

National Association of State Boating Law Administrators



Seated Battery Transition Training Course

Student Manual

v2019.1

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COURSE OVERVIEW

Course Title:	Seated Battery Transition
Course Description:	This course provides a review of HGN and initial training in the administration and evaluation of the other seated SFSTs. Attendees will be required to demonstrate their proficiency at administering the seated SFSTs.
Intended Audience:	<u>Previous training in the standing SFSTs (HGN, Walk and Turn, and One Leg Stand) is required.</u> This course of instruction is intended for law enforcement officers who have previously completed a course of instruction in either BUI or DUI enforcement (or both), which included training in the administration and evaluation of the standing SFSTs and was consistent with national training standards. Prosecutors are welcome to participate in this training.
Course Duration:	This training will be completed in 8 hours, provided appropriate student-to-instructor ratios are met (especially for the proficiency check-off portion of the training).

Seated Battery Transition Course Schedule

(Note: all times are approximate)

0800-0820	Intro and Overview
0820-0850	Review of HGN
0900-0950	History of Validation Research
1000-1120	The Seated SFSTs
1120-1210	Demonstrations and Practice
- Lunch Break	
1310-1510	Testing Subjects
1510-1610	Review and Proficiency Exams
1610-1700	Exam and Program Conclusion

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Module 8	FINAL EXAM AND PROGRAM CONCLUSION

Module One

Introduction and Overview

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Module 1

Seated Battery Transition Training Course

INTRODUCTION AND OVERVIEW

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

- State the goals and objectives of the course;
- Describe the course schedule and activities.

CONTENT SEGMENTS

LEARNING ACTIVITIES

A. Welcoming Remarks and Objectives

o Instructor-Led Presentations

B. Administrative Details

GOALS AND OBJECTIVES

1. Ultimate Goal

To increase deterrence of violations by impaired operators and thereby reduce the number of accidents, deaths and injuries caused by impaired operators.

2. Job Performance Objectives

As a result of this training, the student will become significantly better able to:

- A. Recognize and interpret evidence of impaired operators;
- B. Administer and interpret the seated battery of standardized field sobriety tests; and
- C. Describe impairment evidence clearly and convincingly in written reports and verbal testimony.

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3. Enabling Objectives

In pursuit of the job performance objectives, the student will come to:

- A. Understand the scientific basis and history of field sobriety testing that led to the validation of the seated battery of SFSTs;
- B. Know and be able to carry out appropriate administrative procedures for validated divided attention psychophysical tests;
- C. Know and be able to carry out appropriate administrative procedures for the horizontal gaze nystagmus test;
- D. Be familiar with the SFST Performance Report form;
- E. Know and recognize typical clues of alcohol and/or drug influence that may be seen during administration of the seated battery of SFSTs.

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GLOSSARY OF TERMS

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

BLOOD ALCOHOL CONCENTRATION (BAC) - The level of alcohol in a person's blood. The number of grams of alcohol in 100 ml of blood.

BREATH ALCOHOL CONCENTRATION (BrAC) - The level of alcohol in a person's breath. The number of grams of alcohol in 210 liters of breath.

BUI - Boating Under the Influence (also known as OUI, BWI, OUII) - Operating a vessel while under the influence of alcohol or other drugs.

BUI DETECTION PROCESS - The entire process of identifying and gathering evidence to determine whether a suspect should be arrested for a BUI violation. The BUI detection process has three phases:

- Phase One - Vessel In Motion
- Phase Two - Personal Contact
- Phase Three - Pre-arrest Screening

CLUE – A specifically defined objective indicator of impairment.

DIVIDED ATTENTION TEST - A test which requires the subject to concentrate on both mental and physical tasks at the same time.

DUI – Driving Under the Influence (also known as DWI, OWI) – operating a vehicle while under the influence of alcohol or other drugs.

EVIDENCE - Any means by which some alleged fact that has been submitted to investigation may either be established or disproved. Evidence of an impaired operator may be of various types:

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

FIELD SOBRIETY TEST - Any one of several seated/standing tests that can be used to determine whether a suspect is impaired.

FINGER TO NOSE TEST (FTN) – A seated field sobriety test that requires the subject to touch the tip of the nose with the tip of the index finger. It is performed with the eyes closed and the head tilted back.

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HAND COORDINATION TEST (HC) – A seated field sobriety test that requires a subject to perform four tasks with his hands in front of the chest. This test is adapted from the walk and turn test.

HORIZONTAL GAZE NYSTAGMUS (HGN) - A 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/operate while having a statutorily prohibited Blood Alcohol Concentration.

INDICATORS OF IMPAIRMENT – Signs or symptoms that are commonly exhibited by a subject and are associated with alcohol or drugs.

NYSTAGMUS - An involuntary jerking of the eyes.

ONE-LEG STAND (OLS) - A divided-attention field sobriety test that requires a subject to balance on one leg for 30 seconds.

PALM PAT TEST (PP) – A seated field sobriety test that requires the subject to place the palms of his hands together and alternate patting the back and palm of the top hand while counting each pat.

PERSONAL CONTACT - The second phase in the BUI/DUI detection process. In this phase, the officer observes and interviews the operator face to face, determines whether the officer will continue with an investigation and observes the operator's exit from the vehicle/vessel.

PRE-ARREST SCREENING - The third phase in the BUI/DUI detection process. In this phase, the officer administers field sobriety tests to determine whether there is probable cause to arrest the operator for BUI or DUI and may administer or arrange for a preliminary breath test.

PRELIMINARY BREATH TEST - A pre-arrest breath test administered during a BUI/DUI investigation. This is used to confirm the officer's observations are due to the person's blood alcohol concentration.

PBT - A commonly used acronym to describe a preliminary breath testing instrument used to obtain a pre-arrest breath sample.

PSYCHOPHYSICAL (Mind-body) - Used to describe field sobriety tests that measure a person's ability to perform both mental and physical tasks.

SEATED BATTERY OF STANDARDIZED FIELD SOBRIETY TESTS (SEATED SFSTs) - A battery of four tests – Horizontal Gaze Nystagmus, Finger to Nose, Palm Pat, and Hand Coordination – administered and evaluated in a seated

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position and in a standardized manner to obtain validated indicators of impairment based on USCG/NASBLA-sponsored research.

STANDING BATTERY OF STANDARDIZED FIELD SOBRIETY TESTS

(STANDING SFSTs) - A battery of three tests – Horizontal Gaze Nystagmus, Walk-and-Turn and One-Leg Stand – administered and evaluated in a standing position and in a standardized manner to obtain validated indicators of impairment based on NHTSA/IACP-sponsored research conducted by the Southern California Research Institute (SCRI).

TIDAL BREATH - Breath that moves in and out of the upper part of the lungs and mouth during normal breathing.

VEHICLE OR VESSEL IN MOTION - The first phase in the DUI or BUI detection process. In this phase the officer observes the vehicle or vessel in operation, determines whether to conduct a stop and observes the stopping sequence.

WALK-AND-TURN (WAT) - A divided-attention field sobriety test that requires the subject to walk nine heel-to-toe steps on a line, turn and return with nine heel-to-toe steps.

Module Two

Review of Horizontal Gaze Nystagmus

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Module 2

Seated Battery Transition Training Course

PRINCIPLES OF HORIZONTAL GAZE NYSTAGMUS

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

- Describe the administrative procedures for the Horizontal Gaze Nystagmus test.
- Identify each of the clues and interpret the evidence observed during test administration.
- Discuss Vertical Gaze Nystagmus and its evaluation during a BUI/DUI investigation.

CONTENT SEGMENTS

LEARNING ACTIVITIES

A.	Nystagmus	Instructor-Led Discussion
B.	Procedures to Assess Possible Medical Impairment	
C.	Administrative Procedures for HGN	Instructor-Led Discussion and Demonstration

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NYSTAGMUS

Nystagmus is an involuntary jerking of the eyes. Standardized field sobriety testing involves consideration of three types of nystagmus; Horizontal Gaze Nystagmus, Vertical Gaze Nystagmus, and Resting Nystagmus.

Horizontal Gaze Nystagmus (HGN) is an involuntary jerking of the eyes, occurring as the eyes gaze toward the side. It is the observation of the eyes for HGN that provides the first and most accurate test in the SFSTs. Although this type of nystagmus is useful in determining alcohol influence, its presence may also indicate use of Dissociative Anesthetics, Inhalants, and other Central Nervous System (CNS) Depressants (DID Drugs).

Vertical Gaze Nystagmus (VGN) is an involuntary jerking of the eyes (up and down) which occurs when the eyes gaze upward at maximum elevation. The presence of this type of nystagmus is associated with high doses of alcohol for that individual. It may also be present with certain other drug categories. The drugs that cause VGN are the same ones that cause HGN. There is no known drug that will cause VGN without causing at least four clues of HGN. If VGN is present and HGN is not, it could be a medical condition.

