

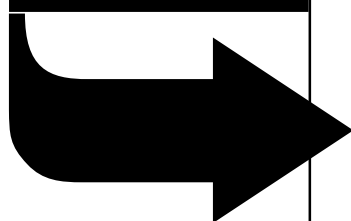
Gem State Evaluator

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DRE Update

by Tim Riha, ISP, State Coordinator

There are some things going on within the program hopefully you have all heard about. We have an instructor's school set up for May 10-14. Once this school is completed, we will have instructors spread out around the state to ease the recertification process. Each district of the state has a coordinator to give the program better quality control. My thanks to those officers who agreed to take on the responsibility.

I get questions all the time about when the next DRE School is going to be held. We are tentatively planning one for the fall of 1999, but have no specific dates yet. We are going to implement an application process for acceptance into the next DRE School. We want to continue getting high caliber people into the program and part of that responsibility lies with you. We are looking to include motivated officers who work hard at taking impaired drivers off the road, do a good job testifying in court, and are respected by their peers. If you know of an officer who meets these criteria, start talking to them about the program.

DRE Updates were done around the state recently. Some of you weren't able to attend, so I'll briefly cover some points discussed in those meetings. Please make certain you are filling out the face sheets as you were taught in DRE School. Make sure it is detailed enough so if you handed it to another DRE, they would be able to understand what you saw during the evaluation. Make sure you have a good, healthy evaluation and you are not splitting hairs. Again, don't hang your hat on one thing. Some reports have come in with all but 2 of the categories listed as the opinion of the evaluating officer. Avoid flock shooting and go with what you see. Urine kits marked "NJDT" must be used for any urine samples taken from a juvenile in a school setting, and as a result of a school official requesting such a sample and evaluation by a duly trained law enforcement officer. If you need some, they can be ordered from the state lab. If you do a "Rule-Out," do not collect a urine sample. The arresting officer can still go ahead and collect urine if they feel it's necessary. Also, make sure to write up the full evaluation and include it on your rolling log. This gives added credibility to you and the program.

The DRE Program withstood a court challenge in Hawaii recently. A motion was filed to preclude DRE's from testifying in their respective cases. The state filed a motion opposing that of the public defenders. A hearing was held which lasted from March 1, 1999 until March 8, 1999. The findings of the court are lengthy but I will list a few of the main points.

- The DRE Protocol is not novel or a new scientific procedure, it is a technical, not scientific, application of long established and accepted scientific principles.

Continued on page 3

Youth Fatal Crash and Alcohol Facts, 1997

Each year, as the nation's fatalities are tallied, all of us are saddened to learn how many of our young people aged 15 to 20 died in motor vehicle crashes. With an increasing youth population and continued increases in teenage binge drinking (over 30 percent of high school seniors reported binge drinking), it is reassuring that youth alcohol related fatalities decreased in 1997 continuing a decade-long decline.

The National Highway Traffic Safety Administration (NHTSA) prepared **Youth Fatal Crash and Alcohol Facts, 1997** as a series of charts, graphs, and bulleted information to describe the fatality trends in America since 1982. The information comes from NHTSA's Fatality Analysis Reporting System, the Bureau of the Census' current population surveys, and the National Institute on Drug Abuse's alcohol consumption information.

TRENDS

- The population of the United States, ages 15 through 20, has decreased from 24.3 million in 1982 to 22.8 million in 1997 -- a decrease of 6.2 percent. Motor vehicle fatalities decreased by over 26 percent, and alcohol-related fatalities decreased by almost 59 percent during this same time period for youth.
- Since 1989, less than half of youth motor vehicle fatalities have been alcohol-related.
- Drinking and driving is no longer the leading cause of death for teenagers. Motor vehicle crashes remain so.

WHO

- The six years of age from 15 to 20 account for almost one-fourth of all passenger fatalities.
- Youth are still over-represented in fatal crashes -- both alcohol and non alcohol-related -compared to the older population based on the total population, on the licensed driver population, and on miles driven.
- Three-quarters of the people who died in crashes where a young driver was drinking were young people themselves.
- Almost two-thirds of youth motor vehicle fatalities occurred in rural areas.

