

# **Standardized Field Sobriety Tests**

**(1) Eyes:**

- Normal  Bloodshot  Watery  Glassy  Red  
 Constricted  Dilated  Other:

**(2) Facial Appearance:**

- Normal  Flushed  Tired  Pale  Red.  
 Droopy Eyelid  Other:

**(3) Speech:**

- Normal  Confused  Slow  Thick tongued  
 Incoherent  Repetitious  Slurred  Talkative  
 Stutter  Other:

**(4) Demeanour:**

- Belligerent  Combative  Excited  Hostile  
 Cooperative  Crying  Insulting  Laughing  
 Loud  Overly nervous  Polite  Profane  
 Resisting  Sleepy  Stuporous  
 Other:

**(6) Document production (DL, registration, insurance):**

- Confused  Dropped  Fumbled  Slow  
 None  Other:

**(5) Odour of alcoholic beverage on person:**

- None  Faint  Moderate  Strong.

Distance:

**(7) Cover-up or other odours:**

- Breath Freshener  Gum  Perfume  Cologne  
 Smoke  Other:

**(8) Balance:**

- Normal  Cautious  Falling  Staggering  
 Stumbling  Swaying  Walks into things  
 Wobbly  Other:

**(9) Odour of alcoholic beverage in vehicle:**

- None  Faint  Moderate  Strong. Distance:

**(10) Clothing**

Description:

Footwear:

- Clean  
 Dishevelled  
 Soiled – Explain:

Other:

## ADMINISTER MIRANDA

*You have the right to remain silent.*

*Anything you say can and will be used against you in a court of law.*

*You have the right to an attorney.*

*If you cannot afford an attorney, one will be provided for you.*

*Do you understand the rights I have just read to you?*

Time:

Response:

**If suspect invokes at any time during field tests, STOP and obtain a blood warrant if have PC for DUII**

## **SFST**

Agreed to take SFSTS:  Y  N

Rohrs Administered:  Y  N

Observations exiting vehicle & walking to test area:

### **Surface:**

Dirt  Grass  Gravel  Paved  Other:

### **Grade:**

Level  Slight  Moderate

Other

### **Lighting:**

Daylight  Street Light  Dark

Other:

## **INITIAL INTERVIEW**

Are you currently sick or injured?

Y  N

Are you diabetic?  Y  N

Do you take insulin for any reason?

Y  N Last Dose?

Are you hypoglycaemic?  Y  N

Have you seen a doctor or dentist recently?  Y  N

When:

Reason:

Do you have any balance, speech, or hearing problems?

Y  N - What:

Do you have any current or past head injuries?

Y  N - What:

Do you have any current or past physical injuries?

Y  N - What:

Have you taken any illegal drugs?  Y  N

When:

What:

How much:

Have you taken any marijuana?  Y  N

When:

How much:

Are you taking any medications?  Y  N

What:

Last Dose:

Amount:

Describe its effect on you:

What warnings given to you with the medications:

### HGN TEST (4 Of 6 clues)

Check for contacts and remove glasses

Stimulus:  Pen  Fingertip  Other:

*I'm going to check your eyes. Keep your head still & follow this stimulus with your eyes only, do not move your head. Keep focusing on this stimulus until I tell you to stop.*

Equal tracking:  Y  N

Equal pupil size:  Y  N

Resting nystagmus:  Y  N

Lack of smooth pursuit. During a min. of 2 passes of 4 seconds  (1) Left  (2) Right

Distinct & sustained nystagmus at maximum deviation. 4 second hold, min. 2 passes  (3) Left  (4) Right

Nystagmus onset prior to 45 degrees. 4 second count, min. 2 passes  (5) Left  (6) Right

Vertical nystagmus  Y  N

Observations:

### WALK & TURN TEST (2 of 8 clues)

*Place your left foot on the line. DEMO. Place your right foot ahead of your left foot, with the heel of your right foot against the toe of your left foot. DEMO. Place your arms by your sides. Hold this position until I tell you to start walking. DEMO.*

*Do you understand these instructions:*  Y  N

*When I tell you to start, [counting each step out aloud,] take 9 heel-to-toe steps down the line, turn around and take 9 heel-to-toe steps back up the line. When turning, keep the front foot on the line, & turn by taking a series of small steps with the other foot. It will look something like this. DEMO.*

*You must keep your arms by your sides, look at your feet, [count your steps out loud], and not stop until you have completed the test.*

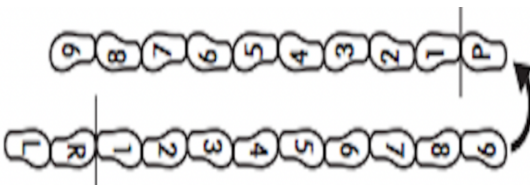
*Do you understand these instructions:*  Y  N

(1) Loss of balance:  # times:

(2) Starts too soon:  # times:



*Begin and count your first step as one*

	<b>1<sup>st</sup> 9 Steps</b>	<b>2<sup>nd</sup> 9 Steps</b>
(3) Stops walking		
(4) Miss heel to toe > ½"		
(5) Steps completely offline		
(6) Raises arms > 6"		
(7) Actual steps taken		
(8) Improper turn (describe) <input type="checkbox"/>		
Observations & Suspect Statements:		
		

### ONE LEG STAND TEST (2 of 4 clues)

*Stand with your feet together, heels to toes touching, and your arms at your sides like this. DEMO. Do not start the test until I tell you to do so*

*Do you understand these instructions:*  Y  N

*Raise either foot about 6 inches off the ground. Keep the raised foot straight, so the foot is parallel to the ground. [While standing you will count out loud 1001, 1002, 1003, and so on] until I tell you to stop. It will look something like this DEMO*

*Keep your arms by your side and both legs straight, look at your raised foot, [count out loud], and do not stop until I tell you to.*

*Do you understand these instructions:*  Y  N

*Foot raised:*  L  R

<b>Count or seconds:</b>	<b>1 to 10</b>	<b>11 to 20</b>	<b>21 to 30</b>
(1) Sways			
(2) Raises arms > 6"			
(3) Hops			
(4) Puts foot down			

Other observations/statements:

## **POST SFST INTERVIEW**

Rate yourself on a scale of 1 to 10, with 1 being totally sober and 10 being too drunk to stand:

Why?

Do you think drugs or alcohol affected your ability to perform field sobriety tests?

Do you think you should have driven considering the alcohol or drugs you consumed?  Y  N

Do you think your driving was affected by the alcohol drugs you consumed?  Y  N

**Be sure to get any passenger & other witness statements**

## **ADDITIONAL INTERVIEW QUESTIONS**

What and how much have you had to drink:

Started:                      Stopped:

Where:

With whom:

Where were you going when you got stopped?

Where were you coming from when you got stopped?

Did you work today?  Y  N

Doing what

For how long

In there anything wrong with your vehicle?  Y  N

What:

When did you last eat?

What did you eat?

How much sleep did you have in the last 24 hours?

## **ARREST AND CUSTODY**

Was driver was taken into custody without incident?

Y  N

Driver transported to:

By:

Observations/statements during & post transport:

**Never stop observations until you break contact**