Resting Nystagmus is referred to as a jerking of the eyes as they look straight ahead. Its presence usually indicates a medical condition or high doses of a Dissociative Anesthetic drug such as PCP. If detected, take precautions. (OFFICER SAFETY.)

PROCEDURES TO ASSESS POSSIBLE MEDICAL IMPAIRMENT

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

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

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

ADMINISTRATIVE PROCEDURES FOR HGN

HGN may be administered either standing or seated. HGN must be administered systematically, both to ensure that no part is overlooked and to support admissibility of all observations. The systematic procedures are as follows:

STEP 1 – Check for eyeglasses. If the suspect is wearing eyeglasses, have them removed. Ask “Are you wearing contact lenses?” and note whether or not the suspect is wearing contacts before starting the test. The ability to see the stimulus clearly is not important, provided the suspect can see the stimulus enough to follow it with the eyes.

STEP 2 – Verbal Instructions. Make sure the suspect is in the appropriate position and instruct the suspect with the following points from a bladed, interview position (FOR OFFICER SAFETY KEEP YOUR WEAPON AWAY FROM THE SUSPECT):

- Keep your head still and look at the stimulus.
- Follow the movement of the stimulus with your eyes only.
- Keep looking at the stimulus until told the test is over.
- Do you understand?

STEP 3 - Position the stimulus approximately 12-15 inches from the suspect's nose and slightly above eye level so the eyes are wide open when they look directly at it.

STEP 4 - Check to see that both pupils are equal in size. If they are not, this may indicate a head injury or a prosthetic eye. Also check for resting nystagmus at this time.

STEP 5 - Check the suspect's eyes for the ability to track together (equal tracking). Move the stimulus from center to your far right, to far left, to far right, to far left, then back to center, making two complete passes. Check to see if the eyes track the stimulus together or one lags behind the other. There should be a smooth distinguishable break between the check for equal tracking and lack of smooth pursuit.

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STEP 6 - Check the suspect's eyes for the first clue - the Lack of Smooth Pursuit. Begin by moving the stimulus to your right to check the left eye first. Move the stimulus smoothly at a speed that requires about two seconds to bring the suspect's eye as far to the side as it can go. While moving the stimulus, look at the suspect's eye and determine whether it is able to pursue smoothly. Now, move the stimulus all the way to the left, back across suspect's face checking if the right eye pursues smoothly.

This clue is observed if the eyes can be observed to jerk or "bounce" as they follow a smoothly moving stimulus. The eyes of an unimpaired person will follow smoothly, i.e., a marble rolling across a smooth pane of glass or windshield wipers moving across a wet windshield. As a person become impaired, the eyes will bounce, sometimes slightly, similar to wipers moving across a dry windshield. Check each eye individually, starting with the left eye first, moving the stimulus at a speed that takes about two seconds to go from center to the far extreme. Always make at least two complete passes, and additional passes are acceptable, if needed. Pay close attention to how you move the stimulus, both the speed and its smooth movement in a straight line.

STEP 7 - Check the eyes for the second clue - Distinct and Sustained Nystagmus at Maximum Deviation beginning with the suspect's left eye. Simply move the object to the suspect's left side until the eye has gone as far to the side as possible (the very far extreme). Usually, no white will be showing in the corner of the eye at maximum deviation. Hold the eye at that position for at least four seconds and observe the eye for distinct and sustained nystagmus. Move the stimulus all the way across the suspect's face to check the right eye holding that position for at least four seconds. Repeat the procedure to check each eye twice.

People exhibit slight jerking of the eye at maximum deviation, even when sober, but this will not be evident or sustained for more than a few seconds. When impaired by alcohol, the jerking will be larger, more pronounced, sustained for more than four seconds, and easily observable. The stimulus must be moved to a point where the eye is straining to follow it, and it is not necessary for the suspect to still see the stimulus except in the periphery. Remember, four seconds is a relatively long time. Slow down at maximum deviation and ensure that you hold the eye there for NO LESS THAN four seconds.

Note: Fatigue Nystagmus. This type of nystagmus may begin if a subject's eyes are held at maximum deviation for more than 30 seconds.

STEP 8 - The third and final clue of HGN is the Onset of Nystagmus Prior to 45-Degrees. Starting in the center, move the stimulus towards the right (suspect's left eye) at a speed that would take about four seconds for the stimulus to reach the edge of the suspect's shoulder. Watch the eye carefully for any sign of jerking. When you see any jerking begin, stop and verify that the jerking

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continues. Now move the stimulus to the left (suspect's right eye) at a speed that would take about four seconds for the stimulus to reach the edge of the suspect's shoulder. Watch the eye carefully for any sign of jerking. When you see any jerking begin, stop and verify that the jerking continues. Repeat the procedure.

NOTE: It is important to use the full four seconds when checking for onset of nystagmus. If you move the stimulus too fast, you may go past the point of onset or miss it altogether.

Estimating a 45-Degree Angle

It is important to know how to estimate a 45-degree angle. How far you position the stimulus from the suspect's nose is a critical factor in estimating the 45-degree angle. (i.e., if the stimulus is held 12" in front of the suspect's nose, it should be moved 12" to the side to reach 45-degrees. Likewise, if the stimulus is held 15" in front of the suspect's nose, it should be moved 15" to the side to reach 45-degrees.)

For practice, a 45-degree template can be prepared by making a piece of paper and drawing a diagonal line at a 45-degree angle. To use this device, hold it up so that the person's nose is above the diagonal line. Be certain that one edge of the template is centered on the nose and perpendicular to (or at right angles to) the face. Have the person you are examining follow a penlight or some other object until suspect is looking down the 45-degree diagonal. Note the position of the eye. With practice, you should be able to recognize this angle without using the template.

You should note that there is usually some white of the eye still visible at 45-degrees. It is also important to look at the alignment of the stimulus and the edge of the suspect's shoulder while considering the distance out and distance out from center. With practice, it is possible to closely estimate a 45-degree angle while checking for the third clue.

NOTE: Nystagmus may be due to causes other than alcohol. These other causes include seizure medications and some other drugs. A large disparity between the performance of the right and left eye may indicate a medical condition.

STEP 9 – Total the clues.

There is a maximum of three clues possible in each eye:

1. Lack of smooth pursuit.
2. Distinct and sustained nystagmus at maximum deviation.
3. Onset of nystagmus is prior to 45-degrees.

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The total number of possible clues for HGN is six. Based on the results of considerable research, any combination of four or more clues for HGN indicates the likelihood that the suspect has a BAC at or above 0.08.

For many suspects, the clues of HGN will appear in the sequence listed. That is, as a person's BAC increases, many will first show a lack of smooth pursuit. As BAC level continues to rise, a distinct and sustained jerking at maximum deviation is seen with an onset of nystagmus prior to 45-degrees being observable last. Keep in mind, this is not true for all cases. This is but one reason why the systematic administration of HGN is critical. It is also possible that the same clue is not observed in both eyes. Each eye must be tested and evaluated independently.

If one eye shows three clues and the other eye shows no evidence of nystagmus, consider medical impairment as a possible explanation.

STEP 10 - VERTICAL NYSTAGMUS

The Vertical Gaze Nystagmus (VGN) test is very simple to administer. During this test, look for jerking as the eyes move up and are held for at least four seconds at maximum elevation.

1. Position the stimulus horizontally about 12-15 inches front of the suspect's nose.
2. Instruct the suspect to hold the head still, and follow the object with the eyes only.
3. Raise the object until the suspect's eyes are elevated as far as possible.
4. Hold for at least four seconds.
4. Watch closely for evidence of jerking. Check twice.

Vertical Nystagmus was not examined in the research that led to the validation of the SFSTs, but it is a standardized component to accompany the HGN test. Vertical nystagmus is often observed in subjects under the influence of PCP, but it is also observed when a subject is under the influence of a high dose of CNS depressants or inhalants. A person who never or rarely drinks alcohol may exhibit VGN at a BAC level that is higher than normal for that person.

HGN and VGN can be observed directly and do not require special equipment. You will need a contrasting stimulus for the suspect to follow with the eyes, and this can be as simple as the tip of your index finger, a penlight, or a pen. The stimulus used should be held slightly above eye level so the eyes are wide open

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when they look directly at it. It should be held about 12-15 inches in front of the nose. Remain aware of your position in relation to the suspect at all times.

OFFICER SAFETY IS THE NUMBER ONE PRIORITY!

TEST YOUR KNOWLEDGE

INSTRUCTIONS: Complete the following sentences.