HOW

- In 1997, 6,258 youth died in crashes; 2,209 youth died in

alcohol-related crashes -- 35.3 percent of their total traffic fatalities.

- There were fewer alcohol-related youth fatalities in 1997 for both low BAC (blood alcohol content between 0.01 and 0.09) and high BAC (over 0.10) crashes.
- More 18 and 19 year olds died in lower BAC alcohol-related crashes than any other ages.

WHEN

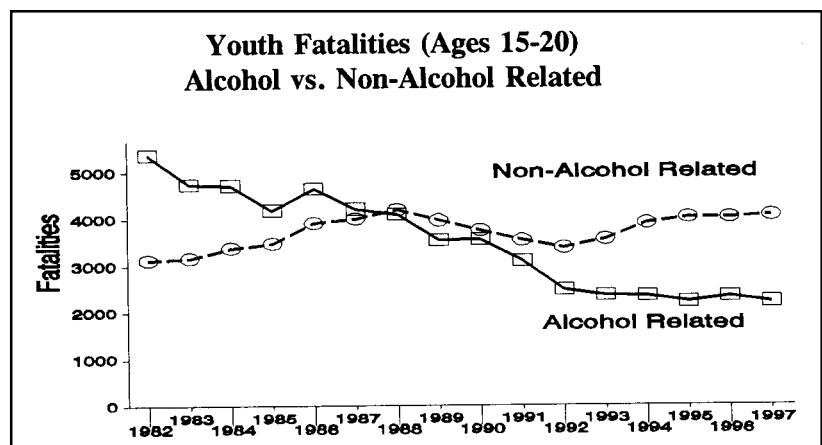
- Almost twice as many young people die in weekend crashes, per day, as on weekdays. Almost three times as many young people die in alcohol related crashes, per day, on weekends than on weekdays.
- The greatest number of youth fatalities occur in May, June, July, and August.

DRIVERS

- The proportions of young fatally injured drivers and young drivers involved in fatal crashes who were intoxicated have decreased significantly since 1982. The reduction in the number of drivers who were intoxicated dropped by almost 65 percent in both categories.
- The number of young people who died in a crash where an intoxicated young driver was involved declined by over 62 percent since 1982.
- Per mile driven, 16 year old drivers have the highest rate of fatal crash involvement by a wide margin, followed by 17 year old drivers.

LAWS

- NHTSA estimates that minimum drinking age laws have saved 17,359 lives since 1975. In 1997 alone these laws saved 846 lives. All



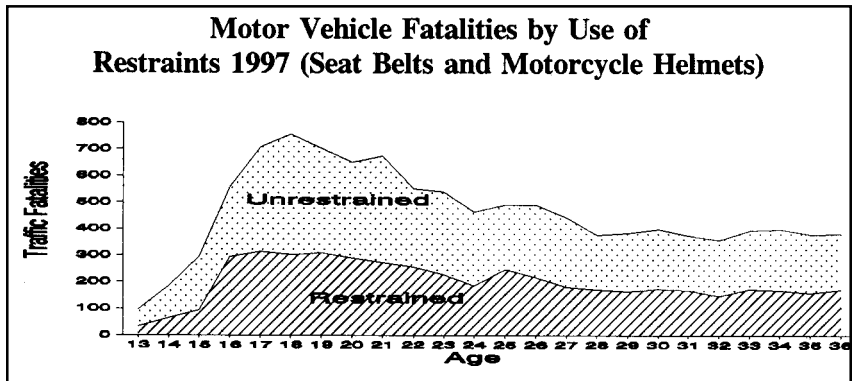
states and the District of Columbia now have 21 year old minimum drinking age laws.

