



Capitol Services, Inc.

110 W. Michigan Ave., Ste 700. Lansing, MI 48933

517.372.0860 Fax 517.372.0723

www.CapitolServices.org

Testimony before the House Transportation Committee on SB 402 and SB 403
September 19, 2012

Good afternoon Chairman Opsommer and members of the committee. Thank you the opportunity to speak to you today about Senate Bills 402 and 403. These bills address a very serious public safety issue relating to persons with seizure disorders who operate motor vehicles. While we agree that there is a need to address this problem, we do not feel the legislation before you is the correct approach.

The public safety goal on this issue should be to reduce to the greatest extent possible automobile accidents caused by drivers who suffer a seizure while operating a vehicle. Unfortunately, while the bills before you serve to protect physicians from civil liability, they do nothing to protect the public from potentially hazardous drivers.

Currently, there is no requirement in Michigan for physicians to report to the Secretary of State patients who suffer from seizure disorders. While such patients are technically prohibited from operating a motor vehicle unless they have been seizure-free for at least 6 months, without mandatory reporting, there is no way for the Secretary of State to take any proactive action. These bills are silent on the issue of mandatory reporting.

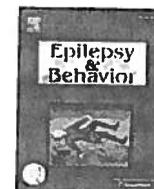
Instead, they grant civil immunity to physicians whether they choose to report a potentially hazardous patient or not. While we agree that physicians should have liability protections in cases where they report a patient in the interests of protecting the public, there is no reason they should be granted the same immunity in instances when they choose to remain silent.

Auto accidents caused by seizures are not uncommon. Attached to this testimony is a list of news articles gleaned over just the last two months that report a dozen separate instances of accidents in the U.S. – many of them fatal – caused by a driver suffering a seizure. In many of these cases, the driver was known to have had seizures in the past. As difficult as it must be for a person diagnosed with a seizure disorder to give up driving, the potential consequences to themselves and the public are too great to ignore.

Several states have already passed laws requiring that physicians report patients diagnosed with seizure disorders to the department that oversees motor vehicles. A recent study printed in the medical journal *Epilepsy and Behavior* found that, when comparing a mandatory reporting state (in this case New Jersey) against a non-mandatory reporting state (in this case Arizona), respondents were much less likely to have had a crash due to a seizure (11% to 5%) in the mandatory reporting state. Moreover, respondents were also much less likely to have driven against medical advice (13% to 8%) in the mandatory reporting state.

Senate Bills 402 and 403 relate to a very serious public health problem in Michigan. However, they do nothing to address the actual problem – rather they only serve to protect physicians from the consequences of that problem. If the Legislature wants to make a strong step forward in protecting public health and safety, it should require mandatory reporting of seizure disorders to the Secretary of State. At the very least, physicians should only be shielded from liability in cases where they proactively sought to protect public safety, and not in cases where they chose to take no action.

Thank you again for the opportunity to address the committee on this issue. We are happy to answer any questions the committee may have.



Frequency of physician counseling and attitudes toward driving motor vehicles in people with epilepsy: Comparing a mandatory-reporting with a voluntary-reporting state

Joseph F. Dratzkowski^{a,*}, Eli S. Neiman^b, Joseph I. Sirven^a, Gary N. McAbee^b, Katherine H. Noe^a

^a Department of Neurology, Mayo Clinic Arizona, Phoenix, AZ, USA

^b New Jersey Neuroscience Institute–JFK Medical Center, Edison, NJ, USA

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ABSTRACT

Driving for the person with epilepsy (PWE) remains an important issue. Requirements for reporting PWE to driving authorities vary across the United States. We studied the prior experiences of PWE regarding counseling for driving in a reporting state (37% in New Jersey) and a nonreporting state (52% in Arizona). A prospective voluntary anonymous survey was conducted among patients with new-onset epilepsy at two epilepsy referral centers. Subjects were queried about prior interactions with health care professionals regarding attitudes toward and knowledge of driving regulations. Practitioners caring for PWE are in the position to provide advice and counsel regarding driving regulations. Fifty percent or fewer subjects were appropriately counseled, regardless of residence requirements. PWE felt they were honest with their physician and 10% of subjects have driven against medical advice. A performance gap exists in the appropriate counseling regarding driving for PWE that has potentially significant safety and legal implications.

