

# SFST REFRESHER TRAINING COURSE

Student Manual

**SFST REFRESHER TRAINING**  
**STUDENT MANUAL**

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## OVERVIEW

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

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

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

**INTRODUCTION**

## **INTRODUCTION**

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

## INTRODUCTION

### • **Course Objectives**

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

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

The objectives of the course are for officers to:

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

### • **Origin of Training**

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

### • **IACP Standards for the SFST Program**

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

### • **Pretest**

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

**ATTACHMENTS**

- A. IACP Standards
- B. SFST Refresher Training Pretest



**ATTACHMENT A****IACP STANDARDS**

1. A person shall be employed and under the direct control of a public criminal justice agency or institution involved in providing training services to law enforcement agencies.
2. SFST students shall successfully complete an approved classroom training course that shall, at a minimum, achieve the learning objectives as stated in the IACP-approved training curriculum.
3. Only persons who have successfully completed the NHTSA/IACP-approved DWI Detection and Standardized Field Sobriety Testing basic training program are eligible to be SFST instructors.
4. Instructor trainers must have successfully completed the SFST Basic School and the SFST Instructor Development School or an equivalent approved instructor development training course. They must be thoroughly familiar with the SFST student and instructor manuals.

**UNIT 1**

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

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

- **Content Segments**

- Introduction
- Phase 1 - Vehicle in Motion
- Phase 2 - Personal Contact

- **Learning Activities**

- Instructor-Led Presentations
- Video Presentation

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

• **Introduction**

This unit will cover the first two phases of Standardized Field Sobriety Testing. Phase 1, Vehicle in Motion, covers the officer's initial observations of vehicular operation, the decision to stop, and observation of the stop. Phase 2, Personal Contact, covers the face-to-face observation and interview of the driver while still in the vehicle and the decision to instruct the driver to exit the vehicle. This unit also covers how officers can use the Standard Note-Taking Guide to document important evidence collected during Phase 1 and Phase 2.

• **Phase 1 - Vehicle in Motion**

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

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

– **Driving Cues**

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

Most driving cues fall into one of five categories:

1. Problems maintaining proper lane position (probability of impairment = 50%-75%)
  - Weaving
  - Straddling the lane line
  - Turning with a wide radius
  - Almost striking a vehicle or another object

- Weaving across lane lines
  - Swerving
  - Drifting
2. Speed and braking problems (probability of impairment = 45%-70%)
- Stopping problems
  - Accelerating or decelerating for no apparent reason
  - Varying speed
  - Slow speed (10 or more mph under the limit)
3. Vigilance problems (probability of impairment = 55%-65%)
- Driving in opposing lanes
  - Driving the wrong way on a one way
  - Slow response to traffic signals
  - Slow or failure to respond to officer's signals
  - Stopping in a lane for no apparent reason
  - Driving without headlights at night
  - Failure to signal or signaling that is inconsistent with action
4. Judgment problems (probability of impairment = 35%-90%)
- Following too closely
  - Improper or unsafe lane changes
  - Illegal or improper turn
  - Driving on other than the designated roadway
  - Stopping inappropriately in response to the officer
  - Inappropriate or unusual behavior
  - Appeared to be impaired
5. Post stop cues (probability of impairment = 85%)
- Difficulty with motor vehicle controls
  - Difficulty with exiting the vehicle
  - Fumbling with the driver's license or registration
  - Repeating questions or comments
  - Swaying, unsteady, or balance problems
  - Leaning on the vehicle or other object
  - Slurred speech
  - Slow to respond to officer or requiring the officer to repeat
  - Providing incorrect information or changing answers
  - Odor of alcoholic beverage from the driver

– **Note Taking During Phase 1**

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

<p><b>II. <u>VEHICLE IN MOTION</u></b></p> <p>INITIAL OBSERVATIONS _____</p> <p>_____</p> <p>OBSERVATION OF STOP _____</p> <p>_____</p>
---

• **Phase 2 - Personal Contact**

– **Pre-exit Screening**

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

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

1. Sight
  - Bloodshot eyes
  - Soiled clothing
  - Fumbling fingers
  - Unusual actions
  - Bruises, bumps and scratches
  
