

FORM

TELEPHONE: (573) 751-2730

WEB SITE: www.dor.mo.gov

FAX: (573) 522-8174

4319

(REV 9-03)

Please complete the Driver Condition Report if you have personal knowledge about a driver you believe is no longer able to safely operate a motor vehicle.

- You should report only your firsthand knowledge of the driver.
- You should complete the entire form and sign your name on the reverse side.
- After reviewing this report, the Director of Revenue may require the driver to take certain tests such as a medical, vision or driving test.
- All information contained in this report shall be kept confidential, unless released by a court order.

PERSONAL INFORMATION ON	NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NUMBER OR DRIVER LICENSE NUMBER		
PERSON BEING REPORTED:	LICENSE PLATE NUMBER	STATE OF ISSUANCE	DATE OF BIRT	TH	TELEPHO ( )	ONE NUMBER
Please complete all available information.	ADDRESS		CITY STATI		TE	ZIP CODE

oth Yo	ecific information such as dates, places, accident reports and al ner available information to support the need for re-examination u should report only information of which you have persona owledge or physical evidence. Do not report what you have beer
	d or heard.
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Describe in detail incidents or conditions about this driver. Give

personal applicable. description	ck appropriate boxes based on knowledge of incident if Please give a detailed of incident. Age alone is not a eason for retesting.
	Lack of Attention Caused Traffic Accident/Incident
LOCATION	
DATE	TIME
Lack of Knowledge of Traffi Obstructing Traffic Other	ic Laws

MO 860-2507 (9-03) DOR-4319 (9-03)



## **MEDICAL CONDITIONS**

Please check  $\checkmark$  appropriate boxes if the driver being reported has any of the following conditions that would impair his or her ability to safely operate a motor vehicle:

COGNITIVE IMPAIRMENTS/PSYCHIATRIC DISORDER  (i.e., sees or hears things that are not there, gets lost easily, has problems remembering words for common things, confusion in thought process or judgment)  Please explain:			DISORDERS THAT IMPAIR CONSCIOUSNESS (i.e., seizures, blackouts, sleep disorders)  When was the last loss of consciousness? /				
see objects of	AIRMENT uns into objects, cannot see road signs, cannot on the side without turning head)	(i.e	MITED MOBILITY ., paralysis, problems m explain:				
ALCOHOL/DRUG ABUSE Please explain:			OTHER CONDITIONS Please explain:				
ADDITIONAL COMMEN	TS						
Please attach addit	ional comments if necessary.						
PERSON COMPLETING FORM:	ANY PERSON WHO INTENTIONALLY FILI MISDEMEANOR, AND SHALL BE LIABLE FOR PRINT FULL NAME (LAST, FIRST, MIDDLE)				TY OF A CLASS A		
A STATE OF THE STA	STREET ADDRESS SIGNATURE		CITY	STATE	ZIP CODE  DATE		