



New York State Department of Motor Vehicles
**REPORT ON ANNUAL DEFENSIVE DRIVING
PERFORMANCE FOR DRIVER UNDER ARTICLE 19-A**
www.dmv.ny.gov

DS-873 (6/11)

INSTRUCTIONS TO CERTIFIED EXAMINER:

- Regular observation of a driver's defensive driving performance must be conducted while the driver is operating the vehicle with passengers.
- **This observation shall NOT be conducted on the same day as the biennial behind-the-wheel road test.**
- Discuss performance with driver, complete rating, driver acknowledgement, and examiner certification.

SECTION 1 - DRIVER INFORMATION

Driver's Last Name		First	M.I.	Date of Birth (Month/Day/Year)	
Street Address		City		State	Zip Code
Client/License ID Number (from Driver License)	State	Class of Driver's License	Endorsements	Restrictions	Expiration Date

SECTION 2 - CARRIER INFORMATION

Carrier/DBA Name	Legal Name (if different)	Federal ID Number	19-A Business ID Number
Street Address	City	State	Zip Code

SECTION 3 - VEHICLE INFORMATION

Type of Vehicle	Adult Seating Capacity	GVWR	Vehicle Plate Number	State
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SECTION 4 - OBSERVATION (may be conducted inside or outside the vehicle) Observation Conducted: ☐ Inside ☐ Outside

	Satisfactory	Unsatisfactory		Satisfactory	Unsatisfactory
1. Observation	<input type="checkbox"/>	<input type="checkbox"/>	7. Obeys Traffic Signs, Signals and Road Hazard Signs	<input type="checkbox"/>	<input type="checkbox"/>
2. Traffic Lane Use (include center line violation)	<input type="checkbox"/>	<input type="checkbox"/>	8. Observes Proper Following Distance..	<input type="checkbox"/>	<input type="checkbox"/>
3. Speed	<input type="checkbox"/>	<input type="checkbox"/>	9. Procedures for Receiving and Discharging Passengers	<input type="checkbox"/>	<input type="checkbox"/>
4. Properly Signals Intention	<input type="checkbox"/>	<input type="checkbox"/>	10. Traffic Interaction	<input type="checkbox"/>	<input type="checkbox"/>
5. Turning	<input type="checkbox"/>	<input type="checkbox"/>			
6. Vehicle Control	<input type="checkbox"/>	<input type="checkbox"/>			

Comments: (required if Unsatisfactory checked above)

SECTION 5 - DRIVER ACKNOWLEDGEMENT

I acknowledge discussion of my defensive driving performance with the examiner who observed and rated my performance.



(Driver Signature)

(Date)

SECTION 6 - EXAMINER'S CERTIFICATION

Certified Examiner's Name			Client/License ID Number (from Driver License)		
Certificate Number	Certification Class	Endorsements	Restrictions	Expiration Date	
I certify that the above report is, to the best of my knowledge, true and correct, that I personally observed the above driver's defensive driving performance, and that I currently hold a valid examiner certification as required in accordance with Article 19-A of the New York State Vehicle and Traffic Law.			Certified Examiner's Signature 		

Date of Observation

