

# THURMONT POLICE DEPARTMENT

<b>GENERAL ORDER</b>	<i>Date Issued:</i> June 19, 2006	<i>Effective Date:</i> June 19, 2006	<i>Order No</i> Chapter 35.5
<i>Authority: Chief of Police</i> <p style="text-align: center;">Gregory L. Eyer</p>		<i>Manual Page No:</i>	
<i>Subject: <b>MOTORIST RE-EXAMINATION</b></i>		<i>Replaces Page No:</i>	
<i>Accreditation Standard:</i> Chapter 61.1.12	<i>Distribution:</i> <b>ALL</b>	<i>Amended:</i>	<i>Number of Pages:</i> 3
<i>Related Documents:</i> Maryland Motor Vehicle Code		<i>Rescinds:</i>	

This Directive is for internal use only, and other than as contraindicated here this Directive does not create or enlarge this Department's, governmental entity's, any of this Department's officers, and/or any other entities' civil, criminal, and/or other accountability in any way. This Directive is not to be construed as the creation of a standard of safety or care in any sense, with respect to any complaint, demand for settlement, or any other form of grievance, litigation, and/or other action. Deviations from this Directive, if substantiated, can only form the basis for intra-Departmental administrative action(s) (including discipline and/or termination).

## I. PURPOSE:

The purpose of this order is to establish guidelines for requesting re-examination of drivers by the Maryland Motor Vehicle Administration who are believed to be physically or mentally incapable or operating a motor vehicle safely.

## II. POLICY:

It is the policy of the Thurmont Police Department to detect drivers who appear to be physically or mentally unfit to operate a motor vehicle safely. Officers will complete the re-examination request form and forward the information to the Maryland Motor Vehicle Administration.

## III. DEFINITIONS:

## IV. PROCEDURE:

### A. RE-EXAMINATION PROCEDURES:

1. When any officer of the Thurmont Police Department encounters a person who he/she believes is unfit to safely operate a motor vehicle due to a mental or physical limitation, the Officer may complete a re-examination request form. This form will request that the person be re-examined as outlined under the provisions of the Transportation Article (Appendix 35.5A).
  - a. The Officer must explain his/her reasons for the need for re-examination.

2. The completed request form will be forwarded to a Sergeant for approval prior to being sent to the Motor Vehicle Administration.
3. If a request for re-examination is denied, the Sergeant denying the request shall inform the Officer requesting the re-examination of the reason for denial.

**ATTACHMENTS:**

Appendix 35.5A: MVA Request for Re-Examination Form

**DOCUMENT DATES :**

*Amended Date:*

*Review Date:*

*Review Date:*

*Review Date:*

*Rescinds:*

*Order Written by: Sergeant Shawn R. Tyler*

*Order Edited and Approved by: Chief of Police*

*CALEA Standards Included in this Order*

*CHAPTER 61 Traffic*

*Ancillary Services*

STATE OF MARYLAND  
MOTOR VEHICLE ADMINISTRATION



**REQUEST FOR RE-EXAMINATION/MEDICAL EVALUATION OF DRIVER**

DRIVER  
LICENSE  
NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS \_\_\_\_\_  
STREET ADDRESS

CITY STATE Co. ZIP

Violation \_\_\_\_\_

INVOLVED IN ACCIDENT: YES \_\_\_ NO \_\_\_ PI \_\_\_ PD \_\_\_ F \_\_\_

Summoned: YES \_\_\_ NO \_\_\_ SUMMONS No. \_\_\_\_\_

DATE and TIME of Incident \_\_\_\_\_ AM  
PM

Location of Incident \_\_\_\_\_

Physical Defects Observed (be specific)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summary: What action/observation of the driver led you to the  
impression of the need for re-examination/medical evaluation.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certification of Presiding Judge or Officer.  
I certify pursuant to the provision of Section 12-109(b) Maryland Vehicle Law of the Annotated Code of  
Maryland under penalty of perjury that the statements made herein are true and correct to the best of  
my knowledge, information and belief.

Officer's Signature: \_\_\_\_\_ ID# \_\_\_\_\_

Printed Name of Officer \_\_\_\_\_

Approval of Commanding Officer \_\_\_\_\_ DATE \_\_\_\_\_

Law Enforcement Agency \_\_\_\_\_ District/Barrack \_\_\_\_\_

Complete Address of District/Barrack \_\_\_\_\_

City/County Zip Code

Presiding Judge/ID# \_\_\_\_\_ City/County \_\_\_\_\_