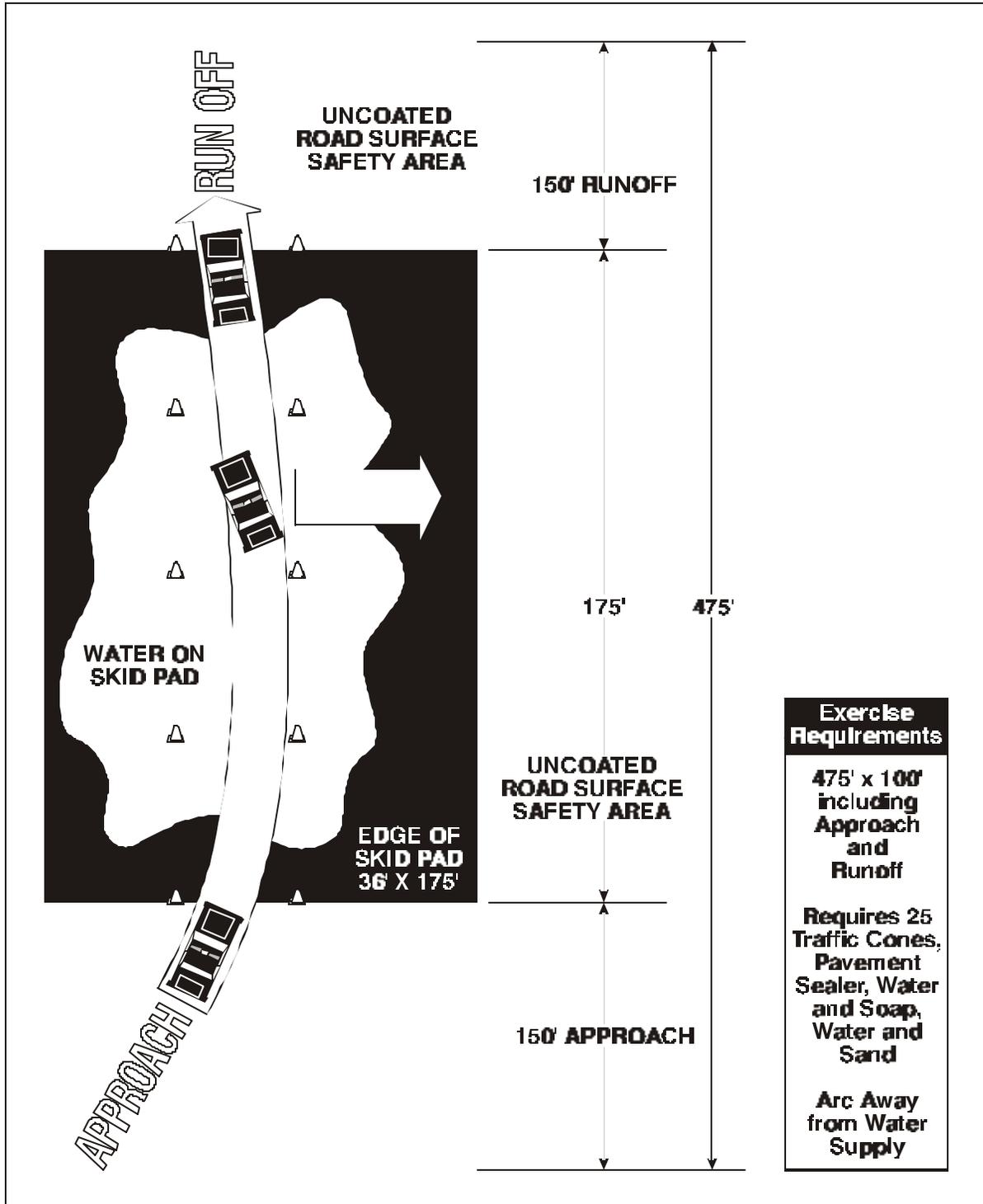

Skid Control Exercises

- Straight Line
 - Figure 8
 - 90 Degree Turn
 - U-Turn
 - Locked Wheel Recovery
-

Straight Line Skid Control Exercise



Straight Line Skid Control

Purpose:

To develop confidence in coordinating steering and deceleration control as a means of controlling a skid.

