

Texas Department of Public Safety
Driver Improvement Bureau
P.O. Box 4087, Austin, TX., 78773-0320

Examination/Investigation Request

Please complete this form if you have personal knowledge about a driver you believe is no longer capable of safely operating a motor vehicle.

- After reviewing this report, the Department may require the driver to take certain tests such as a vision, knowledge or driving test or provide other medical information.
- The Department may release information contained in this report pursuant to a request under the Public Information Act or in response to a court order.

PERSONAL INFORMATION ON PERSON BEING REPORTED PLEASE COMPLETE ALL AVAILABLE INFORMATION.	NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH		DRIVER LICENSE NUMBER		
	ADDRESS			CITY		STATE	ZIP CODE
	LICENSE PLATE NUMBER			PHONE NUMBER			

Describe in detail incidents related to or conditions about this driver which indicate the inability to safely operate a motor vehicle. Give specific dates, locations, accident reports, possible medical conditions and all other information which supports the need for testing or evaluation. You should report only information of which you have personal knowledge or physical evidence.

PERSON COMPLETING REQUEST	IT IS A VIOLATION OF THE TEXAS PENAL CODE TO INTENTIONALLY FILE A FALSE REPORT. ANY PERSON WHO INTENTIONALLY FILES A FALSE REPORT MAY BE SUBJECT TO CRIMINAL PROSECUTION.						
	PRINT FULL NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO DRIVER		TELEPHONE NUMBER	
	ADDRESS			CITY		STATE	ZIP CODE
	SIGNATURE				DATE		