

REQUEST FOR EXAMINATION OF DRIVER

DRIVER INFORMATION

First Name of Driver	Middle Name		Last Name	
Street Address			City	
Driver's License Number			Date of Birth	
INCIDENT INFORMATION				
Date and time of incident		Location of incident		
Was an accident involved? YES NO		Was the driver given a citation? YES NO		
Check one or more of the following	ng that apply and de	escribe in the sumr	nary section below:	
General physical/health problem		Mental or emoti	onal problem (including road rage, memory loss, etc.)	
Diabetic loss of consciousness or	voluntary control	Loss of conscio	usness or voluntary control (seizures)	
Vision problem		Lack of knowled	lge of traffic laws	
Lack of physical driving skills		Other		
— Violation of "ANY USE OF ALCOF (please attach report verifying alcohol/		ES LICENSE" restriction	on	
SUMMARY - Describe in detail the driver should be re-examined? Plea Age alone cannot be considered good	se attach any pertiner	nt reports that would	t this driver to your attention. Why do you feel this be helpful to the driver evaluator.	

Reports from family members concerning an individual's ability to drive are confidential (M.S. 13.69). Driver and Vehicle Services is required to disclose the identity of all other person(s) reporting at the driver's request. Failure to provide the information requested below will result in no action being taken on the report.

I therefore submit this information to the Driver Evo of this driver under Minnesota Statute 171.13.	Date		
Signature of Officer or Person Reporting	Title or Relationship to Driver	Badge Number (<i>if applicable</i>)	Phone Number
Law Enforcement Agency or Printed Name of Person Reporting			City