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. Steers to keep the front of the vehicle pointed in the direction you want to go.
5. Eases off the throttle.
6. Does not use the brake.
7. Be prepared for secondary skids.
8. Negotiates the course smoothly.
9. Keeps steering movements constant and even.
10. Maintains 9-3 hand position.
11. Does not use brakes.
12. Exits the course at the direction of the instructor.
13. Increases speed for subsequent practices at the direction of the instructor.

Straight Line Skid Control

Exercise Rating:

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

Practice No. _____ Qualification Attempt No. _____

	1	2	3	4
A. Hand-over-hand method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Controlled acceleration	<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. Steer in direction of skid	<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. Controlled 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 _____

Figure 8 Skid Control Exercise

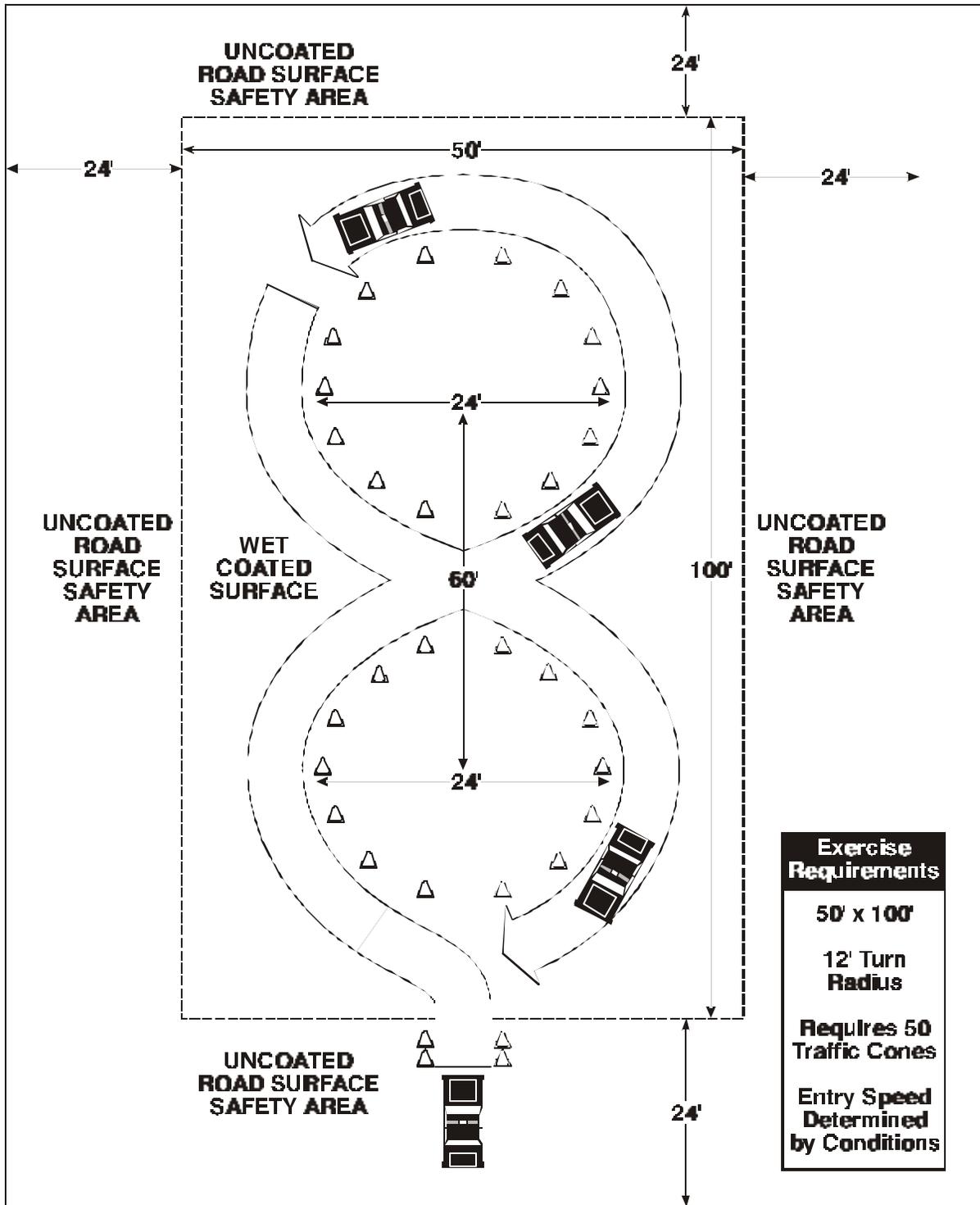


Figure 8 Skid Control

Purpose:

To develop skill in recovering from a skid, learning the handling characteristics of the vehicle and developing the driver's confidence in being able to regain control of a skidding vehicle.

Procedure:

Instructor

- Explains purpose of exercise and key factors of the exercise.
- Demonstrates exercise at moderate speed.
- Demonstrates exercise at required speed.
- Clarifies any questions the student has.
- One car on the exercise at a time.
- Has the student wear duty leather goods (optional).

Student

1. Assumes proper driving position; seat, mirrors, seat belt.
2. Enters exercise at speed determined by instructor.
3. Begins exercise at 9-3 hand position.
4. Enters skid pad and begins a left or right turn, around the traffic cones.
5. Eases the accelerator pressure at the onset of a skid.
6. Makes transition from 9-3 to hand-over-hand method.
7. Does not brake.
8. Turns the steering wheel in the desired direction of travel.
9. Prepares for a secondary skid as the vehicle approaches the point of stabilization or desired direction of travel.
10. Steers and countersteers until vehicle is stable and traveling in desired direction.
11. Provides timely steering inputs.

Scaling

Approximately 100' x 50' is required. Requires a minimum of 50 traffic cones. Figure 8 is established using 12' turning radius.

Commentary

This is not a timed exercise. Entry speed is determined by conditions.

Figure 8 Skid Control

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 exercise correctly	<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. Transition to hand-over-hand method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Did not under-steer or over-steer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F. Timely steering movement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
G. Prepared for counter steering	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
H. Counter steered properly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I. Accelerator control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Did not apply brake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Exited course at direction of instructor	<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

