NEW YORK STATE | Department of Motor Vehicles

REQUEST FOR DRIVER REVIEW

dmv.ny.gov

INSTRUCTIONS:

- This form is to be used by concerned citizens to report a driver who appears to be unable to drive safely. *(Law enforcement personnel must use form DS-5, "Police Agency Request for Driver Review"; physicians must use form DS-6, "Physician's Reporting Form").*
- The Department will not act on your request unless you complete all four parts below and on Page 2, and provide all required information. Please provide as much factual detail as possible.
- Sign the completed original form and mail it to:

  Medical Review Unit
  New York State Department of Motor Vehicles
  6 Empire State Plaza, Room 337
  Albany, NY 12228

- Be aware that the review you are requesting may lead to the suspension or revocation of the driver's license of the person you are reporting.

PART 1 - Identification of the person whose ability to drive is in question *(Please print.)*

Last Name (Required)	First Name (Required)	M.I.	Date of Birth (if not known, give approximate age) - (Required)
Street Address (Required)			
City (Required)		State (Required)	Zip Code
Make of Vehicle the Person Normally Drives	Color of Vehicle	License Plate Number	

PART 2 - Your identification *(Please print.)*

A representative of the NYS DMV may contact you concerning your request for driver review.

Your Name *(Print name in full)* - (Required)	Your Date of Birth (Required)	Client ID No. *(9-digit number from your NYS Driver License or Non-Driver ID card)*	
Your Home Address *(Include Street & Number)* - (Required)			
City (Required)	State (Required)	Zip Code (Required)	Your Daytime Telephone Number *(Area Code)* - (Required)

Your relationship to the driver you are reporting:

☐ Child ☐ Sibling ☐ Spouse ☐ Parent ☐ Neighbor

☐ Other *(explain)* _____

PART 3 - Your reasons for reporting this driver

Explain why you believe a review of the driving abilities of the person identified in Part 1 is needed. Be as specific as possible, and include specific incidents, observations, dates, locations, etc.

(Part 3 is continued on Page 2)

PART 3 - *(Continued from Page 1)*

If you know other people who agree with your assessment of this driver, who DMV may contact, please identify them below:

Name	Address	Daytime Telephone Number
Name	Address	Daytime Telephone Number
Name	Address	Daytime Telephone Number
Name	Address	Daytime Telephone Number

PART 4 - CERTIFICATION:

I certify that the information I provided above is true and accurate. I understand that any false statement given by me may be punishable by law.

X _____ _____

(Your Signature - *Sign name in full*) (Date - *Month/Day/Year*)

Reset/Clear