

## CHAPTER 2

### TABLE OF CONTENTS

GENERAL .....	2-1
PHASE ONE - VEHICLE IN MOTION .....	2-1
PHASE TWO - PERSONAL CONTACT .....	2-4
PHASE THREE - PRE-ARREST SCREENING .....	2-7
OVERVIEW AND ADMINISTRATION OF FSTs.....	2-9
STANDARDIZED FSTs.....	2-10
General .....	2-10
Horizontal Gaze Nystagmus (HGN) .....	2-11
Walk and Turn .....	2-17
One-Leg-Stand .....	2-19
PRELIMINARY ALCOHOL SCREENING (PAS) DEVICE .....	2-21
ALTERNATIVE FSTs .....	2-21
Romberg Balance .....	2-21
Finger to Nose .....	2-22
Hand Pat.....	2-24
Finger Count .....	2-25
Alphabet.....	2-27
REFUSAL TO COOPERATE.....	2-28

#### ANNEX

A - D.U.I. FIELD EVALUATION NOTES – CHP 202S

## CHAPTER 2

REVISED JULY 2005

### DETECTION AND EVALUATION

1. GENERAL. The methods used by the California Highway Patrol (CHP) to detect and evaluate the impaired driver are consistent with National Highway Traffic Safety Administration (NHTSA) standards. Drivers under the influence of alcohol and/or drugs are detected and evaluated through a three-phase process: Phase One - Vehicle In Motion; Phase Two - Personal Contact; and Phase Three - Pre-arrest Screening.

2. PHASE ONE - VEHICLE IN MOTION.

a. It is the arresting officer's responsibility to obtain the evidence necessary to substantiate the enforcement action. The gathering of evidence begins during Phase One of the driving under the influence (DUI) investigation while the subject vehicle is in motion. Officers must mentally record, with accuracy, not only the normal actions which should be expected, but also the subject driver's abnormal or unusual actions and behaviors. Documentation should be made as soon as practical so that evidence to support prosecution is properly preserved.

b. A driver operating his/her vehicle in any manner which would raise a doubt as to his/her sobriety, or other abnormal conditions, should be stopped in order to determine the cause for the irregular driving. Officers should be alert to the most common visual cues exhibited by drivers under the influence. Attention may be drawn to a vehicle by such things as:

- (1) A moving traffic violation or equipment violation.
- (2) Unusual driving actions, such as weaving within a lane or moving at a slower than normal speed.
- (3) Being involved in a traffic collision.
- (4) A report from some other person of the subject's driving.
- (5) Driving into a sobriety checkpoint operation.

c. Although it is possible that any form of contact with a driver could result in an arrest for DUI, studies have shown that certain driving cues are more commonly associated with impaired driving.

d. In 1993, NHTSA contracted with Anacapa Sciences (Santa Barbara) to conduct research and develop information related to DUI driving behaviors. The report entitled *The Detection of DWI at BAC's Below 0.10 Percent* (DOT-HS-808-654) was released in 1997 and identified driving behaviors associated with DUI. The driving behaviors listed are representative of common driving cues of impaired drivers 24 hours a day.

e. The following list represents the results of the study:

- (1) Problems maintaining proper lane position.
  - (a) Weaving.
  - (b) Weaving across lane lines.
  - (c) Straddling a lane line.
  - (d) Turning with a wide radius.
  - (e) Almost striking object or vehicle.
  - (f) Swerving.
  - (g) Drifting.
- (2) Speed and braking problems.
  - (a) Stopping problems.
  - (b) Accelerating or decelerating for no apparent reason.
  - (c) Varying speed.
  - (d) Slow speed.
- (3) Vigilance problems.
  - (a) Driving in opposing lanes or the wrong way.
  - (b) Slow response to traffic signals.
  - (c) Slow/failure to respond to an officer.
  - (d) Stopping in lane for no reason.
  - (e) Driving without headlights at night.

(f) Failure to signal or inconsistent signals.

(4) Judgment problems.

(a) Following too closely.

(b) Improper or unsafe lane change.

(c) Illegal or improper turn.

(d) Driving on other than designated roadway.

(e) Stopping inappropriately in response to an officer.

(f) Inappropriate or unusual behavior.

(g) Appearing to be impaired.

f. The 1993 research by Anacapa Sciences also identified driving impairment cues for motorcyclists (DOT-HS-807-839, 1993). The driving behaviors listed are representative of common driving cues of impaired motorcycle drivers 24 hours a day.

(1) Excellent cues.

(a) Drifting during turn or curve.

(b) Trouble with dismount.

(c) Trouble with balance at a stop.

(d) Turning problems (e.g., unsteady, sudden corrections, late braking, improper lean angle).

(e) Inattentive to surroundings.

(f) Inappropriate or unusual behavior (e.g., carrying or dropping an object, urinating at roadside, disorderly conduct, etc.).

(g) Weaving.

(2) Good cues.

(a) Erratic movements while going straight.

(b) Operating without lights at night.

- (c) Recklessness.
- (d) Following too closely.
- (e) Running a stop light or sign.
- (f) Evasion.
- (g) Driving the wrong way on a road.

g. An officer may develop additional cues based upon his/her training, education, and experience.

h. It is not necessary for the officer to make a prolonged observation before stopping the driver. The officer should make an enforcement stop as soon as reasonable suspicion has been established. The methodology of the stop and the driver's response should be recorded as additional evidence to assist in proving DUI. Officers should be alert to the most common visual cues exhibited by drivers that are under the influence. Some common reactions observed while stopping a vehicle are:

- (1) An unusually fast compliance to the red light and siren.
- (2) A slowness or hesitancy to comply.
- (3) A driver appears to be ignorant of the attempts made to stop the vehicle.
- (4) An attempt to outrun the patrol vehicle.
- (5) Excessive diligence in the use of signals as the vehicle is being stopped.
- (6) Unusual activity or a moving about of the occupants within the vehicle. There may be an attempted change of drivers while the vehicle is still in motion. **If both parties had physical control of the vehicle as the vehicle was in motion and both drivers are found to be under the influence, both should be taken into custody and charged with DUI.**

### 3. PHASE TWO - PERSONAL CONTACT.

a. Personal contact begins after the suspect vehicle has completely stopped. This phase consists of the initial contact with the driver, the decision to instruct the driver to exit the vehicle, and observing the driver's exit from the vehicle.

b. Prior to the initial contact with the driver, the officer may have already developed a strong suspicion that the driver may be impaired based upon the observations of Phase One. Conversely, the vehicle's operation during Phase One may not have given the officer any reason to believe the driver is impaired. Regardless of what evidence may have come to light during Phase One, the initial contact with the driver usually provides the first definite indications of impairment.

c. Post-stop cues were also evaluated in the research completed by Anacapa Sciences under contract from NHTSA. The following list represents the most common post-stop cues exhibited by impaired drivers:

- (1) Difficulty with the vehicle controls.
- (2) Difficulty exiting the vehicle.
- (3) Fumbling with the requested documents.
- (4) Repeating questions or comments.
- (5) Swaying, unsteady, or balance problems. Leaning on vehicle or other object.
- (6) Slurred speech.
- (7) Slow to respond to officer's questions and/or an officer must repeat questions.
- (8) Provides incorrect information, changes answers.
- (9) An odor of an alcoholic beverage on the driver's person.

d. The initial contact with the driver provides an officer the opportunity to use three senses to gather evidence of alcohol and/or drug impairment.

(1) Sense of Sight. There are a number of clues that may be seen during Phase Two:

- (a) Bloodshot eyes.
- (b) Soiled clothing.
- (c) Fumbling fingers.
- (d) Alcohol containers.
- (e) Drugs or drug paraphernalia.

- (f) Bruises, bumps, or scratches.
- (g) Unusual actions.

(2) Hearing. Some of the things an officer might hear during Phase Two that may be evidence of alcohol and/or drug impairment include:

- (a) Slurred speech.
- (b) Admission of drinking or drug use.
- (c) Inconsistent responses.
- (d) Abusive language.
- (e) Unusual statements.

(3) Smell. There are clues that may be smelled during Phase Two which could indicate alcohol and/or drug impairment:

- (a) The odor of an alcoholic beverage.
- (b) The odor of marijuana.
- (c) "Cover-up" odors like breath sprays. Does the driver attempt to mask the odor of his/her breath by immediately lighting a cigarette or placing gum/breath mints in his/her mouth upon being stopped?
- (d) Other unusual odors.

e. There are other behaviors that may indicate alcohol and/or drug impairment. Consider the following:

- (1) Does the driver appear normal, unusually calm, sedated, hyperactive, or irritable? Does the driver display signs of nervousness, cockiness, unusual cheerfulness, hilarity, or apparent hesitancy in complying with lawful orders or instructions?
- (2) Does the driver's attitude reflect under the influence behavior?
- (3) Is the driver's appearance associated with lack of sleep?
- (4) Does the driver have difficulty understanding simple questions or instructions?
- (5) Does the driver refuse to look directly at the officer?

f. Many times a subject may appear obviously impaired. There are other circumstances, such as medical conditions, that may cause a person to show signs and symptoms that are consistent with alcohol and/or drug impairment. Some of these conditions include:

- (1) Diabetics in need of insulin.
- (2) Diabetics who have taken an overdose of insulin.
- (3) Injuries or diseases of the nervous system.
- (4) Head injuries.
- (5) Hearing impaired people may have a speech impediment and/or a poor sense of balance.

g. It is imperative that the possibilities of such conditions be explored and ruled out to prevent the arrest of innocent, sober persons, and to prevent a person who is injured from being subjected to further aggravation and/or lack of medical attention.

h. While the presence, or alleged presence, of any of the above conditions does not negate the giving of a further and more complete examination by the officer, the subject's condition may require immediate medical attention. If the officer suspects a medical condition exists and treatment may be needed, the officer should immediately arrange for medical treatment.

#### 4. PHASE THREE - PRE-ARREST SCREENING.

a. Pre-arrest screening consists of establishing a safe location to administer field sobriety tests (FSTs), asking a series of pre-test questions, and administering a series of FSTs.

b. It is imperative that the officer select a safe location to administer FSTs. Where possible, administer psychophysical FSTs on a smooth flat surface with adequate lighting.

c. A DUI investigation should not be given at a location that may be hazardous. Although it is recognized that any area can be potentially hazardous, it is generally agreed that certain places rank high on the list as being imminently dangerous. These areas include:

- (1) In front of a drinking establishment.

(2) In front of the subject's residence, with a gathering of people consisting of family and/or friends.

(3) In an area which has a history of being a source of racial strife and rioting.

(4) Within sight of any large gathering of people.

(5) Within a traffic lane.

