

The Elderly Driver and Law Enforcement

Presented by:

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Police Officer-Traffic Safety

I'LL HAVE A
CHEESEBURGER,
LARGE FRIES,
BLACK COFFEE...

I'M STARTING TO
THINK RETESTING
SENIORS FOR
DRIVING ISN'T A
BAD IDEA!



Who is Scarier?



Trick Question - they are the same



- Light speed reactions
- Lacks experience

Trick Question - they are the same



- Slow reactions
- Lifetime of experience

Is there a problem?



Woodbury Public Safety

POLICE • EMS • FIRE

Additional Info



- Driver birthday 07/07/1924
- Plans on surrendering her DL on her BDay this year
- Very confused
- Vehicle had “bumper car damage”
- Previous ICR’s for poor driving but NO TICKETS

Disposition



- Cite for fail to yield to emergency vehicle
- Driver evaluation submitted

What to look for on the vehicle



**Are they playing Bumper Cars
in parking lots or their garage?**

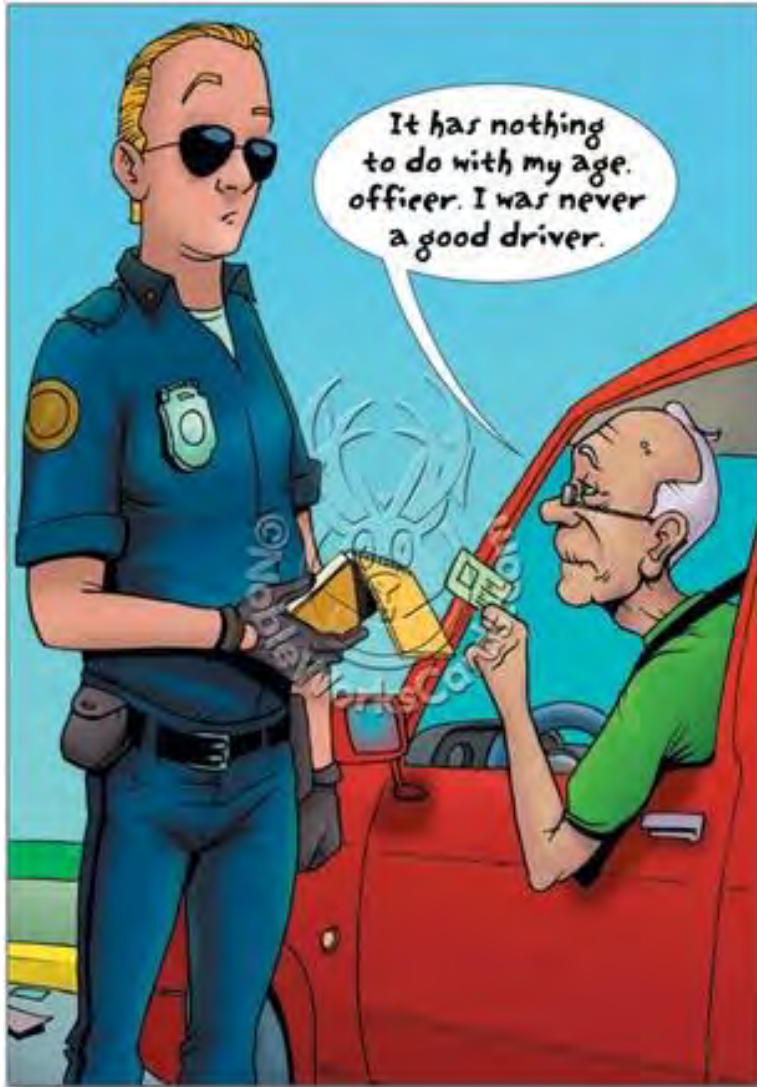


What to look for with the driver



- Vision
- Cognitive
- Hearing
- Depth Perception
- Medical ID Bracelet
- Confusion
 - Brake vs Gas

Age is NOT a factor



“It has nothing to do with my age officer, I was never a good driver”

How can Law Enforcement Help?




- Other mobility options
- Encourage voluntary driver assessments
- Refresher driving programs
- Get family involved
- Cite the driver for traffic violation
- Complete and submit drivers evaluation

Old vs New for Police



DRIVER AND VEHICLE SERVICES
DRIVER EVALUATION UNIT
445 MINNESOTA ST., SUITE 170
ST. PAUL, MN 55101-5170



REQUEST FOR EXAMINATION OF DRIVER

FIRST NAME OF DRIVER _____ MIDDLE NAME _____ LAST NAME _____

ADDRESS _____ CITY _____

DRIVER LICENSE NUMBER _____ DATE OF BIRTH _____

Date and time of incident _____ Location of incident _____

Was an accident involved? YES NO Was the driver given a citation? YES NO

If yes, what was citation for? _____

CHECK ONE OR MORE OF THE FOLLOWING THAT APPLY AND DESCRIBE BELOW.

General physical/health problem Mental or emotional problem (including road rage, memory loss, etc.)

