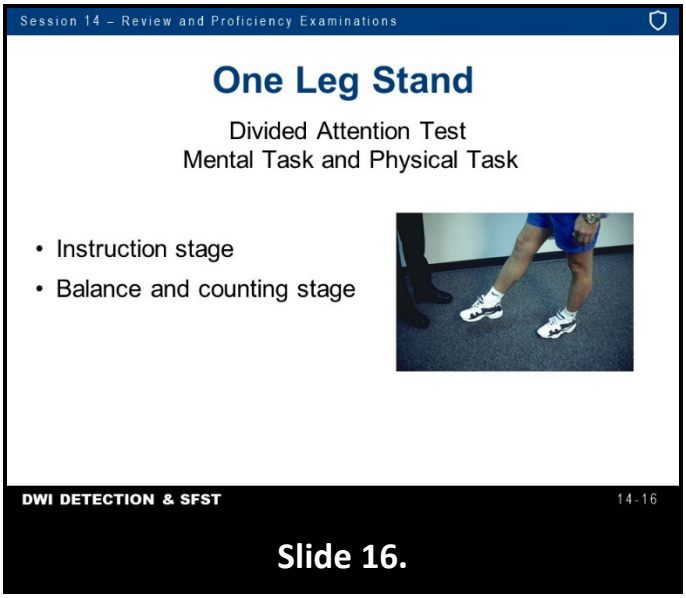
- Cannot keep balance (feet break away from the heel-to-toe stance)
- Starts too soon (subject starts walking before told to do so)
- Stops while walking
- Does not touch heel-to-toe
- Steps off line
- Uses arm(s) to balance
- Improper turn
- Incorrect number of steps



Slide 15.

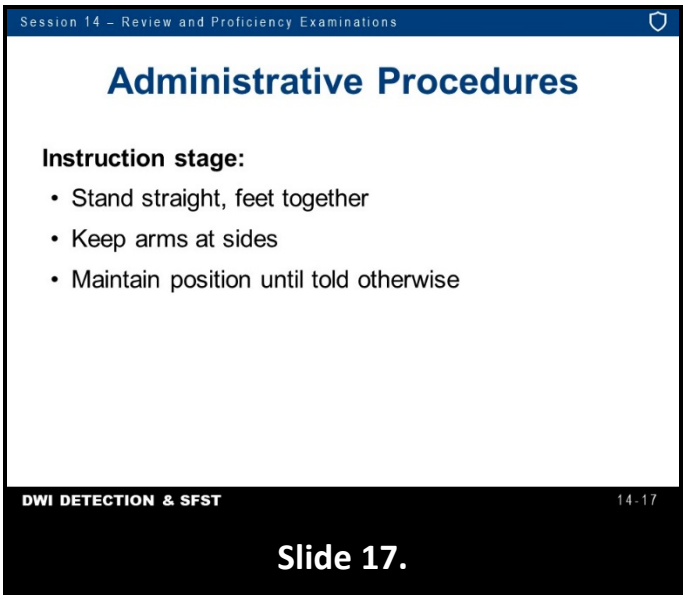
Eight specific clues of impairment. Test criterion is 2 or more. Test is 79% accurate based on the San Diego validation study.

C. Review of One Leg Stand



Slide 16.

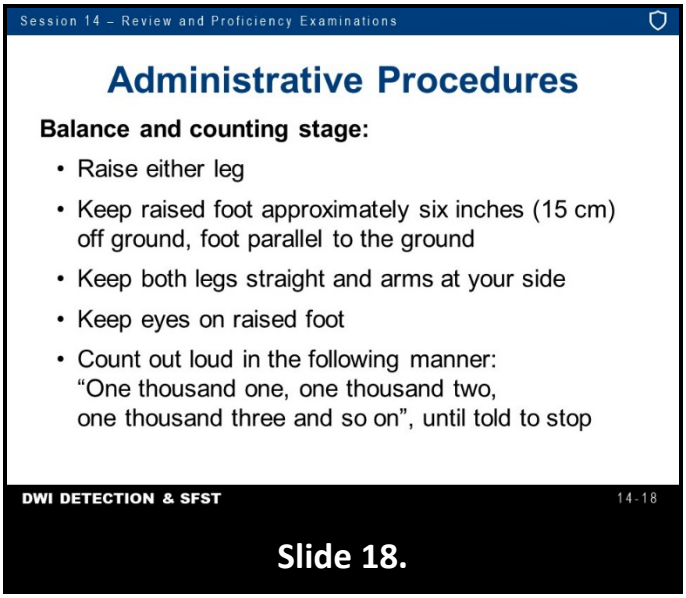
1. Instruction Stage
2. Balance and Counting stage



Slide 17.

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

Hold position until told to begin.



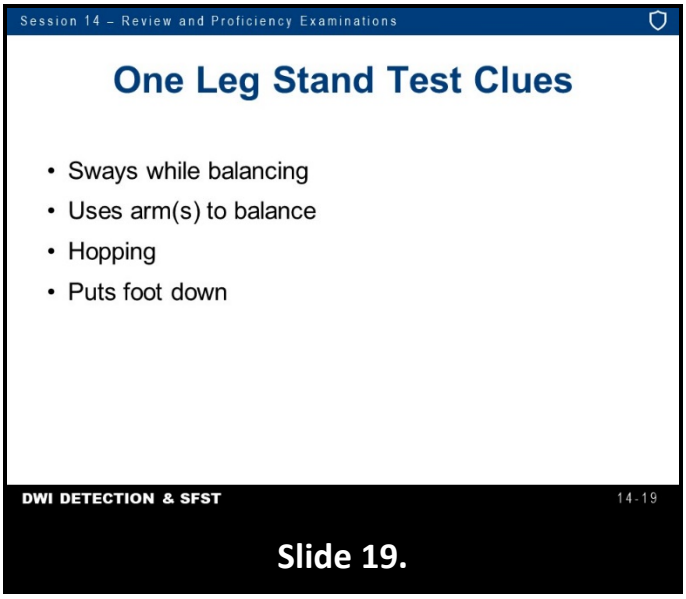
Slide 18.

Simple verbal instructions:

- When I tell you to start, raise either leg with the foot approximately six inches off the ground, keeping your raised foot parallel to the ground
- Keep both legs straight and your arms at your side
- Keep both legs straight and to look at elevated foot
- Count out loud in the following manner: "one thousand one, one thousand two, one thousand three," and so on until told to stop

Simple physical demonstrations:

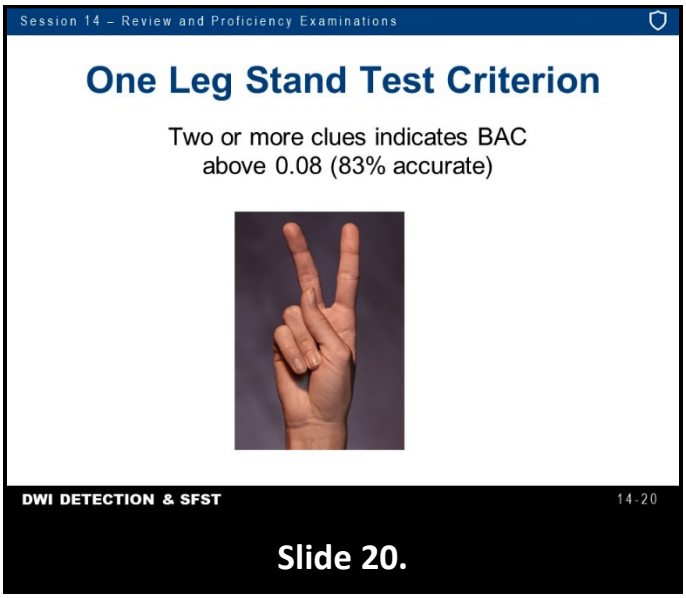
- Demonstrate OLS
- Demonstrate counting



Slide 19.

There are four specific clues of impairment for the OLS test

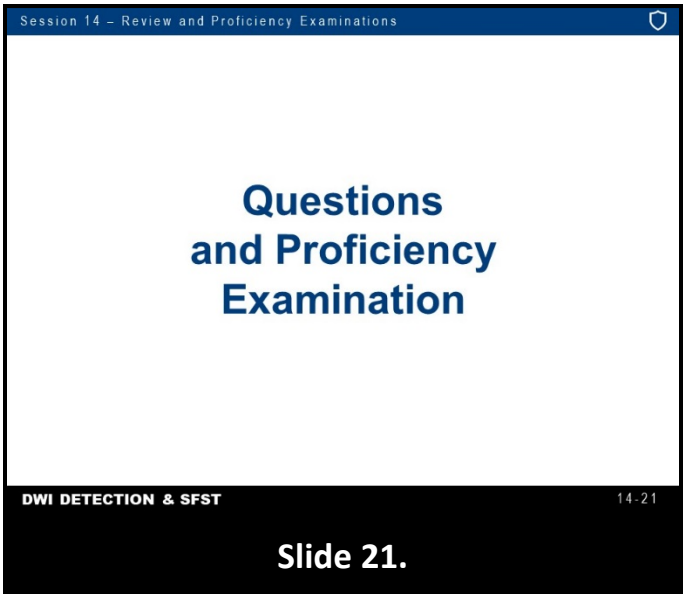
- Sways while balancing
- Uses arm(s) to balance
- Hopping
- Puts foot down



Slide 20.

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

D. D. Proficiency Examination



Slide 21.

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

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.

15 SFST

Written Examination and Program Conclusion

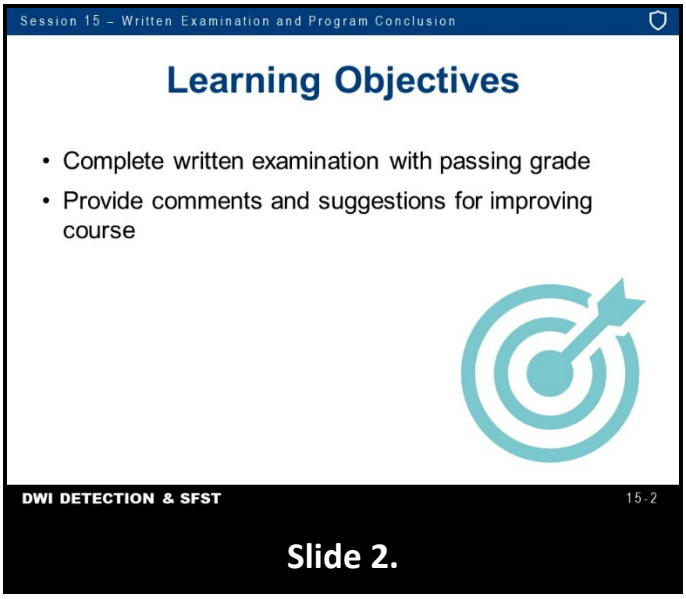
LEARNING OBJECTIVES

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

CONTENTS

LEARNING ACTIVITIES

- Written Participant Examination
- Written Participant Critique
- Instructor-Led Presentation



