



Motor Vehicle Division

Medical Review Program
 Motor Vehicle Division
 1452 N Eliseo C Felix Jr Way
 Avondale AZ 85323-1201

RE-EXAMINATION REQUEST

46-3903 R05/04 www.dot.state.az.us

Name (first, middle, last, suffix)		Date of Birth	Driver License Number	State
Street Address		City	State	Zip
Was there an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Accident Arrest Number			
Accident Location Address		City	County	
Description (describe actions of the driver which led to the need for re-examination)				

Check all that apply

Visual Search			
<input type="checkbox"/> Did not look ahead properly	<input type="checkbox"/> Did not look for traffic, object or pedestrian	<input type="checkbox"/> Did not look for traffic controls or signs	
<input type="checkbox"/> Could not see traffic or object	<input type="checkbox"/> Did not look for pavement lines or markings	<input type="checkbox"/> Did not turn head or look back	
Vehicle Control			
<input type="checkbox"/> Lost control of vehicle	<input type="checkbox"/> Incorrect use of vehicle controls	<input type="checkbox"/> Needed more room to turn	
Attention Problems			
<input type="checkbox"/> Was distracted	<input type="checkbox"/> Did not notice oncoming cars or pedestrians	<input type="checkbox"/> Did not notice traffic controls or signs	
<input type="checkbox"/> Did not notice own speed	<input type="checkbox"/> Did not notice pavement lines or markings		
Judgement			
<input type="checkbox"/> Misjudged speed of traffic	<input type="checkbox"/> Traveled too fast for road or visibility conditions	<input type="checkbox"/> Was surprised by other's behavior	
<input type="checkbox"/> Misjudged distance	<input type="checkbox"/> Over-reacted to traffic conditions	<input type="checkbox"/> Thought had right of way	
<input type="checkbox"/> Overly cautious			
Mental States			
<input type="checkbox"/> Seemed confused	<input type="checkbox"/> Forgot destination	<input type="checkbox"/> Lack of concentration	<input type="checkbox"/> Blacked out
<input type="checkbox"/> Not concerned with danger	<input type="checkbox"/> Was surprised by location of turn	<input type="checkbox"/> Seemed unusually fearful	<input type="checkbox"/> Fell asleep
<input type="checkbox"/> Was lost or disoriented	<input type="checkbox"/> Did not know rules of road		
Other			
Officer or MVD Agent		Signature	Badge Number
Requesting Office		Date	Time