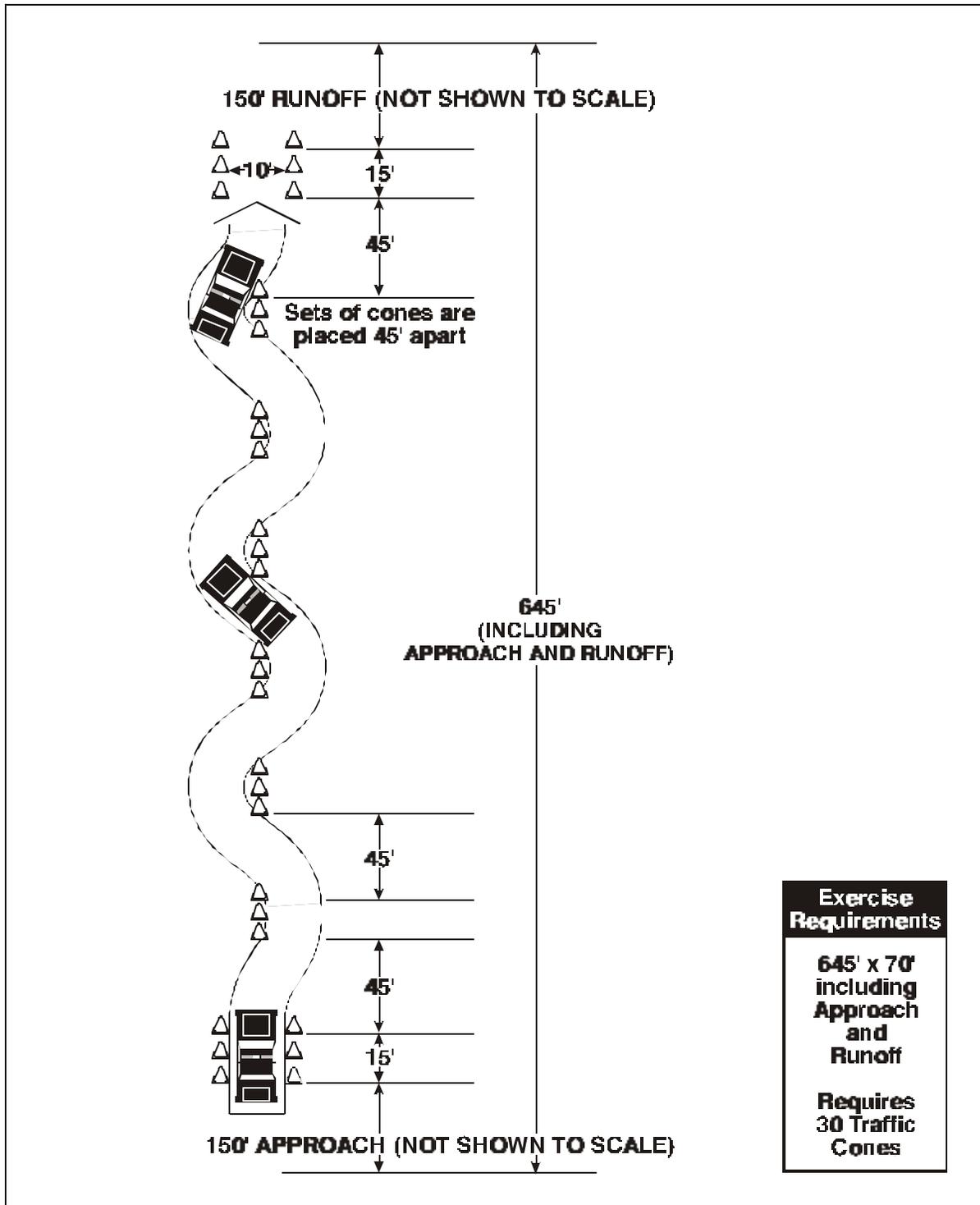

Steering Exercises

- Forward Serpentine
- Shuffle
- Lane Change
- Evasive Steering
- Baird's Judgment
- T-Driveway

Forward Serpentine Exercise



Forward Serpentine

Purpose:

To develop the basic skills of coordinating acceleration, timing of steering movements, and the use of the 9-3 hand position. It also develops the ability to judge the relationship of fixed objects to the vehicle.