- As of June, 1998, all states and the District of Columbia have set a BAC limit of .02 or lower for drivers under the age of 21 (Zero Tolerance Laws).
- In 1998, 8 states enacted comprehensive graduated driver licensing legislation that requires young novice drivers to pass through 3 phases of licensing. Some of the features of these systems are: night time driving restrictions, certified hours of parental instruction, zero tolerance for alcohol and drugs, passenger restrictions and crash and conviction free requirements to "graduate" to the next licensing phase. Seventeen states currently have three stage driver licensing systems.

HOW TO ORDER

To order a copy of *Youth Fatal Crash and Alcohol Facts, 1997*, write to Media and Marketing Division, NHTSA, NTS-21, 400 Seventh Street, S.W., Washington, DC 20590, or send a fax to (202) 493-2062.

Reprinted from *Traffic Tech NHTSA Technology Transfer Series Number 195 March 1999*



Congratulations to DRE Dale Hughes from ISP District III

Dale submitted a name for the DRE newsletter and won a free trip to Minneapolis, Minnesota for the National Conference. Way to go Dale!

Continued from page 1

- The DRE Protocol consists of objective observations based on observable signs and conditions, which can be taught to any police officer. It produces an accurate and reliable determination as to whether or not a suspect is impaired by drugs as well as the category of drugs the suspect has used.
- The signs and symptoms listed in the DRE Symptomatology Matrix are widely accepted in the medical community.
- The rigorous training in the DRE Program enable DRE's to make trustworthy and valid conclusions.
- The test results from HGN and VN are reliable indicators of drug use.

The state won its motion and the DRE officer involved will be allowed to present his testimony. Many experts were brought into Hawaii for this hearing, including Tom Page from LAPD. This was quite a win for the DRE Program. For a full copy of the motion you can contact me.

If you have any training that you think would benefit the DRE's, or any questions, please contact me. I can be reached by phone at 884-7297 and by e-mail at triha@dle.state.id.us. Please have a safe and happy summer.

Standardized Field Sobriety Test (SFST) Validated at BACS Below 0.10 Percent

Beginning in 1975, the National Highway Traffic Safety Administration (NHTSA) sponsored research that led to the development of standardized methods for police officers to use when evaluating motorists who are suspected of Driving While Impaired (DWI). In 1981, law enforcement officers from across the United States began using NHTSA's Standardized Field Sobriety Test (SFST) battery to help make arrest decisions at and above the 0.10 percent blood alcohol concentration (BAC).

In recent years, 16 states have lowered their BAC limits below 0.10 percent, thus raising the question of how well the SFST can identify motorists suspected of driving with BACs less than 0.10 percent. Furthermore, the standard for Commercial Driver License holders is set nationally at 0.04 percent. Anacapa Sciences, Inc. of Santa Barbara, California conducted a study to validate the accuracy of the SFST battery to discriminate above or below 0.08 and above and below 0.04 percent blood alcohol concentrations.

The SFST Battery

The SFST battery consists of three tests administered and evaluated in a standardized manner by law enforcement officers at roadside to assist them in making an arrest decision. *Horizontal gaze nystagmus* (HGN) is an involuntary jerking of the eyes that occurs as the eyes move to the side. When a person has consumed alcohol, nystagmus is exaggerated and may occur at lesser angles depending on the degree of impairment. The *Walk and Turn* and *One-Leg Stand* tests require a person to listen to and follow instructions while performing simple physical movements. Since these tests are alcohol sensitive, impaired persons have difficulty with these divided attention tasks. During the tests officers observe and record clues which are indicators of impairment.

SFST Scoring at 0.08 and 0.04 Percent BACs

Seven experienced officers of the San Diego Police Department's alcohol enforcement unit, trained in the administration of the SFST battery, collected SFST data during routine patrols. SFST scoring was adjusted to test its accuracy at the lower BAC levels of 0.08 and 0.04.

In this validation, observing four clues for horizontal gaze nystagmus indicated a BAC at or above 0.08 percent, and two HGN clues indicated a BAC at or

above 0.04 percent. The scoring was not modified for the other two SFST tests. During routine patrols, the officers administered the SFSTs and completed a data collection form for each test they administered. The officers' final step in each case was to administer an evidential breath test to get a BAC measurement.