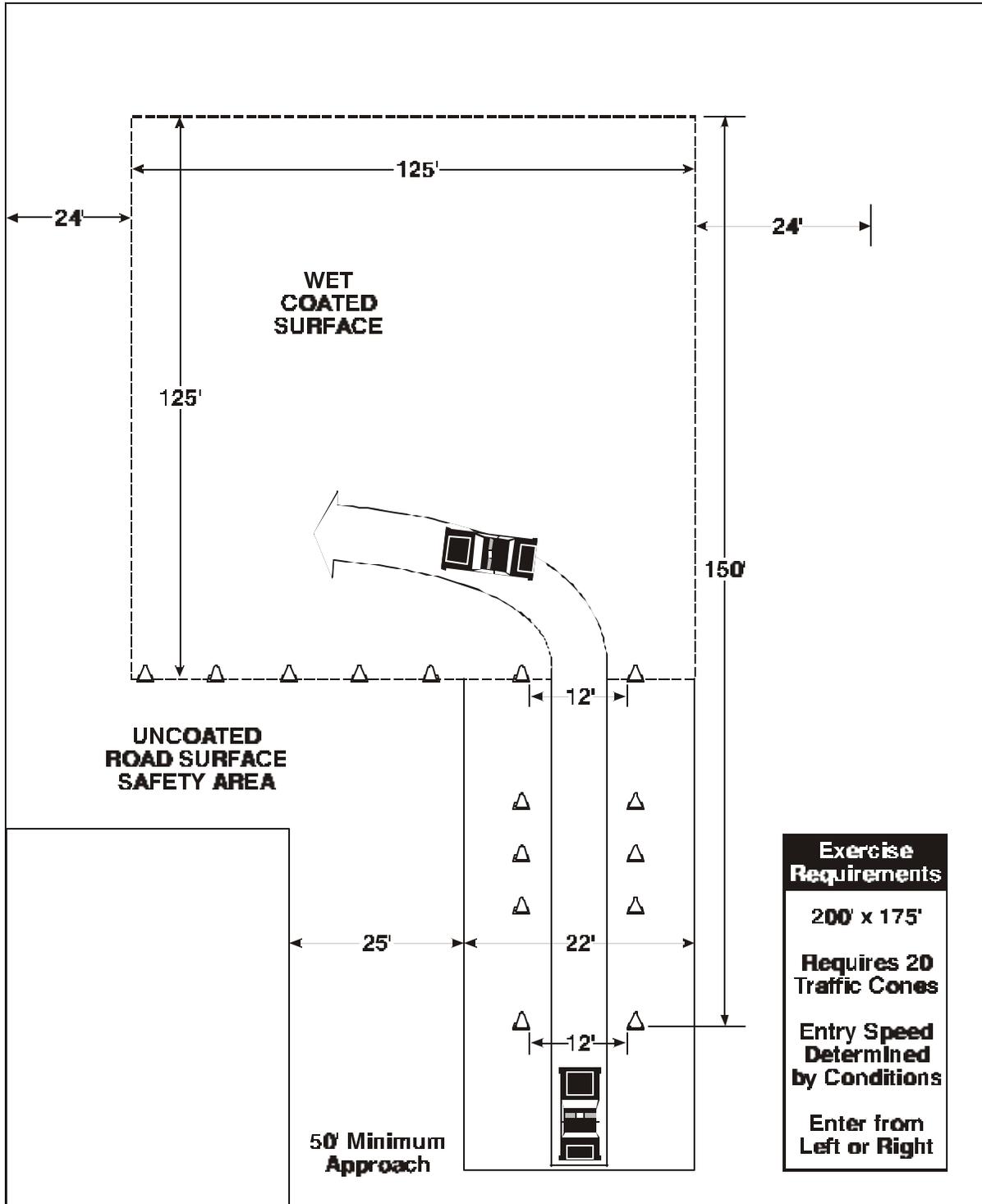
General Remarks:

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 _____

90° Turn Skid Control Exercise



90 Degree Turn Skid Control

Purpose:

The exercise simulates a skid occurring when a driver attempts to corner a curve too fast or too sharply. The purposes of the exercise are to have the student recognize the dangers of acceleration in a sharp or high-speed curve, to develop skill in recovering from a skid, to learn the handling characteristics of the vehicle, and to develop the driver's confidence in being able to regain control of a skidding vehicle.

Procedure:

Instructor

- Explains purpose of exercise and key factors of the exercise.
- Demonstrates exercise at low speed.
- Demonstrates exercise at required speed.
- Clarifies any questions the student has.
- Has the student wear duty leather goods (*optional*).

Student

1. Assumes proper driving position; seat, mirrors, seat belt.
2. Enters exercise at speed determined by instructor.
3. Begins exercise at 9-3 hand position.
4. Enters skid pad and begins a left turn at the traffic cones.
5. Eases the accelerator pressure at the onset of a skid.
6. Makes transition from 9-3 to hand-over-hand method.
7. Does not brake.
8. Turns the steering wheel in the desired direction of travel.
9. Prepares for a secondary skid as the vehicle approaches the point of stabilization or desired direction of travel.
10. Steers and countersteers until vehicle is stable and traveling in desired direction.