This exercise does not simulate a real world situation. It develops the skills for use in other exercises and gives the student the opportunity to become familiar with how the vehicle handles and to build confidence. It should be taught before exercises using the 9-3 hand position.

Procedure:

Instructor

- Explains purpose of exercise and key factors of the exercise.
- Demonstrates exercise at moderate speed.
- Demonstrates exercise at required speed.

Student

1. Wears duty leather goods.
2. Assumes proper driving position; seat, mirrors, seat belt.
3. Enters course at speed determined by instructor.
4. Negotiates the course smoothly.
5. Keep steering movements constant and even.
6. Maintains 9-3 hand position.
7. Maintains constant speed throughout the course.
8. Does not use brakes.
9. Passes closely to the cones.
10. Exits the course at the direction of the instructor.
11. Increases speed for subsequent practices at the direction of the instructor.

Forward Serpentine

Exercise Rating:

Student's Name _____

Date _____

Vehicle Make/Number _____

Practice No. _____

Qualification Attempt No. _____

	1	2	3	4
A. Entered course correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Maintained required speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. 9-3 hand position (Going Forward)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Controlled acceleration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Steering control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Accelerator, steering coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Smooth acceleration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Foot movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Use of brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of cones hit _____

Reaction time was adequate. YES NO

Vehicle remained under control at all time. YES NO

Describe negative actions or attitudes _____

Failed to complete exercise because _____

All requirements were met. YES NO

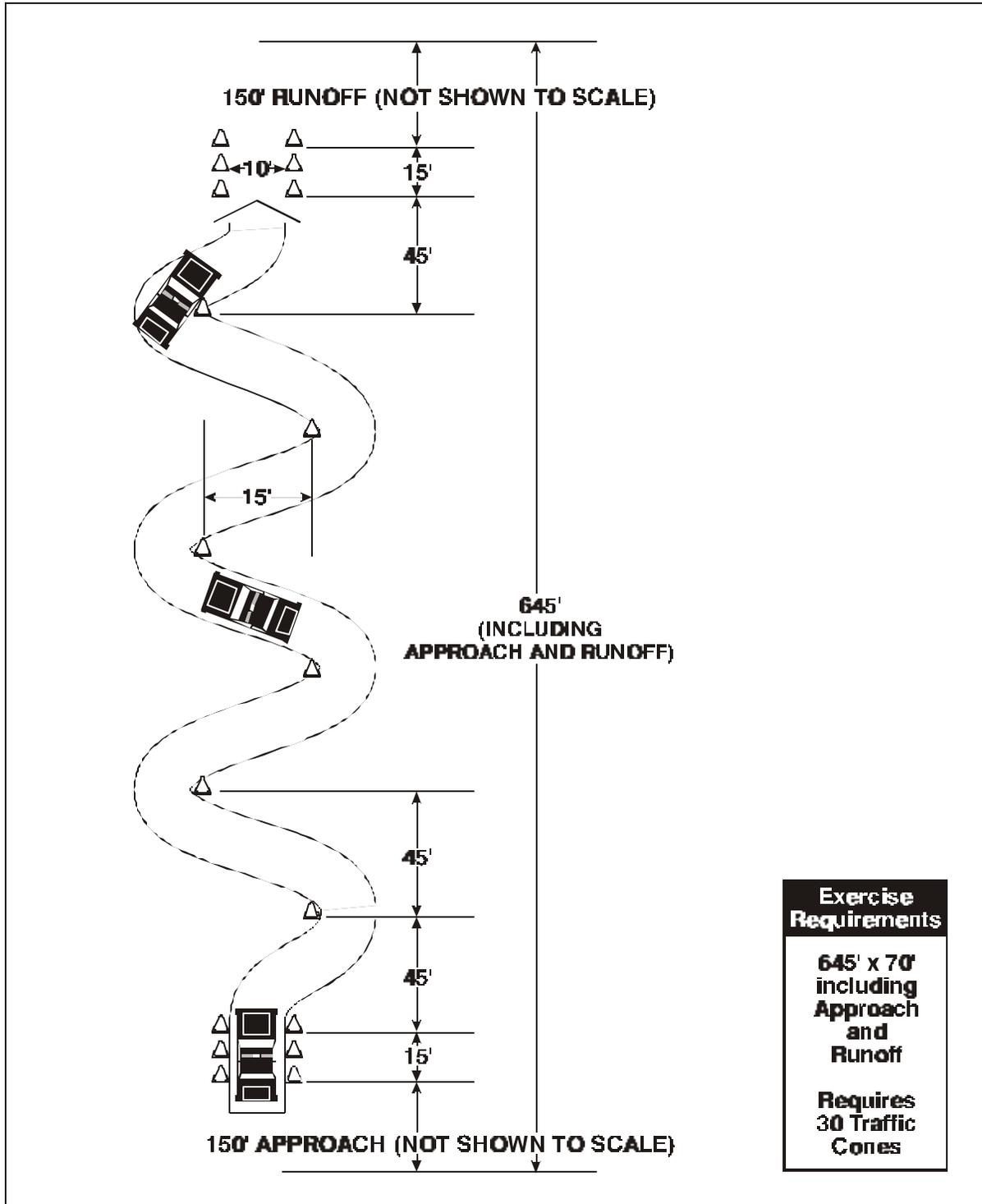
General Remarks:

Instructor's Signature _____ Date _____

I have seen the completed form and have been given an explanation of my performance and rating.

Student's Signature _____ Date _____

Shuffle Exercise



Shuffle

Purpose:

To develop the basic skills of coordinating acceleration, timing of steering movements, and the use of the shuffle hand position. It also develops the ability to judge the relationship of fixed objects to the vehicle.

This exercise does not simulate a real world situation. It develops the skills for use in other exercises and gives the student the opportunity to become familiar with how the vehicle handles and to build confidence. This exercise is a variation of the serpentine except that the curves are more exaggerated.

Procedure:

Instructor

- Explains purpose of exercise and key factors of the exercise.
- Demonstrates exercise at moderate speed.
- Demonstrates exercise at required speed.

Student

1. Wears duty leather goods.
2. Assumes proper driving position; seat, mirrors, seat belt.
3. Enters course at speed determined by instructor.
4. Negotiates the course smoothly.
5. Keeps steering movements constant and even.
6. Maintains shuffle hand position.
7. Maintains constant speed throughout the course.
8. Does not use brakes.
9. Passes closely to the cones.
10. Exits the course at the direction of the instructor.
11. Increases speed for subsequent practices at the direction of the instructor.

Shuffle

Exercise Rating:

Student's Name _____

Date _____

Vehicle Make/Number _____

Practice No. _____

Qualification Attempt No. _____

	1	2	3	4
A. Entered course correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Maintained required speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Shuffle hand position (Going Forward)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Controlled acceleration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Steering control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Accelerator, steering coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Smooth acceleration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Foot movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Use of brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of cones hit _____