SFSTs Accurate at Lower BAC Levels

The officers administered a total of 298 SFST tests during the study. Only one case was eliminated from the analysis because the motorist refused all forms of BAC testing. Using the SFSTs, the officers were extremely accurate in discriminating between BACs above and below 0.08 percent.

Estimates at the 0.08 level were accurate in 91 percent of the cases, or as high as 94 percent if explanations for some of the false positives are accepted. Officers' estimates of whether a motorist's BAC was above 0.04 but below 0.08 were accurate in 94 percent of the decisions to arrest and in 80 percent of the relevant cases, overall.

The table below shows the decision matrix at 0.08 or above BAC comparing measured BACs to the officers' estimated BAC level from the SFST. The officers' estimates were accurate in 91 percent of the cases

Decision Matrix at 0.08 BAC

Measured BAC	Officer's Estimated BACs		Total
	< 0.08	≥ .08	
≥ .08	n = 4	n = 210	n = 214
< 0.08	n = 59	n = 24	n = 83
Total	n = 63	n = 234	n = 297

overall (that is, 210+59/297). They were 90 percent accurate in "yes" decisions (210/234) and 94 percent accurate in "no" decisions (59/63).

The next table shows the decision matrix at 0.04 BAC or above. The officers' estimates were accurate in 80 percent of cases overall (51 + 15/83), 94 percent in "yes" (51/54) and 52 percent in "no" decisions (15/29).

Officers and prosecutors reported they found the SFST test battery fully acceptable for field use to establish probable cause for DWI arrest. The study documents

Jimsonweed Update

by Sgt Dale Hughes, ISP, Lewiston

Decision Matrix at 0.04 BAC			
Measured BAC	Officer's Estimated BACs		Total
	< 0.04	≥ 0.04	
≥ .04 < .08	n= 14	n= 51	n= 65
< 0.04	n= 15	n= 3	n= 18
Total	n= 29	n= 54	n= 83

how the Standardized Field Sobriety Test Battery can assist officers in making arrest decisions at or above 0.08 BAC. The SFST test battery was found to also discriminate at or above 0.04 BAC.

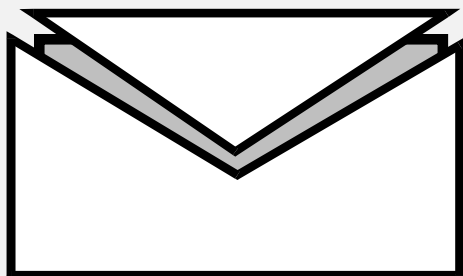
HOW TO ORDER

For a copy of the report, *Validation of the Standardized Field Sobriety Test Battery at BACs Below 0.10 Percent* (34 pages), write to Media and Marketing Division, NHTSA, NTS-21, 400 Seventh Street, S.W., Washington, DC 20590, or send a fax to (202) 493-2062.

Reprinted from *Traffic Tech*, NHTSA Technology Transfer Series Number 196 March 1999

WHERE DO I MAIL IT?

All DRE field evaluations are now being forwarded directly to POST. The information is compiled and placed into a national database. Please forward all information to POST attn VICKI. If you like, you can mail or fax to: POB 700 Meridian, Id 83680 / 208-884-7295.



It's not like we have enough to do already considering the enormous variety of controlled substances available to the public through both legal and illicit means. But, did you know there is a powerful hallucinogenic readily accessible possibly growing in your yard as an ornamental?