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1. Introduction

The ability to drive a motor vehicle continues to be a major concern for people with epilepsy (PWE). Stringent driving regulations, for example, taking away a patient's ability to drive, can be a major hardship. Many communities, especially outside major cities, have poor or no public transportation, which can adversely impact the quality of life and ability to work and retain employment of PWE [1]. For these reasons, physicians may be reluctant to report PWE who drive to motor vehicle departments and many PWE are driving despite continued seizures [2].

Individual state driving restrictions for people with epilepsy, seizures, and other conditions vary widely in the United States [3]. Six states require mandatory reporting of seizures by physicians (Table 1) [3]. In both mandatory-reporting and voluntary-reporting states, there can be societal and legal ramifications for both PWE and treating physicians if driving occurs without appropriate warnings about the risks [4, 5]. Physician confusion about these laws, some of which are poorly drafted [6], further complicates the issue of counseling about driving risks.

Little is known about the frequency of physician reporting as well as the attitudes of PWE regarding driving after they have been counseled about the related risks. We analyzed PWE presenting for the initial visit to tertiary epilepsy referral centers in a mandatory-reporting state (New Jersey) and a voluntary-reporting state (Arizona). We assessed these patients about their attitudes relating to their ability to drive, the extent of their prior counseling about the risks of driving, and their compliance with the counseling.

2. Methods

After institutional review board approval, a prospective anonymous questionnaire was filled out by consult patients with new-onset epilepsy from February 2008 to September 2009 at Mayo Clinic Arizona in Phoenix and at the New Jersey Neuroscience Institute–JFK Medical Center in Edison. Only patients being treated for epilepsy and having a valid driver's license or previously having had a valid license were included. Questions eliciting the experience of PWE included whether they were counseled about when they could safely drive, the effects of medications on driving, the overall safety of driving with epilepsy, honesty with their physician about their seizure reporting, and involvement in seizure-related crashes and driving despite being told not to drive by health care providers. A total of 159 completed surveys were included in the study; 43 surveys were rejected because the patient did not have epilepsy (incorrect referral to epilepsy clinic) or for incomplete information.

* Corresponding author. Department of Neurology, Mayo Clinic Arizona, 5777 East Mayo Boulevard, Phoenix, AZ 85054, USA. Fax: +1 480 342 2544.
E-mail address: dratzkowski.joseph@mayo.edu (J.F. Dratzkowski).

Table 1
States requiring mandatory reporting of PWE who drive to authorities.

New Jersey
California
Nevada
Delaware
Oregon
Pennsylvania

3. Results

Approximately 50% or fewer of these referral patients had discussions with previous providers about driving restrictions due to seizures (52% Arizona vs 35% New Jersey: NS, $P=0.13$). Thirteen percent of PWE in Arizona versus 8% in New Jersey (NS, $P=0.5$) continued to drive even after being told not to drive. A small number of PWE report having had a crash because of a seizure (11% Arizona vs 5% New Jersey: NS, $P=0.24$). Approximately two-thirds of PWE feel they can safely drive, and less than 10% feel their seizure medications affect their ability to drive. The lower percentage of physician counseling and reporting in a mandatory reporting state (i.e., New Jersey) brings into question the utility and efficacy of this legislation, funding, and hours spent by government employees and medical practitioners who complete the extensive paperwork involved in following such mandates. Although the actual reason for the lower-than-expected counseling rates in mandatory reporting is speculative; perhaps the formal reporting process by practitioners to driving authorities replaces the need to complete counseling. Table 2 lists the questions asked of the patients participating in the study, and Table 3 summarizes the results.

4. Discussion

This study demonstrates that only one-third to one-half of PWE are counseled about the risks of driving. Given the reported low counseling rates of patients, a potential concern would be that physicians may not be reporting PWE who drive to motor vehicle departments, even in mandatory reporting states. The study also notes that a majority of PWE who drive feel that they can safely do so. A significant minority of PWE are driving despite being told not to and despite the perception that medication may be affecting their driving ability.

Driving restrictions must balance the rights of the individual with the safety of the public. Restrictions that are believed to be unnecessarily burdensome may ultimately result in low rates of physician counseling and reporting as well as noncompliance with driving regulations. Many state driving laws are based on expert opinion and not on sound scientific evidence [7]. A review of the rates of crashes and fatal motor vehicle accidents when the state of Arizona changed its driving restrictions from a 12-month to a 3-month

Table 2
Questions asked in the anonymous survey of people presenting to epilepsy referral centers located in a reporting state (New Jersey) and a nonreporting state (Arizona).