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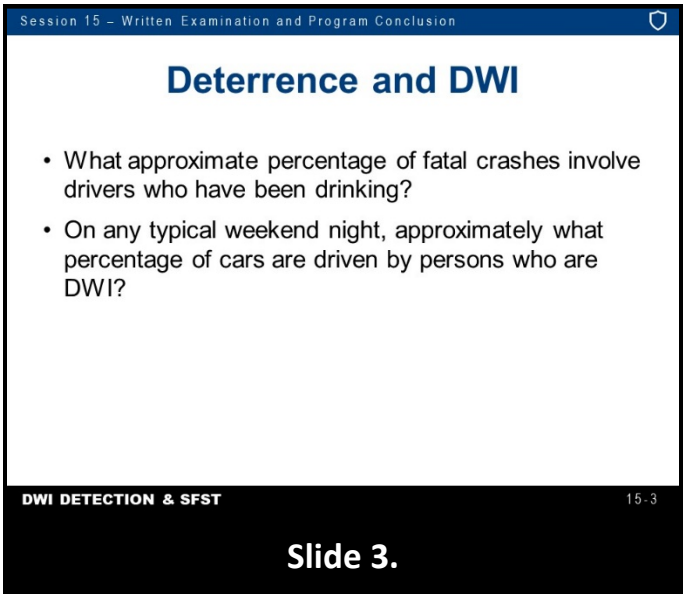
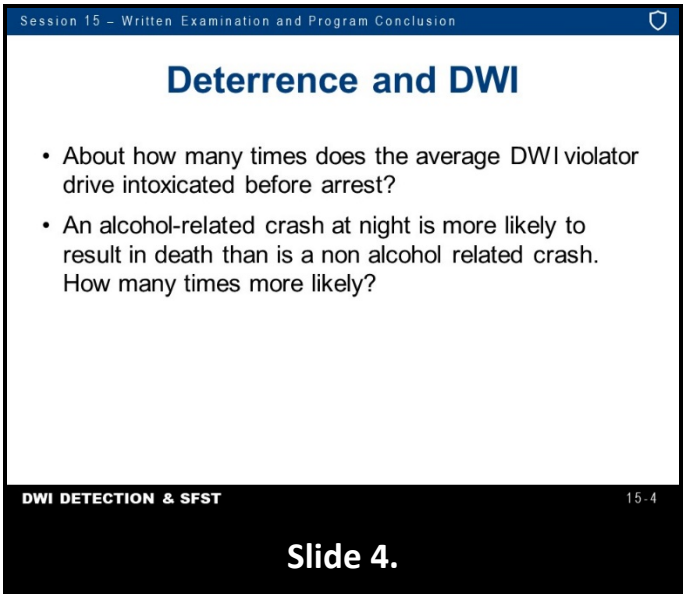


Slide 3.

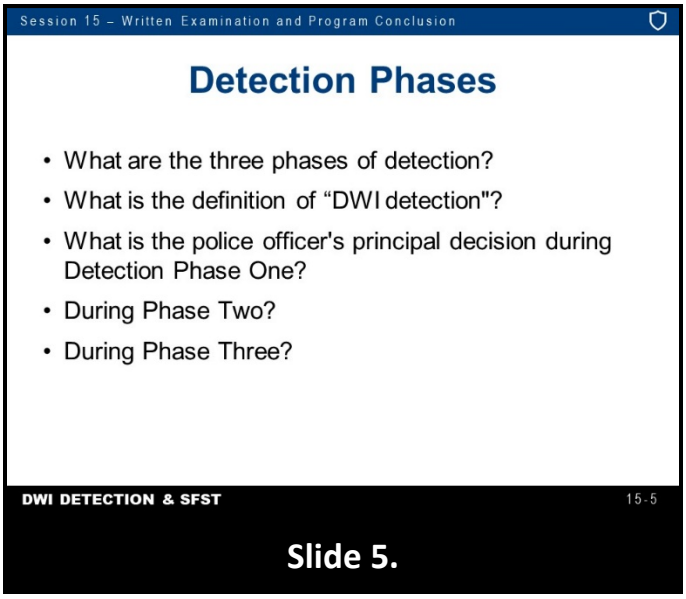
Suggested topics for review to <u>prepare for the test</u>.

- Approximately what percentage of fatal crashes involve drivers who have been drinking?
- On any typical weekend night, approximately what percentage of cars are driven by persons who are DWI?



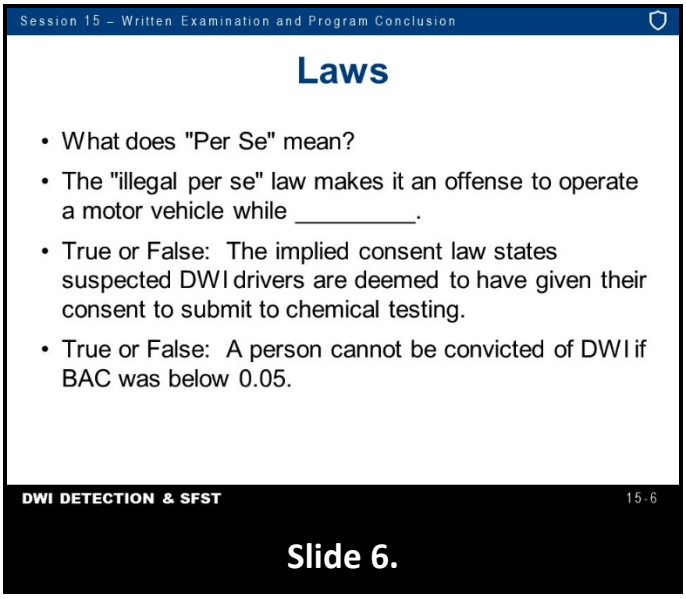
Slide 4.

- About how many times does the average DWI violator drive intoxicated before arrest?
- An alcohol-related crash at night is more likely to result in death than is a non-alcohol-related crash. How many times more likely?



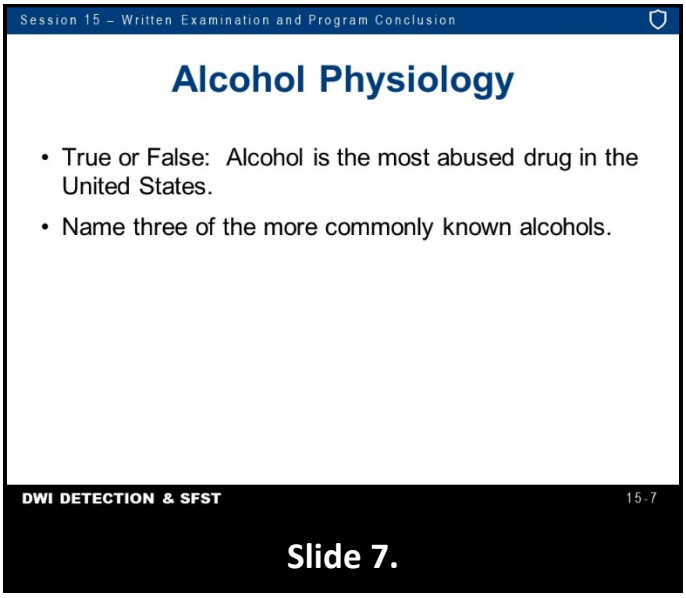
Slide 5.

- 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?



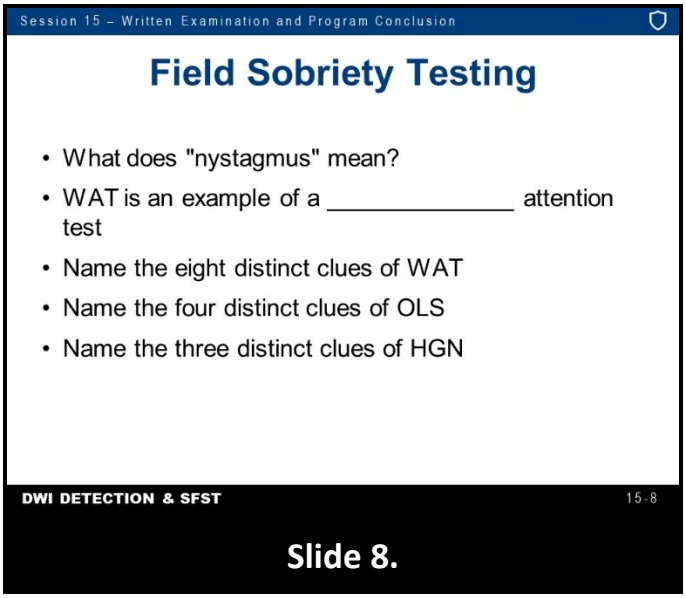
Slide 6.

- What does "Per Se" mean?
- The "illegal per se" law makes it an offense to operate a motor vehicle while _____
- True or False: The implied consent law states suspected DWI drivers are deemed to have given their consent to submit to chemical testing.
- True or False: A person cannot be convicted of DWI if BAC was below 0.05.



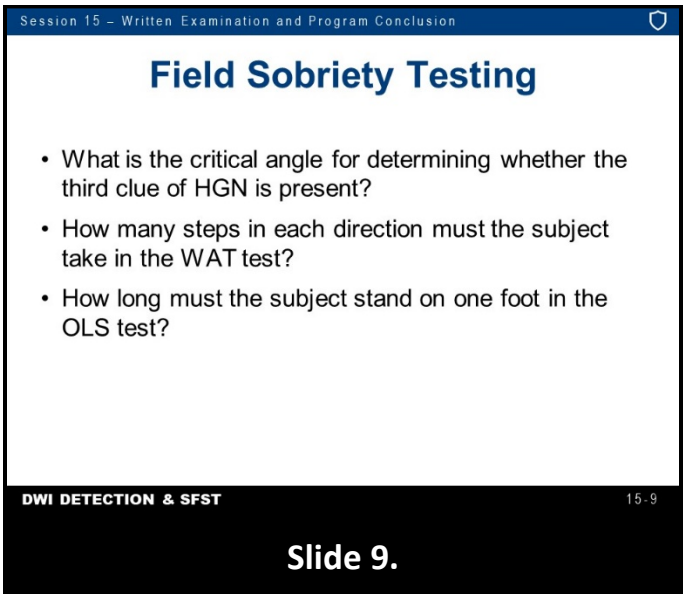
Slide 7.

- True or False: Alcohol is the most abused drug in the United States.
- Name three of the more commonly known alcohols.



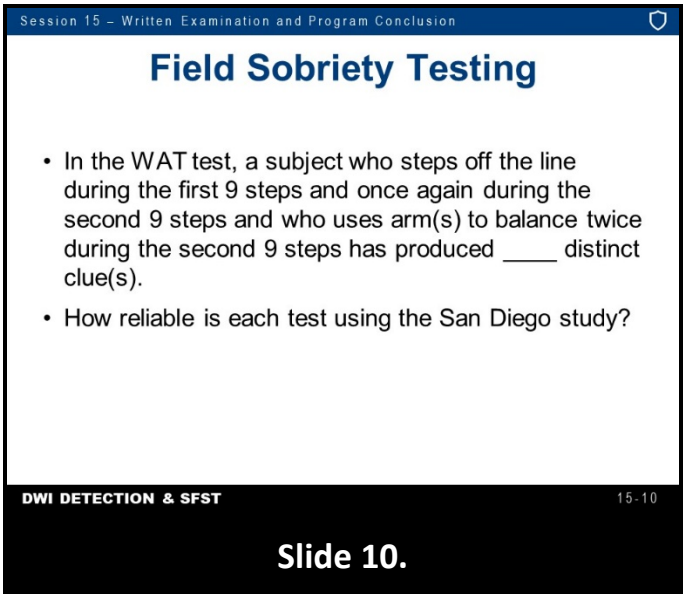
Slide 8.

- 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).



Slide 9.

