

# Mature Drivers Study

## 2013 Report

Virginia Department of Motor Vehicles  
November 2013

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## Executive Summary

In January of 2013, Chairman Joe May, House Transportation Committee, and Chairman Stephen Newman, Senate Transportation Committee, called upon the Department of Motor Vehicles (DMV) to establish a stakeholders group to study “whether the Commonwealth should adopt additional objective criteria in current license renewal requirements as a means of assessing mature drivers’ continued capability to remain active, safe, independent, and mobile on the road as they age.”<sup>1</sup> In addition to this charge, DMV was tasked with reviewing amendments to the federal *Highway Safety Program Guidelines: Highway Safety Program Guideline No. 13 Older Driver* issued by the U.S. Department of Transportation’s National Highway Traffic Safety Administration (NHTSA) in conjunction with current DMV data and practices.

In response to the request from the transportation committee chairs and *Guideline 13*, DMV assembled a core team of staff to facilitate work on the study and to begin to organize the study and research the issues. For purposes of the agency’s research “mature drivers” were defined as those drivers aged 65 and older. DMV then convened an executive oversight committee and stakeholder committee to study the issues outlined in the charge letters from Delegate May and Senator Newman and *Guideline 13* to better prepare the Commonwealth for the aging driving population. The executive oversight committee was led by the DMV Commissioner and included state agency leaders and leading members of state colleges and universities. The stakeholder committee was made up of over 40 participants from the medical profession, elder care industry, state agencies, state colleges and universities, law enforcement, safety and special interest groups, insurance industries, and concerned citizens. The study group was tasked with examining three main topics, driver licensing requirements, the medical review process and current outreach and education resources available for educating the public, law enforcement, medical professionals, and caregivers on how age affects driving ability.

In order to review the broad topics the stakeholder group was divided into three committees: Driver Licensing, Medical Review, and Outreach and Education. While working closely with numerous stakeholders, DMV conducted extensive review of existing research and data from other states, surveyed other jurisdictions, invited leading researchers from the University of Virginia, NHTSA and TransAnalytics, LLC to present information and collected specific data from Virginia crash reports and demographics relating to mature drivers.

The Driver Licensing committee explored in-person license renewal requirements, license renewal periods, the process of exchanging licenses for identification cards, graduated de-licensing, and screening tools for use in DMV customer service centers and/or medical review. The committee recommends:

- Amending § 46.2-330 of the *Code of Virginia* to lower the statutory age for mandatory in-person license renewal for mature drivers from age 80 to age 75
- Amending § 46.2-330 of the *Code of Virginia* to shorten the license renewal period from eight years to five years for persons age 75 and older. Therefore, any person renewing his license at age 75 or older would have a five-year license renewal cycle
- Continuing to monitor and collect data on those drivers age 85 and older and their incidences of crashes, improper actions and convictions to determine whether the license renewal period should be further shortened
- Implementing the means for licensed drivers age 70 and older to exchange their driver’s licenses for special identification cards through alternative means (online, by phone, by mail)

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<sup>1</sup> Appendix A: Charge letters from Delegate May and Senator Newman, January 9, 2013.



- Amending the *Code of Virginia* by adding a section (proposed § 46.2-943.1) to provide judges the option of requiring drivers to attend mature driver motor vehicle crash prevention courses where applicable based on the offenses committed
- Supplying judges with information on the crash prevention courses for older drivers that are currently available

The Medical Review committee examined DMV's current medical review process to determine whether there is an effective process in place for identifying and addressing impaired at-risk drivers or whether any changes were warranted. The Medical Review committee studied the medical review process and considered whether there is an attainable and efficient process for referring medically impaired or at-risk drivers to DMV's Medical Review Services (MRS), and whether all entities are aware of the process. In looking at the referral process, the committee examined whether DMV Customer Service Representatives (CSRs) are adequately trained in the identification and referral of at-risk drivers. The committee also reviewed whether DMV's medical review forms collect the appropriate types of information needed, and whether the forms are clear and understandable. As a part of the review, the Medical Review committee also questioned whether DMV should provide confidentiality to individuals referring drivers for medical review, and whether individuals referring at-risk or impaired drivers for medical review should have immunity from civil and criminal liability when reporting in good faith. The committee recommends:

- Reaching out to pharmacists and other allied health professionals to increase awareness of the medical review referral process
- Continuing to obtain input from stakeholders in the medical and allied health professions on the NHTSA *Diver Fitness Medical Guidelines* as compared to DMV's process, in response to *Guideline 13*
- Adapting NHTSA's *Table 2 Determining Driver Functional Ability by Visual Inspection* into a checklist format for use by DMV CSRs in determining a customer's functional ability to drive by visual inspection. DMV should obtain and incorporate input from committee stakeholders in the medical profession on the checklist
- Expanding training to all DMV CSRs to include more training on identifying customer functionality based on observation as it relates to at-risk drivers
- Continuing to obtain and incorporate medical stakeholders' review and input on DMV's medical reports and forms
- Including a section for dementia and mild cognitive impairment into DMV's *MED 2* form
- Continuing to examine and create a means for electronic submission of DMV required forms
- Amending § 46.2-322 of the *Code of Virginia* to provide for confidentiality for persons supplying information to DMV's MRS regarding impaired and at-risk drivers
- Amending § 46.2-322 of the *Code of Virginia* to provide for immunity from civil and criminal liability for persons supplying information in good faith to DMV's MRS regarding impaired and at-risk drivers as recommended by *Guideline 13*

The Driver's Licensing and Medical Review committees joined together to consider screening tools, assessment tools and the role they may play in the driver's licensing or medical review processes. The joint committee recommends:

- Developing a user friendly checklist for CSRs to use to observe customers during driver's licensing and other transactions
- Implementing the use of functional capacity assessment through use of cognitive tests during the medical review process for drivers referred to medical review for cognitive issues under DMV's current medical review statutory authority

- Monitoring customers who undergo functional capacity assessments to determine if future crashes and convictions occur after they successfully complete medical review
- Monitoring the outcomes as they become available for research currently underway relating to screening tools used in customer service centers (CSCs)

The Outreach and Education committee was tasked with reviewing and considering recommendations regarding outreach and education programs addressing mature drivers and those drivers who are medically at-risk. Stakeholders agreed that the goal of outreach and education is to educate groups on identifying when a mature driver is at-risk and how to refer at-risk mature drivers to the DMV medical review process. Additionally, the purpose of outreach and education is to share resource information with mature drivers, their families, and caregivers, including information on the effects of aging, alternate transportation options, and driving cessation. Targeted groups to reach through outreach and education include medical and allied health professionals, law enforcement and the judiciary, DMV staff, mature drivers themselves, family and caregivers, and the general public. The committee made numerous recommendations that are addressed in detail in the report. Of those recommendations, the most critical recommendations include general and targeted recommendations:

### **General Recommendations**

- Creating a coalition of stakeholder partners to create and execute a comprehensive strategic communication campaign
- Leveraging the GrandDriver website as the central hub for messages and resources for mature drivers, their families and stakeholder organizations including the medical and allied health professions community, law enforcement and the judiciary
- Updating and developing additional website content specifically for the medical and allied health professions community, law enforcement, the judiciary, and the general public
- Linking the GrandDriver and stakeholder websites for maximum exposure and reach

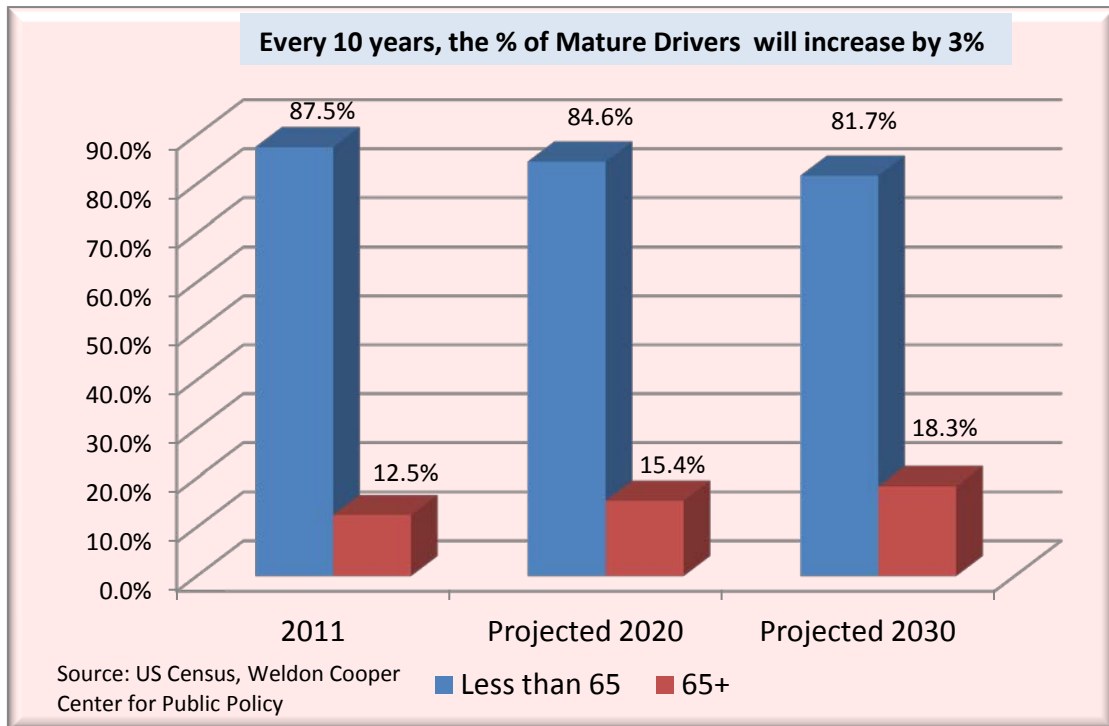
### **Targeted Outreach Recommendations**

- Updating and distributing communication and informational tools as well as brochures for the targeted audiences
- Publishing a column about GrandDriver and the DMV medical review process in Department of Health and Department of Health Professions newsletters as well as in medical associations and other health care association publications
- Seeking more proactive opportunities to attend events and inform the medical and allied health professions community about the DMV medical review process and GrandDriver resources
- Reaching out to medical schools to encourage medical schools to integrate information about mature driver safety into their curricula
- Highlighting and addressing mature driver issues at conferences with joint participation of DMV, law enforcement, the judiciary, and medical and allied health professionals
- Enhancing training programs for DMV staff and medical and allied health professionals and developing continuing education courses for health care providers
- Requesting incorporation of information in the Department of Criminal Justice Services' law enforcement training curriculum on detecting at-risk drivers, referring these drivers for DMV medical review, and providing information to assist mature drivers
- Distributing to DMV customers of a designated age information on the effects of aging on driving, the DMV medical review process and exchanging a driver's license for a special identification card at no charge
- Expanding DMV mobile operations to reach more mature drivers

- Promoting the Virginia Department of Transportation's continued efforts to improve highway design to enhance mature drivers safety
- Providing information, using all communication channels, to mature drivers, their families and care givers on alternate transportation options

# 1. Introduction

A 2011 census estimate projected that there were approximately 1,011,063 persons who were age 65 or older (12.5 percent of the population) in the Commonwealth of Virginia. DMV customer records indicate that mature drivers compose approximately 16.1 percent of all licensed drivers in the Commonwealth. Based on the 2011 population estimate it is anticipated that Virginia's mature driving population will increase by three percent every 10 years, through 2030.<sup>2</sup>



Anticipating the impending increase in the number of mature drivers in the Commonwealth, and recognizing “the need to help older drivers stay safe on the roads and prevent traffic crashes,” in January 2013, Chairman Joe May, House Transportation Committee, and Chairman Stephen Newman, Senate Transportation Committee, forwarded a request to DMV.<sup>3</sup> The transportation committee chairs charged DMV with examining “existing research and data” to study “whether the Commonwealth should adopt additional objective criteria in current license renewal requirements as a means of assessing mature drivers’ continued capability to remain active, safe, independent, and mobile on the road as they age.”<sup>4</sup>

Subsequent to receiving the letters from the transportation committee chairs, DMV determined that in conjunction with the study requested by Delegate May and Senator Newman the agency should coordinate a review of amendments to the federal *Highway Safety Program Guidelines* issued by the U.S. Department of Transportation’s National Highway Traffic Safety Administration (NHTSA). Specifically, *Highway Safety Program Guideline No. 13 Older Driver* (hereinafter *Guideline 13*) provides that each state should develop and implement a comprehensive highway safety program for older drivers that is reflective of the state’s demographics, and designed to reduce crashes, fatalities, and injuries. *Guideline*

<sup>2</sup> For purposes of this study, a mature driver is considered anyone aged 65 and older.

<sup>3</sup> Appendix A: Charge letters from Delegate May and Senator Newman, January 9, 2013.

<sup>4</sup> Appendix A: Charge letters from Delegate May and Senator Newman, January 9, 2013 and Appendix L: Bibliography listing research and data.

13 further states that “each [s]tate older driver safety program should address driver licensing and medical review of at-risk drivers, medical and law enforcement education, roadway design, and collaboration with social services and transportation services providers.”<sup>5</sup>

In response to the request from the transportation committee chairs and *Guideline 13*, DMV assembled a core team of staff to facilitate work on the study and to begin to organize the study and research the issues. For purposes of the agency’s research “mature drivers” were defined as those drivers aged 65 and older. DMV then convened an executive oversight committee and stakeholder committee to study the issues outlined in the charge letters from Delegate May and Senator Newman and *Guideline 13* to better prepare the Commonwealth for the aging driving population. The executive oversight committee was led by the DMV Commissioner and included state agency leaders and leading members of state colleges and universities. The stakeholder committee was made up of numerous participants from the medical profession, elder care industry, state agencies, state colleges and universities, law enforcement, safety and special interest groups, insurance industries, and concerned citizens. The project structure resulted in the division of the stakeholder group into three committees to create study groups that could focus on individual topics inside of the larger stakeholder group. The committees created were Driver Licensing, Medical Review, and Outreach and Education. These committees aligned with areas addressed within *Guideline 13*.<sup>6</sup>

Each committee was led by DMV staff and included, among others, representatives from the Virginia Department of Transportation, the Virginia Department of Rail and Public Transportation, the Virginia Department of Health, the Virginia State Police, the Virginia Department for Aging and Rehabilitative Services, the Department of Criminal Justice Services, Virginia Commonwealth University, the Virginia Tech Center for Gerontology, Virginia Tech Transportation Institute, DriveSmart, AARP, Virginia Sheriffs’ Association, HealthSouth Rehabilitation Hospital of Virginia, Virginia Association of Chiefs of Police, the Insurance Industry, SeniorNavigator, AAA, Highway Safety Advocates, Bon Secours Virginia, and Virginia Board of Health Professions. Specific stakeholder committees were combined on an as needed basis depending on the issues under discussion. Once the Driver Licensing, Medical Review, and Outreach and Education committees concluded their meetings and developed recommendations, the executive oversight committee met to receive the recommendations. The executive oversight committee supported the recommendations of the stakeholder committees without amendment. This report summarizes the scope, research and recommendations of the stakeholder committees.

## **2. Driver Licensing**

### **Background**

The scope of the Driver Licensing committee was to review existing research and data in order to recommend driver licensing policies and practices to address mature drivers’ capabilities to remain safely mobile on the road. The group was tasked with considering in-person license renewal requirements, license renewal periods, the process of exchanging licenses for identification cards, graduated de-licensing, and screening tools for use in DMV customer service centers and/or medical review.

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<sup>5</sup> Appendix B: National Highway Traffic Safety Administration, Highway Safety Program Guideline No. 13 Older Driver, 77 Fed. Reg. 119, 37093, 37095-37097 (June 20, 2012).

<sup>6</sup> Appendix C: Project Structure and List of Stakeholders.

*Guideline 13* recommends using individual state crash data to determine the specified age for in-person driver license renewal.<sup>7</sup> *Guideline 13* is silent on driver's license renewal periods for mature drivers, graduated de-licensing, and screening tools for use in DMV customer service centers and/or medical review. However, it does recommend that states "[p]rovide a simple and fast way for individuals to convert their driver licenses to identification cards."<sup>8</sup>

### **Age for Mandatory In-Person License Renewal**

Currently, § 46.2- 330 of the *Code of Virginia* provides in pertinent part that:

Every driver's license shall expire on the applicant's birthday at the end of the period of years for which a driver's license has been issued. At no time shall any driver's license be issued for more than eight years. Thereafter the driver's license shall be renewed on or before the birthday of the licensee and shall be valid for a period not to exceed eight years except as otherwise provided by law....

.... Every applicant for a renewal shall appear in person before the Department, unless specifically notified by the Department that renewal may be accomplished in another manner as provided in the notice.

.... No driver's license or learner's permit issued to any person who is 80 years old or older shall be renewed unless the applicant for renewal appears in person and either (i) passes a vision examination or (ii) presents a report of a vision examination, made within 90 days prior thereto by an ophthalmologist or optometrist, indicating that the applicant's vision meets or exceeds the standards contained in § 46.2-311.

Generally, all licensed drivers must renew their licenses every eight years. A driver may renew a license by mail, telephone, or online every other renewal cycle but must renew a license in-person at least once every 16 years. All in-person renewals require vision tests. Licensed drivers 80 years of age and older may not renew licenses by mail, telephone, or online but instead must renew licenses in-person every time. However, the same eight-year renewal cycle remains applicable to such licenses.

The current provision mandating in-person renewal with vision tests was codified in 2004.<sup>9</sup> Requiring in-person renewal beginning at age 80 provides an opportunity for DMV customer service representatives (CSRs) to observe to some degree the physical and cognitive functioning of customers. A customer's vision is checked and mobility is observed as well as cognitive functioning (ability to understand and answer questions related to license renewal). At the time mandatory in-person license renewal was codified, licenses in Virginia were issued for five-year periods. The eight-year license renewal period wasn't put in place until 2008.<sup>10</sup> Crash data analyzed for the eight years before the mandatory in-person renewal requirement passed and for the eight years after the law passed showed a 28 percent reduction in crashes per 1,000 licensed drivers in the Commonwealth.

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<sup>7</sup> Appendix B: National Highway Traffic Safety Administration, Highway Safety Program Guideline No. 13 Older Driver, 77 Fed. Reg. 119, 37096 (June 20, 2012).

<sup>8</sup> *Id.*

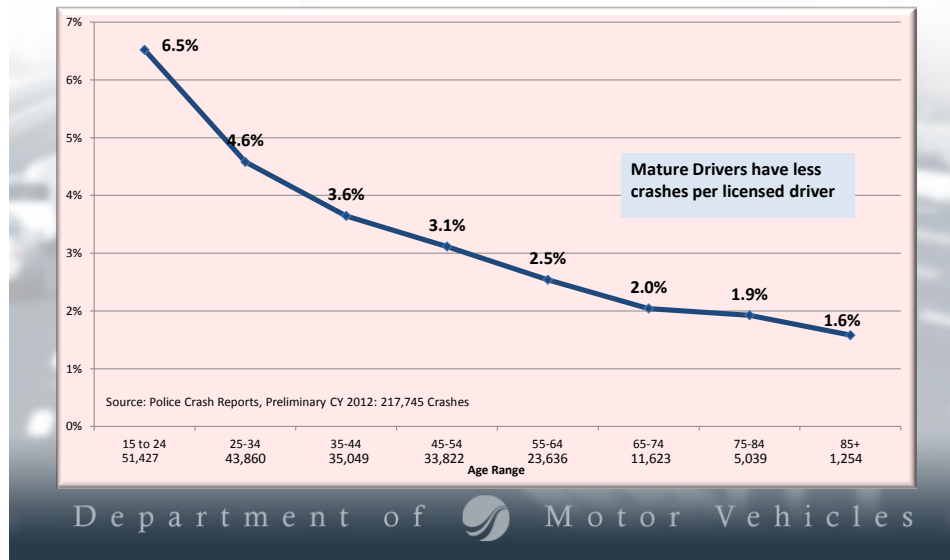
<sup>9</sup> 2004 VA Acts of Assembly, Chapters 112 and 218.

<sup>10</sup> 2008 VA Acts of Assembly, Chapter 866.

*Guideline 13* encourages states to base the age for implementing any special renewal requirements on their own crash statistics. The committee reviewed existing data and research to decide whether the mandatory in-person renewal age should be changed from age 80.<sup>11</sup>

Data from Virginia police crash reports and the preliminary calendar year (CY) 2012-crash records available at DMV at the time of the stakeholder meetings showed that mature drivers are involved in fewer crashes than younger drivers. The following chart illustrates that a relatively small number of mature drivers in the Commonwealth are involved in crashes. Of all Virginia licensed drivers age 75-84 (261,567) during CY 2012, 5,039 or 1.9 percent were involved in a crash. Only 1.6 percent of mature drivers age 85 and older were involved in a crash.

### Percentage of Drivers Involved in Crashes, by Age

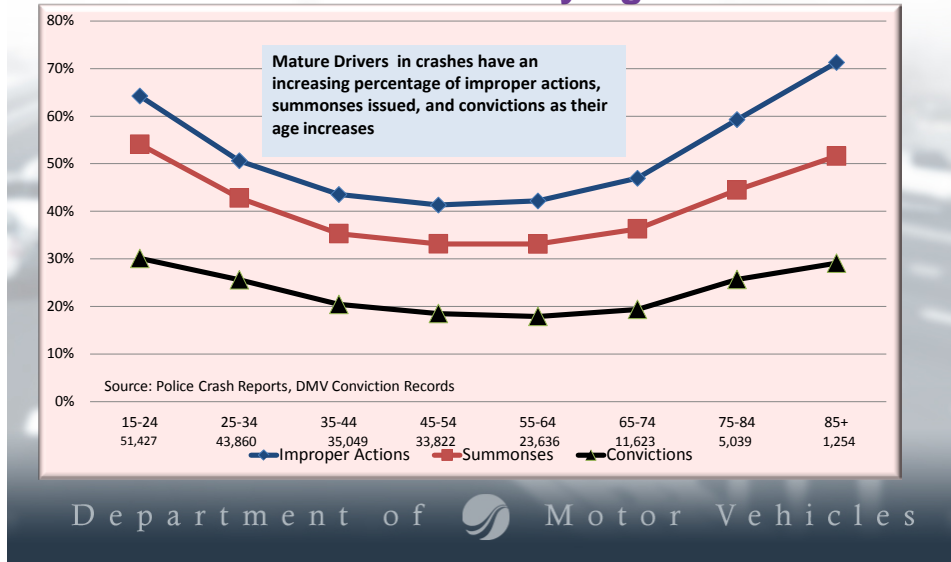


However, the data indicates that when mature drivers are involved in crashes they have an increasing rate of being at fault illustrated by improper actions listed on crash reports, summonses issued for court and court convictions.<sup>12</sup> The following chart illustrates that of those 5,039 drivers involved in a crash, 60 percent (2,997) had an improper action, 45 percent were issued summonses, and 25 percent received convictions.

<sup>11</sup> Appendix B: National Highway Traffic Safety Administration, Highway Safety Program Guideline No. 13 Older Driver, 77 Fed. Reg. 119, 37096 (June 20, 2012).

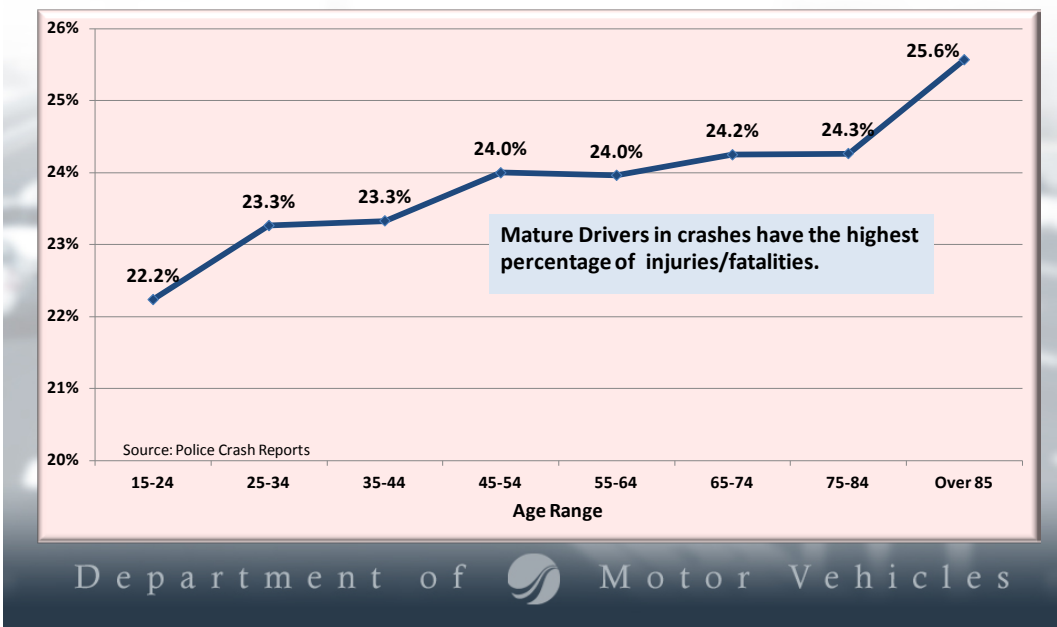
<sup>12</sup> Appendix D: Commonwealth of Virginia Police Crash Report listing improper actions.

## Percentage of Drivers in Crashes with Improper Actions, Summonses, and Convictions by Age



Data also indicates that when mature drivers are involved in crashes they are more likely to suffer injuries or fatalities as compared to drivers in other age ranges. The chart below shows that about 24 percent of drivers age 75-84 involved in a crash suffered injury or fatality.

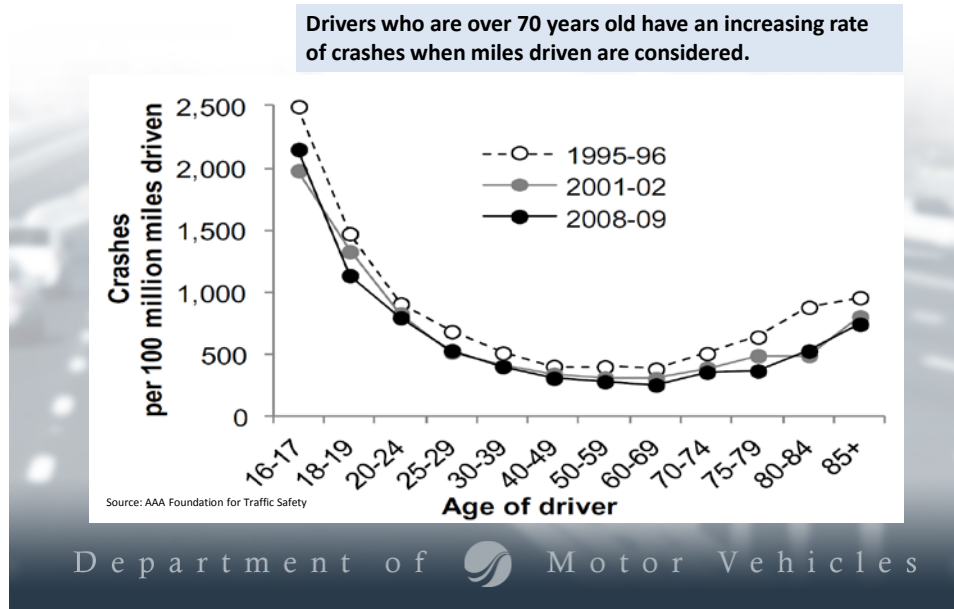
## Percentage of Fatalities/Injuries, by Age of Drivers in Crashes





In addition to state-wide data discussed above, the committee realized that mature drivers have less driving exposure since they drive less than other drivers so the committee consulted national data for crashes per miles driven information. National data was used because at this time Virginia does not collect and is unable to produce crash data based on per miles driven. While the national data found in the following chart is four years old it does show that drivers who are over age 70 have an increasing rate of crashes when miles driven are considered.

## National Crashes Per Miles Driven, by Age



The committee also considered information gathered from a DMV survey of the other jurisdictions to determine what other states have in place for in-person renewal requirements.<sup>13</sup> The following chart reflects the analysis of the survey results, which determined that 19 jurisdictions require in person renewals for everyone, 19 jurisdictions have specific age criteria for mature driver license renewal cycles, and 31 jurisdictions have no special age criteria for mature drivers. For those jurisdictions with age criteria, the average age for mature driver license renewals is 71.1 with the range being 60-85 years of age. A closer look at the seven jurisdictions bordering Virginia shows that of the bordering jurisdictions only North Carolina has age criteria. All drivers in North Carolina must renew in person, however drivers beginning at age 67 are issued five-year licenses as opposed to the eight-year license for persons under age 67.

<sup>13</sup> Appendix E: State Survey Results.

## DL Renewal Comparison: Virginia vs. Other Jurisdictions

Item	Standard Renewal Cycle All Jurisdictions	VA Mature Renewal Cycle	Other Jurisdictions Mature Renewal Cycle	19 Jurisdictions with Age Criterion Mature Renewal Cycle	7 Bordering Jurisdictions
Age Requirements	N/A	80	31: none 19: criterion	71.1 60 to 85	6 jurisdictions: none North Carolina: 67 (5 year cycle)
Renewal Cycle	5.8 4 to 10	8	4.6 1 to 8	3.4 1 to 6	6.6 4 to 8
In-Person Required	19 Jurisdictions	Yes	Varies	Yes	4 jurisdictions

Note: In Arizona the first license renewal is not until age 65. In-person renewal and vision screening is required. After that the renewal period is 5 years

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The committee then reviewed the current *Code of Virginia* provision requiring in-person renewal at age 80.<sup>14</sup> As mentioned earlier the provision mandating in-person renewal with vision tests was codified in 2004.<sup>15</sup> The imposition of mandatory in-person renewal with vision tests at 80 was associated with a 28 percent reduction in crashes for mature drivers.

The stakeholders also considered information from medical literature indicating a high prevalence of Alzheimer Disease (AD) in the aging population. “Alzheimer Disease (AD), the most common cause of dementia in the elderly, is a progressive neurodegenerative disorder that gradually robs the patient of cognitive function and eventually causes death.”<sup>16</sup> The information provides that “[t]he prevalence of AD doubles every 5 years after the age of 60 increasing from a prevalence of 1% among those 60-to 64-years-old to up to 40% of those aged 85 years and older.”<sup>17</sup> With this fact in mind along with the other data reviewed and the association with a reduction in crashes when the age 80 in-person renewal requirement was put in place, the stakeholders discussed that requiring mature drivers to renew in-person earlier than age 80 may further reduce the incidence of crashes among mature drivers.