Gender: 52% female
Age: divided into decades after age 16
Diagnosis: excludes nonepilepsy diagnosis and seizure type that does not affect driving
Do you feel your seizure medications affect your ability to operate a motor vehicle?
Do you feel you are safe to drive a motor vehicle with epilepsy?
Has concern over the potential for losing driving privileges ever interfered with your relationship with a health care provider?
Have you been counseled by a health care provider about driving restrictions due to epilepsy/seizure?
Have you had a motor vehicle crash due to a seizure?
Location of residence (excludes out of state/country residents)
Other: type of vehicle, location of usual driving, mode of alternate transportation, EEG data, age at diagnosis of seizure, reason driving against medical advice

Table 3
Results of the anonymous survey in a reporting state (New Jersey) and a nonreporting state (Arizona).

Question answered	Arizona (n=97)	New Jersey (n=62)
Medications affect driving	8%	6%
Counseled by health care provider on seizures and driving law	52%	35%
Crash due to seizure	11%	5%
Drive against medical advice	13%	8%
Driving affected patient-provider evaluation	15%	18%
Patient feels she or he can safely drive	61%	68%

seizure-free period revealed that the total rate of seizure-related crashes did not significantly increase and the number of fatalities from seizure-related motor vehicle crashes actually decreased with the shorter (3-month) seizure-free interval [8]. An analysis of driving fatalities similarly noted no differences between states that require a long seizure-free period (6–12 months) and those that require a short seizure-free period (3 months) [9]. The 2007 American Academy of Neurology's position statement on physician reporting supports a uniform 3-month seizure-free period [10]. The AAN further recommends that state and federal support should be provided for transportation needs of PWE who can no longer drive.

In Canada, PWE in mandatory-reporting and voluntary-reporting provinces had equal lifetime accident rates [11]. In fact, those without epilepsy had lifetime accident rates almost equal to those of PWE (60% vs 58%, respectively) [11]. The mandatory reporting provinces in Canada seem to do better with reporting than nonreporting provinces, with 84% of neurologists reporting seizures in five mandatory reporting provinces versus 19% reporting in discretionary reporting provinces [12]. In our opinion, the reporting of 19% of people with epilepsy in the discretionary provinces is higher than we would have expected. As noted in the study, people with epilepsy are reported at higher rates than people with other medical conditions that may have the potential to impact the ability to safely drive. The higher rate of reporting PWE may suggest a bias by health care providers against PWE driving in these provinces.

At an epilepsy and motor vehicle symposium held in Quebec City in 1998, medical experts from Canada, the United States, and Europe formed a consensus statement that "mandatory reporting should be abolished in Canada and that one standard across the country of a 6–12 month seizure-free period should be set for all provinces which all physicians can easily become familiar with" [13].

The frequency of counseling may be related to the specialty of the treating physician. Shareef et al. found that counseling in a voluntary-reporting state differed greatly depending on who saw the patient with seizures or altered consciousness in the emergency room [14]. When emergency department physicians saw these patients, the counseling rate for driving restriction was 7.1% versus 34.5% for those seen by a consulting neurologist [14].

The low rates of counseling in both mandatory and voluntary reporting states may be related to several factors that may also impact the frequency of physician reporting. Additionally, patients' recall of counseling sessions could be impacted by many factors including medications, brain injury, or even frequent seizures, thus confounding our results, as documentation in previous records was not verified; however, the previously mentioned emergency department study showed poor documentation of counseling in this setting [14]. The lack of documentation in the medical record of such sessions suggests either poor documentation practices or no counseling. Physicians may have concerns about a breach of privacy when reporting a patient. They may also be concerned about potential liability from a lawsuit from a PWE whose employment is adversely affected by loss of driving privilege. Physician counseling may also be impacted because of potential confusion regarding the requirements of these laws [6].

