



**DRIVER EXAMINATION AND/OR MEDICAL EVALUATION REQUEST**

The undersigned recommends that the New Jersey licensed driver (named below) submit to a driver reexamination and/or evaluation.

D.L. NUMBER: \_\_\_\_\_ -- \_\_\_\_\_

CLASS: \_\_\_\_\_ ENDR: \_\_\_\_\_ RESTR: \_\_\_\_\_

DOB: \_\_\_\_\_ -- \_\_\_\_\_ EXPIRES: \_\_\_\_\_ -- \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

SEX: \_\_\_\_\_ EYES: \_\_\_\_\_ HT: \_\_\_\_\_ -- \_\_\_\_\_ ISSUED: \_\_\_\_\_ -- \_\_\_\_\_

Reexamination may be required of drivers in the categories below. Please check any that apply to this driver:

1. Persons having mental or physical disorders which may affect their ability to safely operate a motor vehicle;
2. Persons involved in a traffic accident resulting in a fatality where a violation of any of the provisions of N.J.S.A. **39:4-1** et seq. is established;
3. Persons who have accumulated **12** or more points as provided in N.J.A.C. **13:19-10.1**;
4. Persons convicted of violating any of the provisions of N.J.S.A. **39:4-1** et seq, where the judge determines that the offense was of such a careless, reckless or indifferent nature as to require reexamination.

I have reason to believe that this driver should submit to a reexamination and/or medical evaluation because of the information on the reverse side of this form.

Signature \_\_\_\_\_ Badge Number/Court Code \_\_\_\_\_

Title \_\_\_\_\_

(please print or type)

Full Name \_\_\_\_\_

Police Department/Court \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Phone Number \_\_\_\_\_

Officer's Name: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Date(s) of Incident(s) \_\_\_\_\_

Was driver charged with any Motor Vehicle violations?

No                      Yes                      If yes, provide statute(s) code(s) and summons number(s).

Did an accident occur?

No                      Yes                      If yes, attach copy of your accident report, including narrative or diagram.

Upon Questioning, did the driver admit to any physical problems or medical conditions?

No                      Yes                      If yes, indicate statements

Have you had any contacts with the driver?

No                      Yes                      If yes, describe circumstances of contact.

In the space below, provide a narrative that describes why you believe that this driver should undergo a reexamination or medical evaluation. If the source of the information provided below is someone other than yourself, provide that observer's name, full address and the telephone number where the observer can be contacted during normal working hours. If the driver contests the need for reexamination or medical review, you and/or any observers/witnesses may be subpoenaed to testify at an administrative hearing related to this matter.