1. When looking for the clue of distinct and sustained nystagmus at maximum deviation, the stimulus must be held at the extreme outside for _____.
2. The maximum number of clues for the Horizontal Gaze Nystagmus test that can appear in one eye is _____.
3. The three indicators of possible medical impairment that must be checked prior to administration of HGN are:

4. When checking for lack of smooth pursuit, it should take about _____ to move the stimulus from center to the far extreme.
5. The third clue of HGN is onset of nystagmus prior to a _____-degree angle.
6. If _____ clues are observed during the HGN test, this indicates it is likely the suspect's BAC is at or above 0.08.

Module Three

History of Validation Research

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Module 3

Seated Battery Transition Training Course

HISTORY OF VALIDATION RESEARCH

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

- Discuss the history of standardized field sobriety test research and why it was necessary to develop a seated battery.
- Discuss the limitations of the standing battery of SFSTs.
- Discuss the specifics of the research that lead to the validation of the standardized elements, clues and interpretation of the seated battery of SFSTs.

CONTENT SEGMENTS

LEARNING ACTIVITIES

- A. Overview: Development and Validity
- B. Limitations of the Standing Battery of SFSTs
- C. A Seated Battery of SFSTs
- D. Validating the Seated Battery of SFSTs
- E. Field Testing the Seated Battery of SFSTs
- F. Results of the Field Study
- G. Test Your Knowledge

- Instructor-Led Discussion

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OVERVIEW: DEVELOPMENT AND VALIDITY

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

Beginning in 1975, extensive scientific research studies were sponsored by the National Highway Traffic Safety Administration (NHTSA) through a contract with the Southern California Research Institute (SCRI) to determine which roadside field sobriety tests were the most alcohol sensitive. Following the research, NHTSA published three reports:

- California, 1977 (lab)
- California, 1981 (lab and field)
- Maryland, DC, VA, NC, 1983 (field)

SCRI traveled to law enforcement agencies throughout the United States to select the most commonly used field sobriety tests. Six tests were used in the initial stages of this study.

Laboratory research indicated that three of these tests, when administered in a standardized manner, were a highly accurate and reliable battery of tests for distinguishing BACs at or above 0.10:

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

The final phase of this study was conducted as a field validation during which standardized, practical and effective procedures were developed. The tests were determined to discriminate in the field, as well as in the laboratory. SCRI analyzed the cumulative research data and found:

- HGN, by itself, was 77% accurate.
- WAT, by itself, was 68% accurate.
- OLS, by itself, was 65% accurate.
- By combining HGN and WAT, 80% accuracy was achieved.

NOTE: "Accuracy" is the ability of a test, when properly administered and evaluated, to predict a BAC at or above the illegal per se limit (at the time 0.10 BAC) a certain percent of the time.

The three standardized tests were found to be highly reliable in identifying subjects whose BACs were at or above 0.10. The result of the study unmistakably validated the SFSTs.

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Other Research on the Standing Battery of SFSTs

Three additional SFST validation studies were undertaken between 1995 and 1997, because of the nation-wide trend towards lowering the illegal per se BAC limits to 0.08. The question to be answered was, "Do SFSTs discriminate at BACs below 0.10?"

- Colorado: 1995
- Florida: 1997
- California: 1998

The Colorado SFST validation study was the first full field study that utilized law enforcement personnel experienced in the use of SFSTs. The initial study utilized only a few experienced officers in DWI enforcement in both a laboratory setting and a field setting to determine if the SFST battery could discriminate BACs as low as 0.05.

- Correct arrest decisions were made 93% of the time based on the 3-test battery (HGN, WAT, OLS). This was substantially higher than the initial study results.

The Florida SFST field validation study was undertaken in order to answer the question of whether SFSTs are valid and reliable indicators of a threshold amount of alcohol when used under present day traffic and law enforcement conditions.

- Correct arrest decisions were made 95% of the time based on the 3-test battery (HGN, WAT, OLS).

In 1998, the California SFST field validation study was funded and published by NHTSA and provided clear evidence of the validity of the SFST battery that was repeatable across the country.

- HGN, by itself, was 88% accurate
- WAT, by itself, was 79% accurate
- OLS, by itself, was 83% accurate
- Correct arrest decisions were made over 90% of the time based on the 3-test battery (HGN, WAT, and OLS).

In 2002, a study was sponsored by NHTSA to examine the validity of HGN with slight administrative variables including the seated and prone positions. The results of this study demonstrated that minor procedural variations do not compromise the validity of HGN evaluations.

The results of these studies provide clear evidence of the validity of the 3-test battery and support arrest decisions at or above 0.08.

LIMITATIONS OF THE STANDING BATTERY OF SFSTs

The standing SFST battery of tests has limitations that have been identified by NHTSA. During early research, it was noted that persons 65 years of age or older had difficulty

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balancing during the WAT test and persons determined to be 50 pounds or more overweight also had difficulty performing the OLS test. To limit the number of variables within the study, use of persons in these demographic categories was limited during the laboratory validation research. Administering the standing battery to persons that may fall within these variables does not necessarily invalidate the use of the tests, but officers should anticipate and prepare for defense challenges.

Transporting a subject to a suitable shoreline location to administer the standing battery may create unintended custody issues. Although investigative detention for brief periods has been acceptable to most courts, transporting a subject may overstep that threshold in specific situations, especially if an agency's policy requires handcuffing during the transport. When making this decision, officers must rely on their agency policies and guidance by the courts.

Additionally, a suitable location to administer a standing battery (dry, level substrate, free of obstructions) may be difficult to find nearby.

The standing battery is largely dependent on a person's ability to balance. When activities (such as boating) disrupt a person's equilibrium, balance is potentially affected for a period of time following the activity. A common phenomenon occurs, commonly referred to as "sea legs," where a person feels unsure of their balance on shore, especially after riding in a boat for long periods. The USCG recommends allowing a waiting period onshore of at least 15 minutes before administering the standing SFST battery.

There needs to be additional research performed to thoroughly evaluate and quantify the effects of "sea legs" on a person's equilibrium.

Officers need a seated battery of scientifically validated field sobriety tests that avoid balance and evaluate cognitive function.

A SEATED BATTERY OF SFSTs

Although seated field sobriety tests used in the marine environment have not received the attention provided those used at roadside, in 1987 the U.S. Coast Guard sponsored a study to compare the arrest/release decisions of marine officers. This research identified the seated battery that has been in use for many years by marine law enforcement officers and compared the arrest decisions when officers administered an afloat battery to dosed volunteers in a seated position versus the decision made following the administration of the roadside SFST battery on shore.

The results of the study were incorporated into a training manual for marine law enforcement officers that was developed by the International Association of Chiefs of Police (IACP). This manual later served as a basis for the development of a national BUI curriculum through the National Association of State Boating Law Administrators (NASBLA), which was initiated in 2005.

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The objectives of the study were to determine if field sobriety tests were invalidated by the exposure of the individuals tested to the marine enforcement and to develop estimates of the effectiveness of a field sobriety test battery in aiding the marine law enforcement officer in identifying impaired boat operators. The results indicated that:

- A. The accuracy of the field sobriety tests, when used on subjects exposed to recreational boating conditions, was as good as the accuracy of tests when evaluated under simulated highway conditions.
- B. The Horizontal Gaze Nystagmus test appeared to provide the raters with the most accurate information of any single test.
- C. There was no significant difference in the accuracy of the estimates as a result of ashore testing subsequent to the afloat testing.

The results showed convincingly that marine officers could effectively administer a seated battery in a boat and arrive at the same correct arrest/release decision as officers using the SFST battery on shore.

Although this research was convincing, it did not validate a seated battery of field sobriety tests.

VALIDATING THE SEATED BATTERY OF SFSTs

In an effort to further research and validate a seated battery of field sobriety tests, the U.S. Coast Guard funded a study sponsored by NASBLA. In 2007, the Southern California Research Institute began a three year study to validate a seated battery suitable for use in the marine environment.

The objectives of the research were to identify and develop a suitable battery of standardized field sobriety tests that could be administered in a seated position to assist officers in detecting impairment caused by BACs at or above 0.08, creating a nationally accepted standard. As in the roadside tests, the seated tests must be easy to administer to avoid placing unnecessary burden on law enforcement officers. This was critical due to the unique challenges in the marine environment which require officers to continually monitor the environment for their own safety and the safety of the suspect and other boaters. Most importantly, the tests must be useful for an arrest/release decision. Unlike the roadside tests, however, the seated tests could not make use of any measure of equilibrium.

In the first year, over 1,100 BUI arrest reports from marine law enforcement agencies across the nation were reviewed to determine the current seated field sobriety tests in use.

- Twelve seated tests were identified and studied in the lab to determine their sensitivity to alcohol.

