

## **Do you have an elderly relative whose safety you are concerned about in regard to their driving?????**

### **The signs that your elderly loved one needs to give up driving:**

1. Sudden lane changes, braking, or acceleration for no particular reason — a sign that their reflexes are slowing
2. Lots of near-collisions or small, minor accidents, such as scraping their car against another car or a garage.
3. Failing to use the turn signal
4. Driving on the wrong side of the road or in the shoulder
5. An inability to read road signs or written directions
6. Missing turns or backing up to make the correct turn
7. Inability to judge a specific distance
8. Misidentifying the gas pedal for the brake and vice versa
9. Lots of fidgeting while driving
10. Lack of patience while driving and arguing with other drivers
11. Making wrong turns and not being able to remember how to get to often-traveled places
12. Confusion at traffic lights (e.g. mistaking red for green and vice versa)
13. Repeatedly being pulled over by police officers

### **Reporting a concern to the New Jersey Motor Vehicle Commission:**

Serious concerns about an individual's driving skills can be reported to MVC's Medical Review Unit using the process described below. The Medical Review Unit screens and establishes cases based on referrals from medical professionals, police, courts, social workers and family members. Physicians are required by law to notify MVC if patient suffers from a recurrent seizure, recurrent periods of unconsciousness or for impairment or loss of motor coordination due to conditions such as, but not limited to, epilepsy. (NJSA 39:3-10.4). Anonymous reports cannot be accepted.

The American Medical Association (AMA) 1999 ethical guidelines states that all physicians are ethically responsible for notifying their state Motor Vehicle Department if they believe a patient may not be able to drive safely.

#### **In order to report a concern:**

- Write a letter detailing the motorist's medical condition and as much of the following information as possible: name and address, driver license number and date of birth. Include your full name and address, your relationship to the driver and your observations regarding the person's driving safety
- Fax the letter to (609) 292-7504. Or mail it to: Medical Review Unit, NJMVC, P.O. Box 173 , Trenton , NJ 08666-0173
- Questions may be directed to (609) 292-7500 x5032

NJMVC Website: [http://www.nj.gov/mvc/Licenses/reporting\\_concern.htm](http://www.nj.gov/mvc/Licenses/reporting_concern.htm)