

TV

SANDRA KURT

2016 MAY 27 PM 12: 58

IN THE COURT OF COMMON PLEAS
SUMMIT COUNTY, OHIO
SUMMIT COUNTY
CLERK OF COURTS

Claire Y. Anderson,

Appellant,

vs.

Ohio Department of Public Safety,

Appellee.

Case No. CV-2016-04-1970

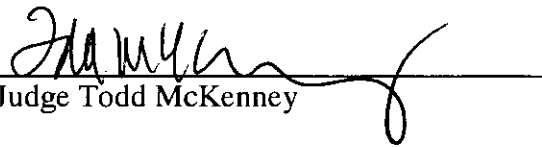
Administrative Appeal

Judge Todd McKenney

ORDER DISMISSING APPEAL ON THE BASIS OF MOOTNESS

Upon Appellee's suggestion of mootness, this court has considered the relevant facts and finds the suggestion well-taken. Accordingly, the above captioned case is dismissed without prejudice.

It is so **Ordered**.



Judge Todd McKenney

5/27/16
Date

Copies sent to:

Claire Y. Anderson
1730 2nd St., Apt. 1
Cuyahoga Falls, OH 44221
Appellant

Daniel J. Murry
Assistant Attorney General
30 East Broad St., 26th Floor
Columbus, OH 43215
*Counsel for Appellee, Ohio Department of
Public Safety, Bureau of Motor Vehicles*

IN THE COURT OF COMMON PLEAS
SUMMIT COUNTY, OHIO

Claire Y. Anderson,	:	Case No. CV-2016-04-1970
	:	
Appellant,	:	
	:	Administrative Appeal
vs.	:	
	:	
Ohio Department of Public Safety,	:	Judge Todd McKenney
	:	
Appellee.	:	
	:	

APPELLEE’S SUGGESTION OF MOOTNESS

Now comes Appellee Ohio Department of Public Safety, Bureau of Motor Vehicles (“BMV”), by and through counsel, and suggests that the appeal herein is now moot.

On May 10, 2016, the BMV reinstated Appellant – Claire Y. Anderson’s driver license (“license”) by lifting the previously imposed medical suspension. The present status of her license is “valid.” *See* Exhibit A, p. 2.

The BMV does, however, disclose that on May 11, 2016, it mailed Ms. Anderson a Notice of Mandatory Physician’s Statement and related documentation. *See* Exhibit A, p. 3-6. Ms. Anderson will have thirty (30) days from the mailing date on the Notice¹ to submit a favorable Physician’s Statement stating that she should be permitted to retain her license, or it

¹ The BMV mailed the Notice of Mandatory Physician’s Statement and related documentation to Appellant on May 11, 2016. The Notice is postdated May 18, 2016.

will be suspended. Ms. Anderson will also have thirty (30) days from the mailing date on the Notice to request a hearing.

Generally, Ohio courts will decide only actual controversies between parties by a judgment that can be carried into effect. *Miner v. Witt* (1910), 82 Ohio St. 237, 238, 92 N.E. 21, 21–22. Thus, Ohio courts will not consider questions that are moot. *State v. Bistricky* (1990), 66 Ohio App.3d 395, 397, 584 N.E.2d 75, 75–76.

Since the BMV has reinstated Ms. Anderson’s license to “valid” by lifting the previously imposed medical suspension, Ms. Anderson has obtained the remedy she sought by filing her Notice of Appeal with this Court. Accordingly, the BMV respectfully suggests that this Court dismiss the above captioned case because the appeal herein is moot.

Respectfully submitted,

Michael DeWine (0009181)
Attorney General of Ohio

/s/ Daniel J. Murry

Daniel J. Murry (0086065)
Assistant Attorney General
Executive Agencies Section
30 East Broad Street, 26th Floor
Columbus, Ohio 43215
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Daniel.Murry@OhioAttorneyGeneral.gov
*Counsel for Appellee, Ohio Department of Public
Safety, Bureau of Motor Vehicles*

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing **Appellee's Suggestion of Mootness** has been served upon the following via ordinary U.S. Mail, pursuant to Civ. R. 5, this 26th day of May, 2016:

Claire Y. Anderson
1730 2nd St., Apt. 1
Cuyahoga Falls, OH 44221
Appellant

/s/ Daniel J. Murry
Daniel J. Murry (0086065)
Assistant Attorney General



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

RECORD REQUEST CERTIFICATION

STATE OF OHIO

FRANKLIN COUNTY

This record has been prepared for:

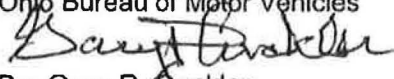
007726302
CLAIRE Y ANDERSON
1730 2ND ST APT 1
CUYAHOGA FALLS, OH 44221 - 4761

RE: CLAIRE Y ANDERSON
BMV Case #MD16001273 Lic #RF366703

This certifies that a search has been made of the files and records of the Ohio Registrar of Motor Vehicles; that the attached documents are true and accurate copies of the files or records of the Registrar; and that the Registrar's official seal has been affixed in accordance with Ohio Revised Code (O.R.C.) 4501.34(A), which states, in part: "[The Registrar] shall adopt a seal bearing the inscription: 'Motor Vehicle Registrar of Ohio.' The seal shall be affixed to all writs and authenticated copies of records, and when it has been so attached, such copies shall be received in evidence with the same effect as other public records. All courts shall take judicial notice of the seal."

