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

96-0469 R07/12 www.azdot.gov

DRIVER CONDITION/BEHAVIOR REPORT

Clear | Print Blank Form

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