



OFFICER'S REFERRAL FOR DRIVER REVIEW

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

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 # _____

Driver's Full Name _____

Driver's Street Address _____

City, State, Zip _____

Driver's Date of Birth _____

Date of Incident _____

Incident Description _____

Officer's Name & Title _____

Officer's Phone Number _____

Police Dept Address _____

Other Contact Information _____

Other Comments _____

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@kdor.ks.gov
Mailing Address: Division of Vehicles
Driver Services/Driver Review
PO BOX 2188
TOPEKA, KS 66601-2188

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