2. Hearing
  - Slurred speech
  - Admission of drinking
  - Inconsistent responses
  - Unusual statements
  - Abusive language

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

- **The Exit Sequence**

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

- **Taking Notes During Phase 2**

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

<b>III. <u>PERSONAL CONTACT</u></b> OBSERVATION OF DRIVER _____ _____ STATEMENTS _____ _____ PRE-EXIT SOBRIETY TESTS _____ _____ OBSERVATION OF THE EXIT _____ _____ ODORS _____ _____ <div style="text-align: center;"><b><u>GENERAL OBSERVATIONS</u></b></div> SPEECH _____ ATTITUDE _____ CLOTHING _____ OTHER _____
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**UNIT 2**

**PHASE 3: PRE-ARREST SCREENING**



## **UNIT 2: PHASE 3: PRE-ARREST SCREENING**

- **Content Segments**

- Introduction
- Horizontal Gaze Nystagmus (HGN)
- Divided Attention Tests

- **Learning Activities**

- Instructor-Led Presentations
- Instructor Demonstrations
- Video Presentations

## UNIT 2: PHASE 3: PRE-ARREST SCREENING

- **Introduction**

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

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

- **Horizontal Gaze Nystagmus (HGN)**

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

- **Pre-test Screening**

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

1. Pupil Size

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

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

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

## 2. Checking Equal Tracking

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

## - Clues of Impairment

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

### 1. Lack of Smooth Pursuit

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

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

### 2. Distinct Nystagmus at Maximum Deviation

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

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

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

### 3. Onset of Nystagmus Prior to 45°

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

<b>IV. PRE-ARREST SCREENING</b>		<b>HORIZONTAL GAZE NYSTAGMUS</b>											
Equal Tracking	<input type="checkbox"/> Yes <input type="checkbox"/> No	LACK OF SMOOTH PURSUIT	<table border="1" style="border-collapse: collapse;"> <tr> <th style="padding: 2px;">LEFT</th> <th style="padding: 2px;">RIGHT</th> </tr> <tr> <td style="height: 15px;"></td> <td style="height: 15px;"></td> </tr> <tr> <td style="height: 15px;"></td> <td style="height: 15px;"></td> </tr> <tr> <td style="height: 15px;"></td> <td style="height: 15px;"></td> </tr> <tr> <td style="height: 15px;"></td> <td style="height: 15px;"></td> </tr> </table>	LEFT	RIGHT								
LEFT	RIGHT												
Equal Pupils	<input type="checkbox"/> Yes <input type="checkbox"/> No	DISTINCT NYSTAGMUS AT MAXIMUM DEVIATION											
Other _____	Other _____	ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES											

### • Divided Attention Tests

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

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

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

– **Walk-and-Turn (WAT)**

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

1. Instructions Stage

The suspect is told to:

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

The officer should ask, "Do you understand?"

2. Walking Stage

The suspect is instructed to:

- Take nine heel-to-toe steps down the line
- Turn in a prescribed manner
- Take nine heel-to-toe steps back down the line

To perform the prescribed turn, on the ninth step, the suspect is told to

- Keep your front foot on the line
- Turn by taking several small steps with the other foot

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

Before the suspect is instructed to begin, the officer gives final verbal instructions.

The suspect is told to:

- Keep watching their feet
- Keep their arms at their sides
- Count their steps out loud
- Don't stop walking until the test is complete

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

– **Eight Clues of Impairment**

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

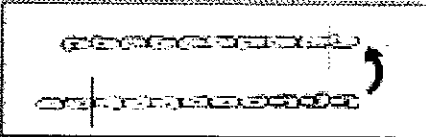
1. Can't maintain balance during the Instructions Stage
2. Starts too soon
3. Stops while walking
4. Misses heel-to-toe ½ inch or more between steps
5. Steps off the line
6. Raises arms six inches or more
7. Turns improperly
8. Takes the wrong number of steps

The officer may terminate the test at any time for the suspect's safety, or if the suspect steps off the line three or more times; nearly falls at any time; or experiences "leg lock", in which the legs are crossed and the suspect is unable to move. If the suspect cannot do the test, the officer should record this as if all eight clues were observed.