### Recommendation

The Driver Licensing committee recommends amending § 46.2- 330 of the *Code of Virginia* to lower the statutory age for mandatory in-person license renewal for mature drivers from age 80 to age 75.<sup>18</sup> All licensed drivers seeking to renew their licenses and whose licenses will expire when they are age 75 or older would be required to renew their license in-person at DMV and pass a vision screening. Drivers renewing their licenses in person have the option to present a report of a vision examination,

<sup>14</sup> VA Code Ann. § 46.2-330

<sup>15</sup> 2004 VA Acts of Assembly, Chapters. 112 and 218.

<sup>16</sup> Jeffrey L. Cummings, MD and Greg Cole, PhD, *Alzheimer Disease*, Vol. 287 JAMA 18; 2335-2338 (May 8, 2002).

<sup>17</sup> Jeffrey L. Cummings, MD and Greg Cole, PhD, *Alzheimer Disease*, Vol. 287 JAMA 18; 2335-2338 (May 8, 2002) citing Von Strauss, EM, Viitanen D, De Ronchi D, et al. *Aging and the occurrence of dementia*, *Arch Neurol*. 1999;56:587-592.

<sup>18</sup> Appendix K: Proposed legislation

made within 90 days prior thereto by an ophthalmologist or optometrist, indicating that the applicant's vision meets or exceeds the required standards.

### Driver’s License Renewal Periods for Mature Drivers

As mentioned earlier *VA Code* § 46.2-330 provides for driver's licenses to be issued for eight-year periods. The eight-year renewal period was put in place in 2008.<sup>19</sup> Prior to 2008, licenses in Virginia were issued for five year periods. The committee reviewed existing data and research to decide whether the license renewal period should be shortened from eight years to something less for mature drivers.

Data collected on Virginia’s eight-year license renewal period compared with all other jurisdictions indicates that Virginia’s eight-year license renewal period is higher than the average of the other 19 jurisdictions that have criteria regarding mature drivers. Of the other 19 jurisdictions with age criterion regarding mature drivers, the average license renewal period is 3.4 years with the range being from one to six years. Looking at all of the jurisdictions, even those that do not treat mature drivers differently, the average mature driver renewal cycle is 4.6 years, with the range being from one to eight years, and the average driver renewal cycle for all drivers, regardless of age, is 5.8 years. For the seven states bordering Virginia the average license renewal cycle is 6.6 years, with the range being from four to eight years.

### DL Renewal Comparison: Virginia vs. Other Jurisdictions

Item	Standard Renewal Cycle All Jurisdictions	VA Mature Renewal Cycle	Other Jurisdictions Mature Renewal Cycle	19 Jurisdictions with Age Criterion Mature Renewal Cycle	7 Bordering Jurisdictions
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Renewal Cycle	5.8 4 to 10	8	4.6 1 to 8	3.4 1 to 6	6.6 4 to 8
In-Person Required	19 Jurisdictions	Yes	Varies	Yes	4 jurisdictions

Note: In Arizona the first license renewal is not until age 65. In-person renewal and vision screening is required . After that the renewal period is 5 years

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The Virginia license renewal period is longer than the average for the 50 states and Washington DC (eight years versus 5.8 years). The committee discussed returning to the five-year renewal cycle for licensed drivers beginning at age 75. In addition to discussing shortening the license renewal cycle from eight years to five years for persons 75 and older, stakeholders discussed having drivers renew licenses in-person for two-year renewal periods once reaching age 85, creating a tiered mature driver license renewal system. This discussion was based mainly on the medical literature information presented earlier about the prevalence of Alzheimer Disease and additional information regarding the visual issues due to

<sup>19</sup> 2008 VA Acts of Assembly, Chapter 866.

cataracts in older drivers. The literature showed that 40 percent of people aged 85 have dementia, and that number increases to almost 50 percent by the time they turn 90. In addition, the prevalence of cataracts in older active drivers (age over 70) is more than half in one eye or both eyes (56 percent).<sup>20</sup> The stakeholders considered whether shortening the license renewal period from five years beginning at age 75 to two years beginning at age 85 would provide DMV more opportunity to identify medically at-risk mature drivers. However, after some discussion regarding the lack of crash related data to support a license renewal period of two years beginning at age 85 and the added costs to the Commonwealth for in-person license renewals every two years for persons age 85 and older, the committee determined that further data is needed. Further, the committee recognized that if the eight-year license renewal period is lowered to a five-year in-person license renewal period beginning at age 75, then mature drivers will have potentially been seen two to three times in a DMV office between the ages of 75 and 85.

### **Recommendation**

The Driver Licensing committee recommends amending § 46.2- 330 of the *Code of Virginia* to shorten the license renewal period from eight years to five years for persons age 75 and older.<sup>21</sup> Beginning at age 75 licensed drivers seeking to renew a license would be required to appear in-person at DMV to renew a license for a five-year period. The committee also recommends and DMV agrees to continue to monitor and collect data on those drivers age 85 and older and their incidences of crashes, improper actions, and convictions to determine whether the license renewal period should be further shortened.

### **Fiscal Impact of Driver's License Renewal Recommendations**

At the time of preparing this report DMV determined that reducing the age for in-person renewal from age 80 to 75 will result in an immediate, annual fiscal impact of \$60, 294 to serve customers through an in-person visit and provide the required vision test rather than permitting the customer to renew through alternative means such as the Internet or mail. Changing the current eight-year license to a five-year license for drivers age 75 and older will have a delayed impact of about four years since customers will complete their current eight-year license renewal cycle before they will receive a five-year license. According to the Virginia Department of Taxation, DMV will lose \$818,285 annually beginning fiscal year 2017 through fiscal year 2021 due to customers paying a reduced fee for a five-year license (\$20) rather than an eight-year license (\$32).<sup>22</sup> The reduced license renewal cycle will also require DMV to serve more customers annually as more customers will return to DMV at a faster rate for a five-year cycle than an eight-year cycle. It is estimated that the increased cost to serve the additional customer visits is \$203,866 annually (\$142,750 for additional staff to serve customers and \$61,116 to produce and mail licenses to customers). This cost also includes \$7,000 as one-time cost for information technology changes. Other resources would have to be identified to offset the reduction in revenue resulting from the recommendations.

Any additional costs of the recommendations cannot be quantified at this time.

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<sup>20</sup> Cynthia Owsley, Gerald McGwin Jr., and Karen Searcey, *A Population-Based Examination of the Visual and Ophthalmological Characteristics of Licensed Drivers Aged 70 and Older*, *The Journals of Gerontology: Series A- Biological Sciences and Medical Services*, 68(5): 567-573, 567 (May 2013).

<sup>21</sup> Appendix K: Proposed legislation

<sup>22</sup> Virginia Department of Taxation is tasked with providing all revenue estimates and forecasts for DMV.

## Exchange of Licenses for Identification Cards

VA Code § 46.2-345 permits persons 70 years of age or older to exchange a valid Virginia driver's license for a special identification card at no fee.<sup>23</sup> This provision was added to the *Code of Virginia* in 2005 to provide a means for older individuals who may not wish to continue to drive but need official government identification to obtain the necessary credential.<sup>24</sup> The DMV Commissioner requested that staff determine whether under the existing statute persons 70 years of age and older could exchange their driver's licenses for special identification cards through alternative means (online, by phone, by mail) rather than in-person or whether legislation would be required to provide this service.

### Recommendation


The Driver Licensing committee recommends that DMV implement the means for licensed drivers age 70 and older to exchange their driver's licenses for special identification cards through alternative means (online, by phone, by mail). DMV determined that the agency could make this service available under existing statute and has taken the initial steps to implement exchanging a license online for a no-fee identification card.

### Graduated De-licensing

To understand the topic of graduated de-licensing the committee first reviewed information on graduated licensing applicable to Virginia drivers under the age of 20. The committee then compared the graduated licensing applicable to drivers under the age of 20 to the current license requirements for drivers age 80 and older. The comparison is reflected in the following chart.

## Comparison of Virginia Licensing Requirements

Drivers Under Age 21	Drivers Age 80 and Older
Eligible for provisional license when driver is age 16 and 3 months; has held learner's permit for 9 months	Must conduct license renewal in person. Must pass a vision test at DMV or at their physician's office.
Provisional license restrictions until driver reaches age 18: passenger, curfew, cell phone use	
Driver improvement action for drivers under the age of 18, upon the receipt of: first, second, and third convictions	No driver improvement action taken until driver accumulation of 12 demerit points within 12 months
License valid until age 20	License valid for eight years
Drivers with one (or more) conviction must pass knowledge test to renew	



<sup>23</sup> VA Code Ann. § 46.2-345. Special identification cards subsequently issued to such persons shall be subject to the regular fees for special identification cards.

<sup>24</sup> VA Acts of Assembly, Chapter 281.

In Virginia, the initial license issued to any person younger than 18 years of age is deemed a provisional driver's license. An applicant for a provisional driver's license must be at least 16 and three months and have held a learner's permit for nine months.<sup>25</sup> Recognizing a new driver's lack of experience § 46.2-334.01 of the *Code of Virginia* requires imposition of initial restrictions on these drivers regarding the hours they may drive, the number of passengers, and prohibits cellular telephone use. A holder of a provisional license is restricted in such manner until age 18.<sup>26</sup> Persons under the age of 20 committing certain offenses are subject to the mandatory driver improvement clinic attendance requirement, license suspension or license revocation.<sup>27</sup> Once a licensed driver reaches the age of 20, he receives a license valid for eight years and free from the limitations applicable to younger drivers. This is the process known as graduated licensing where novice drivers under age 20 are gradually given more latitude and are freed of limitations by the licensing authority as they reach age 20.

The committee considered whether a similar concept should be in place for mature drivers, looking not at the experience level but instead recognizing that the normal aging process impacts reflexes, vision, mobility and cognitive function. With a graduated de-licensing program "it should be recognized that many, if not most, older drivers do not have to be abruptly removed from the driving population,"<sup>28</sup>

The committee also researched whether NHTSA offered any graduated de-licensing guidance, and found that NHTSA considers restricted licenses issued to drivers as a form of graduated de-licensing but has no further criteria for graduated de-licensing. NHTSA's *Countermeasures that work: A highway safety countermeasures guide for State Highway Safety Offices* provides that:

If a State licensing agency determines through screening, assessment, medical referrals, road tests, or other means that a driver poses excessive risks only in certain situations, the driver can be issued a restricted license. This process of "graduated de-licensing" preserves the driver's mobility while protecting the driver, passengers, and others on the road.<sup>29</sup>

In addition to NHTSA, the committee consulted the American Association of Motor Vehicle Administrators (AAMVA) which indicated that the organization was not aware of any states using graduated de-licensing programs other than license restrictions. The committee contacted other jurisdictions to determine whether any of them have graduated de-licensing programs but found nothing beyond restricted licenses.

The committee reviewed research that supported the idea that licensing restrictions are helpful tools in preventing crashes. One study indicated that there is a lower crash risk among drivers age 66 and older with restrictions versus drivers without restrictions, and restricted drivers retained their licenses longer than non-restricted drivers.<sup>30</sup> A second study associated the imposition of a license restriction with a reduction in absolute crash rates and included examples of restrictions which form the basis of a

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<sup>25</sup> VA Code Ann. § 46.2-335.2

<sup>26</sup> VA Code Ann. §§ 46.2-334 46.2-334.01

<sup>27</sup> VA Code Ann. §§ 46.2-334.01-46.2-334.02. The offenses include convictions for offenses that would be assigned demerit points, safety belt violations and child restraint violations

<sup>28</sup> Patricia F. Waller, *Renewal Licensing of Older Drivers*, Transportation in an Aging Society Improving Mobility and Safety for Older Persons, Transportation Research Board, Vol 2, 86 (1988)  
<http://onlinepubs.trb.org/onlinepubs/sr/sr218v2.pdf> (last visited September 23, 2013).

<sup>29</sup> Goodwin et al., *Countermeasures that work: A highway safety countermeasures guide for State Highway Safety Offices*. 7th edition. (Report No. DOT HS 811 727). Washington, DC: National Highway Traffic Safety Administration (April 2013).

<sup>30</sup> Caragata-Nasvadi et al., *Do restricted driver's licenses lower crash risk among older drivers? A survival analysis of insurance data from British Columbia*, *The Gerontologist*, 49 (4), 474-484 (July 11, 2009).

graduated driving reduction program such as driving within a specified distance of home and not driving at night.<sup>31</sup>

Because there was no information available on any form of graduated de-licensing other than license restrictions, the committee reviewed Virginia restricted licenses. Section 46.2-329 of the *Code of Virginia* provides that:

The Department, on issuing a driver's license may, whenever good cause appears, impose restrictions suitable to the licensee's driving ability with respect to the type of, or special mechanical control devices required on, a motor vehicle which the licensee may drive, or any other restrictions applicable to the licensee as the Department may determine. When it appears from the records of the Department that the licensee has failed or refused to comply with the restrictions imposed on the licensee's driving of a motor vehicle, the Department may, after 10 days' written notice to the address indicated in the records of the Department, suspend the person's driver's license and the suspension shall remain in effect until this section has been complied with...


The top seven restrictions applied to Virginia licenses in order of use are included in the following chart. The restrictions include restricting drivers to driving during daylight only, prohibiting drivers from driving on interstates, requiring drivers to work with and drive under the supervision of a driver rehabilitative specialist, restricting drivers from driving beyond a 10-mile radius from home, restricting drivers from driving beyond a 25-mile radius from home, restricting drivers to driving on roads with speed limits 45 miles per hour or less, and restricting drivers from driving beyond a 5-mile radius from home.<sup>32</sup> As the age of drivers increases restrictions increase, and the number of licenses decreases.

### Top 7 Restrictions From Medical Review by Age Category

License Drivers	65-74	75-84	85+	Total
Total	568,910	261,567	79,385	909,862

Restrictions	65-74	75-84	85+	Total
Daylight Only	2,005	5,956	9,646	17,607
No Interstate	112	223	410	745
Rehab Services Supervision	122	186	214	522
10 Mile Radius	30	58	113	201
25 Mile Radius	24	61	106	191
45 MPH or less	14	37	70	121
5 Mile Radius	15	34	70	119

Department of  Motor Vehicles

<sup>31</sup> Langford et al., *License Restrictions as an Under Used Strategy in Managing Older Driver Safety*, Accident Analysis and Prevention, 43 (1), 487-493 (2011).


<sup>32</sup> Note that DMV is adding 5, 15, and 20 mile radius restrictions to the available restrictions.



The following chart shows a comparison of the Virginia restrictions and those restrictions from seven other jurisdictions that are similar to Virginia. When compared with the seven other jurisdictions, Virginia utilizes more restrictions with only Pennsylvania coming close with five restrictions. All of the jurisdictions use the daylight only restriction for at-risk drivers. The comparison did not reveal any restrictions that the other jurisdictions are using that Virginia currently does not have or that would add value.

### Comparison of Top 7 Restrictions from Medical Review with Seven Other Jurisdictions

#	Restriction	Virginia	DC	Maryland	North Carolina	New York	Pennsylvania	West Virginia	Delaware
1	Day Light Only	X 17,607	X	X	X	X	X	X	X
2	No Interstate	X 745			X		X		
3	Rehab Services Supervision	X 522					X		
4	10 mile radius	X 201					X		
5	25 mile radius	X 191					X		
6	Less than 45 mpg	X 121			X				
7	5 mile radius	X 119		X					

Department of  Motor Vehicles

After reviewing the restrictions currently in use in Virginia, the committee discussed whether a duration restriction should be available to limit the number of hours drivers may operate a motor vehicle at one time. After discussing the difficulty enforcing such restrictions, the committee decided not to recommend any additional restrictions, or implementation of any type of graduated de-licensing program at this time.

However, the committee did consider a suggestion that perhaps some re-education or re-training should be required when certain convictions occur as a form of graduated de-licensing. DMV staff noted that the law already provides for driver improvement clinics. Section 46.2-505 of the *Code of Virginia* currently provides that:

- A. Any circuit or general district court or juvenile court of the Commonwealth, or any federal court, charged with the duty of hearing traffic cases for offenses committed in violation of any law of the Commonwealth, or any valid local ordinance, or any federal law regulating the movement or operation of a motor vehicle, may require any person found guilty, or in the case of a juvenile found not innocent, of a violation of any state law, local ordinance, or federal law, to attend a driver improvement clinic. The attendance requirement may be in lieu of or in addition to the penalties prescribed by § 46.2-113, the ordinance, or federal law....



Stakeholders discussed whether driver improvement clinics would be beneficial or appropriate for mature drivers. Stakeholders felt that mature drivers need a course geared towards their specific needs and the effects of aging on driver function. DMV staff suggested that a crash prevention course for older drivers may be an appropriate re-training course that could be included in statute as an option for judges handling cases involving mature drivers.<sup>33</sup> DMV staff indicated that whether or not the statute is amended the agency would supply judges with information on the mature driver motor vehicle crash prevention courses approved by DMV that are currently available.

### **Recommendation**

The Driver Licensing committee recommends amending the *Code of Virginia* by adding a section (proposed § 46.2-943.1) to provide judges the option of requiring drivers to attend mature driver motor vehicle crash prevention courses where applicable based on the offenses committed.<sup>34</sup> The committee also recommends that DMV supply judges with information on the crash prevention courses currently available. DMV approves the current courses in accordance with 24 VAC 20-40 et seq. The regulations set out criteria for the course that focuses specifically on the information needs of drivers aged 55 years and older. Items included in the course criteria are:

- How vision and other physical problems which tend to accompany increasing age may affect driving performance
- How fatigue, drugs, (both over-the-counter and prescription), alcohol, and the interaction of drugs, alcohol, fatigue and other conditions effect driving and precautionary measures
- Updates on recent signs, signals, and pavement markings
- Travel time and route selection for optimal driving conditions
- Alternatives to driving offered by public transportation, senior citizen groups, and other organizations
- Safety belts and the special needs of older people to use them
- Updates on safe and defensive driving under modern conditions; e.g., the three second following distance; how to deal with tailgaters; lane positioning; safe passing; safe turning; freeway entrance and exit; maintaining prevailing speed; right-of-way rules; driver's responsibility to yield; and techniques to gain increased time for decisions; e.g., situations requiring greater following distance; pre-trip planning; passenger assistance; recognizing hazards in time; unfamiliar areas and construction areas

## **3. Medical Review**

### **Background**

The scope of the Medical Review committee was to examine the current DMV medical review process and to determine if this process is effective in identifying and addressing impaired at-risk drivers. The committee studied the medical review process and considered whether there is an attainable and efficient process for referring medically impaired or at-risk drivers to DMV's Medical Review Services (MRS), and whether all entities are aware of the process. In looking at the referral process, the committee examined whether DMV staff is adequately trained in the identification and referral of at-risk drivers. The committee also reviewed whether DMV's medical review forms collect the appropriate types of information needed, and whether the forms are clear and understandable. As a part of the review, the

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<sup>33</sup> VA Code Ann. § 38.2-2217; 24 VAC 20-40.

<sup>34</sup> Appendix K: Proposed legislation

medical review committee also questioned whether physicians should be required to report at-risk drivers to DMV, whether DMV should provide confidentiality to individuals referring drivers for medical review, and whether individuals referring at-risk or impaired drivers for medical review should have immunity from civil and criminal liability when reporting in good faith.

## **Medical Review Process**

To ensure motorists' safety, drivers must meet certain requirements including vision, medical, and mental standards. *VA Code* § 46.2-322 provides that if DMV has "good cause to believe that a driver is incapacitated and therefore unable to drive a motor vehicle safely, after written notice of at least 15 days to the person, it may require him to submit to an examination to determine his fitness to drive a motor vehicle." This process known as the medical review process is meant to allow drivers to drive as long as they can do so safely.

The main factor in deciding if drivers require medical review is based on their driving function, not on their age. Each case is evaluated on its own merits. As part of the process *VA Code* § 46.2-322 further provides that:

As a part of its examination, the Department may require a physical examination by a licensed physician, licensed nurse practitioner, or licensed physician assistant and a report on the results thereof. When it has completed its examination, the Department shall take whatever action may be appropriate and may suspend the license or privilege to drive a motor vehicle in the Commonwealth of the person or permit him to retain his license or privilege to drive a motor vehicle in the Commonwealth, or may issue a license subject to the restrictions authorized by § 46.2-329. Refusal or neglect of the person to submit to the examination or comply with restrictions imposed by the Department shall be grounds for suspension of his license or privilege to drive a motor vehicle in the Commonwealth.

The medical review process is triggered when DMV receives a report of an at-risk impaired driver. DMV receives reports of impaired drivers primarily from law enforcement, courts, DMV CSRs, and medical professionals. DMV receives reports to a lesser degree from DMV customers themselves through self-disclosure on the DMV Driver's License and Identification Card Application, staff from the Department for the Blind and Vision Impaired, family members of an impaired driver, or concerned citizens. In calendar year (CY) 2012 DMV received 4,502 referrals for medical review.

Based on the above statutory requirements once DMV MRS receives a referral of an impaired driver, MRS staff reviews the report and if necessary, follows up with the person supplying the information. Staff then determines what medical review requirements may be imposed on the referred driver. Medical review requirements may include any or all of the following: submission of a physical examination report from a medical professional, submission of a vision report, retaking of the driver license knowledge test, retaking the behind-the-wheel skills test, and referral to a driver rehabilitation specialist for a complete driver evaluation. MRS notifies the driver of the requirements and the customer has 30 days to comply with the initial medical/vision requirements. An additional 15 days is allowed for the driver to complete any DMV testing, and an additional 30 days is allowed for the driver to undergo a driver evaluation. MRS evaluates all information and test results and determines if additional information or tests are needed. MRS staff reviews the case with the DMV Medical Advisory Board if necessary. The

Medical Advisory Board consists of seven licensed physicians currently practicing in Virginia, all of whom are appointed by the Governor.<sup>35</sup> VA Code § 46.2-204 provides that:

The Commissioner may refer to the Board for an advisory opinion the case of any person applying for a driver's license or renewal thereof, or of any person whose license has been suspended or revoked, or of any person being examined under the provisions of § 46.2-322, when he has cause to believe that such person suffers from a physical or mental disability or disease which will prevent his exercising reasonable and ordinary control over a motor vehicle while driving it on the highways. In addition, the Board shall assist the Commissioner through the development of medical and health standards for use in the issuance of driver's licenses by the Department to avoid the issuance of licenses to persons suffering from any physical or mental disability or disease that will prevent their exercising reasonable and ordinary control over a motor vehicle while driving it on the highways.

Once the information is evaluated and, if necessary referred to the Medical Advisory Board, MRS determines the next steps for the referred driver. Those steps may include: ending the medical review (no further requirements or actions are needed based on the driver's functionality); imposing appropriate driver's license restriction(s) that permit the driver to continue to operate a motor vehicle; requiring periodic medical/vision reports from the driver; sending the driver to a driver rehabilitation specialist; or suspending the driver's driving privileges. A driver may make a written request to DMV for an administrative hearing to contest the DMV's action. Hearings are scheduled and conducted by the DMV Hearings Office, although very few hearings are requested each year.

The committee considered whether the medical review process is effective in identifying and addressing impaired at-risk drivers. *Guideline 13* recommends that state “[m]edical review policies should align with the *Driver Fitness Medical Guidelines (Driver Fitness Medical Guidelines)* published by NHTSA and the American Association of Motor Vehicle Administrators (AAMVA).”<sup>36</sup> The *Driver Fitness Medical Guidelines* provide guidance on medical conditions that are applicable for all jurisdictions. The committee compared DMV's current medical review process with the guidelines, determined that DMV's process is consistent with the national guidance, and only diverges in a few areas. Stakeholders from the medical and allied health professions agreed to provide ongoing input to DMV on the guidelines compared to DMV's process.

The committee determined that the process currently in place is effective. However, the committee questioned whether all of the entities that should be making referrals to medical review are doing so. Examples of entities that the committee felt should but may not be aware of the medical referral process are pharmacists and allied health professionals such as occupational therapists. The committee felt that the Outreach and Education committee could include these entities in any outreach efforts to increase awareness of the medical review referral process.

The committee also examined training that DMV CSRs receive in identifying at-risk drivers and referring those drivers to MRS. *Guideline 13* recommends that states “[t]rain DMV staff, including counter-staff, in the identification of medically at-risk drivers and the referral of those drivers for medical

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<sup>35</sup> The current Medical Advisory Board membership includes Dr. Juan A. Astruc, Jr. (Ophthalmology), Dr. Susan DiGiovanni (Internal Medicine/Nephrology), Dr. Jennifer Miles-Thomas (Urology), Dr. John D. Sheppard, Jr. (Ophthalmology), Dr. Saji V. Slavin (Internal Medicine), and Dr. John J. Wittman, Jr. (Neurology).

<sup>36</sup> Appendix B: National Highway Traffic Safety Administration, Highway Safety Program Guideline No. 13 Older Driver, 77 Fed. Reg.119, 37096 (June 20, 2012).

review.”<sup>37</sup> Currently, DMV’s Driver License Quality Assurance (DLQA) staff and those CSRs who administer road tests, receive training on referring at-risk and impaired drivers to medical review.<sup>38</sup> CSRs visually observe customers during license renewal and other driver and vehicle transactions and are one of the leading sources for medical review referrals. In addition to visual observations of customers, CSRs review responses to medical questions listed on driver’s license applications for drivers renewing licenses.

The committee explored whether CSRs need more in-depth training on the referral process and whether instruction should occur earlier in the training process to include CSRs that may not be eligible or have not yet received training to administer road tests. *Table 2 Determining Driver Functional Ability by Visual Inspection* from NHTSA’s *Model Driver Screening and Evaluation Program: Volume 3: Guidelines for Motor Vehicle Administrators* provides a checklist for CSRs to use at the service counter when visually observing customers for impairments.<sup>39</sup> *Table 2* is uniform objective guidance to assist motor vehicle employees in observing a driver’s functional ability by visual inspection and identifying potentially impaired drivers. The committee compared *Table 2* with DMV’s current practices and determined while training contains similar information, *Table 2* is organized in a more user-friendly format and appropriate format for use in customer service centers. It was suggested that *Table 2* be adapted for use by DMV CSRs in visually observing customers functional abilities. The committee also recommended that instruction in identifying at-risk drivers and referring those drivers to MRS should occur earlier in the training process to include CSRs that may not be eligible or have not yet received training to administer road tests.

The committee also reviewed DMV’s Medical Review Services’ forms to determine whether the forms collect the appropriate types of information needed, and whether the forms are clear and understandable. Specifically, the *Customer Medical Report Form (MED 2)* and the *Medical Review Request Form (MED 3)* were examined.<sup>40</sup> The *MED 3* form is used to report a driver for medical review. The *MED 2* form is used to request information from the health care provider when a driver has been referred for medical review. This form guides the health care provider in documenting all medically relevant information about the driver. The committee discussed the need to include a section for dementia and mild cognitive impairment into the *MED 2* form. They also discussed whether the forms are easily available online, as well as the creation of a secure path to electronically submit the medical documentation without having to print it and mail it to DMV.

### **Recommendation**

The Medical Review committee recommends that through the Outreach and Education committee, additional efforts be made to reach out to pharmacists and other allied health professionals to increase awareness of the medical review referral process. The committee also recommends that DMV continue to obtain input from stakeholders in the medical and allied health professions on the *Diver Fitness Medical Guidelines* compared to DMV’s process. The committee recommends that DMV adapt *Table 2 Determining Driver Functional Ability by Visual Inspection* into a checklist format for use by DMV CSR’s. DMV should obtain and incorporate input from committee stakeholders in the medical profession on the checklist. The committee also recommends that DMV expand training to all DMV

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<sup>37</sup> *Id.*

<sup>38</sup> DLQA staff are responsible for ensuring that all driver testing and licensing in Virginia is administered in accordance with all federal and state directives in a standardized and consistent manner regardless of the location at which testing and licensing take place.

<sup>39</sup> L. Staplin & K. Lococo. *Model Driver Screening and Evaluation Program: Volume 3: Guidelines for Motor Vehicle Administrators*. (Report No. DOT HS 809 581 NHTSA), U.S. Department of Transportation, (2003). <http://www.nhtsa.gov/people/injury/olddrive/modeldriver/guidelines.htm> (last visited September 17, 2013).

<sup>40</sup> Appendix F: *Medical Report Form (Med 2)* and the *Medical Review Request Form (Med 3)*

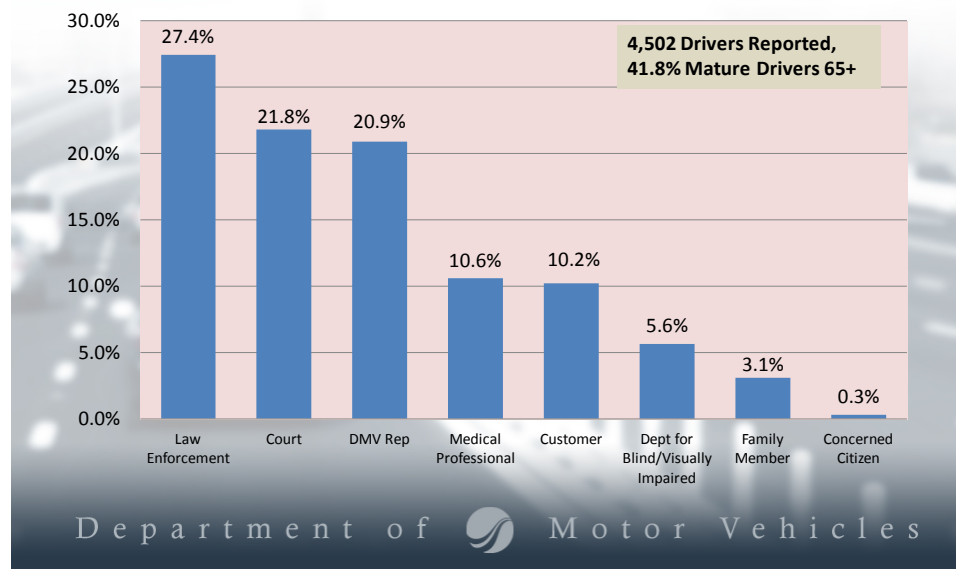
CSRs to include more training on identifying customer functionality based on observation as it relates to at-risk drivers. In addition, the committee recommends continuing to obtain and incorporate medical stakeholders' review and input on DMV's medical reports and forms. Stakeholders recommend including a section for dementia and mild cognitive impairment into the *MED 2* form. Lastly, the committee recommends that DMV continue to examine and create a means for electronic submission of DMV required forms.

