

## 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. Email or mail your completed forms to the DMV Driver Safety (see addresses on the next page).

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 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<br><input type="checkbox"/> Physical Condition<br><input type="checkbox"/> Mental/Emotional Condition<br><input type="checkbox"/> Vision Condition<br><input type="checkbox"/> Weakness or Coordination Problems<br><input type="checkbox"/> Difficulty Walking | <input type="checkbox"/> Confused/Disoriented<br><input type="checkbox"/> Alcohol/Drug Use (Describe below)<br><input type="checkbox"/> Blackouts, Seizures, Fainting Spells<br><input type="checkbox"/> Needs help with daily activities (i.e., cooking, dressing, bathing, balancing checkbook)<br><input type="checkbox"/> Other: |
|--|--|

**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.<br><input type="checkbox"/> Drives in wrong lane<br><input type="checkbox"/> Drives on wrong side of the road<br><input type="checkbox"/> Acts violent or aggressive when driving<br><input type="checkbox"/> Drives too slow, or stops, for no reason<br><input type="checkbox"/> Has trouble steering, braking, or otherwise controlling car<br><input type="checkbox"/> Is confused by traffic<br><input type="checkbox"/> Gets lost or confused while driving near home<br><input type="checkbox"/> Fails to react to traffic signals, other cars, pedestrians, etc.<br><input type="checkbox"/> Makes turns from wrong lane | <input type="checkbox"/> Turns in front of on-coming cars<br><input type="checkbox"/> Allows car to drift in and out of lane<br><input type="checkbox"/> Backs up or changes lanes without looking back or checking mirrors<br><input type="checkbox"/> Applies brake and gas pedals at the same time<br><input type="checkbox"/> Slow reactions that may be caused by medications or drugs<br><input type="checkbox"/> Drives on sidewalk<br><input type="checkbox"/> Makes driving mistakes while talking to passengers<br><input type="checkbox"/> Falls asleep while driving<br><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.*



RELATIONSHIP TO PERSON BEING REPORTED

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 (    )
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MAILING ADDRESS (CITY, STATE, ZIP CODE)\*

SIGNATURE*	DATE*
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You may submit this form by:

**EMAIL: DMVLADDSOffice@dmv.ca.gov**

-OR-

**MAIL: Northern California (North of Fresno County)**  
Sacramento Driver Safety  
4700 Broadway, 2<sup>nd</sup> Floor  
Sacramento, CA 95820-1501

**Southern California (South of Fresno County)**  
El Segundo Driver Safety  
390 N. Pacific Coast Highway, Ste. 2075  
El Segundo, CA 90245-4470