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

– **Note Taking**

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

<b>WALK AND TURN</b>		
<b>INSTRUCTIONS STAGE</b>		
CANNOT KEEP BALANCE	<input type="checkbox"/>	
STARTS TOO SOON	<input type="checkbox"/>	
<b>WALKING STAGE</b>		
	<b>FIRST NINE STEPS</b>	<b>SECOND NINE STEPS</b>
STOPS WALKING	<input type="checkbox"/>	<input type="checkbox"/>
MISSES HEEL-TO-TOE	<input type="checkbox"/>	<input type="checkbox"/>
STEPS OFF LINE	<input type="checkbox"/>	<input type="checkbox"/>
RAISES ARMS	<input type="checkbox"/>	<input type="checkbox"/>
ACTUAL STEPS TAKEN	<input type="checkbox"/>	<input type="checkbox"/>
IMPROPER TURN (Describe)	_____	
CANNOT DO TEST (EXPLAIN)	_____	
OTHER:	_____	

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

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

### – **One-Leg Stand (OLS)**

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

#### 1. Instructions Stage

The suspect must stand with:

- feet together
- arms at sides
- listen to the instructions

## 2. Balance and Count Stage

The suspect must

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

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


### - Four Clues of Impairment

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

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

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

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

<u>ONE LEG STAND</u>						
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px 5px;">L</td></tr> <tr><td style="padding: 2px 5px;"> </td></tr> <tr><td style="padding: 2px 5px;"> </td></tr> <tr><td style="padding: 2px 5px;"> </td></tr> <tr><td style="padding: 2px 5px;"> </td></tr> </table>	L					Sways while balancing.
L						
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px 5px;">R</td></tr> <tr><td style="padding: 2px 5px;"> </td></tr> <tr><td style="padding: 2px 5px;"> </td></tr> <tr><td style="padding: 2px 5px;"> </td></tr> <tr><td style="padding: 2px 5px;"> </td></tr> </table>	R					Uses arms to balance.
R						
	Hopping.					
	Puts foot down.					
						
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">Type of Footwear</div>						
OTHER: _____ _____						



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

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

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

**UNIT 3**

**INTERPRETATION OF EVIDENCE/MAKING THE ARREST DECISION**

**UNIT 3:**  
**INTERPRETATION OF EVIDENCE/MAKING THE ARREST DECISION**

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

**UNIT 3:**  
**INTERPRETATION OF EVIDENCE/MAKING THE ARREST DECISION**

- **Introduction**

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

- **The Arrest Decision**

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

- **Dealing with Inconsistent BAC**

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

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

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

**UNIT 4**  
**FIELD NOTES**

## **UNIT 4: FIELD NOTES**

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

## UNIT 4: FIELD NOTES

- **Introduction**

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

- **Descriptive Notes**

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

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

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

Examples:

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

- **Note-Taking Guide**

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

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

1. Section I provides space to record basic information describing the suspect, the vehicle, the location, and the date and time of the incident.
2. Section II provides space to record brief descriptions of the vehicle in motion, including initial observation of the vehicle in operation, and observation of the stopping sequence.
3. Section III provides space to record brief descriptions of the personal contact with the suspect, including observations of the driver.
4. Section IV provides space to record information collected during pre-arrest screening, including the results of the three standardized field sobriety tests.
5. Section V provides space to record the results of any other field sobriety tests that were administered. There is also space to record the results of the preliminary breath test (PBT) if the test was administered.



**ATTACHMENT**

DWI Investigation Field Notes Form

## DWI INVESTIGATION FIELD NOTES

I. NAME \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ OP. LIC. NO. \_\_\_\_\_  
 D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ SOC. SEC. # \_\_\_\_\_  
 VEHICLE MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ LIC. \_\_\_\_\_ STATE \_\_\_\_\_  
 DISPOSITION \_\_\_\_\_ NO. PASSENGERS \_\_\_\_\_  
 INCIDENT LOCATION \_\_\_\_\_  
 DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME \_\_\_\_\_ CRASH YES  NO