At the time of preparing this report, DMV's MRS had adapted *Table 2 Determining Driver Functional Ability by Visual Inspection* into the *Customer Wellness Checklist* for use by CSRs when visually observing customers who appear to be impaired or at-risk for referral to medical review.<sup>41</sup> In addition, Driver License Quality Assurance Specialists began training staff on the new checklist. It should be noted that during the committee discussions the committee was informed that the law currently does not prohibit a person whose driver's license has been suspended on medical review from operating a moped on the roads. This issue warrants further review in the future.

### Confidentiality for Medical Review Referrals

As mentioned earlier in most circumstances the medical review process is triggered when DMV receives a report of an at-risk impaired driver. As illustrated in the following charts, DMV receives reports of impaired drivers primarily from law enforcement, courts, DMV CSRs, and medical professionals. DMV receives reports to a lesser degree from, DMV customers themselves through self-disclosure on driver's license applications, staff from the Department for the Blind and Vision Impaired, family members of an impaired driver, and concerned citizens. The fewest number of reports come from family members of impaired drivers and concerned citizens. In CY 2012, law enforcement provided 27.4 percent of the referrals, the courts provided 21.8 percent of the referrals, and D

### Percentage of Drivers Reported to Medical Review by Categories for CY 2012



<sup>41</sup> Appendix G: Customer Wellness Checklist

In CY 2012, DMV received 4,502 referrals to MRS. Medical Review Services initiated 4,097 examinations of the 4,502 drivers referred, with 405 referrals not providing adequate information to initiate an examination. Nearly 42 percent of the 4,502 reports involved mature drivers.

## Medical Review Statistics For CY 2012

<b>Medical Reviews Request Received</b>	<b>4,502</b>
<b>Medical Reviews Initiated</b>	<b>4,097</b>
<b>Reviews Requiring Vision Report</b>	<b>1,768</b>
<b>Cases Continued on Periodic Review</b>	<b>14,350</b>
<b>Cases Reviewed by the Board</b>	<b>57</b>
<b>Medical Administrative Hearings</b>	<b>8</b>
<b>Hearing Appeals to Circuit Court</b>	<b>1</b>

Department of  Motor Vehicles

In order to refer an impaired driver to DMV's MRS, the person making the referral must provide required information. The referral must include identifying information for the person making the referral, identifying information for the at-risk driver, the reason why the reporting person is concerned, the relationship to the driver he is reporting, the signature of the person making the report, and the contact information of the reporting person. DMV will not accept anonymous reports of impaired drivers. *VA Code § 46.2-322* currently provides that:

If the driver so requests in writing, the Department shall give the Department's reasons for the examination, including the identity of all persons who have supplied information to the Department regarding the driver's fitness to drive a motor vehicle. However, the Department shall not supply the reasons or information if its source is a relative of the driver or a physician, physician assistant, nurse practitioner, pharmacist, or other licensed medical professional as defined in § 38.2-602 treating, or prescribing medications for, the driver.

DMV is prohibited from releasing the source of the report only if the source is a medical professional treating or prescribing medications for the driver or a relative of the at-risk driver. Any other individuals reporting an impaired driver are subject to having their information released to the referred driver upon a driver's written request. The committee considered whether DMV should be required to maintain the confidentiality of all persons referring an at-risk driver to DMV MRS rather than for only treating medical professionals and relatives. The committee heard the experiences from law enforcement and DMV staff that were hesitant to refer at-risk or impaired drivers for medical review after experiencing complaints and issues from some drivers referred to medical review who obtained the source of their medical review referral. The committee felt that providing confidentiality to all individuals who refer an impaired driver for medical review will help increase the number of referrals received. The committee

also recognized that the referral does not result in immediate licensure action but rather only influences the commencement of the medical review process.

### **Recommendation**

The Medical Review committee recommends amending § 46.2-322 of the *Code of Virginia* to provide for confidentiality for persons supplying information to DMV's MRS regarding impaired and at-risk drivers.<sup>42</sup>

### **Mandatory Reporting to Medical Review by Medical Professionals**

Current Virginia law does not provide for mandatory reporting of at-risk drivers to DMV by medical professionals. Reporting of impaired drivers is voluntary. The committee considered whether there should be mandatory reporting rather than voluntary reporting for certain professions, such as members of the medical profession and allied health professionals such as pharmacists. DMV researched other jurisdictions to determine whether mandatory reporting by medical professionals is the general practice in other states. DMV also researched how those jurisdictions implement mandatory reporting. The survey showed that only six states have mandatory reporting: California, Delaware, Nevada, New Jersey, Oregon, and Pennsylvania. Of the six states, all but one has confidential reporting, and they all have immunity from civil liability. The states with mandatory reporting had the requirement in place for many years. Oregon's mandatory reporting regulations were the most recent, having been put in place in 2003.

Stakeholders felt that many medical professionals are not aware of the medical review referral process, and that once informed, mandatory reporting would not be necessary. Stakeholders from the medical and allied health professions also debated the merits of mandatory reporting. They expressed concern that mandating reporting may have a chilling effect on doctors' openness to accept and treat certain patients that may be at-risk if they are subject to mandatory reporting. Also they felt many of the recommendations from the Outreach and Education committee could address the need for doctors to report at-risk drivers to DMV's MRS by making doctors aware of the medical review process. The committee decided not to recommend implementing mandatory reporting of at-risk drivers to DMV by medical professionals but instead to concentrate on outreach and education.

### **Immunity from Civil and Criminal Liability for Referrals to Medical Review**

*Guideline 13* advises states that "[m]edical providers of all kinds who provide a referral regarding a driver in good faith to the driver licensing authority should be provided immunity from civil liability."<sup>43</sup> Currently, *VA Code* § 54.1-2966.1 provides that:

Any physician who reports to the Department of Motor Vehicles the existence, or probable existence, of a mental or physical disability or infirmity of any person licensed to operate a motor vehicle which the physician believes affects such person's ability to operate a motor vehicle safely shall not be deemed to have violated the physician-patient privilege unless he has acted in bad faith or with malicious intent.

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<sup>42</sup> Appendix K: Proposed legislation

<sup>43</sup> Appendix B: National Highway Traffic Safety Administration, Highway Safety Program Guideline No. 13 Older Driver, 77 Fed. Reg. 119, 37096 (June 20, 2012).

While this Code section provides that reports from medical professionals are not considered a violation of doctor-patient confidentiality nothing exempts the medical professional or any other party from immunity from civil or criminal liability in referring at-risk and impaired drivers for medical review. As the state survey discussed earlier indicates, of the six states requiring medical professionals to report at-risk and impaired drivers, all have immunity from civil liability. The committee examined the need for such immunity to provide some assurance to all persons, not just medical professionals, who refer an at-risk driver that a referral in good faith would not result in an undue hardship.

### **Recommendation**

The Medical Review committee recommends amending § 46.2-322 of the *Code of Virginia* to provide for immunity from civil or criminal liability for persons supplying information in good faith to DMV's MRS regarding impaired and at-risk drivers.<sup>44</sup>

## **4. Driver's Licensing and Medical Review**

### **Background**

The Driver's License committee was joined by the Medical Review committee to review screening tools that can be used by CSRs during the driver license renewal process to detect drivers with possible impairments that may increase their risk of crashes. Screening tools are used as a part of a screening process to determine if an in-depth review of a customer's driving ability is needed. Screening tools are those that can be applied quickly to gauge the priority for further evaluation of an individual's functional status. It can lead to referral for driver improvement or to medical review for an in-depth medical assessment.<sup>45</sup> An assessment may be done as part of DMV medical review, involving health care professionals at DMV's headquarters or by health care professionals (including driver rehabilitation specialists) in a clinical environment and can lead to actions taken on a license such as a restriction being assigned or a suspension or surrendering of a license.

### **Screening Tools**

Currently, DMV's CSRs screen customers for physical and cognitive impairments when CSRs process driver and vehicle transactions. CSRs receive training on the appropriate reporting of at-risk drivers or impaired drivers to MRS.<sup>46</sup> The CSRs observe customers during administration of driver license tests, driver transactions (i.e. applications for instruction permits/licenses, etc.), and vehicle transactions (i.e. vehicle titling and registration). CSRs observe such things as whether a customer has impaired motor skills such as difficulty walking (to and from service counter); limitation in movement of head, neck, arms, and legs; severe joint deformities in hands; amputations; inability to move or use hand, arm, leg on one side; slurred speech; difficulty understanding simple instructions; appears disoriented; and if they are forgetful. The CSRs also receive information from customers on medical conditions and medications that may impair the ability to drive safely.<sup>47</sup> In addition, CSRs conduct vision screening or receive vision reports during driver license transactions. If medical or medication information received, vision tests, or observations of customers suggest that they may be at-risk or impaired drivers, the CSRs report the information or their concerns to DMV MRS. Medical Review Services examines the

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<sup>44</sup> Appendix K: Proposed legislation

<sup>45</sup> For a full description of the DMV medical review process please see the section entitled Medical Review at p.19.

<sup>46</sup> Appendix H: Medical Review of Drivers: Reporting Possible Impaired Drivers

<sup>47</sup> Appendix I: MRS List of Medical Condition/Medications Requiring MRS Review



information reported and decides whether the information warrants imposing medical review requirements on the reported driver.

The joint committee examined whether the current screening process should be enhanced with functional and cognitive tests during the driver licensing renewal process. While these tests are used in clinical settings, some of them, such as those in the table below, could be used for screening customers to determine if a detailed assessment is needed. As shown in the table, one example of a screening test for cognitive impairment is the maze test in which a customer is given a simple maze and asked to draw a path from the beginning to the end of the maze. As indicated in the table, if CSRs administered these tests at DMV customer service centers, it would increase time to serve customers and could affect the wait times of all customers.

## Examples of Functional and Cognitive Tests

Type	Example	Time to Administer
Vision	Hand-Held Eye Chart	1 minute
Physical	Rapid Pace Walking	< 1 minute
Perceptual Cognitive	Maze Trailmaking A and B Useful Field of Vision (subtest 1 & 2)	5 minutes 6 – 9 minutes 8 – 13 minutes

Note: some used in screening/assessments  
Average DL Renewal : 8 minutes, 15 seconds; FY 2013: 437,264 renewals in CSCs

Department of  Motor Vehicles

To determine whether the current screening process should be enhanced with functional and cognitive tests, the joint committee reviewed past studies from Maryland, California, and Oregon on screening tools. The committee also review DMV’s survey of other jurisdictions, and interviewed staff at the AAMVA and NHTSA.

### **Maryland**

Maryland allows for license renewal by mail, telephone, or online. Standard and mature driver renewal cycles are eight years, with no special requirements for mature drivers. Maryland has been the site for four studies of screening tools during the last 10 years.

1. *Model Driver Screening and Evaluation Program, Volume II: Maryland Pilot Older Driver Study*, (Staplin et al., 2003; also called MaryPODS study).<sup>48</sup>

This study collected and analyzed data describing the functional status of 2,508 drivers age 55 and older between November 1998 and October 2001 with 10 screening tests. This data was related to two types of safety outcomes, crashes and moving violations, for three years. The study reported having “perhaps the best evidence to date that functional capacity screening, conducted quickly and efficiently, in diverse settings, can yield scientifically valid predictions about the risk of driving impairment experienced by older individuals.” This study was the basis for NHTSA to establish a Model Driver Screening and Evaluation Program which includes staff at customer service centers screening customers for functional and cognitive impairment.

2. *MaryPODS revisited: Updated crash analysis and implications for screening program implications*<sup>49</sup>

This study used the MaryPODS database and added an additional year of crash and conviction data for the participants in the MaryPODS review. The study reported: “[t]he analyses ... reinforce the findings of the MaryPODS while... demonstrating its limitations.” The key limitation was that the scores for three of the four cognitive measures had declined, but still remained predictors of future crashes.

3. *Longitudinal Assessment of Older Drivers in a DMV Setting*

The study retested 939 participants from the MaryPODS study when they returned to the Maryland DMV for their next driver license renewal. The assessment had nine screening tools and one safety outcome: the number of at fault crashes since previous study. The results stated that the MaryPODS study’s “set of measures remained effective predictors of crash involvement.”<sup>50</sup>

4. *Functional Assessment, Safety Outcomes, and Driving Exposure Measures for Older Adults*

This study researched 692 participants who were age 70 and above using 10 screening tests and two key safety outcomes, crash and moving violation statistics. The study showed that the “Maze” test had the strongest result.<sup>51</sup>

## California

California law currently allows for license renewal by mail, telephone, or online with a five-year renewal cycle for all drivers. After drivers turn 70, there must be an in-person renewal with a knowledge test. The California Department of Motor Vehicles conducted a pilot test of a three-tier system that was administered to 12,279 customers of all ages in 2006-2007 and reported their results in the document,

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<sup>48</sup> Staplin et al., *Model Driver Screening and Evaluation Program, Volume II: Maryland Pilot Older Driver Study*, National Highway Traffic Safety Administration, (May 2003).

<sup>49</sup> Staplin et al., *MaryPODS revisited: Updated crash analysis and implications for screening program implications*, *Journal of Safety Research* 34, 389– 397 (2003).

<sup>50</sup> Ball et al., *Longitudinal Assessment of Older Drivers in a DMV Setting*, 392 (2006), [http://drivingassessment.uiowa.edu/DA2005/PDF/57\\_KarleneBallformat.pdf](http://drivingassessment.uiowa.edu/DA2005/PDF/57_KarleneBallformat.pdf) (last visited September 24, 2013).

<sup>51</sup> Staplin et al., *Functional assessments, safety outcomes, and driving exposure measures for older drivers*, (Report No. DOT HS 811 630), Washington, DC: National Highway Traffic Safety Administration, (August 2012).

*California's Three-Tier Driving-Centered Assessment System: Outcome Analysis*, (California Department of Motor Vehicles, November 2011). For two years after the assessments, California reviewed the elapsed driving history for these customers along with two control groups which had 14,907 customers and 10,551 customers. The analyses found "... no evidence for a reduction in crash risk subsequent to participation in the Pilot...;" The results also applied to participants age 70 and older. The study recommended not implementing a three-tier system.

## **Oregon**

The Oregon Department of Transportation, Driver and Motor Vehicle Services conducted an evaluation of its At-Risk Driver Program and published the results in a report, entitled "*House Bill 3185: Evaluation of Oregon's At-Risk Driver Program Work Group Report*." For this report, an interdisciplinary team reviewed a number of studies, relevant statistics, the experiences of other jurisdictions and feedback from the medical community. The study determined that there are no simple and practical evidence-based assessment tools that can reliably measure driving skills and predict future crash risk. The work group's recommendations include: 1) do not require DMV or health care providers to implement any of the evidence-based assessment tools that are currently available; 2) continue to monitor new research into screening tools; and 3) encourage DMV field staff to report drivers who appear to have driving-related impairments.

## **Virginia DMV Survey**

As shown in an earlier table entitled, "DL Renewal Comparison: Virginia vs. Other Jurisdictions," DMV researched mature driver policies for other U.S. jurisdictions and the Canadian provinces.<sup>52</sup> Today no jurisdiction has comprehensive physical or cognitive screening tools used during driver's license renewals. The survey did find that Maryland uses five tests, which are referred to as a Functional Capacity Test (FCT), as assessment tools during its medical review of at-risk drivers. However, Maryland does not use these tests for general screening of all driver license renewal applicants at its customer service centers.

## **AAMVA and NHTSA Interviews**

According to interviews with AAMVA and NHTSA staff, neither organization has identified any "proven" screening tools for use by the states in their departments of motor vehicles. NHTSA sponsored research is currently underway, and the results will be available in the next few years.

After reviewing these studies and interviews, the committee discussed the idea of piloting functional and cognitive screening at a few DMV customer service centers. Discussion ensued regarding the need for General Assembly action for such a pilot, and that any pilot that allowed voluntary participation to take screening tests would likely be unsuccessful based on other pilots with voluntary participation. Citing Maryland's use of the FCT for medical review cases, DMV staff suggested that functional capacity assessments through use of cognitive tests could be used during Virginia's medical review process for assessing drivers' cognitive ability to drive. In addition, DMV staff suggested monitoring drivers who take these tests to determine if future crashes and convictions occur after they successfully complete medical review. Stakeholders were receptive to this idea and the need to continue to monitor the research sponsored by NHTSA as results become available on the effectiveness of functional capacity screening.

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<sup>52</sup> Appendix E: Survey Results

## **Recommendation**

The Driver Licensing and Medical Review joint committee recommends administering functional capacity assessments through the use of cognitive tests during the medical review process for drivers referred to medical review for cognitive issues. These assessments may be implemented under DMV's current statutory authority for medical review at *VA Code* § 46.2-322. The committee recommends cognitive assessments for any person referred for cognitive issues and not based on age. DMV's Driver License Quality Assurance Specialists would administer the cognitive assessments. Customers referred to medical review that take the cognitive tests would be monitored to determine if future crashes and convictions occur after they successfully complete medical review. DMV would identify the most effective cost-efficient tests available for use with customers identified during the medical review process. The joint committee also recommends that DMV continue to monitor and consider the research being done as results become available. Lastly, as stated earlier the joint committee agreed that DMV should develop a checklist for use by CSRs when visually observing the functional abilities of customers. This checklist may be used as initial screening of customers. Customers observed to have potential impairments would be referred to MRS for review. Additional screening tools would not be utilized by CSRs, however the availability of the checklist, additional training for CSRs, and observing customers more often with shorter license renewal periods may result in greater safety and identification of at-risk drivers.

## **5. Outreach and Education**

### **Background**

The Outreach and Education committee was tasked to review and consider recommendations regarding outreach and education programs addressing mature drivers and those drivers that are medically at-risk. Stakeholders agreed that the goal of outreach and education is to educate groups to be able to identify when a mature driver is at-risk and how to refer at-risk mature drivers to the DMV medical review process. Additionally, the purpose of outreach and education is to share resource information with mature drivers and their families and caregivers, including information on the effects of aging and alternate transportation options as well as driving cessation. Targeted groups to reach through outreach and education include medical and allied health professionals, law enforcement and the judiciary, DMV staff, mature drivers themselves, family and caregivers for mature drivers, and the general public.

### **Current Outreach and Education**

*Guideline 13* encourages regular collaboration among agencies and organizations responsible for or impacted by mature driver safety issues. It also recommends increasing awareness of mature driver transportation options, providing outreach and education for medical providers and law enforcement on identifying at-risk drivers and the medical review and referral process, and establishing working groups to develop common messages and themes.<sup>53</sup> In the initial discussion of the committee it quickly became clear that determining what outreach and education programs are currently available would be key to coordinating resources to meet the goals of the committee. In order to educate groups in identifying at-risk drivers and referring them to the DMV medical review process, and to share resource information efficiently the committee received information on the current outreach and education efforts by DMV and

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<sup>53</sup> Appendix B: See National Highway Traffic Safety Administration, Highway Safety Program Guideline No. 13 Older Driver, 77 Fed. Reg.119, 37095-37096 (June 20, 2012).

other state agencies and organizations that could become partners in future coordinated outreach and education efforts. This included extensive presentations from the Virginia Department for Aging and Rehabilitative Services, and AARP on their outreach and education programs. Examples of current outreach and education efforts include:

- DMV regularly provides information on medical impairments and the effects they have on driving to medical communities including medical professionals, hospitals, colleges, and universities
- DMV regularly provides information on medical impairments and the effects they have on driving to the general public, including retirement communities, schools, and medical support groups
- DMV prints and distributes *Red Flags of Medically At-Risk Drivers* to provide law enforcement with guidance in identifying medically at-risk drivers during traffic stops through a concise reference card
- DMV and NHTSA produced the *Identifying the At-Risk Driver* DVD training video used to train law enforcement in identifying medically at-risk drivers during traffic stops
- DMV trains judges on traffic laws and traffic safety at the annual Judicial Transportation Safety Conference
- DMV funds education and outreach assistance through the Virginia GrandDriver program, a project conducted by the Department for Aging and Rehabilitative Services
- Virginia Department for Aging and Rehabilitative Services offers the GrandDriver program that includes maintaining the GrandDriver website that provides information and tools for mature drivers and their caregivers to look into how to handle driving as they age, conferences, workshops, health expos, and assistance for driving assessments for mature drivers
- Virginia Department for Aging and Rehabilitative Services distributes a medical toolkit to doctors as part of the GrandDriver program, which is designed to aid them in assessing driving ability in their patients
- Virginia Department for Aging and Rehabilitative Services and AARP conduct CarFit events. CarFit is an educational program that offers older adults the opportunity to check how well their personal vehicles fit them and to make necessary adjustments to ensure their cars are properly adjusted for maximum comfort and safety
- AARP and AAA offer driver safety courses geared to the mature driver that may make drivers eligible for insurance discounts once completed
- AARP offers the program, *We Need to Talk*, which provides tools to help caregivers and family members assess mature drivers' driving skills and to determine when and how to have the conversation with a mature driver about continuing to drive
- AARP conducts outreach efforts by sending emails to its members, updating and publishing e-newsletters, using traditional advertisements like direct mail to over 600,000 mailing addresses, and calling its members

The committee also heard a presentation from the Virginia Department of Transportation (VDOT) regarding many of the new road design features it is implementing to decrease crashes and make the roads safer and easier for mature drivers to use. Such features include:

- Designing new intersections in different ways, squaring the intersections to make all of the turns in an intersection 90 degrees to decrease the amount of head turning required of someone to look around the intersection
- Installing more roundabouts that reduce conflict points, which decreases the severity of crashes that may occur on these roads
- Increasing the number of signs in rural areas to increase awareness of construction ahead

- Changing the font sizes on road signs to make them more readable
- Adding more chevrons on curves to allow corners to be more visible at night
- Adding flashing LED lights on new chevron designs to signal that turns are approaching
- Adding vertical delineators, which are vertical posts placed along the roads to help with perception while driving
- Applying wider pavement/edge markings and retro-reflective paint to enhance recognition of travel lane limits
- Installing shoulder rumble strips on high speed facilities and centerline rumble strips on undivided major roadways to reduce crashes

The Virginia Department of Criminal Justice Services (DCJS) presented information on the curriculum for law enforcement training academies. DCJS, under the direction of the Criminal Justice Services Board, is the policy-making body for carrying out the duties and powers relative to criminal justice standards and training. DCJS is empowered by the *Code of Virginia* to establish policy as well as compulsory minimum entry-level, in-service and advanced training standards for criminal justice officers and certified training academies. Currently DCJS curricula do not specifically include instruction on identifying impaired and at-risk drivers and referring them to DMV's MRS.

After receiving and reviewing the current outreach and education efforts, the committee recognized that there are numerous and valuable resources available that are dedicated to assisting mature drivers. The committee strategized on the best ways to share the available resources without duplicating efforts. The committee concluded that creating a coalition of stakeholders to provide coordinated, efficient and comprehensive outreach and education is key to meeting the stakeholders charge to assist mature drivers in remaining safe and mobile on the road and to assist with the transition when mature drivers decide to stop driving.

### **Recommendation**

The Outreach and Education committee created an extensive list of recommendations for the study. The committee broke these recommendations into general and targeted recommendations. Targeted groups for the Outreach and Education committee recommendations include medical and allied health professionals, law enforcement and the judiciary, DMV staff, mature drivers themselves, family and caregivers for mature drivers, and the general public.<sup>54</sup>

A significant recommendation of the Outreach and Education committee includes leveraging the GrandDriver website, hosted by the Virginia Department for Aging and Rehabilitative Services, as the central hub for messages and resources for mature drivers, their families, and stakeholder organizations including the medical and allied health community, law enforcement, and judiciary. The Outreach and Education committee further recommends:

#### General Recommendations

- Creating a coalition of stakeholder partners to create and execute a comprehensive strategic communication campaign that includes advertising and social media components

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<sup>54</sup> Appendix J: DMV staff organized the recommendations by those that may be completed by the time this report is published, soon after completion of the report, or much later after completion of the report. Recommendations that may require funding are noted.

- Emphasizing and promoting Virginia GrandDriver as Virginia’s resource for mature drivers, their families, and service-providers
- Updating and developing additional website content specifically for the medical and allied health community, law enforcement, the judiciary, and the general public
- Linking GrandDriver and stakeholder websites for maximum exposure and reach. For example, GrandDriver site links to AARP’s “We need to Talk” program and vice-versa
- On the DMV website increasing the visibility of the GrandDriver link and mature driver resources and increasing the font size on mature driver-specific content pages
- On the VDOT website creating links to the GrandDriver website and other resources
- Updating and distributing communication and informational tools as well as brochures for the targeted audiences to include updating the GrandDriver brochure for broad distribution
- Expanding distribution of brochures to include groups such as Area Agencies on Aging, Community Service Boards (CSB’s) and home health agencies
- Ensuring all written and web site materials, and all collateral material, are compliant with the Americans with Disabilities Act, as amended
- Promoting VDOT’s continued efforts to improve highway design to enhance mature driver safety
- Seeking federal grant money to assist with outreach and education efforts

### Targeted Outreach Recommendations

#### **Medical Community**

- Placing information on DMV’s medical review process on the DMV and GrandDriver websites
- Enhancing DMV’s website with a page dedicated for the medical community
- Publishing a column about GrandDriver and the DMV medical review process in Department of Health and Department of Health Professions newsletters as well as in medical association and other health care provider association publications
- Updating communication tools for medical professionals to identify when and how to refer mature drivers to the DMV medical review process
- Increasing awareness of the communication tools available for medical professionals
- Seeking more proactive opportunities for DMV staff to attend events and inform medical and allied health professionals about the DMV medical review process and GrandDriver resources (Include a broad base of medical and health related providers, including nurses, therapists, physical therapists, rehabilitation specialists, pharmacists and others)
- Reaching out to medical schools to encourage medical schools to integrate information about mature driver safety into the curricula
- Enhancing training for medical and allied health professionals including developing continuing education courses to educate these professionals about medical impairment effects on safe driving, how to refer at-risk or impaired drivers to DMV’s MRS, and also how to communicate with and provide available resources to patients
- Sharing GrandDriver resource information with patients, including information on driving cessation

#### **Law Enforcement and Judges**

- Requesting incorporation of information on detecting at-risk drivers, referring these drivers for DMV medical review, and providing information to assist mature drivers into DCJS’s law enforcement training curriculum
- Reaching out and providing information about the DMV medical review referral process to law enforcement and regional crime prevention offices

- Increasing awareness of websites, brochures and communication tools available to law enforcement to identify when and how to refer an at-risk driver
- Expanding CarFit training for law enforcement, including Senior and Law Enforcement Together (SALT) groups at the local level
- Seeking participation in annual conferences of Sheriffs, Chiefs of Police, and Commonwealth Attorneys Associations to discuss issues relating to at-risk drivers and the medical review referral process
- Highlighting and addressing mature driver issues at conferences with joint participation of DMV, law enforcement, the judiciary, and medical and allied health professionals
- Soliciting input from law enforcement and judges regarding mature driver safety and medical review reporting
- Providing information to judges on mature driver motor vehicle crash prevention courses currently offered
- Exploring what types of information can be provided to law enforcement and other groups with respect to outcomes of reported medical review cases
- Providing information about the DMV medical review referral process to law enforcement and regional crime prevention offices

### **The General Public – Mature Drivers, Families, and Caregivers**

- Providing information on alternate transportation options, using all communication channels, to mature drivers, their families and caregivers
- Updating and distributing informational tools to advise how to recognize signs that driving may be an issue for a mature driver, what to do and how to refer an at-risk or impaired driver to DMV’s MRS, and on alternative transportation resources and how to use them
- Promoting mature driver courses currently offered
- Publishing a jointly prepared guest column from Health and DMV commissioners in Virginia Center on Aging (Age in Action), AARP (AARP Bulletin, AARP e-newsletter, AARP Virginia web site), and AAA member publications
- Enhancing training programs for DMV staff, who deal directly with customers, in the identification and referral of at-risk drivers
- Continuing to send DMV mobile operations to retirement communities and inform residents about exchanging their driver’s licenses for Virginia special identification cards
- Expanding DMV’s mobile operations to reach more mature drivers (“DMV Connect” uses portable equipment to process ID cards)
- Reaching out to retirement community associations, age-restricted and assisted living communities as well
- Distributing to DMV customers of a designated age information on the effects of aging on driving, DMV’s medical review process, and exchanging driver’s licenses for special identification cards
- Placing posters and brochures with information regarding the effects of aging on driving, DMV’s medical review process, and exchanging licenses for special identification cards in DMV customer service centers
- Reaching out to religious communities to disseminate information and promote travel options for senior mobility
- Finding ways to develop partnerships between Department of Health volunteers and CarFit



### Additional Recommendations

- Continuing to participate in aging and mobility conferences
- Presenting at state conferences or webinars focused on mature driving and medically impaired driving issues

## **Conclusion**

One of the most beneficial outcomes of the study has been the collaboration and sharing of information between these various stakeholder groups. Not only have the stakeholders addressed driver licensing and medical review issues, but also an extensive list of outreach and education recommendations has been developed to assist the general public, medical professionals, law enforcement, and the judiciary. Outreach and education will be an ongoing collaborative initiative that DMV will continue to lead with stakeholder involvement. Among other issues, DMV intends to focus on broadening the amount of people who visit the GrandDriver website. GrandDriver will be the central hub to distribute information and provide resources about mature drivers to the public. DMV will also continue to monitor the research in this area to make additional improvements to safety. As the number of mature drivers begins to increase over the coming years, the efforts that this committee made towards changing driver's licensing requirements, improving medical review processes and laws, and outreach and education efforts will hopefully result in a decrease in mature drivers' involvement in crashes.<sup>55</sup>

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<sup>55</sup> Appendix M: Stakeholder responses to report and proposed legislation

# Appendices

**Appendix A:**

**Charge Letters from Delegate May and Senator Newman**



COMMONWEALTH OF VIRGINIA  
HOUSE OF DELEGATES  
RICHMOND

JOE T. MAY  
POST OFFICE BOX 2146  
LEESBURG, VIRGINIA 20177-7538

THIRTY-THIRD DISTRICT

COMMITTEE ASSIGNMENTS:  
TRANSPORTATION (CHAIRMAN)  
APPROPRIATIONS  
SCIENCE AND TECHNOLOGY

January 9, 2013

Mr. Richard D. Holcomb  
Commissioner  
Virginia Department of Motor Vehicles  
P.O. Box 27412  
2300 West Broad Street  
Richmond, Virginia 23269

Dear Commissioner *Rick* Holcomb:

As you know there are more and more mature drivers within the driving population of the Commonwealth. The 2010 census reported there were 982,313 persons who were age 65 or older in Virginia; and of that number, 817,339 Virginians were licensed drivers. Virginia's older population is projected to increase over the next 20 years, growing to 1,167,196 (13 percent of the total population) by 2020; and to 1,365,294 (14 percent of the total population) by 2030.

