

Mail Drop 818Z Medical Review Program Motor Vehicle Division PO Box 2100 Phoenix AZ 85001-2100

## DRIVER CONDITION/BEHAVIOR REPORT

96-0469 R02/15 azdot.gov

The following information is submitted regarding a driver's physical, visual or psychological condition that may affect his or her ability to safely operate a motor vehicle. Compromised driving ability can occur at any age. This report must be based on direct knowledge about specific events or conduct. All sections of this form must be completed. An incomplete form will not be accepted.

Driver Name (first, middle, last, suffix)		Date of Birth	Driver License Number			State			
Street Address		City		State	Zip				
Driver Condition/Behavior - check all that apply									
Physical Condition	Confused/Disoriented	Lack of Knowledge of Rules of the Road							
Psychological Condition	Alcohol/Other Drugs	Unsafe Operation of a Motor Vehicle							
Blackout/Seizure/Fainting Spell	Vision Problems	🗖 Other:							

Describe in detail incidents or conditions which brought this driver to your attention. Give specific information such as dates, places or accidents, and all other available information.

Description	

Report must be signed to be accepted. This information may be subject to disclosure in accordance with state and/or federal law.

Preparer Name (first, middle, last, suffix)	Phone Number		
	( )		
Address	City	State	Zip
Signature	Date		