

## MINNESOTA DEPARTMENT OF PUBLIC SAFETY

DRIVER AND VEHICLE SERVICES DRIVER EVALUATION UNIT 445 MINNESOTA ST., SUITE 170 ST. PAUL, MN 55101-5170

## REQUEST FOR EXAMINATION OF DRIVER

## **DRIVER INFORMATION**

First Name of Driver	e of Driver Middle Name		Last Name	
Street Address		City	City	
Driver's License Number		Date of Birth		
INCIDENT INFORMATION				
Date and time of incident	Loca	ation of incident	lent	
Was an accident involved?	ident involved? YES NO Was the		driver given a citation? YES NO	
Check one or more of the following	g that apply and describe in	the summary section be	ow:	
General physical/health problem	Mer	Mental or emotional problem (including road rage, memory l		
Diabetic loss of consciousness or vo	oluntary control Loss	s of consciousness or voluntar	y control (seizures)	
Vision problem	Laci	Lack of knowledge of traffic laws		
Lack of physical driving skills	Othe	Other		
Violation of "ANY USE OF ALCOHO (please attach report verifying alcohol/dr		SE" restriction		
driver should be re-examined? Please Age alone cannot be considered good		triat would be neipiul to the	driver evaluator.	
Reports from family members concerning a disclose the identity of all other person(s) r being taken on the report.				
I therefore submit this information to the Driver Evaluation Unit as good cause for re-examiniation of this driver under Minnesota Statute 171.13.			Date	
Signature of Officer or Person Reporting	Title or Relationship to Driver	Badge Number (if applicable)	Phone Number	
Law Enforcement Agency or Printed Name of Pe	rson Reporting		City	