Note: If the notation "NIF" appears on the attached copy, that notation means "not in file" and indicates no record for the above referenced record was found in the files of the Bureau at the time the search was made.

Registrar,
Ohio Bureau of Motor Vehicles


By: Gary P. Cuckler

Date: 05/11/2016

Ohio Bureau of Motor Vehicles
Attn: BMV Records
P.O. Box 16583
Columbus Ohio 43216-6583
614-752-7500



ORIGINAL IN RED



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

NOTICE OF MANDATORY PHYSICIAN'S STATEMENT

May 18, 2016

007726302
CLAIRE Y ANDERSON
1730 2ND ST APT 1
CUYAHOGA FALLS, OH 44221 - 4761

IMPORTANT CASE INFORMATION

File Number:	MD16001273	Driver License Number:	RF366703
Source of Information:	CONFIDENTIAL SOURCE	Ohio Revised Code (R.C.) Section	4507.20

Dear Customer:

The Ohio Bureau of Motor Vehicles (BMV) has received information that you have a medical or physical condition that may impair your ability to safely operate a motor vehicle. In order to ensure your safety as well as the safety of your fellow citizens, and pursuant to Ohio Revised Code (R.C.) Section 4507.20, we are hereby requiring you to submit a statement from a licensed physician (physician's statement BMV 2310) to the BMV **within thirty (30) days from the date of mailing of this notice**. Please be advised that, if you do not submit a physician's statement within thirty (30) days of the mailing of this notice, your driver license and driving privileges will be suspended. In lieu of submitting a physician's statement, you may voluntarily surrender your driver license by returning it to the address below. Once you surrender your driver license, your driver license and driving privileges will be immediately cancelled.

Enclosed are BMV 2310, "Request for Statement of Physician," an instruction sheet that will explain how your physician should complete the form, and a return envelope. Complete, sign, and date the upper portion of the physician's statement and give the instruction sheet and the statement to your physician for completion and mailing. **The physician's statement must be returned to the BMV within the 30-day time period referenced above.** Upon receipt, the BMV will evaluate the physician's statement. You may be required to send an additional physician's statement to the BMV or submit to a partial or complete driver license examination. The BMV will notify you of any decisions or additional requirements by regular U.S. mail.

In accordance with R.C. Section 119.07, you are entitled to an adjudication hearing in this matter if you submit a request **within thirty (30) days of the date of mailing of this notice**. The purpose of this hearing is to allow you to give evidence, whether oral or written, showing why your driver license and driving privileges should not be suspended. You are advised that you may appear at such hearing in person, represented by your attorney, or by such other representative who is permitted to practice before the agency. However, corporations may only appear through a licensed attorney. If you personally appear, you may present evidence and examine witnesses appearing for or against you. In lieu of personally appearing, you may present your position, argument, and contentions in writing.

To schedule an adjudication hearing, please mail your request to: Ohio Bureau of Motor Vehicles, Attn: DLSS / Special Case Unit, P.O. Box 16784, Columbus, Ohio 43216-6784. Your request for hearing must be received by the BMV within the 30-day time period referenced above or it will be denied.

If you have any questions or require additional information, please visit http://bmv.ohio.gov/medical_suspension.stm or contact us at (614) 752-7500.

Registrar,
Ohio Bureau of Motor Vehicles

Enclosures:
Physician's Statement (BMV 2310)
Instruction Letter (BMV 2320)
Return Envelope (BMV 2330)

OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES**INSTRUCTIONS TO PHYSICIAN**

Dear Doctor,

This patient has been referred to you because he/she has been identified as having a possible physical or medical condition that may affect his/her ability to safely operate a motor vehicle.

Your careful evaluation of this patient's condition may prevent injuries not only to this patient, but also to other members of the motoring public. Even if abnormalities are present, this will not necessarily result in the loss of the individual's driving privileges if control measures are instituted.

The patient has been given a 30 day period in which he/she may continue to operate his/her motor vehicle. Your prompt completion of the physician's statement and its return to the Ohio Bureau of Motor Vehicles in the return envelope provided is necessary to determine what, if any, restrictions may be placed on this individual's driving privileges.

PLEASE DO NOT COMPLETE THIS FORM UNTIL THE DRIVER APPLICANT HAS SIGNED AND DATED THE RELEASE OF INFORMATION SECTION. ANY FEE REQUIRED FOR THE COMPLETION OF THE STATEMENT OF PHYSICIAN FORM IS THE SOLE RESPONSIBILITY OF THE PATIENT.