### II. VEHICLE IN MOTION

INITIAL OBSERVATIONS \_\_\_\_\_  
 \_\_\_\_\_  
 OBSERVATION OF STOP \_\_\_\_\_  
 \_\_\_\_\_

### III. PERSONAL CONTACT

OBSERVATION OF DRIVER \_\_\_\_\_  
 \_\_\_\_\_  
 STATEMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 PRE-EXIT SOBRIETY TESTS \_\_\_\_\_  
 \_\_\_\_\_  
 OBSERVATION OF THE EXIT \_\_\_\_\_  
 \_\_\_\_\_  
 ODORS \_\_\_\_\_  
 \_\_\_\_\_

#### GENERAL OBSERVATIONS

SPEECH \_\_\_\_\_  
 ATTITUDE \_\_\_\_\_  
 CLOTHING \_\_\_\_\_  
 OTHER \_\_\_\_\_

### IV. PRE-ARREST SCREENING

#### HORIZONTAL GAZE NYSTAGMUS

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

LEFT	RIGHT

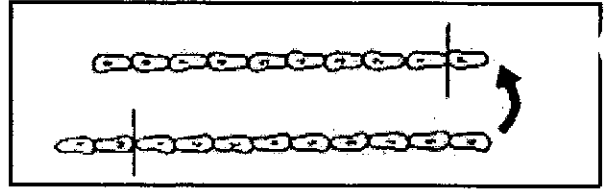
### WALK AND TURN

INSTRUCTIONS STAGE

CANNOT KEEP BALANCE

STARTS TOO SOON

WALKING STAGE



FIRST NINE STEPS

SECOND NINE STEPS

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



IMPROPER TURN (Describe) \_\_\_\_\_

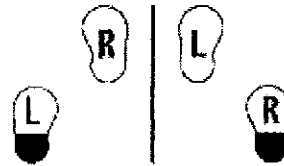
CANNOT DO TEST (EXPLAIN) \_\_\_\_\_

OTHER: \_\_\_\_\_

### ONE LEG STAND

L	R

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



Type of Footwear \_\_\_\_\_

OTHER: \_\_\_\_\_

### OTHER FIELD SOBRIETY TESTS

NAME OF TEST \_\_\_\_\_

DESCRIBE PERFORMANCE \_\_\_\_\_

NAME OF TEST \_\_\_\_\_

DESCRIBE PERFORMANCE \_\_\_\_\_

NAME OF TEST \_\_\_\_\_

DESCRIBE PERFORMANCE \_\_\_\_\_

PBT (1) (optional) Time: \_\_\_\_\_ Results: \_\_\_\_\_ PBT (2) (optional) Time: \_\_\_\_\_ Results: \_\_\_\_\_

**UNIT 5**

**TESTIMONY AND PRE-TRIAL PREPARATION**

## **UNIT 5: TESTIMONY AND PRE-TRIAL PREPARATION**

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

## UNIT 5: TESTIMONY AND PRE-TRIAL PREPARATION

- **Introduction**

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

- **Pre-trial Preparation**

- Preparation for testimony begins at the time of the incident and requires:
  1. Recognizing significant evidence and documenting it in the field notes
  2. Compiling complete and accurate notes
  3. Preparing a complete and accurate report.
- Preparation for testimony continues prior to trial by:
  1. Reviewing the jacket or case file
  2. Discussing the case with other officers who witnessed the arrest or otherwise assisted in it and note the relevant facts
  3. Mentally organizing the elements of the offense and the evidence that supports it
  4. Mentally organizing the testimony to convey observations clearly and convincingly
- Once an officer receives a subpoena or other notification of a trial date, the officer should:
  1. Review all records and reports
  2. Revisit the scene if appropriate
  3. List all the evidence during discovery and properly document it
  4. Compare notes with assisting officers
  5. Discuss the details of the case and testimony with the prosecutor assigned to the case.

