DRIVER CONDITION OR BEHAVIOR REPORT

Wisconsin Department of Transportation
MV3141 8/2017

LAW ENFORCEMENT OR PRIVATE CITIZEN Complete this side only

The following information is submitted for consideration as "Good Cause" for Departmental action as authorized under section 343.16 Wisconsin Statutes. Advanced age alone, cannot be considered as good cause. **Positive driver identification must be established.** License plate number only is **not** sufficient.

This information may be subject to Wisconsin's Open Records Law.

Submit to:
Wisconsin Department of Transportation
Medical Review
P.O. Box 7918
Madison, WI 53707-7918
Telephone: (608) 266-2327
FAX: (608) 267-0518
Email: dmvmedical@dot.wi.gov

Driver Name – First, Middle, Last	Birth Date (M M – D D – Y Y Y Y)

Driver License Number (1 2 3 4 – 5 6 7 8 – 9 10 11 12 – 13 14)	State of Issuance

Address, City, State, ZIP Code

Driver Condition – Check appropriate boxes. **Describe below.**

- ☐ Physical Condition
- ☐ Mental/Emotional Condition
- ☐ Blackout, Seizure, Fainting Spell
- ☐ Lack of Knowledge of Traffic Laws
- ☐ Confused/Disoriented
- ☐ Alcohol/Other Drugs
- ☐ Defective Vision
- ☐ Obstructing Traffic

Type of Enforcement Action Taken	Incident Date	Time	Report Date (m/d/yy)

Describe in detail incidents or conditions, which brought this driver to your attention. Give specific information such as dates, places, accident reports, were Emergency Medical Personnel at the scene and all other available information to support the Department's action. DMV will not accept hearsay or second-hand information.

Print Name	(Area Code) Telephone Number

Address, City, State, ZIP Code	X (Signature) (Date m/d/yy)

If this report is being completed by private citizens or family members, the full name, address and signature of a second or additional person who can **verify** the above information is REQUIRED. A signature verifies the information to be true and correct.

Print Name	(Area Code) Telephone Number

Address, City, State, ZIP Code	X (Signature) (Date m/d/yy)

DRIVER CONDITION OR BEHAVIOR REPORT

Wisconsin Department of Transportation
MV3141 8/2017

HEALTH CARE PROFESSIONAL ONLY
Only MD, DO, OD, PA-C or APNP complete this side

This information is not subject to Wisconsin's Open Records Law; it is, however, available to the driver upon request.

Driver Name – First, Middle, Last	Birth Date (M M – D D – Y Y Y Y)

Driver License Number (1 2 3 4 – 5 6 7 8 – 9 10 11 12 – 13 14)	State of Issuance	Date of Examination

Address, City, State, ZIP Code

Describe in detail patient's current medical condition(s) and diagnosis. Give specific information to support the Department's action.

YES	NO		
☐	☐	1.	Is this patient able to safely operate a motor vehicle at this time? A "No" answer will result in immediate cancellation of all license classes and endorsements. The department cannot test a person who is deemed medically unsafe.
☐	☐	2.	If the answer to #1 is "Yes", do you recommend a complete re-examination of patient's driving ability (knowledge, sign and skills tests)?
☐	☐	3.	If the answer to #1 is "Yes," do you recommend that the driver's license be restricted? Check all that apply. ☐ Continuous oxygen use ☐ No freeway or interstate highway ☐ Daylight driving only ☐ Corrective lenses ☐ Drive only _____ miles from home
☐	☐	4.	Do you recommend any additional medical evaluation?

Print Name	Medical License Number (1 2 3 4 5 – 6 7 8)	(Area Code) Telephone Number

Mailing Address, City, State, ZIP Code	Signature of MD, DO, OD, PA-C or APNP
	X (Signature) (Date m/d/yy)