(6) Between vehicles.

d. In the event that such a situation should present itself, the subject should be removed from the hazardous area as quickly as possible, and the examination conducted elsewhere. **If the subject displays signs of having been drinking, do not allow the subject to drive.** Careful consideration should be given when moving a subject so as to not violate his/her rights. In order to ensure a lawful detention when moving the subject, one of the following should occur:

(1) Attempt to gain the subject's consent to move to another location, or;

(2) Evaluate the facts present at the time.

(a) If after contact the driver is determined not to be DUI, the enforcement contact should be handled accordingly.

(b) If after contact reasonable suspicion exists that the driver may be DUI, the officer may remove the driver from the hazardous area, to a safe location, and conduct the FSTs. This is a lawful investigative detention as long as the officer acts in a manner to quickly confirm or dispel his/her suspicions. FSTs may be conducted as they are investigative in nature.

(c) If after contact probable cause exists to arrest the driver for DUI, the officer should arrest the driver. FSTs may be conducted after arrest in order to gather additional evidence to support prosecution.

e. Officers should ask a series of pre-test questions. These questions are designed to illicit information that will assist the officer in developing an opinion as to alcohol and/or drug impairment. The questions contained on page 2 of the CHP 202, DUI Arrest-Investigation Report, may be asked without a Miranda admonition during an investigative detention. However, if the driver is placed under arrest, officers shall advise him/her of his/her Miranda rights prior to asking any questions intended to solicit incriminating statements.

## 5. OVERVIEW AND ADMINISTRATION OF FSTs.

a. Psychophysical FSTs are designed to evaluate a person's ability to divide his/her attention. That is, they require the subject to concentrate on several things at once. In order to operate a motor vehicle safely, a driver must react appropriately to a constantly changing environment while simultaneously controlling steering, acceleration, and braking.

b. Alcohol and other drugs substantially reduce a person's ability to divide attention. Even when under the influence, many people can handle a single, focused attention task fairly well. For example, a driver may be able to keep a vehicle well within the proper traffic lane as long as the road remains straight. When the road curves, the impaired driver may not perceive the curvature and run off the road.

c. The concept of divided attention has been applied to psychophysical FSTs. Most FSTs simulate the divided attention characteristics of driving. In order to operate a vehicle safely, a driver must exercise the following mental and physical capabilities:

- (1) Information processing.
- (2) Short-term memory.
- (3) Judgment and decision making.
- (4) Balance.
- (5) Steady, sure reactions.
- (6) Clear vision.
- (7) Small muscle control.
- (8) Coordination of limbs.

d. FSTs require a person to demonstrate at least two or more of these capabilities simultaneously. FSTs must be simple and an average person should have no difficulty performing the tests when sober. Each test must be thoroughly explained and demonstrated in such a manner that the subject understands what is expected.

e. The CHP 202S, Driving Under the Influence Field Evaluation Notes, (Annex 2-A) is an optional tool available for officers needing to document signs of impairment during DUI investigations. Officers who elect to utilize the CHP 202S

shall tape the original to an 8 ½ x 11 inch sheet of paper and attach it to the arrest report. All information outlined on the CHP 202S is in strict accordance with standards set forth by NHTSA and this manual.

## 6. STANDARDIZED FSTS.

### a. General.

(1) In February 1975, the first major scientific study within the United States was conducted to identify the most reliable FSTs and study their relationship to intoxication and driving impairment. The study was conducted by the Southern California Research Institute (SCRI) under contract from NHTSA (DOT-HS-5-01242). The study successfully identified three reliable FSTs and the results were published in 1977 (*Psychophysical Tests for DWI Arrest*). Two subsequent studies were conducted under contract from NHTSA in order to further develop and study the three reliable FSTs within a laboratory controlled environment and, additionally, "out in the field." The 1981 study was entitled *Development and Field Test of Psychological Tests for DWI Arrest* (DOT-HS-8-01970); and the 1983 study was entitled *Field Evaluation of a Behavioral Test Battery for DWI* (DOT-HS-806-475). The three test battery consisted of:

- (a) Horizontal Gaze Nystagmus.
- (b) Walk and Turn.
- (c) One-Leg-Stand.

(2) Since 1983, the three test battery has been further studied for its accuracy in assisting the officer in DUI investigations. The studies are:

- (a) 1995 - *A Colorado Validation Study of the Standardized Field Sobriety Test (SFST) Battery*, PN-95-408-17-05.
- (b) 1997 - *A Florida Validation Study of the SFST Battery*, AL-97-05-14-01.
- (c) 1998 - *Validation of the Standardized Field Sobriety Test Battery at BACs Below 0.10 Percent*, DTNH-22-95-C-05192.

(3) By utilizing the three test battery, the reliability rate for identifying drivers with a blood alcohol level at or above the legal limit is at least 90 percent. This information is based on the exhaustive studies regarding the three test battery.

(4) The Department utilizes the three test battery, commonly referred to as **standardized field sobriety tests or SFSTs**, and the preliminary alcohol screening (PAS) device to assist an officer in identifying the impaired driver. The Department recognizes five alternative FSTs and accepts that additional FSTs may be given if approved and authorized by the local district attorney. Officers should not rely on one test as the sole criteria for making a DUI arrest. It is imperative that an officer base his/her opinion to arrest a suspected DUI driver on the totality of the circumstances presented. **It is important to note that a subject DOES NOT pass or fail a field sobriety test.** As the subject performs the FST, an officer makes note of the observable signs of impairment.

b. Horizontal Gaze Nystagmus (HGN).

(1) Because of the unique nature of this test, it should be used only by officers who have received formal training in its administration. HGN is not a psychophysical test. The clues associated with HGN provide valid and reliable indicators of whether a driver is above or below the statutory Blood Alcohol Concentration (BAC) limit.

(2) Types of Nystagmus. Nystagmus is defined as the involuntary jerking of the eyes. There are numerous circumstances under which nystagmus may occur. These circumstances are classified as having the following three origins:

(a) Vestibular Nystagmus. Caused by movement or action to the vestibular system. The vestibular system is a sense organ located in the inner ear. It provides information to the brain and, consequently, to the eyes about position and movement of the head to maintain orientation and balance of the body.

(b) Neural Nystagmus. Neural nystagmus is defined as, of or relating to, affecting a nerve or the nervous system.

(c) Pathological Disorders. Nystagmus may be caused by certain pathological disorders. They include brain tumors, other brain damage, or certain diseases of the inner ear. Persons suffering from these disorders are rarely able to drive.

(3) HGN is a type of neural nystagmus. HGN is defined as the involuntary jerking of the eyes occurring as the eyes gaze toward the side. HGN is the most accurate and reliable FST for determining alcohol influence. In addition, its presence may indicate use of PCP, inhalants, and central nervous system depressants.

(4) Test Administration. It is important to administer the HGN test systematically to ensure that nothing is overlooked.

(a) Set-up.

1 Instruct the subject to remove eyeglasses. Eyeglasses may impede the subject's peripheral vision, and may also impede the officer's ability to observe the eyes carefully. It does not matter whether the subject can see the stimulus with perfect clarity, as long as the subject can see and track the stimulus. Visual acuity is not a factor with this test.

2 Inquire if the subject is wearing colored contact lenses. Contact lenses (hard or soft) will not affect the HGN test; however, colored contact lenses may impede an officer's ability to evaluate pupil size. Officers should not ask a subject to remove contact lenses.

3 Instruct the subject to stand with his/her feet together and hands to his/her sides. The subject shall keep his/her head still and focus his/her eyes on the tip of the specific stimulus (e.g., eraser on a pencil, the tip of a pen-light, or the tip of a finger) and follow the movement with the eyes only.

4 Position the stimulus approximately 12-15 inches in front of the subject's nose and slightly above eye level.

(b) Step One: Tracking Ability.

1 From the center position, move the stimulus smoothly all the way out to the subject's left; then immediately bring the stimulus smoothly across the face all the way out to the subject's right and then back to the center position (should take approximately four [4] seconds).

2 While performing this, observe the subject's eyes and ensure that they track evenly. If the eyes do not track together, there is a possibility the subject is suffering from a neurological disorder or the subject may have an artificial eye. If the eyes do not track together, it is recommended that HGN not be administered.

(c) Step Two: Pupil Size.

1 With the stimulus held in the start or beginning position, visually check to see if both pupils appear to be equal in size (should take four to five [4-5] seconds).

2 The size of the subject's pupils may be affected by some medical condition or injury. If the two pupils are distinctly different in size, it is possible that the subject has an artificial eye, suffering from a past or present head injury, or has a neurological disorder.

(d) Step Three: Lack of Smooth Pursuit.

1 Starting with the stimulus at the center position, move the stimulus smoothly all the way out to the subject's extreme left (should take two [2] seconds). Immediately move the stimulus all the way to the subject's extreme right (this should take four [4] seconds). At least two (2) passes should be performed on each eye. When at the extreme, no white should be seen in the corner of the eye.

2 While checking the left and right eye for "lack of smooth pursuit," look for the jerking of the eye while it is moving. A person's eyes that **do not** display "lack of smooth pursuit" will look similar to a marble that is rolling across a polished pane of glass. A person's eyes that exhibit this clue will look similar to a marble that is rolling across a sheet of coarse sand paper.

(e) Step Four: Distinct Nystagmus at Maximum Deviation.

1 While at the center position, move the stimulus to the subject's extreme left until no white is seen in the corner of the left eye. Hold the stimulus at that position for at least four (4) seconds. Move the stimulus to the subject's extreme right until no white is seen in the corner of the right eye. Hold the stimulus at that position for at least four (4) seconds. At least two (2) passes should be performed on each eye.

2 Look for a distinct, sustained jerking of the eye while the eye gazes to the side. While unimpaired, it is possible that approximately half the population will exhibit a slight jerking of the eye while gazing to the extreme. This slight jerking will not be the very distinct jerking evident when the subject is impaired.

(f) Step Five: Onset of Nystagmus Prior to 45 Degrees.

1 From the center position, move the stimulus slowly to the subject's left. Stop moving the stimulus once it reaches a 45 degree angle relative to the center position. The stimulus should be moved at a speed that would take approximately four (4) seconds to reach a 45 degree angle. If the subject's left eye begins jerking prior to reaching a 45 degree angle, stop moving the stimulus and note that nystagmus was seen prior to 45 degrees.

2 The right eye should then be checked in the same fashion. At least two (2) passes should be performed on each eye. Studies have indicated that approximately four percent of the population, while unimpaired, may have nystagmus prior to a 45 degree angle.