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- Six candidate tests were identified for further study:

- Hand Coordination (based on the WAT)
- Finger to Nose
- Finger Count (also called Finger Dexterity)
- Palm Pat
- Time Estimation
- Horizontal Gaze Nystagmus

During the second phase of the study, the objectives of the laboratory research were to further refine the development of the seated battery and identify the most alcohol sensitive tests.

157 volunteer drinkers were “dosed” to pre-determined BACs and subjected to the six candidate tests. The dosing targeted the illegal per se BAC limit of 0.08.

Volunteers were evaluated by 24 officers that averaged about 10 years of experience administering the roadside SFST battery. None of the participants knew the volunteers’ BAC level.

External variables were eliminated from the evaluations - officers only administered one of the seated tests and had no other interaction with the test subjects.

The researchers found Horizontal Gaze Nystagmus (HGN), Finger to Nose (FTN), Palm Pat (PP) and Hand Coordination (HC) tests constituted a reliable seated battery of tests for distinguishing BACs at or above 0.08.

The research indicated that the four tests, when administered in a standardized fashion, provided reliable indicators of alcohol-related impairment, but the research was not conclusive at this point. Nevertheless, the seated tests showed enough promise to warrant a field study. In addition, the research also identified objective clues for evaluation and quantified the number of clues that indicated impairment at or above a BAC of 0.08.

In the laboratory study, the overall sensitivity of the tests was below what was typically reported in literature on the roadside standardized field sobriety tests (SFSTs). Three possible reasons were identified:

- First, the wider distribution of BACs and higher BACs in the previous studies may have made the detection of impairment less difficult than in the current study. Never before had a study “clustered” subject BACs at or near 0.08. In this study, the highest BAC achieved was 0.110 and 25% of the resulting BACs were at 0.08.
- Second, the impairment decisions were made exclusively on the basis of the tests, without external clues such as smell of alcoholic beverage, appearance, speech, and demeanor.

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- Third, an assumption was made that the participating officers had received adequate training to administer and evaluate the tests, particularly HGN. The poor administration and evaluation of HGN by some officers was identified as a factor which affected the overall results.

FIELD TESTING THE SEATED BATTERY OF SFSTs

To complete the development of the seated SFST battery, the research had to be validated by field testing its effectiveness at identifying operators with a BAC at or above 0.08 in the marine environment.

The objectives of this phase of the field validation study were:

- To develop standardized, practical and effective procedures for officers to use in reaching arrest/no arrest decisions.
- To test the feasibility of the procedures in the marine environment.
- To secure data to determine if the tests will discriminate in the field, as well as in the laboratory.

In support of the objectives, the SCRI research team considered systemizing the administrative instructions and scoring procedures for Finger to Nose, Palm Pat and Hand Coordination tests. The intent was to ensure that each test would be simple to administer and easy to be understood so they could be used in various combinations as the circumstances dictated to the officer. They also needed to maximize detection of operators with BACs at or above 0.08 while minimizing the continued detention of persons with BACs below 0.08. As a result, some minor differences in the administrative instructions between the laboratory research and the field validation study exist because the SCRI research team and NASBLA advisory group recognized instructions that could be simplified or made clearer. The minor changes did not affect the laboratory results or change the overall administration or validity of the tests.

The (standardized) elements were identified:

- Standardized administrative procedures
- Standardized clues
- Standardized evaluation criteria

For this third and final phase of the study, the research team from SCRI traveled to Lake of the Ozarks in central Missouri and provided four days of training in the administration and evaluation of the new field sobriety tests to four marine officers of the Missouri State Water Patrol (recently changed to the Missouri State Highway Patrol—Water Patrol Division). The officers were dedicated to the validation study for a four-month period from June thru September.

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This study followed the same approach as previous validation studies for roadside testing. Marine officers stopped boaters suspected of BUI, asked them to come aboard the patrol vessel, and administered the seated battery of SFSTs. The four sobriety tests were Horizontal Gaze Nystagmus (HGN), Finger To Nose, (FTN), Palm Pat (PP), and Hand Coordination (HC). A PBT was used to obtain breath sample to verify the accuracy of the tests.

- The SCRI researchers acted as civilian observers to ensure the sobriety tests were administered properly and the clues were evaluated in a standardized fashion.
- 331 probable cause and checkpoint stops were made to establish the validation data set. Forty-two percent of the subjects stopped had a BAC at or above 0.08. Fifty-eight percent of the subjects stopped as the result of probable cause had a BAC at or above 0.08.

RESULTS OF THE FIELD STUDY

- During the boating stops, when 4 clues of Horizontal Gaze Nystagmus (HGN) were observed, the subject had a BAC of 0.08 or above 80% of the time.
- When 9 or more clues were observed during the administration of the Finger to Nose test (FTN), the subject had a BAC of 0.08 or higher **65%** of the time.
- When 2 or more clues were exhibited during the performance of the Palm Pat (PP) test, **57%** of the time the subject had a BAC of 0.08 or higher.
- When 3 or more clues were observed during the Hand Coordination (HC) test, the subject had a BAC of 0.08 or above **52%** of the time.
- When the required number of clues were observed for all the tests, the combined results indicated the tests accurately predicted the subject's BAC was 0.08 or higher **91%** of the time.
- When the seated tests were evaluated in various combinations, researchers found that positive results using HGN and any one other test indicated a BAC at or above 0.08 correctly **82%** of the time.
- Without HGN, a combination of the remaining three tests was **76%** accurate when the required number of clues was observed.

The four standardized tests were found to be highly reliable in identifying subjects with a BAC at or above 0.08.

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This large scale field validation study was important because:

- It was the first significant assessment of the overall effectiveness of the seated battery of SFSTs under actual enforcement conditions.
- It was the first time objective clues and scoring criteria had been defined for the tests.

Although some of the seated SFSTs are only moderate indicators of impairment individually, the results of the study unmistakably validated the seated battery of SFSTs.

IT IS NECESSARY TO EMPHASIZE THIS VALIDATION APPLIES ONLY WHEN:

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

IF ANY ONE OF THE STANDARDIZED FIELD SOBRIETY TEST ELEMENTS IS CHANGED, THE VALIDITY IS COMPROMISED.

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TEST YOUR KNOWLEDGE

1. The most recent battery of SFSTs is referred to as the _____ of tests.
2. A minimum of ____ clues on the Finger To Nose test indicates a BAC of 0.08 or higher 65% of the time.
3. When properly administered, a positive outcome on each of the four tests that make up the seated battery can accurately predict whether a suspect's BAC is at or above 0.08 _____ percent of the time.
4. The third phase of the recent validation study evaluated the test battery in the _____ environment.
5. Early research revealed limitations to the reliability of the roadside SFSTs to these two groups of people:

6. The phenomenon of _____ is thought to possibly affect a person's performance on balance-related SFSTs after arriving back on shore.
7. The seated battery of SFSTs includes:
 - a. _____
 - b. _____
 - c. _____
 - d. _____

Module Four

The Seated Battery of Standardized Field Sobriety Tests

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Module 4

Seated Battery Transition Training Course

THE SEATED BATTERY OF STANDARDIZED FIELD SOBRIETY TESTS

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

- Discuss and properly administer the seated battery of SFSTs.
- Discuss and recognize the clues of the seated battery of SFSTs.
- Describe in a clear and convincing fashion and properly record test results on the SFST Performance Report Form.
- Discuss the limiting factors of the seated battery of SFSTs.

CONTENT SEGMENTS

- A. General Instructions
- B. Procedures and Evaluation of the Finger to Nose Test
- C. Procedures and Evaluation of the Palm Pat Test
- D. Procedures and Evaluation of the Hand Coordination Test
- E. Taking Field Notes on the Seated Battery of SFSTs
- F. Limiting Factors of the Seated Battery of SFSTs

LEARNING ACTIVITIES

- Instructor-Led Discussion and Demonstrations

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GENERAL INSTRUCTIONS

The validation of the seated battery of SFSTs relied upon an assurance that the subject was properly positioned and stable, and this was an important part of the research. To ensure that your subject is in a stable seated position, give the following instructions to all subjects before starting any of the Seated Battery Standardized Field Sobriety Tests.

- **“Please sit straight at the front edge of your seat.”**
- **“Put your arms down at your sides.”**
- **“Place your feet shoulder-width apart so you are comfortable and stable. Are you stable?”** (Wait for response.)
- **“Do not move your feet until the tests are over. Stay in this position and do not do anything else until I tell you to do so.”**
- **“Do you understand?”** (Get acknowledgement of understanding.)