The American Medical Association's 1999 ethical guidelines state that all physicians are ethically responsible for notifying their state's motor vehicle department if they believe that a patient may not be able to drive safely [15]. All states permit physicians to report drivers believed to be impaired by seizures or other medical problems that may impair driving [16]. Yet only half of states provide immunity from disciplinary action for breaching patient–physician confidentiality after reporting a patient with impaired driving due to seizures [17]. The AAN supports physician immunity for both reporting and not reporting a patient's condition when such action is taken in good faith with the patient reasonably informed of his or her driving risks and when such actions are documented by the physician in good faith [10]. Failure to report in a mandatory-reporting state can result in civil penalties and has even been criminalized as a misdemeanor in one state [4,17].

There are legal ramifications for both PWE and physicians who fail to counsel and adequately warn about the risks of driving. Rarely, PWE have been criminally prosecuted for seizure-related driving offenses [18]. In addition, the physician may be exposed to civil liability from third persons injured as a result of the patient having a seizure while driving [5,6,19]. Typically, physicians only have a legal duty to their patients. Nevertheless, exceptions have been made establishing a legal duty to third parties when the third party is placed at foreseeable risk of injury from the patient. In these lawsuits, the physician is alleged to have not adequately warned the PWE about risks associated with driving. In one such lawsuit in a mandatory-reporting state, the physician did not believe that the patient was driving, but he also did not counsel against driving [5,18]. When he learned that the patient did drive, he did not report this to the state because of concerns about breach of privacy [5,18]. Only half of states provide reporting physicians immunity from liability as a result of a seizure patient's motor vehicle accident [17]. Also, not all states have held physicians liable to third parties injured by patients with epilepsy [20–22].

Finally, counseling and reporting cannot occur without disclosure by PWE. Studies have varied widely regarding patients' honesty with their physicians. Elliott and Long found that 19% of 213 patients surveyed answered that they were not completely honest about their seizure frequency and 26% reported being involved in a seizure-related car accident [23]. Our study found that a significant minority of PWE continued to drive after being counseled not to and some were eventually involved in seizure-related accidents.

5. Conclusions

The majority of PWE feel they are honest with their physicians regarding seizure recurrence and its influence on driving in both reporting and nonreporting states. About 10% of PWE continue to drive against medical advice whether in a mandatory-reporting or voluntary-reporting state. A large number (approximately 50% or more) of PWE report not having been adequately counseled on driving restrictions and epilepsy. Paradoxically, there was a lower frequency of counseling in the mandatory-reporting states than in the voluntary-reporting states. This calls into question the utility and

effectiveness of mandatory reporting systems rather than mandated counseling. These results suggest there is an opportunity to improve counseling of PWE and epilepsy education with respect to driving a motor vehicle in both mandatory- and voluntary-reporting states. As health care advances, new quality metrics and standards of practice will be imposed on health care providers. Proposed standards for patients with epilepsy will require health care providers to regularly counsel patients with epilepsy on the ability to safely operate a motor vehicle [24]. A balanced, practical, and more uniform set of regulations among all states might help resolve some of these issues [25].

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News Items Concerning Seizure –Related Auto Accidents, August-Sept 2012

Suburban West Palm Beach man involved in Acreage fatal crash held on \$15,000 bail

By Julius Whigham II
Palm Beach Post Staff Writer

A judge Friday ordered that a suburban West Palm Beach man be held in lieu of \$15,000 bail after he was arrested Thursday on charges related to a May 4 car crash in The Acreage that killed a woman. Daemon Drew is facing charges of vehicular homicide, culpable negligent manslaughter, perjury and two counts of reckless driving involving serious bodily injury. A judge ordered he surrender his passport and driver's license, should he bond out.

Lesa Taveras, 53, of West Palm Beach died when her 2011 Mini Cooper rolled over after crashing into the Hyundai sports car that Drew was driving, Palm Beach County Sheriff's Office investigators said at the time of the crash, which occurred at Seminole Pratt Whitney Road and Orange Boulevard. According to the arrest report, the investigation found that Drew was driving west on Orange — a 40 mph zone — at around 70 mph shortly after 1 p.m. when he lost control of the Hyundai before reaching the intersection.

A passenger, Zachary Dooling, told investigators Drew suffered a medical episode. As the car headed west, Dooling grabbed the wheel and the vehicle went out of control, the report said.

Both men were taken to St. Mary's Medical Center with serious injuries. A passenger in Taveras' vehicle also sustained serious injuries, the report said. Based on Dooling's statement, sheriff's investigators obtained copies of Drew's medical records, which revealed he had had two seizures — one when he was a child and another in December 2009.

