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NOTICE OF PRIORITY RE-EXAMINATION OF DRIVER (Driver Incapacity)
 The driver listed below committed a violation of Section(s) 21000 through 23336 of the California Vehicle Code (CVC) and should be re-examined pursuant to Section 21061 CVC. At the time of the violation the driver exhibited evidence of incapacity which reasonably led me to believe this person is incapable of operating a motor vehicle in a manner so as not to present a clear or potential danger of risk of injury to this person or others if this person is permitted to resume operation of a motor vehicle. **As required by law, on the date below, I issued a copy of this Notice of Priority Re-examination/Notice of Suspension for Non-Compliance to the driver listed below.**

The driver does *not* have to be *cited* for one of the above CVC sections. Please indicate evidence of the incapacity in the Summary area below. If the driver was involved in a traffic accident, attach a copy of the report. You must give a copy of this form to the driver.

If this form is being issued as a Notice of Priority Re-examination/Notice of Suspension for Non-Compliance, immediately fax the document (if fax available) to the Driver Safety Office nearest the driver's home (see reverse), then mail the original Notice to the same office.

NOTICE OF SUSPENSION FOR NON-COMPLIANCE

INSTRUCTIONS TO DRIVER

If the above box is checked, you must contact the Department of Motor Vehicles (DMV) for a re-examination under Sections 12818 and 12819 CVC. If you do not call or appear within five (5) working days, your privilege to drive in this state will be suspended until you satisfactorily complete a re-examination. SEE IMPORTANT PRIORITY RE-EXAMINATION INFORMATION ON THE REVERSE SIDE OF THIS FORM.

REQUEST FOR REGULAR RE-EXAMINATION OF DRIVER (Officer's Instructions on reverse.)
 The driver listed below should be re-examined by DMV, but does not require a Priority Re-examination.

DATE	TIME	DRIVER LICENSE NO.	STATE	BIRTHDATE
NAME (FIRST, MIDDLE, LAST)				
MAILING ADDRESS				
CITY	STATE	ZIP CODE	DRIVER'S DAYTIME PHONE NO.	
LOCATION OF INCIDENT				
ANY NOTICE TO APPEAR NO. (IF CITATION ISSUED, ATTACH COPY)				
ACCIDENT/ARREST NO. (ATTACH COPY IF APPLICABLE)		CITY	COUNTY	

OBSERVED DRIVING BEHAVIOR—Check appropriate boxes for driving problems you observed: (Use space below if needed for additional comments.)

<input type="checkbox"/> Responding incorrectly to Emergency Signal/Lights	<input type="checkbox"/> Failed to yield right-of-way
<input type="checkbox"/> Drifting or weaving in and out of lanes	<input type="checkbox"/> Lost control of vehicle
<input type="checkbox"/> Caused, or nearly caused, collision	<input type="checkbox"/> Struck stationary object
<input type="checkbox"/> Not reacting to other cars, pedestrians, etc.	<input type="checkbox"/> Failed to go on green light
<input type="checkbox"/> Driving on wrong side of road	<input type="checkbox"/> Driving without lights during darkness
<input type="checkbox"/> Driving on sidewalk	<input type="checkbox"/> Made turn from wrong lane
<input type="checkbox"/> Driving in wrong lane	<input type="checkbox"/> Fell asleep while driving
<input type="checkbox"/> Driving too slow, impeding traffic	<input type="checkbox"/> Violent or aggressive driving
<input type="checkbox"/> Failed to stop at red light/stop sign	<input type="checkbox"/> Not adequately controlling vehicle
<input type="checkbox"/> Unsafe/inappropriate lane change	<input type="checkbox"/> Other Observations _____
<input type="checkbox"/> Inappropriately stopped	

DRIVER CONDITION (Observations after Stop/Collision)—Check all appropriate boxes below. Please use the space below to provide specific details, if known, and the driver's medical (physical or mental) condition such as name of disease or illness, any medications taken, etc.

<input type="checkbox"/> Confused, disoriented, incoherent, or unaware of actions	<input type="checkbox"/> Alcohol/Drug Use (Describe below)
<input type="checkbox"/> Reported/Observed Medical Condition	<input type="checkbox"/> Confused by traffic
<input type="checkbox"/> Little or no recollection of incident	<input type="checkbox"/> Lost or confused while driving near home
<input type="checkbox"/> Medicated	<input type="checkbox"/> Blackout/Seizure/Fainting
<input type="checkbox"/> Vision Condition/Visual Impairment	<input type="checkbox"/> Driver appears to need help with hygiene and/or dressing appropriately
<input type="checkbox"/> Mental/Emotional Condition	<input type="checkbox"/> Other Observations _____
<input type="checkbox"/> Driver reported he/she did not see cars, pedestrians, etc.	
<input type="checkbox"/> Difficulty Walking	
<input type="checkbox"/> Weakness or Coordination Problems	

SUMMARY: You may use the space below to further describe actions of the driver which led you to believe a re-examination is needed - describe any impairment, serious physical injury or illness, mental impairment or disorientation. Describe any traffic law violations whether or not a citation was issued.