Vehicle remained under control at all time. YES NO

Describe negative actions or attitudes _____

Failed to complete exercise because _____

All requirements were met. YES NO

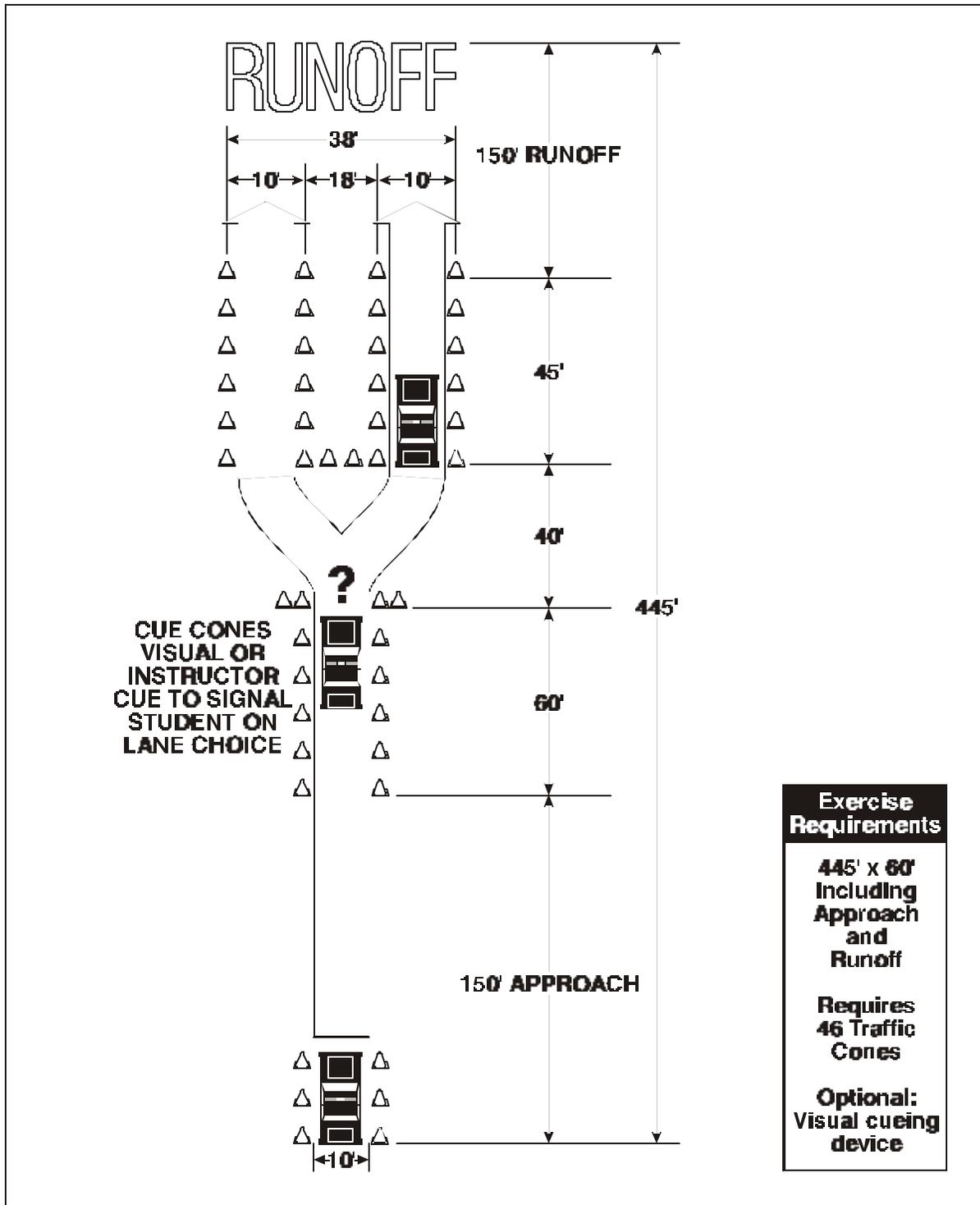
General Remarks:

Instructor's Signature _____ Date _____

I have seen the completed form and have been given an explanation of my performance and rating.

Student's Signature _____ Date _____

Evasive Steering Exercise



Evasive Steering

Purpose:

This **exercise** simulates **being confronted** with **a sudden obstacle: pedestrian, stopped vehicle, etc.** The **purpose** of this **exercise** is to make the **driver cognizant** of the **alternating to braking steering** and to **experience the feel** of the **vehicle's maneuverability** and **stability**. The **driver also becomes aware of personal capabilities** and **limitations**.

Procedure:

Instructor

- **Explains purpose of exercise and key factors of the exercise.**
- **Demonstrates exercise at moderate speed.**
- **Demonstrates exercise at required speed.**
- **Cues student on which lane to use.**

Student

1. **Wears duty leather goods.**
2. **Assumes proper driving position; seat, mirrors, seat belt.**
3. **Enters course at speed determined by instructor.**
4. **Negotiates the course smoothly.**
5. **Keeps steering movements constant and even.**
6. **Maintains 9-3 hand position.**
7. **Maintains constant speed throughout the course.**
8. **Does not use brakes.**
9. **Passes closely to the cones.**
10. **Counter steers into exit lane.**
11. **Exits the course at the direction of the instructor.**
12. **Increases speed for subsequent practices at the direction of the instructor.**

Evasive Steering

Exercise Rating:

Student's Name _____

Date _____

Vehicle Make/Number _____

Practice No. _____

Qualification Attempt No. _____

	1	2	3	4
A. Assumed proper driving position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Entered course correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Maintained required speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Controlled acceleration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. 9-3 hand position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Accelerator, steering coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Steering control/timing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Counter steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Foot movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Use of brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of cones hit _____

Reaction time was adequate. YES NO

Vehicle remained under control at all time. YES NO

Describe negative actions or attitudes _____

Failed to complete exercise because _____

All requirements were met. YES NO

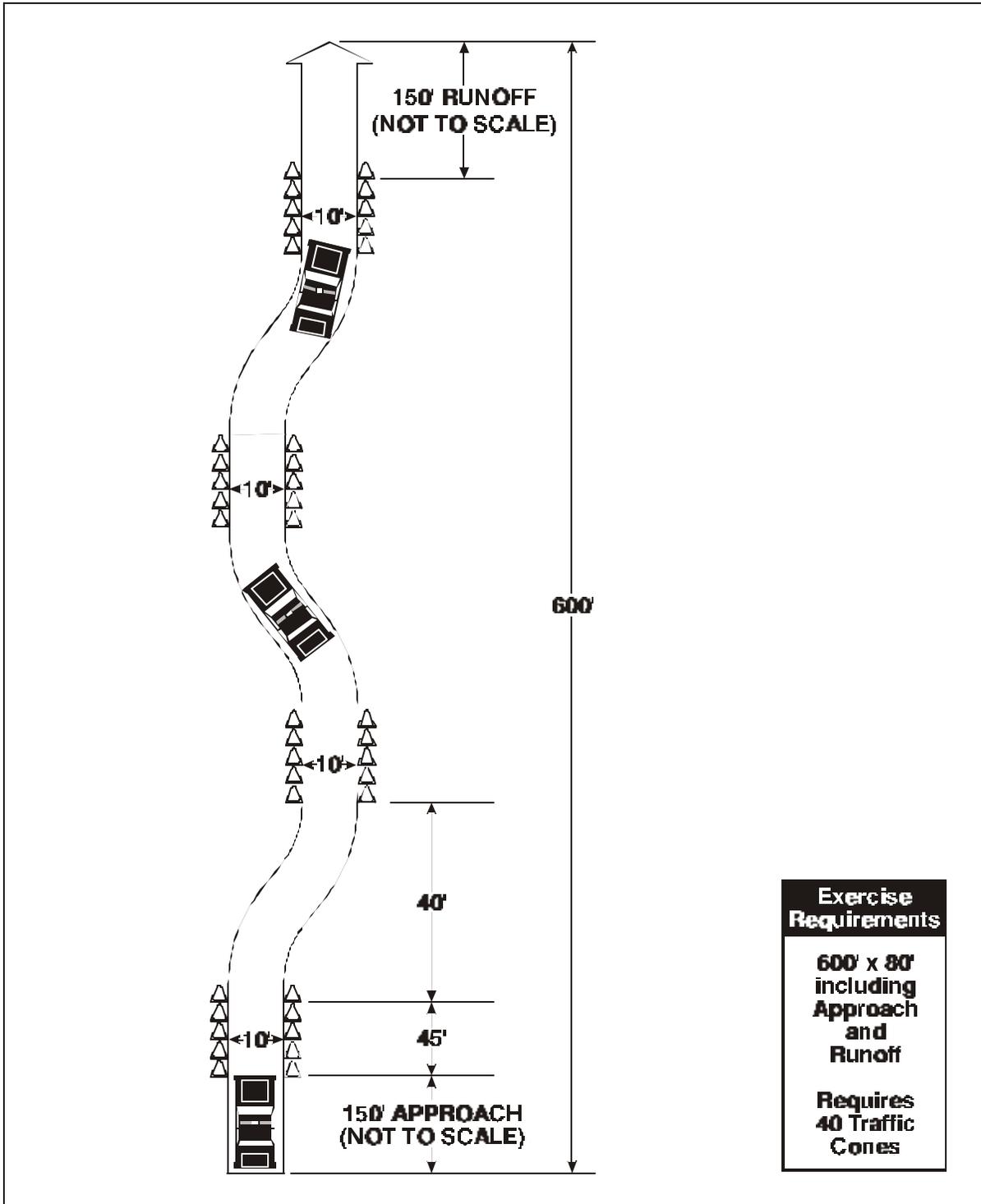
General Remarks:

Instructor's Signature _____ Date _____

I have seen the completed form and have been given an explanation of my performance and rating.