As the driving population ages, it is important for drivers and the Department of Motor Vehicles to know and understand how aging impacts a driver's reflexes, vision and overall driving skills. Research shows that normal age-related physical changes begin to accelerate at age 55 and motor vehicle accidents per mile begin to increase at this same age. Research also shows that aging is associated with an increase in physical and mental impairments that may affect an older driver's ability to drive, although no clear link has been established between motor vehicle fatality rates and increased age. National data indicate that motor vehicle deaths are highest among the very youngest and oldest drivers. However, the higher level of motor vehicle deaths among older adults does not indicate that older drivers are poor drivers. Instead, as the research notes, the increased number of fatal crashes among older drivers is largely due to their increased susceptibility to injury.

The Commonwealth of Virginia recognizes the need to help older drivers stay safe on the roads and prevent traffic crashes while balancing the safety of other drivers, passengers and pedestrians. In order to address this need and prepare for the aging driving population, I respectfully request that the Department of Motor Vehicles study whether the Commonwealth should adopt additional objective criteria in current license renewal requirements as a means of assessing mature drivers' continued capability to remain active, safe, independent, and mobile on the road as they age.

I request that the Department of Motor Vehicles convene a working group of interested parties to conduct such a study. I ask that the group of stakeholders include Mr. Dave Morrell, an advocate for highway safety. In addition, the stakeholders should include the Commonwealth Council on Aging, the Virginia Department for Aging and Rehabilitative Services, the Virginia State Police, the Virginia Department of Transportation, AARP, American Automobile Association (AAA), medical community, and other stakeholders identified by the Department.

Mr. Richard D. Holcomb


Page 2

January 9, 2013

I ask that the working group examine existing research and data, and consider objective criteria for assessing the capabilities of older drivers while balancing the safety of other drivers, passengers and pedestrians. In conducting its study, the working group should consider the possibility of graduated or tiered criteria for assessing mature drivers' capabilities that would be applicable to the license renewal process.

I request that you report back to the House Committee on Transportation in December of 2013 with the results of the study and the working group's recommendations. As part of the report, the working group should provide for each item it proposes an analysis of the feasibility, the cost to the Commonwealth, and its cost-effectiveness compared to alternatives. Also include any proposed legislation that would be necessary in order to pursue the recommendations.

Sincerely,



Joe T. May

c: The Honorable Stephen D. Newman, Senate of Virginia  
The Honorable Sean T. Connaughton, Secretary of Transportation  
The Honorable William A. Hazel Jr., Secretary of Health and Human Resources  
The Honorable Marla D. Decker, Secretary of Public Safety  
Mr. Jim Rothrock, Commissioner Virginia Department for Aging and Rehabilitative Services  
Mr. Gregory A. Whirley, Commissioner of Highways, Virginia Department of Transportation  
Col. W. Steven Flaherty, Superintendent, Virginia State Police

# SENATE OF VIRGINIA



COMMITTEE ASSIGNMENTS:  
TRANSPORTATION, CHAIR  
COMMERCE AND LABOR  
EDUCATION AND HEALTH  
FINANCE  
RULES

**STEPHEN D. NEWMAN**

23RD SENATORIAL DISTRICT  
ALL OF BOTETOURT AND CRAIG COUNTIES;  
ALL OF THE CITY OF BEDFORD; PART OF BEDFORD,  
CAMPBELL, AND ROANOKE COUNTIES;  
AND PART OF THE CITY OF LYNCHBURG  
POST OFFICE BOX 480  
FOREST, VIRGINIA 24551  
EMAIL: SNEWMAN@SENATORNEWMAN.COM  
(434) 385-1065  
(434) 485-8111 FAX

January 8, 2013

Mr. Richard D. Holcomb  
Commissioner  
Virginia Department of Motor Vehicles  
P.O. Box 27412  
2300 West Broad Street  
Richmond, Virginia 23269

Dear Commissioner Holcomb:

As you know there are more and more mature drivers within the driving population of the Commonwealth. The 2010 census reported there were 982,313 persons who were age 65 or older in Virginia and of that number, 817,339 Virginians were licensed drivers. Virginia's older population is projected to increase over the next 20 years, growing to 1,167,196 (13 percent of the total population) by 2020 and to 1,365,294 (14 percent of the total population) by 2030.

As the driving population ages, it is important for drivers and the Department of Motor Vehicles to know and understand how aging impacts a driver's reflexes, vision and overall driving skills. Research shows that normal age-related physical changes begin to accelerate at age 55 and motor vehicle accidents per mile begin to increase at this same age. Research also shows that aging is associated with an increase in physical and mental impairments that may affect an older driver's ability to drive, although no clear link has been established between motor vehicle fatality rates and increased age. National data indicate that motor vehicle deaths are highest among the very youngest and oldest drivers. However, the higher level of motor vehicle deaths among older adults does not indicate that older drivers are poor drivers. Instead, as the research notes, the increased number of fatal crashes among older drivers is largely due to their increased susceptibility to injury.

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I request that the Department of Motor Vehicles convene a working group of interested parties to conduct such a study. I ask that the group of stakeholders include Mr. Dave Morrell, an advocate for highway safety. In addition, the stakeholders should include the Commonwealth Council on Aging, the Virginia Department for Aging and Rehabilitative Services, the Virginia State Police, the Virginia Department of Transportation, AARP, American Automobile Association (AAA), medical community, and other stakeholders identified by the Department.

I request that the working group examine existing research and data, and consider objective criteria for assessing the capabilities of older drivers while balancing the safety of other drivers, passengers and pedestrians. In conducting its study, the working group should consider the possibility of graduated or tiered criteria for assessing mature drivers' capabilities that would be applicable to the license renewal process.

I request that you report back to the Senate Committee on Transportation in December of 2013 with the results of the study and the working group's recommendations. As part of the report, the working group should provide for each item it proposes an analysis of the feasibility, the cost to the Commonwealth, and its cost-effectiveness compared to alternatives. Also include any proposed legislation that would be necessary in order to pursue the recommendations.

Sincerely,



Stephen D. Newman

c: The Honorable Joe T. May, Virginia House of Delegates  
The Honorable Sean T. Connaughton, Secretary of Transportation  
The Honorable William A. Hazel Jr., Secretary of Health and Human Resources  
The Honorable Marla D. Decker, Secretary of Public Safety  
Mr. Jim Rothrock, Commissioner Virginia Department for Aging and  
Rehabilitative Services  
Mr. Gregory A. Whirley, Commissioner of Highways, Virginia Department of  
Transportation  
Col. W. Steven Flaherty, Superintendent, Virginia State Police

## **Appendix B:**

### **National Highway Traffic Safety Administration Guideline 13**



information requested. See 44 U.S.C. 3501.

Below is a brief summary of the information collection activities that FRA will submit for clearance by OMB as required under the PRA:

**Title:** Notice of Funds Availability and Solicitation of Applications for Grants Under the Railroad Rehabilitation and Repair Grant Program.

**OMB Control Number:** 2130-0580.

**Status:** Regular Review.

**Type of Request:** Revision of a currently approved collection.

**Abstract:** The Railroad Rehabilitation and Repair Grant Program (Catalog of Federal Domestic Assistance (CFDA) Program Number 20.314), which was originally supported with up to

\$20,000,000 of Federal funds provided to FRA as part of the Consolidated Security, Disaster Assistance, and Continuing Appropriations Act, 2009 (Pub. L. 110-329, September 30, 2008). On May 27, 2009, FRA selected 12 projects, totaling \$15 million under this program. On August 5, 2010, FRA selected 10 more projects for the remaining funds. A few revisions to grant agreements and close-out of grants are the only remaining activities for this program.

Funds provided under this Program may constitute no more than 80 percent of the total cost of a selected project, with the remaining cost funded from other non-Federal sources. Projects include repairs and rehabilitation to Class II and Class III railroad

infrastructure damaged by hurricanes, floods, and natural disasters that are located in counties that were identified in a Disaster Declaration for Public Assistance issued by the President (<http://www.fema.gov/news/disasters.fema#sev1>).

Class II and Class III railroad infrastructure repaired and rehabilitated include railroad rights-of-way, bridges, signals and other infrastructure which are part of the general railroad system of transportation and primarily used by railroads to move freight traffic. FRA anticipates that no further public notification will be made with respect to this Program.

**Affected Public:** State and local governments, government sponsored authorities and corporations, railroads.

REPORTING BURDEN

Grant program	Respondent universe	Total annual responses	Average time per response	Total annual burden hours
Revision to Grant Applications	22 States/Local govt .....	2 grant revisions .....	40 hours .....	80
Progress/Financial Reports ....	22 States/Local govt .....	88 grantees .....	2 hours .....	176
Close-out Procedures .....	44 States/Local govt .....	44 sets of close-out documents.	36 hours .....	792

**Total Responses:** 134.

**Estimated Total Annual Burden:** 1,048 hours.

**Frequency of Submission:** Quarterly; recordkeeping.

Pursuant to 44 U.S.C. 3507(a) and 5 CFR 1320.5(b), 1320.8(b)(3)(vi), FRA informs all interested parties that it may not conduct or sponsor, and a respondent is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Authority:** 44 U.S.C. 3501-3520.

Issued in Washington, DC, on June 14, 2012.

**Michael Logue,**

*Associate Administrator for Administration, Federal Railroad Administration.*

[FR Doc. 2012-15085 Filed 6-19-12; 8:45 am]

BILLING CODE 4910-06-P

DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

[Docket No. NHTSA-2012-0081]

Amendments to Highway Safety Program Guidelines

**AGENCY:** National Highway Traffic Safety Administration (NHTSA), Department of Transportation.

**ACTION:** Request for comments, highway safety program guidelines.

**SUMMARY:** Section 402 of title 23 of the United States Code requires the Secretary of Transportation to promulgate uniform guidelines for State highway safety programs. The National Highway Traffic Safety Administration (NHTSA) is seeking comments on proposed amendments to five (5) guidelines and one (1) new guideline that reflect program methodologies and approaches that have proven to be successful and are based on sound science and program administration. The guidelines the agency proposes to revise are: Guideline No. 1 Periodic Motor Vehicle Inspection, Guideline No. 2 Motor Vehicle Registration, Guideline No. 6 Codes and Laws, Guideline No. 16 Management of Highway Incidents (formerly Debris Hazard Control and Cleanup), and Guideline No. 18 Motor Vehicle Crash Investigation and Incident Reporting (formerly Accident Investigation and Reporting). The new guideline is No. 13 Older Driver Safety. NHTSA believes the proposed amendments and new guideline will provide more accurate, current and effective guidance to the States. The guidelines will be made publicly available on the NHTSA Web site.

**DATES:** Comments must be received on or before July 20, 2012.

**ADDRESSES:** You may submit comments to the docket number identified in the heading of this document by any of the following methods:

- **Federal eRulemaking Portal:** Go to <http://www.regulations.gov>. Follow the online instructions for submitting comments.
- **Mail:** Docket Management Facility, M-30, U.S. Department of Transportation, West Building, Ground Floor, Rm. W12-140, 1200 New Jersey Avenue SE., Washington, DC 20590.
- **Hand Delivery or Courier:** West Building Ground Floor, Room W12-140, 1200 New Jersey Avenue SE., between 9 a.m. and 5 p.m. Eastern Time, Monday through Friday, except Federal holidays.
- **Fax:** (202) 493-2251.

**Instructions:** For detailed instructions on submitting comments and additional information on the rulemaking process, see the Public Participation heading of the **SUPPLEMENTARY INFORMATION** section of this document. Note that all comments received will be posted without change to <http://www.regulations.gov>, including any personal information provided.

**Privacy Act:** Anyone is able to search the electronic form of all comments received into any of our dockets by the name of the individual submitting the comment (or signing the comment, if submitted on behalf of an association, business, labor union, etc.). You may review DOT's complete Privacy Act

Statement in the **Federal Register** at 65 FR 19477 FR 19477, April 11, 2000, or you may visit <http://www.regulations.gov>.

*Docket:* For access to the docket to read background documents or comments received, go to <http://www.regulations.gov> or the street address listed above. Follow the online instructions for accessing the dockets.

**FOR FURTHER INFORMATION CONTACT:** Ms. Susan Kirinich (202) 366-1836, Office of Governmental Affairs, Policy and Strategic Planning, NHTSA, U.S. Department of Transportation, 1200 New Jersey Avenue SE., Washington, DC 20590. Email: [susan.kirinich@dot.gov](mailto:susan.kirinich@dot.gov).

#### SUPPLEMENTARY INFORMATION:

##### I. Background

Section 402 of title 23 of the United States Code requires the Secretary of Transportation to promulgate uniform guidelines for State highway safety programs. As the highway safety environment changes, it is necessary for NHTSA to update the guidelines to provide current information on effective program content for States to use in developing and assessing their traffic safety programs. These guidelines reflect the best available science and the real-world experience of NHTSA and the States in developing and managing traffic safety program content. NHTSA will update the guidelines periodically to address new issues and to emphasize program methodologies and approaches that have proven to be effective in these program areas.

The guidelines offer direction to States in formulating their highway safety plans for highway safety efforts that are supported with section 402 grant funds, as well as safety activities funded from other sources. The guidelines provide a framework for developing a balanced highway safety program and serve as benchmarks by which States can assess the effectiveness of their own programs. NHTSA encourages States to use these guidelines and build upon them to optimize the effectiveness of highway safety programs conducted at the State and local levels.

The guidelines emphasize areas of nationwide concern and highlight effective countermeasures. As each guideline is updated or created, it will include the date of its revision or development.

NHTSA has developed a new guideline on older drivers, No. 13, to address this growing segment of the population. This new guideline will help States develop plans to address the

particular needs of older drivers and address the emerging challenges from the increasing population of older drivers in their States. Because of the unique issues related to older driver safety, this guideline also includes recommendations related to Medical Providers and Social Services Providers.

It is important that States begin to address the safety of older road users now because the population of people 65 and older will increase dramatically in the coming years. These population changes will result in a disproportionate increase in deaths and injuries among older people if no actions are taken. This guideline is also designed to help policymakers with decisions about how best to address the real and growing problem of older driver safety.

All the highway safety guidelines are on the NHTSA Web site, in the Highway Safety Grant Management Manual, and on the Traffic Safety page at <http://www.nhtsa.dot.gov/nhtsa/whatsup/tea21/tea21programs/>.

The five (5) guidelines NHTSA plans to revise along with one (1) new guideline represent the last in a series of three sets of revisions to the guidelines. For the first set of revisions, the agency revised six (6) guidelines on November 7, 2006 (71 FR 65172): Guideline No. 3 Motorcycle Safety, Guideline No. 8 Impaired Driving, Guideline No. 14 Pedestrian and Bicycle Safety, Guideline No. 15 Traffic Enforcement, Guideline No. 19 Speed Management, and Guideline No. 20 Occupant Protection. The following five (5) guidelines were revised on April 1, 2009: Guideline No. 4 Driver Education, Guideline No. 5 Non-Commercial Driver Licenses, Guideline No. 7, Judicial and Court Services, Guideline No. 10 Traffic Records, and Guideline No. 17 Pupil Transportation. A new guideline was also added at that time: Guideline No. 12, Prosecutor Training.

##### II. Public Participation

*How do I prepare and submit written comments?*

Your comments must be written and in English. To ensure that your comments are correctly filed in the Docket, please include the docket number of this document in your comments.

Your primary comments cannot exceed 15 pages. (49 CFR 553.21). We established this limit to encourage you to write your primary comments in a concise fashion. However, you may attach necessary additional documents to your primary comments. There is no limit on the length of the attachments. Please submit your comments to the

Docket by any of the methods outlined under **ADDRESSES**.

*How can I be sure that my comments were received?*

If you submit your comments by mail and wish the Docket Management to notify you upon its receipt of your comments, enclose a self-addressed, stamped postcard in the envelope containing your comments. Upon receiving your comments, the Docket Management will return the postcard by mail.

*How do I submit confidential business information?*

If you wish to submit any information under a claim of confidentiality, you should submit three copies of your complete submission, including the information you claim to be confidential business information, to the Chief Counsel, NHTSA, at the address given above under **FOR FURTHER INFORMATION CONTACT**. In addition, you should submit two copies, from which you have deleted the claimed confidential business information, to Docket Management at the address given above under **ADDRESSES**. When you send a comment containing information claimed to be confidential business information, you should include a cover letter setting forth the information specified in our confidential business information regulation. (49 CFR part 512).

*Will the agency consider late comments?*

We will consider all comments that Docket Management receives before the close of business on the comment closing date indicated above under **DATES**. To the extent possible, we will also consider comments that Docket Management receives after that date. If Docket Management receives a comment too late for us to consider in developing a final guideline (assuming that one is issued), we will consider that comment as an informal suggestion for future guideline action.

*How can I read the comments submitted by other people?*

You may read the comments received by Docket Management at the Docket Management Facility by going to the street address given above under **ADDRESSES**. The Docket Management Facility is open between 9 a.m. and 5 p.m. Eastern Time, Monday through Friday, except Federal holidays. You may also read the materials placed in the docket for this document (e.g., the comments submitted in response to this document by other interested persons)



at any time by going to <http://www.regulations.gov>. Follow the online instructions for accessing the dockets.

Please note that even after the comment closing date, we will continue to file relevant information in the Docket as it becomes available. Further, some people may submit late comments. Accordingly, we recommend that you periodically check the Docket for new material.

In consideration of the foregoing, NHTSA proposes to amend Guidelines 1, 2, 6, 16, and 18, and proposes new Guideline 13, to read as follows.

### Highway Safety Program Guideline No. 1

#### *Periodic Motor Vehicle Inspection*

Each State should have a program for periodic inspection of all registered vehicles to reduce the number of vehicles with existing or potential conditions that may contribute to crashes or increase the severity of crashes that do occur, and should require the owner to correct such conditions.

I. An inspection program would provide, at a minimum, that:

A. Every vehicle registered in the State is inspected at the time of initial registration and on a periodic basis thereafter as determined by the State based on evidence of the effectiveness of inspection programs.

B. The inspection is performed by competent personnel specifically trained to perform their duties and certified by the State.

C. The inspection covers systems, subsystems, and components having substantial relation to safe vehicle performance.

D. Each inspection station maintains records in a form specified by the State, which includes at least the following information:

- Class of vehicle.
- Date of inspection.
- Make of vehicle.
- Model year.
- Vehicle identification number.
- Defects by category.
- Identification of inspector.
- Mileage or odometer reading.

E. The State publishes summaries of records of all inspection stations at least annually, including tabulations by make and model of vehicle.

II. The program should be periodically evaluated by the State and the National Highway Traffic Safety Administration should be provided with an evaluation summary.

### Highway Safety Program Guideline No. 2

#### *Motor Vehicle Registration*

Each State should have a motor vehicle registration program.

I. A model registration program would require that every vehicle operated on public highways is registered and that the following information is readily available for each vehicle:

- Make.
- Model year.
- Vehicle Identification Number.
- Type of body.
- License plate number.
- Name of current owner.
- Current address of owner.
- Registered gross laden weight of every commercial vehicle.

II. Each program should have a records system that provides at least the following services:

- Rapid entry of new data into the records or data system.
- Controls to eliminate unnecessary or unreasonable delay in obtaining data.
- Rapid audio or visual response upon receipt at the records station of any priority request for status of vehicle possession authorization.
- Data available for statistical compilation as needed by authorized sources.
- Identification and ownership of vehicle sought for enforcement or other operation needs.

III. This program should be periodically evaluated by the State and the National Highway Traffic Safety Administration should be provided with an evaluation summary.

### Highway Safety Program Guideline No. 6

#### *Codes and Laws*

Each State should strive to achieve uniformity of traffic codes and laws throughout the State. The State Highway Safety Office should maintain a list of all relevant traffic codes and laws, and serve as a resource to State and local jurisdictions on any proposed changes.

Each State should utilize all available sources, such as Federal or State legislative databases or Web sites, to ensure that its traffic codes and laws reflect the most current evidence-based and peer-reviewed research.

### Highway Safety Program Guideline No. 13

#### *Older Driver Safety*

Each State, in cooperation with its political subdivisions, tribal governments and other stakeholders, should develop and implement a comprehensive highway safety program,

reflective of State demographics, to achieve a significant reduction in traffic crashes, fatalities, and injuries on public roads. The highway safety program should include a comprehensive older driver safety program that aims to reduce older driver crashes, fatalities, and injuries. To maximize benefits, each State older driver safety program should address driver licensing and medical review of at-risk drivers, medical and law enforcement education, roadway design, and collaboration with social services and transportation services providers. This guideline recommends the key components of a State older driver safety program, and criteria that the program components should meet.

In this guideline, there are recommendations regarding specific partner groups. However, it is likely that there are other State, local, and non-government organizations that could help in achieving goals related to older driver safety because their missions are related to the safe mobility of older people. When older people can no longer drive safely, their mobility needs are often met by alternative means such as ride programs or transit services. Federal highway safety funds can be used for highway safety purposes—which might include programs to facilitate older persons' decisions about when to stop driving by increasing awareness of other transportation options. However, NHTSA funds cannot be used to provide services—such as transit services—whose primary purpose is not to improve highway safety. For details on recommended practices, please see *Countermeasures that Work* (6th Edition, 2011) ([Countermeasures that Work.pdf](#)).

#### **I. Program Management**

Each State should have centralized data analysis and program planning, implementation, and coordination to identify the nature and extent of its older driver safety problems, to establish goals and objectives for the State's older driver safety program and to implement projects to reach the goals and objectives. State older driver programs should:

- Designate a lead organization for older driver safety;
- Develop resources;
- Collect and analyze data on older driver crashes, injuries, and fatalities;
- Identify and prioritize the State's older driver safety problems;
- Encourage and facilitate regular collaboration among agencies and organizations responsible for or impacted by older driver safety issues (e.g., the State Unit on Aging, State Injury Prevention Director, NGO's

related to aging or aging-related diseases);

- Develop programs and specific projects to address identified problems;
- Coordinate older driver safety projects with other highway safety projects;
- Increase awareness of older driver transportation options, such as ride programs or transit services;
- Integrate older driver safety into the State strategic highway safety plans and other related activities, including impaired driving, occupant protection, and especially driver licensing programs; and
- Routinely evaluate older driver safety programs and services and use the results in program planning.

## II. Roadway Design for Older Driver Safety

Traffic engineering and roadway design can challenge or ease a driver's mobility in any community. It is possible and desirable to accommodate normal aging through the application of design, operational, and traffic engineering countermeasures. The needs of older road users must be considered in new construction, as well as in spot improvements, to keep older drivers safe. The Federal Highway Administration (FHWA) has developed guidelines (*FHWA Highway Design Handbook for Older Drivers and Pedestrians*) for accommodating older road users, and the guidelines need to be implemented on State and local roadways. Each State also has a process by which it seeks user input for its Strategic Highway Safety Plans. It is reasonable for State DOTs to collaborate and seek partnerships and funding through other sources, such as the Highway Safety Plans, which come from the Highway Safety Office, or from the State Units on Aging. State DOTs should:

- Consider Older Driver safety as an emphasis area in the Strategic Highway Safety Plan (SHSP) if data analysis identifies this as an area of concern;
- Develop and implement a plan for deploying the guidelines and recommendations to accommodate older drivers and pedestrians; and
- Develop and implement a communications and educational plan for assisting local entities in the deployment of the guidelines and recommendations to accommodate older drivers and pedestrians.

## III. Driver Licensing

Driver licensing is a critical element in the oversight of public safety as it relates to older drivers. The driver licensing authority (DMV) can legally

restrict or suspend an individual's license, and for that reason, it is the primary audience for these recommendations. There are three areas within driver licensing that are important to driving safety: policies; practices; and, communications.

Recommended driver licensing policies that each State should implement to address older driver safety are:

- In-person renewal should be required of individual drivers over a specified age that the State determines based on an analysis of their individual crash records;
- Medical review policies should align with the *Driver Fitness Medical Guidelines (Driver Fitness Medical Guidelines)* published by NHTSA and the American Association of Motor Vehicle Administrators (AAMVA); and
- Medical providers of all kinds who provide a referral regarding a driver in good faith to the driver licensing authority should be provided immunity from civil liability.

Recommended driver licensing practices that each State should implement to address older driver safety are:

- Establish a Medical Advisory Board (MAB), consisting of a range of medical professionals, to provide policy guidance to the driver licensing agency to implement;
- The medical review function of the DMV should include staff with medical expertise in the review of medically-referred drivers;
- The DMV should regularly conduct analyses and evaluation of the referrals that come through the medical review system to determine whether procedures are in place to appropriately detect and regulate at-risk drivers;
- Train DMV staff, including counter-staff, in the identification of medically at-risk drivers and the referral of those drivers for medical review; and
- Provide a simple and fast way for individuals to convert their driver licenses to identification cards.

To be effective in identification of medically at-risk drivers, the State should implement a communications program, through the DMV to:

- Make medical referral information and forms easy to find on the DMV Web site;
- Provide outreach to and training for medical providers (e.g., physicians, nurses, etc.) in making referrals of medically at-risk drivers and in finding resources on functional abilities and driving;
- Provide outreach to and training for law enforcement in successfully identifying medically at-risk drivers and

in making referrals of medically at-risk drivers to the DMV; and

- Provide information on transportation options and community resources to drivers who are required to submit to medical review of their licenses.

## IV. Medical Providers

State older driver safety programs rely on the identification of medically at-risk drivers by their medical providers, with the aim of limiting the impact of changes in functional abilities on the safe operation of a motor vehicle. Medical providers should know how to counsel the at-risk driver, and when confronted by a driver who refuses to heed advice to stop driving, to make a referral to the driver licensing authority. To facilitate this process, State older driver safety programs should:

- Establish and implement a communications plan for reaching medical providers;
- Disseminate educational materials for medical providers. Providers should include physicians, nurses, occupational therapists, and other medical professionals who treat or deal with older people and/or their families;
- Facilitate the provision of Continuing Medical Education (CME) credits for medical providers in learning about driving safety; and
- Facilitate referrals of medically at-risk drivers to the driver licensing authority for review.

## V. Law Enforcement

Law Enforcement plays an important role in identifying at-risk drivers on the road. States should ensure that State and local older driver safety programs include a law enforcement component. Essential elements of the law enforcement component include:

- A communications plan for reaching law enforcement officers with information on medically at-risk drivers;
- Training and education for law enforcement officers that includes emphasis on "writing the citation" for older violators, identifying the medically at-risk driver, and making referrals of the medically at-risk driver to the driver licensing authority; and
- An easy way for law enforcement officers who are in the field to make referrals of medically at-risk drivers to the driver licensing authority.

## VI. Social and Aging Services Providers

At the State-level, there are agencies that are responsible for coordinating aging services. These agencies should be collaborating with the State DOT-Transit offices in the planning for and provision of transportation services for

older residents. State Highway Safety Offices should:

- Collaborate with State Units on Aging and other social services providers on providing support related to older drivers who are transitioning from driving;
- Collaborate with State DOT-Transit offices to provide information at the local level on how individuals can access transportation services for older people; and
- Develop joint communications strategies and messages related to driver transitioning.

#### VII. Communication Program

States should develop and implement communication strategies directed at specific high-risk populations as identified by crash and population-based data. Communications should highlight and support specific policies and programs underway in the States and communities. The programs and materials should be culturally-relevant, multi-lingual as necessary, and appropriate to the target audience. To achieve this, States should:

- Establish a working group of State and local agencies and organizations that have an interest in older driver safety and mobility with the goal of developing common message themes; and
- Focus the communication efforts on the support of the overall policy and program.

#### VIII. Program Evaluation And Data

Both problem identification and continual evaluation require effective record-keeping by State and local governments. The State should identify the frequency and types of older driver crashes. After problem identification is complete, the State can identify appropriate countermeasures. The State can promote effective evaluation by:

- Supporting detailed analyses of police accident reports involving older drivers;
- Encouraging, supporting, and training localities in process, impact, and outcome evaluation of local programs;
- Conducting and publicizing statewide surveys of public knowledge and attitudes about older driver safety;
- Evaluating the use of program resources and the effectiveness of existing countermeasures for the general public and high-risk populations;
- Ensuring that evaluation results are used to identify problems, plan new programs, and improve existing programs; and
- Maintaining awareness of trends in older driver crashes at the national level

and how this might influence activities statewide.

#### Highway Safety Program Guideline No. 16

*Management of Highway Incidents (Formerly Debris Hazard and Control and Cleanup)*

Each State in cooperation with its political subdivisions should have a program which provides for rapid, orderly, and safe removal from the roadway of wreckage, spillage, and debris resulting from motor vehicle accidents, and for otherwise reducing the likelihood of secondary and chain-reaction collisions, and conditions hazardous to the public health and safety.

I. The program should provide at a minimum that:

A. Traffic Incident Management programs are effective and understood by emergency first responders.

B. Operational procedures are established and implemented to:

1. Define responsibilities of all first responders;
  2. Certify and classify all rescue and salvage responders and equipment;
  3. Enable rescue and salvage equipment personnel to get to the scene of accidents rapidly and to operate effectively and safely on arrival—
    - a. On heavily traveled freeways and other limited access roads;
    - b. In other types of locations where wreckage or spillage of hazardous materials on or adjacent to highways endangers the public health and safety;
  4. Extricate trapped persons from wreckage with reasonable care-to avoid injury or aggravating existing injuries;
  5. Warn approaching drivers and detour them with reasonable care past hazardous wreckage or spillage;
  6. Ensure safe handling of spillage or potential spillage of materials that are —
    - a. Radioactive
    - b. Flammable
    - c. Poisonous
    - d. Explosive
    - e. Otherwise hazardous; and
  7. Expeditiously remove wreckage or spillage from roadways or otherwise ensure the resumption of safe, orderly traffic flow.
- C. All rescue and salvage personnel are properly trained and retrained in the latest accident cleanup techniques.
- D. An interoperable communications system is provided, adequately equipped and manned, to provide coordinated efforts in incident detection and the notification, dispatch, and response of appropriate services.