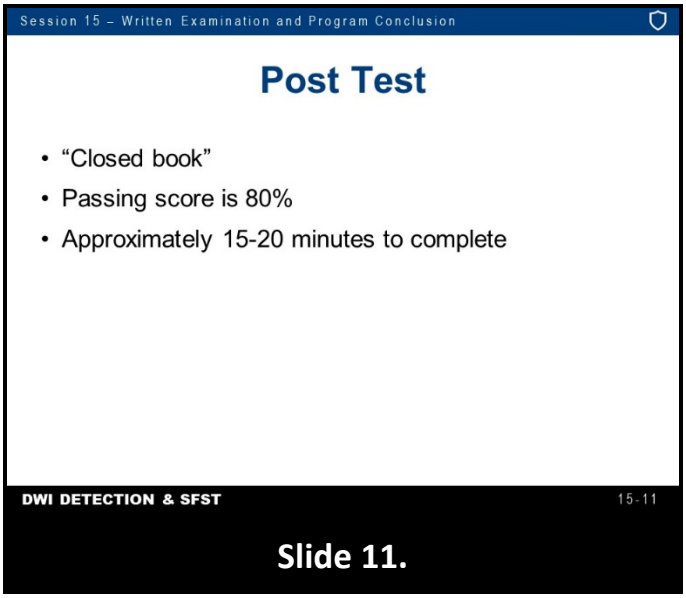
- What is the critical angle for determining whether the third clue of HGN is present?
- How many steps in each direction must the subject take in the WAT test?
- How long must the subject stand on one foot in the OLS test?



Slide 10.

- 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?

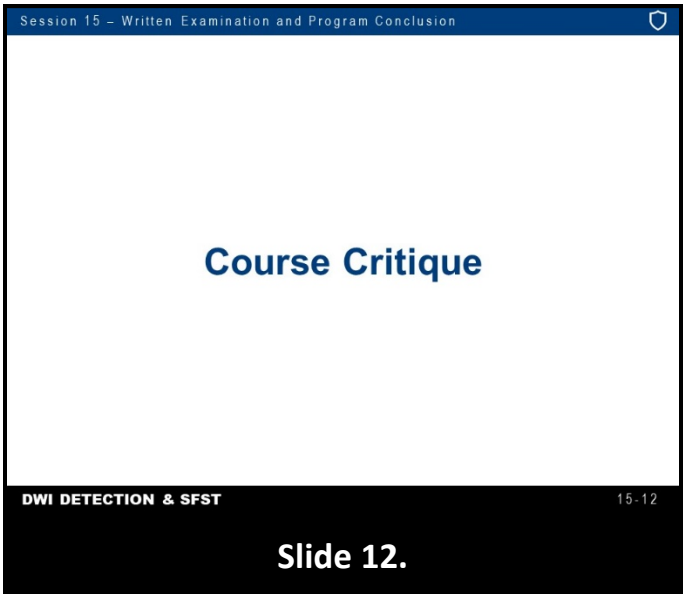
A. Post Test



Slide 11.

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

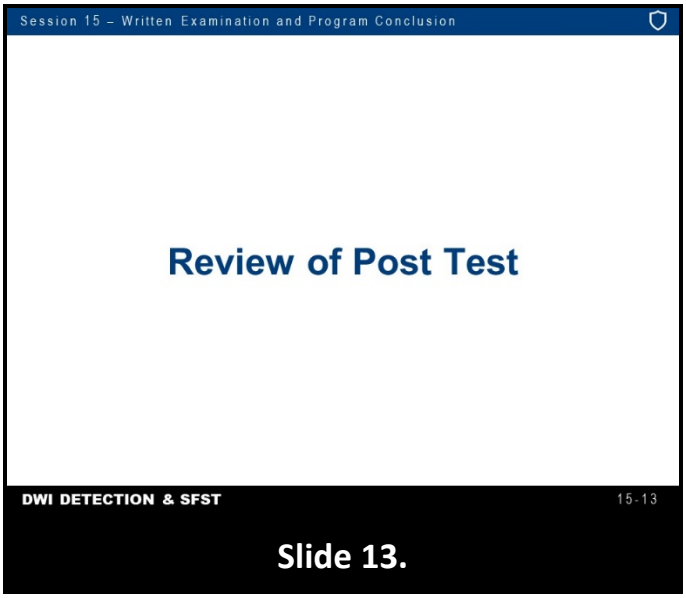
B. Critique



Slide 12.

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

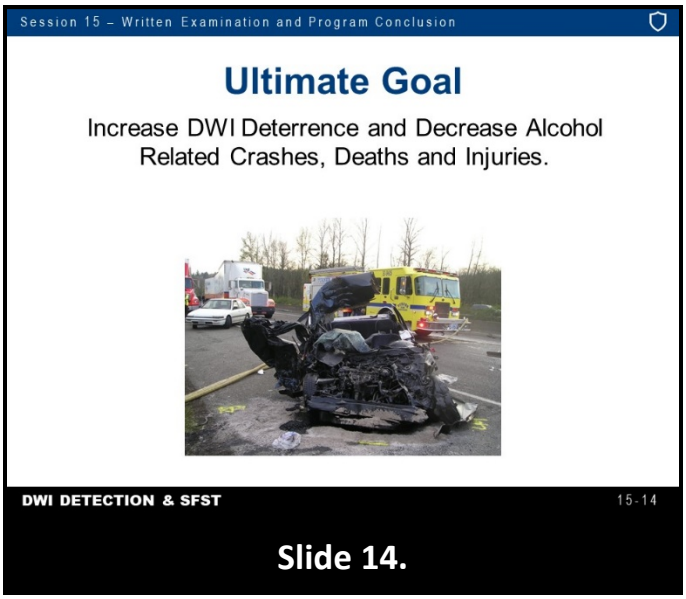
C. Review of Post Test



Slide 13.

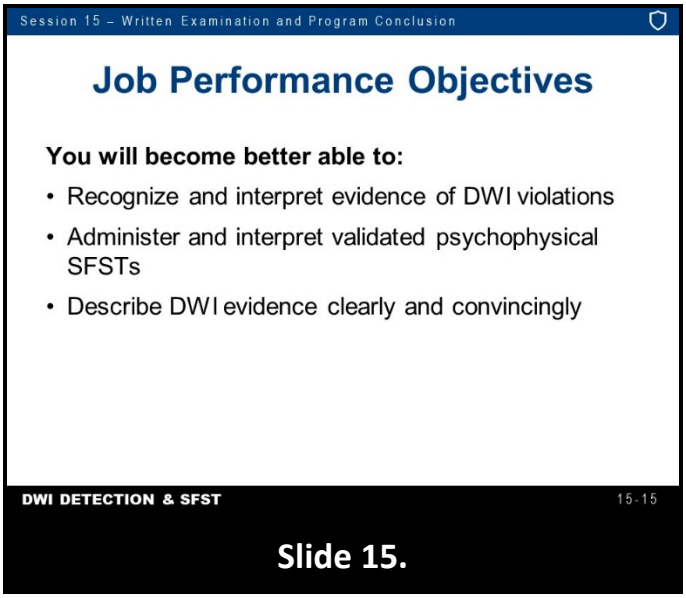
If passing score is not achieved, participant(s) will be allowed to take a "make up" exam at a future date not less than fifteen days nor more than 30 days from the completion of the course.

D. Concluding Remarks

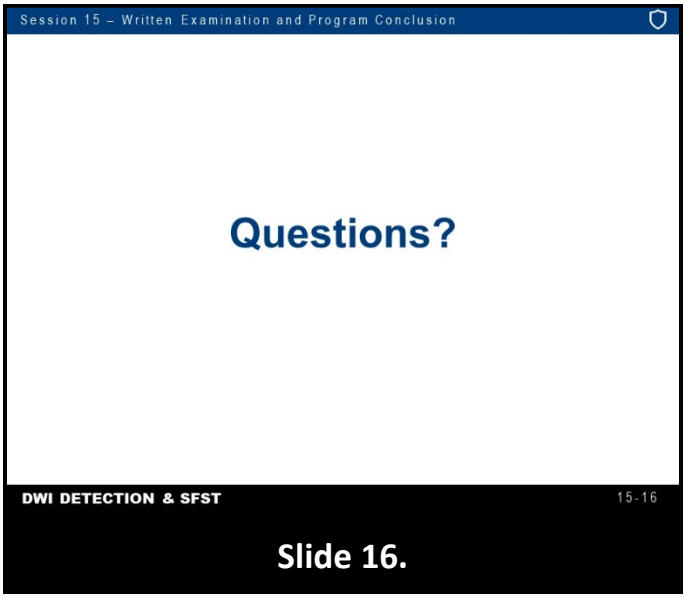


Slide 14.

E. Certificates and Dismissal



Slide 15.



Slide 16.

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 understand enforcement's role in general DWI deterrence. Comments:_____ _____	O	O	O	O	O
2. This course enabled me to understand the detection phases. Comments:_____ _____	O	O	O	O	O
3. This course enabled me to understand the requirements for organizing and presenting testimonial and documentary evidence in DWI cases. Comments:_____ _____	O	O	O	O	O
4. This course enabled me to improve my ability to recognize and interpret evidence of DWI violations. Comments:_____ _____	O	O	O	O	O
5. This course enabled me to administer and interpret validated psychophysical tests to DWI subjects. Comments:_____ _____	O	O	O	O	O
6. This course enabled me to improve my ability to describe DWI evidence clearly and convincingly in written reports and verbal testimony. Comments:_____ _____	O	O	O	O	O

Please rate how helpful each workshop session was for <u>you personally</u>.

Item	Poor	Fair	Good	Very Good	Excellent
Detection and General Deterrence	O	O	O	O	O
The Legal Environment	O	O	O	O	O
Overview of Detection, Note Taking and Testimony	O	O	O	O	O
Phase One: Vehicle in Motion	O	O	O	O	O
Phase Two: Personal Contact	O	O	O	O	O
Phase Three: Pre-Arrest Screening	O	O	O	O	O
Concepts and Principles of Standardized Field Sobriety Tests	O	O	O	O	O
Test Battery Demonstrations	O	O	O	O	O
"Dry Run" Practice	O	O	O	O	O
"Drinking Subjects" Practice	O	O	O	O	O
Processing the Arrested Subject and Preparation for Trial	O	O	O	O	O
Report Writing Exercise and Moot Court	O	O	O	O	O

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.	O	O	O
There are some important topics missing from the program that should be added.	O	O	O
The program is too short.	O	O	O
I feel this program has improved my own ability to enforce DWI laws.	O	O	O
The instructors did a good job.	O	O	O
I am very glad I attended the program.	O	O	O
The program is too long.	O	O	O
The instructors should have been better prepared.	O	O	O
I feel fully qualified to use the nystagmus test now.	O	O	O

Item	Agree	Disagree	Not Sure
I feel fully qualified to use the two divided attention tests now.	O	O	O
Too much time was spent practicing with drinking volunteers.	O	O	O
These three new tests definitely will improve our ability to identify impaired drivers.	O	O	O
I wish we had more practice with drinking volunteers.	O	O	O

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.	O	O	O	O	O

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: _____ _____	O	O	O	O	O
Comments: _____ _____	O	O	O	O	O
Comments: _____ _____	O	O	O	O	O
Comments: _____ _____	O	O	O	O	O
Comments: _____ _____	O	O	O	O	O