Jimsonweed is a tall annual reaching approximately 5 to 6 feet tall with dark green leaves, a purple green stem, and white or purple trumpet shaped flowers. In the fall, they produce a thistle-like pod containing seeds that are quite toxic. The plant is fairly prolific in the Lewis-Clark valley as well as other areas of Idaho. It is a member of the nightshade family including potatoes, tomatoes and peppers

Smoked, brewed as a tea, or simply eaten, Jimsonweed weed produces a trip not unlike LSD. Symptoms are what would be expected with a hallucinogenic. That would include dilated pupils that are reactive to light, elevated vitals, hallucination, delirium, no HGN, no VN, or convergence. Temperature will be elevated combined with sweating, often profusely. Also, dry mouth, labored swallowing and speech, blurred vision, loss of muscle coordination, and aggressiveness in the person maybe seen. All of this is brought on by Scopolamine, the active ingredient in the nightshade family. It is reported quantities in excess of one-half teaspoon can cause death by cardiac or pulmonary arrest

In October, several juveniles were admitted to area hospitals after consuming Jimsonweed. In one particular case, a mother reported to the Lewiston Morning Tribune the weed took three to four hours to take effect. Once it took effect, she related he was disoriented, hallucinating, and nauseated. Its use is also being reported in the San Bernardino, California area.

A DRE or School Resource Officer will want to keep this in mind should an individual exhibiting these symptom be encountered. Go to the library and find a color photograph of the plant. If one is observed on public property, see about having the proper authority eliminate it. Once its effects become known experimentation will occur. Worse yet, a small child may ingest Jimsonweed out of natural curiosity with possibly fatal consequences

Sources of Information Lewiston Morning Tribune

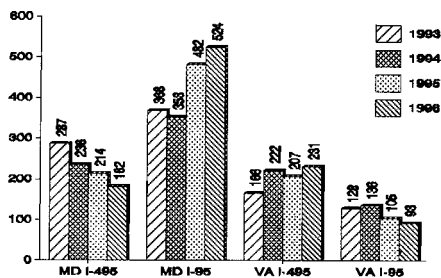
Drug Recognition - L discussion list

Urban Interstate Crashes Have Typical Patterns

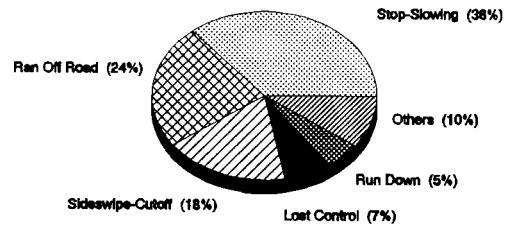
In August 1993, a series of major crashes on the Washington Capital Beltway focused Federal, State, and local attention on the need to further improve safety on this 64-mile interstate facility. The National Highway Traffic Safety Administration (NHTSA) sponsored six studies to document how, why, who, and where crashes occur on the Beltway (see *TRAFFIC TECHS* No. 124 and 175). Preusser Research Group, Inc. of Trumbull, Connecticut extended an earlier study to examine the patterns of crashes during a four year period - 1993 through 1996, categorizing driver behavioral errors that so often cause crashes.

In-Depth Study of Beltway Crashes

The narrative portion of each of 9,403 Virginia and Maryland police crash reports for Beltway crashes were analyzed and coded into a database for the four years between 1993 and 1996. While the number of crashes increased each year from 2,173 (1993), 2,274 (1994), 2,442 (1995) to 2,514 in 1996, the crashes per vehicle miles traveled remained relatively constant because of increased travel on the Beltway. The figure above shows that the number of serious crashes, those involving injury or fatalities, have changed on the four major segments of the Beltway. Maryland's portion is about twice as long as Virginia's. In Maryland, the number of serious crashes decreased on the 1-495 segment from 1993 to 1996, but increased on the 1-95 segment while the opposite occurred on Virginia's 1-495 and 1-95 segments. The report includes graphs showing changes through the years by mile marker. The number of fatal crashes decreased; there were 17 in 1993, 15 in 1994, 14 in 1995, and 9 in 1996, and alcohol related crashes remain infrequent.



Number of Injury & Fatal Crashes per State, Route, and Year



Beltway Crash Types 1993-1996

Crash Patterns Remain Consistent

Three types of crashes accounted for 78 percent of all Beltway crashes. Many of the crashes related to congestion during peak travel hours, and these remained relatively consistent over time.