(g) Step Six: Vertical Gaze Nystagmus (VGN). Vertical Gaze Nystagmus occurs as the eyes gaze upward. The presence of this type of nystagmus is associated with high doses of alcohol for that individual and certain other drugs. The drugs that cause Vertical Gaze Nystagmus are the same ones that cause Horizontal Gaze Nystagmus.

1 Position the stimulus horizontally, approximately 12-15 inches (30-38 cm) in front of the subject's nose. Instruct the subject to hold the head still, and follow the stimulus with the eyes only. Raise the stimulus until the subject's eyes are elevated as far as possible. Hold for approximately four (4) seconds. Watch the eyes closely for jerking as they are moved up and are held in the up most position.

2 There is no drug that will cause Vertical Gaze Nystagmus that does not cause Horizontal Gaze Nystagmus. If Vertical Gaze Nystagmus is present and Horizontal Gaze Nystagmus is not, it could be a medical condition.

NOTE: Vertical Gaze Nystagmus was not examined in the original research that led to the validation of the Standardized Field Sobriety Test battery (Horizontal Gaze Nystagmus, Walk-and-Turn, and One-Leg Stand).

(h) Validated Clues. There are six (6) validated clues for HGN. Based upon extensive developmental research into HGN, the criterion for this test is four (4) out of the six (6) clues. Based on validated research,

77 percent of subjects who exhibit at least four (4) of the possible six (6) clues will have a BAC at or above 0.10 percent.

- 1 Lack of smooth pursuit in the left eye.
- 2 Lack of smooth pursuit in the right eye.
- 3 Distinct nystagmus at maximum deviation (left eye).
- 4 Distinct nystagmus at maximum deviation (right eye).
- 5 Angle of onset prior to 45 degrees (left eye).
- 6 Angle of onset prior to 45 degrees (right eye).

(i) Scientific Validity and Reliability. The following cases are landmark court decisions relevant to the admissibility of HGN.

1 *Arizona State v. Blake (1986)*. This is considered a landmark case on HGN because it was the first state supreme court level ruling. The Arizona Supreme Court found that HGN satisfies the *Frye* standards for evidence to corroborate or attack the issue of a suspect's impairment (the *Frye* case set the standards governing the admissibility of "new" scientific evidence).

2 *People v. Joehnk (1995) 35 Cal.App.4<sup>th</sup>*. Joehnk was stopped by a San Diego Police officer for a defective brake light. The officer observed outward signs of intoxication. After the officer correctly administered HGN and other FSTs, the officer formed the opinion that Joehnk was under the influence and arrested him.

a Joehnk was convicted of DUI. On appeal, he argued that HGN did not meet the requirements of *Frye*. Under *Frye*, a court must determine whether a clear majority of the relevant scientific community accepts that the three-part HGN test is useful, when viewed with other relevant indications, in deciding whether a subject is under the influence of alcohol.

b Finding: The court upheld the definition of the relevant scientific community as behavioral psychologists, highway safety experts, criminalists, and medical doctors concerned with the recognition of alcohol intoxication.

c The court further concluded that HGN is accepted in the scientific community as one indicator that a person is under the influence of alcohol.

(j) Relationship of HGN to Specific BAC Level.

1 People v. Loomis (1984) 156 Cal.App.3d Supp.1. The court held that the officer was not entitled to testify as either a lay or expert witness about HGN, or to give his opinion about the defendant's BAC.

2 Stephen Loomis was driving his red Ferrari on US 101 in San Diego County when he was stopped by a CHP officer for speeding and straddling a lane. The officer noticed objective signs of intoxication and administered "Lateral Gaze Nystagmus." The officer testified that based on this test, he formed an opinion as to Loomis' BAC. He stated that Loomis' eye reaction was less than 20 degrees and estimated his BAC between 0.15 and 0.16 percent.

3 Finding: "Without a showing of scientific expertise, a police officer is not qualified to make a numerical correlation between HGN and the numerical level of blood alcohol."

(k) Officer Training, Experience, and Application.

1 Iowa State v. Murphy (1990). The court ruled that the results of a HGN test could be admitted into evidence because HGN was one of the SFSTs and the observations of intoxication obtained from the test were objective in nature. The court noted that the officer was properly trained to administer the test and that there was no need that an officer be specially qualified to be able to interpret the results.

2 People v. Ojeda (1990) 225 Cal.App.3d 404. Two sheriff deputies stopped Ojeda for driving erratically. The deputies observed objective signs of intoxication and administered five FSTs. One of the FSTs was HGN. Ojeda was arrested for DUI. At the trial, one deputy testified that he observed distinct nystagmus at the extremes and a lack of smooth pursuit. Ojeda was found guilty.

a Upon appeal, Ojeda argued that any testimony concerning the test results required scientific expertise which the deputy did not possess. Furthermore, he argued that the deputy did not have the medical expertise to offer an opinion

that there is a correlation between nystagmus and intoxication.

b Court Finding: “We hold only that an officer with sufficient experience may testify based on his/her own experience with relationship between HGN and alcohol intoxication, to an opinion that the subject was or was not under the influence.”

3 In order to document personal experience and training relating to HGN, officers may use the CHP 202C, Influence Evaluations (Rolling Log).

c. Walk and Turn.

(1) Based on scientific research, the Walk and Turn SFST is considered to be the **most sensitive** psychophysical test. This SFST should be conducted on a reasonably smooth flat surface with enough room for the subject to take nine (9) heel-to-toe steps. This SFST can be used with or without a line for the subject to walk on. If a line is not available, it should be explained to the subject to walk an imaginary straight line.

(2) The Walk and Turn test requires the subject to stand in a heel-to-toe fashion with the arms at the sides while a series of instructions are given. Then, the subject must take nine (9) heel-to-toe steps along a straight line, turn in a prescribed manner, and take another nine (9) heel-to-toe steps along the line. All of this must be done while counting the steps aloud, keeping the arms at the sides, and looking at his/her feet. The subject must not stop walking until the test is completed.

(3) This SFST requires the subject to divide attention among mental tasks and physical tasks. The mental tasks include comprehension of verbal instructions, processing of information, and recall of memory. The physical tasks include balance and coordination while standing still, walking, and turning.

(4) Test Administration. The Walk and Turn test has two (2) stages: the instruction stage and the walking stage.

(a) Instruction Stage.

1 Instruct the subject to place his/her left foot on a line.

2 The subject’s right foot is then placed ahead of the left foot with the heel of the right foot against the toe of the left foot.

3 Instruct the subject to place his/her arms to his/her sides and to remain in that position during the instruction phase and until told to begin.

4 Instruct the subject to take nine (9) heel-to-toe steps along the line, turn on the line, and return taking nine (9) heel-to-toe steps.

5 The turn is executed by keeping the ninth (left foot) step in place and rotating around that foot (counter-clockwise) by taking small steps with the right foot 180 degrees or until the subject is facing in the opposite direction.

6 The subject should watch his/her feet while walking, keep his/her hands to his/her sides, while counting each step taken out loud.

7 Instruct the subject that once the walking begins, not to stop walking until the test is completed.

(b) Walking Stage. The subject executes the test.

(5) Validated Clues. Based on validated research, 68 percent of subjects who exhibit at least two (2) of the following eight (8) validated clues will have a BAC at or above 0.10 percent:

(a) Cannot balance during the instructions. This clue is recorded only if the feet actually break apart. Do not record this clue simply because the subject raises his/her arms or wobbles slightly. Even though raising the arms or wobbling is not a validated clue, officers may document the observation as an objective sign of intoxication.

(b) Starts too soon. This clue would be recorded only after the subject has been told not to start walking until told to do so. These first two (2) clues, like all clues in this SFST, can be accumulated only once. If the subject loses balance twice during the instruction stage, it only constitutes one (1) clue.

(c) Stops while walking. Record this clue if the subject stops walking during the test. This includes a pause during walking.

(d) Misses heel-to-toe. In order to document this clue, a gap between the heel and toe of at least one-half inch is necessary.

(e) Steps off the line. Document this clue if the subject steps either right or left of the line.

(f) Uses arms to balance. In order to document this clue, a movement of the arms of six (6) or more inches from the side is required.

(g) Improper turn. Document this clue if the subject turns other than the way the officer has demonstrated the turn. This includes if the subject staggers, stumbles, or falls during the turning movement.

(h) Takes the wrong number of steps. Document this clue if the subject takes more or fewer than nine (9) steps in either direction. Mistakes in the verbal count only do not justify recording this clue.

(6) The SFST may be terminated if the subject cannot safely complete it. Count all eight (8) clues if the SFST is terminated for this reason. Keep in mind, if the subject is performing poorly on this or any FST, but is still relatively safe, allow them to continue.

(7) While performing this SFST, it is possible that the subject may exhibit signs and symptoms of impairment that are not included as one of the validated clues. These signs and symptoms should be documented and considered by an officer when forming his/her opinion to arrest.

d. One-Leg-Stand.

(1) This SFST is the last of the three SFSTs. This SFST should be conducted on a reasonably smooth flat surface. The One-Leg-Stand SFST requires the subject to stand on one leg while the other leg is extended in front of the subject in a “stiff-legged” manner with the foot held approximately six (6) inches above the ground. The subject is to stare at the elevated foot and count out loud in a designated fashion for 30 seconds.

(2) The One-Leg-Stand is another SFST that employs divided attention. The subject’s attention is divided among such simple tasks as balancing, listening, and counting out loud. Although none of these tasks are particularly difficult by themselves, the combination can be very difficult for someone who is impaired.

(3) Test Administration.

(a) Start by instructing the subject to stand with his/her feet together and his/her arms down to his/her sides. The subject shall maintain that position while the officer provides instructions on how to complete the test. Instruct the subject not to begin until told to do so.

(b) Instruct the subject that, when given instructions to begin, he/she must raise one (1) leg of his/her choosing in a “stiff-legged” manner and

hold the foot approximately six (6) inches off the ground with the toes pointed forward so that the foot is parallel with the ground.

(c) The subject must keep his/her arms at his/her sides and must keep looking directly at his/her elevated foot while counting out loud in the following fashion: “one thousand and one, one thousand and two, one thousand and three, and so on until told to stop.”

1 One purpose of having the subject count in this fashion is to observe his/her internal clock. To estimate the passage of 30 seconds, a person will normally count in the following fashion: “one thousand and one, one thousand and two, one thousand and three...” Counting in this fashion will usually allow a person to estimate or actually determine a 30 second passage of time.

2 It is important that the SFST last for 30 seconds. Accordingly, officers should note the time for 30 seconds and stop the SFST after the passage of 30 seconds. For example, if the subject counts slowly, stop the test when 30 seconds have gone by, even if the subject has only counted to “one thousand and twenty.” Contrarily, if the subject is counting rapidly, allow them to continue counting until the passage of 30 seconds has expired.