Toxicology reports showed Drew did not have a prescribed drug to control seizures in his bloodstream. Drew did not disclose the 2009 seizure event on his driver's license application. Sheriff's investigators concluded that Drew had a medical episode, but the report does not indicate whether that episode was a seizure.

Friends remember teen hit and killed on Aloha sidewalk

Posted: Sep 11, 2012 7:05 PM EDT
By FOX 12 Staff - email
ALOHA, OR (KPTV) –

A growing memorial of flowers, stuffed animals and handwritten notes mark the spot where Max McGregor, 17, was hit and killed by a car while walking home from school Tuesday afternoon.

Family friends described Max as kind, friendly, funny, with a passion for engineering.

"He would design things in his spare time; he wanted to get into airplane design and pursue a career in that," said family friend Dillon Prickett. "He was doing really good in school."

McGregor had just started his junior year at Health and Science School, a magnet school in the Beaverton School District.

"Max was a bright student. He will be missed," said Principal Steve Day. Grief counselors were on hand at the school Wednesday for classmates, friends and staff.

The Washington County Sheriff's Office is still investigating the deadly crash, but a spokesman says McGregor had just stepped off the bus and was walking on the sidewalk, just around the corner from his home when he was hit.

Investigators say the driver, Michelle Young, 41, veered off Southwest 185th Avenue and jumped the curb. The car struck McGregor, then continued another 60 yards through two yards and fences before coming to rest against a house, according to investigators.

Sandy Abbott, who lives in the house the car crashed into, said Young appeared to be having a seizure.

Irene Young told Fox 12 her daughter had a seizure earlier in the day. Before the crash occurred, she had called to tell her mother she would be leaving the hospital after receiving treatment.

"She still had her hospital band still on her arm, and I'm wondering why she was even driving if she had a seizure," said Sandie Abbott.

Michelle Young remained hospitalized on Wednesday, and her mother told Fox 12 their hearts break for the McGregor family.

"Doesn't seem real," said family friend Dillon Prickett. "The hardest part is seeing the family. Each new family member that walks though the door ... it's just another heart breaking, again and again."

Man has seizure, crashes into church

HUNTSVILLE, AL (WAFF) -

A vehicle slammed into a church sending one person to the hospital.

It happened just before 7:30 Monday night at the intersection of Mastin Lake Road and Maggie Avenue in Huntsville.

Police said the driver suffered a seizure, lost control of his truck, ran off the road and ended up in True Holiness Church.

A neighbor heard the crash and ran out to help.

"I just held his chest and I could feel him trying to breathe, so I just softly went with the motions of breathing with him and he started to breathe then and relax. I told him he was in church," said Brian Bentley.

The driver was taken to the hospital in stable condition. He's expected to be ok.

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Driver in SUV fatal said she was scared to see docs after seizure

POSTED: 06/14/2012 01:24:05 PM MDT

UPDATED: 06/14/2012 08:05:27 PM MDT By Yesenia Robles

The Denver Post

BRIGHTON — In a recorded interview about a week after the accident that killed a family of five last year, driver Monica Chavez told an investigator she didn't go to the doctor after a similar seizure-like episode months before because she was scared.

"I did think about it, but I didn't go to the doctor," Chavez said in the recorded interview that was presented in trial this morning. "I kept picturing in my mind what I looked like when it happened."

Chavez is on trial in Adams County, charged with five counts of criminally negligent homicide and two counts of child abuse.

According to police records, the accident occurred during rush hour on Feb. 17, 2011, near the intersection of Grant Street and 84th Avenue in Thornton. Chavez was driving an SUV and hit a Mazda, then a median that sent her vehicle into the air. The SUV then landed on top of a pickup before her SUV came to rest inside a mattress store.

The Stollsteimer family in the pick up — three children and their parents — died instantly.

Chavez and her two children suffered minor injuries.

The incident that Chavez referred to in her interview with investigator, Joseph Dougherty, happened months before, in the parking lot of a McDonald's restaurant as Chavez and her daughter were picking out a movie at a Red Box.

"I don't remember," Chavez said of the instance, before recounting the incident as it had been told to her. "Serriah says I fell. George ran over there and I was shaking but stiff and I was biting my tongue. My tongue was really messed up for probably about two weeks after that. He (George) didn't know if I had passed out or had a seizure."