II. The program should be periodically evaluated by the State to

ensure adherence to the principles and concepts of the National Incident Management System using the Federal Highway Administration's Traffic Incident Management State Self-Assessment ([http://ops.fhwa.dot.gov/eto\\_tim\\_pse/preparedness/tim/self.htm](http://ops.fhwa.dot.gov/eto_tim_pse/preparedness/tim/self.htm)). The National Highway Traffic Safety Administration should be provided with an evaluation summary.

#### Highway Safety Program Guideline No. 18

*Motor Vehicle Crash Investigation And Incident Reporting (Formerly Accident Investigation and Reporting)*

Each State should have a highway safety program for the investigation and reporting of all motor vehicle crashes and incidents, and the associated deaths, injuries and reportable property damage that occur within the State.

I. A uniform, comprehensive crash investigation and incident reporting program would provide for gathering information—who, what, when, where, why, and how—on all motor vehicle crashes and incidents, and the associated deaths, injuries, and property damage within the State and entering the information into the traffic records system for use in planning, evaluating, and furthering highway safety program goals.

II. For the purpose of this guideline, the definitions adhere to D16.1-2007, the Manual on Classification of Motor Vehicle Traffic Accidents ([http://downloads.nsc.org/pdf/D16.1\\_Classification\\_Manual.pdf](http://downloads.nsc.org/pdf/D16.1_Classification_Manual.pdf)).

III. A model crash investigation and incident reporting program would be structured as follows:

- A. Administration.
  1. There should be a State agency having primary responsibility for the collection, storing, processing, administration and supervision of crash investigation and incident reporting information and for providing this information upon request to other user agencies.
  2. At all levels of government, there should be adequate staffing (not necessarily limited to law enforcement officers) with the knowledge, skills and ability to conduct crash investigations and incident reporting and to process the collected information.
  3. Procedures should be established to assure coordination, cooperation, and exchange of information among local, State, and Federal agencies having responsibility for the investigation of motor vehicle crashes and incidents, and processing of collected data.
  4. Each State should establish procedures for entering crash



investigation and incident information into the statewide traffic records system (established pursuant to Highway Safety Program Guideline No. 10 Traffic Records) and for assuring uniformity and compatibility of this data with the requirements of the system, including at a minimum:

a. Use of uniform definitions and classifications as denoted in the Model Minimum Uniform Crash Criteria Guideline (MMUCC) (<http://www.mmucc.us>); and

b. A guideline format for input of data into a statewide traffic records system.

B. Crash investigation and incident reporting. Each State should establish procedures that require the reporting of motor vehicle crashes and incidents to the responsible State agency within a reasonable time after the occurrence.

C. Driver reports.

1. In motor vehicle crashes involving only property damage, and where the motor vehicle can be safely driven away from the scene, the drivers of the motor vehicles involved should be required to submit a written report consistent with State reporting requirements, to the responsible State agency. A motor vehicle should be considered capable of being normally and safely driven if it does not require towing and can be operated under its own power, in its customary manner, without further damage or hazard to itself, other traffic elements, or the roadway. Each driver report should include, at a minimum, the following information relating to the crash:

- a. Location.
- b. Date.
- c. Time.
- d. Identification of drivers.
- e. Identification of the owner.
- f. Identification of any pedestrians, passengers, and pedal-cyclists.
- g. Identification of the motor vehicles.
- h. Direction of travel of each motor vehicle involved.
- i. Other property involved.
- j. Environmental conditions existing at the time of the accident.
- k. A narrative description of the events and circumstances leading up to the time of the crash and immediately after the crash.

2. In all other motor vehicle crashes or incidents, the drivers of the motor vehicles involved should be required to immediately notify and report the motor vehicle crash or incident to the nearest law enforcement agency of the jurisdiction in which the motor vehicle crash or incident occurred. This includes, but is not limited to, motor vehicle crashes or incidents involving: (1) Fatal or nonfatal personal injury or (2) damage to the extent that any motor

vehicle involved cannot be driven under its own power, and therefore requires towing.

D. Motor vehicle crash investigation and incident reporting. Each State should establish a plan for motor vehicle crash investigation and incident reporting that meets the following criteria:

1. A law enforcement agency investigation should be conducted of all motor vehicle crashes and incidents identified in section III.C.2. of this guideline. Information collected should be consistent with the law enforcement mission of detecting and apprehending violators of any criminal or traffic statute, regulation or ordinance, and should include, as a minimum, the following:

a. Violation(s), if any occurred, cited by section and subsection, numbers and titles of the State code, that contributed to the motor vehicle crash or incident or for which the driver was arrested or cited.

b. Information supporting each of the elements of the offenses for which the driver was arrested or cited.

c. Information (collected in accordance with the program established under Highway Safety Program Guideline No. 15, Traffic Law Enforcement Services), relating to human, vehicular, and roadway factors causing individual motor vehicle crashes and incidents, injuries, and deaths, including failure to use seat belts.

2. Multidisciplinary motor vehicle crash investigation teams should be established, with representatives from appropriate interest areas, such as law enforcement, prosecutorial, traffic, highway and automotive engineering, medical, behavioral, and social sciences. Data gathered by each member of the investigation team should be consistent with the mission of the member's agency, and should be for the purpose of determining the causes of motor vehicle crashes, injuries, and deaths. These teams should conduct investigations of an appropriate sampling of motor vehicle crashes in which there were one or more of the following conditions:

a. Locations that have a similarity of design, traffic engineering characteristics, or environmental conditions, or that have a significantly large or disproportionate number of crashes.

b. Motor vehicles or motor vehicle parts that are involved in a significantly large or disproportionate number of motor vehicle crashes, or fatal or injury-producing crashes or incidents.

c. Drivers, pedestrians, and motor vehicle occupants of a particular age, sex, or other grouping, who are involved in a significantly large or disproportionate number of fatal or injury producing motor vehicle crashes or incidents.

d. Motor vehicle crashes in which the causation or the resulting injuries and property damage are not readily explainable in terms of conditions or circumstances that prevailed.

e. Other factors that concern State and national emphasis programs.

IV. Evaluation. The program should be evaluated at least annually by the State. The National Highway Traffic Safety Administration should be provided with a copy of the evaluation.

**Authority:** 23 U.S.C. Section 402.

Issued on: June 14, 2012.

**Jeff Michael,**

*Associate Administrator for Research and Program Development.*

[FR Doc. 2012-15011 Filed 6-19-12; 8:45 am]

BILLING CODE 4910-59-P

## DEPARTMENT OF THE TREASURY

### Internal Revenue Service

#### Proposed Collection; Comment Request for Form 8038-CP

**AGENCY:** Internal Revenue Service (IRS), Treasury.

**ACTION:** Notice and request for comments.

**SUMMARY:** The Department of the Treasury, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)). Currently, the IRS is soliciting comments concerning Form 8038-CP, Return for Credit Payments to Issuers of Qualified Bonds.

**DATES:** Written comments should be received on or before August 20, 2012 to be assured of consideration.

**ADDRESSES:** Direct all written comments to Yvette Lawrence, Internal Revenue Service, Room 6129, 1111 Constitution Avenue NW., Washington, DC 20224.

**FOR FURTHER INFORMATION CONTACT:** Requests for additional information or copies of the form and instructions should be directed to R. Joseph Durbala, (202) 622-3634, at Internal Revenue Service, Room 6129, 1111 Constitution Avenue NW., Washington, DC 20224, or

**Appendix C:**  
**Project Structure and List of Stakeholders**

# Mature Drivers Project Structure

## Executive Oversight

Rick Holcomb (DMV)  
Pam Goheen (DMV)  
Karen Grim (DMV)  
Ellen Marie Hess (DMV)  
Robert Irving (DMV)  
John Saunders (DMV)  
Matt Wells (DMV)

Dr. Jon Antin (Virginia Tech Transportation Institute)  
Dr. Edward Ansello (Virginia Center on Aging at VCU)  
Christopher Arabia (Virginia Dept. of Rail & Public Transportation)  
Dr. Nancy Brossoie (Virginia Tech – Center for Gerontology)  
Dr. Elizabeth Carter (Department of Health Professions)  
Maj. George L. Daniels, Jr. (Virginia State Police)  
Dr. William Gormley (Virginia Department of Health)  
Ray Khoury (Virginia Department of Transportation)  
James Rothrock (Virginia Department for Aging & Rehab Services)  
Janet Westbrook (Office of the Attorney General)

## DMV Team

Janet Smoot (Project Manager)  
Jacquelin Branche (Driver Services)  
Andrew D'Amato (Legislative Services Intern)  
Kathleen Furr (Customer Service)  
Barbara Klotz (Legislative Services)  
Brenda Scaife (Customer Service)  
Melissa Velazquez (Legislative Services)

Greg Cavalli (Business/Analytical Services)  
Charlie Cox (Legal Services Intern)  
Millicent Ford (Driver Services)  
Taya Jarman (Communications)  
Lori Rice (Highway Safety)  
Rushawna Senior (Business/Analytical Services)  
Robert White (Business/Analytical Services)

## Stakeholders

Christopher Arabia (VA Dept. of Rail and Public Transportation)  
Janet Brooking (DriveSmart)  
Bud Cox (Virginia State Police)  
Dr. Susan DiGiovanni (DMV Medical Advisory Board)  
Penny Eissenberg (HealthSouth Rehabilitation Hospital)  
Lt. Dan Glick (Virginia State Police)  
Adrienne Johnson (SeniorNavigator)  
Joe Lerch (VA Municipal League)  
Martha Meade (American Automobile Association)  
Bryan Morrell (Advocate for Highway Safety)  
Stephanie Morton (Department of Criminal Justice Services)  
Stephen Read (VA Department of Transportation)  
Ginger Thompson (AARP Virginia)

Heather Board (VA Dept. of Health)  
Dr. Elizabeth Carter (Department of Health Professions)  
David DeBiasi (AARP Virginia)  
Sheriff Steve Draper (VA Sheriffs Association)  
Sgt. George Evans (VA Association of Chiefs of Police)  
Vicki Harris (State Farm Insurance)  
J. Christopher LaGow (Insurance Industry)  
Nancy Lo (VA Dept for Aging and Rehab Services)  
Kathy Miller (VA Dept for Aging and Rehab Services)  
Dave Morrell (Advocate for Highway Safety)  
Dr. Hamid Okhravi (Glennan Center for Geriatrics and Gerontology)  
Dr. Holly Stanley (Bon Secours Virginia)  
Dr. Bert Waters (Virginia Center on Aging at VCU)

**Driver  
Licensing  
Committee**

**Medical  
Review  
Committee**

**Outreach  
and  
Education  
Committee**



## *Executive Oversight Team*

**Richard Holcomb**  
Commissioner  
Department of Motor Vehicles

**Dr. Jon Antin**  
Director, Center for Vulnerable Road Use  
Virginia Tech Transportation Institute

**Dr. Edward Ansello**  
Virginia Center on Aging at VCU

**Christopher Arabia**  
Manager of Mobility Programs  
Virginia Department of Rail and Public Transportation

**Dr. Nancy Brossoie**  
Senior Research Associate  
Virginia Tech Center for Gerontology

**Elizabeth Carter**  
Executive Director  
Virginia Board of Health Professions

**Maj. George L. Daniels, Jr.**  
Virginia State Police

**Dr. William Gormley**  
Acting Chief Medical Examiner  
Virginia Department of Health

**Pam Goheen**  
Assistant Commissioner for Communications  
Department of Motor Vehicles

**Karen Grim**  
Assistant Commissioner for Driver, Vehicle & Data  
Management Services  
Department of Motor Vehicles

**Ellen Marie Hess**  
Assistant Commissioner for Government Affairs  
Department of Motor Vehicles

**Robert Irving**  
Assistant Commissioner for Customer Services  
Department of Motor Vehicles

**Ray Khoury**  
State Traffic Engineer  
Virginia Department of Transportation

**James Rothrock**  
Commissioner  
Virginia Department for Aging and Rehabilitative Services

**John Saunders**  
Director of Highway Safety  
Department of Motor Vehicles

**Matt Wells**  
Legislative Services  
Department of Motor Vehicles

**Janet Westbrook**  
Assistant Attorney General  
Office of the Attorney General

## *Project Staff*

**Janet Smoot**  
Department of Motor Vehicles  
Project Coordinator

**Jacquelin Branche**  
Department of Motor Vehicles

**Gregory Cavalli**  
Department of Motor Vehicles

**Charles Cox**  
Department of Motor Vehicles

**Andrew D'Amato**  
Department of Motor Vehicles

**Millicent Ford**  
Department of Motor Vehicles

**Kathleen Furr**  
Department of Motor Vehicles

**Pam Goheen**  
Department of Motor Vehicles

**Taya Jarman**  
Department of Motor Vehicles

**Barbara Klotz**  
Department of Motor Vehicles

**Lori Rice**  
Department of Motor Vehicles

**Brenda Scaife**  
Department of Motor Vehicles

**Rushawna Senior**  
Department of Motor Vehicles

**Melissa Velazquez**  
Department of Motor Vehicles

**Robert White**  
Department of Motor Vehicles

### *Stakeholders and Other Participants*

**Heather Board**  
Virginia Dept of Health

**Janet Brooking**  
DriveSmart

**Dr. Elizabeth Carter**  
Virginia Board of Health Professions

**Dr. Daniel J. Cox**  
University of Virginia Health Systems

**Bud Cox**  
Virginia State Police

**David DeBiasi**  
AARP Virginia

**Dr. Susan DiGiovanni**  
Department of Motor Vehicles Medical  
Advisory Board

**Sheriff Steve Draper**  
City of Martinsville, Virginia Sheriff's  
Association

**Penny Eissenberg**  
HealthSouth Rehabilitation Hospital

**Sgt. George Evans**  
Newport News Police Department, Virginia  
Association of Chiefs of Police

**Lt. Dan Glick**  
Virginia State Police

**Vicki Harris**  
State Farm Insurance

**Adrienne Johnson**  
SeniorNavigator

**Jack Joyce**  
Transanalytics

**J. Christopher Lagow**  
Insurance Industry

**Joe Lerch**  
Virginia Municipal League

**Nancy Lo**  
Virginia Department for Aging and Rehab  
Services

**Martha Meade**  
American Automobile Association

**Kathy Miller**  
Virginia Department for Aging and  
Rehabilitative Services

**Matt Moncrief**  
University of Virginia Health System

**Bryan Morrell**  
Advocate for Highway Safety

**Dave Morrell**  
Advocate for Highway Safety

**Stephanie Morton**  
Virginia Department of Criminal Justice  
Services

**Dr. Hamid Okhravi**  
Glennan Center for Geriatrics and  
Gerontology

**Stephen Read**  
Virginia Department of Transportation

**Kathy Sifrit**  
National Highway Traffic Safety  
Administration

**Dr. Holly Stanley**  
Bon Secours Virginia

**Dr. Loren Staplin**  
Transanalytics

**Ginger Thompson**  
AARP Virginia

**Ava Wagner**  
AARP Virginia

**Esther Wagner**  
National Highway Traffic Safety  
Administration

**Dr. Bert Waters**  
Virginia Center on Aging at VCU

**Appendix D:**  
**Police Crash Report Sample**



Revised Report

Police Crash Report

Page of

CRASH section containing fields for GPS coordinates, crash date, location, landmarks, and vehicle count.

DRIVER section for the first vehicle, including driver name, address, license, and injury details.

DRIVER section for the second vehicle, including driver name, address, license, and injury details.

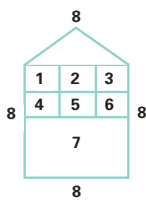
VEHICLE section for the first vehicle, including owner name, address, year, make, model, and VIN.

VEHICLE section for the second vehicle, including owner name, address, year, make, model, and VIN.

PASSENGER section for the first vehicle, including names, positions, and injury details for multiple passengers.

PASSENGER section for the second vehicle, including names, positions, and injury details for multiple passengers.

Codes



POSITION IN/ON VEHICLE

- 1. Driver
2-6. Passengers
7. Cargo Area
8. Riding/Hanging On Outside
9-98. All Other Passengers

SAFETY EQUIPMENT USED

- 1. Lap Belt Only
2. Shoulder Belt Only
3. Lap and Shoulder Belt
4. Child Restraint
5. Helmet
6. Other
7. Booster Seat
8. No Restraint Used
9. Not Applicable

AIRBAG

- 1. Deployed - Front
2. Not Deployed
3. Unavailable/Not Applicable
4. Keyed Off
5. Unknown
6. Deployed - Side
7. Deployed - Other (Knee, Air Belt, etc.)
8. Deployed - Combination

EJECTED FROM VEHICLE

- 1. Not Ejected
2. Partially Ejected
3. Totally Ejected

INJURY TYPE

- 1. Dead
2. Serious Injury
3. Minor/Possible Injury
4. No Apparent Injury
6. No Injury (driver only)

SUMMONS ISSUED AS A RESULT OF CRASH

- 1. Yes
2. No
3. Pending

Investigating Officer, Badge/Code Number, Agency/Department Name and Code, Reviewing Officer, Report File Date





# Police Crash Report

## Revised Report

<b>CRASH</b>		Crash Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		MILITARY Time (24 hr clock) <input type="text"/>	County of Crash <input type="text"/>	<input type="radio"/> City of <input type="radio"/> Town of	Local Case Number <input type="text"/>
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### CRASH INFORMATION

**Location of First Harmful Event in Relation to Roadway** C1

- 1. On Roadway
- 2. Shoulder
- 3. Median
- 4. Roadside
- 5. Gore
- 6. Separator
- 7. In Parking Lane or Zone
- 8. Off Roadway, Location Unknown
- 9. Outside Right-of-Way

**Weather Condition** C2

- 1. No Adverse Condition (Clear/Cloudy)
- 3. Fog
- 4. Mist
- 5. Rain
- 6. Snow
- 7. Sleet/Hail
- 8. Smoke/Dust
- 9. Other
- 10. Blowing Sand, Soil, Dirt, or Snow
- 11. Severe Crosswinds

**Light Conditions** C3

- 1. Dawn
- 2. Daylight
- 3. Dusk
- 4. Darkness – Road Lighted
- 5. Darkness – Road Not Lighted
- 6. Darkness – Unknown Road Lighting
- 7. Unknown

**Traffic Control Device** C4

- 1. Yes – Working
- 2. Yes – Working and Obscured
- 3. Yes – Not Working
- 4. Yes – Not Working and Obscured
- 5. Yes – Missing
- 6. No Traffic Control Device Present

**Traffic Control Type** C5

- 1. No Traffic Control
- 2. Officer or Flagger
- 3. Traffic Signal
- 4. Stop Sign
- 5. Slow or Warning Sign
- 6. Traffic Lanes Marked
- 7. No Passing Lines
- 8. Yield Sign
- 9. One Way Road or Street
- 10. Railroad Crossing With Markings and Signs
- 11. Railroad Crossing With Signals
- 12. Railroad Crossing With Gate and Signals
- 13. Other
- 14. Pedestrian Crosswalk
- 15. Reduced Speed – School Zone
- 16. Reduced Speed – Work Zone
- 17. Highway Safety Corridor

**Roadway Alignment** C6

- 1. Straight – Level
- 2. Curve – Level
- 3. Grade – Straight
- 4. Grade – Curve
- 5. Hillcrest – Straight
- 6. Hillcrest – Curve
- 7. Dip – Straight
- 8. Dip – Curve
- 9. Other
- 10. On/Off Ramp

**Roadway Surface Condition** C7

- 1. Dry
- 2. Wet
- 3. Snowy
- 4. Icy
- 5. Muddy
- 6. Oil/Other Fluids
- 7. Other
- 8. Natural Debris
- 9. Water (Standing, Moving)
- 10. Slush
- 11. Sand, Dirt, Gravel

**Roadway Surface Type** C8

- 1. Concrete
- 2. Blacktop, Asphalt, Bituminous
- 3. Brick or Block
- 4. Slag, Gravel, Stone
- 5. Dirt
- 6. Other

**Roadway Description** C9

- 1. Two-Way, Not Divided
- 2. Two-Way, Divided, Unprotected Median
- 3. Two-Way, Divided, Positive Median Barrier
- 4. One-Way, Not Divided
- 5. Unknown

**Roadway Defects** C10

- 1. No Defects
- 2. Holes, Ruts, Bumps
- 3. Soft or Low Shoulder
- 4. Under Repair
- 5. Loose Material
- 6. Restricted Width
- 7. Slick Pavement
- 8. Roadway Obstructed
- 9. Other
- 10. Edge Pavement Drop Off

**Relation to Roadway** C11

**Interchange Area:**

- 1. Main-Line Roadway
- 2. Acceleration/Deceleration Lanes
- 3. Gore Area (Between Ramp and Highway Edgelines)
- 4. Collector/Distributor Road
- 5. On Entrance/Exit Ramp
- 6. Intersection at end of Ramp
- 7. Other location not listed above within an interchange area (median, shoulder and roadside)

**Intersection Area:**

- 8. Non-Intersection
- 9. Within Intersection
- 10. Intersection-Related - Within 150'
- 11. Intersection-Related - Outside 150'

**Other Location:**

- 12. Crossover Related
- 13. Driveway, Alley-Access - Related
- 14. Railway Grade Crossing
- 15. Other Crossing (Crossings for Bikes, School, etc.)

**Intersection Type** C12

- 1. Not at Intersection
- 2. Two Approaches
- 3. Three Approaches
- 4. Four Approaches
- 5. Five-Point, or more
- 6. Roundabout

**Work Zone** C13

- 1. Yes
- 2. No

**Work Zone Workers Present** C14

- 1. With Law Enforcement
- 2. With No Law Enforcement
- 3. No Workers Present

**Work Zone Location** C15

- 1. Advance Warning Area
- 2. Transition Area
- 3. Activity Area
- 4. Termination Area

**Work Zone Type** C16

- 1. Lane Closure
- 2. Lane Shift/Crossover
- 3. Work on Shoulder or Median
- 4. Intermittent or Moving Work
- 5. Other

**School Zone** C17

- 1. Yes
- 2. Yes - With School Activity
- 3. No

**Type of Collision** C18

- 1. Rear End
- 2. Angle
- 3. Head On
- 4. Sideswipe – Same Direction
- 5. Sideswipe – Opposite Direction
- 6. Fixed Object in Road
- 7. Train
- 8. Non-Collision
- 9. Fixed Object – Off Road
- 10. Deer
- 11. Other Animal
- 12. Pedestrian
- 13. Bicyclist
- 14. Motorcyclist
- 15. Backed Into
- 16. Other



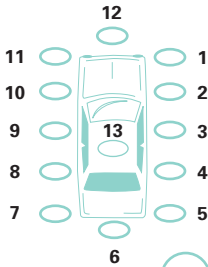
# Police Crash Report

## Revised Report

<b>CRASH</b>		Crash <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY		MILITARY Time (24 hr clock) <input type="text"/>	County of Crash <input type="text"/>	<input type="checkbox"/> City of	Local Case Number <input type="text"/>
Date <input type="text"/>						<input type="checkbox"/> Town of	

### VEHICLE #

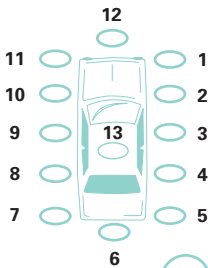
Fill In Impact Area(s).  
Initial Impact.



Veh Dir of Travel - N/S/E/W

### VEHICLE #

Fill In Impact Area(s).  
Initial Impact.

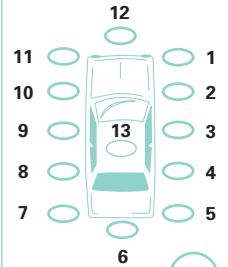


Veh Dir of Travel - N/S/E/W

## CRASH DIAGRAM

### VEHICLE #

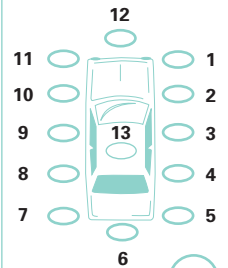
Fill In Impact Area(s).  
Initial Impact.



Veh Dir of Travel - N/S/E/W

### VEHICLE #

Fill In Impact Area(s).  
Initial Impact.



Veh Dir of Travel - N/S/E/W

Indicate North by Arrow

## DAMAGE TO PROPERTY OTHER THAN VEHICLES

Approx. Repair Cost <input type="text"/>	Object Struck (Tree, Fence, etc.) <input type="text"/>	Property Owners Name (Last, First, Middle) <input type="text"/>	Address (Street and Number) <input type="text"/>	VDOT Property <input type="checkbox"/> Yes <input type="checkbox"/> No
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## CRASH DESCRIPTION

## CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First Harmful Event of Entire Crash that Results in First Injury or Damage.

### COLLISION WITH FIXED OBJECT

- 1. Bank Or Ledge
- 2. Trees
- 3. Utility Pole
- 4. Fence Or Post
- 5. Guard Rail
- 6. Parked Vehicle
- 7. Tunnel, Bridge, Underpass, Culvert, etc.
- 8. Sign, Traffic Signal
- 9. Impact Cushioning Device
- 10. Other
- 11. Jersey Wall
- 12. Building/Structure
- 13. Curb
- 14. Ditch
- 15. Other Fixed Object
- 16. Other Traffic Barrier
- 17. Traffic Sign Support
- 18. Mailbox

### COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT

- 19. Pedestrian
- 20. Motor Vehicle In Transport
- 21. Train
- 22. Bicycle
- 23. Animal
- 24. Work Zone
- 25. Other Movable Object
- 26. Unknown Movable Object
- 27. Other
- 28. Ran Off Road
- 29. Jack Knife
- 30. Overturn (Rollover)
- 31. Downhill Runaway
- 32. Cargo Loss or Shift
- 33. Explosion or Fire
- 34. Separation of Units

### NON-COLLISION

- 35. Cross Median
- 36. Cross Centerline
- 37. Equipment Failure (Tire, etc)
- 38. Immersion
- 39. Fell/Jumped From Vehicle
- 40. Thrown or Falling Object
- 41. Non-Collision Unknown
- 42. Other Non-Collision



# Police Crash Report

Revised Report

## CRASH

Crash Date MM DD YYYY	MILITARY Time (24 hr clock)	County of Crash	<input type="radio"/> City of <input type="radio"/> Town of	Local Case Number
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### COMMERCIAL MOTOR VEHICLE SECTION

This form is being completed because the vehicle is:

- A Truck or Truck Combination Rating Greater Than 10,000 lbs. (GVWR/GCWR)       Any Motor Vehicle That Seats 9 or More People, Including the Driver       A Vehicle of Any Type with a Hazardous Materials Placard Regardless of Weight

AND The crash resulted in:

- A fatality: any person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash      OR      An injury: any person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene      OR      A tow-away: any motor vehicle (truck, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle

### VEHICLE #

Vehicle Configuration V10	Cargo Body Type V11	License Class P8	Commercial Endorsement P9
<input type="radio"/> 1. Passenger Car (Only if Vehicle Has Hazardous Materials Placard) <input type="radio"/> 2. Light Truck (Only if Vehicle Has Hazardous Materials Placard) <input type="radio"/> 3. Bus (Seats 9-15 People, Including Driver) <input type="radio"/> 4. Bus (Seats for 16 People or More, Including Driver) <input type="radio"/> 5. Single Unit Truck (2 Axles, 6 Tires) <input type="radio"/> 6. Single Unit Truck (3 or More Axles) <input type="radio"/> 7. Truck Trailer(s) [Single-Unit Truck Pulling Trailer(s)] <input type="radio"/> 8. Truck Tractor (Bobtail) <input type="radio"/> 9. Tractor/Semi-trailer (One Trailer) <input type="radio"/> 10. Tractor/Doubles (Two Trailers) <input type="radio"/> 11. Other Truck Greater Than 10,000 lbs. (Not Listed Above)	<input type="radio"/> 1. Bus (Seats 9-15 People, Including Driver) <input type="radio"/> 2. Bus (Seats For 16 People or More, Including Driver) <input type="radio"/> 3. Van/Enclosed Box <input type="radio"/> 4. Cargo Tank <input type="radio"/> 5. Flatbed <input type="radio"/> 6. Dump <input type="radio"/> 7. Concrete Mixer <input type="radio"/> 8. Auto Transporter <input type="radio"/> 9. Garbage/Refuse <input type="radio"/> 10. Grain/Chips/Gravel <input type="radio"/> 11. Pole-Trailer <input type="radio"/> 12. Vehicle Towing Another Motor Vehicle <input type="radio"/> 13. Intermodal Container Chassis <input type="radio"/> 14. Logging <input type="radio"/> 15. Other Cargo Body (Not Listed Above) <input type="radio"/> 16. Not Applicable/ No Cargo Body	<input type="radio"/> Class A <input type="radio"/> Class B <input type="radio"/> Class C <input type="radio"/> Class DRL (regular drivers license) <input type="radio"/> Class M	<input type="radio"/> T-Double Trailer <input type="radio"/> P-Passenger Vehicle <input type="radio"/> N-Tank Vehicle <input type="radio"/> H-Required To Be Placarded for Hazardous Materials <input type="radio"/> X-Combined Tank/HAZMAT <input type="radio"/> 0-Other
		GVWR/GCWR V12	<input type="radio"/> 1. 10,000 lbs. or Less <input type="radio"/> 2. 10,001-26,000 lbs. <input type="radio"/> 3. Greater Than 26,000 lbs.

### Hazardous Material

Hazardous Material Placard:  Y  N

HM 4-Digit	HM Placard Name	HM Class	HM Cargo Present <input type="radio"/> Y <input type="radio"/> N	HM Cargo Released <input type="radio"/> Y <input type="radio"/> N
------------	-----------------	----------	--	---

### Carrier Identification

Commercial Motor Carrier Name	Address (P.O. Box if No Street Address)		
Carrier's ID Number US DOT#	State (Intrastate Only)	City	State Zip

### Commercial/Non-Commercial V13

1. Interstate Carrier  
 2. Intrastate Carrier  
 3. Not in Commerce-Government (Trucks and Buses)  
 4. Not in Commerce-Other Truck (Over 10,000 lbs.)