3 The validation studies have shown that many impaired people can maintain his/her balance for up to 20 seconds, but seldom for up to 30 seconds.

(4) Validated Clues. Based on validated research, 65 percent of subjects who exhibit at least two (2) out of the following four (4) clues will have a BAC at or above 0.10 percent:

(a) Swaying. Swaying means a very distinct, very noticeable side-to-side, front-to-back, or rotational movement of the subject’s elevated foot or of the subject’s body. Slight tremors of the foot or body should not be interpreted as swaying.

(b) Using arms to balance. Document this clue when the arms come away from the sides six (6) or more inches.

(c) Hopping. Document this clue if the subject hops on the support foot during the test.

(d) Putting the foot down. Document this clue if the subject puts his/her elevated foot down during the test. If the subject does drop his/her foot

during this SFST, instruct the subject to lift his/her foot up and continue counting where he/she left off.

(5) Terminate the SFST if the subject cannot safely complete it. Count all four (4) clues if the SFST is terminated for this reason. Keep in mind, if the subject is performing poorly on this or any FST, but is still relatively safe, allow them to continue.

(6) While performing this SFST, it is possible that the subject exhibits signs and symptoms of impairment that are not included as one of the validated clues. These signs and symptoms should be documented and considered when forming an opinion to arrest.

**NOTE: DUE TO THEIR SCIENTIFIC VALIDATION, HGN, WALK AND TURN, AND ONE-LEG-STAND SHOULD BE USED AS PRIMARY FSTs WHENEVER POSSIBLE.**

7. PRELIMINARY ALCOHOL SCREENING (PAS) DEVICE. The PAS test should be given in conjunction with SFSTs or the alternative FSTs listed in this chapter. Except for unusual circumstances, the PAS device shall be the last FST given to a subject. Refer to Chapter 7 of this manual for PAS device operating instructions.

8. ALTERNATIVE FSTs. Alternative FSTs should be used if for some reason the SFSTs cannot be given. The remaining tests are considered alternative or additional FSTs:

a. Romberg Balance.

(1) The Romberg Balance FST was among one of the sobriety tests considered by SCRI during the 1977 study. It was also considered one of six optimal sobriety tests during a 1974 Finnish study. This FST was implemented by the Los Angeles Police Department (LAPD) during the formation of their Drug Recognition Evaluator (DRE) program and it was accepted by NHTSA due to its unique divided attention qualities.

(2) Test Administration. The Romberg Balance FST requires the subject to stand with his/her feet together, head tilted slightly back, and eyes closed while estimating the passage of 30 seconds. When the subject believes that the 30 seconds have passed, he/she should tilt his/her head forward, open his/her eyes, and say, "stop."

(a) Instruct the subject to stand straight with his/her feet together and arms down to his/her sides. That position is to be maintained while the

test instructions are given. Emphasize that the subject must not start the test until told to “start.”

(b) When told to do so, instruct the subject to tilt his/her head back slightly and close his/her eyes. Ensure that the subject tilts his/her head back prior to closing his/her eyes. Closing the eyes first, then tilting the head back, may impair an individual’s normal equilibrium.

(c) Instruct the subject that when told to “start,” he/she must keep his/her head tilted back with his/her eyes closed until he/she thinks that 30 seconds have passed by. Do not tell the subject to count to 30 seconds or use any other specific procedure to keep track of time. Likewise, do not tell the subject that he/she is not allowed to count to 30 seconds.

(d) When the subject believes that 30 seconds have passed, he/she should bring his/her head forward, open his/her eyes, and say, “stop.”

(e) Officers should glance at a watch and pick a convenient time to start the test. When the subject says “stop,” record the passage of time. If 90 seconds elapses before the subject opens his/her eyes, stop the test and ask, “how much time was that?”

(3) Test Interpretation. Some drugs tend to “speed up” the subject’s internal body clock; so, the subject may open his/her eyes after only 10 or 15 seconds. Other drugs may “slow down” the bodies internal clock; so, the subject may keep his/her eyes closed for 60 or more seconds. The major clues associated with the Romberg Balance FST are:

(a) Subject’s ability to follow instructions.

(b) The amount and direction in which the subject sways.

(c) The subject’s estimated passage of 30 seconds.

(d) Eyelid tremors and body/leg tremors.

(e) Muscle tone (either more rigid or more flaccid than normal).

(f) Any statements or unusual sounds made by the subject when performing the test.

b. Finger to Nose. The Finger to Nose FST was among the six optimal sobriety tests that were tested during the initial 1977 study conducted by SCRI. It was also included in a Finnish study conducted in 1974 and was implemented by the LAPD

during the formation of their DRE program. The test is also accepted by NHTSA due to its unique divided attention qualities and depth perception issues.

(1) Test Administration. The subject is required to bring the tip of the index finger up to touch the tip of the nose while his/her eyes are closed and his/her head is tilted slightly back (standing in a manner identical to that required for the Romberg Balance FST). The subject will attempt this six (6) times, three (3) with each hand. The officer will instruct the subject as to which hand to use on each attempt. The Finger to Nose FST differs from the other psychophysical tests in that the examiner must continue to give instructions to the subject throughout the test.

- (a) Start by instructing the subject to place his/her feet together and place his/her arms down at his/her sides.
- (b) Instruct the subject to make a fist with the index finger extended and rotate his/her palms forward.
- (c) When told to do so, the subject should tilt his/her head back slightly and close his/her eyes.
- (d) Ensure that the subject tilts his/her head back prior to closing his/her eyes. Closing the eyes first, then tilting the head back, may impair an individual's normal equilibrium.
- (e) The subject will be instructed to bring either the left or right index finger up to touch the tip of his/her nose. As soon as the finger touches the tip of his/her nose, they must return the arm back down to his/her side.

1 The arm shall come straight out in front of the subject and then the extreme tip of the index finger brought back to touch the extreme tip of the nose.

2 The following sequence should be followed when giving this FST: "Left, Right, Left, Right, Right, Left."

(2) Test Interpretation. The major clues associated with the Finger to Nose FST are:

- (a) The subject's ability to follow instructions.
- (b) The amount and direction in which the subject sways.
- (c) Eyelid tremors and body/leg tremors.

- (d) Muscle tone (either more rigid or more flaccid than normal).
- (e) Any statements or unusual sounds made by the subject when performing the test.
- (f) The subject's depth perception when attempting to touch the nose. Was the speed slow or fast when bringing the finger to the nose?
- (g) Document where the subject touches his/her index finger on his/her face. Did the subject use the correct sequence as directed?

c. Hand Pat.

(1) Although the Hand Pat test has not been tested under scientific conditions, experienced officers have indicated that it is a reliable FST. It requires the subject to divide his/her attention between simple mental and physical tasks. Many of the same necessary exercises used to drive a vehicle are tested with the Hand Pat FST. Tasks such as:

- (a) Information processing.
- (b) Short-term memory.
- (c) Judgment and decision making.
- (d) Steady, sure reactions.
- (e) Clear vision.
- (f) Small muscle control.
- (g) Coordination of limbs.

(2) The Hand Pat FST requires a subject to place one hand extended, palm up, out in front of him/her. 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, ONE, TWO, etc.," in relation with each pat.

- (a) Test Administration. Start by instructing the subject to stand with his/her feet together and arms to his/her sides. Instruct the subject not to begin until told to do so.

1 When told to do so, instruct the subject to put one hand out in front of him/her with the open palm facing upward. The opposite hand is then placed on top of the first hand with the open palm facing downward.

2 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.

3 When told 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." The process then repeats. The subject should start at a slow speed then, gradually increase the speed until a relatively rapid pace is reached.

4 The subject should perform this FST for a minimum of 10 seconds but no more than 15 seconds.

(b) Test Interpretation. The major clues associated with the Hand Pat FST are:

1 The subject's ability to follow instructions.

2 Starts too soon.

3 The subject does not count as instructed.

4 The subject does not pat his/her hands as instructed.

5 Stops before instructed to do so.

d. Finger Count.

(1) The Finger Count FST has been used by experienced officers to assist them in DUI investigations for several years and was among one of the six primary FSTs studied by SCRI during the 1977 scientific research of FSTs. The Finger Count FST is also recommended by NHTSA as an additional test to assist an officer with a DUI investigation. Many of the same necessary exercises used to drive a vehicle are tested with the Finger Count FST. Tasks such as:

(a) Information processing.

- (b) Short-term memory.
- (c) Judgment and decision making.
- (d) Steady, sure reactions.
- (e) Clear vision.
- (f) Small muscle control.
- (g) Coordination of limbs.

(2) The Finger Count FST requires a subject to put one hand in front of him/her with the extended palm facing upward. The tip of the thumb is then touched with the tip of the index, middle, ring, and little finger. After each touch, the finger and thumb are separated. The subject is required to count out loud, "ONE, TWO, THREE, FOUR" in relation to each finger-thumb connection. The process is then reversed. Three (3) complete sets are performed.

(a) Test Administration. Start by instructing the subject to stand with his/her feet together and arms to his/her sides. Instruct the subject not to begin until told to do so.

1 When told to do so, instruct the subject to extend one hand directly in front of him/her. Open the hand with the palm facing upward. The thumb is then touched with the index finger and the subject shall count out loud, "ONE." The thumb is then touched with the middle finger and the subject shall count out loud, "TWO." The thumb is then touched with the ring finger and the subject shall count out loud, "THREE." The thumb is then touched with the little finger and the subject shall count out loud, "FOUR."

2 The process is then reversed. The thumb is touched with the little finger and the subject shall count out loud, "FOUR." The thumb is touched with the ring finger and the subject shall count out loud, "THREE." The thumb is then touched with the middle finger and the subject shall count out loud, "TWO." The thumb is then touched with the index finger and the subject shall count out loud, "ONE."

3 The subject is then instructed to perform three (3) complete sets. Ensure that the subject understands the FST instructions.

(b) Test Interpretation. The major clues associated with the Finger Count FST are:

- 1 The subject's ability to follow instructions.
- 2 The subject starts too soon.
- 3 The subject does not count as instructed.
- 4 The subject does not touch fingers as instructed.
- 5 The subject does not perform the correct number of sets.
- 6 The subject stops before instructed to do so.

e. Alphabet.

(1) The Alphabet FST has been used for several years to assist law enforcement officers in DUI investigations. It also has been recommended by NHTSA as an additional test to assist an officer with a DUI investigation since many of the same tasks used to drive a vehicle are tested with this FST (tasks such as information processing, short-term memory, judgment and decision making, balance, steady and sure reactions, clear vision, small muscle control, and coordination of limbs).