NOTE: An allowable tactical option is to administer HGN to a seated suspect who has feet crossed at the ankles and is sitting on the hands. This position may provide officers an added level of personal safety when stepping in close to evaluate HGN. Should this seated position be used for HGN, it is important to keep in mind that the suspect's safety and stability are of utmost importance. A suspect **must** be placed into the seated position per the general instructions for the remaining seated tests. Instructions for the seated battery tests should always be given from a bladed position, keeping your sidearm away from the suspect.

PROCEDURES AND EVALUATION OF THE FINGER TO NOSE TEST

Introduction to the Test

This test requires the subject to bring the tip of the index finger to touch the tip of the nose. It is performed with eyes closed and head tilted back. This test should be administered in an environment where the subject is stable and is able to tilt the head back with eyes closed without risking personal injury.

Test Considerations

Ensure that the subject has met the general instructions with arms down to the sides.

Instructions for the Finger To Nose Test

The standard instructions for the Finger to Nose test are as follows:

- **“Make a fist with both hands, extend your index fingers and turn your palms forward”** (Demonstrate.)

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- **“Remain in this position while I explain the test. Do you understand?”**
(Wait for response.)
- **“When I say BEGIN, tilt your head back to about a 45-degree angle and close your eyes.”** (Demonstrate how the subject's head should be tilted back, but do not close your eyes.)
- **“When I tell you to, touch the tip of your nose with the tip of your index finger and immediately return it to your side”** (Demonstrate how the subject is supposed to move the arm up directly in front of the subject and how to properly touch the tip of the nose with the tip of the index finger.)

NOTE: Show the tip of the index finger as the area immediately below fingernail tip, not the fingerprint pad area or the side of the index finger, and demonstrate touching the tip of the nose (about a dime-sized portion at the very end of the nose).

- **“When I say RIGHT, you must touch your right index finger to your nose; when I say LEFT, you must touch your left index finger to your nose.”**
- **“Do you understand?”** (Get acknowledgement of understanding.)
- **“BEGIN.”**

NOTE: Ensure that the subject tilts the head back and closes the eyes. Do not start to give the commands until the subject is in compliance. If necessary, emphasize to the subject that he must keep the eyes closed until you say to open them.

- **“LEFT, RIGHT, LEFT, RIGHT, RIGHT, LEFT.”** (Give the commands in exactly this order.)

NOTE: Make sure the subject returns the arm to the side immediately after each attempt. Pause two or three seconds between commands to both evaluate a proper return and to allow time for you to document observations.

- **“Open your eyes and straighten your head.”** (After the sixth attempt.)

Documenting the Results and Test Interpretation

The test requires monitoring two sets of clues: compliance with the instruction stage and the performance stage finger-to-nose accuracy. Properly record the information on the SFST Performance Report form.

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Test Interpretation

Below is a list of the validated clues of impairment:

Instruction Stage

- A. Unable to follow instructions - Check this if the test had to be explained to the subject more than twice or if the subject did not remain in the instruction position.
- B. Started at wrong time - Check this if the subject began the test before being told to either by tilting head back and/or closing eyes or by raising either finger before being told to do so.

Performance Stage

- A. Did not close eyes - Check this if the subject failed to close eyes when told to begin the test.
- B. Did not tilt head back - The subject failed to tilt head back when told to begin the test. NOTE: If subject tilted head back too far or not far enough, this clue would not be assessed, however the officer would ask the subject to move the head up or down to about the 45-degree position.
- C. Opened eyes during test - The subject opened eyes at all during the test.
- D. Moved head during test - The subject moved head backward, forward, or side to side after beginning the test. Movement of the subject's head in any direction of at least one inch is necessary to check this clue.

The following require compliance with each attempt

- E. Wrong hand - The subject makes contact to the nose with the wrong hand.
- F. Wrong finger - The subject used any finger other than the index finger.
- G. Hesitated - The subject started with one hand but then changed to the other hand prior to making contact with the nose or when the subject pauses or significantly slows down upon approach to and prior to making contact with the nose.
- H. Searched - The subject makes any distinct vertical or horizontal movement with the finger upon approach to and prior to making contact with the nose.
NOTE: Hesitation and searching may both be observed during the same attempt.
- I. Not fingertip - (Synonymous with "missed fingertip") The subject touches the nose with any part of the finger other than the area of the index finger immediately below fingernail tip. The fingerprint pad area of finger is not the fingertip.

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- J. Missed tip of nose - The subject fails to touch any part of the finger to the tip of the nose. The tip of the nose shall be considered a dime-sized portion of the nose furthest away from the face.
- K. Did not bring hand down - The subject failed to immediately (if contact is more than one second) bring finger back down to the side after making contact with the nose. (If a subject does not return the hand to the side as instructed, tell him to move hand down into the start position.)

Test Criteria

Nine or more clues suggest that the individual being tested is impaired with a BAC of 0.08 or higher.

PROCEDURES AND EVALUATION OF THE PALM PAT TEST

Introduction to the Test

The Palm Pat test requires the subject to place one hand extended, palm up, out in front of him. The other hand is placed on top of the first with the palm facing down. The top hand then begins to pat the bottom hand. The top hand rotates 180-degrees alternating between the back of the hand and the palm of the hand. The bottom hand remains stationary. The subject counts out loud, "ONE, TWO, ONE, TWO," etc., when the hands make contact during each pat.

Test Considerations

Ensure that the subject has met the general instructions with arms down to the sides.

Instructions for the Palm Pat Test

The standard instructions for the Palm Pat test are as follows:

- **"Place your hands palm to palm with one hand up and one hand down, like this."** (Demonstrate.)

NOTE: Start by demonstrating to put one hand out in front with the open palm facing upward. The opposite hand is then placed on top of the first hand with the open palm facing downward with hands/fingers parallel. The demonstration will show that the hand with the palm facing upward is held in a stationary position. The hand on top with the palm facing downward will be the only hand moving.

- **"Remain in this position while I explain the test. Do you understand?"**
(Wait for response.)

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- **“When I tell you to begin, turn the top hand over and count out loud “one,” then turn the hand back over and count out loud “two,” counting only when your hands make contact, like this.”** (Demonstrate at least two sets at a moderate pace.)

NOTE: To begin, the subject will rotate the top hand 180-degrees and pat the back of the top hand to the palm of the bottom hand simultaneously counting out loud, “One.” The top hand then rotates 180-degrees so the palm of the top hand pats the palm of the bottom hand, simultaneously counting out loud, “Two”. Be sure to exaggerate the palm pat sequence using adequate height between claps.

- **“Repeat this, speed up as you go, and do not stop until told.”**

Note: The process then repeats. The subjects should start at a slower speed then gradually increase the speed until a relatively rapid pace is reached.

- **“Make sure to keep your hands and fingers parallel during each pat, like this.”** (Demonstrate.)
- **“Do you understand?”**(Get acknowledgement of understanding.)
- **“Begin.”**

NOTE: The subject should perform this test for a minimum of 10 seconds but no more than 15 seconds. If the speed has not noticeably increased within 4 or 5 seconds, prompt the subject to increase speed. The goal is to reach a relatively rapid pace.

Documenting the Results and Test Interpretation

The test requires monitoring two sets of clues: compliance with instruction stage and accuracy during the performance stage. Properly record the information on the SFST Performance Report form.

Test Interpretation

The following is a list of the validated clues of impairment:

Instruction Stage

- A. Unable to follow instructions— The test had to be explained to the subject more than twice or if the subject did not remain in the instruction position during the instruction stage.

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- B. Started at wrong time— The subject began the test before being told to begin either by starting on his own at any time or by following along with the officer's demonstration.

Performance Stage

- A. Did not count as instructed - The subject counts out loud anything other than "1, 2, 1, 2, 1, 2," and so on. "1" must be said out loud only when the back of the top hand makes contact with the palm of the bottom hand, and "2" must be said out loud only when the palm of the top hand makes contact with the palm of the bottom hand. If the subject fails to count out loud, check this clue, however, correct him and advise to start counting out loud.
- B. Rolled hands - The subject fails to fully break contact between the two hands when going from one pat to the next, simulating a "rolling" movement on the bottom hand with the top hand.
- C. Double pat - The subject conducts two or more of the same pat in a row. e.g. Subject pats the palm of the top hand to the palm of the bottom hand twice in a row.
- D. Chopped pat - The subject hits the bottom hand with the side of the top hand instead of either the palm or the back of the top hand.
- E. Other improper pat (document) - The subject conducts any pat other than what is instructed and which cannot be checked above. Be sure to describe the pat appropriately in the narrative.
- F. Did not increase speed - The subject does not make a noticeable increase in speed within any 4 to 5 second period of the test. Correct this and remind him to speed up as he goes.
- G. Rotated hands - The subject's fingers no longer run parallel to each other resulting in a noticeable and distinct rotation in any pat.
- H. Stopped before being told - The subject stops at any time before the command to stop is given.