Scaling

Approximately 200' x 175' minimum area required. Requires 20 traffic cones.

Commentary

This is not a timed exercise. Entry speed is determined by conditions. Students should be allowed to enter from the left or right.

90 Degree Turn Skid Control

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 exercise correctly	<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. Transition to hand-over-hand method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Did not under-steer or over-steer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Timely steering movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Prepared for counter steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Counter steered properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Accelerator control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Did not apply brake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Exited course at direction of instructor	<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

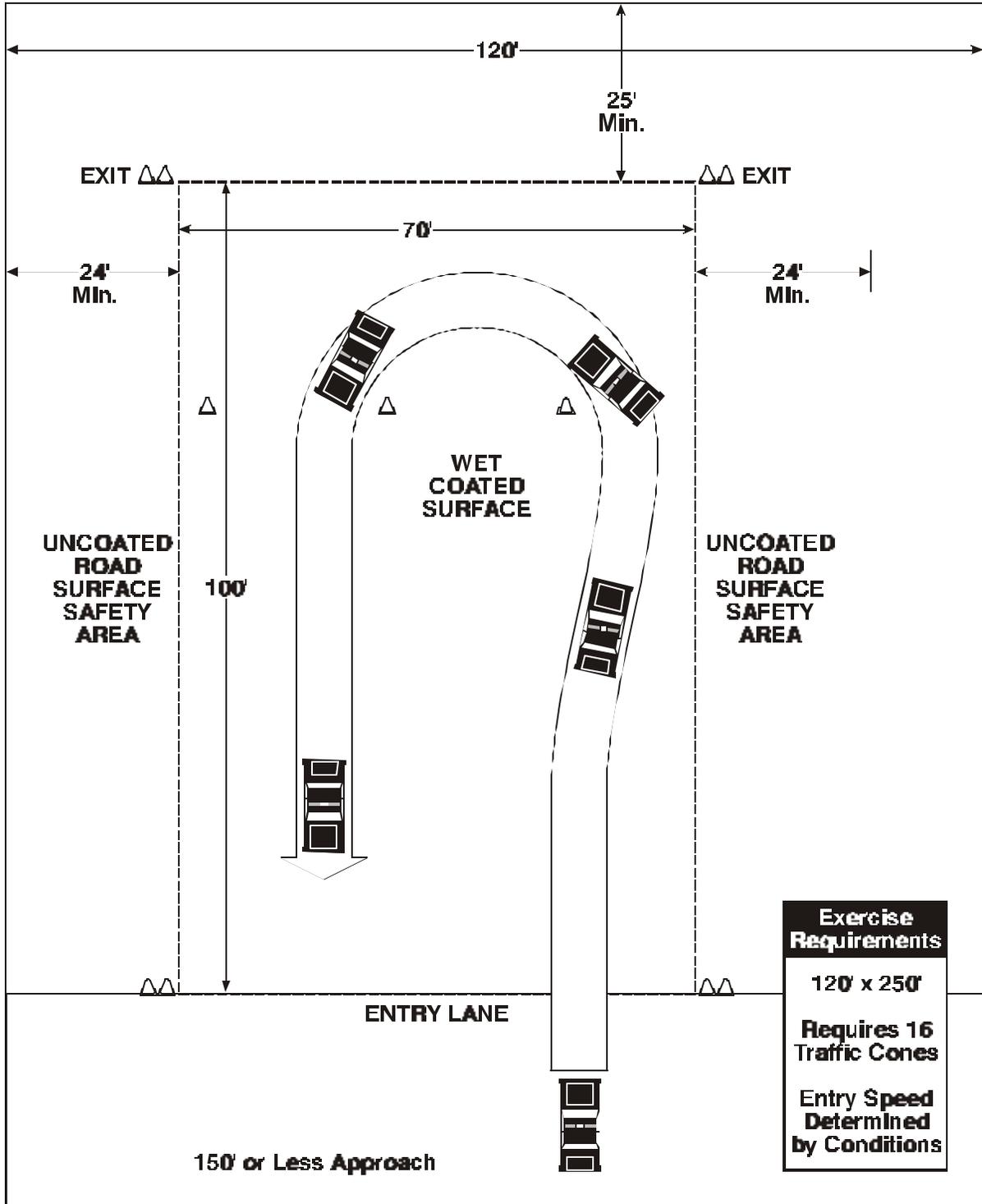
General Remarks:

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 _____

U Turn Skid Control Exercise



U-Turn Skid Control

Purpose:

The exercise simulates a skid occurring when a driver attempts to corner a curve too fast or too sharply. The purposes are to have the student recognize the dangers of acceleration in a sharp or high-speed turn, to develop skill in recovering from a skid, to learn the handling characteristics of the vehicle, and to develop the driver's confidence in being able to regain control of a skidding vehicle.

Procedure:

Instructor

- Explains purpose of exercise and key factors of the exercise.
- Demonstrates exercise at low speed.
- Demonstrates exercise at required speed.
- Clarifies any questions the student has.
- Has the student wear duty leather goods (*optional*).

Student

1. Assumes proper driving position; seat, mirrors, seat belt.
2. Enters exercise at speed determined by instructor.
3. Begins exercise at 9-3 hand position.
4. Enters skid pad and begins a left or right U-turn at the traffic cones.
5. Eases the accelerator pressure at the onset of a skid.
6. Makes transition from 9-3 to hand-over-hand method.
7. Does not brake.
8. Turns the steering wheel in the desired direction of travel.
9. Prepares for a secondary skid as the vehicle approaches the point of stabilization or desired direction of travel.
10. Steers and countersteers until vehicle is stable and traveling in desired direction.
11. Provides timely steering inputs.

Scaling

Requires approximately 120' x 250'. Requires 16 traffic cones.

U-Turn Skid Control

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 exercise correctly	<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. Transition to hand-over-hand method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Did not under-steer or over-steer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F. Timely steering movement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
G. Prepared for secondary steering	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
H. Counter steered properly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I. Accelerator control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Did not apply brake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Exited exercise at direction of instructor	<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