(2) Test Administration. The Alphabet FST requires a subject to recite the English alphabet out loud. An alternate method to conduct the Alphabet FST requires a subject to write the English alphabet and then sign and date the paper.

(a) Verbal Method.

- 1 Start by instructing the subject to stand with his/her feet together and arms to his/her sides. Instruct the subject not to begin until told to do so.
- 2 Ask the subject if they know the English alphabet. Ascertain what education level the subject may have to ensure his/her ability to perform this FST.
- 3 Instruct the subject to verbally recite the English alphabet.

(b) Written Method.

1 Start by instructing the subject to stand with his/her feet together and arms to his/her sides. Instruct the subject not to begin until told to do so.

2 Ask the subject if they know the English alphabet. Ascertain what education level the subject may have to ensure his/her ability to perform this FST.

3 Place a piece of paper on a solid stationary object and give a pen to the subject. The paper should be a piece of note paper or other paper small enough to be attached to the report.

4 Instruct the subject to write the English alphabet on the piece of paper. Also, instruct the subject to sign and date the paper.

5 If the subject is arrested, the paper shall be attached to the arrest report and retained with the original file. If the subject is not arrested, the paper may be destroyed since there is no legal requirement to retain the paper.

(3) Test Interpretation. The major clues associated with the Alphabet FST are:

- (a) The subject's ability to follow instructions.
- (b) The subject starts too soon.
- (c) The subject does not recite the alphabet correctly.
- (d) The subject does not write the alphabet correctly (e.g., omits, repeats letters, runs out of space on paper, size of letters are inconsistent, writes in cursive, etc.).
- (e) The subject exhibits slurred or incoherent speech.

9. REFUSAL TO COOPERATE.

a. It is impossible to demand or force anyone to complete an FST against his/her will. If a subject refuses to take one or more of the FSTs, the significance of the test and of his/her refusal should be explained in the narrative of the report.

Proper documentation of the subject's refusal to cooperate will help establish a consciousness of guilt for the subject.

b. This philosophy is supported in *People v. Bennett*, (1983) 139-Cal.App.3d 767. In the *Bennett* case, the court addressed the following issues:

(1) The administration of a FST does not constitute an unlawful detention. Following a detention, FSTs based upon a reasonable suspicion that the driver is under the influence, do not violate the Fourth Amendment.

(2) The administration of a FST does not compel a subject to incriminate him/herself in violation of his/her Fifth Amendment privilege against self-incrimination. The administration of a FST is not a functional equivalent of a custodial interrogation. The results of the test do not equate to un-Mirandized statements. The results of a FST are not "testimonial" in nature. They are more like handwriting samples or the results of a blood test (i.e., more like "real or physical evidence"). The privilege against self-incrimination is not applicable to a FST.

(3) Probable cause to arrest a "drunk driving" subject can arise independently of a FST. An officer may, in a particular case, have probable cause to arrest a driver for being under the influence even without the results of a FST.

c. **FSTs SHOULD BE ADMINISTERED IN ALL CASES EXCEPT WHEN, IN THE OFFICER'S OPINION, IT IS IMPRACTICAL.**

# D.U.I. Field Evaluation Notes – CHP 202S (Side 1)

**CALIFORNIA HIGHWAY PATROL**  
**D.U.I. FIELD EVALUATION NOTES**  
CHP 202S (Rev. 5-03) OPI 091

Subject Name: \_\_\_\_\_

Stop Time: \_\_\_\_\_ Arrest Time: \_\_\_\_\_

**HORIZONTAL GAZE NYSTAGMUS**  
1. Equal Tracking 2. Equal Pupil Size

	Left	Right
Lack of smooth pursuit		
Distinct nystagmus at max. deviation		
Nystagmus prior to 45°		
Vertical nystagmus (not validated)		

**DRUG INFLUENCE EYE EXAMS** (not validated)

Contacts Y or N \_\_\_\_\_ Color Contacts Y or N \_\_\_\_\_

Lack of convergence		
Pupil size - existing light		
Pupil size - direct light		
Pupillary reaction to light (within 1 sec)		

**WALK & TURN**

**Instruction Stage**

Cannot keep balance	
Starts too soon	

Walking Stage	1st Nine	2nd Nine
Stops walking		
Misses Heel-To-Toe 1/2"		
Steps off line		
Raises arms- 6" or more		
Actual steps taken		
Turns Improperly-Describe:	Shoes: _____	

Comments: \_\_\_\_\_

**ONE-LEG-STAND**

Leg Raised - Left	Right
Puts Foot Down	Sways
Uses Arms for Balance	Hops
Count Reached at 30 Seconds: _____	

Comments: \_\_\_\_\_

**ROMBERG BALANCE**

Internal Clock \_\_\_\_\_ at 30 seconds

Side to Side Sway \_\_\_\_\_ Front to Back Sway \_\_\_\_\_

Comments: \_\_\_\_\_

**FINGER TO NOSE** (Sequence: Left, Right, Left, Right, Right, Left)

L	R
L	R
R	L

Comments: \_\_\_\_\_

**P. A. S. RESULTS**

Test 1: \_\_\_\_\_ Test 2: \_\_\_\_\_

Time: \_\_\_\_\_ Time: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Temp: \_\_\_\_\_

*Original CHP 202S shall be attached to the arrest report.*

---

**CALIFORNIA HIGHWAY PATROL**  
**D.U.I. FIELD EVALUATION NOTES**  
CHP 202S (Rev. 5-03) OPI 091

Subject Name: \_\_\_\_\_

Stop Time: \_\_\_\_\_ Arrest Time: \_\_\_\_\_

**HORIZONTAL GAZE NYSTAGMUS**  
1. Equal Tracking 2. Equal Pupil Size

	Left	Right
Lack of smooth pursuit		
Distinct nystagmus at max. deviation		
Nystagmus prior to 45°		
Vertical nystagmus (not validated)		

**DRUG INFLUENCE EYE EXAMS** (not validated)

Contacts Y or N \_\_\_\_\_ Color Contacts Y or N \_\_\_\_\_

Lack of convergence		
Pupil size - existing light		
Pupil size - direct light		
Pupillary reaction to light (within 1 sec)		

**WALK & TURN**

**Instruction Stage**

Cannot keep balance	
Starts too soon	

Walking Stage	1st Nine	2nd Nine
Stops walking		
Misses Heel-To-Toe 1/2"		
Steps off line		
Raises arms- 6" or more		
Actual steps taken		
Turns Improperly-Describe:	Shoes: _____	

Comments: \_\_\_\_\_

**ONE-LEG-STAND**

Leg Raised - Left	Right
Puts Foot Down	Sways
Uses Arms for Balance	Hops
Count Reached at 30 Seconds: _____	

Comments: \_\_\_\_\_

**ROMBERG BALANCE**

Internal Clock \_\_\_\_\_ at 30 seconds

Side to Side Sway \_\_\_\_\_ Front to Back Sway \_\_\_\_\_

Comments: \_\_\_\_\_

**FINGER TO NOSE** (Sequence: Left, Right, Left, Right, Right, Left)

L	R
L	R
R	L

Comments: \_\_\_\_\_

**P. A. S. RESULTS**

Test 1: \_\_\_\_\_ Test 2: \_\_\_\_\_

Time: \_\_\_\_\_ Time: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Temp: \_\_\_\_\_