Name (optional): _____

SFST

Introduction to Drugged Driving

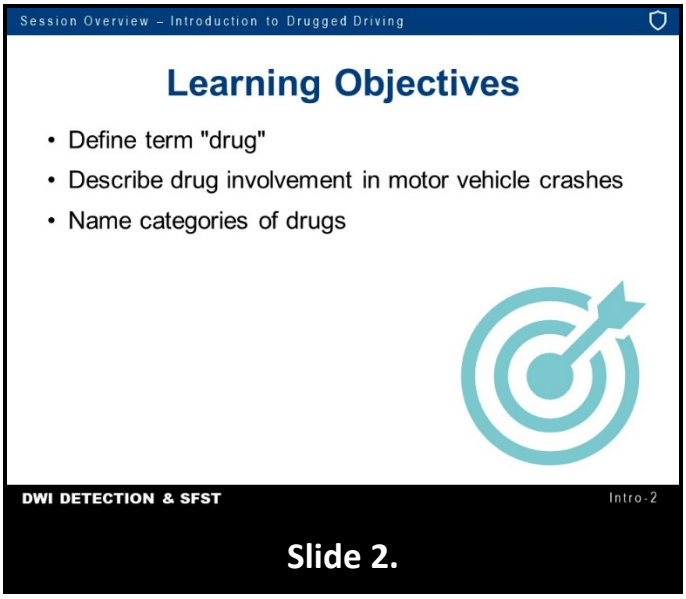
LEARNING OBJECTIVES

- Define the term “drug”
- Describe in approximate, quantitative terms the incidence of drug involvement in motor vehicle crashes and in DWI enforcement
- Name the categories of drugs
- Describe the observable signs usually associated with the drug categories
- Describe medical conditions and other situations that can produce similar signs
- Describe appropriate procedures for dealing with drug or medically impaired subjects

CONTENTS

LEARNING ACTIVITIES

- Instructor-Led Presentations
- Participant Practice



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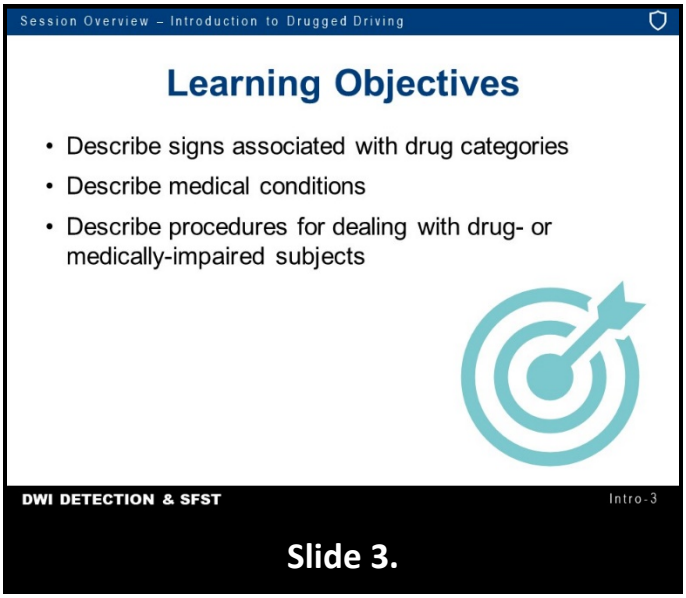
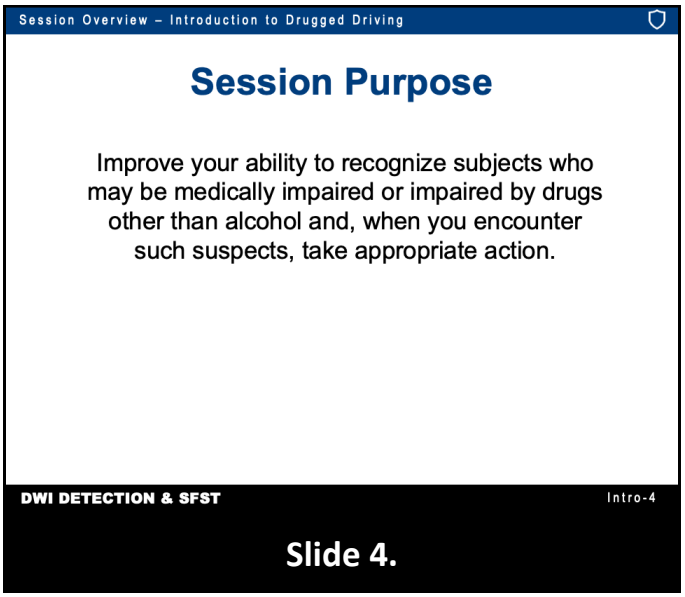


Slide 3.

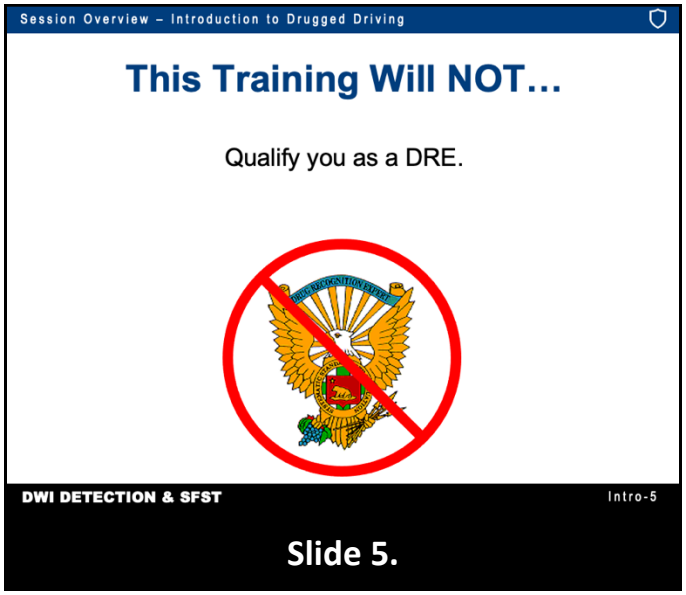
A. Overview



The purpose of this session is to improve your ability to recognize subjects who may be medically impaired or impaired by drugs other than alcohol and, when you encounter such subjects, take appropriate action.

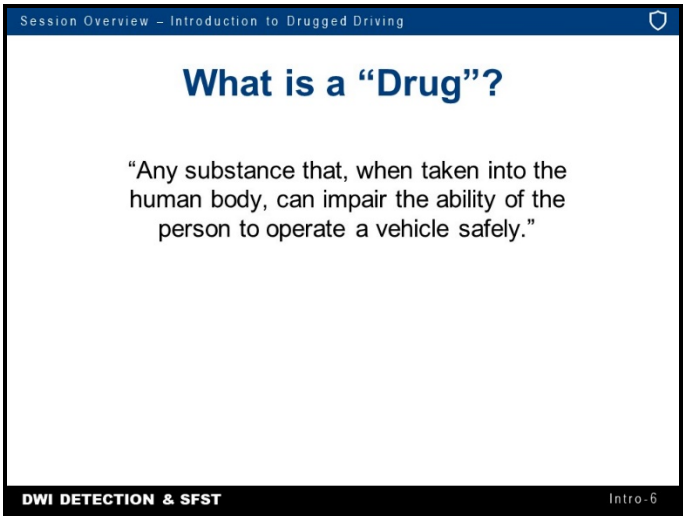
Alcohol certainly remains the most frequently abused drug and most impaired drivers are under the influence of alcohol.

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



Slide 5.

One important thing this session will not accomplish: it will NOT qualify you as a DRE. Officers become DREs only after they have completed a comprehensive program that includes nine days of classroom training and closely supervised on-the-job training. (Two-Day Pre-School followed by 7-Day classroom training.)

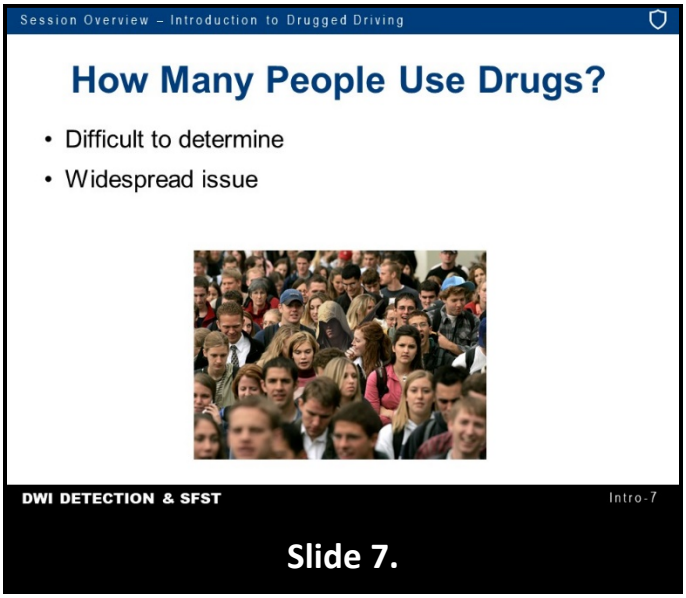


Slide 6.

A Simple, Enforcement-Oriented Definition of Drugs: "Any substance that, when taken into the human body, can impair the ability of the person to operate a vehicle safely." (Working definition derived from the California Vehicle Code.)

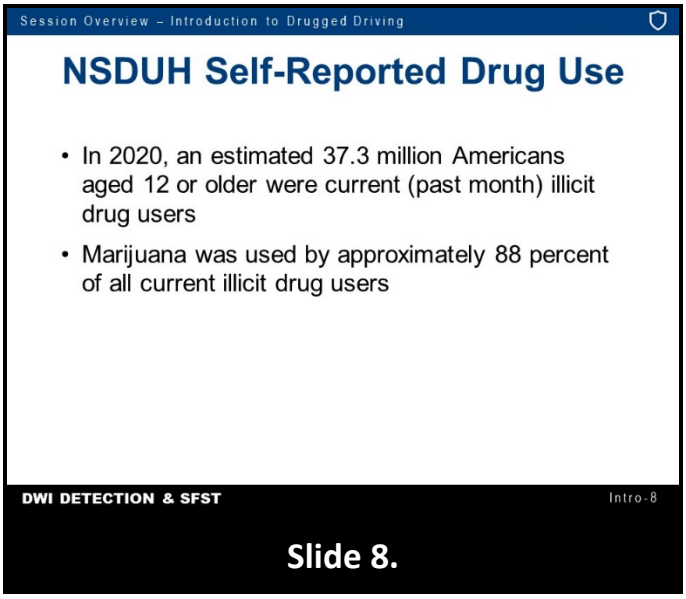
This definition includes some substances physicians don't usually think of as drugs.

Within this simple, enforcement-oriented definition there are seven categories of drugs. Each category consists of substances that impair a person's ability to drive. The categories differ from one another in terms of how they impair driving ability and in terms of the kinds of impairment they cause.



Slide 7.

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



Slide 8.

The following summarizes the self-reported drug use information from the 2020 National Survey on Drug Use and Health (NSDUH):

- In 2020, an estimated 37.3 million Americans aged 12 or older were current (past month) illicit drug users
- Marijuana was used by approximately 88 percent of all current illicit drug users

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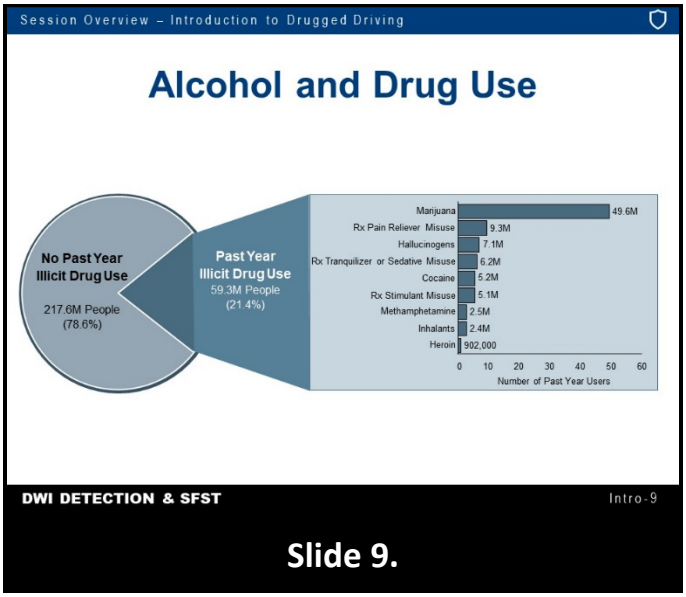

Slide 9.