Chavez did not go to the doctor after that incident.

During the interview, Chavez said she did not recall any other seizures, and did not mention the instance in 2006 that she had brought up with neurologist, Patrick Bosque, who treated her after the fatal accident.

In the 2006 incident, Chavez was taken to an emergency room, but doctors could not confirm with enough certainty that the episode she had experienced was a seizure.

Brian Williams, an emergency room doctor made handwritten notes in his records that he would ask Chavez not to drive until following up with a neurologist within five days, and had made note of two doctors she could see. Those specific instructions did not appear on the discharge papers she was given that day.

The viewing of the hour-long interview stirred some sniffles in the courtroom.

"I feel so thankful that my kids are OK, but at the same time I think, am I selfish? Another family lost their life." Chavez said in the interview with investigators. "I wasn't drinking, I wasn't on drugs. I wasn't trying to hurt anyone."

Commerce secretary probed in car crashes, seizure cited

Mon, Jun 11 2012

By Susan Heavey and Steve Gorman

WASHINGTON/LOS ANGELES (Reuters) - Commerce Secretary John Bryson is being investigated for his role in two car crashes - including a hit-and-run accident - near his Los Angeles-area home over the weekend that department officials linked to a seizure that left him unconscious behind the wheel.

Lowell woman to face trial Oct. 1 in highway fatality

By Lisa Redmond, Lowell Sun

AYER -- A trial date has been set for the 36-year-old Lowell woman police say had a seizure while driving on Route 3 almost three years ago and crashed into a work crew, killing one worker and maiming the other.

Juanita McKenzie's trial is scheduled for Oct. 1.

In Ayer District Court on Friday, attorneys for both sides confirmed that all the evidence has been collected and exchanged in the case, so they are ready for the multi-day trial. McKenzie is charged with motor-vehicle homicide by reckless operation, marked-lanes violation, breakdown-lane violation, and obstructing an emergency vehicle.

Prosecutor Steven Gilpatrick alleges that McKenzie had a seizure the morning of Dec. 1, 2009, and allegedly caused a horrific accident on Route 3 in Chelmsford that crushed one man to death and left another with a severed leg.

Police allege McKenzie veered from the middle lane into the breakdown lane, which had been blocked due to a cleanup on the side of the highway. She allegedly drove her SUV past an illuminated arrow, over numerous traffic cones and into a state police cruiser with its lights flashing, before hitting workers.

Anderson Cadell, 44, of Seabrook, N.H., was killed. The accident also severed the leg of Salvatore Pintone, 30, of Lynnfield. They were two of the workers cleaning up a spill.

McKenzie allegedly said she blacked out before the crash and regained consciousness after it was over.

In April, Gilpatrick requested access to McKenzie's Registry of Motor Vehicles renewal form see if she checked a box to indicate he or she has any existing medical conditions, like seizures. McKenzie's medical records state she has been treated for a seizure disorder since Dec. 10, 2003, Gilpatrick alleges.

But defense attorney Debra Dewitt says that on the day of the crash, McKenzie was on medication to treat viral meningitis.

Woman has seizure, crashes into three vehicles, Pohatcong Township police say - UPDATE
Published: Wednesday, August 29, 2012, 3:35 PM By Kathryn Brenzel | The Express-Times

Two people with unknown injuries were transported Wednesday, after a three vehicle crash at Routes 22 East and 519 in Pohatcong Township.

A woman had a seizure and struck three vehicles stopped at a red light, including a county bus on Route 519 in Pohatcong Township, according to reports.

Police declined to identify the woman, who was heading south in a Ford Ranger when she had a seizure and struck a Dodge Caravan and a Warren County shuttle bus stopped at a red light at the intersection of Route 22, Pohatcong police said. She then crossed over onto Route 22 East and hit a Chevrolet Malibu head on, police said.

She and the driver of the Chevrolet Malibu were taken to St. Luke's Warren Hospital for minor injuries, according to reports. None of the 15 passengers on the bus were injured, police said. Call for the accident came at about 11:35 a.m.

Chief Jeffrey Greenemeir indicated that charges were not likely to be filed in relation to the crash, which is still under investigation.

