



# OFFICER REFERRAL FORM

DEPARTMENT OF REVENUE  
DIVISION OF VEHICLES  
DRIVER SERVICES  
[www.ksrevenue.gov/vehicle.html](http://www.ksrevenue.gov/vehicle.html)

This form is used to provide the Division of Vehicles with information for drivers that have been in an accident, a traffic stop or exhibited behavior which indicates the driver may have a medical condition that may impair driving abilities.

Driver's License # \_\_\_\_\_

Driver's Full Name \_\_\_\_\_

Driver's Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Driver's Date of Birth \_\_\_\_\_

Date of Incident \_\_\_\_\_

Incident Description

Officer's Name & Title \_\_\_\_\_

Officer's Phone Number \_\_\_\_\_

Police Dept Address \_\_\_\_\_

Other Contact Information \_\_\_\_\_

Other Comments

Enter your email address to receive a driver status update \_\_\_\_\_

Once the form has been completed in full, you may fax, email or mail this document to the Medical/Vision Unit.

Fax Number: 785-296-5857

Email address: [KDOR\\_Medical.VisionUnit@ks.gov](mailto:KDOR_Medical.VisionUnit@ks.gov)

Mailing Address: Division of Vehicles  
Medical/Vision Unit  
PO BOX 2188  
TOPEKA, KS 66601-2188

Staff are available for questions at (785) 368-8971 Monday - Friday from 8:00am - 4:00pm (excluding holidays).