*Original CHP 202S shall be attached to the arrest report.*

2-A-1

ANNEX A  
HPM 70.4

## D.U.I. Field Evaluation Notes – CHP 202S (Side 2)

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; background-color: #e0e0e0;">INVESTIGATION INTERVIEW - (Spanish)</th> </tr> <tr><td>1. ¿Tiene problemas mecánicos con su carro?</td></tr> <tr><td>2. ¿Está usted enfermo o herido?</td></tr> <tr><td>3. ¿Es usted diabético o epileptico?</td></tr> <tr><td>4. ¿Toma usted insulina?</td></tr> <tr><td>5. ¿Tiene usted defectos físicos? (pies, piernas, tobillos, caderas)</td></tr> <tr><td>6. ¿Cuándo durmió usted la última vez? ¿Cuántas horas?</td></tr> <tr><td>7. ¿Cuándo comió usted la última vez? ¿Qué comió?</td></tr> <tr><td>8. ¿Estaba usted manejando el vehículo?</td></tr> <tr><td>9. ¿Dónde empezó a manejar?</td></tr> <tr><td>10. ¿A dónde iba usted?</td></tr> <tr><td>11. ¿Dónde le pararon?</td></tr> <tr><td>12. ¿Qué tomó usted? ¿Cuánto tomó?</td></tr> <tr><td>13. ¿Cuándo empezó a tomar?</td></tr> <tr><td>14. ¿Cuándo dejó de tomar?</td></tr> <tr><td>15. ¿Dónde estaba tomando?</td></tr> <tr><td>16. ¿Siente usted los efectos de las bebidas?</td></tr> <tr><td>17. ¿Ha golpeado su cabeza?</td></tr> <tr><td>18. ¿Ha tomado después del accidente? ¿Qué tomó?</td></tr> <tr><td>19. ¿Está usted bajo el cuidado de un doctor o dentista?</td></tr> <tr><td>20. ¿Ha tomado medicina o drogas? ¿Qué tomó? ¿Cuánto tomó?</td></tr> <tr><td>21. ¿Siente los efectos de la medicina o drogas? Explique/Describa</td></tr> <tr><td>22. ¿Ha tenido cirugía recientemente?</td></tr> <tr> <th style="text-align: center; background-color: #e0e0e0;">P.A.S. ADMONITION</th> </tr> <tr> <td> <p><b>UNDER 21</b> - Está obligado por la ley a someterse a una prueba preliminar de alcohol.</p> <p><b>21 or OVER</b> - Le pido que se someta a una prueba preliminar de alcohol para asíirme en determinar si usted esta bajo la influencia de alcohol. Usted puede negarse a someterse a esta prueba. Sin embargo, esta prueba no es parte del consentimiento implícito. Si es arrestado, estará obligado a dar una muestra de su sangre, aliento, u orina para determinar el contenido de alcohol o droga en su sangre.</p> </td> </tr> <tr> <th style="text-align: center; background-color: #e0e0e0;">IMPLIED CONSENT ADVISEMENT (23612 CVC)</th> </tr> <tr> <td> <p><b>ENGLISH:</b> You are required by state law to submit to a chemical test to determine the alcoholic content of your blood. You have the choice of taking a blood or breath test. Which test do you want?</p> <p><b>SPANISH:</b> Usted está obligado por la ley a someterse a un examen químico para determinar el contenido alcohólico de su sangre. ¿Cuál examen quiere usted, sangre o aliento?</p> </td> </tr> </table>	INVESTIGATION INTERVIEW - (Spanish)	1. ¿Tiene problemas mecánicos con su carro?	2. ¿Está usted enfermo o herido?	3. ¿Es usted diabético o epileptico?	4. ¿Toma usted insulina?	5. ¿Tiene usted defectos físicos? (pies, piernas, tobillos, caderas)	6. ¿Cuándo durmió usted la última vez? ¿Cuántas horas?	7. ¿Cuándo comió usted la última vez? ¿Qué comió?	8. ¿Estaba usted manejando el vehículo?	9. ¿Dónde empezó a manejar?	10. ¿A dónde iba usted?	11. ¿Dónde le pararon?	12. ¿Qué tomó usted? ¿Cuánto tomó?	13. ¿Cuándo empezó a tomar?	14. ¿Cuándo dejó de tomar?	15. ¿Dónde estaba tomando?	16. ¿Siente usted los efectos de las bebidas?	17. ¿Ha golpeado su cabeza?	18. ¿Ha tomado después del accidente? ¿Qué tomó?	19. ¿Está usted bajo el cuidado de un doctor o dentista?	20. ¿Ha tomado medicina o drogas? ¿Qué tomó? ¿Cuánto tomó?	21. ¿Siente los efectos de la medicina o drogas? Explique/Describa	22. ¿Ha tenido cirugía recientemente?	P.A.S. ADMONITION	<p><b>UNDER 21</b> - Está obligado por la ley a someterse a una prueba preliminar de alcohol.</p> <p><b>21 or OVER</b> - Le pido que se someta a una prueba preliminar de alcohol para asíirme en determinar si usted esta bajo la influencia de alcohol. Usted puede negarse a someterse a esta prueba. Sin embargo, esta prueba no es parte del consentimiento implícito. Si es arrestado, estará obligado a dar una muestra de su sangre, aliento, u orina para determinar el contenido de alcohol o droga en su sangre.</p>	IMPLIED CONSENT ADVISEMENT (23612 CVC)	<p><b>ENGLISH:</b> You are required by state law to submit to a chemical test to determine the alcoholic content of your blood. You have the choice of taking a blood or breath test. Which test do you want?</p> <p><b>SPANISH:</b> Usted está obligado por la ley a someterse a un examen químico para determinar el contenido alcohólico de su sangre. ¿Cuál examen quiere usted, sangre o aliento?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; background-color: #e0e0e0;">INVESTIGATION INTERVIEW - (English)</th> </tr> <tr><td>1. ANYTHING WRONG WITH YOUR VEHICLE?</td></tr> <tr><td>2. ARE YOU SICK OR INJURED?</td></tr> <tr><td>3. ARE YOU DIABETIC OR EPILEPTIC?</td></tr> <tr><td>4. DO YOU TAKE INSULIN?</td></tr> <tr><td>5. DO YOU HAVE ANY PHYSICAL IMPAIRMENTS?</td></tr> <tr><td>6. WHEN DID YOU LAST SLEEP? HOW LONG?</td></tr> <tr><td>7. WHEN DID YOU LAST EAT? DESCRIBE?</td></tr> <tr><td>8. WERE YOU DRIVING THE VEHICLE?</td></tr> <tr><td>9. WHERE DID YOU START DRIVING?</td></tr> <tr><td>10. WHERE WERE YOU GOING?</td></tr> <tr><td>11. WHERE WERE YOU STOPPED?</td></tr> <tr><td>12. WHAT HAVE YOU BEEN DRINKING? HOW MUCH? LONG?</td></tr> <tr><td>13. WHAT TIME DID YOU START DRINKING?</td></tr> <tr><td>14. WHAT TIME DID YOU STOP DRINKING?</td></tr> <tr><td>15. WHERE WERE YOU DRINKING?</td></tr> <tr><td>16. DO YOU FEEL THE EFFECTS OF THE DRINKS?</td></tr> <tr><td>17. DID YOU BUMP YOUR HEAD?</td></tr> <tr><td>18. HAVE YOU BEEN DRINKING SINCE THE ACCIDENT? WHAT?</td></tr> <tr><td>19. ARE YOU UNDER THE CARE OF A DOCTOR OR DENTIST?</td></tr> <tr><td>20. HAVE YOU TAKEN ANY MEDICINE OR DRUGS?</td></tr> <tr><td>21. DO YOU FEEL THE EFFECTS OF MEDICINE/DRUGS?</td></tr> <tr><td>22. RECENT SURGERY PERFORMED?</td></tr> <tr> <th style="text-align: center; background-color: #e0e0e0;">P.A.S. ADMONITION</th> </tr> <tr> <td> <p><b>UNDER 21</b> -You are obligated by law to submit to a PAS test.</p> <p><b>21 or OVER</b> - I am requesting that you take a preliminary alcohol screening test to further assist me in determining whether you are under the influence of alcohol. You may refuse to take this test; however, this is not an implied consent test and if arrested, you will be required to give a sample of your blood or breath, for the purpose of determining the actual alcoholic and drug content of your blood.</p> </td> </tr> <tr> <th style="text-align: center; background-color: #e0e0e0;">FIELD SOBRIETY TESTS</th> </tr> <tr> <td> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. HGN *</td> <td style="width: 50%;">6. FINGER COUNT</td> </tr> <tr> <td>2. WALK AND TURN *</td> <td>7. HAND PAT</td> </tr> <tr> <td>3. ONE LEG STAND *</td> <td>8. ALPHABET</td> </tr> <tr> <td>4. ROMBERG BALANCE</td> <td>9. P.A.S.</td> </tr> <tr> <td>5. FINGER TO NOSE</td> <td></td> </tr> </table> <p style="text-align: right;">*SCIENTIFICALLY VALID</p> </td> </tr> </table>	INVESTIGATION INTERVIEW - (English)	1. ANYTHING WRONG WITH YOUR VEHICLE?	2. ARE YOU SICK OR INJURED?	3. ARE YOU DIABETIC OR EPILEPTIC?	4. DO YOU TAKE INSULIN?	5. DO YOU HAVE ANY PHYSICAL IMPAIRMENTS?	6. WHEN DID YOU LAST SLEEP? HOW LONG?	7. WHEN DID YOU LAST EAT? DESCRIBE?	8. WERE YOU DRIVING THE VEHICLE?	9. WHERE DID YOU START DRIVING?	10. WHERE WERE YOU GOING?	11. WHERE WERE YOU STOPPED?	12. WHAT HAVE YOU BEEN DRINKING? HOW MUCH? LONG?	13. WHAT TIME DID YOU START DRINKING?	14. WHAT TIME DID YOU STOP DRINKING?	15. WHERE WERE YOU DRINKING?	16. DO YOU FEEL THE EFFECTS OF THE DRINKS?	17. DID YOU BUMP YOUR HEAD?	18. HAVE YOU BEEN DRINKING SINCE THE ACCIDENT? WHAT?	19. ARE YOU UNDER THE CARE OF A DOCTOR OR DENTIST?	20. HAVE YOU TAKEN ANY MEDICINE OR DRUGS?	21. DO YOU FEEL THE EFFECTS OF MEDICINE/DRUGS?	22. RECENT SURGERY PERFORMED?	P.A.S. ADMONITION	<p><b>UNDER 21</b> -You are obligated by law to submit to a PAS test.</p> <p><b>21 or OVER</b> - I am requesting that you take a preliminary alcohol screening test to further assist me in determining whether you are under the influence of alcohol. You may refuse to take this test; however, this is not an implied consent test and if arrested, you will be required to give a sample of your blood or breath, for the purpose of determining the actual alcoholic and drug content of your blood.</p>	FIELD SOBRIETY TESTS	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. HGN *</td> <td style="width: 50%;">6. FINGER COUNT</td> </tr> <tr> <td>2. WALK AND TURN *</td> <td>7. HAND PAT</td> </tr> <tr> <td>3. ONE LEG STAND *</td> <td>8. ALPHABET</td> </tr> <tr> <td>4. ROMBERG BALANCE</td> <td>9. P.A.S.</td> </tr> <tr> <td>5. FINGER TO NOSE</td> <td></td> </tr> </table> <p style="text-align: right;">*SCIENTIFICALLY VALID</p>	1. HGN *	6. FINGER COUNT	2. WALK AND TURN *	7. HAND PAT	3. ONE LEG STAND *	8. ALPHABET	4. ROMBERG BALANCE	9. P.A.S.	5. FINGER TO NOSE	
INVESTIGATION INTERVIEW - (Spanish)																																																																	
1. ¿Tiene problemas mecánicos con su carro?																																																																	
2. ¿Está usted enfermo o herido?																																																																	
3. ¿Es usted diabético o epileptico?																																																																	
4. ¿Toma usted insulina?																																																																	
5. ¿Tiene usted defectos físicos? (pies, piernas, tobillos, caderas)																																																																	
6. ¿Cuándo durmió usted la última vez? ¿Cuántas horas?																																																																	
7. ¿Cuándo comió usted la última vez? ¿Qué comió?																																																																	
8. ¿Estaba usted manejando el vehículo?																																																																	
9. ¿Dónde empezó a manejar?																																																																	
10. ¿A dónde iba usted?																																																																	
11. ¿Dónde le pararon?																																																																	
12. ¿Qué tomó usted? ¿Cuánto tomó?																																																																	
13. ¿Cuándo empezó a tomar?																																																																	
14. ¿Cuándo dejó de tomar?																																																																	
15. ¿Dónde estaba tomando?																																																																	
16. ¿Siente usted los efectos de las bebidas?																																																																	
17. ¿Ha golpeado su cabeza?																																																																	
18. ¿Ha tomado después del accidente? ¿Qué tomó?																																																																	
19. ¿Está usted bajo el cuidado de un doctor o dentista?																																																																	
