

Cited Driver Worksheet

Driver Examination Division, Missouri State Highway Patrol

Date: _____ Name of Driver: _____

Examiner: _____ Location: _____

Utilize this worksheet when conducting a driving skills test for someone cited by the Director of Revenue. Record your observations and professional opinions below. Note when responses are incorrect or otherwise unusual. Transfer marked information and specific errors to the narrative section of Form 232 (Driver Information Report).

INTERPERSONAL

- Appears confused /disoriented
- Unaware of purpose of evaluation
- Inattentive / easily distracted
- Slow to respond to questions
- Speech is difficult to understand
- Forgetful in conversation
- Repeats statements/questions
- Possible hearing impairment
- Poor comprehension of instructions
- Needs prompting/cues to stay on task
- Hostile/angry comments to examiner
- Denies making errors while driving
- Unwilling to accept/discuss feedback

VISION

- Wearing glasses during evaluation
- Glasses appear broken
- Driver reports needing new glasses
- Vision appears generally impaired
- Unable to read text on forms
- Unable to read road signs
- Has difficulty judging distances
- Has difficulty identifying road signs
- Difficulty viewing objects at sides
- Looks straight ahead (*Tunnel Vision*)
- Fails to check blind spot
- Must strain to see over dashboard

MOTOR FUNCTION—General

- Unsteady when walking to car
- Slow, shuffling gait
- Balance problem in standing/walking
- Requires assistance so as not to fall
- Uses a cane or walker
- Limited head/neck range of motion
- Limited arm range of motion
- Hands/arms shake (tremor)
- Head shakes
- Slow gross motor skills
- Appears generally frail and weak
- Poor endurance / tires easily
- Difficulty lifting legs

MOTOR FUNCTION—Vehicle

- Car transfer is awkward / unsteady
- Difficulty locating ignition & placing key
- Has difficulty starting vehicle
- Difficulty locating & putting on seat belt
- Has difficulty reaching the pedals
- Has difficulty moving gear shift
- Has difficulty grasping the wheel
- Slow foot movement gas to brake
- Applies gas & brake simultaneously
- Confuses gas & brake pedals
- Foot appears to slip off pedal

ORIENTATION & MEMORY

1. Ask driver *why are you here?*
Record response as given.

2. Ask driver to state/spell full name.

3. Ask driver to state full home address.

_____ Zip _____

4. Ask driver to state full home phone.

5. Ask today's date, using prompts if necessary:

Date: _____

Day of _____
Week: _____

Month: _____

Year: _____

6. Ask what city or town we are in now:

7. Ask what is make/model/year of car:

8. Point at each & ask driver to name it.
Record response as given.

Steering
Wheel: _____

Glove Compartment/
Box: _____

Rear View
Mirror: _____

Wind-
shield: _____

Radio/
Stereo: _____

OPERATION OF VEHICLE

- Speed—Consistently too fast
- Speed—Consistently too slow
- Speed—Variable & Uncontrolled

- Lane—Weaves/drifts over lane lines
- Lane—Drives on/over center line
- Lane—Consistently too close to curb
- Lane—Difficulty when changing lanes
- Lane—Incorrect use during right turns
- Lane—Incorrect use during left turns
- Lane—Incorrect use at intersections

- Backing—Weaves when backing up
- Backing—Fails to look where going
- Parking—Unable to parallel park

- Signs—Inconsistent in responding
- Signs—Failed to stop or yield
- Signs—Unaware/oblivious to signs
- Signs—Ran red light

- Control—General poor control
- Control—Follows too close to others
- Control—Hits/runs over curbs
- Control—Stops in traffic for no reason
- Control—Near misses observed
- Control—Almost hit pedestrian

OTHER OBSERVATIONS:

- Consistent failure to check conditions
- Delayed response to road conditions
- Appears confused at intersections
- Failed to cover brake near pedestrian
- Unable to chat and drive at same time
- Has difficulty merging into traffic
- Unable to anticipate potential dangers
- Does not improve with feedback
- I felt unsafe in the car with him/her

Performance Summary

Score _____ Pass / Fail

Notes:

Recommendations:

- Too Impaired for Driving Skills Test
- Too Unsafe / No Further Testing
- Vision Testing is Recommended
- Medical Advisory Board Input