



**Motor  
Vehicle  
Division**

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

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

<input type="checkbox"/> Physical Condition	<input type="checkbox"/> Confused/Disoriented	<input type="checkbox"/> Lack of Knowledge of Rules of the Road
<input type="checkbox"/> Psychological Condition	<input type="checkbox"/> Alcohol/Other Drugs	<input type="checkbox"/> Unsafe Operation of a Motor Vehicle
<input type="checkbox"/> Blackout/Seizure/Fainting Spell	<input type="checkbox"/> Vision Problems	<input type="checkbox"/> 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

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**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		