Stop-Slowing (3,381 crashes; 36%) In most cases, the crash report had enough information to assign one of several sub-groups of *stop-slowing*. Typically, *congested-related* (2,756) crashes show that a lead vehicle slowed or stopped because of congestion, and a following vehicle in the same travel lane did not slow down fast enough to avoid it. In *lead-vehicle swerve* (113), a vehicle changed lanes in front of a second vehicle and then immediately slowed down and in follow *vehicle swerve* (118), a vehicle changed lanes coming in behind a vehicle that had already slowed or stopped. These were two maneuvers where a swerving vehicle attempted to avoid a *stop-slowing* crash in one lane only to become involved in a crash in an adjacent lane.

Ran Off Road (2,282; 24.3%) This type is not usually congested related and typically involves a single vehicle, often late at night. A vehicle leaves the road and strikes some object or overturns at the roadside, the shoulder, or another point off the main lanes.

Sideswipe-Cutoff (1,672; 17.8%) This crash type differs from *lead and follow vehicle swerve* crashes in that the collision occurred during the lane change and not immediately thereafter. Congestion was often a factor, as lane change maneuvers were made in response to slower moving traffic ahead. In some cases, it was made while attempting to exit the Beltway and in a few cases, by an inattentive driver. Most commonly, this crash type involves a *car sideswiping another car* (768), followed by a *tractor-trailer sideswiping a car* (399) and, less commonly, a *car sideswiping a tractor-trailer* (208).

Drivers

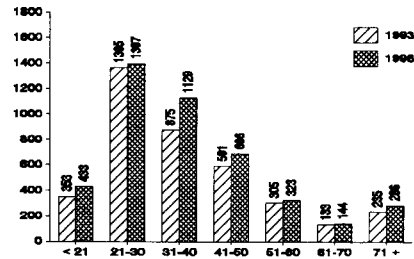
The number of passenger vehicle drivers in crashes increased 14 percent from 1993 to 1996, and was distributed across all age groups. Drivers between the ages of 21-30 (18.2 percent) accounted for 33.3 percent of crashes across the years. Drivers between the ages of 31-40 grew from 22.7 percent in 1993 to 25.7 percent in 1996. Drivers under the age of 21 had more *ran off road* (20.9 percent) crashes than any other age group, closely followed by the 21-30 age group. Across all years, 55.7 percent of passenger vehicle drivers who have crashed on the Beltway lived at least ten miles outside of the Beltway; 17 percent lived in states other than Maryland, Virginia, or the District of Columbia.

Trucks in Crashes

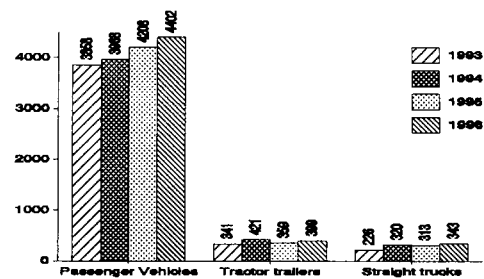
More than 19,158 vehicles were involved in the 9,000 Beltway crashes during this four year period. Nearly 8 percent of these vehicles were tractor-trailers, 6 percent were straight trucks, and 86 percent were passenger and other light vehicles. There are differences in the types of crashes for different types of vehicles. Tractor-trailers were much more likely to be involved in a sideswipe-cutoff crash; straight trucks and passenger vehicles were more often in a stop-slowing crash.

HOW TO ORDER

For a copy of *Analysis of the Capital Beltway Crash Problem 1993-1996* (25 pages plus appendices) write to the Office of Research and Traffic Records, NHTSA, NTS-31, 400 Seventh Street, S.W., Washington, DC 29050, send a fax to (202) 3667096. Linda Cosgrove, Ph.D., was the contract manager for this project.



Number of Passenger Vehicle Drivers in Crashes by Age Categories



Number of Crashes by Vehicle Type

**QUESTIONS
OR
COMMENTS?**

If you would like to contribute an article or other information or have questions or comments regarding this newsletter, please write to:

Post Academy

Attn: Vicki

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Gem State Evaluator

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