Registrar
Ohio Bureau of Motor Vehicles

OHIO BUREAU OF MOTOR VEHICLES
P.O. Box 16784
Columbus, Ohio 43216-6784
(614) 752-7500



OHIO DEPARTMENT PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

REQUEST FOR STATEMENT OF PHYSICIAN

DX / FILE NUMBER MD16001273
PATIENT DRIVER LICENSE NUMBER

PATIENT INFORMATION (Type or print in ink)

PATIENT FIRST NAME	LAST NAME	MI	DATE OF BIRTH
ADDRESS	CITY	STATE	ZIP CODE
			PATIENT PHONE NUMBER

Check here if this is a name or address change.

RELEASE OF INFORMATION

I hereby authorize and request information regarding my physical and mental condition be released to the Driver License Division, Bureau of Motor Vehicles.

PATIENT SIGNATURE X	DATE
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PHYSICIAN'S STATEMENT

If new patient, are records of previous physician available? Yes No

PREVIOUS PHYSICIAN NAME			
ADDRESS	CITY	STATE	ZIP CODE

Is this patient being treated by another physician for any condition not being treated by you? Yes No

OTHER TREATING PHYSICIAN NAME			
ADDRESS	CITY	STATE	ZIP CODE

If yes, should the BMV contact the physician referenced above regarding driving privileges of this patient?

Yes No

Patient history and / or physical reveal the following:

- Yes No Vision abnormalities or eye disease (not correctable by eyeglasses)
- Yes No Musculoskeletal disorder (including loss of limb)
- Yes No Cardiovascular disease (e.g., Stroke, Angina, Heart failure, Hypertension)
- Yes No Respiratory disease (e.g., Emphysema, Asthma)
- Yes No Diabetes Mellitus and/or other Endocrine disorders
Insulin Dependent Yes No
- Yes No Neurological disease (e.g., Epilepsy, Multiple Sclerosis, Parkinson's disease)
- Yes No Impairment due to alcohol or drugs
- Yes No Psychiatric disorders
- Yes No Cognitive Impairment
- Yes No Other medical disorders which could interfere with driving ability

EXPLANATION REQUIRED FOR ALL ANSWERS ABOVE.

IMPLEMENTATION OF SECTIONS 4507.20; 4507.08 AND 4507.081 OHIO REVISED CODE, REQUIRES THE FOLLOWING INFORMATION BE PROVIDED:

1. How long has the condition(s) existed?

CONDITION	NO. OF YEARS	NO. OF MONTHS
CONDITION	NO. OF YEARS	NO. OF MONTHS

2. Give date of last episode or exacerbation.

CONDITION	YEAR	MONTH
CONDITION	YEAR	MONTH

2A. If #2 is not applicable, how long has the condition been under effective medical control?

CONDITION	NO. OF YEARS	NO. OF MONTHS
CONDITION	NO. OF YEARS	NO. OF MONTHS

DX / FILE NUMBER MD16001273
PATIENT DRIVER LICENSE NUMBER

3. Is medication prescribed? Yes No If yes, please list medications.

1.	3.	5.
2.	4.	6.

4. If medication is prescribed, has your experience with this patient indicated that he / she can be depended upon to take the medication regularly and as instructed? Yes No

5. If you have discontinued patient's medication, give date of termination.

YEAR	MONTH
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6. In your professional opinion, is this patient's condition(s), on this date, sufficiently under effective medical control to operate a motor vehicle?

PLEASE NOTE: IF YOU ANSWER "YES" TO PARTS B, C, or D BELOW, THE EXAM WILL BE CONDUCTED NOW. THE EXAM(S) WILL BE CONDUCTED AT A DRIVER LICENSE EXAM STATION.

- A. Yes. This patient should be permitted to retain driving privileges.
- B. Yes. This patient should be permitted to retain driving privileges only if they can pass a partial driver license exam which consists of a vision screening and a road test for driving and maneuverability.
- C. Yes. This patient should be permitted to retain driving privileges only if they can pass a vision exam.
- D. Yes. This patient should be permitted to retain driving privileges only if they can pass a complete driver license exam which consists of a vision screening, written test of Ohio's laws and signs, and a road test for driving and maneuverability.
- E. No. This patient should not be permitted to retain driving privileges.

7. In your professional opinion, should this patient be reevaluated in the future for continued driving privileges.

Yes No

If yes, reevaluation is required:

Once every six (6) months

Once every year

At time of driver license renewal (4 years or less depending on expiration date of current driver license or temporary permit)

(Print or type)

PHYSICIAN'S NAME	PHONE NUMBER	DATE
ADDRESS	CITY	STATE
PHYSICIAN'S SIGNATURE	PHYSICIAN'S LICENSE NUMBER	ZIP CODE
X		

NOTE TO PHYSICIAN: PLEASE MAKE A COPY FOR YOUR RECORDS.

OHIO BUREAU OF MOTOR VEHICLES, ATTN: SPECIAL CASE / MEDICAL UNIT, P.O. BOX 16784, COLUMBUS, OH 43216-6784