Criteria

Two or more clues suggest that the individual being tested is impaired with a BAC of 0.08 or higher.

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PROCEDURES AND EVALUATION OF THE HAND COORDINATION TEST

Introduction to the Test

This test requires the subject to perform four tasks with the hands. It is adapted from the Walk-And-Turn SFST performed in the standing position.

Test Considerations

Ensure that the subject has met the general instructions.

Instructions for the Hand Coordination Test

The standard instructions for the Hand Coordination test are as follows:

- **“Make fists with both hands, place your left fist at the center of your chest and your right fist against your left fist, like this.”** (Demonstrate.)

Note: Place your left fist thumb against the sternum and the thumb side of the right fist against the fleshy side of the left fist.

- **“Remain in this position while I explain the test. Do you understand?”**
(Wait for response.)
- **“When I say BEGIN, you must perform four tasks.”**
- **“The first task is to count out loud from one to four while you move your fists in a step-like fashion, making contact between your fists at each step.”** (Demonstrate while counting out loud “1, 2, 3, 4.”)
- **“The second task is to memorize the position of your fists after you have counted to four, clap your hands three times and return your fists to the memorized position.”** (Demonstrate.)
Note: No verbalized count is required.
- **“The third task is to move your fists in a step-like fashion in reverse order; counting out loud from five to eight and returning your left fist to your chest.”** (Demonstrate while counting out loud “5, 6, 7, 8.”)
- **“The fourth task is to open your hands with palms down and place them in your lap.”** (Demonstrate.)
- **“Do you understand?”** (Get acknowledgement of understanding.)
- **“BEGIN.”**

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Documenting the Results and Test Interpretation

The test requires monitoring two sets of clues: compliance with the instruction stage and the performance stage hand coordination accuracy. Properly record the information on the SFST Performance Report form.

Test Interpretation

Below is the list of validated clues of impairment:

Instruction Stage

- A. Unable to follow instructions - The test had to be explained to the subject more than twice or if the subject did not remain in the instruction position. Also check this if the subject puts right fist to chest instead of left fist when told to put left fist against chest.
- B. Started at wrong time - The subject began the test before being told to begin either by starting on his own or by following along with the officer's demonstration.

Performance Stage

Task One: Forward Steps

- A. Improper count - The subject counts anything other than "1, 2, 3, 4," while moving the fists out away from the chest four times in a step-like fashion. This includes when the subject does not count out loud or counts too many or too few steps.
- B. Improper touch - The subject drags the fists over one another while moving from one step to another, when the subject does not make end-to-end contact between the two fists or when the subject accidentally makes top to bottom contact between the two fists.
- C. Did not perform - The subject skips over and forgets to perform this task.

Task Two: Hand Clapping

- A. Improper count - The subject does anything but clap 3 times. The subject does not have to count out loud. This includes too many or too few claps.
- B. Improper touch - The subject makes any contact between the hands other than palm-to-palm clapping.

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- C. Improper return - The subject does not return fists to the memorized position end-to-end with the right fist in front of the left fist. Most common mistake is returning the left fist in front of the right fist.
- D. Did not perform - The subject skips over and forgets to perform three hand claps.

Task Three: Return Steps

- A. Improper count - The subject counts anything other than "5, 6, 7, 8," while moving the fists in toward the chest four times in a step-like fashion. This includes when the subject does not count out loud or counts too many or too few steps.
- B. Improper touch - The subject drags the fists over one another while moving from one step to another, when the subject does not make end-to-end contact between the two fists or when the subject accidentally makes top to bottom contact between the two fists.
- C. Did not return left fist to chest - The subject does not make contact to the chest with the left fist or if the subject brings the right fist to the chest instead of the left fist.

NOTE: Following an improper return on the hand clap, if the subject makes an adjustment to return the left hand to chest along with a proper number of counted steps and proper touch, a clue will not be assessed.

- D. Did not perform - The subject skips over and forgets to perform this task.

Task Four: End Position

- A. Improper position - The subject opens up the fists and places them anywhere other than on the lap. A noticeable attempt to complete this task must be observed. e.g. If the subject opens hands, palms facing down and then holds them out in the air in front of them, if the subject opens hands, palms facing down and places the hands beside them in the seat, or if the subject opens hands and then says, "I can't remember where to put my hands."
- B. Did not perform - Check this if the subject skips over and forgets to perform this task. e.g. If the subject remains with fists closed against the chest and makes no attempt to perform the final task or if the subject takes fists directly to lap or seat with no attempt to open hands up with palms facing down.

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Criteria

Three or more clues suggest that the individual being tested is impaired with a BAC of 0.08 or higher.

NOTE: If subject refuses to perform the Hand Coordination test, the refusal will be noted. The officer will not check all of the "did not perform" boxes, thus resulting in an indication that four clues were observed.

NOTE: During Task 1 of the Hand Coordination test, while moving fists in a step-like fashion out away from the chest; if the subject did not go out away from the chest as much as the officer demonstrated, no clue will be assessed. All the subject must do is place one fist in front of the other in a step-like fashion while counting out loud from 1 to 4. No specific distance from the chest is required.

NOTE: During Tasks 1 and 3 on the Hand Coordination test, no clues will be assessed if the subject "steps" under or around the fist instead of "stepping" over the fist as demonstrated by the officer.

NOTE: When a clue is observed in any test, it is only counted once, no matter how many times it was observed. The only exception is for those performance clues which require compliance during each attempt during the Finger to Nose test.

TAKING FIELD NOTES ON THE SEATED BATTERY OF SFSTs

As previously discussed, it is critically important for officers to develop a method of accurately documenting evidence during a BUI or DUI investigation. The preferred method of compiling the necessary field notes is the use of a structured note-taking form, such as the SFST Performance Report form provided with this course of instruction. The form makes it easy to record brief "notes" on each step of the detection process and is especially helpful in documenting the clues for the seated battery of SFSTs.

The form is broken down into sections to make it easier to use, but our focus is on the sections that refer to the seated battery of SFSTs (to include HGN).

Horizontal Gaze Nystagmus

As with each of the SFSTs, the note-taking section for the HGN test includes the standardized instructions for reference. There is ample space to document each of the clues observed in either or both eyes, and any additional space may be used to note anything else observed during test performance that may be of evidentiary value.

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Finger To Nose

In addition to the instructions for this test, the form provides a system to document any clues observed during either the instruction or performance stage. There are many possible clues for this test, and there is potentially a lot of evidence to be observed and documented in a very short period of time. Familiarization and practice with this section of the form is very important to ensure effective and accurate documentation of clues.

Palm Pat

Documentation of the clues observed during administration of the Palm Pat test is a bit more straight-forward than for the Finger To Nose test. It is important to remember that each clue, although possibly observed more than one time, may only be documented once in the total number of clues. It is recommended that officers use any blank space to document clues which may have been repeated to assist in writing the arrest report. For example, if you observed the suspect start correctly and begin rolling hands consistently when the speed is increased, it would be good to note that fact.

Hand Coordination

The section of the form for use in documenting the clues for the Hand Coordination test is broken down into both the instruction and performance stages. The performance stage portion is also simplified by being broken down into each of the test's four tasks.

REMEMBER, your field notes may be subpoenaed as evidence in court. It is important that any system you develop for making quick notes through the use of "short-hand" is as describable, usable, complete and consistent as possible.

LIMITING FACTORS OF THE SEATED BATTERY OF SFSTs

It is important to consider that any or all of the SFSTs in the seated battery may not be appropriate for people with certain disabilities, such as:

1. People with certain arm, shoulder or elbow problems may not be able to perform the tests.
2. People missing a portion of an index finger that includes the first joint (knuckle nearest the fingertip) or more should not be administered the FTN. If the entire joint (knuckle) nearest the fingertip is still intact, the FTN may be administered.

Make note of any potential limiting factors, including any observed or stated by the subject, to assist you in giving proper weight to any evidence observed during the performance of the seated battery tests. If obvious disabilities are observed which

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would significantly limit the subject's ability to perform one or more of the tests, it is best not to administer the test(s) in question.

The seated battery must be administered while providing a reasonably safe and stable environment for the subject and officer. When on the water, it is recommended to administer the seated battery in calmer waters, i.e. backwaters, coves, bays or stabilized on the shoreline in a location that minimizes significant boat movement.