### VEHICLE #

Vehicle Configuration V10	Cargo Body Type V11	License Class P8	Commercial Endorsement P9
<input type="radio"/> 1. Passenger Car (Only if Vehicle Has Hazardous Materials Placard) <input type="radio"/> 2. Light Truck (Only if Vehicle Has Hazardous Materials Placard) <input type="radio"/> 3. Bus (Seats 9-15 People, Including Driver) <input type="radio"/> 4. Bus (Seats for 16 People or More, Including Driver) <input type="radio"/> 5. Single Unit Truck (2 Axles, 6 Tires) <input type="radio"/> 6. Single Unit Truck (3 or More Axles) <input type="radio"/> 7. Truck Trailer(s) [Single-Unit Truck Pulling Trailer(s)] <input type="radio"/> 8. Truck Tractor (Bobtail) <input type="radio"/> 9. Tractor/Semi-trailer (One Trailer) <input type="radio"/> 10. Tractor/Doubles (Two Trailers) <input type="radio"/> 11. Other Truck Greater Than 10,000 lbs. (Not Listed Above)	<input type="radio"/> 1. Bus (Seats 9-15 People, Including Driver) <input type="radio"/> 2. Bus (Seats For 16 People or More, Including Driver) <input type="radio"/> 3. Van/Enclosed Box <input type="radio"/> 4. Cargo Tank <input type="radio"/> 5. Flatbed <input type="radio"/> 6. Dump <input type="radio"/> 7. Concrete Mixer <input type="radio"/> 8. Auto Transporter <input type="radio"/> 9. Garbage/Refuse <input type="radio"/> 10. Grain/Chips/Gravel <input type="radio"/> 11. Pole-Trailer <input type="radio"/> 12. Vehicle Towing Another Motor Vehicle <input type="radio"/> 13. Intermodal Container Chassis <input type="radio"/> 14. Logging <input type="radio"/> 15. Other Cargo Body (Not Listed Above) <input type="radio"/> 16. Not Applicable/ No Cargo Body	<input type="radio"/> Class A <input type="radio"/> Class B <input type="radio"/> Class C <input type="radio"/> Class DRL (regular drivers license) <input type="radio"/> Class M	<input type="radio"/> T-Double Trailer <input type="radio"/> P-Passenger Vehicle <input type="radio"/> N-Tank Vehicle <input type="radio"/> H-Required To Be Placarded for Hazardous Materials <input type="radio"/> X-Combined Tank/HAZMAT <input type="radio"/> 0-Other
		GVWR/GCWR V12	<input type="radio"/> 1. 10,000 lbs. or Less <input type="radio"/> 2. 10,001-26,000 lbs. <input type="radio"/> 3. Greater Than 26,000 lbs.

### Hazardous Material

Hazardous Material Placard:  Y  N

HM 4-Digit	HM Placard Name	HM Class	HM Cargo Present <input type="radio"/> Y <input type="radio"/> N	HM Cargo Released <input type="radio"/> Y <input type="radio"/> N
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### Carrier Identification

Commercial Motor Carrier Name	Address (P.O. Box if No Street Address)		
Carrier's ID Number US DOT#	State (Intrastate Only)	City	State Zip

### Commercial/Non-Commercial V13

1. Interstate Carrier  
 2. Intrastate Carrier  
 3. Not in Commerce-Government (Trucks and Buses)  
 4. Not in Commerce-Other Truck (Over 10,000 lbs.)





# Police Crash Report

## Revised Report

### CRASH

Crash Date	MM DD YYYY	MILITARY Time (24 hr clock)	County of Crash	<input type="radio"/> City of	<input type="radio"/> Town of	Local Case Number
------------	------------	-----------------------------	-----------------	-------------------------------	-------------------------------	-------------------

### PEDESTRIAN #

Name of Injured (Last, First, Middle)						
Address (Street and Number)						
City			State	ZIP		
Driver's License #				State		
Gender	EMS Transport	Injury Type	Birthdate	Date of Death		
<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N		MM DD YYYY	MM DD YYYY		

### PEDESTRIAN #

Name of Injured (Last, First, Middle)						
Address (Street and Number)						
City			State	ZIP		
Driver's License #				State		
Gender	EMS Transport	Injury Type	Birthdate	Date of Death		
<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N		MM DD YYYY	MM DD YYYY		

Ped #	Ped #	Ped #	Ped #
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N/A		N/A		<b>Pedestrian Actions</b>		P10	
<input type="radio"/>	<input type="radio"/>	1. Crossing At Intersection With Signal	<input type="radio"/>	<input type="radio"/>	11. Hitching On Vehicle	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2. Crossing At Intersection Against Signal	<input type="radio"/>	<input type="radio"/>	12. Walking In Roadway With Traffic – Sidewalks Available	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	3. Crossing At Intersection No Signal	<input type="radio"/>	<input type="radio"/>	13. Walking In Roadway With Traffic – Sidewalks Not Available	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	4. Crossing At Intersection Diagonally	<input type="radio"/>	<input type="radio"/>	14. Walking In Roadway Against Traffic – Sidewalks Available	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5. Crossing Not At Intersection – Rural	<input type="radio"/>	<input type="radio"/>	15. Walking In Roadway Against Traffic – Side Walks Not Available	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	6. Crossing Not At Intersection – Urban	<input type="radio"/>	<input type="radio"/>	16. Working In Roadway	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	7. Coming From Behind Parked Cars	<input type="radio"/>	<input type="radio"/>	17. Standing In Roadway	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	8. Getting Off Or On School Bus	<input type="radio"/>	<input type="radio"/>	18. Lying In Roadway	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	9. Playing In Roadway	<input type="radio"/>	<input type="radio"/>	19. Not In Roadway	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	10. Getting Off Or On Another Vehicle	<input type="radio"/>	<input type="radio"/>	20. Other	<input type="radio"/>	<input type="radio"/>

Ped #	Ped #	Ped #	Ped #
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N/A		N/A		<b>Pedestrian Drinking</b>		P11	
<input type="radio"/>	<input type="radio"/>	1. Had Not Been Drinking	<input type="radio"/>	<input type="radio"/>	Method of Alcohol Determination by Police	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2. Drinking-Obviously Drunk	<input type="radio"/>	<input type="radio"/>	1. Blood	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	3. Drinking -Ability Impaired	<input type="radio"/>	<input type="radio"/>	2. Breath	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	4. Drinking -Ability Not Impaired	<input type="radio"/>	<input type="radio"/>	3. Refused	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5. Drinking -Not Known Whether Impaired	<input type="radio"/>	<input type="radio"/>	4. No Test	<input type="radio"/>	<input type="radio"/>

N/A		N/A		<b>Condition of Pedestrian Contributing to the Crash</b>		P12	
-----	--	-----	--	--	--	-----	--

<input type="radio"/>	<input type="radio"/>	1. No Defects	<input type="radio"/>	<input type="radio"/>	Method of Alcohol Determination by Police	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2. Eyesight Defective	<input type="radio"/>	<input type="radio"/>	1. Yes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	3. Hearing Defective	<input type="radio"/>	<input type="radio"/>	2. No	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	4. Other Body Defects	<input type="radio"/>	<input type="radio"/>	3. Unknown	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5. Illness	<input type="radio"/>	<input type="radio"/>	<b>Pedestrian Drug Use</b> P14		
<input type="radio"/>	<input type="radio"/>	6. Fatigued	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Yes
<input type="radio"/>	<input type="radio"/>	7. Apparently Asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. No
<input type="radio"/>	<input type="radio"/>	8. Other	<input type="radio"/>	<input type="radio"/>	<b>Pedestrian Wear Reflective Clothing</b> P15		
<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Yes
<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. No

Use sections below for additional passengers.

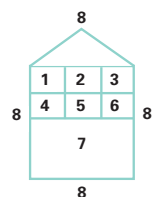
### VEHICLE #

<b>PASSENGER</b> (only if injured or killed)						
Name of Injured (Last, First, Middle)			EMS Transport	Date of Death		
			<input type="radio"/> Y <input type="radio"/> N	MM	DD	YY
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender
					MM DD YYYY	<input type="radio"/> M <input type="radio"/> F

### VEHICLE #

<b>PASSENGER</b> (only if injured or killed)						
Name of Injured (Last, First, Middle)			EMS Transport	Date of Death		
			<input type="radio"/> Y <input type="radio"/> N	MM	DD	YY
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender
					MM DD YYYY	<input type="radio"/> M <input type="radio"/> F

### Codes



- POSITION IN/ON VEHICLE**
1. Driver
  - 2-6. Passengers
  7. Cargo Area
  8. Riding/Hanging On Outside
  - 9-98. All Other Passengers

- SAFETY EQUIPMENT USED**
1. Lap Belt Only
  2. Shoulder Belt Only
  3. Lap and Shoulder Belt
  4. Child Restraint
  5. Helmet
  6. Other
  7. Booster Seat
  8. No Restraint Used
  9. Not Applicable

- AIRBAG**
1. Deployed – Front
  2. Not Deployed
  3. Unavailable/Not Applicable
  4. Keyed Off
  5. Unknown
  6. Deployed – Side
  7. Deployed – Other (Knee, Air Belt, etc.)
  8. Deployed – Combination

- EJECTED FROM VEHICLE**
1. Not Ejected
  2. Partially Ejected
  3. Totally Ejected

### SUMMONS ISSUED AS A RESULT OF CRASH

1. Yes
2. No
3. Pending

- INJURY TYPE**
1. Dead
  2. Serious Injury
  3. Minor/Possible Injury
  4. No Apparent Injury

**Appendix E:**  
**State Survey Results**

## Survey of License Renewal Practices

State	License renewal by mail, telephone, or online	Standard Renewal Cycle	Mature Renewal Cycle	Age	Special Renewal Requirements for Mature Drivers
	32 States	Average 5.8 years	Average 4.6 years	19 States, Average Age 71.1, Average Renewal Cycle 3.4 years	25 States have special requirements
VA	Yes	8 years	Same		80 or older in person renewal and vision screen or report
DC	Yes	8 years	Same		70 or older a doctor must sign off on renewal application
DE	No	8 years	Same		None
KY	No	4 years	Same		None
MD	Yes	8 years	Same		None
NC	No	8 years	5 years	67	None
TN	Yes	5 years	Same		None
WV	No	5 years	Same		Yes
AK	Yes	5 years	Same		69 or older renew in person
AL	No	4 years	Same		None
AR	No	4 years	Same		None
AZ	No	65th Birthday	5 years	65	65 or older renew in person and vision screening
CA	Yes	5 years	Same		70 or older renew in person and take knowledge test
CO	Yes	5 years	Same		Every other renewal period must be done in a driver's license office. Drivers with vision report may renew by mail
CT	No	6 years	2 years	65	None
FL	Yes	8 years	6 years	80	80 or older must submit vision report prior to renewing
GA	Yes	8 years	5 years	60	Yes
HI	Yes limited to 2 consecutive renewals	8 years	2 years	72	None
IA	No	5 years	2 years	70	70 or older renew in person
ID	Yes	8 years	4 years	63	70 or older renew in person
IL	Yes	4 years	2 years, 1 year	81, 87	75 or older renew in person and take road test
IN	Yes every other renewal	6 years	3 years, 2 years	75, 85	75 or older renew in person
KS	No	6 years	4 years	65	None
LA	Yes every other renewal	4 years	No		70 and older renew in person and take vision test
MA	Yes	5 years	Same		75 or older must renew in person
ME	Yes	6 years	4 years	65	62 or older require vision screening
MI	Yes	4 years	Same		None
MN	No	4 years	Same		None

## Survey of License Renewal Practices

State	License renewal by mail, telephone, or online	Standard Renewal Cycle	Mature Renewal Cycle	Age	Special Renewal Requirements for Mature Drivers
MO	No	6 years	3 years	70	None
MS	Yes	8 years	Same		70 or older renew in person
MT	No	8 years	4 years	75	License expires on the 75th birthday
ND	No	6 years	4 years	78	None
NE	Yes	5 years	Same		72 or older renew in person
NH	Yes every other renewal	5 years	Same		None
NJ	Yes	4 years	Same		None
NM	Yes	8 years	1 year	75	75 and older are renew in person
NV	Yes every other renewal	4 years	Same		None
NY	Yes	8 years	Same		None
OH	No	4 years	Same		None
OK	No	4 years	Same		None
OR	No	8 years	Same		50 or older require vision screening
PA	Yes	4 years	Same		45 or older re-exam program
RI	Yes 2 year license every other renewal	5 years	2 years	75	Yes
SC	Yes for 5 year license every other renewal	10 years	5 years	65	None
SD	Yes	5 years	Same		None
TX	Yes	6 years	2 years	85	79 or older renew in person
UT	No	5 years	Same		None
VT	Yes	4 years	Same		None
WA	Yes	6 years	Same		70 or older renew in person
WI	No	8 years	Same		None
WY	Yes every other renewal	4 years	Same		None
BC	No	5 years	Same		80 or older medical reports required every 2 years
QC	No	4 years	Same		Medical review at 75, 80 and every two years thereafter

## **Appendix F:**

**Medical Report Form (Med 2) and the Medical Review Request Form (Med 3)**



## CUSTOMER MEDICAL REPORT

**Purpose:** Use this form to request medical information from your physician, physician assistant or nurse practitioner.

**Instructions:** Follow the detailed INSTRUCTIONS printed on page 2. Complete the Customer Information and Information Release Approval sections on this page. Take the entire MED 2 and DMV letter to your physician, physician assistant or nurse practitioner to complete the sections that pertain to your medical condition. Part F must be completed by your physician, physician assistant or nurse practitioner. Note: Any charges related to or incurred as part of the completion of this form are the customer's responsibility.

CUSTOMER INFORMATION					
NAME (Last)	(First)	(MI)	(Suffix)	CUSTOMER NUMBER (from your driver's license) or SSN	
RESIDENCE/HOME ADDRESS				<input type="checkbox"/> Check if this is a new address, your address will be changed on DMV's system.	
CITY	STATE	ZIP CODE		CITY OR COUNTY OF RESIDENCE	
MAILING ADDRESS (if different from above)					
CITY			STATE	ZIP CODE	DAYTIME TELEPHONE NUMBER
BIRTH DATE (mm/dd/yyyy)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		WEIGHT lbs	HEIGHT FT    IN	
Describe, in detail, your medical condition.					
Do you take prescription/non-prescription medications? <input type="checkbox"/> YES <input type="checkbox"/> NO    If Yes, list below. (attach a separate sheet if more space is required)					
NON-PRESCRIPTION MEDICATION	DOSAGE	TIME(S) TAKEN	PRESCRIPTION MEDICATION	DOSAGE	TIME(S) TAKEN
Have you ever experienced a blackout, seizure, loss of consciousness, or syncope? <input type="checkbox"/> YES <input type="checkbox"/> NO    If Yes, enter date of last episode.			DATE (mm/dd/yyyy)	Did the episode result in a motor vehicle crash? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Explain what happened during the episode.					

### COMMERCIAL DRIVER LICENSE DISABILITY WAIVER OR HAZARDOUS MATERIALS VARIANCE

Are you applying for a commercial driver license disability waiver or a hazardous materials variance?     YES     NO  
If YES, a CDL Disability Waiver or Hazardous Materials Variance Application (MED 30) must also be submitted.

### INFORMATION RELEASE APPROVAL

I authorize \_\_\_\_\_ and/or \_\_\_\_\_ a licensed medical provider to complete this Customer Medical Report, submit it to DMV and, if necessary to provide further clarification or information to DMV about my physical and/or mental condition. I consent to DMV using this information to arrive at a decision concerning my ability to safely operate a motor vehicle. I also authorize DMV to use the above customer information to correctly identify my records on file in accordance with the Virginia Privacy Protection Act of 1976. I understand that Virginia Code § 46.2-208(b)(1) prohibits DMV from releasing medical data to anyone other than a physician, physician assistant or nurse practitioner

CUSTOMER SIGNATURE AND AUTHORIZATION (parent must sign for a minor)

DATE (mm/dd/yyyy)



## CUSTOMER MEDICAL REPORT INSTRUCTIONS

**Purpose:** Use these instructions to complete the Customer Medical Report (MED 2).

### CUSTOMER INSTRUCTIONS

1. Review all correspondence received from the Department of Motor Vehicles (DMV) regarding concerns about your ability to safely operate a motor vehicle.
    - If you received an Official Notice/Order of Suspension, you must provide DMV with the required Customer Medical Report, (MED 2) prior to the effective date noted in the Notice/Order to avoid having your driving privilege suspended.
    - If your driving privilege is suspended, you will be required to provide proof of legal presence in order to reinstate your driver's license, if you have not already provided proof.
  2. Complete the sections of the MED 2 titled "Customer Information" and "Information Release Approval". Be sure to provide your signature at the end of the "Information Release Approval" section.
  3. Take the entire MED 2 and your DMV letter to your medical provider at the time of your medical examination.
  4. Request your medical provider to complete the parts of the MED 2 that pertain to your medical condition(s) and Part F and return the report to DMV (following medical provider instructions below).
    - The medical examination must be conducted after the issue date of your Official Notice/Order of Suspension.
    - If you were involved in a recent motor vehicle crash or have experienced a recent blackout, seizure or loss of consciousness, the MED 2 report must reference these incidents and/or events.
- Note: you will be notified of any decisions regarding your driving privilege based on:
- Medical and other related information received from your medical provider,
  - DMV driver license test results and/or a certified independent driver rehabilitation evaluation (if required),
  - DMV medical review policies and guidelines as established in collaboration with the DMV Medical Advisory Board.
5. If you have questions related to DMV's requirement for you to submit a MED 2, you may contact DMV Medical Review Services:
    - Mail - send your request in writing to Medical Review Services at the address listed at the top of this form
    - Telephone - (Voice) 1-804-367-6203 or (Deaf/Hearing Impaired only) 1-800-272-9268

### MEDICAL PROVIDER INSTRUCTIONS

1. The Department of Motor Vehicles (DMV) is seeking information that will allow us to make a decision regarding your patient's ability to safely operate a regular motor vehicle and/or commercial motor vehicle. DMV is concerned about any condition(s) and/or use of medication(s) which may result in impaired:
  - level of consciousness/alertness ○ vision/perception ○ motor skills/range of motion
  - judgment/cognitive function ○ reaction time
2. Based on the examination that you conduct, please complete the parts of the MED 2 that pertain to your patient's medical condition(s).
  - If your patient was involved in a recent motor vehicle crash or has experienced a recent blackout, seizure or loss of consciousness, the MED 2 report must reference these incidents and/or events.
  - For medical conditions, complete one or more of the following specific report sections:
    - Neurological/Musculoskeletal - Part A & F
    - Metabolic - Part B & F
    - Cardiovascular - Part C & F
    - Pulmonary - Part D & F
    - Psychiatric/Substance Abuse - Part E & F

NOTE: Only one Part F is required if the same medical provider completes multiple report sections.
3. In lieu of completing the MED 2, you may submit a letter, note or copies of records as long as the information you submit addresses all of the information requested on the MED 2.
4. Return the completed MED 2 to DMV by mailing it to DMV Medical Review Services at the address on the top of this form.
5. For additional information on DMV's medical review process, you may refer to [www.dmvnow.com](http://www.dmvnow.com) under "Citizen Services", then "Medical Information", or contact Medical Review Services at 804-367-6203.

# Customer Medical Report

NAME (Last)	(First)	(MI)	(Suffix)	BIRTH DATE (mm/dd/yyyy)	CUSTOMER NUMBER or SSN
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The Department of Motor Vehicles (DMV) is seeking information that will allow us to make a decision regarding your patient's ability to safely operate a regular motor vehicle and/or commercial motor vehicle. DMV is concerned about any condition(s) and/or use of medication(s) which may result in impaired:  
 level of consciousness/alertness    vision/perception    motor skills/range of motion    judgment/cognitive function    reaction time  
 Based on the examination that you conduct, please complete the parts of the MED 2 that pertain to your patient's medical condition(s) and Part F.

## PART A - NEUROLOGICAL/ MUSCULOSKELETAL REPORT (must also complete Part F)

Length of time individual has been your patient. YEARS _____ MONTHS _____	Have you examined this individual during the last six months? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, enter examination date.	EXAMINATION DATE (mm/dd/yyyy)
DIAGNOSIS(ES) (In order of severity or by current treatment)		
Are there any complications related to this/these condition(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, explain.		
Has the patient been hospitalized for the above condition(s) within the past year? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, list dates hospitalized and status upon discharge.		
Was the hospitalization voluntary? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the patient have a history of seizures? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, provide date of each episode and reason(s).		
Indicate the risk for further episodes.		
Did any seizure result in a motor vehicle crash? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, enter date of crash.		DATE OF CRASH (mm/dd/yyyy)
Was the last medication blood serum level within acceptable range? <input type="checkbox"/> YES <input type="checkbox"/> NO   If No, provide results of blood test.		BLOOD TEST RESULTS
Does the patient have any motor deficits/nerve problems that would impair his/her ability to drive? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the patient have any other neurological condition(s) that might affect his/her driving? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, describe the condition(s) and its effect on the patient's driving.		
Does the patient have any chronic conditions, chronic pain syndromes, fibromyalgia or any movement disorders? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, specify.		
Is the patient prescribed medication for chronic pain or long-acting narcotics? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, list the medication(s).		
Does the patient have the use of all extremities? <input type="checkbox"/> YES <input type="checkbox"/> NO   If No, which extremities are impaired?		
Does the patient suffer from peripheral neuropathy? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, which extremities are impaired?		
Current blood levels of anticonvulsant medication	TEST DATE (mm/dd/yyyy)	Results of most recent EEG
Does the neuropathy affect the patient's ability to safely operate a motor vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the patient suffer from muscle spasms? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the patient have full range of motion of the head and neck? <input type="checkbox"/> YES <input type="checkbox"/> NO   If No, describe range of motion.		
Is adaptive equipment recommended? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, what type of adaptive equipment does the patient require?		
Does the patient require a driver evaluation? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, examination should be with: <input type="checkbox"/> an independent certified driver rehabilitation specialist (CDRS) <input type="checkbox"/> a DMV Examiner <input type="checkbox"/> or both.		

**Go to Part F**



# Customer Medical Report

NAME (Last)	(First)	(MI)	(Suffix)	BIRTH DATE (mm/dd/yyyy)	CUSTOMER NUMBER or SSN
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The Department of Motor Vehicles (DMV) is seeking information that will allow us to make a decision regarding your patient's ability to safely operate a regular motor vehicle and/or commercial motor vehicle. DMV is concerned about any condition(s) and/or use of medication(s) which may result in impaired:  
 level of consciousness/alertness    vision/perception    motor skills/range of motion    judgment/cognitive function    reaction time

Based on the examination that you conduct, please complete the parts of the MED 2 that pertain to your patient's medical condition(s) and Part F.

PART B - METABOLIC REPORT (must also complete Part F)		
Length of time individual has been your patient. YEARS _____ MONTHS _____	Have you examined this individual during the last six months? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF Yes, enter examination date.	EXAMINATION DATE (mm/dd/yyyy)
DIAGNOSIS(ES) (In order of severity or by current treatment)		
Are there any complications related to this/these condition(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, explain.		
Has the patient been hospitalized for the above condition(s) within the past year? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, list dates hospitalized and status upon discharge.		
Was the hospitalization voluntary? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the patient have diabetes or any other metabolic condition(s) that might affect vehicle operation? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, indicate condition.		
Do any complications or associated conditions exist? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, explain.		
Does this patient have hypoglycemic reactions? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, provide dates and reasons.		
Did the hypoglycemic reaction(s) result in a motor vehicle crash(es)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does this patient demonstrate how to counter a hypoglycemic reaction? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, explain how.		
Has this patient been hospitalized for treatment of diabetes/hypoglycemia or complications in the past year? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, explain		
Does the patient monitor his/her blood sugar? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, how often?		
Attach the following information/documents. If you suffered a hypoglycemic event, please ensure that your blood sugar logs reflect the last 15 days and your A1C results are drawn after the incident occurred and within the last 30 days. Blood Sugar Logs (15 days) <input type="checkbox"/> Attached Hemoglobin A1C Results (30 days) <input type="checkbox"/> Attached		

**Go to Part F**

# Customer Medical Report

NAME (Last)	(First)	(MI)	(Suffix)	BIRTH DATE (mm/dd/yyyy)	CUSTOMER NUMBER or SSN
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The Department of Motor Vehicles (DMV) is seeking information that will allow us to make a decision regarding your patient's ability to safely operate a regular motor vehicle and/or commercial motor vehicle. DMV is concerned about any condition(s) and/or use of medication(s) which may result in impaired:  
 level of consciousness/alertness    vision/perception    motor skills/range of motion    judgment/cognitive function    reaction time  
 Based on the examination that you conduct, please complete the parts of the MED 2 that pertain to your patient's medical condition(s) and Part F.

## PART C - CARDIOVASCULAR REPORT (must also complete Part F)

Length of time individual has been your patient. YEARS _____ MONTHS _____	Have you examined this individual during the last six months? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF Yes, enter examination date.	EXAMINATION DATE (mm/dd/yyyy)
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DIAGNOSIS(ES) (In order of severity or by current treatment)

Are there any complications related to this/these condition(s)?  YES    NO   If Yes, explain.

Has the patient been hospitalized for the above condition(s) within the past year?  YES    NO   If Yes, list dates hospitalized and status upon discharge.

Was the hospitalization voluntary?  YES    NO

Does the patient have an implantable cardioverter defibrillator?  YES    NO   If Yes, give implant date.

Has the unit discharged since the implant?  YES    NO   If Yes, describe the patient's condition at the time and date of discharge.

Does the patient have a ventricular assist device system?  YES    NO   If Yes, when was this device implanted?

Has the patient had any of the following:

Cardiovascular surgery and/or other procedures?  YES    NO   If Yes, explain and give dates.

Syncope?  YES    NO   If Yes, explain and give dates.

- Attach the following information/documents:
- Results of Event Monitor
  - Results of Holter Monitor
  - Results of Tilt-table Test
  - Results of EKG

Fatigue with exertion?  YES    NO   Fatigue at rest?  YES    NO

Dyspnea with exertion?  YES    NO   If Yes, explain and give dates.

Dyspnea at rest?  YES    NO   If Yes, explain and give dates.

Pulmonary symptoms?  YES    NO   If Yes, explain and give dates.

**Go to Part F**

# Customer Medical Report

NAME (Last)	(First)	(M)	(Suffix)	BIRTH DATE (mm/dd/yyyy)	CUSTOMER NUMBER or SSN
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The Department of Motor Vehicles (DMV) is seeking information that will allow us to make a decision regarding your patient's ability to safely operate a regular motor vehicle and/or commercial motor vehicle. DMV is concerned about any condition(s) and/or use of medication(s) which may result in impaired:  
 level of consciousness/alertness    vision/perception    motor skills/range of motion    judgment/cognitive function    reaction time

Based on the examination that you conduct, please complete the parts of the MED 2 that pertain to your patient's medical condition(s) and Part F.

PART D - PULMONARY REPORT (must also complete Part F)		
Length of time individual has been your patient. YEARS _____ MONTHS _____	Have you examined this individual during the last six months? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF Yes, enter examination date.	EXAMINATION DATE (mm/dd/yyyy)
DIAGNOSIS(ES) (In order of severity or by current treatment)		
Are there any complications related to this/these condition(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, explain.		
Has the patient been hospitalized for the above condition(s) within the past year? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, list dates hospitalized and status upon discharge.		
Was the hospitalization voluntary? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is oxygen use required? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, describe treatment regimen and provide number of liters.		
Fatigue with exertion? <input type="checkbox"/> YES <input type="checkbox"/> NO   Fatigue at rest? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Dyspnea with exertion? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, explain and give dates.		
Dyspnea at rest? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, explain and give dates.		
Syncope from cough? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, explain cause and resolution.		
Does the patient have a diagnosis of sleep apnea, narcolepsy, or other sleep disorder? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the pulmonary disease prevent activities of daily living? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, identify.		
Has patient been compliant with treatment to the extent that the symptoms are controlled? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Attach the following information/documents: <input type="checkbox"/> Pulse oximetry _____ room air _____ oxygen <input type="checkbox"/> Results of pulmonary function test <input type="checkbox"/> Results of sleep study		

**Go to Part F**

# Customer Medical Report

NAME (Last)	(First)	(M)	(Suffix)	BIRTH DATE (mm/dd/yyyy)	CUSTOMER NUMBER or SSN
-------------	---------	-----	----------	-------------------------	------------------------

The Department of Motor Vehicles (DMV) is seeking information that will allow us to make a decision regarding your patient's ability to safely operate a regular motor vehicle and/or commercial motor vehicle. DMV is concerned about any condition(s) and/or use of medication(s) which may result in impaired:  
 level of consciousness/alertness    vision/perception    motor skills/range of motion    judgment/cognitive function    reaction time

Based on the examination that you conduct, please complete the parts of the MED 2 that pertain to your patient's medical condition(s) and Part F.

PART E - PSYCHIATRIC/SUBSTANCE ABUSE REPORT (must also complete Part F)		
Length of time individual has been your patient. YEARS _____ MONTHS _____	Have you examined this individual during the last six months? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF Yes, enter examination date.	EXAMINATION DATE (mm/dd/yyyy)
DIAGNOSIS(ES) (In order of severity or by current treatment)		
Are there any complications related to this/these condition(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, explain.		
Has the patient been hospitalized for the above condition(s) within the past year? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, list dates hospitalized and status upon discharge.		
Was the hospitalization voluntary? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Has the patient been hospitalized in the past year for a mental/emotional condition? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, give admission date(s), reason(s) for admission and date (s) of discharge.		
Does the patient have a condition, which results in one or more of the impairments listed below? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, check all that apply.		
<input type="checkbox"/> Poor decision-making/problem-solving skills	<input type="checkbox"/> Hallucinations/delusions	<input type="checkbox"/> Poor/impaired judgement
<input type="checkbox"/> Memory loss, Cognitive	<input type="checkbox"/> Extremely aggressive/destructive behavior	<input type="checkbox"/> Dementia/confusion
<input type="checkbox"/> Poor impulse control/extremely impulsive	<input type="checkbox"/> Emotional or behavioral instability	
Identify current treatment program(s), counseling, medications, etc.		
Attach the following information/documents, (if available): MMSE <input type="checkbox"/> attached <input type="checkbox"/> not available Neuropsychological Exam <input type="checkbox"/> attached <input type="checkbox"/> not available		
Is patient CURRENTLY undergoing OR has patient successfully completed drug/alcohol treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, explain.		
Did the patient experience seizure(s) related to withdrawal? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, give date(s).		
Has the patient been compliant with substance abuse treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Attach the following information/documents: <input type="checkbox"/> Results of drug/alcohol screening <input type="checkbox"/> Report from substance abuse counselor <input type="checkbox"/> Recommendations:		

**Go to Part F**

# Customer Medical Report

**(MUST BE COMPLETED BY PHYSICIAN, PHYSICIAN ASSISTANT OR NURSE PRACTITIONER)**

NAME (Last)	(First)	(MI)	(Suffix)	BIRTH DATE (mm/dd/yyyy)	CUSTOMER NUMBER or SSN
-------------	---------	------	----------	-------------------------	------------------------

## PART F - GENERAL RECOMMENDATIONS

### FIRST MEDICAL PROVIDER

Is the patient's condition(s) stable? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, explain.	Is the patient compliant with treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, explain:
Does the patient experience side effects of medications, which are likely to impair driving ability? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, explain:	
Based on this examination, is the patient medically capable of: ▪ safely operating a motor vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO and/or ▪ operating a commercial motor vehicle includes tractor trailers, passenger buses, tank vehicles, school buses for 16 or more occupants (including the driver), or vehicles carrying hazardous materials? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Based on this examination, patient needs the following: (check each appropriate item) <input type="checkbox"/> to be retested by DMV on <input type="checkbox"/> Knowledge <input type="checkbox"/> Road <input type="checkbox"/> Both <input type="checkbox"/> an adaptive device/equipment required to safely operate a motor vehicle. <input type="checkbox"/> a driver evaluation (with a certified independent driver rehabilitation specialist CDRS). <input type="checkbox"/> a prosthetic/orthotic device to operate a motor vehicle For clarification on any of the above, contact Medical Review Services at 804 367-6203.	
Based on this examination, the patient's driving ability is likely to be impaired by limitations in the following areas: (check each appropriate item)	
Judgment and Insight <input type="checkbox"/> Problem Solving and Decision Making <input type="checkbox"/> Cognitive Function <input type="checkbox"/> Emotional or Behavioral Stability <input type="checkbox"/> Reaction Time	Sensorimotor Function <input type="checkbox"/> Strength and Endurance <input type="checkbox"/> Maneuvering Skills <input type="checkbox"/> Range of Motion <input type="checkbox"/> Use of Arm(s) and/or Leg(s)
ADDITIONAL RECOMMENDED RESTRICTIONS	MEDICATIONS
PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER NAME (print)	MEDICAL SPECIALTY
MEDICAL LICENSE NUMBER	EXPIRATION DATE (mm/dd/yyyy)
ISSUING STATE	TELEPHONE NUMBER ( )
PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER SIGNATURE	FAX NUMBER ( )
DATE (mm/dd/yyyy)	

If you have questions or need more information to complete this page, call Medical Review Services (804) 367- 6203.

