



**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION**

**CRIMINAL JUSTICE STANDARDS DIVISION  
POST OFFICE DRAWER 149, RALEIGH, NC 27602  
TELEPHONE: (919) 661-5980**

**FORM SMI 4 (Rev. 4.10.14)**

**TIME-DISTANCE MOTOR SKILL PERFORMANCE TEST (SUPPLEMENT)**

Supplement to Form SMI 3 to obtain 2 sets of 6 consecutive speed estimates with a total error on 12 speed estimates not to exceed 42 mph or an average error of not more than 3.5. (One set stationary and one set moving). No one error in excess of  $\pm 12$  mph. If retest if necessary, use form SMI 2D.

**THIS FORM IS NOT TO BE USED AS A SUPPLEMENT TO THE SMI 1 OR 2 FORMS.**

**THIS FORM IS TO BE USED ONLY DURING THE TIME-DISTANCE OPERATOR OR INSTRUCTOR COURSES.**

*The Social Security Number is used to make positive identification of applicant and/or law enforcement personnel. DISCLOSURE IS VOLUNTARY. However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.*

Trainee Name \_\_\_\_\_ Email Address \_\_\_\_\_

DOB \_\_\_\_\_ Agency \_\_\_\_\_ SSN \_\_\_\_\_ Date \_\_\_\_\_

Speed Measuring Instrument Used to Determine Target Speed \_\_\_\_\_

STATIONARY [6 consecutive clocks] Init.			MOVING-OPPOSITE DIRECTION [6 consecutive clocks] Init.		
Keep Time*	STATIONARY	MOVING-OPPOSITE DIRECTION	Keep Time*	STATIONARY	MOVING-OPPOSITE DIRECTION
RADAR TARGET SPEED	TRAINEE ESTIMATE	MPH ERROR	RADAR TARGET SPEED	TRAINEE ESTIMATE	MPH ERROR
Total Time	TOTAL ERROR -----		Total Time	TOTAL ERROR -----	
RESTART (SAME DAY)			* ERRORS *		
_____ CONFIGURATION Keep Time* [6 consecutive clocks] Init.					
RADAR TARGET SPEED	TRAINEE ESTIMATE	MPH ERROR	1. Stationary		
			2. Moving-Opposite Direction		
			TOTAL ERROR ON 12 ESTIMATES		
			TOTAL TIME OF TESTING _____		
			Pass or Fail on Time Allotted _____ Total Error on 12 speed estimates not to exceed 42 mph or an average error of not more than 3.5. No one error in excess of $\pm 12$ mph.		
Total Time	TOTAL ERROR				

I hereby certify that the above-named trainee  has  has not demonstrated one hundred (100) percent competence in each motor skill or performance as noted on this form.

Date \_\_\_\_\_

INSTRUCTOR NAME(S) (Print) \_\_\_\_\_

INSTRUCTOR'S SIGNATURE \_\_\_\_\_ CERTIFICATION NO. \_\_\_\_\_

INSTRUCTOR'S SIGNATURE \_\_\_\_\_ CERTIFICATION NO. \_\_\_\_\_