

REQUEST FOR DRIVER REEXAMINATION

INSTRUCTIONS:

- 1. Complete this form if you wish the Department of Motor Vehicles (DMV) to reevaluate a driver's ability to drive safely.
- 2. Sign this request in the signature block provided. You may request that your name not be revealed to the individual being reported. Confidentiality will be honored to the fullest extent possible.
- 3. Take your completed request to any DMV office or mail to: DMV, Driver Safety Office (see addresses on the next page for your local office.)

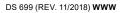
Note: All fields marked with an asterisk (*) are required.

NAME OF PERSON BEING REPORTED (FIRST, M.I., LAST) *	DATE OF BIRTH OR APPROXIMATE AGE*	TELEPHONE NUMBER
DRIVER LICENSE NUMBER	VEHICLE LICENSE PLATE NUMBER, IF AVAILAE	BLE
STREET ADDRESS*	CITY* STA	TE* ZIP CODE*

DRIVER CONDITION—Check all appropriate boxes below. Please use the space below to provide specific details, if known, about the driver's medical (physical or mental) condition such as name of disease or illness, any medications taken, etc.

	Medical Condition		Confused/Disoriented			
	Physical Condition		Alcohol/Drug Use (Describe below)			
	Mental/Emotional Condition		Blackouts, Seizures, Fainting Spells			
	Vision Condition		Needs help with daily activities (i.e., cooking, dressing,			
Ц	Weakness or Coordination Problems		bathing, balancing checkbook)			
	Difficulty Walking		Other:			
DR	DRIVER BEHAVIOR—Check appropriate boxes for driving problems you have observed: (Use space below if needed					
for	additional comments.)					
	Does not see or react to other cars, pedestrians, etc.		Turns in front of on-coming cars			
	Drives in wrong lane		Allows car to drift in and out of lane			
	Drives on wrong side of the road		Backs up or changes lanes without looking back or			
	Acts violent or aggressive when driving		checking mirrors			
	Drives too slow, or stops, for no reason		Applies brake and gas pedals at the same time			
	Has trouble steering, braking, or otherwise controlling car		Slow reactions that may be caused by medications or drugs			
	Is confused by traffic		Drives on sidewalk			
	Gets lost or confused while driving near home		Makes driving mistakes while talking to passengers			
	Fails to react to traffic signals, other cars, pedestrians, etc.		Falls asleep while driving			
	Makes turns from wrong lane		Other actions (Describe below)			

You may use the space below to further describe the driver's condition(s) or action(s) which lead you to believe this driver should be reevaluated by DMV.



Relative Frien	d 🗌 Caregiver 🗌 Vision Specialist 🗌	Court/Code	Other:				
Check here if you would like to have your name kept confidential. Confidentiality will be honored to the fullest extent possible. Unsigned reports will not be considered.							
NAME (Please print) *	AME (Please print)*						
MAILING ADDRESS (City, State, Zip Code) *							
SIGNATURE*			DATE*				
YOU MAY MAIL OR TAKE THIS COMPLETED FORM TO YOUR LOCAL DRIVER SAFETY OFFICE AT ONE OF THESE LOCATIONS:							
Bakersfield	5800 District Blvd., Ste. 100-B Bakersfield, 93313	Sacramento	4700 Broadway, 2nd Flr. Sacramento, 95820-1501				
City of Commerce	5801 E. Slauson Ave., Ste. 250 Commerce, 90040-3050	San Bernardino	1845 Business Center Dr., Ste 212 San Bernardino, 92408-3447				
City of Orange	790 The City Dr., Ste. 420 Orange, 92868-4941	San Diego	1455 Frazee Rd., Ste. 400 San Diego, 92108-4378				
Covina	1365 N. Grand Ave., Ste. 101 Covina, 91724-4048	San Francisco	1377 Fell St., 2nd Floor San Francisco, 94117-2296				
El Segundo	390 N. Pacific Coast Highway, Ste. 2075 El Segundo, 90245-4470	San Jose	90 Great Oaks Blvd., Ste. 104 San Jose, 95119-1314				
Fresno	2510 S. East Ave., Ste. 310 Fresno, 93706-5112	Santa Rosa	2570 Corby Avenue Santa Rosa, 95407-6005				
Oakland	7677 Oakport St., Ste. 220 Oakland, 94621-1906	Stockton	710 N. American St. Stockton, 95202-1823				
Oxnard	2051 N. Solar Dr., Ste. 125 Oxnard, 93036-2650	Van Nuys	6150 Van Nuys Blvd., Ste. 205 Van Nuys, 91401-3333				
Redding	2650 Churn Creek Rd., Ste. 200 Redding, 96002-1169						