

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.

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|--|--|---------------------------------------|
| 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 AVAILABLE | |
| STREET ADDRESS* | CITY* | STATE* 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.

- | | |
|--|--|
| <input type="checkbox"/> Medical Condition <input type="checkbox"/> Physical Condition <input type="checkbox"/> Mental/Emotional Condition <input type="checkbox"/> Vision Condition <input type="checkbox"/> Weakness or Coordination Problems <input type="checkbox"/> Difficulty Walking | <input type="checkbox"/> Confused/Disoriented <input type="checkbox"/> Alcohol/Drug Use (Describe below) <input type="checkbox"/> Blackouts, Seizures, Fainting Spells <input type="checkbox"/> Needs help with daily activities (i.e., cooking, dressing, bathing, balancing checkbook) <input type="checkbox"/> Other: |
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DRIVER BEHAVIOR—Check appropriate boxes for driving problems you have observed: (Use space below if needed for additional comments.)

- | | |
|--|---|
| <input type="checkbox"/> Does not see or react to other cars, pedestrians, etc. <input type="checkbox"/> Drives in wrong lane <input type="checkbox"/> Drives on wrong side of the road <input type="checkbox"/> Acts violent or aggressive when driving <input type="checkbox"/> Drives too slow, or stops, for no reason <input type="checkbox"/> Has trouble steering, braking, or otherwise controlling car <input type="checkbox"/> Is confused by traffic <input type="checkbox"/> Gets lost or confused while driving near home <input type="checkbox"/> Fails to react to traffic signals, other cars, pedestrians, etc. <input type="checkbox"/> Makes turns from wrong lane | <input type="checkbox"/> Turns in front of on-coming cars <input type="checkbox"/> Allows car to drift in and out of lane <input type="checkbox"/> Backs up or changes lanes without looking back or checking mirrors <input type="checkbox"/> Applies brake and gas pedals at the same time <input type="checkbox"/> Slow reactions that may be caused by medications or drugs <input type="checkbox"/> Drives on sidewalk <input type="checkbox"/> Makes driving mistakes while talking to passengers <input type="checkbox"/> Falls asleep while driving <input type="checkbox"/> 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.

Please continue on the next page.



Relative Friend 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)* _____ DAYTIME TELEPHONE NUMBER
()

MAILING ADDRESS (City, State, Zip Code)* _____

SIGNATURE* _____ DATE* _____
X

YOU MAY MAIL OR TAKE THIS COMPLETED FORM TO YOUR LOCAL DRIVER SAFETY OFFICE AT ONE OF THESE LOCATIONS:

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|-------------------------|---|-----------------------|---|
| 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 | | |