Accident lands woman in jail
Daughter hurt in crash in Wichita Falls

By Alyssa Johnston

Thursday, September 6, 2012

A woman crashed a truck into a home in the 1700 block of Monroe Street on Wednesday morning, injuring her 19-month-old child who was unrestrained in the vehicle.

Samantha Marie Ventura, 18, address listed in the 1700 block of Kemp Boulevard, was arrested following the accident and charged with unauthorized use of a motor vehicle and endangering a child.

According to Joe Snyder, Wichita Falls police public information officer:

When police officers arrived at the scene of the accident at 2:33 a.m., they spoke with Ventura, who said she knew she wasn't supposed to be driving the white GMC pickup because it was another person's work truck.

The owner was contacted and told officers she was not allowed to be driving the truck and he wanted to press charges. Officers later discovered that Ventura does not have a driver's license and is not

supposed to be driving because of a medical condition.

The 19-month-old girl, Ventura's daughter, was found in the truck unrestrained with another 14-year-old girl. The younger child was taken to the emergency room. The 14-year-old was uninjured.

The accident report states the truck was traveling east in the 2200 block of Avenue G when Ventura had a seizure, causing her to veer right. She hit a stop sign at the intersection of Avenue G and Monroe. The truck continued across Monroe and went onto the property in the 1700 block of Monroe, grazing a tree and parked vehicle before hitting the residence.

No one in the house was injured.

Seizure may have led to man's death in car crash

Written by Chris Case

WEDNESDAY, 05 SEPTEMBER 2012 17:51

Fifty-one-year-old Thomas R. Bruns, of Cuba, died Sunday when the vehicle he was driving ran off the roadway and struck a tree. The crash occurred on Missouri Highway 19 at Beldon Avenue.

Authorities believe the man may have suffered a health condition that contributed to the crash. Crawford County Coroner Paul Hutson said on Tuesday he had ordered an autopsy to be performed and that Bruns had a history of seizures, but Hutson did not have sufficient evidence to say whether or not it was a seizure that caused Bruns to lose control of his vehicle.

"I'm waiting on the autopsy report, which should tell us more and give us a better idea of what may have happened," Hutson told the Cuba Free Press on Tuesday afternoon.

Bruns was wearing his seat belt at the time of the crash. The wreck also involved a second car driven by Rodger Bridgeman Sr. Bridgeman, whose vehicle was rear-ended by Bruns, was taken by ambulance to a local hospital for treatment of his injuries.

Police: Medical issue cause of chaotic crash

Kris Garbutt and his daughter, Krishenay, suffer minor injuries

September 17, 2012

By Damian Mann
Mail Tribune

A 36-year-old Medford father and his 8-year-old daughter escaped with only minor injuries Sunday evening after their Ford pickup struck a power pole next to the Black Bird Shopping Center, plowed through two park cars, mowed down a fence and then rolled over about 10 feet from an apartment building in west Medford.

"My dad was having a seizure," said Krishenay Garbutt, who was holding an ice pack to her head. "We hit those two cars, then the (truck) flipped on its side. I was very scared."

Krishenay described how something happened to her father before the crash, then remembers standing on an airbag and being lifted out of the truck by emergency crews.

Medford police and fire officials tried to piece together exactly what led up to the accident at the corner of Western Avenue and West Main Street with Kris Garbutt and his daughter.

"They're very lucky no one was hurt," Medford police Cpl. Chris Dode said.

He said it appeared that the father was having a medical issue before the crash. Dode said Medford police issued a citation to Garbutt because he was driving with a suspended license.

Dode said officers determined Garbutt wasn't driving under the influence of any intoxicants.

Garbutt said he was traveling north on Jeannette Avenue when his Ford F-150 went through the intersection at West Main. Jeannette turns into Western after it crosses West Main.

"I got dizzy," he said.

Garbutt said he wasn't aware that he had any medical condition, other than possibly being dehydrated.

Residents surrounding the Black Bird Shopping Center were shook by the noise and tried to piece together what happened.

Manoah Hall, a 36-year-old Medford resident, said he was driving west on West Main Street when he saw the truck dart out in front of him.

"He was definitely not stopping," he said. "It happened so damn fast."

Collin Malcolm, a 34-year-old neighbor, said he heard the impact, then rushed outside.

"I grabbed a hold of the truck to prevent it from rolling over," he said.

After emergency crews arrived, they stabilized the vehicle to prevent it from tipping over. After the daughter was removed, the father climbed out with help from firefighters as residents looked on.