AGENCY	TELEPHONE NO. ()
STREET ADDRESS	CITY ZIP CODE
OFFICER NAME (PLEASE PRINT)	BADGE OR I.D. NUMBER

I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct.

OFFICER'S SIGNATURE	DATE	DATE FAXED	DO YOU WISH TO BE NOTIFIED OF RESULTS? <input type="checkbox"/> Yes <input type="checkbox"/> No
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INSTRUCTIONS TO THE OFFICER

Use this form to refer drivers to the Department of Motor Vehicles (DMV) for re-examination. All drivers referred by a law enforcement officer will be scheduled for a re-examination or, if appropriate, an immediate suspension or revocation will be imposed. Drivers who meet the criteria of 21061 CVC should be referred for an immediate, priority re-examination. Drivers who do not meet this criteria, but you believe should still be seen by DMV, should be referred for a regular re-examination.

Priority Re-examination

If the driver is being referred for a priority re-examination in accordance with Sections 12618 and 21061 of the California Vehicle Code (CVC), you must:

- Check the box for Priority Re-examination.
- Describe or list any violation of Section(s) 21000 - 23336 CVC. An actual citation or arrest is not required. (If the driver was involved in an accident or arrested, the information should be listed, or a copy of the accident report attached.)
- Describe actions of the driver, including a description of the serious physical injury or illness, mental impairment or disorientation that led you to reasonably believe the person is incapable of operating a motor vehicle without danger or risk of injury.
- Check one of the boxes below for the location of the Driver Safety Office nearest the driver's home.
- Sign the front of this form where indicated.
- Give a copy of this form to the driver.

If possible, fax the Notice of Priority Re-examination/Notice of Suspension for Non-Compliance to the Driver Safety Office nearest the driver's home (see list below), then mail the original copy of the Notice to the same office.

Regular Re-examination

Requests for a "regular" re-examination of a driver should be mailed (not faxed) to the Driver Safety Office nearest the driver's home.

INSTRUCTIONS TO THE DRIVER FOR PRIORITY RE-EXAMINATIONS

This Notice of Priority Re-examination/Notice of Suspension for Non-Compliance requires you to contact the DMV (in person or by telephone) within five (5) working days or your driving privilege will be suspended on the sixth day. Contact the DMV Driver Safety Office checked below for an appointment to talk to a hearing officer as soon as possible to make arrangements for reexamination before the suspension goes into effect. The hearing officer will schedule you for all required tests. At the time of your appointment for the reexamination, bring this form with you. You may be required to take a written, vision and driving test. You should be prepared to take any of these tests. **Please have a licensed driver accompany you.** Before a driving test is conducted, you must show evidence of financial responsibility (proof of auto insurance) for the vehicle you will drive during the test.

IMMEDIATE SUSPENSION OR REVOCATION POSSIBLE

In the event the Department of Motor Vehicles determines that your safety, or the safety of other persons upon the highways, requires suspension or revocation of your driving privilege, the Department of Motor Vehicles may, upon receipt and investigation of this Notice of Priority Re-examination/Notice of Suspension for Non-Compliance, suspend or revoke your driving privilege immediately in accordance with Section 13953 of the California Vehicle Code.

DEPARTMENT OF MOTOR VEHICLES—DRIVER SAFETY DISTRICT OFFICES

LOCATION	TELEPHONE	FAX	ADDRESS
<input type="checkbox"/> City of Commerce	(323) 724-4000	(323) 724-9262	6501 E. Stauson Ave., 2nd Fl., Ste. 250, 90040
<input type="checkbox"/> El Segundo	(310) 615-3500	(310) 615-3531/32 33	346 N. Sepulveda Blvd., Ste. 2075, 90245
<input type="checkbox"/> Fresno	(559) 445-6399	(559) 445-6390	2510 S. East Avenue, Ste. 310, 93706
<input type="checkbox"/> Irvine	(949) 440-4416	(949) 440-4424	16735 Von Karman Ave., Ste. 110, 92606
TDD:	(949) 440-4455		
<input type="checkbox"/> Oakland	(510) 563-8900	(510) 563-8950/8951	303 Hegenberger Rd., 4th Fl., Ste. 400, 94621
<input type="checkbox"/> Oxnard	(805) 488-0863	(805) 488-3219	4050 S. Saviers Rd., 93033
<input type="checkbox"/> Sacramento	(916) 227-2970	(916) 227-0174/2901	4700 Broadway, 2nd Fl., 95820
<input type="checkbox"/> San Bernardino	(909) 383-7413	(909) 383-7439	1845 Business Center Dr., Ste. 212, 92408
<input type="checkbox"/> San Diego	(858) 627-3901	(858) 627-3925	9174 Sky Park Court, Ste. 200, 92123
<input type="checkbox"/> San Francisco	(415) 557-1170	(415) 557-7375	1377 Fell Street, 2nd Fl., 94117
<input type="checkbox"/> San Jose	(408) 229-7100	(408) 229-7128/7129	90 Great Oaks Blvd., Ste. 104, 95119
<input type="checkbox"/> Van Nuys	(818) 376-4217	(818) 376-4215	6150 Van Nuys Blvd., Ste. 205, 91401