### SECOND MEDICAL PROVIDER

Is the patient's condition(s) stable? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, explain.	Is the patient compliant with treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, explain:
Does the patient experience side effects of medications, which are likely to impair driving ability? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, explain:	
Based on this examination, is the patient medically capable of: ▪ safely operating a motor vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO and/or ▪ operating a commercial motor vehicle includes tractor trailers, passenger buses, tank vehicles, school buses for 16 or more occupants (including the driver), or vehicles carrying hazardous materials? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Based on this examination, patient needs the following: (check each appropriate item) <input type="checkbox"/> to be retested by DMV on <input type="checkbox"/> Knowledge <input type="checkbox"/> Road <input type="checkbox"/> Both <input type="checkbox"/> an adaptive device/equipment required to safely operate a motor vehicle. <input type="checkbox"/> a driver evaluation (with a certified independent driver rehabilitation specialist CDRS). <input type="checkbox"/> a prosthetic/orthotic device to operate a motor vehicle For clarification on any of the above, contact Medical Review Services at 804 367-6203.	
Based on this examination, the patient's driving ability is likely to be impaired by limitations in the following areas: (check each appropriate item)	
Judgment and Insight <input type="checkbox"/> Problem Solving and Decision Making <input type="checkbox"/> Cognitive Function <input type="checkbox"/> Emotional or Behavioral Stability <input type="checkbox"/> Reaction Time	Sensorimotor Function <input type="checkbox"/> Strength and Endurance <input type="checkbox"/> Maneuvering Skills <input type="checkbox"/> Range of Motion <input type="checkbox"/> Use of Arm(s) and/or Leg(s)
ADDITIONAL RECOMMENDED RESTRICTIONS	MEDICATIONS
PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER NAME (print)	MEDICAL SPECIALTY
MEDICAL LICENSE NUMBER	EXPIRATION DATE (mm/dd/yyyy)
ISSUING STATE	TELEPHONE NUMBER ( )
PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER SIGNATURE	FAX NUMBER ( )
DATE (mm/dd/yyyy)	

If you have questions or need more information to complete this page, call Medical Review Services (804) 367- 6203.

## MEDICAL REVIEW REQUEST

MED 3 (05/10/2013)

**Purpose:** Use this form to request the Department of Motor Vehicles (DMV) to conduct a medical review of a licensed driver.

**Instructions:** Print or type all information. Complete form in its entirety. Mail completed form to Medical Review Services at the above address, or fax to Medical Review Services at 1-804-367-1604.

DRIVER INFORMATION			
DRIVER NAME (last, first, middle)		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (mm/dd/yyyy)
DMV CUSTOMER NUMBER	VEHICLE PLATE NUMBER	TELEPHONE NUMBER ( )	
If you change either your residence/home address or mailing address to a non-Virginia address, your driver's license or photo identification (ID) card may be canceled.			
RESIDENCE/HOME ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (if different from above address)	CITY	STATE	ZIP CODE

REQUESTER INFORMATION			
Based on my observation, I believe the driver named above should be given the following tests: <input type="checkbox"/> Medical Examination <input type="checkbox"/> Vision Examination <input type="checkbox"/> Knowledge Examination <input type="checkbox"/> Road Skills Test			
I understand that the Department of Motor Vehicles may have additional requirements.			
Describe in <u>detail</u> the circumstances that led to this request. Please provide as much information as possible including a description of what appears to be the driver's mental, physical or visual impairment. Use an additional sheet if necessary.			
REQUESTER NAME (print)		REQUESTER BADGE NUMBER	
ORGANIZATION/LAW ENFORCEMENT AGENCY NAME		TELEPHONE NUMBER ( )	FAX NUMBER ( )
BUSINESS STREET ADDRESS	CITY	STATE	ZIP CODE
REQUESTER SIGNATURE			DATE (mm/dd/yyyy)

CONTACT INFORMATION/NOTICE	
If you have questions, contact Medical Review Services at: 1-804-367-6203 (Voice) 1-800-272-9268 (Deaf or Hearing Impaired Only) 1-804-367-1604 (Fax)	Virginia Code § 46.2-322 provides that if the driver submits a written request, DMV will furnish the reasons for the examination, including the identity of anyone who supplied information regarding fitness to drive a motor vehicle. However, this law states that the DMV cannot provide the information if the source is a relative or licensed medical professional treating the driver.

**Appendix G:**  
**Customer Wellness Checklist**

# Customer Wellness Checklist

## Mobility/Body Control:

- Customer requires assistance of another person to walk to the counter.
- Customer requires device such as wheel chair/scooter/walker to come to the counter.
- Customer is using oxygen/breathing device.
- Customer is missing limb/partial limb/fingers.
- Customer does not have full use of limbs: excessive shaking, tremor, weakness, rigidity, or paralysis. Customer may be wearing cast.
- Customer does not have full use of head/torso: unable to turn head and upper body to left or right. Customer may be wearing neck brace.

## Vision:

- Customer fails vision screening and does not have a waiver from a vision specialist.
- Customer wearing Bioptic telescopic glasses not indicated on license as a restriction.

## Mental Ability:

- Customer is unable to understand or respond to questions.
- Customer is unable to respond to instructions for applications, knowledge tests, or vision screening.

## Consciousness

- Customer describes incident involving altered consciousness.
- Customer exhibits loss of body control such as a seizure.
- Customer loses consciousness.

## Emotional:

- Customer exhibits extreme hostility or aggression.
- Customer is extremely disruptive or out of control.

## Hearing (CDL holders/applicants only):

- Customer is unable to hear the normal spoken voice during the transaction (with or without hearing aid).



## **Appendix H:**

### **Medical Review of Drivers: Reporting of Possible Impaired Drivers**

# **MEDICAL REVIEW OF DRIVERS**

## **Reporting Possible Impaired Drivers**

If the driver is applying for an original, renewed, reissued, or duplicate driver's license, learner's permit, commercial driver's license (CDL), or CDL instruction permit, he or she is required to write on the application information about any physical, mental or visual condition that may impair his ability to drive safely. The DMV Service Representative (CSR) must review the application for medical conditions or responses to questions that indicate the applicant has any of the following:

- A physical and/or mental condition that requires taking medication
- A vision condition
- Ever experienced a seizure, blackout or loss of consciousness
- A condition that requires the use of special or adaptive equipment in order to drive

### **DMV SERVICE REPRESENTATIVE'S (CSR) PROCESS-MEDICAL CONDITION/MEDICATION REPORTED ON APPLICATION:**

1. The CSR must compare any medical conditions or medications written on the application with the MRS List of Medical Conditions/Medications to determine if the condition may impair the applicant's ability to drive and requires review by MRS.
2. If the medical condition or medication written on the application is listed on the MRS List of Medical Conditions/Medications, the CSR must do the following:
  - a. For CDL applicants (ORI, REI, DUP, REN), or applicants for an original driver's license who list a medical condition or medication requiring review:
    - DO NOT ISSUE THE LICENSE
    - Forward the customer's application and all other transaction documents to DMV's Medical Review Services Work Center (MRS).
    - Inform the customer that MRS will respond to the customer via phone or mail within 72 hours.
  - b. For applicants who hold a VA driver's license (non-CDL) applying for a reissue, renewal, or duplicate driver's license who list a medical condition or medication requiring review:
    - ISSUE THE LICENSE
    - Make a photocopy of the customer's application and other transaction documents
    - Forward a photocopy of the documents to MRS.)
    - MRS will review and make a final determination of customer eligibility. If it is determined, based on review of the customer's medical condition, that further information is needed. MRS will notify the customer by phone or mail of other requirements.
  - c. For applicants for an original driver's license (non-CDL), who list a medical condition or medication requiring review:
    - DO NOT ISSUE THE LICENSE.
    - Forward the customer's application and all other transaction documents, to MRS.
    - Inform the customer that MRS will respond to the customer via phone or mail within 72 hours.

**PHYSICAL OR MENTAL CONDITIONS REQUIRING MRS REVIEW:**

Refer to MRS List of Medical Conditions/Medications for list of physical or mental conditions that may impair a person's ability to safely operate a motor vehicle.

**MEDICATIONS REQUIRING MRS REVIEW:**

Refer to MRS List of Medical Conditions/Medications for list of medications that may impair a person's ability to safely operate a motor vehicle.

**OBSERVED CUSTOMER BEHAVIORS REQUIRING MRS REVIEW:**

- Impaired motor skills:
  - Has difficulty walking (getting to and from service counter)
  - Has limitations in movement of head, neck, hands, arms and legs
  - Has severe joint deformities in hands
  - Amputations (hand, arm, leg, foot)
  - Inability to move/use hand, arm or leg on one side
- Difficulty passing the visual field portion of the vision screening at DMV
- Slurred speech
- Difficulty understanding simple instructions
- Forgetful (returns to CSC and does not remember prior visits)
- Appears disoriented
- Comments from the customer regarding blackouts, heart attack, seizure, stroke, sleep attacks, accidents (or near misses), or getting lost while driving

## **Appendix I:**

### **Medical Review Services: List of Medical Conditions/Medications Requiring MRS Review**

**MRS List of Medical Conditions/Medications  
Requiring MRS Review  
(Rev. 09/10/12)**

<b>PHYSICAL OR MENTAL CONDITIONS REQUIRING MRS REVIEW</b>	
<b>Metabolic</b>	Insulin dependent diabetes (CDL holders only)
<b>Neurological</b>	<ul style="list-style-type: none"> <li>• Alzheimer's disease</li> <li>• Brain tumor</li> <li>• Dementia</li> <li>• Epilepsy</li> <li>• Multiple sclerosis</li> <li>• Narcolepsy</li> <li>• Paraplegia/quadruplegia</li> <li>• Parkinson's disease</li> <li>• Seizure disorder</li> <li>• Sleep apnea (CDL holders only)</li> <li>• Traumatic brain injury</li> </ul>
<b>Cerebrovascular</b>	<ul style="list-style-type: none"> <li>• Stroke-Cerebral Vascular Accident (CVA)</li> <li>• Transient ischemic attacks (TIA)</li> </ul>
<b>Cardiac</b>	<ul style="list-style-type: none"> <li>• Heart attacks</li> <li>• Myocardial infarction</li> </ul>
<b>Psychiatric</b>	<ul style="list-style-type: none"> <li>• Bipolar disorder</li> <li>• Major depression</li> <li>• Schizophrenia</li> <li>• Substance abuse (alcohol/drugs)</li> </ul>
<b>Vision</b>	<ul style="list-style-type: none"> <li>• Bitemporal Hemianopic Defect</li> <li>• Diabetic retinopathy</li> <li>• Glaucoma</li> <li>• Homonymous Hemianopsia</li> <li>• Macular degeneration</li> <li>• Quadrantanopia</li> <li>• Retinitis Pigmentosa</li> </ul>

<b>MEDICATIONS REQUIRING MRS REVIEW</b>				
<b>A – D</b>	<b>E– K</b>	<b>L– M</b>	<b>N – R</b>	<b>S – Z</b>
Abilify	Eskalith	Lamictal	Namenda	Serax
Amphetamine	Exelon	Lamotrigine	Navane	Seroquel
Antabuse	Fluphenazine	Levetiracetam	Neurontin	Stelazine
Aricept	Gabapentin	Lithium	Norco	Suboxone
Aripiprazole	Galantamine	Lithobid	Oxazepam	Tacrine
Buprenorphine	Geodon	Lithonate	Oxycodone	Tegretol
Butalbital	Haldol	Lithotabs	Oxycontin	Thiothixene
Carbamazepine	Haloperidol	Lortab	Percocet	Thorazine
Clonazepam	Hydrocet	Loxipane	Percodan	Topamax
Clozapine	Hydrocodone	Loxitane	Phenobarbital	Trifluoperazine
Clozaril	Hydrogesic	Memantine	Phenytoin	Trilafon
Cognex donepezil	Hydromorphone	Meperidine	Primidone	Ultracet
Codeine	Insulin (CDL holders only)	Methadone	Prolixin	Ultram
Darvon	Kepra	Methadone Hydrochloride	Prolixin Decanoate	Valproic Acid
Demerol	Klonopin	Moban	Propoxyphene	Vesprin
Depakene		Molindone	Quetiapine	Vicodin
Depakote		Morphine	Reminyl	Ziprasidone
Dexedrine		Morphine Sulfate	Risperdal	Zyprexa
Dextroamphetamine		Mysoline	Risperidone	
Dilantin			Rivastigmine	
Dilaudid			Roxicet	
Disulfiram				
Divalproex Sodium				

**Appendix J:**  
**Outreach and Education Recommendations by Category**

# Outreach and Education

## Recommendation

The Outreach and Education committee created an extensive list of recommendations for the study. The committee broke these recommendations into general and targeted recommendations. Targeted groups for the Outreach and Education committee recommendations include medical and allied health professionals, law enforcement and the judiciary, DMV staff, mature drivers themselves, family and caregivers for mature drivers, and the general public. DMV staff organized the recommendations by those that may be completed either by the time this report is completed, soon after completion of the report, or much later after completion of the report. Recommendations that may require funding are noted.

A significant recommendation of the Outreach and Education committee includes leveraging the GrandDriver website, hosted by the Virginia Department for Aging and Rehabilitative Services, as the central hub for messages and resources for mature drivers, their families, and stakeholder organizations including the medical and allied health community, law enforcement, and judiciary. The Outreach and Education committee further recommends:

### General Recommendations

#### Completed by the Publication of the Mature Driver Study Report

- On the DMV website increasing the visibility of the GrandDriver link and mature driver resources and increasing the font size on mature driver-specific content pages
- Linking GrandDriver and stakeholder websites for maximum exposure and reach. For example, GrandDriver site links to AARP's "We need to Talk" program and vice-versa
- Promoting VDOT's continued efforts to improve highway design to enhance mature driver safety
- On the VDOT website creating links to the GrandDriver website and other resources
- Ensuring all written and web site materials, and all collateral material, are compliant with the Americans with Disabilities Act, as amended
- Updating and distributing communication and informational tools as well as brochures for the targeted audiences to include updating the GrandDriver brochure for broad distribution
- Seeking federal grant money to assist with outreach and education efforts

#### Completed Soon After the Publication of the Mature Driver Study Report

- Linking GrandDriver and stakeholder websites for maximum exposure and reach. For example, GrandDriver site links to AARP's "We need to Talk" program and vice-versa
- Updating the GrandDriver brochure for broad distribution

#### Completed in a Reasonable Time after Publication of the Mature Driver Study Report

- Creating a coalition of stakeholder partners to create and execute a comprehensive strategic communication campaign that includes advertising and social media components
- Emphasizing and promoting Virginia GrandDriver as Virginia's resource for mature drivers, their families, and service-providers
- Updating and developing additional website content specifically for the medical and allied health community, law enforcement, the judiciary, and the general public

Completed in a Reasonable Time after Publication of the Mature Driver Study Report with availability of Funding

- Expanding distribution of brochures to include groups such as Area Agencies on Aging, Community Service Boards (CSB's) and home health agencies

#### Targeted Outreach Recommendations

##### **Medical Community**

Completed by the Publication of the Mature Driver Study Report

- Placing information on DMV's medical review process on the DMV and GrandDriver websites

Completed Soon After the Publication of the Mature Driver Study Report

- Enhancing DMV's web site with a page dedicated for the medical community

Completed in a Reasonable Time after Publication of the Mature Driver Study Report

- Reaching out to medical schools to encourage medical schools to integrate information about mature driver safety into the curricula
- Publishing a column about GrandDriver and the DMV medical review process in Department of Health and Department of Health Professions newsletters as well as in medical association and other health care provider association publications

Completed in a Reasonable Time after Publication of the Mature Driver Study Report with availability of Funding

- Increasing awareness of communication tools available for medical professionals
- Updating communication tools for medical professionals to identify when and how to refer mature drivers to the DMV medical review process
- Sharing GrandDriver resource information with patients, including information on driving cessation
- Enhancing training for medical and allied health professionals including developing continuing education courses to educate these professionals about medical impairment effects on safe driving, how to refer at-risk or impaired drivers to DMV's MRS, and also how to communicate with and provide available resources to patients
- Seeking more proactive opportunities for DMV staff to attend events and inform medical and allied health professionals about the DMV medical review process and GrandDriver resources (Include a broad base of medical and health related providers, including nurses, therapists, physical therapists, rehabilitation specialists, pharmacists and others)

##### **Law Enforcement and Judges**

Completed by the Publication of the Mature Driver Study Report

- Requesting incorporation of information on detecting at-risk drivers, referring these drivers for DMV medical review, and providing information to assist mature drivers into DCJS's law enforcement training curriculum



- Highlighting and addressing mature driver issues at conferences with joint participation of DMV, law enforcement, the judiciary, and medical and allied health professionals

#### Completed Soon After the Publication of the Mature Driver Study Report

- Soliciting input from law enforcement and judges regarding mature driver safety and medical review reporting
- Providing information to judges on mature driver motor vehicle crash prevention courses currently offered
- Reaching out and providing information about the DMV medical review referral process to law enforcement and regional crime prevention offices
- Increasing awareness of websites, brochures and communication tools available to law enforcement to identify when and how to refer an at-risk driver

#### Completed in a Reasonable Time after Publication of the Mature Driver Study Report

- Exploring what types of information can be provided to law enforcement and other groups with respect to outcomes of reported medical review cases

#### Completed in a Reasonable Time after Publication of the Mature Driver Study Report with availability of Funding

- Providing information about the DMV medical review referral process to law enforcement and regional crime prevention offices
- Expanding CarFit training for law enforcement, including Senior and Law Enforcement Together (SALT) groups at the local level
- Seeking participation in annual conferences of Sheriffs, Chiefs of Police, and Commonwealth Attorneys Associations to discuss issues relating to at-risk drivers and the medical review referral process

### **The General Public – Mature Drivers, Families, and Caregivers**

#### Completed by the Publication of the Mature Driver Study Report

- Continuing to send DMV mobile operations to retirement communities and inform residents about exchanging their driver's licenses for Virginia special identification cards
- Expanding DMV's mobile operations to reach more mature drivers ("DMV Connect" uses portable equipment to process ID cards)
- Reaching out to retirement community associations, age-restricted and assisted living communities as well

#### Completed in a Reasonable Time after Publication of the Mature Driver Study Report

- Promoting mature driver courses currently offered
- Publishing a jointly prepared guest column from Health and DMV commissioners in Virginia Center on Aging (Age in Action), AARP (AARP Bulletin, AARP e-newsletter, AARP Virginia web site), and AAA member publications
- Finding ways to develop partnerships between Department of Health volunteers and CarFit
- Enhancing training programs for DMV staff, who deal directly with customers, in the identification and referral of at-risk drivers

Completed in a Reasonable Time after Publication of the Mature Driver Study Report with availability of Funding

- Updating and distributing informational tools to advise how to recognize signs that driving may be an issue for a mature driver, what to do and how to refer an at-risk or impaired driver to DMV's MRS, and on alternative transportation resources and how to use them
- Reaching out to religious communities to disseminate information and promote travel options for senior mobility
- Distributing to DMV customers of a designated age information on the effects of aging on driving, DMV's medical review process, and exchanging driver's licenses for special identification cards
- Placing posters and brochures with information regarding the effects of aging on driving, DMV's medical review process, and exchanging licenses for special identification cards in DMV customer service centers
- Providing information on alternate transportation options, using all communication channels, to mature drivers, their families and caregivers

Additional Recommendations

Completed Soon After the Publication of the Mature Driver Study Report

- Continuing to participate in aging and mobility conferences
- Presenting at state conferences or webinars focused on mature driving and medically impaired driving issues

**Appendix K:**  
**Proposed Legislation**

**Mature Driver Study  
Draft Legislation**

1 **BILL NO.** \_\_\_\_\_

2 *A BILL to amend and reenact §§16.1-69.48:1, 17.1-275, § 38.2-2217, § 46.2-322, and § 46.2-*  
3 *330 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered*  
4 *46.2-943.1 relating to mature driver crash prevention courses.*

5 Patron \_\_\_\_\_

6 Referred to Committee on \_\_\_\_\_

7 **Be it enacted by the General Assembly of Virginia:**

8 **1. That §§16.1-69.48:1, 17.1-275, § 38.2-2217, § 46.2-322, and § 46.2-330 of the Code of**  
9 **Virginia are amended and reenacted and that the Code of Virginia is amended by adding**  
10 **as section numbered 46.2-943.1 as follows:**

11 § 16.1-69.48:1. Fixed fee for misdemeanors, traffic infractions and other violations in district  
12 court; additional fees to be added.

13 A. Assessment of the fees provided for in this section shall be based on: (i) an appearance for  
14 court hearing in which there has been a finding of guilty; (ii) a written appearance with waiver of  
15 court hearing and entry of guilty plea; (iii) for a defendant failing to appear, a trial in his or her  
16 absence resulting in a finding of guilty; (iv) an appearance for court hearing in which the court  
17 requires that the defendant successfully complete traffic school, **a mature driver motor vehicle**  
18 **crash prevention course as provided for in § 46.2-943.1** or a driver improvement clinic, in lieu  
19 of a finding of guilty; (v) a deferral of proceedings pursuant to §§ 4.1-305, 16.1-278.8, 16.1-  
20 278.9, 18.2-57.3, 18.2-251 or 19.2-303.2; or (vi) proof of compliance with law under §§ 46.2-  
21 104 and 46.2-1158.02.

22 In addition to any other fee prescribed by this section, a fee of \$35 shall be taxed as costs  
23 whenever a defendant fails to appear, unless, after a hearing requested by such person, good  
24 cause is shown for such failure to appear. No defendant with multiple charges arising from a

**Mature Driver Study  
Draft Legislation**

25 single incident shall be taxed the applicable fixed fee provided in subsection B, C, or D of this  
26 section more than once for a single appearance or trial in absence related to that incident.

27 However, when a defendant who has multiple charges arising from the same incident and who  
28 has been assessed a fixed fee for one of those charges is later convicted of another charge that  
29 arises from that same incident and that has a higher fixed fee, he shall be assessed the difference  
30 between the fixed fee earlier assessed and the higher fixed fee.

31 A defendant with charges which arise from separate incidents shall be taxed a fee for each  
32 incident even if the charges from the multiple incidents are disposed of in a single appearance or  
33 trial in absence.

34 In addition to the fixed fees assessed pursuant to this section, in the appropriate cases, the clerk  
35 shall also assess any costs otherwise specifically provided by statute.

36 B. In misdemeanors tried in district court, except for those proceedings provided for in  
37 subsection C, there shall be assessed as court costs a fixed fee of \$61. The amount collected, in  
38 whole or in part, for the fixed fee shall be apportioned, as provided by law, to the following  
39 funds in the fractional amounts designated:

40 1. Processing fee (General Fund) (.573770);

41 2. Virginia Crime Victim-Witness Fund (.049180);

42 3. Regional Criminal Justice Training Academies Fund (.016393);

43 4. Courthouse Construction/Maintenance Fund (.032787);

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- 44 5. Criminal Injuries Compensation Fund (.098361);
- 45 6. Intensified Drug Enforcement Jurisdiction Fund (.065574);
- 46 7. Sentencing/supervision fee (General Fund) (.131148); and
- 47 8. Virginia Sexual and Domestic Violence Victim Fund (.032787).
- 48 C. In criminal actions and proceedings in district court for a violation of any provision of Article
- 49 1 (§ 18.2-247 et seq.) of Chapter 7 of Title 18.2, there shall be assessed as court costs a fixed fee
- 50 of \$136. The amount collected, in whole or in part, for the fixed fee shall be apportioned, as
- 51 provided by law, to the following funds in the fractional amounts designated:
- 52 1. Processing fee (General Fund) (.257353);
- 53 2. Virginia Crime Victim-Witness Fund (.022059);
- 54 3. Regional Criminal Justice Training Academies Fund (.007353);
- 55 4. Courthouse Construction/Maintenance Fund (.014706);
- 56 5. Criminal Injuries Compensation Fund (.044118);
- 57 6. Intensified Drug Enforcement Jurisdiction Fund (.029412);
- 58 7. Drug Offender Assessment and Treatment Fund (.551471);
- 59 8. Forensic laboratory fee and sentencing/supervision fee (General Fund) (.058824); and

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60 9. Virginia Sexual and Domestic Violence Victim Fund (.014706).

61 D. In traffic infractions tried in district court, there shall be assessed as court costs a fixed fee of  
62 \$51. The amount collected, in whole or in part, for the fixed fee shall be apportioned, as provided  
63 by law, to the following funds in the fractional amounts designated:

64 1. Processing fee (General Fund) (.764706);

65 2. Virginia Crime Victim-Witness Fund (.058824);

66 3. Regional Criminal Justice Training Academies Fund (.019608);

67 4. Courthouse Construction/Maintenance Fund (.039216);

68 5. Intensified Drug Enforcement Jurisdiction Fund (.078431); and

69 6. Virginia Sexual and Domestic Violence Victim Fund (.039216).

70

71 § 17.1-275. Fees collected by clerks of circuit courts; generally.

72 A. A clerk of a circuit court shall, for services performed by virtue of his office, charge the  
73 following fees:

74 1. [Repealed.]

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75 2. For recording and indexing in the proper book any writing and all matters therewith, or for  
76 recording and indexing anything not otherwise provided for, \$16 for an instrument or document  
77 consisting of 10 or fewer pages or sheets; \$30 for an instrument or document consisting of 11 to  
78 30 pages or sheets; and \$50 for an instrument or document consisting of 31 or more pages or  
79 sheets. Whenever any writing to be recorded includes plat or map sheets no larger than eight and  
80 one-half inches by 14 inches, such plat or map sheets shall be counted as ordinary pages for the  
81 purpose of computing the recording fee due pursuant to this section. A fee of \$15 per page or  
82 sheet shall be charged with respect to plat or map sheets larger than eight and one-half inches by  
83 14 inches. Only a single fee as authorized by this subdivision shall be charged for recording a  
84 certificate of satisfaction that releases the original deed of trust and any corrected or revised  
85 deeds of trust. One dollar and fifty cents of the fee collected for recording and indexing shall be  
86 designated for use in preserving the permanent records of the circuit courts. The sum collected  
87 for this purpose shall be administered by The Library of Virginia in cooperation with the circuit  
88 court clerks.

89 3. For appointing and qualifying any personal representative, committee, trustee, guardian, or  
90 other fiduciary, in addition to any fees for recording allowed by this section, \$20 for estates not  
91 exceeding \$50,000, \$25 for estates not exceeding \$100,000 and \$30 for estates exceeding  
92 \$100,000. No fee shall be charged for estates of \$5,000 or less.

93 4. For entering and granting and for issuing any license, other than a marriage license or a  
94 hunting and fishing license, and administering an oath when necessary, \$10.



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95 5. For issuing a marriage license, attaching certificate, administering or receiving all necessary  
96 oaths or affidavits, indexing and recording, \$10. For recording an order to celebrate the rites of  
97 marriage pursuant to § 20-25, \$25 to be paid by the petitioner.

98 6. For making out any bond, other than those under § 17.1-267 or subdivision A 4, administering  
99 all necessary oaths and writing proper affidavits, \$3.

100 7. For all services rendered by the clerk in any garnishment or attachment proceeding, the clerk's  
101 fee shall be \$15 in cases not exceeding \$500 and \$25 in all other cases.

102 8. For making out a copy of any paper, record, or electronic record to go out of the office, which  
103 is not otherwise specifically provided for herein, a fee of \$0.50 for each page or, if an electronic  
104 record, each image. From such fees, the clerk shall reimburse the locality the costs of making out  
105 the copies and pay the remaining fees directly to the Commonwealth. The funds to recoup the  
106 cost of making out the copies shall be deposited with the county or city treasurer or Director of  
107 Finance, and the governing body shall budget and appropriate such funds to be used to support  
108 the cost of copies pursuant to this subdivision. For purposes of this section, the costs of making  
109 out the copies authorized under this section shall include costs included in the lease and  
110 maintenance agreements for the equipment and the technology needed to operate electronic  
111 systems in the clerk's office used to make out the copies, but shall not include salaries or related  
112 benefits. The costs of copies shall otherwise be determined in accordance with § 2.2-3704.  
113 However, there shall be no charge to the recipient of a final order or decree to send an attested  
114 copy to such party.

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115 9. For annexing the seal of the court to any paper, writing the certificate of the clerk  
116 accompanying it, the clerk shall charge \$2 and for attaching the certificate of the judge, if the  
117 clerk is requested to do so, the clerk shall charge an additional \$0.50.