"He's walking away from it," Malcolm said.

A.J. Owens, a 31-year-old who lives in an apartment building on Western Avenue, said he saw the truck flipping through the air in front of his apartment.

"It just caught air and — boom, boom," he said.

The truck landed about 10 feet from his bedroom at the corner of the apartment.

His Dodge Stratus, which was parked outside, appeared to be totaled along with a neighbor's Chrysler Town and Country minivan, but that was the least of his concerns, he said.

"I was more worried about the people inside," he said.

Police believe medical problem caused crash

Motorist in fair condition after driving through Pekin hunting and fishing store

By SCOTT HILYARD

Journal Star

Posted Aug 20, 2012 @ 09:37 PM

A man whose car smashed through a Derby Street store Monday morning may have suffered a seizure or another medical condition in the moments before the crash, police said Tuesday .

Kevin Swoik, 50, of Pekin, remained in fair condition at OSF Saint Francis Medical Center in Peoria.

Pekin Deputy Chief Don Baxter said police are tentatively concluding that a medical condition led to his loss of his car's control in the crash.

Medical Episode Causes Car & Garage Crash

Lincoln Police say a driver suffered a medical episode that resulted in a crash causing \$12,000 in damage.

It happened around 12:10 Monday afternoon at 40th and South streets. 28-year-old Matthew Birch, who was traveling southbound, apparently suffered a seizure while at the wheel.

Birch crashed his Pontiac Grand Prix into a northbound car and continued on until finally crashing into a nearby garage at 4001 South Street.

Both Birch's car and the northbound car were totaled. No one was seriously injured.

Damage to the garage is estimated at \$10,000. A privacy fence was also damaged in the accident, estimated at \$2,000.

Michigan Driver Licensing Laws

[Search Again](#)

State	Michigan
Seizure-Free Period	6 months, with exceptions
Periodic Medical Updates Required After Licensing	At discretion of DMV
Doctors Required to Report Epilepsy	No
DMV Appeal of License Denial	Within 14 days

Driver's License

To be eligible for a driver's license, a person with epilepsy must submit certification that the individual's condition is under control and that the individual has not had a seizure or impairment of consciousness in the last 6 months (12-months for a chauffeur's license). [MICH. ADMIN. CODE r. 257.854 (2011)]. The 6 or 12-month period may be reduced or eliminated based upon a departmental review of specific recommendations from a qualified physician or any other information which the department receives, including evidence that the episode resulted from medical intervention or medically supervised experimentation with prescribed medication [r. 257.854(4)(4)]. The Department may issue a restricted license to individuals with disabilities on a case-by-case basis [r. 257.855]. In all instances, the medical information submitted is reviewed by personnel within the Department. More complex medical cases may be referred to the Department's health consultants. [r. 257.852].

When the Department of State decides to deny or cancel a person's license, the person may appeal the decision to a Department hearing officer or to the circuit court of the person's residence. The request for a license appeal hearing must be in writing and filed within 14 days of the decision. An appeal can also be made to the circuit court within 63 days of the decision [MCL 257.323 (a)]. Physicians are not granted statutory immunity for the information they provide the Department. However, the Department's medical form includes the applicant's or licensee's release or waiver authorizing the use of information by the Department for the sole purpose of assisting in evaluating the person's ability to operate a motor vehicle.

Commercial Driving

Michigan will license an individual with epilepsy to drive commercial vehicles, including trucks, buses, or taxis, intrastate if they have been seizure-free for one year. As with personal licenses, the Department may reduce or eliminate the 12-month period based upon a departmental review of the specific recommendation of a qualified physician or other information [R 257.854(4)(4)]. Drivers diagnosed with epilepsy are denied eligibility for driving a school bus in Michigan in accordance with the Department of Education physical guidelines.

Identification Card

A person whose driver's license is suspended for medical reasons may obtain an identification card from the Michigan Department of State. There is no fee.

Reporting

There is no statutory provision requiring physicians to report patients who have been treated for or diagnosed with epilepsy. Persons found to have furnished inaccurate information to the Department during application for a license are subject to a civil infraction, fines, costs, immediate cancellation of the license, and suspension of driving privileges for 90 days to one year. [MCL 257.324(1)(e) and MCL 257.319(5)(a)(b).]

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