

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. Anonymous reports will not be considered.
3. Take your completed request to any DMV office or mail to: DMV, Driver Safety Office (see addresses below for your local office.)

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.

YOUR RELATIONSHIP TO DRIVER:

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.

NAME (Please print)

DAYTIME TELEPHONE NUMBER

()

YOUR 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:

Bakersfield, 5800 District Blvd., Ste. 100-B, Bakersfield, 93313

City of Commerce, 5801 E. Slauson Ave., Ste. 250
City of Commerce, 90040-3050

Covina, 1365 N. Grand Ave., Ste. 101, Covina, 91724

El Segundo, 390 N. Sepulveda Blvd. Ste. 2075, El Segundo, 90245-4470

Fresno, 2510 S. East Ave., Ste. 310, Fresno, 93706-5112

Irvine, 16735 Von Karman Ave., #110, Irvine, 92606-4953

Oakland, 7677 Oakport St., Ste. 220, Oakland, 94621-1906

Oxnard, 2051 N. Solar Dr., Ste. 100, Oxnard, 93036

Redding, 2650 Churn Creek Rd., Ste. 200, Redding, 96002-1169

Sacramento, 4700 Broadway, 2nd Flr., Sacramento, 95820-1501

San Bernardino, 1845 Business Center Dr., Ste 212,
San Bernardino, 92408-3447

San Diego, 9174 Sky Park Court, Ste. 200, San Diego, 92123-2666

San Francisco, 1377 Fell St., 2nd Floor, San Francisco, 94117-2296

San Jose, 90 Great Oaks Blvd., Ste. 104, San Jose, 95119

Van Nuys, 6150 Van Nuys Blvd., Ste. 205, Van Nuys, 91401-3333