TEST YOUR KNOWLEDGE

1. What tests are included in the seated battery of SFSTs?
 - A. _____
 - B. _____
 - C. _____
 - D. _____
2. To ensure that a suspect is in a stable seated position, the officer should _____.
3. For the Finger To Nose test, the suspect is to tilt the head back to about a _____ angle.
4. When the suspect is told to touch the tip of the nose with the tip of the index finger, it is important that the officer _____.
5. A total of _____ clues indicate a BAC of 0.08 or higher for the Finger To Nose test.
6. Keeping the hands/fingers parallel is an important part of the _____.
7. A total of _____ clues indicate a BAC of 0.08 or higher for the Palm Pat test.
8. The suspect should perform the Palm Pat test for at least _____ and no more than _____.
9. The Hand Coordination test is adapted from the _____.
10. The Hand Coordination test involves _____ tasks in the performance stage.
11. A total of _____ clues indicate a BAC of 0.08 or higher for the Hand Coordination test.
12. To ensure accuracy of note-taking on the SFSTs, it is recommended that officers use _____.

Field Sobriety Test Performance Report

Subject Name _____ Start time _____

PRE-TEST QUESTIONS Do you have any physical defects or disabilities? Y N Do you have any defects with your eyes? Y N Are you sick or injured? Y N Are you under the care of a doctor or dentist? Y N Are you taking any medication or drugs? Y N		Notes: 		GENERAL INSTRUCTIONS: Please sit straight at the front edge of your seat. Put your arms down at your sides. Place your feet shoulder-width apart so you are comfortable and stable. Are you stable? (Response) Do not move your feet until the tests are over. Stay in this position and do not do anything else until I tell you to do so. Do you understand? (Response)																																																																															
HORIZONTAL GAZE NYSTAGMUS Have the subject remove their eyeglasses, if worn. Are you wearing contact lenses? ____ Yes ____ No I am going to check your eyes. Hold your head still and follow the stimulus with your eyes only. Do you understand? (Response) Elevate the stimulus about 12-15" from the subject's nose. Check for equal pupil size, resting nystagmus and equal tracking.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Clues</th> <th style="width: 10%;">Left</th> <th style="width: 10%;">Right</th> </tr> <tr> <td>Lack of smooth pursuit</td> <td></td> <td></td> </tr> <tr> <td>Distinct & sustained nystagmus at max. deviation</td> <td></td> <td></td> </tr> <tr> <td>Onset of nystagmus prior to 45-degrees</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Total Clues</td> </tr> <tr> <td>Vertical nystagmus: Yes ____ No ____</td> <td colspan="2">Evaluation Criteria: 4 or more clues</td> </tr> </table>		Clues	Left	Right	Lack of smooth pursuit			Distinct & sustained nystagmus at max. deviation			Onset of nystagmus prior to 45-degrees			Total Clues			Vertical nystagmus: Yes ____ No ____	Evaluation Criteria: 4 or more clues																																																															
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FINGER TO NOSE - Make a fist with both hands, extend your index fingers and turn your palms forward. Remain in this position while I explain the test. (Demonstrate) Do you understand? (Response) - When I say begin, tilt your head back to about a 45° angle and close your eyes. (Demonstrate) - When I tell you to, touch the tip of your nose with the tip of your index finger and immediately return it to your side. (Demonstrate and explain the fingertip, pad and side of fingers and demonstrate touching tip of the nose) - When I say right, you must touch your right index finger to your nose; when I say left, you must touch your left index finger to your nose. Do you understand? (Response) - Begin. (After head tilt...) Left...Right...Left...Right...Right...Left (After performance...) Open your eyes and straighten your head.																																																																																			
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PALM PAT - Place your hands palm to palm with one hand up and one hand down, like this. (Demonstrate) Remain in this position while I explain the test. Do you understand? (Response) - When I tell you to begin, turn the top hand over and count out loud "one," then turn the hand back over and count out loud "two," counting only when the hands make contact, like this. (Demonstrate at least two sets) - Repeat this, speed up as you go, and do not stop until told. Make sure to keep your hands and fingers parallel during each pat, like this. (Demonstrate) - Do you understand? (Response) Begin. (If necessary, tell to speed up)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Instruction Stage</th> <th style="text-align: left;">Performance Stage</th> </tr> <tr> <td>Unable to follow instructions</td> <td></td> </tr> <tr> <td>Started at wrong time</td> <td></td> </tr> <tr> <td colspan="2">Performance Stage</td> </tr> <tr> <td>Did not count as instructed</td> <td></td> </tr> <tr> <td>Rolled hands</td> <td></td> </tr> <tr> <td>Double pat</td> <td></td> </tr> <tr> <td>Chopped pat</td> <td></td> </tr> <tr> <td>Other improper pat (document)</td> <td></td> </tr> <tr> <td>Did not increase speed</td> <td></td> </tr> <tr> <td>Rotated hands</td> <td></td> </tr> <tr> <td>Stopped before told</td> <td></td> </tr> <tr> <td colspan="2">Total Clues</td> </tr> <tr> <td colspan="2">Evaluation Criteria: 2 or more clues</td> </tr> </table>		Instruction Stage	Performance Stage	Unable to follow instructions		Started at wrong time		Performance Stage		Did not count as instructed		Rolled hands		Double pat		Chopped pat		Other improper pat (document)		Did not increase speed		Rotated hands		Stopped before told		Total Clues		Evaluation Criteria: 2 or more clues		HAND COORDINATION - Make fists with both hands, place your left fist at the center of your chest and your right fist against your left fist, like this. (Demonstrate) - Remain in this position while I explain the test. Do you understand? (Response) - When I say begin, you must perform four tasks. - The <u>first</u> task is to count out loud from one to four while you move your fists in a step-like fashion, making contact between your fists at each step. (Demonstrate while counting out loud 1, 2, 3, 4) - The <u>second</u> task is to memorize the position of your fists after you have counted to four, clap your hands three times and return your fists to the memorized position. (Demonstrate) - The <u>third</u> task is to move your fists in a step-like fashion in reverse order; counting out loud from five to eight and returning your left fist to your chest. (Demonstrate while counting out loud 5, 6, 7, 8) - The <u>fourth</u> task is to open your hands with palms down and place them in your lap. (Demonstrate) - Do you understand? (Response) Begin.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Instruction Stage</th> <th style="text-align: left;">Performance Stage</th> </tr> <tr> <td>Unable to follow instructions</td> <td></td> </tr> <tr> <td>Started at wrong time</td> <td></td> </tr> <tr> <td colspan="2">Task 1 – Forward Steps</td> </tr> <tr> <td>Improper count</td> <td></td> </tr> <tr> <td>Improper touch</td> <td></td> </tr> <tr> <td>Did not perform</td> <td></td> </tr> <tr> <td colspan="2">Task 2 – Hand Clapping</td> </tr> <tr> <td>Improper count</td> <td></td> </tr> <tr> <td>Improper touch</td> <td></td> </tr> <tr> <td>Improper return</td> <td></td> </tr> <tr> <td>Did not perform</td> <td></td> </tr> <tr> <td colspan="2">Task 3 – Return Steps</td> </tr> <tr> <td>Improper count</td> <td></td> </tr> <tr> <td>Improper touch</td> <td></td> </tr> <tr> <td>Did not return left fist to chest</td> <td></td> </tr> <tr> <td>Did not perform</td> <td></td> </tr> <tr> <td colspan="2">Task 4 – End Position</td> </tr> <tr> <td>Improper position</td> <td></td> </tr> <tr> <td>Did not perform</td> <td></td> </tr> <tr> <td colspan="2">Total Clues</td> </tr> <tr> <td colspan="2">Evaluation Criteria: 3 or more clues</td> </tr> </table>		Instruction Stage	Performance Stage	Unable to follow instructions		Started at wrong time		Task 1 – Forward Steps		Improper count		Improper touch		Did not perform		Task 2 – Hand Clapping		Improper count		Improper touch		Improper return		Did not perform		Task 3 – Return Steps		Improper count		Improper touch		Did not return left fist to chest		Did not perform		Task 4 – End Position		Improper position		Did not perform		Total Clues		Evaluation Criteria: 3 or more clues					
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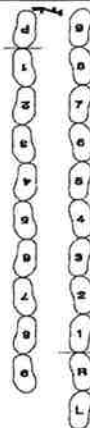
Field Sobriety Test Performance Report

Subject Name _____

Page 2

WALK AND TURN

- Place your left foot on the line with your right foot in front of the left foot, with the heel of the right foot touching the toe of the left. (Demonstrate)
- Place your arms at your sides. Maintain this position until I have completed the instructions. Do not start to walk until I tell you to do so. Do you understand? (Response)
- When I tell you to begin, take nine heel-to-toe steps down the line, turn and take nine heel-to-toe steps back. (Demonstrate 3 heel-to-toe steps)
- When you turn, keep the front foot on the line and turn by taking a series of small steps with the other foot, like this. (Demonstrate)
- While you are walking, keep your arms at your sides, watch your feet at all times and count your steps out loud. Once you start walking, do not stop until you have completed the test. Do you understand? (Response)
- Begin.