Student's Signature _____ Date _____

Lane Change Exercise



Lane Change

Purpose:

To develop confidence in controlling the vehicle and to experience vehicle stability. The exercise assists in developing coordination of steering and acceleration as well as the recognition of the relationship of fixed objects with respect to the vehicle.

Procedure:

Instructor

- Explains purpose of exercise and key factors of the exercise.
- Demonstrates exercise at moderate speed.
- Demonstrates exercise at required speed.

Student

1. Wears duty leather goods.
2. Assumes proper driving position; seat, mirrors, seat belt.
3. Enters course at speed determined by instructor.
4. Negotiates the course smoothly.
5. Keeps steering movements constant and even.
6. Maintains 9-3 hand position.
7. Maintains constant speed throughout the course.
8. Does not use brakes.
9. Passes closely to the cones.
10. Exits the course at the direction of the instructor.
11. Increases speed for subsequent practices at the direction of the instructor.

Lane Change

Exercise Rating:

Student's Name _____

Date _____

Vehicle Make/Number _____

Practice No. _____

Qualification Attempt No. _____

	1	2	3	4
A. Entered course correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Maintained required speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. 9-3 hand position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Controlled acceleration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Steering control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Counter steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Accelerator, steering coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Checked mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Turned head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Smooth acceleration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Foot movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Use of brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Cover brake pedal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of cones hit _____

Reaction time was adequate. YES NO

Vehicle remained under control at all time. YES NO

Describe negative actions or attitudes _____

Failed to complete exercise because _____

All requirements were met. YES NO

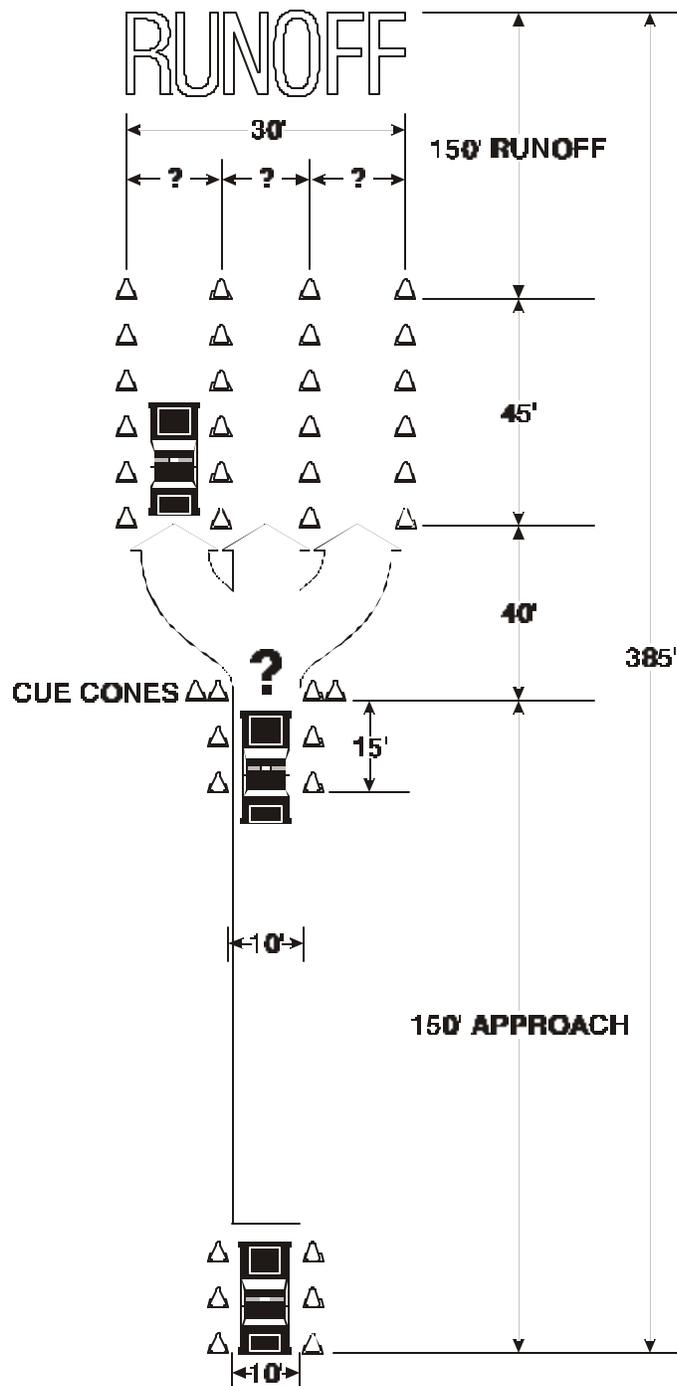
General Remarks:

Instructor's Signature _____ Date _____

I have seen the completed form and have been given an explanation of my performance and rating.

Student's Signature _____ Date _____

Baird's Judgement Exercise



Exercise Requirements

385' x 60'
including
Approach
and
Runoff

**Requires
80 Traffic
Cones**

Baird's Judgement

Purpose:

To develop skill in **judging clearances**. This exercise will illustrate that **even small differences in gap size can be visually detected**.

Procedure:

Instructor

- Explains **purpose of exercise and key factors of the exercise**.
- **Demonstrates exercise at moderate speed**.
- **Demonstrates exercise at required speed**.
- **Before each run, one of the two center cones in each row is moved about 6 inches to the right or left. Moving the cone will leave only one of the three gates sufficiently "open" for the law enforcement vehicle to clear.**

Student

1. Wears **duty leather goods**.
2. **Assumes proper driving position; seat, mirrors, seat belt**.
3. **Enters course at speed determined by instructor**.
4. **Negotiates the course smoothly**.
5. **Keeps steering movements constant and even**.
6. **Maintains 9-3 hand position**.
7. **Maintains constant speed throughout the course**.
8. **Does not use brakes**.
9. **Passes closely to the cones**.
10. **Counter steers to largest opening**.
11. **Steers so that vehicle passes through largest gate in each row of cones**.
12. **Exits the course at the direction of the instructor**.
13. **Increases speed for subsequent practices at the direction of the instructor**.

Baird's Judgement

Exercise Rating:

Student's Name _____ Date _____ Vehicle Make/Number _____

Practice No. _____ Qualification Attempt No. _____

	1	2	3	4
A. Entered course correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Maintained required speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. 9-3 hand position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Controlled acceleration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Steering control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Counter steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Accelerator, steering coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Checked mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Turned head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Foot movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Use of brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Cover brake pedal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of cones hit _____