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:

2020 National Survey on Drug Use and Health (NSDUH) Release. (2021, October). Retrieved from Substance Abuse and Mental Health Services Administration: https://www.samhsa.gov/data/release/2020-national-survey-drug-use-and-health-nsduh-releases

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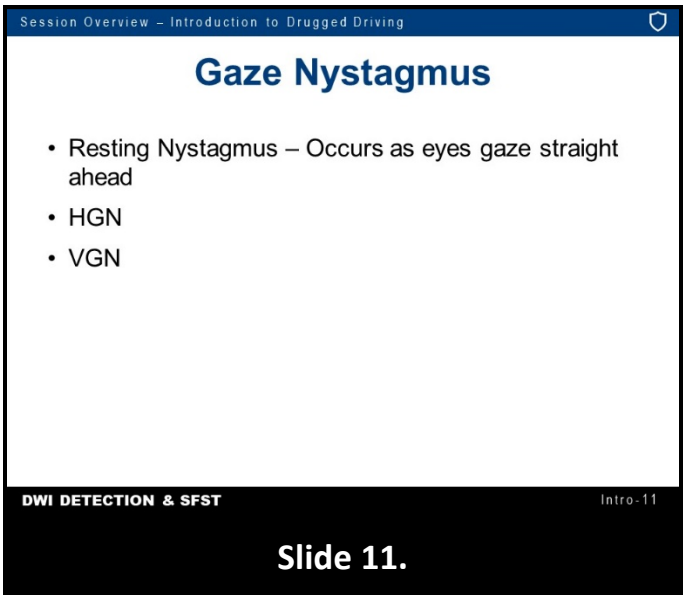
B. Eye Examinations: Detecting Signs of Drug Influence

The eyes can disclose indicators of drug impairment or medical conditions.

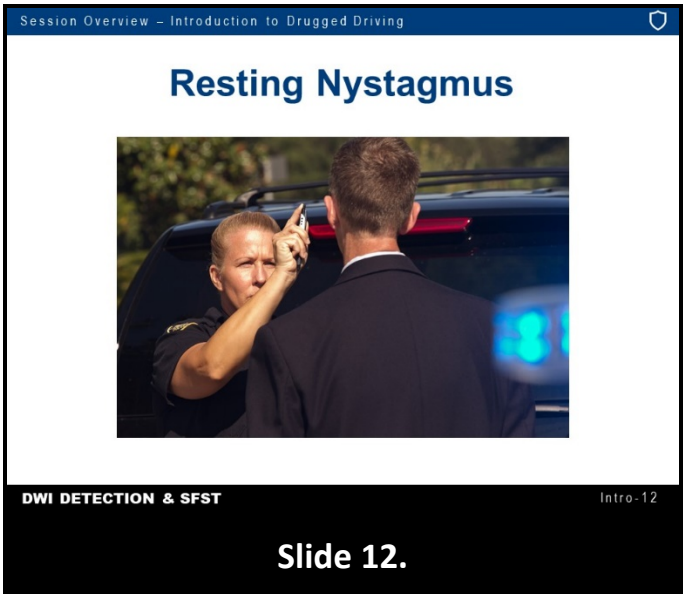
Horizontal Gaze Nystagmus (HGN) is an excellent indicator of possible alcohol impairment. There are a number of drugs other than alcohol that can cause HGN. There are a number of other drugs that will not cause HGN. There are many other clues the eyes will disclose, all of which will suggest the presence or absence of drugs or medical impairment.



Slide 11.

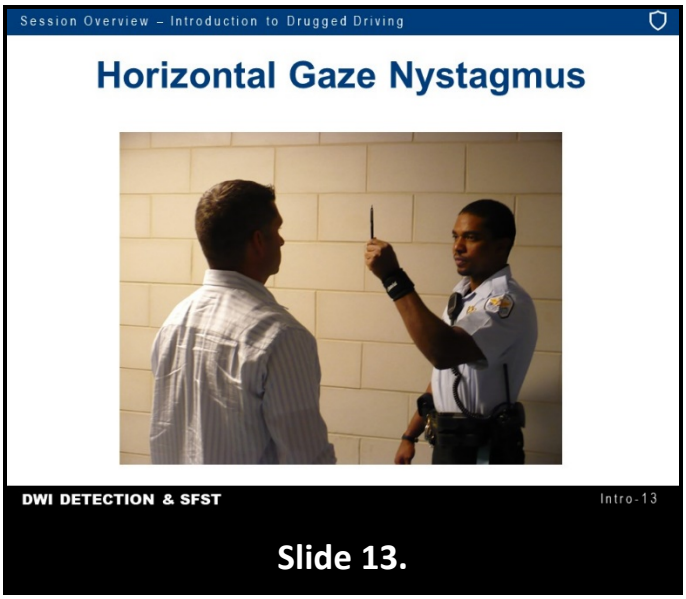
Resting Nystagmus is defined as the involuntary jerking of the eyes as they gaze straight ahead. This condition is not frequently observed. Its presence may indicate Dissociative Anesthetic usage, high levels of an impairing substance for that subject or certain medical problems. If detected, take precautions. As always, exercise sound officer safety techniques and consider calling for medical aid.

During this training we will focus on two types of nystagmus. Horizontal Gaze Nystagmus (HGN) occurs as the eyes gaze to the side. HGN is useful in determining alcohol influence as well as some drug categories. Vertical Gaze Nystagmus (VGN) occurs as the eyes gaze upward (vertical plane) to an elevated position as far as they can go. VGN is associated with high doses of alcohol and some drug categories for that individual. There is no known drug that will cause VGN without causing at least four clues of HGN.



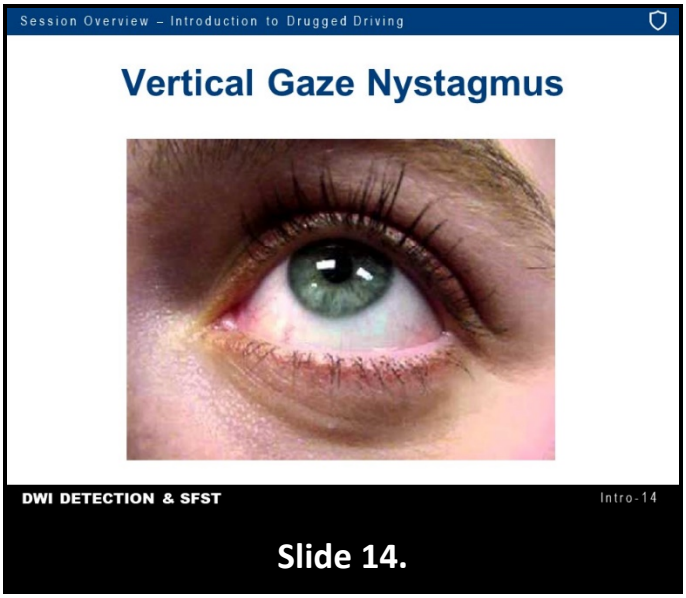
Slide 12.

Sometimes persons impaired by Dissociative Anesthetics will exhibit Resting Nystagmus, i.e., the eyes jerk while they are looking straight ahead.



Slide 13.

HGN is defined as the involuntary jerking of the eyes as they gaze toward the side. (As defined in the current SFST curriculum.) Although this type of nystagmus is useful in determining alcohol influence, its presence may also indicate use of Central Nervous System (CNS) Depressants, Inhalants, and Dissociative Anesthetics (DID drugs). HGN becomes observable when a subject is impaired by alcohol, as the subject's BAC increases the jerking will appear sooner, and/or when a subject is impaired by DID drugs.

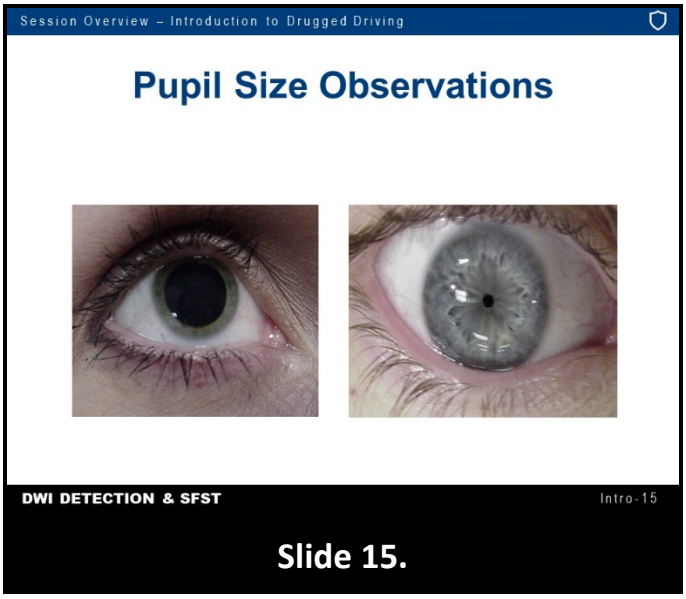


Slide 14.

The VGN test is very simple to administer.

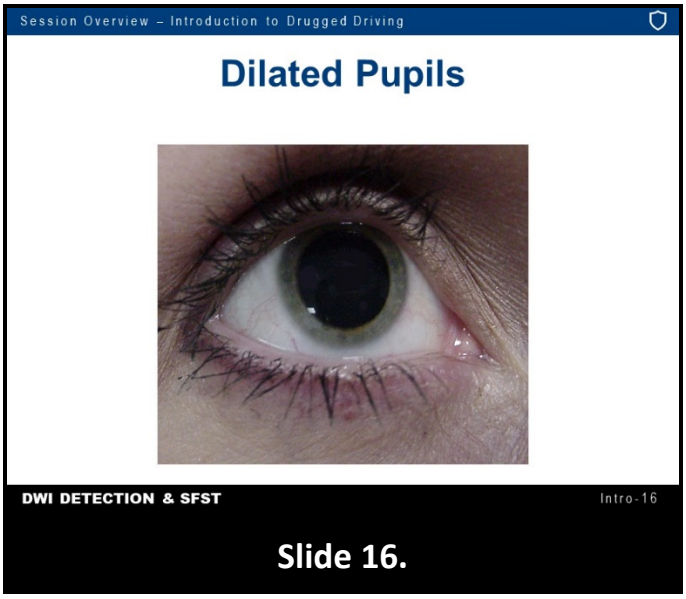
- Position the stimulus horizontally. Approximately 12-15 inches (30-38 cm) in front of the subject's nose
- Instruct the subject to hold their head still and follow the stimulus with the eyes only
- Raise the stimulus until the subject's eyes are elevated as far as possible, hold for a minimum of four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

VGN may be present in subjects under the influence of CNS Depressants, Dissociative Anesthetics, or Inhalants.