20. ¿Ha tomado medicina o drogas? ¿Qué tomó? ¿Cuánto tomó?																																																																	
21. ¿Siente los efectos de la medicina o drogas? Explique/Describa																																																																	
22. ¿Ha tenido cirugía recientemente?																																																																	
P.A.S. ADMONITION																																																																	
<p><b>UNDER 21</b> - Está obligado por la ley a someterse a una prueba preliminar de alcohol.</p> <p><b>21 or OVER</b> - Le pido que se someta a una prueba preliminar de alcohol para asíirme en determinar si usted esta bajo la influencia de alcohol. Usted puede negarse a someterse a esta prueba. Sin embargo, esta prueba no es parte del consentimiento implícito. Si es arrestado, estará obligado a dar una muestra de su sangre, aliento, u orina para determinar el contenido de alcohol o droga en su sangre.</p>																																																																	
IMPLIED CONSENT ADVISEMENT (23612 CVC)																																																																	
<p><b>ENGLISH:</b> You are required by state law to submit to a chemical test to determine the alcoholic content of your blood. You have the choice of taking a blood or breath test. Which test do you want?</p> <p><b>SPANISH:</b> Usted está obligado por la ley a someterse a un examen químico para determinar el contenido alcohólico de su sangre. ¿Cuál examen quiere usted, sangre o aliento?</p>																																																																	
INVESTIGATION INTERVIEW - (English)																																																																	
1. ANYTHING WRONG WITH YOUR VEHICLE?																																																																	
2. ARE YOU SICK OR INJURED?																																																																	
3. ARE YOU DIABETIC OR EPILEPTIC?																																																																	
4. DO YOU TAKE INSULIN?																																																																	
5. DO YOU HAVE ANY PHYSICAL IMPAIRMENTS?																																																																	
6. WHEN DID YOU LAST SLEEP? HOW LONG?																																																																	
7. WHEN DID YOU LAST EAT? DESCRIBE?																																																																	
8. WERE YOU DRIVING THE VEHICLE?																																																																	
9. WHERE DID YOU START DRIVING?																																																																	
10. WHERE WERE YOU GOING?																																																																	
11. WHERE WERE YOU STOPPED?																																																																	
12. WHAT HAVE YOU BEEN DRINKING? HOW MUCH? LONG?																																																																	
13. WHAT TIME DID YOU START DRINKING?																																																																	
14. WHAT TIME DID YOU STOP DRINKING?																																																																	
15. WHERE WERE YOU DRINKING?																																																																	
16. DO YOU FEEL THE EFFECTS OF THE DRINKS?																																																																	
17. DID YOU BUMP YOUR HEAD?																																																																	
18. HAVE YOU BEEN DRINKING SINCE THE ACCIDENT? WHAT?																																																																	
19. ARE YOU UNDER THE CARE OF A DOCTOR OR DENTIST?																																																																	
20. HAVE YOU TAKEN ANY MEDICINE OR DRUGS?																																																																	
21. DO YOU FEEL THE EFFECTS OF MEDICINE/DRUGS?																																																																	
22. RECENT SURGERY PERFORMED?																																																																	
P.A.S. ADMONITION																																																																	
<p><b>UNDER 21</b> -You are obligated by law to submit to a PAS test.</p> <p><b>21 or OVER</b> - I am requesting that you take a preliminary alcohol screening test to further assist me in determining whether you are under the influence of alcohol. You may refuse to take this test; however, this is not an implied consent test and if arrested, you will be required to give a sample of your blood or breath, for the purpose of determining the actual alcoholic and drug content of your blood.</p>																																																																	
FIELD SOBRIETY TESTS																																																																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. HGN *</td> <td style="width: 50%;">6. FINGER COUNT</td> </tr> <tr> <td>2. WALK AND TURN *</td> <td>7. HAND PAT</td> </tr> <tr> <td>3. ONE LEG STAND *</td> <td>8. ALPHABET</td> </tr> <tr> <td>4. ROMBERG BALANCE</td> <td>9. P.A.S.</td> </tr> <tr> <td>5. FINGER TO NOSE</td> <td></td> </tr> </table> <p style="text-align: right;">*SCIENTIFICALLY VALID</p>	1. HGN *	6. FINGER COUNT	2. WALK AND TURN *	7. HAND PAT	3. ONE LEG STAND *	8. ALPHABET	4. ROMBERG BALANCE	9. P.A.S.	5. FINGER TO NOSE																																																								
1. HGN *	6. FINGER COUNT																																																																
2. WALK AND TURN *	7. HAND PAT																																																																
3. ONE LEG STAND *	8. ALPHABET																																																																
4. ROMBERG BALANCE	9. P.A.S.																																																																
5. FINGER TO NOSE																																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; background-color: #e0e0e0;">INVESTIGATION INTERVIEW - (Spanish)</th> </tr> <tr><td>1. ¿Tiene problemas mecánicos con su carro?</td></tr> <tr><td>2. ¿Está usted enfermo o herido?</td></tr> <tr><td>3. ¿Es usted diabético o epileptico?</td></tr> <tr><td>4. ¿Toma usted insulina?</td></tr> <tr><td>5. ¿Tiene usted defectos físicos? (pies, piernas, tobillos, caderas)</td></tr> <tr><td>6. ¿Cuándo durmió usted la última vez? ¿Cuántas horas?</td></tr> <tr><td>7. ¿Cuándo comió usted la última vez? ¿Qué comió?</td></tr> <tr><td>8. ¿Estaba usted manejando el vehículo?</td></tr> <tr><td>9. ¿Dónde empezó a manejar?</td></tr> <tr><td>10. ¿A dónde iba usted?</td></tr> <tr><td>11. ¿Dónde le pararon?</td></tr> <tr><td>12. ¿Qué tomó usted? ¿Cuánto tomó?</td></tr> <tr><td>13. ¿Cuándo empezó a tomar?</td></tr> <tr><td>14. ¿Cuándo dejó de tomar?</td></tr> <tr><td>15. ¿Dónde estaba tomando?</td></tr> <tr><td>16. ¿Siente usted los efectos de las bebidas?</td></tr> <tr><td>17. ¿Ha golpeado su cabeza?</td></tr> <tr><td>18. ¿Ha tomado después del accidente? ¿Qué tomó?</td></tr> <tr><td>19. ¿Está usted bajo el cuidado de un doctor o dentista?</td></tr> <tr><td>20. ¿Ha tomado medicina o drogas? ¿Qué tomó? ¿Cuánto tomó?</td></tr> <tr><td>21. ¿Siente los efectos de la medicina o drogas? Explique/Describa</td></tr> <tr><td>22. ¿Ha tenido cirugía recientemente?</td></tr> <tr> <th style="text-align: center; background-color: #e0e0e0;">P.A.S. ADMONITION</th> </tr> <tr> <td> <p><b>UNDER 21</b> - Está obligado por la ley a someterse a una prueba preliminar de alcohol.</p> <p><b>21 or OVER</b> - Le pido que se someta a una prueba preliminar de alcohol para asíirme en determinar si usted esta bajo la influencia de alcohol. Usted puede negarse a someterse a esta prueba. Sin embargo, esta prueba no es parte del consentimiento implícito. Si es arrestado, estará obligado a dar una muestra de su sangre, aliento, u orina para determinar el contenido de alcohol o droga en su sangre.</p> </td> </tr> <tr> <th style="text-align: center; background-color: #e0e0e0;">IMPLIED CONSENT ADVISEMENT (23612 CVC)</th> </tr> <tr> <td> <p><b>ENGLISH:</b> You are required by state law to submit to a chemical test to determine the alcoholic content of your blood. You have the choice of taking a blood or breath test. Which test do you want?</p> <p><b>SPANISH:</b> Usted está obligado por la ley a someterse a un examen químico para determinar el contenido alcohólico de su sangre. ¿Cuál examen quiere usted, sangre o aliento?</p> </td> </tr> </table>	INVESTIGATION INTERVIEW - (Spanish)	1. ¿Tiene problemas mecánicos con su carro?	2. ¿Está usted enfermo o herido?	3. ¿Es usted diabético o epileptico?	4. ¿Toma usted insulina?	5. ¿Tiene usted defectos físicos? (pies, piernas, tobillos, caderas)	6. ¿Cuándo durmió usted la última vez? ¿Cuántas horas?	7. ¿Cuándo comió usted la última vez? ¿Qué comió?	8. ¿Estaba usted manejando el vehículo?	9. ¿Dónde empezó a manejar?	10. ¿A dónde iba usted?	11. ¿Dónde le pararon?	12. ¿Qué tomó usted? ¿Cuánto tomó?	13. ¿Cuándo empezó a tomar?	14. ¿Cuándo dejó de tomar?	15. ¿Dónde estaba tomando?	16. ¿Siente usted los efectos de las bebidas?	17. ¿Ha golpeado su cabeza?	18. ¿Ha tomado después del accidente? ¿Qué tomó?	19. ¿Está usted bajo el cuidado de un doctor o dentista?	20. ¿Ha tomado medicina o drogas? ¿Qué tomó? ¿Cuánto tomó?	21. ¿Siente los efectos de la medicina o drogas? Explique/Describa	22. ¿Ha tenido cirugía recientemente?	P.A.S. ADMONITION	<p><b>UNDER 21</b> - Está obligado por la ley a someterse a una prueba preliminar de alcohol.</p> <p><b>21 or OVER</b> - Le pido que se someta a una prueba preliminar de alcohol para asíirme en determinar si usted esta bajo la influencia de alcohol. Usted puede negarse a someterse a esta prueba. Sin embargo, esta prueba no es parte del consentimiento implícito. Si es arrestado, estará obligado a dar una muestra de su sangre, aliento, u orina para determinar el contenido de alcohol o droga en su sangre.</p>	IMPLIED CONSENT ADVISEMENT (23612 CVC)	<p><b>ENGLISH:</b> You are required by state law to submit to a chemical test to determine the alcoholic content of your blood. You have the choice of taking a blood or breath test. Which test do you want?</p> <p><b>SPANISH:</b> Usted está obligado por la ley a someterse a un examen químico para determinar el contenido alcohólico de su sangre. ¿Cuál examen quiere usted, sangre o aliento?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; background-color: #e0e0e0;">INVESTIGATION INTERVIEW - (English)</th> </tr> <tr><td>1. ANYTHING WRONG WITH YOUR VEHICLE?</td></tr> <tr><td>2. ARE YOU SICK OR INJURED?</td></tr> <tr><td>3. ARE YOU DIABETIC OR EPILEPTIC?</td></tr> <tr><td>4. DO YOU TAKE INSULIN?</td></tr> <tr><td>5. DO YOU HAVE ANY PHYSICAL IMPAIRMENTS?</td></tr> <tr><td>6. WHEN DID YOU LAST SLEEP? HOW LONG?</td></tr> <tr><td>7. WHEN DID YOU LAST EAT? DESCRIBE?</td></tr> <tr><td>8. WERE YOU DRIVING THE VEHICLE?</td></tr> <tr><td>9. WHERE DID YOU START DRIVING?</td></tr> <tr><td>10. WHERE WERE YOU GOING?</td></tr> <tr><td>11. WHERE WERE YOU STOPPED?</td></tr> <tr><td>12. WHAT HAVE YOU BEEN DRINKING? HOW MUCH? LONG?</td></tr> <tr><td>13. WHAT TIME DID YOU START DRINKING?</td></tr> <tr><td>14. WHAT TIME DID YOU STOP DRINKING?</td></tr> <tr><td>15. WHERE WERE YOU DRINKING?</td></tr> <tr><td>16. DO YOU FEEL THE EFFECTS OF THE DRINKS?</td></tr> <tr><td>17. DID YOU BUMP YOUR HEAD?