Instruction Stage

Loses balance during instructions _____

Starts before told _____

Performance Stage

Stops while walking _____

Does not touch heel-to-toe (1/2"+) _____

Steps off line _____

Uses arms to balance (6"+) _____

Improper turn _____

Wrong number of steps _____

Total Clues

Cannot perform test (explain) _____

Evaluation Criteria: 2 or more clues

ONE LEG STAND

- Stand with your feet together and your arms at your sides, like this. (Demonstrate)
- Do not start until I tell you to. Do you understand? (Response)
- When I tell you to start, raise one leg, either leg, approximately six inches off the ground, keeping your raised foot parallel to the ground. (Demonstrate)
- You must keep both legs straight, arms at your sides. While holding that position, count out loud in the following manner: one thousand one, one thousand two, one thousand three, and so on until told to stop.
- Keep your arms at your sides at all times and keep watching the raised foot. Do you understand? (Response)
- Begin. (30 seconds)

Clues

Sways while balancing _____

Uses arms to balance (6"+) _____

Hopping _____

Puts foot down _____

Total Clues

Cannot perform test (explain) _____

Evaluation Criteria: 2 or more clues

Phase I: Vessel/Vehicle in Motion – Document initial observations to describe vessel/vehicle maneuvers or operator/occupant behaviors that may be associated with alcohol/drug influence prior to the stop. If no Phase I observations are made, describe initial contact.

Phase II: Personal Contact – Document observations made during face-to-face contact with the operator.

Operator Actions	Breath	Eyes	Attitude	Balance
☐ Cannot find registration/wallet ☐ Tries to conceal something ☐ Produces wrong documents ☐ Fumbles items ☐ Excessive movement ☐ Forgets to respond to request ☐ Incorrect answers ☐ Problem using fingertips ☐ Avoids eye contact ☐ Ignores questions ☐ Lights cigarette or eats/chews ☐ Angry/abusive language ☐ Admits to drinking ☐ Difficulty with safety equip. ☐ Unusual statements	Alcoholic beverage: ☐ Strong ☐ Moderate ☐ Faint ☐ None ☐ Marijuana ☐ Breath mint/cover odor	☐ Bloodshot ☐ Watery ☐ Glassy ☐ Dilated pupils ☐ Constricted pupils ☐ Droopy eyelids ☐ Normal Unusual Actions ☐ Hiccupping ☐ Belching ☐ Vomiting ☐ Gagging/dry heaves ☐ Fighting ☐ Laughing ☐ Crying	☐ Jovial ☐ Talkative ☐ Cooperative ☐ Indifferent ☐ Sleepy ☐ Profanity ☐ Combative ☐ Belligerent ☐ Insulting Clothing (describe)	☐ Normal ☐ Swaying ☐ Falling ☐ Sits down ☐ Supports against object ☐ Staggering ☐ Unsteady ☐ Wide stance ☐ Needs assistance Notes:
	Face ☐ Pale ☐ Flushed ☐ Sweating ☐ Sunburned ☐ Normal			

Phase III – Pre-Arrest Screening – Document any other observations made during field sobriety testing to describe finding of probable cause to place subject under arrest for operating while impaired.

Officer:	Agency:	Case #:
Date:	Location:	
Subject Name:	D/O/B:	
Height:	Weight:	Eyes:
		Hair:
PBT results:	@	Evidentiary breath test results:
hrs.		@
		Time of arrest:
		hrs.

Module Five

Demonstrations And Practice

NASBLA Boat Operations and Training

Module 5

BUI Seated Battery Transition Training Course

DEMONSTRATIONS AND PRACTICE

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

- Discuss and properly administer the seated battery of SFSTs.
- Discuss and recognize the clues of the seated battery SFSTs.

CONTENT SEGMENTS

A. Live Classroom Demonstrations

B. Dry-Run Practice

LEARNING ACTIVITIES

o Instructor-Led Demonstrations

o Student Practice

NASBLA Boat Operations and Training

INSTRUCTOR-LED DEMONSTRATIONS

The instructor(s) will select a student to serve as a test subject and will demonstrate the entire seated battery of SFSTs. Once completed, the students will practice the seated battery to build their proficiency. The test battery will include:

- Horizontal Gaze Nystagmus
- Finger to Nose
- Palm Pat
- Hand Coordination

DRY-RUN PRACTICE

You will be assigned to again work in pairs to practice the administration of the entire seated battery of SFSTs. The instructors will observe how you administer the SFSTs, and will make appropriate comments and suggestions to ensure that the seated battery is administered correctly.

Proper administration of these and all SFSTs is very important for reasons discussed earlier. You will be expected to become proficient in SFST administration and evaluation, so proper practice is essential.

Module Six

Testing Subjects

NASBLA Boat Operations and Training

Module 6

Seated Battery Transition Training Course

TESTING SUBJECTS

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

- Properly administer the seated battery of SFSTs;
- Properly observe and record a subject's performance utilizing the SFST Performance Report form;
- Properly interpret the subject's performance;
- Properly use and maintain the SFST Field Arrest Log.

CONTENT SEGMENTS

- A. Procedures
- B. Practical Exercise
- C. Session Wrap-Up

LEARNING ACTIVITIES

- o Instructor-Led Presentation
- o Student Practice Session
- o Instructor-Led Discussion

NASBLA Boat Operations and Training

TESTING SUBJECTS

PROCEDURES

During this session, you will work in a team with another student to observe the administration of the seated battery of Standardized Field Sobriety Tests to volunteers who may have consumed alcoholic beverages and evaluate their performance. Some of these volunteers will have BACs above 0.08. Others will be below that level. You will carefully note and record any clues observed on the SFST Performance Report form as each volunteer performs the SFSTs and then attempt to distinguish those "0.08 and above" from those "below 0.08."

This session involves the use of a series of videos to demonstrate the administration and performance of the SFSTs rather than the use of live drinking subjects in the classroom. You will be given an opportunity to observe each subject perform the seated battery of SFSTs and will be expected to evaluate each performance just as if this was a face-to-face exercise with drinking subjects.

Each subject will be evaluated individually, and you are expected to record your observations in a manner which will fully document all important pieces of evidence to help make a case as to whether the subject is at or above 0.08 BAC. The instructors will lead a class discussion on the observations and subsequent determinations. As this session concludes, you will learn the actual BAC level of each subject.

You will also record your observations on an SFST Field Arrest Log.

PRACTICAL EXERCISE

You will view the subjects on the NASBLA-approved Alcohol Workshop Video, record all observations, and interpret any evidence of impairment observed for each subject.

It is strongly recommended that the officers record the results of all SFSTs administered, both during training and when testing impaired subjects. The log is an important tool to assist in documenting an officer's experience and proficiency in administering and evaluating evidence obtained through SFSTs. The instructor will review the log and its use during this session.

SESSION WRAP-UP

During the wrap-up, students will be expected to report their observations made for each subject. Following discussion on each, the actual BAC levels will be revealed.

TESTING SUBJECTS PROFICIENCY EXAM

You will view the Phase Three portion of the on-water scenario and be expected to work independently to evaluate the subject's performance on the seated SFSTs. You will be expected to document your observations as accurately as possible on the SFST Performance Report Form and turn it in for instructor review and later discussion.

Module Seven

Review and Proficiency Exam

NASBLA Boat Operations and Training

Module 7

Seated Battery Transition Training Course

REVIEW AND PROFICIENCY EXAM

During this session, each student will be evaluated independently on his or her ability to properly administer the seated battery of SFSTs. Each student will demonstrate these abilities to an instructor.

Students are expected to be proficient at providing the proper instructions and demonstrations for each of the seated battery SFSTs. As encouraged in class, it is recommended that students make use of the tools that have been made available throughout this class, namely the SFST Performance Report form or any other document which can assist in proper test administration.

Any student who is not being tested will be expected to spend time preparing for the proficiency exam or, once finished with the proficiency exam, reviewing and preparing for the final course exam.

The course instructors will facilitate a course review and question and answer session prior to administering the final course exam.

Module Eight

Final Exam and Program Conclusion

NASBLA Boat Operations and Training

Module 8

Seated Battery Transition Training Course

FINAL EXAM – PROGRAM CONCLUSION

This session consists of each student completing the final course exam. This is a closed-book exam which covers the entire course of instruction. It is intended to evaluate each student's understanding of the principles taught in the class.

Once all exams are completed and turned in, the instructors will lead the class to provide a written critique of the course. This critique is an important part of the class and allows NASBLA to evaluate where further improvements might be made. The critiques are anonymous, and NASBLA asks that students be candid while providing feedback.