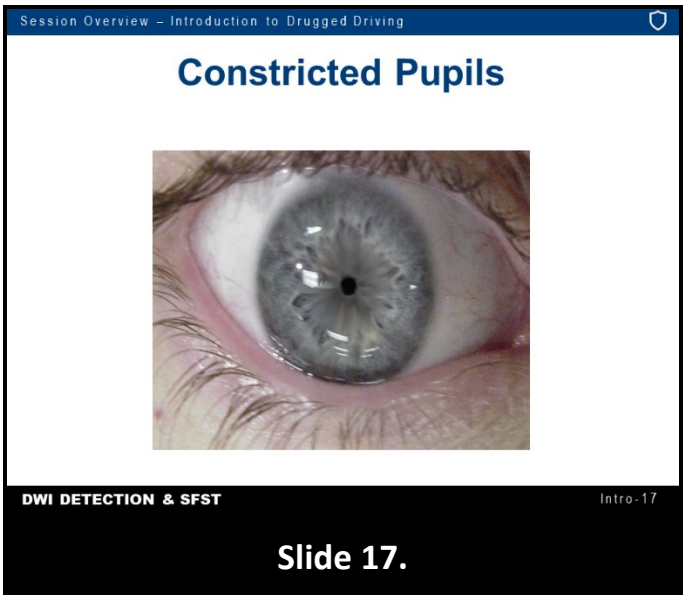
Slide 15.

The pupil is basically a circular hole in the middle of the iris, which regulates the amount of light that passes through into the retina. The pupils of the eyes continually adjust in size to accommodate different lighting conditions and refocus according to focal length. When placed in a darkened environment, the pupils will normally expand in size, or dilate, to allow the eyes to capture as much light as possible. When the lighting conditions are very bright, the pupils will normally shrink or constrict, to limit the amount of light that passes through and to keep the eyes from being over stimulated. The effects drugs have on the eyes are involuntary reactions, which mean they cannot be controlled by the subject.



Slide 16.

Dilated pupils are when the pupils appear larger than expected for the given lighting condition resulting in a noticeably larger opening (circle) in the center of the eye.



Slide 17.

Constricted pupils are when pupils appear smaller than expected for the given lighting conditions, resulting in a noticeably smaller opening (circle) in the center of the eye.

C. Medical Conditions That May Mimic Drug Impairment

Slide 18.

There are various medical conditions and injuries that may cause subjects to appear to be impaired by alcohol and/or other drugs. Some of the more common medical conditions that may mimic drug impairment include: Head Trauma; Stroke; Diabetes; Conjunctivitis; Shock; Multiple Sclerosis; and, other conditions.

D. Drug Categories and Their Observable Effects

Slide 19.

Oral - Oral administration is through the mouth.

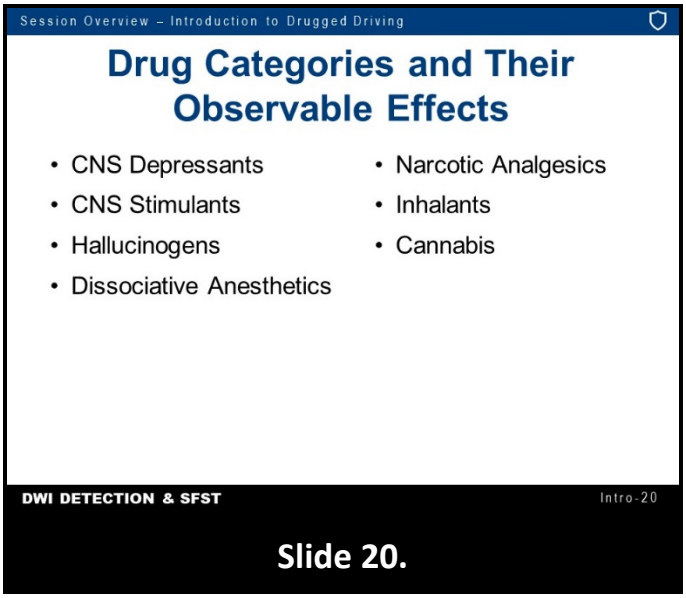
Injection - Injection is a common method of administering drugs, such as heroin (narcotic analgesic). It is also used to introduce Stimulants, Hallucinogens, Dissociative Anesthetics, and other Narcotic Analgesics into the body. CNS Depressants can also be injected but this is not common due to the size of the needle required to deliver the substance.

In addition to injecting drugs into the veins in the arms, users will find more creative and less conspicuous areas on the body to administer a substance since needles typically leave marks which can be difficult to conceal.

Insufflation - Insufflation is the act of introducing a substance by inhaling through the nose for the purpose of intranasal absorption through the mucous membrane. For a substance to be effective when insufflated it must be in a water-soluble powder so it can be readily absorbed through the mucous membranes. This method is commonly referred to as “snorting”.

Inhalation - Inhalation is the act of introducing a substance directly into the respiratory system through the nose and mouth for the purpose of absorbing the substance through the alveoli in the lungs. This is a very rapid method of absorption and is often referred to as huffing, sniffing, or smoking.

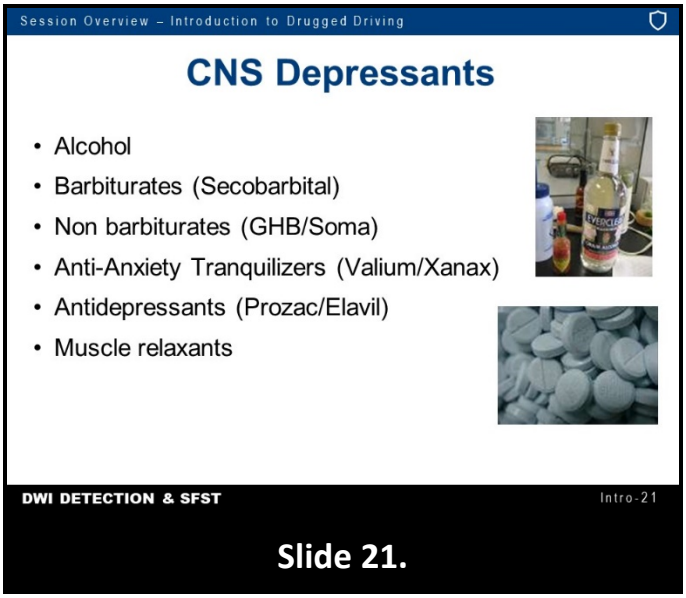
Transdermal Absorption - Transdermal absorption is a less common method of administering drugs. Transdermal means the chemical or drug is absorbed into a subject’s system through the skin.



Slide 20.

Definition of "Drug": Any substance that, when taken into the human body, can impair the ability of the person to operate a vehicle safely. Within this simple, enforcement-oriented definition there are *seven categories of drugs*:

- CNS Depressants
- CNS Stimulants
- Hallucinogens
- Dissociative Anesthetics
- Narcotic Analgesics
- Inhalants
- Cannabis

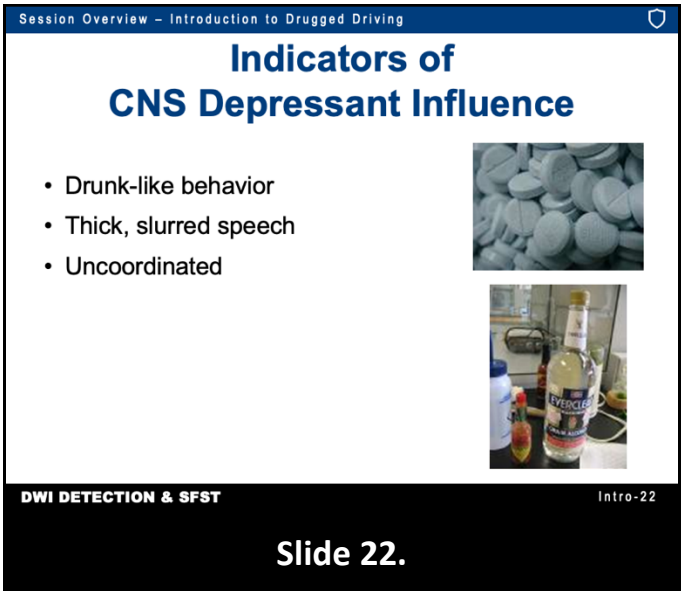


Slide 21.

CNS Depressants slow down the operations of the brain and usually depress the heartbeat, respiration, and many other processes controlled by the brain. The most familiar CNS Depressant is alcohol. Other CNS Depressants include:

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

CNS Depressants usually are taken orally, in the form of pills, capsules, liquids, etc. However, CNS Depressants may be injected or insufflated. In general, people under the influence of any CNS Depressant look and act like people under the influence of alcohol.



Slide 22.

General indicators of CNS Depressant influence are:

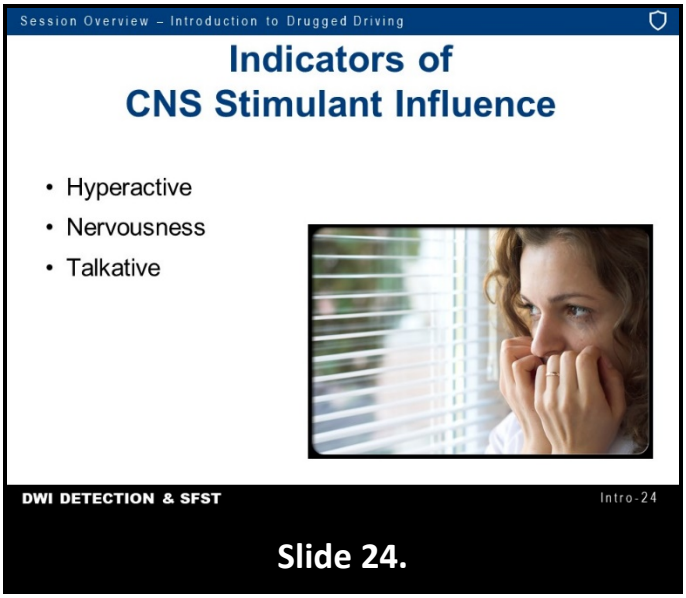
- Disoriented
- Drowsiness
- Drunk-like behavior
- Slow, sluggish reactions
- Thick, slurred speech
- Uncoordinated
- Unsteady walk

Eye indicators of CNS Depressant influence are:

- HGN usually will be present
- VGN may be present (with high doses)
- Pupil size usually will not be effected, except Methaqualone, Soma, and certain antidepressants may cause pupil dilation

Slide 23.

CNS Stimulants accelerate the heart rate, respiration, and many other processes of the body. The two most widely abused kinds of CNS Stimulants are Cocaine and methamphetamines. Cocaine is made from the leaves of the coca plant. Methamphetamines are chemically produced (manufactured) drugs. Cocaine abusers may take the drug by insufflation, smoking, (freebase, or "Crack"), injection, and/or orally. Abusers of amphetamines and methamphetamines may take their drugs by injection, orally, by insufflation, and/or smoked (methamphetamines only).



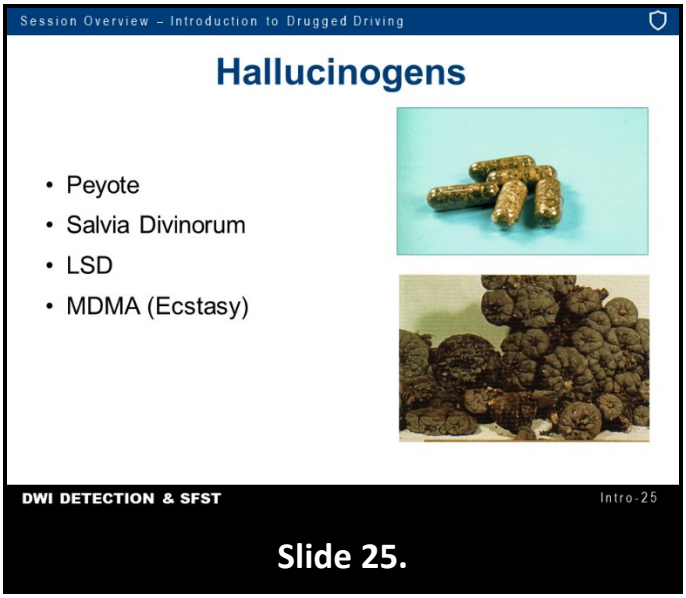
Slide 24.