Reaction time was adequate. YES NO

Vehicle remained under control at all time. YES NO

Describe negative actions or attitudes _____

Failed to complete exercise because _____

All requirements were met. YES NO

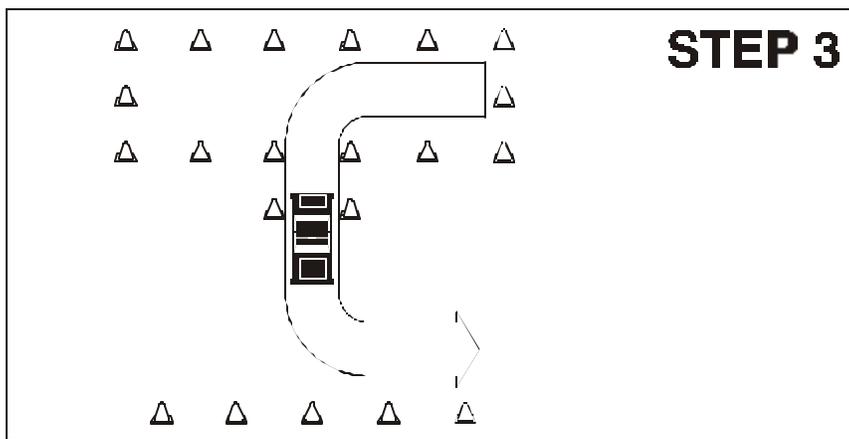
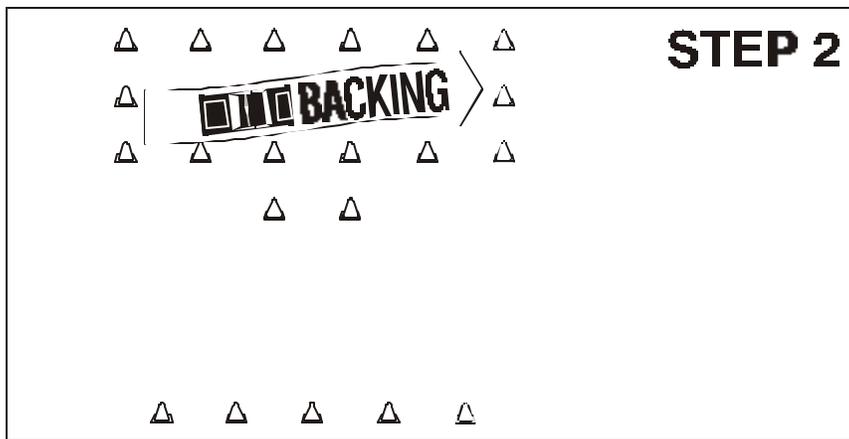
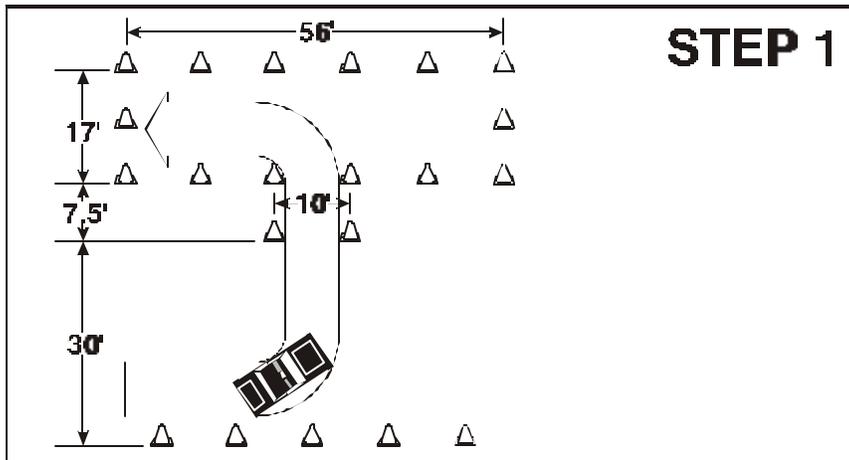
General Remarks:

Instructor's Signature _____ Date _____

I have seen the completed form and have been given an explanation of my performance and rating.

Student's Signature _____ Date _____

T-Driveway Exercise



Exercise Requirements

56' x 55'

Requires 100 Traffic Cones

T-Driveway

Purpose:

To develop backing and roadway positioning skills, and to develop perceptual and judgment skills while maneuvering in a limited space.

Procedure:

Instructor

- Explains purpose of exercise and key factors of the exercise.
- Demonstrates exercise at moderate speed.
- Demonstrates exercise at required speed.

Student

1. Wears duty leather goods.
2. Assumes proper driving position; seat, mirrors, seat belt.
3. Enters course at speed determined by instructor.
4. Negotiates the course smoothly.
5. Keeps steering movements constant and even.
6. Maintains 9-3 hand position.
7. Uses palm method only in backing.
8. Does not use brakes.
9. Passes closely to the cones.
10. Exits the course at the direction of the instructor.
11. Increases speed for subsequent practices at the direction of the instructor.

T-Driveway

Exercise Rating:

Student's Name _____ Date _____ Vehicle Make/Number _____

Practice No. _____ Qualification Attempt No. _____

	1	2	3	4
A. Entered course correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Maintained required speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Shuffle hand position (Going Forward)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Controlled acceleration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Steering control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Accelerator, steering coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Smooth acceleration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Foot movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Use of brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of cones hit _____

Reaction time was adequate. YES NO

Vehicle remained under control at all time. YES NO

Describe negative actions or attitudes _____

Failed to complete exercise because _____

All requirements were met. YES NO

General Remarks:

Instructor's Signature _____ Date _____

I have seen the completed form and have been given an explanation of my performance and rating.

Student's Signature _____ Date _____
