

REPORT OF DRIVER CONDITION OR BEHAVIOR

FULL NAME FIRST MIDDLE OR MAIDEN LAST	OPERATOR'S LICENSE NO.	DATE SUBMITTED	
ADDRESS	DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE
CITY OR TOWN	STATE	ZIP CODE	

THIS DRIVER IS BEING REPORTED FOR REASON(S) CHECKED BELOW:

- Physical Impairment/Infirmary
 Habitual Use of Intox. Liquor
 Lack of Skill/Ability
 Repeated Accidents/Violations
 Epilepsy/Similar Condition
 Impaired Vision
 Habitual Use of Narcotics/Drugs
 Mentally Incompetent
 Other - Explain _____

DESCRIBE INCIDENT, CONDITION, INVESTIGATION, OR COMPLAINT THAT BROUGHT THIS DRIVER TO YOUR ATTENTION. GIVE DATE.

LIST BELOW ANY OTHER PERSONS FAMILIAR WITH THIS CASE. GIVE NAME, ADDRESS, TELEPHONE #, INCLUDING AREA CODE, AND RELATIONSHIP.

NOTE: IF SUBMITTED BY OMV OFFICER MUST BE APPROVED BY SUPERVISOR

TO: LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
 OFFICE OF MOTOR VEHICLES
 P.O. BOX 64886
 BATON ROUGE, LA 70896-4886
 ATTN: DRIVER'S LICENSE SUSPENSION UNIT

SIGNATURE OF PERSON FAMILIAR WITH CASE
TITLE/RELATION
ADDRESS
TELEPHONE #