



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 (*required*).
2. **Provide specific related information**, in the text box or on an attachment (*required*).
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 *sufficient for DMV to identify the driver (required):*

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

UNSAFE OR DANGEROUS DRIVING BEHAVIOR includes (OAR 735-076-0002(11)):

- | | |
|---|---|
| <input type="checkbox"/> Was prevented from causing a 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 | Other: |
| <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).**

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

LAW ENFORCEMENT AGENCY OR COURT *ONLY*

Request is a result of: Traffic Crash** 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 crash 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 crash 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 crash 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;"*