

MotorMail Drop 818Z
Medical Review ProgramVehicleMotor Vehicle Division
PO Box 2100DivisionPhoenix AZ 85001-2100

DRIVER CONDITION/BEHAVIOR REPORT

The following information is submitted regarding a driver's physical, mental or emotional 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	1	State	Zip	<u> </u>
Driver Condition/Behavior - check all the	at apply					
Physical Condition	Confused/Disoriented	Lack of Knowledge of Rules of the Road				
Mental/Emotional 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. Information below is confidential and not subject to release.

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