People under the influence of CNS Stimulants tend to be hyperactive indicated by nervousness, talkativeness, and an inability to sit still. They also have difficulty concentrating for any length of time. General indicators of CNS Stimulant influence are:

- Anxiety
- Body tremors
- Euphoria
- Exaggerated reflexes
- Excited
- Grinding teeth (bruxism)
- Redness to nasal area
- Restlessness
- Talkative

Eye indicators of CNS Stimulant influence:

- Neither HGN nor VGN will be observed
- The pupils generally will be dilated



Slide 25.

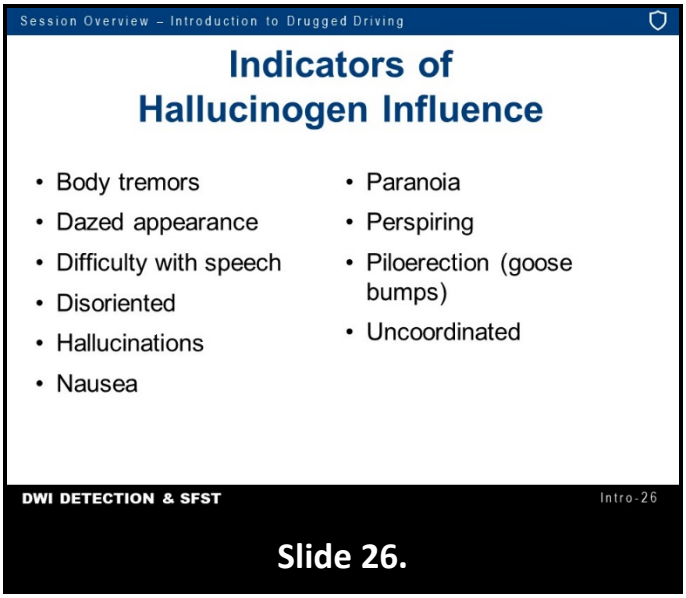
Hallucinogens are drugs that affect a person's perceptions, sensations, thinking, self-awareness, and emotions.

One common type of hallucination caused by these drugs is called synesthesia, which means a transposing of the senses. Sounds, for example, may be transposed into sights.

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

Some hallucinogenic drugs come from natural sources. Peyote is a Hallucinogen found in a particular species of cactus. Psilocybin is a Hallucinogen found in a number of species of mushroom.

Other Hallucinogens are synthetically manufactured: Lysergic Acid Diethylamide (LSD); 3,4-Methylenedioxyamphetamine (MDA); 3,4-Methylenedioxymethamphetamine or Ecstasy (MDMA); and, many others.



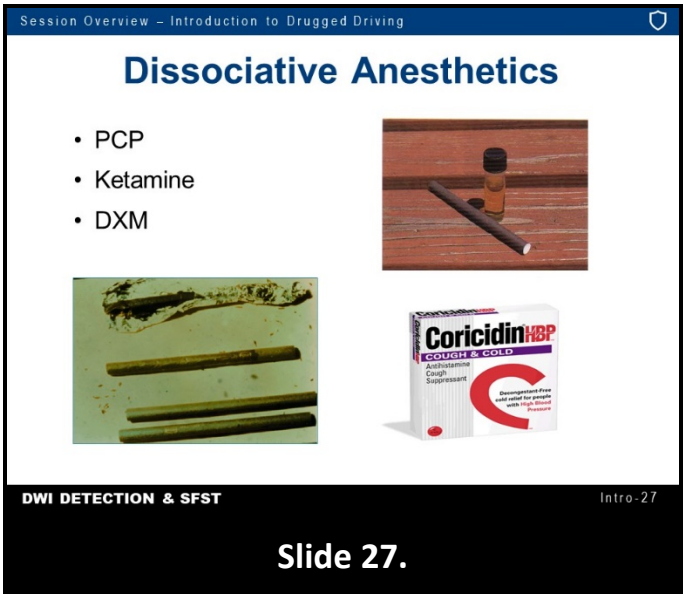
Slide 26.

Hallucinogen abusers usually take their drugs orally; however, some Hallucinogens can be smoked, injected or "snorted". General indicators of Hallucinogen influence are:

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

Eye indicators of Hallucinogen influence:

- Neither HGN nor VGN should be present
- The pupils usually will be noticeably dilated

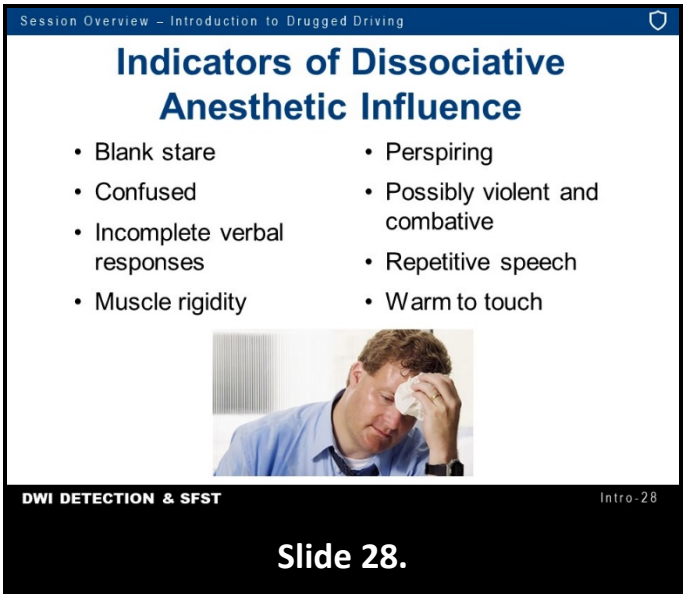


Slide 27.

Dissociative Anesthetics is the category of drugs that includes Phencyclidine (PCP), its various analogs, and Dextromethorphan (DXM). PCP is a synthetic drug first developed as an intravenous anesthetic.

Because PCP produces very undesirable side effects, it is no longer legally manufactured. Yet, an analog (chemical cousin) Ketamine is still being legally manufactured and available. However, it is easy to manufacture. The formula for making PCP and PCP analogs have been widely publicized. The manufacturing process involves readily available chemicals.

Many Dissociative Anesthetic users smoke the drug by using it to adulterate tobacco, marijuana, or various other substances. Dissociative Anesthetics can also be taken orally, by injection, or inhaled.



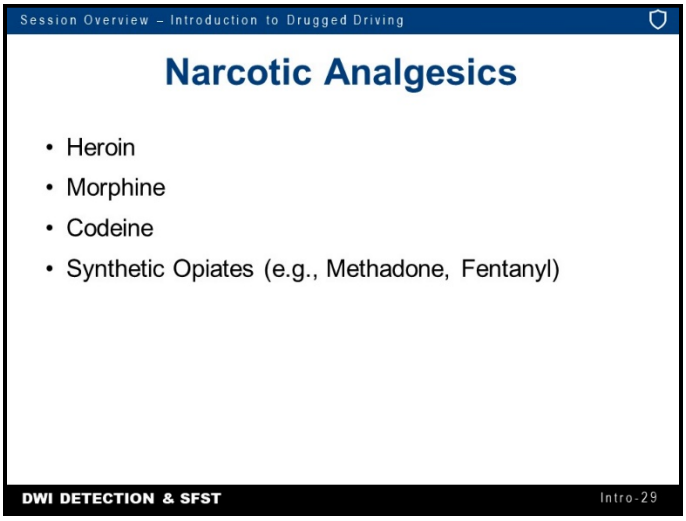
Slide 28.

General indicators of Dissociative Anesthetics are:

- Blank stare
- Confused
- Incomplete verbal responses
- Muscle rigidity
- Perspiring
- Possibly violent
- Slow, slurred speech

Eye Indicators of Dissociative Anesthetic influence:

- HGN generally will be present often with very early onset and very distinct jerking (Resting Nystagmus may be observed with high doses of dissociative anesthetics)
- VGN generally will be present
- Pupil Size usually will not be affected



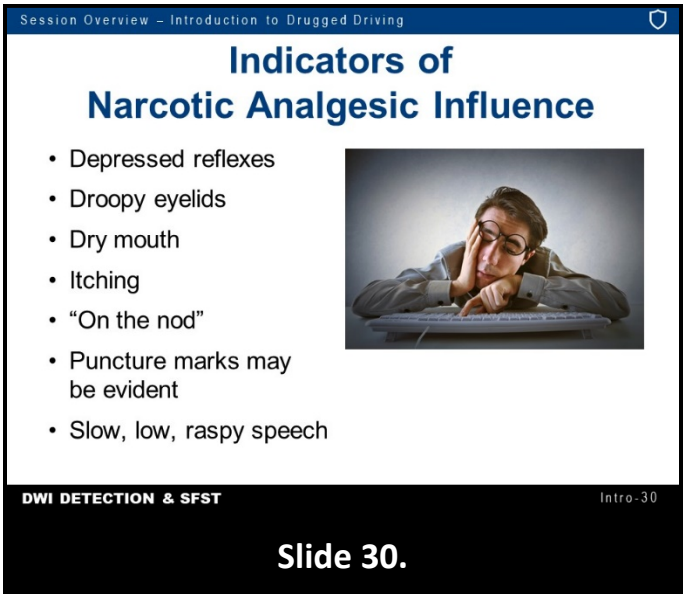
Slide 29.

Narcotic Analgesics include a large number of drugs that share three important characteristics: They will relieve pain;

They will produce withdrawal signs and symptoms when the drug is stopped after chronic administration;

and, they will suppress the withdrawal signs and symptoms of chronic morphine administration.

Some drugs classified as Narcotic Analgesics are natural derivatives of opium, such as: Heroin; Morphine; Codeine; and, OxyContin. Some are synthetic Narcotic Analgesics, such as: Methadone; Demerol; and, Fentanyl.



Slide 30.

