



Motor Vehicle Division

46-3903 R02/16 azdot.gov

Mail Drop 818Z
Medical Review Program
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

DRIVER BEHAVIOR REPORT
Law Enforcement/MVD Use Only

Instructions for submitting form: Scan and email to MedicalReview@azdot.gov or Fax to 602-239-6288 (Fax, then mail original)

Form with fields: Driver Name, Date of Birth, Driver License Number, DL State, Street Address, City, State, Zip, Was there a crash?, Police Report or DR Number, Complaint Number, Driver Condition/Behavior (checkboxes for Unsafe Operation, Confused/Disoriented, Blackout/Seizure/Fainting Spell, Physical Condition, Vision Problems, Lack of Knowledge of Rules of the Road, Impaired - Alcohol/Other Drugs, Other), Details of Behavior Observed.

Recommended Action (Provide additional details as needed)

Form with checkboxes for: Physician Medical Evaluation, Road & Written Test (driving skills), Vision Screening, Substance Abuse Evaluation, Other (additional details required).

The following information must be completed in full.

Form with fields: Officer or MVD Agent Name, Email Address, Badge Number/RACF, Agency, Phone Number, Date, Supervisor Approval (MVD Use Only), Date.

Driver Name (first, middle, last, suffix)		Date of Birth	Driver License Number		DL State
Street Address			City	State	Zip
Was there a crash? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Report or DR Number		Complaint Number		

Details of Behavior Observed (continued):