



Department of the Secretary of State
Bureau of Motor Vehicles

INTOXICANT LEVEL

LAW ENFORCEMENT OFFICER'S REPORT TO THE SECRETARY OF STATE

NAME: DATE OF BIRTH:
STREET ADDRESS: TIME OF OFFENSE:
CITY: DATE OF OFFENSE:
STATE/ZIP CODE: PLACE OF OFFENSE:

THE ABOVE-NAMED PERSON OPERATED OR ATTEMPTED TO OPERATE (check all boxes that apply):

- ALC LEVEL 0.08 grams a motor vehicle while having an alcohol level of 0.08 grams or more of alcohol per 100 milliliters of blood or 210 liters of breath
ANY ALC COND a motor vehicle license while having an alcohol level of more than 0.00 grams per 100 milliliters of blood or 210 liters of breath with a conditional license
PASS< 21 YRS a motor vehicle with a passenger under 21 years of age
DRUGS a motor vehicle while having a positive drug or metabolite concentration level
ALC LEVEL 0.04 grams-CMV a commercial motor vehicle while having an alcohol level of 0.04 grams or more of alcohol per 100 milliliters of blood or 210 liters of breath
ALC LEVEL 0.04 grams-HAZMAT a commercial motor vehicle containing hazardous materials while having an alcohol level of 0.04 grams or more of alcohol per 100 milliliters of blood or 210 liters of breath
ANY ALC MINOR a motor vehicle while having an alcohol level of more than 0.00 grams per 100 milliliters of blood or 210 liters of breath while under 21 years of age
FATAL a motor vehicle involved in an accident where a death has or will occur

OFFICER'S STATEMENT OF PROBABLE CAUSE:

(Continue statement on reverse)

Sworn before me under oath:

(Notary Public)
Dated:
End Commission Date:

(Signature of Officer)
(Officer's Name Printed or Typed)
(Department of Officer)

THIS FORM MUST BE RETURNED TO THE SECRETARY OF STATE IMMEDIATELY

Bureau of Motor Vehicles, 29 State House Station, Augusta, Maine, 04333-0029

Telephone: 207-624-9000 Extension: 52106

Web: www.maine.gov/sos/bmv