118 10. In any case in which a person is convicted of a violation of any provision of Article 1 (§  
119 18.2-247 et seq.) of Chapter 7 of Title 18.2 or is subject to a disposition under § 18.2-251, the  
120 clerk shall assess a fee of \$150 for each felony conviction and each felony disposition under §  
121 18.2-251 which shall be taxed as costs to the defendant and shall be paid into the Drug Offender  
122 Assessment and Treatment Fund.

123 11. In any case in which a person is convicted of a violation of any provision of Article 1 (§  
124 18.2-247 et seq.) of Chapter 7 of Title 18.2 or is subject to a disposition under § 18.2-251, the  
125 clerk shall assess a fee for each misdemeanor conviction and each misdemeanor disposition  
126 under § 18.2-251, which shall be taxed as costs to the defendant and shall be paid into the Drug  
127 Offender Assessment and Treatment Fund as provided in § 17.1-275.8.

128 12. Upon the defendant's being required to successfully complete traffic school, **a mature driver**  
129 **motor vehicle crash prevention course as provided for in § 46.2-943.1** or a driver  
130 improvement clinic in lieu of a finding of guilty, the court shall charge the defendant fees and  
131 costs as if he had been convicted.

132 13. In all civil actions that include one or more claims for the award of monetary damages the  
133 clerk's fee chargeable to the plaintiff shall be \$100 in cases seeking recovery not exceeding  
134 \$49,999; \$200 in cases seeking recovery exceeding \$49,999, but not exceeding \$100,000; \$250

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135 in cases seeking recovery exceeding \$100,000, but not exceeding \$500,000; and \$300 in cases  
136 seeking recovery exceeding \$500,000. Ten dollars of each such fee shall be apportioned to the  
137 Courts Technology Fund established under § 17.1-132. A fee of \$25 shall be paid by the plaintiff  
138 at the time of instituting a condemnation case, in lieu of any other fees. There shall be no fee  
139 charged for the filing of a cross-claim or setoff in any pending action. However, the fees  
140 prescribed by this subdivision shall be charged upon the filing of a counterclaim or a claim  
141 impleading a third-party defendant. The fees prescribed above shall be collected upon the filing  
142 of papers for the commencement of civil actions. This subdivision shall not be applicable to  
143 cases filed in the Supreme Court of Virginia.

144 13a. For the filing of any petition seeking court approval of a settlement where no action has yet  
145 been filed, the clerk's fee, chargeable to the petitioner, shall be \$50, to be paid by the petitioner at  
146 the time of filing the petition.

147 14. In addition to the fees chargeable for civil actions, for the costs of proceedings for judgments  
148 by confession under §§ 8.01-432 through 8.01-440, the clerk shall tax as costs (i) the cost of  
149 registered or certified mail; (ii) the statutory writ tax, in the amount required by law to be paid on  
150 a suit for the amount of the confessed judgment; (iii) for the sheriff for serving each copy of the  
151 order entering judgment, \$12; and (iv) for docketing the judgment and issuing executions  
152 thereon, the same fees as prescribed in subdivision A 17.

153 15. For qualifying notaries public, including the making out of the bond and any copies thereof,  
154 administering the necessary oaths, and entering the order, \$10.

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155 16. For each habeas corpus proceeding, the clerk shall receive \$10 for all services required  
156 thereunder. This subdivision shall not be applicable to such suits filed in the Supreme Court of  
157 Virginia.

158 17. For docketing and indexing a judgment from any other court of the Commonwealth, for  
159 docketing and indexing a judgment in the new name of a judgment debtor pursuant to the  
160 provisions of § 8.01-451, but not when incident to a divorce, for noting and filing the assignment  
161 of a judgment pursuant to § 8.01-452, a fee of \$5; and for issuing an abstract of any recorded  
162 judgment, when proper to do so, a fee of \$5; and for filing, docketing, indexing and mailing  
163 notice of a foreign judgment, a fee of \$20.

164 18. For all services rendered by the clerk in any court proceeding for which no specific fee is  
165 provided by law, the clerk shall charge \$10, to be paid by the party filing said papers at the time  
166 of filing; however, this subdivision shall not be applicable in a divorce cause prior to and  
167 including the entry of a decree of divorce from the bond of matrimony.

168 19, 20. [Repealed.]

169 21. For making the endorsements on a forthcoming bond and recording the matters relating to  
170 such bond pursuant to the provisions of § 8.01-529, \$1.

171 22. For all services rendered by the clerk in any proceeding pursuant to § 57-8 or 57-15, \$10.

172 23. For preparation and issuance of a subpoena duces tecum, \$5.

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173 24. For all services rendered by the clerk in matters under § 8.01-217 relating to change of name,  
174 \$20; however, this subdivision shall not be applicable in cases where the change of name is  
175 incident to a divorce.

176 25. For providing court records or documents on microfilm, per frame, \$0.50.

177 26. In all divorce and separate maintenance proceedings, and all civil actions that do not include  
178 one or more claims for the award of monetary damages, the clerk's fee chargeable to the plaintiff  
179 shall be \$60, \$10 of which shall be apportioned to the Courts Technology Fund established under  
180 § 17.1-132 to be paid by the plaintiff at the time of instituting the suit, which shall include the  
181 furnishing of a duly certified copy of the final decree. The fees prescribed by this subdivision  
182 shall be charged upon the filing of a counterclaim or a claim impleading a third-party defendant.  
183 However, no fee shall be charged for (i) the filing of a cross-claim or setoff in any pending suit  
184 or (ii) the filing of a counterclaim or any other responsive pleading in any annulment, divorce, or  
185 separate maintenance proceeding. In divorce cases, when there is a merger of a divorce of  
186 separation a mensa et thoro into a decree of divorce a vinculo, the above mentioned fee shall  
187 include the furnishing of a duly certified copy of both such decrees.

188 27. For the acceptance of credit or debit cards in lieu of money to collect and secure all fees,  
189 including filing fees, fines, restitution, forfeiture, penalties and costs, the clerk shall collect from  
190 the person presenting such credit or debit card a reasonable convenience fee for the processing of  
191 such credit or debit card. Such convenience fee shall not exceed four percent of the amount paid  
192 for the transaction or a flat fee of \$2 per transaction. Nothing herein shall be construed to

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193 prohibit the clerk from outsourcing the processing of credit and debit card transactions to a third-  
194 party private vendor engaged by the clerk.

195 28. For the return of any check unpaid by the financial institution on which it was drawn or  
196 notice is received from the credit or debit card issuer that payment will not be made for any  
197 reason, the clerk shall collect, if allowed by the court, a fee of \$50 or 10 percent of the amount of  
198 the payment, whichever is greater.

199 29. For all services rendered, except in cases in which costs are assessed pursuant to § 17.1-  
200 275.1, 17.1-275.2, 17.1-275.3, or 17.1-275.4, in an adoption proceeding, a fee of \$20, in addition  
201 to the fee imposed under § 63.2-1246, to be paid by the petitioner or petitioners. For each  
202 petition for adoption filed pursuant to § 63.2-1201, except those filed pursuant to subdivisions 5  
203 and 6 of § 63.2-1210, an additional \$50 filing fee as required under § 63.2-1201 shall be  
204 deposited in the Putative Father Registry Fund pursuant to § 63.2-1249.

205 30. For issuing a duplicate license for one lost or destroyed as provided in § 29.1-334, a fee in  
206 the same amount as the fee for the original license.

207 31. For the filing of any petition as provided in §§ 33.1-124, 33.1-125, and 33.1-129, a fee of \$5  
208 to be paid by the petitioner; and for the recordation of a certificate or copy thereof, as provided  
209 for in § 33.1-122, as well as for any order of the court relating thereto, the clerk shall charge the  
210 same fee as for recording a deed as provided for in this section, to be paid by the party upon  
211 whose request such certificate is recorded or order is entered.

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212 32. For making up, certifying and transmitting original record pursuant to the Rules of the  
213 Supreme Court, including all papers necessary to be copied and other services rendered, except  
214 in cases in which costs are assessed pursuant to § 17.1-275.1, 17.1-275.2, 17.1-275.3, 17.1-  
215 275.4, 17.1-275.7, 17.1-275.8, or 17.1-275.9, a fee of \$20.

216 33. [Repealed.]

217 34. For filings, etc., under the Uniform Federal Lien Registration Act (§ 55-142.1 et seq.), the  
218 fees shall be as prescribed in that Act.

219 35. For filing the appointment of a resident agent for a nonresident property owner in accordance  
220 with § 55-218.1, a fee of \$10.

221 36. [Repealed.]

222 37. For recordation of certificate and registration of names of nonresident owners in accordance  
223 with § 59.1-74, a fee of \$10.

224 38. For maintaining the information required under the Overhead High Voltage Line Safety Act  
225 (§ 59.1-406 et seq.), the fee as prescribed in § 59.1-411.

226 39. For lodging, indexing and preserving a will in accordance with § 64.2-409, a fee of \$2.

227 40. For filing a financing statement in accordance with § 8.9A-505, the fee shall be as prescribed  
228 under § 8.9A-525.

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229 41. For filing a termination statement in accordance with § 8.9A-513, the fee shall be as  
230 prescribed under § 8.9A-525.

231 42. For filing assignment of security interest in accordance with § 8.9A-514, the fee shall be as  
232 prescribed under § 8.9A-525.

233 43. For filing a petition as provided in §§ 64.2-2001 and 64.2-2013, the fee shall be \$10.

234 44. For issuing any execution, and recording the return thereof, a fee of \$1.50.

235 45. For the preparation and issuance of a summons for interrogation by an execution creditor, a  
236 fee of \$5. If there is no outstanding execution, and one is requested herewith, the clerk shall be  
237 allowed an additional fee of \$1.50, in accordance with subdivision A 44.

238 B. In accordance with § 17.1-281, the clerk shall collect fees under subdivisions A 7, A 13, A 16,  
239 A 18 if applicable, A 20, A 22, A 24, A 26, A 29, and A 31 to be designated for courthouse  
240 construction, renovation or maintenance.

241 C. In accordance with § 17.1-278, the clerk shall collect fees under subdivisions A 7, A 13, A 16,  
242 A 18 if applicable, A 20, A 22, A 24, A 26, A 29, and A 31 to be designated for services  
243 provided for the poor, without charge, by a nonprofit legal aid program.

244 D. In accordance with § 42.1-70, the clerk shall collect fees under subdivisions A 7, A 13, A 16,  
245 A 18 if applicable, A 20, A 22, A 24, A 26, A 29, and A 31 to be designated for public law  
246 libraries.



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247 E. All fees collected pursuant to subdivision A 27 and § 17.1-276 shall be deposited by the clerk  
248 into a special revenue fund held by the clerk, which will restrict the funds to their statutory  
249 purpose.

250 F. The provisions of this section shall control the fees charged by clerks of circuit courts for the  
251 services above described.

252

253 § 38.2-2217. Reduction in rates for certain persons who attend motor vehicle crash prevention  
254 courses and driver improvement clinics.

255 A. Any schedule of rates, rate classifications or rating plans for motor vehicle insurance as  
256 defined in § 38.2-2212 filed with the Commission shall provide for an appropriate reduction in  
257 premium charges for those insured persons who are fifty-five years of age and older and who  
258 qualify as provided in this subsection. Only those insured persons who have voluntarily and  
259 successfully completed a **mature driver** motor vehicle crash prevention course approved by the  
260 Department of Motor Vehicles shall qualify for a three-year period after the completion of the  
261 course for the reduction in rates. No reduction in premiums shall be allowed for a self-instructed  
262 course or for any course that does not provide actual classroom instruction for a minimum  
263 number of hours as determined by the Department of Motor Vehicles. Notwithstanding the  
264 foregoing provisions of this section, a course sponsor that has been approved by the Department  
265 for the classroom delivery of a crash prevention course may also be approved to deliver that  
266 same substantive course through a secure computer-based medium provided via the Internet or

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267 other electronic means that have been approved by the Department, provided that the sponsor has  
268 acceptable security features designed to assure that the certificates issued pursuant to subsection  
269 E are issued to the same person who took the course and passed the examination related to the  
270 course. **No person assigned by the courts to attend a mature driver motor vehicle crash**  
271 **prevention course shall be eligible for such reduction in premium charges.**

272 B. Any schedule of rates, rate classifications or rating plans for motor vehicle insurance as  
273 defined in § 38.2-2212 filed with the Commission may provide for an appropriate reduction in  
274 premium charges for a two-year period for those insured persons who are fifty-four years of age  
275 or younger and who have satisfactorily completed a driver improvement clinic approved by the  
276 Department of Motor Vehicles, as set forth in Article 19 (§ 46.2-489 et seq.) of Chapter 3 of  
277 Title 46.2. No person assigned by the courts or notified by the Department of Motor Vehicles to  
278 attend a driver improvement clinic shall be eligible for such reduction in premium charges.

279 C. The Commission and the Department of Motor Vehicles may promulgate rules and  
280 regulations which will assist them in carrying out the provisions of this section.

281 D. All insurers writing motor vehicle insurance in Virginia as defined in § 38.2-2212 shall allow  
282 an appropriate reduction in premium charges to all eligible persons upon successfully completing  
283 an approved crash prevention course through actual classroom instruction subject to the  
284 provisions of subsection A. Such insurers may allow an appropriate reduction in premium  
285 charges to all eligible persons upon successfully completing an approved crash prevention course  
286 via the Internet or other electronic means subject to the provisions of subsection A.

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287 E. Upon successfully completing the approved course, the course's sponsor shall issue to each  
288 participant a certificate approved by the Department of Motor Vehicles which shall be evidence  
289 of satisfactory completion of either a motor vehicle crash prevention course or a driver  
290 improvement clinic for the reduction in premium charges. Participants shall be required to  
291 provide satisfactory evidence to the insurance provider that the course or clinic was completed in  
292 accordance with this section.

293 F. Each participant in a motor vehicle crash prevention course shall take an approved course  
294 every three years in order to continue to be eligible for the reduction in premium charges. Each  
295 voluntary participant in a driver improvement clinic shall take an approved course every two  
296 years in order to continue to be eligible for the reduction in premium charges, if any.

297 G. Nothing in this section prevents an insurer from offering appropriately reduced rates based  
298 solely on age.

299 § 46.2-322. Examination of licensee believed incompetent; suspension or restriction of license;  
300 license application to include questions as to physical or mental conditions of applicant; false  
301 answers; examination of applicant; physician's, nurse practitioner's, or physician assistant's  
302 statement.

303 A. If the Department has good cause to believe that a driver is incapacitated and therefore unable  
304 to drive a motor vehicle safely, after written notice of at least 15 days to the person, it may  
305 require him to submit to an examination to determine his fitness to drive a motor vehicle. If the  
306 driver so requests in writing, the Department shall give the Department's reasons for the

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307 examination, ~~including the identity of all persons who have supplied information to the~~  
308 ~~Department regarding the driver's fitness to drive a motor vehicle.~~ However, the Department  
309 shall not provide the source of any ~~the reasons or information if its source is a relative of the~~  
310 ~~driver or a physician, physician assistant, nurse practitioner, pharmacist, or other licensed~~  
311 ~~medical professional as defined in § 38.2-602 treating, or prescribing medications for, the~~  
312 ~~driver~~ supplied to the Department from a person supplying such information in good faith  
313 regarding a driver's fitness to drive. In all cases good faith shall be presumed unless the  
314 intent of the complainant, from the face of the document, clearly indicates otherwise All  
315 persons supplying information to the Department shall provide identifying information to  
316 the Department including their name, address, and relationship to the driver being  
317 referred to the Department for examination.

318 B. As a part of its examination, the Department may require a physical examination by a licensed  
319 physician, licensed nurse practitioner, or licensed physician assistant and a report on the results  
320 thereof. When it has completed its examination, the Department shall take whatever action may  
321 be appropriate and may suspend the license or privilege to drive a motor vehicle in the  
322 Commonwealth of the person or permit him to retain his license or privilege to drive a motor  
323 vehicle in the Commonwealth, or may issue a license subject to the restrictions authorized by §  
324 46.2-329. Refusal or neglect of the person to submit to the examination or comply with  
325 restrictions imposed by the Department shall be grounds for suspension of his license or  
326 privilege to drive a motor vehicle in the Commonwealth.

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327 C. The Commissioner shall include, as a part of the application for an original driver's license, or  
328 renewal thereof, questions as to the existence of physical or mental conditions that impair the  
329 ability of the applicant to drive a motor vehicle safely. Any person knowingly giving a false  
330 answer to any such question shall be guilty of a Class 2 misdemeanor. If the answer to any such  
331 question indicates the existence of such condition, the Commissioner shall require an  
332 examination of the applicant by a licensed physician, licensed physician assistant, or licensed  
333 nurse practitioner as a prerequisite to the issuance of the driver's license. The report of the  
334 examination shall contain a statement that, in the opinion of the physician, physician assistant, or  
335 nurse practitioner, the applicant's physical or mental condition at the time of the examination  
336 does or does not preclude his safe driving of motor vehicles.

337 **D. Persons who have supplied information to the Department in good faith regarding a**  
338 **driver's fitness to drive shall be immune from any civil or criminal liability in connection**  
339 **with providing such information, unless it is proven that such person acted in bad faith or**  
340 **with malicious intent.**

341

342 § 46.2-330. Expiration and renewal of licenses; examinations required.

343 A. Every driver's license shall expire on the applicant's birthday at the end of the period of years  
344 for which a driver's license has been issued. At no time shall any driver's license be issued for  
345 more than eight years. Thereafter the driver's license shall be renewed on or before the birthday  
346 of the licensee and shall be valid for a period not to exceed eight years except as otherwise

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347 provided by law. **Any driver's license issued to a person aged 75 or older shall be issued for**  
348 **a period not to exceed five years.** Notwithstanding these limitations, the Commissioner may  
349 extend the validity period of an expiring license if (i) the Department is unable to process an  
350 application for renewal due to circumstances beyond its control, (ii) the extension has been  
351 authorized under a directive from the Governor, and (iii) the license was not issued as a  
352 temporary driver's license under the provisions of subsection B of § [46.2-328.1](#). However, in no  
353 event shall the validity period be extended more than 90 days per occurrence of such conditions.  
354 In determining the number of years for which a driver's license shall be renewed, the  
355 Commissioner shall take into consideration the examinations, conditions, requirements, and  
356 other criteria provided under this title that relate to the issuance of a license to operate a vehicle.  
357 Any driver's license issued to a person required to register pursuant to Chapter 9 (§ [9.1-900](#) et  
358 seq.) of Title 9.1 shall expire on the applicant's birthday in years which the applicant attains an  
359 age equally divisible by five.

360 B. Within one year prior to the date shown on the driver's license as the date of expiration, the  
361 Department shall send notice, to the holder thereof, at the address shown on the records of the  
362 Department in its driver's license file, that his license will expire on a date specified therein,  
363 whether he must be reexamined, and when he may be reexamined. Nonreceipt of the notice shall  
364 not extend the period of validity of the driver's license beyond its expiration date. The license  
365 holder may request the Department to send such renewal notice to an email or other electronic  
366 address, upon provision of such address to the Department.

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367 Any driver's license may be renewed by application after the applicant has taken and successfully  
368 completed those parts of the examination provided for in §§ [46.2-311](#), [46.2-325](#), and the Virginia  
369 Commercial Driver's License Act (§ [46.2-341.1](#) et seq.), including vision and written tests, other  
370 than the parts of the examination requiring the applicant to drive a motor vehicle. All drivers  
371 applying in person for renewal of a license shall take and successfully complete the examination  
372 each renewal year. Every applicant for a renewal shall appear in person before the Department,  
373 unless specifically notified by the Department that renewal may be accomplished in another  
374 manner as provided in the notice. Applicants who are required to appear in person before the  
375 Department to apply for a renewal may also be required to present proof of identity, legal  
376 presence, residency, and social security number or non-work authorized status.

377 C. Notwithstanding any other provision of this section, the Commissioner, in his discretion, may  
378 require any applicant for renewal to be fully examined as provided in §§ [46.2-311](#), [46.2-325](#), and  
379 the Virginia Commercial Driver's License Act (§ [46.2-341.1](#) et seq.). Furthermore, if the  
380 applicant is less than 80 years old, the Commissioner may waive the vision examination for any  
381 applicant for renewal of a driver's license which is not a commercial driver's license, and the  
382 requirement or the taking of the written test as provided in subsection B of this section, § [46.2-](#)  
383 [325](#) and the Virginia Commercial Driver's License Act (§ [46.2-341.1](#) et seq.), for any applicant  
384 for renewal who is at least 21 years old. Such written test shall not be waived for an applicant  
385 less than 21 years old if such applicant's driver's license record on file with the Department  
386 contains a record of one or more convictions for any offense reportable under §§ [46.2-382](#), [46.2-](#)  
387 [382.1](#), and [46.2-383](#). However, in no case shall there be any waiver of the vision examination for  
388 applicants for renewal of a commercial driver's license or of the knowledge test required by the

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389 Virginia Commercial Driver's License Act for the hazardous materials endorsement on a  
390 commercial driver's license. No driver's license or learner's permit issued to any person who is ~~80~~  
391 75 years old or older shall be renewed unless the applicant for renewal appears in person and  
392 either (i) passes a vision examination or (ii) presents a report of a vision examination, made  
393 within 90 days prior thereto by an ophthalmologist or optometrist, indicating that the applicant's  
394 vision meets or exceeds the standards contained in § [46.2-311](#).

395 D. Every applicant for renewal of a driver's license, whether renewal shall or shall not be  
396 dependent on any examination of the applicant, shall appear in person before the Department to  
397 apply for renewal, unless specifically notified by the Department that renewal may be  
398 accomplished in another manner as provided in the notice.

399 E. This section shall not modify the provisions of § [46.2-221.2](#).

400 F. 1. The Department shall electronically transmit application information, including a  
401 photograph, to the Department of State Police, in a format approved by the State Police, for  
402 comparison with information contained in the Virginia Criminal Information Network and  
403 National Crime Information Center Convicted Sexual Offender Registry Files, at the time of the  
404 renewal of a driver's license. Whenever it appears from the records of the State Police that a  
405 person has failed to comply with the duty to register or reregister pursuant to Chapter 9 (§ [9.1-](#)  
406 [900](#) et seq.) of Title 9.1, the State Police shall promptly investigate and, if there is probable cause  
407 to believe a violation has occurred, obtain a warrant or assist in obtaining an indictment charging  
408 a violation of § [18.2-472.1](#) in the jurisdiction in which the person last registered or reregistered  
409 or in the jurisdiction where the person made application for licensure. The Department of State



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410 Police shall electronically transmit to the Department, in a format approved by the Department,  
411 for each person required to register pursuant to Chapter 9 of Title 9.1, registry information  
412 consisting of the person's name, all aliases that he has used or under which he may have been  
413 known, his date of birth and social security number as set out in § [9.1-903](#).

414 2. For each person required to register pursuant to Chapter 9 of Title 9.1, the Department may  
415 not waive the requirement that each such person shall appear for each renewal or the requirement  
416 to obtain a photograph in accordance with subsection C of § [46.2-323](#).

417

418 **46.2-943.1. Court may direct defendant to attend mature driver crash prevention course.**

419 **A. Any circuit or general district court of the Commonwealth may require any person, in**  
420 **lieu of finding such person guilty of a violation of any state law or local ordinance, to attend**  
421 **a mature driver motor vehicle crash prevention course. The attendance requirement may**  
422 **be in lieu of or in addition to the penalties prescribed by § 46.2-113, or the local ordinance.**

423 **B. Notwithstanding the provisions of subsection A, no court shall, as a result of requiring a**  
424 **person to attend a mature driver motor vehicle crash prevention course, reduce, dismiss, or**  
425 **defer the conviction of a person charged with any offense committed while operating a**  
426 **commercial motor vehicle as defined in the Virginia Commercial Driver's License Act (§**  
427 **46.2-341.1 et seq.) or any holder of a commercial driver's license charged with any offense**  
428 **committed while operating a noncommercial motor vehicle.**

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429

430 **C. Mature driver motor vehicle crash prevention course providers shall notify the**  
431 **Department through electronic means prescribed by the Department when a defendant**  
432 **assigned to such course has successfully completed the course.**

433

434 **2. That this act shall become effective on January 1, 2015.**

**Appendix L:**  
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## **Appendix M:**

### **Written Responses from Stakeholders Regarding the Study Report and Proposed Legislation**



October 14, 2013

Dear Commissioner Rick Holcomb:

Congratulations on the completion of the *Mature Drivers Study*. The resulting report provides a wealth of information that will serve as an excellent guide for the Commonwealth. The amount of time and effort contributed by a wide range of experts is obvious from the breadth, depth, and quality of the information provided.

Virginia, like most states, is facing significant growth in its aging population. The recommendations put forth in the *Mature Drivers Study* report provide important direction for new/modified policies, guidelines, and programs for Virginia's mature drivers. For example,

- Lowering the statutory age for mandatory in-person license renewal to age 75
- Providing judges with the option of requiring mature drivers to complete a mature driver crash prevention course
- Leveraging the GrandDriver website as a central resource for mature drivers
- Expanding DMV mobile operations to reach more mature drivers

For over 35 years, the Center for Gerontology at Virginia Tech has contributed to efforts that further understanding of issues facing an aging population and the quality of life of older adults. The *Mature Drivers Study* clearly aligns with our mission – the suggested recommendations for change have the potential to make a positive difference in the everyday lives of our older citizens. The Center would welcome the opportunity to continue its involvement with the DMV to implement the study's recommendations. We have a cadre of educators with expertise in the development of community education programs for older adults as well as researchers with excellent program evaluation skills from which you may want to draw upon, as new policies and programs for mature drivers are being developed and rolled-out across the Commonwealth.

Thank you for your commitment to address the needs of mature drivers in Virginia. I strongly encourage the General Assembly and relevant state and local departments to give the report findings top priority.

Sincerely,

Karen A. Roberto, Ph.D.  
Professor and Director  
Center for Gerontology





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October 16, 2013

Commissioner Rick Holcomb  
Department of Motor Vehicles  
P.O. Box 27412  
Richmond, VA 23269

Dear Commissioner Holcomb:

AARP Virginia was pleased to participate as a stakeholder in all three of your mature driver study work groups. We did thorough work under your leadership and I appreciate you and your staff for conducting a well-coordinated and facilitated Committee.

As you know from my remarks during committee meetings, AARP's policy on older drivers centers on **safety** for all users of the road and supports a multifaceted approach to safe driving. There is no single approach to keeping America's aging population safe and mobile. To that end, we support: improvements to the travel environment; improved driver licensing techniques; family discussions to identify, monitor and intervene when older drivers are deemed to be at risk; industry changes to make vehicles safer for occupants and to assist in crash avoidance; and, enhanced mobility options for those individuals that do not own a vehicle, need to cease driving, or who choose not to drive.

Regarding the recommendation to amend § 46.2-330 of the *Code of Virginia* to lower the statutory age for mandatory in-person license renewal for mature drivers from age 80 to age 75, AARP supports effective, evidence-based assessment models to identify at-risk drivers. As such, the DMV should require an assessment of functional impairment, such as reduced vision and cognitive skills. We also suggest that individuals who exhibit functional impairments be given a road test tailored to identify impediments to safe driving and take appropriate action, including issuing licenses tailored to the individual based on the test results. *These policies are not age specific, but for drivers of all ages. We are not in favor of the age-based model since the real issue is health, not age.*

Regarding the recommendation Amending § 46.2-330 of the *Code of Virginia* to shorten the license renewal period from eight years to five years for persons age 75 and older, AARP notes that in-person renewals have been

found to be an effective screening tool to identify potentially at-risk drivers. AARP supports requiring all drivers to renew licenses in-person at regular intervals.

Regarding the recommendation to continue to monitor and collect data on those drivers age 85 and older and their incidences of crashes, improper actions and convictions to determine whether the license renewal period should be further shortened, rather than making an "age" the trigger for more infrequent renewals, one approach might be to have an individual's driving record and medical situation be the trigger.

Thank you for allowing AARP to be a part of your study group. We appreciate the efforts of your department and stakeholders to make Virginia's roads and highways safer for all.

Sincerely,

A handwritten signature in black ink that reads "DMD DeBiasi". The signature is written in a cursive, flowing style.

David M. DeBiasi  
Associate State Director – Advocacy  
AARP Virginia

October 21, 2013

Richard D. Holcomb  
Commissioner, Department of Motor Vehicles  
2300 West Broad Street  
Richmond, Virginia 23269

Dear Commissioner Holcomb:

In January of 2013, the Virginia State House and Senate Transportation Committees charged the Virginia Department of Motor Vehicles (DMV) to conduct a review of existing motor vehicle research and data, to learn if, "... the Commonwealth should adopt additional objective criteria in current license renewal requirements as a means of assessing mature drivers' continued capability to remain active, safe, independent, and mobile on the road as they age."

As Advocates for Highway Safety and participants in this Study, we strongly endorse all the recommendations found in the Virginia DMV, "Mature Drivers Study" dated 2013. Further, we sincerely urge the Virginia General Assembly to review this report, amend the Code of Virginia as suggested, as well as endorse the many recommendations not requiring legislative action. All these recommendations are critical to assisting Mature Drivers in prolonging their safe driving experience, and thus make Virginia's roadways and highways safer.

We became involved in this issue after the devastating loss of our son, brother and husband, Darren Morrell who was killed on November 8, 2011, when an 85 year old individual pulled out of a small commercial area making a left hand turn across traffic and failed to yield to oncoming traffic. In an effort to try and keep other families from going thru what we are, and sensing an opportunity to turn this tragic event into a positive outcome, however small, we met with executives at the DMV, as well as our Delegate and Senator to encourage enhancements to current licensing policies. We also encouraged expansion of an education program for the ever increasing population that comprises the Mature Driver category. This is certainly a national phenomenon not just a local issue, and additional effort needs to be made to understand the effects of the aging process on the ability to drive safely and how the aging process is different for each individual.

Finally, recognition must be given to the professionals at DMV as this Study is neither punitive nor selective, as neither will benefit the citizens of this State, nor assist other States as they too seek to address the tremendous growing population of Mature Drivers. We encourage the DMV to pressure the National Highway Traffic Safety Administration (NHTSA) to prioritize research into how the cognitive and physical aging process of individuals impacts their ability to safely operate a motor vehicle, given the large population of Mature Drivers, and the extended life cycle of many.



David Morrell  
Advocate for Highway Safety



Bryan Morrell  
Advocate for Highway Safety