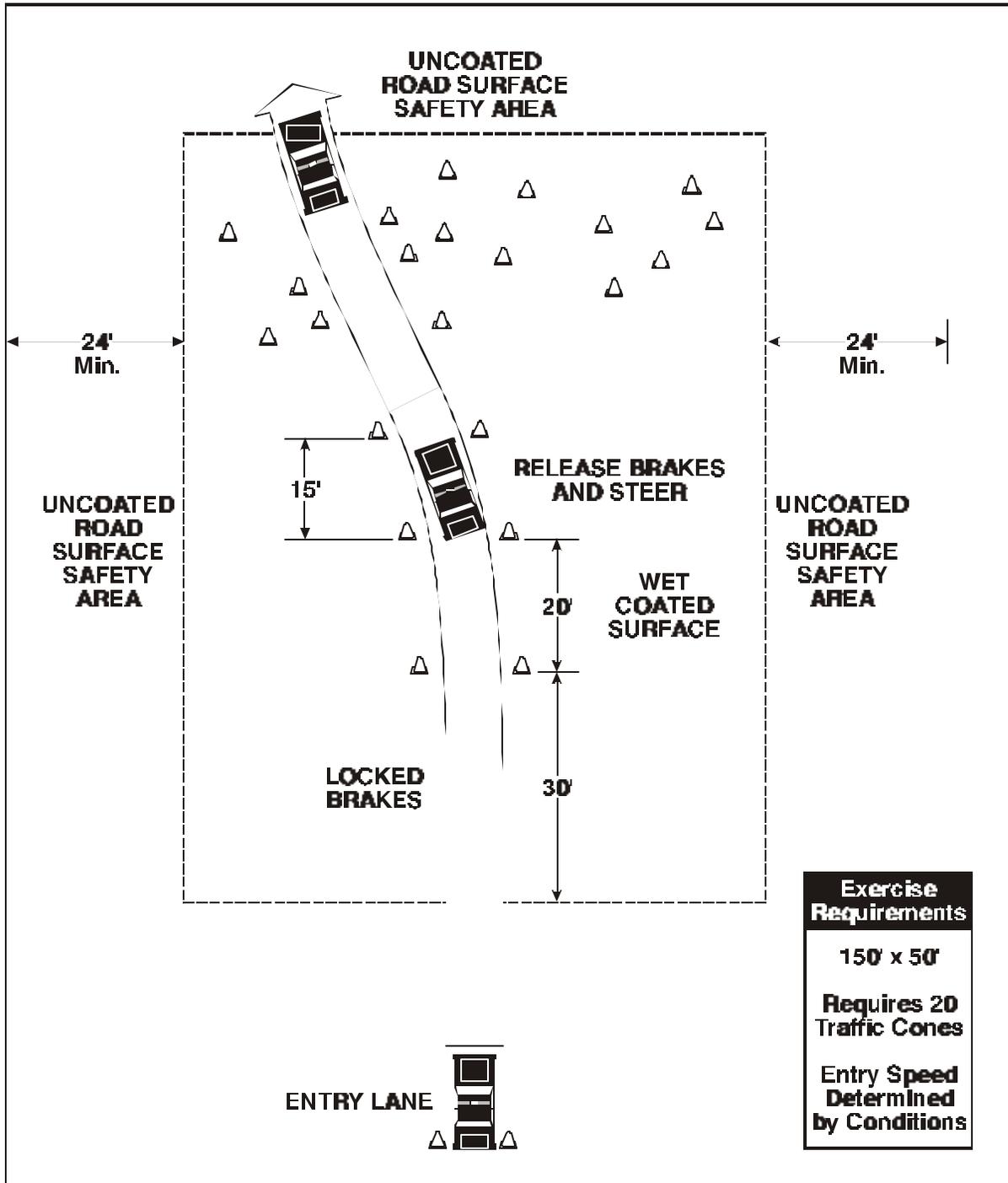
General Remarks:

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 _____

Locked Wheel Recovery Skid Control Exercise



Locked Wheel Recovery Skid Control

Purpose:

To simulate the loss of steering due to one or more wheels being locked up. To have the student experience how much control of the vehicle can be regained, even on a slippery surface, when a brake lock-up is released.

Procedure:

Instructor

- Explains purpose of exercise and key factors of the exercise.
- Demonstrates exercise at low speed.
- Demonstrates exercise at required speed.
- Clarifies any questions the student has.
- Has the student wear duty leather goods (*optional*).

Student

1. Assumes proper driving position; seat, mirrors, seat belt.
2. Enters exercise at speed determined by instructor.
3. Begins exercise at 9-3 hand position.
4. Enters skid pad and locks up brakes (*optional*).
5. Eases the accelerator pressure at the onset of a skid.
6. Makes transition from 9-3 to hand-over-hand method.
7. Does not brake.
8. Turns the steering wheel in the desired direction of travel.
9. Prepares for a secondary skid as the vehicle approaches the point of stabilization or desired direction of travel.
10. Steers and countersteers until vehicle is stable and traveling in desired direction.
11. Provides timely steering inputs.

Scaling

Approximately 150' x 50' minimum area required. Requires 20 traffic cones.

Commentary

This is not a timed exercise. Entry speed is determined by conditions.

Locked Wheel Recovery Skid Control

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 exercise correctly	<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.	Transition to hand-over-hand method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Did not under-steer or over-steer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Timely steering movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Prepared for secondary skid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Counter steered properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	Accelerator control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.	Did not apply brake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K.	Exited course at direction of instructor	<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 _____