Diabetic loss of consciousness or voluntary control Loss of consciousness or voluntary control (seizures)

Vision problem Lack of knowledge of traffic laws

Lack of physical driving skills Other _____

Violation of "ANY USE OF ALCOHOL/DRUG INVALIDATES LICENSE" restriction
(please attach report verifying alcohol/drug use)

SUMMARY - DESCRIBE IN DETAIL THE DRIVING ACTIONS OR CONDITIONS THAT BROUGHT THIS DRIVER TO YOUR ATTENTION. WHY DO YOU FEEL THIS DRIVER SHOULD BE RE-EXAMINED? PLEASE ATTACH ANY PERTINENT REPORTS THAT WOULD BE HELPFUL TO THE DRIVER EVALUATOR. AGE ALONE CANNOT BE CONSIDERED GOOD CAUSE FOR RE-EXAMINATION.


I therefore submit this information to the Driver Evaluation Unit as good cause for re-examination of this driver under Minnesota Statute 171.13. _____ Date _____

Signature and title of Officer: _____ Badge Number: _____ Phone Number: _____

Law Enforcement Agency: _____ City: _____

PS 31924-04

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES
DRIVER EVALUATION UNIT
445 MINNESOTA ST., SUITE 170
ST. PAUL, MN 55101-5170



REQUEST FOR EXAMINATION OF DRIVER

Print Form

DRIVER INFORMATION

First Name of Driver _____ Middle Name _____ Last Name _____

Street Address _____ City _____

Driver's License Number _____ Date of Birth _____

INCIDENT INFORMATION

Date and time of incident _____ Location of incident _____

Was an accident involved? YES NO Was the driver given a citation? YES NO

Check one or more of the following that apply and describe in the summary section below:

General physical/health problem Mental or emotional problem (including road rage, memory loss, etc.)

Diabetic loss of consciousness or voluntary control Loss of consciousness or voluntary control (seizures)

Vision problem Lack of knowledge of traffic laws

Lack of physical driving skills Other _____

Violation of "ANY USE OF ALCOHOL/DRUG INVALIDATES LICENSE" restriction
(please attach report verifying alcohol/drug use)

SUMMARY - Describe in detail the driving actions or conditions that brought this driver to your attention. Why do you feel this driver should be re-examined? Please attach any pertinent reports that would be helpful to the driver evaluator. Age alone cannot be considered good cause for re-examination.

I therefore submit this information to the Driver Evaluation Unit as good cause for re-examination of this driver under Minnesota Statute 171.13. _____ Date _____

Signature of Officer: _____ Title: _____ Badge Number: _____ Phone Number: _____

Law Enforcement Agency: _____ City: _____

PS31924-05 (05/14)

Where to Find the New Form



Driver and Vehicle Services Driver License Agents

[DVS Home](#)

Driver and Vehicle Services

BCA Links

[Return to MyBCA](#)

[Account Management](#)

[MyBCA Logout](#)

Forms:

- [Request for Examination of Driver](#)
- [Peace Officer Certification of CVO \(Criminal Vehicular Operation/Homicide\)](#)

Crash Records:

- [Features of Online Reporting System](#)
- [Must Read: 1st Time Instructions](#)
- [Do Reports Online](#)
- [Find an Electronically Filed Crash Report](#)

[Minnesota Statute 169.09 Subd.13](#)

- [Documentation \(including tips for the drawing tool\)](#)

Due to legislative change in Minn. Stat. § 169.09, Subd. 13, insurance companies and their agents are no longer required to obtain written authorization from their insured to request a copy of the crash report submitted by law enforcement to the Department of Public Safety

Reporting for Public



https://dps.mn.gov/divisions/dvs/forms-documents/Documents/MedicalConditions_and_YourLicense.pdf

Reporting At-Risk Drivers

If you are concerned that a family member, friend, or acquaintance can no longer safely operate a motor vehicle you may request that Driver and Vehicle Services evaluate the at-risk driver. If you are related to the driver, your statement is confidential and the evaluator will not reveal your identity, unless ordered to do so by a court of law.

Your request must be in writing and include the following information:

- Full name and date of birth of the at-risk driver; include the individual's driver's license number if it is available.
- Description of the condition and explain why you believe the person to be an at-risk driver.
- Your name, address and phone number.

Send your request to:

Driver and Vehicle Services
Attn: Medical Unit
445 Minnesota Street Suite 170
St. Paul, MN 55101-5170



SENIORS

I'M SPEEDING BECAUSE I HAVE TO GET TO
WHERE I'M GOING BEFORE I FORGET WHERE
I'M GOING

Other Resources



Older Driver Law Enforcement Instructor Training

<http://www.iadlest.org/Projects/OlderDriverLawEnforcementTraining.aspx>

Safety and Mobility for Life – LE Resources

<http://www.safeandmobileseniors.org/LawEnforcementResources.htm>

Cues for Law Enforcement

<http://www.nhtsa.gov/people/injury/olddrive/lawcues.html>

AAA

<http://dev.seniordriving.aaa.com/>



Questions?

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