



DEPARTMENT OF REVENUE
DIVISION OF VEHICLES
DRIVER SERVICES
www.ksrevenue.org/vehicle.html

OFFICER'S REFERRAL FOR DRIVER REVIEW

This form is used to provide the Division of Vehicles with information for drivers that have been in an accident and may have a medical condition that may impair driving abilities.

Driver's License #	<input type="text"/>
Driver's Full Name	<input type="text"/>
Driver's Street Address	<input type="text"/>
City, State, Zip	<input type="text"/>
Driver's Date of Birth	<input type="text"/>
Date of Incident	<input type="text"/>
Incident Description	<input type="text"/>
Officer's Name & Title	<input type="text"/>
Officer's Phone Number	<input type="text"/>
Police Dept Address	<input type="text"/>
Other Contact Information	<input type="text"/>
Other Comments	<input type="text"/>

Once form has been completed in full, you can fax, email or mail this document to Driver Services.

Fax Number: 785-296-5857
Email address: Medical.VisionUnit@ks.gov
Mailing Address: Division of Vehicles
Driver Services/Driver Review
PO BOX 12021
TOPEKA, KS 66612-2021

Medical Review inquiries can be directed to: 785-368-8971