- **Guidelines for Testimony**

- During direct testimony, the officer's responsibility is to present the facts of the case. The officer should:
  1. Testify to what they observed using language geared for the lay person in other words, don't use jargon, acronyms, or abbreviations
  2. Never guess at an answer - it's okay to say, "I don't know."
  3. Provide specific descriptive details concerning exactly what the suspect did or was not able to do and describe what these actions mean
- An officer's testimony should **NOT** include:
  1. Testimony or evidence that has been excluded
  2. Embellished testimony
  3. Testimony that can appear biased for or against the defendant

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

**UNIT 6**  
**NEW DEVELOPMENTS**



## **UNIT 6: NEW DEVELOPMENTS**

- **Content Segments**

- Introduction
- State Case Law on HGN
- Validation Research
- The Four and Eight Hour Drug Modules
- Drug Evaluation and Classification Program

- **Learning Activities**

- Instructor-Led Presentations

## UNIT 6: NEW DEVELOPMENTS

- **Introduction**

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

- **State Case Law on HGN**

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

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

- **Validation Research**

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

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

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

- **Drug Evaluation and Classification Program**

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

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

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

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

**ATTACHMENTS**

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

## ATTACHMENT A

**SUMMARIES OF RELEVANT CASE LAW****• State v. Superior Court, 718 P.2d 171 (Ariz.1986)**

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

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

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

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

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

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

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

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

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

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

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

**ATTACHMENT B****SUMMARIES OF VALIDATION RESEARCH**

- **Colorado Validation Study of the Standardized Field Sobriety Test (SFST) Battery - November 1995**

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

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

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

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

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

**CONCLUSION**



## CONCLUSION

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

**APPENDICES**

- A. Glossary**
- B. State Offices of Highway Safety**
- C. NHTSA Regional Offices**
- D. References**

## APPENDIX A

## GLOSSARY

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

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

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

**Clue** - Something that leads to the solution of a problem.

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

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

**DWI** - Driving While Intoxicated. (Also Driving While Impaired) Driving a vehicle while under the influence of alcohol or other drugs.

**DWI Detection Process** - The entire process of identifying and gathering evidence to determine whether or not a suspect should be arrested for a DWI violation.

The DWI detection process has three phases:

- Phase 1 – Vehicle in Motion,
- Phase 2 – Personal Contact,
- Phase 3 – Pre-arrest Screening

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

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

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

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

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

**Nystagmus** - An involuntary jerking of the eyes.

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

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

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

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

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

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

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

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

**Vertical Gaze Nystagmus** - The involuntary jerking of the eyes occurring as the eyes gaze upward.

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

**APPENDIX B****STATE OFFICES OF HIGHWAY SAFETY****Alabama**

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

**Alaska**

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

**Arizona**

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

**Arkansas**

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

**California**

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

**Colorado**

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

**Connecticut**

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

**Delaware**

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

**District of Columbia**

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

**Florida**

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

**Georgia**

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

**Hawaii**

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

**Idaho**

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

**Illinois**

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

**Indiana**

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

**Iowa**

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

**Kansas**

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

**Kentucky**

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

**Louisiana**

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

**Maine**

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

**Maryland**

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

**Massachusetts**

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

**Michigan**

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

**Minnesota**

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

**Mississippi**

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

**Missouri**

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

**Montana**

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

**Nebraska**

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

**Nevada**

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

**New Hampshire**

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

**New Jersey**

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

**New Mexico**

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

**New York**

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

**North Carolina**

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

**North Dakota**

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

**Ohio**

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

**Oklahoma**

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

**Oregon**

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

**Pennsylvania**

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

**Rhode Island**

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

**South Carolina**

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

**South Dakota**

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

**Tennessee**

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

**Texas**

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

**Utah**

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

**Vermont**

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

**Virginia**

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

**Washington**

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

**West Virginia**

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

**Wisconsin**

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

**Wyoming**

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

**American Samoa**

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

**Indian Nations**

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

**Guam**

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

**Commonwealth of The  
Northern Mariana Islands**

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

**Puerto Rico**

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

**Virgin Islands**

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



**APPENDIX C****NHTSA REGIONAL OFFICES**

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

**Region I**

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

**Region II**

222 Mamaroneck Ave, Suite 204  
White Plains, NY 10605  
(914) 682-6162  
FAX (914) 682-6239

**Region III**

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

**Region IV**

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

**Region V**

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

**Region VI**

819 Taylor Street Room 8A38  
Fort Worth, TX 76102-6177  
(817) 978-3653  
FAX (817) 978-8339

**Region VII**

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

**Region VIII**

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

**Region IX**

201 Mission Street, Suite 2230  
San Francisco, CA 94105  
(415) 744-3089  
FAX (744-2532

**Region X**

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

**APPENDIX D****REFERENCES**

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