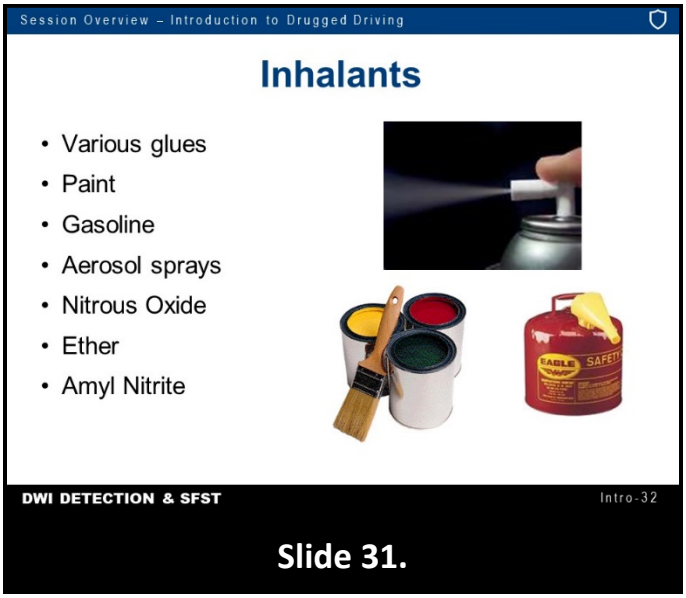
General indicators of Narcotic Analgesic influence:

- Depressed reflexes
- Droopy eyelids
- Drowsiness
- Dry mouth
- Itching
- "On the nod"
- Puncture marks may be evident

- Slow, low, raspy speech

Eye indicators of Narcotic Analgesic influence:

- Neither HGN nor VGN will be present
- Pupils generally will be constricted

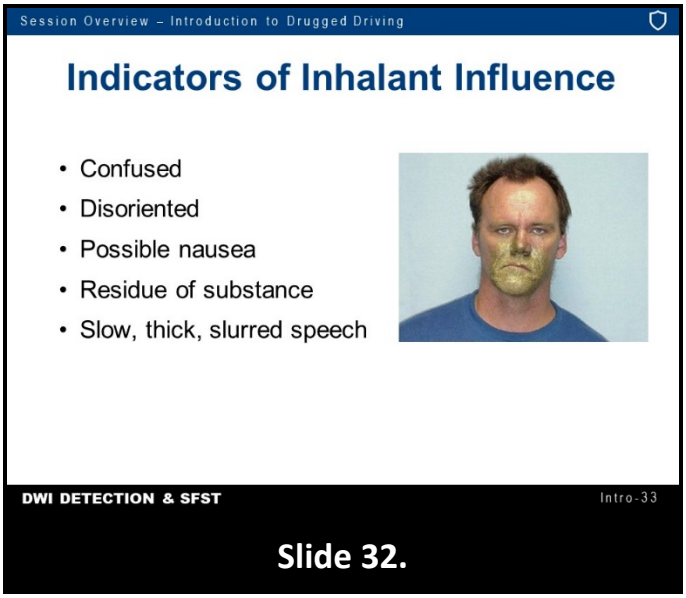


Slide 31.

Inhalants are breathable chemicals that produce mind-altering results. Inhalants include many familiar household materials such as glue ("Toluene"), paint, gasoline, aerosol sprays, etc. that produce volatile fumes.

Some drugs classified as Inhalants include: Various glues (e.g. Toluene); paint; gasoline; aerosol sprays (i.e., vegetable frying pan lubricants, hair sprays, insecticides); Nitrous Oxide; Ether; and, Amyl Nitrite.

Certain anesthetics also may be used as Inhalants.



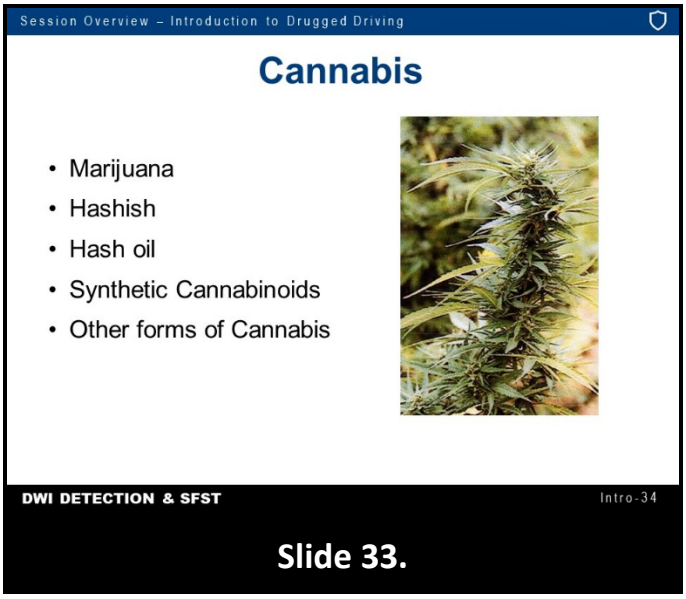
Slide 32.

General indicators of Inhalant influence:

- Confused
- Disoriented
- Possible nausea
- Residue of substance on face, hands, clothing
- Slow, thick, slurred speech

Eye indicators of Inhalant influence:

- HGN generally will be present
- VGN may be present (especially with high doses)
- Pupil size generally will not be affected

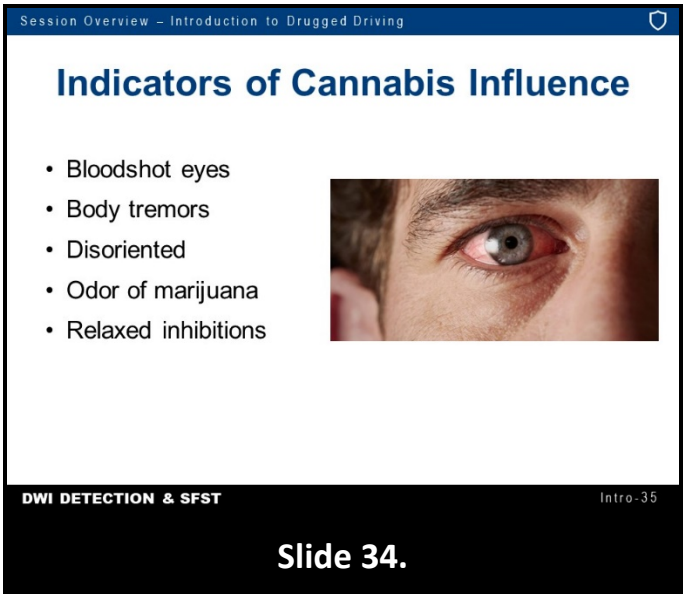


Slide 33.

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

Forms of Cannabis include: Marijuana; Hashish; Hash oil; and, Synthetic Cannabinoids which include Marinol or Dronabinol, Spice, K2, JWH-18, etc. Other forms of Cannabis include edibles, butane hash oils (wax), etc.

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



Slide 34.

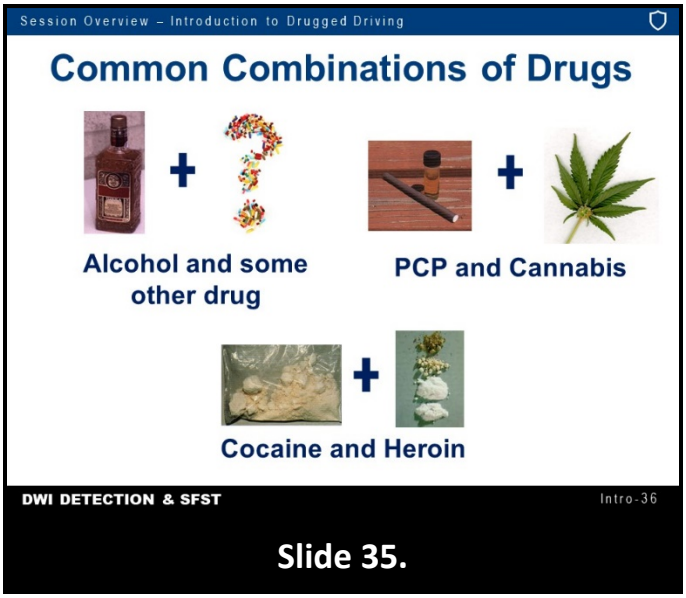
General Indicators of Cannabis Influence:

- Bloodshot eyes
- Body tremors
- Disoriented
- Odor of marijuana
- Relaxed inhibitions

Eye indicators of Cannabis Influence:

- Neither HGN nor VGN will be present
- Pupil size generally will be dilated, but also may not be affected

E. Combinations of Drugs



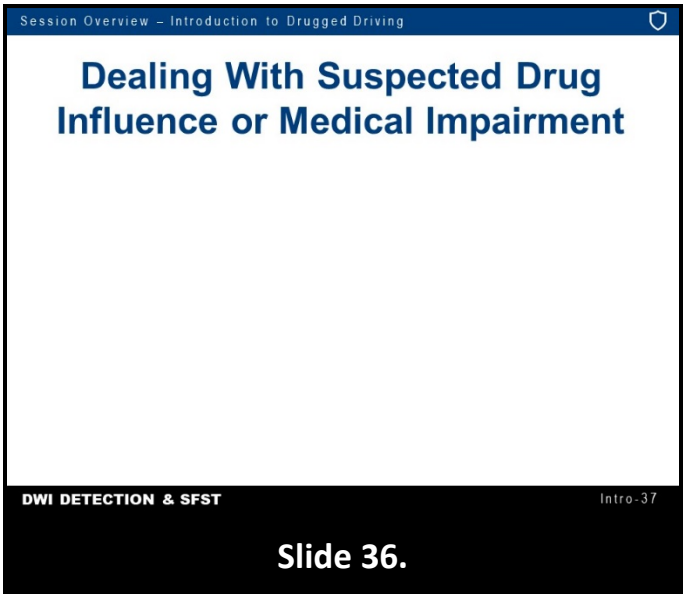
Slide 35.

According to the 2020 DRE Annual Report, 34 percent of DRE opinions recorded nationally involved impairment from the use of multiple drugs.

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

Because impairment from the use of multiple drugs is so common, you should not be surprised to encounter subjects who are under the influence of more than one drug. Be especially alert to the possibility subjects who have been drinking alcohol may also have administered some other drug or drugs. The effects of impairment from the use of multiple drugs may vary widely depending on exactly what combination of drugs is involved, how administered, and when they were administered. Multiple drug use can cause different effects in the user.

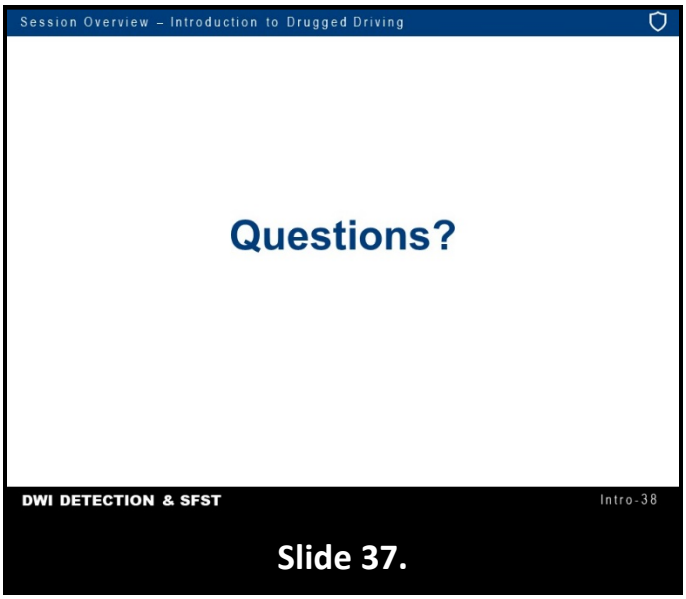
F. Dealing with Suspected Drug Influence or Medical Impairment



Slide 36.

Officers should be familiar with the various medical conditions that mimic drug impairment, i.e. diabetic shock and hypoglycemia. Officers should obtain appropriate medical treatment for drivers who are impaired by these conditions.

Drivers who are suspected of drug impairment should be processed in accordance with state and local laws. Wherever possible, a local DRE should be summoned to assist with the investigation.



Slide 37.

When drug impairment is suspected a DRE should be utilized to assist with documentation of the user's impairment. The DRE is trained to evaluate and interpret possible effects. Consult with a DRE, if possible and document in detail all observations. Although this training is not designed to qualify you as a DRE, it is intended to make you more knowledgeable when

encountering drivers impaired by substances other than alcohol. For further information about drug-impaired driving, consider attending the Advanced Roadside Impaied Driving Enforcement training.

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