</td></tr> <tr><td>18. HAVE YOU BEEN DRINKING SINCE THE ACCIDENT? WHAT?</td></tr> <tr><td>19. ARE YOU UNDER THE CARE OF A DOCTOR OR DENTIST?</td></tr> <tr><td>20. HAVE YOU TAKEN ANY MEDICINE OR DRUGS?</td></tr> <tr><td>21. DO YOU FEEL THE EFFECTS OF MEDICINE/DRUGS?</td></tr> <tr><td>22. RECENT SURGERY PERFORMED?</td></tr> <tr> <th style="text-align: center; background-color: #e0e0e0;">P.A.S. ADMONITION</th> </tr> <tr> <td> <p><b>UNDER 21</b> -You are obligated by law to submit to a PAS test.</p> <p><b>21 or OVER</b> - I am requesting that you take a preliminary alcohol screening test to further assist me in determining whether you are under the influence of alcohol. You may refuse to take this test; however, this is not an implied consent test and if arrested, you will be required to give a sample of your blood or breath, for the purpose of determining the actual alcoholic and drug content of your blood.</p> </td> </tr> <tr> <th style="text-align: center; background-color: #e0e0e0;">FIELD SOBRIETY TESTS</th> </tr> <tr> <td> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. HGN *</td> <td style="width: 50%;">6. FINGER COUNT</td> </tr> <tr> <td>2. WALK AND TURN *</td> <td>7. HAND PAT</td> </tr> <tr> <td>3. ONE LEG STAND *</td> <td>8. ALPHABET</td> </tr> <tr> <td>4. ROMBERG BALANCE</td> <td>9. P.A.S.</td> </tr> <tr> <td>5. FINGER TO NOSE</td> <td></td> </tr> </table> <p style="text-align: right;">*SCIENTIFICALLY VALID</p> </td> </tr> </table>	INVESTIGATION INTERVIEW - (English)	1. ANYTHING WRONG WITH YOUR VEHICLE?	2. ARE YOU SICK OR INJURED?	3. ARE YOU DIABETIC OR EPILEPTIC?	4. DO YOU TAKE INSULIN?	5. DO YOU HAVE ANY PHYSICAL IMPAIRMENTS?	6. WHEN DID YOU LAST SLEEP? HOW LONG?	7. WHEN DID YOU LAST EAT? DESCRIBE?	8. WERE YOU DRIVING THE VEHICLE?	9. WHERE DID YOU START DRIVING?	10. WHERE WERE YOU GOING?	11. WHERE WERE YOU STOPPED?	12. WHAT HAVE YOU BEEN DRINKING? HOW MUCH? LONG?	13. WHAT TIME DID YOU START DRINKING?	14. WHAT TIME DID YOU STOP DRINKING?	15. WHERE WERE YOU DRINKING?	16. DO YOU FEEL THE EFFECTS OF THE DRINKS?	17. DID YOU BUMP YOUR HEAD?	18. HAVE YOU BEEN DRINKING SINCE THE ACCIDENT? WHAT?	19. ARE YOU UNDER THE CARE OF A DOCTOR OR DENTIST?	20. HAVE YOU TAKEN ANY MEDICINE OR DRUGS?	21. DO YOU FEEL THE EFFECTS OF MEDICINE/DRUGS?	22. RECENT SURGERY PERFORMED?	P.A.S. ADMONITION	<p><b>UNDER 21</b> -You are obligated by law to submit to a PAS test.</p> <p><b>21 or OVER</b> - I am requesting that you take a preliminary alcohol screening test to further assist me in determining whether you are under the influence of alcohol. You may refuse to take this test; however, this is not an implied consent test and if arrested, you will be required to give a sample of your blood or breath, for the purpose of determining the actual alcoholic and drug content of your blood.</p>	FIELD SOBRIETY TESTS	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. HGN *</td> <td style="width: 50%;">6. FINGER COUNT</td> </tr> <tr> <td>2. WALK AND TURN *</td> <td>7. HAND PAT</td> </tr> <tr> <td>3. ONE LEG STAND *</td> <td>8. ALPHABET</td> </tr> <tr> <td>4. ROMBERG BALANCE</td> <td>9. P.A.S.</td> </tr> <tr> <td>5. FINGER TO NOSE</td> <td></td> </tr> </table> <p style="text-align: right;">*SCIENTIFICALLY VALID</p>	1. HGN *	6. FINGER COUNT	2. WALK AND TURN *	7. HAND PAT	3. ONE LEG STAND *	8. ALPHABET	4. ROMBERG BALANCE	9. P.A.S.	5. FINGER TO NOSE	
INVESTIGATION INTERVIEW - (Spanish)																																																																	
1. ¿Tiene problemas mecánicos con su carro?																																																																	
2. ¿Está usted enfermo o herido?																																																																	
3. ¿Es usted diabético o epileptico?																																																																	
4. ¿Toma usted insulina?																																																																	
5. ¿Tiene usted defectos físicos? (pies, piernas, tobillos, caderas)																																																																	
6. ¿Cuándo durmió usted la última vez? ¿Cuántas horas?																																																																	
7. ¿Cuándo comió usted la última vez? ¿Qué comió?																																																																	
8. ¿Estaba usted manejando el vehículo?																																																																	
9. ¿Dónde empezó a manejar?																																																																	
10. ¿A dónde iba usted?																																																																	
11. ¿Dónde le pararon?																																																																	
12. ¿Qué tomó usted? ¿Cuánto tomó?																																																																	
13. ¿Cuándo empezó a tomar?																																																																	
14. ¿Cuándo dejó de tomar?																																																																	
15. ¿Dónde estaba tomando?																																																																	
16. ¿Siente usted los efectos de las bebidas?																																																																	
17. ¿Ha golpeado su cabeza?																																																																	
18. ¿Ha tomado después del accidente? ¿Qué tomó?																																																																	
19. ¿Está usted bajo el cuidado de un doctor o dentista?																																																																	
20. ¿Ha tomado medicina o drogas? ¿Qué tomó? ¿Cuánto tomó?																																																																	
21. ¿Siente los efectos de la medicina o drogas? Explique/Describa																																																																	
22. ¿Ha tenido cirugía recientemente?																																																																	
P.A.S. ADMONITION																																																																	
<p><b>UNDER 21</b> - Está obligado por la ley a someterse a una prueba preliminar de alcohol.</p> <p><b>21 or OVER</b> - Le pido que se someta a una prueba preliminar de alcohol para asíirme en determinar si usted esta bajo la influencia de alcohol. Usted puede negarse a someterse a esta prueba. Sin embargo, esta prueba no es parte del consentimiento implícito. Si es arrestado, estará obligado a dar una muestra de su sangre, aliento, u orina para determinar el contenido de alcohol o droga en su sangre.</p>																																																																	
IMPLIED CONSENT ADVISEMENT (23612 CVC)																																																																	
<p><b>ENGLISH:</b> You are required by state law to submit to a chemical test to determine the alcoholic content of your blood. You have the choice of taking a blood or breath test. Which test do you want?</p> <p><b>SPANISH:</b> Usted está obligado por la ley a someterse a un examen químico para determinar el contenido alcohólico de su sangre. ¿Cuál examen quiere usted, sangre o aliento?</p>																																																																	
INVESTIGATION INTERVIEW - (English)																																																																	
1. ANYTHING WRONG WITH YOUR VEHICLE?																																																																	
2. ARE YOU SICK OR INJURED?																																																																	
3. ARE YOU DIABETIC OR EPILEPTIC?																																																																	
4. DO YOU TAKE INSULIN?																																																																	
5. DO YOU HAVE ANY PHYSICAL IMPAIRMENTS?																																																																	
6. WHEN DID YOU LAST SLEEP? HOW LONG?																																																																	
7. WHEN DID YOU LAST EAT? DESCRIBE?																																																																	
8. WERE YOU DRIVING THE VEHICLE?																																																																	
9. WHERE DID YOU START DRIVING?																																																																	
10. WHERE WERE YOU GOING?																																																																	
11. WHERE WERE YOU STOPPED?																																																																	
12. WHAT HAVE YOU BEEN DRINKING? HOW MUCH? LONG?																																																																	
13. WHAT TIME DID YOU START DRINKING?																																																																	
14. WHAT TIME DID YOU STOP DRINKING?																																																																	
15. WHERE WERE YOU DRINKING?																																																																	
16. DO YOU FEEL THE EFFECTS OF THE DRINKS?																																																																	
17. DID YOU BUMP YOUR HEAD?																																																																	
18. HAVE YOU BEEN DRINKING SINCE THE ACCIDENT? WHAT?																																																																	
19. ARE YOU UNDER THE CARE OF A DOCTOR OR DENTIST?																																																																	
20. HAVE YOU TAKEN ANY MEDICINE OR DRUGS?																																																																	
21. DO YOU FEEL THE EFFECTS OF MEDICINE/DRUGS?																																																																	
22. RECENT SURGERY PERFORMED?																																																																	
P.A.S. ADMONITION																																																																	
<p><b>UNDER 21</b> -You are obligated by law to submit to a PAS test.</p> <p><b>21 or OVER</b> - I am requesting that you take a preliminary alcohol screening test to further assist me in determining whether you are under the influence of alcohol. You may refuse to take this test; however, this is not an implied consent test and if arrested, you will be required to give a sample of your blood or breath, for the purpose of determining the actual alcoholic and drug content of your blood.</p>																																																																	
FIELD SOBRIETY TESTS																																																																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. HGN *</td> <td style="width: 50%;">6. FINGER COUNT</td> </tr> <tr> <td>2. WALK AND TURN *</td> <td>7. HAND PAT</td> </tr> <tr> <td>3. ONE LEG STAND *</td> <td>8. ALPHABET</td> </tr> <tr> <td>4. ROMBERG BALANCE</td> <td>9. P.A.S.</td> </tr> <tr> <td>5. FINGER TO NOSE</td> <td></td> </tr> </table> <p style="text-align: right;">*SCIENTIFICALLY VALID</p>	1. HGN *	6. FINGER COUNT	2. WALK AND TURN *	7. HAND PAT	3. ONE LEG STAND *	8. ALPHABET	4. ROMBERG BALANCE	9. P.A.S.	5. FINGER TO NOSE																																																								
1. HGN *	6. FINGER COUNT																																																																
2. WALK AND TURN *	7. HAND PAT																																																																
3. ONE LEG STAND *	8. ALPHABET																																																																
4. ROMBERG BALANCE	9. P.A.S.																																																																
5. FINGER TO NOSE																																																																	