



DEPARTMENT OF TRANSPORTATION  
DRIVER AND MOTOR VEHICLE SERVICES  
1905 LANA AVE NE, SALEM OREGON 97314

# DRIVER EVALUATION REQUEST

DMV may only require re-evaluation when there is reason to believe that a driver may no longer be able to safely operate a motor vehicle. The individual may be required to take vision, knowledge or driving tests and/or obtain a medical clearance.

## INSTRUCTIONS:

1. Mark applicable **Driving Behavior** below.
2. **Provide specific related information**, in the text box or on an attachment.
3. **Sign this request** in the signature block provided (**Law Enforcement Officers can provide DPSST #; see next page for additional LE and Court information**). **By law, anonymous Requests cannot be accepted.**
4. **FAX / Mail** completed request to: (503) 945-5329 / DMV Driver Specialty Services, 1905 Lana Avenue NE, Salem Oregon 97314.  
**Under Oregon law, a Request based on Age, Diagnosis, and/or General Health alone CANNOT be accepted.**

## DRIVER INFORMATION:

|  |                       |               |          |
|--|-----------------------|---------------|----------|
| NAME OF PERSON TO BE EVALUATED (Last, First, Middle) | ODL / CUSTOMER NUMBER | DATE OF BIRTH |          |
| STREET ADDRESS                                       | CITY                  | STATE         | ZIP CODE |

## UNSAFE OR DANGEROUS DRIVING BEHAVIOR includes ([OAR 735-076-0002\(11\)](#)):

- |  |   |
|--|---|
| <input type="checkbox"/> Was prevented from causing an accident/crash by evasive maneuver by another driver(s) | <input type="checkbox"/> Drives the wrong way on a one-way street                           |
| <input type="checkbox"/> Drives too slowly   | <b>Other:</b>   |
| <input type="checkbox"/> Drives in more than one lane of traffic / Allows car to drift in and out of lane      | <input type="checkbox"/> Turns in front of on-coming cars                                   |
| <input type="checkbox"/> Drives in the wrong lane or on wrong side of road                                     | <input type="checkbox"/> Stops for no reason  |
| <input type="checkbox"/> Turns from the wrong lane or into the wrong lane                                      | <input type="checkbox"/> Backs up or changes lanes without looking back or checking mirrors |
| <input type="checkbox"/> Fails to stop at traffic light/stop sign  | <input type="checkbox"/> Has trouble steering, braking, or otherwise controlling car        |
| <input type="checkbox"/> Stops beyond designated stop line at traffic light/stop sign                          | <input type="checkbox"/> Is confused by traffic   |
| <input type="checkbox"/> Fails to stop for a pedestrian in marked crosswalk                                    | <input type="checkbox"/> Gets lost or confused while driving near home                      |
|  | <input type="checkbox"/> Drives on sidewalk   |
|  | <input type="checkbox"/> Acts violently or aggressively when driving                        |

**Provide specific information** which causes you to question the individual's ability to drive safely; include events, dates and places.  
**If you believe the person has a medical condition/impairment that impacts safe driving**, provide information about its impact on their ability to drive safely. Attach additional information or supporting documentation, if any.

**All reports are confidential** under Oregon law, unless submitted by Law Enforcement, ordered by a court, or as part of an Administrative Hearing which drivers have the right to request.

## YOUR RELATIONSHIP TO THE DRIVER:

- Law Enforcement (see reverse/next page)
  Physician\*
  Health Care Provider\* (explain: \_\_\_\_\_  
(definition on reverse/next page)
- Relative
  Friend
  DMV Employee
  Court
  Other (explain): \_\_\_\_\_

**\*Physicians and Providers required to report "severe and uncontrollable" conditions or impairments: Use the Mandatory Impairment Referral form ([www.oregon.gov/odot/Forms/DMV/7230fill.pdf](http://www.oregon.gov/odot/Forms/DMV/7230fill.pdf)).**

|  |                                  |      |
|--|----------------------------------|------|
| YOUR NAME (Please Print)                     | SIGNATURE (Required)<br><b>X</b> | DATE |
| YOUR MAILING ADDRESS (City, State, Zip Code) | DAYTIME TELEPHONE NUMBER         | FAX  |

**LAW ENFORCEMENT AGENCY OR COURT \*ONLY\***

Request is a result of:     Traffic Accident\*\*     Traffic Stop\*\*    Date of Incident: \_\_\_\_\_

Was the driver issued a warning or traffic citation?     Yes     No    Warning/Citation for: \_\_\_\_\_

Officer's Title: \_\_\_\_\_    DPSST#: \_\_\_\_\_

Agency name: \_\_\_\_\_    Agency Phone: \_\_\_\_\_

*\*\*Attach accident or incident report; can also be submitted following Request submission (see Instructions below).*

**LAW ENFORCEMENT INSTRUCTIONS**

**For DMV to take action and be affirmed if/when there is a Hearing, the Request needs to include:**

- **Your specific observations;**
- **Why those observations make you think the driver may no longer be able to drive safely.** Describe any related EMS contact and/or specific, relevant remarks where present (*identify EMS staff by name when including them in your Request*); and
- **How those observations differ** from similar contacts with other drivers.
- **In plain language** for understanding by audiences who are not Law Enforcement professionals, including DMV staff and Administrative Law Judges (ALJs).
- **If submitting accident or incident report following submission of Request,** include report # on Request for later matching.

**Relevant statutes and rules -**

**Oregon Revised Statutes**

**807.710(3): Reports of persons with cognitive or functional impairment; rules; forms.**

*Determinations regarding a person's ability to safely operate a motor vehicle **may not** be based **solely** on the diagnosis of a medical condition or cognitive or functional impairment, **but must be based on the actual effect of that condition or impairment** on the person's ability to safely operate a motor vehicle.*

**809.419(3)(a): Suspensions for physical or mental condition or impairment**

*The department may suspend the driving privileges of a person who is incompetent to drive a motor vehicle because of a mental or physical condition or impairment that affects the person's ability to safely operate a motor vehicle upon the highways.*

**Oregon Annotated Rules**

**\*735-076-0002(2): "Health care provider"** means a person licensed, certified or otherwise authorized or permitted by law to administer health care in the State of Oregon. For purposes of these rules, the term health care provider is **limited to: a chiropractic physician, nurse practitioner, occupational therapist, physical therapist, optometrist, physician assistant and podiatric physician or surgeon.**

**735-076-0005(1)(d): "... sufficient information includes..."**

*(B) A report of a physical or mental condition or impairment, and a description of how the person's ability to safely operate a motor vehicle is affected; or a description of unsafe or dangerous driving behavior;*

*(C) A report by a police officer, physician or health care provider where a physical or mental condition or impairment is stated as a cause or possible cause of a crash or unsafe or dangerous driving behavior;..."*

**735-076-0020(1): Suspension or Cancellation of Driving Privileges**

*"DMV may issue an immediate suspension of driving privileges in the following situations:*

*(a) If DMV determines from a non-mandatory report [Driver Evaluation Request] that the person has a mental or physical condition that makes it unsafe for the person to operate a motor vehicle upon the highways and DMV has reason to believe the person may endanger people or property if not immediately suspended;*

*(b) **If based upon information included in a police accident report or other law enforcement report,** DMV has reason to believe that a person may endanger people or property if not immediately suspended due to a mental or physical condition that makes it unsafe for the person to operate a motor vehicle upon the highways;"*