



Matthew Dunlap
Secretary of State

Department of the Secretary of State
Bureau of Motor Vehicles

ALCOHOL LEVEL

LAW ENFORCEMENT OFFICER'S REPORT TO THE SECRETARY OF STATE

NAME: _____	DATE OF OFFENSE: _____
ADDRESS: _____	TIME OF OFFENSE: _____
D.O.B.: _____ ALCOHOL LEVEL 0. _____ grams	PLACE OF OFFENSE: _____

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

- ALC LEVEL a motor vehicle while having an alcohol level of 0.08 grams or more of alcohol per 100 milliliters of blood or 0.08 grams 210 liters of breath
- ANY ALC a motor vehicle license while having an alcohol level of more than 0.00 grams per 100 milliliters of blood or COND 210 liters of breath with a conditional license
- PASS< a motor vehicle with a passenger under 21 years of age 21 YRS
- ALC LEVEL a commercial motor vehicle while having an alcohol level of 0.04 grams or more of alcohol per 100 milliliters of 0.04 grams-CMV blood or 210 liters of breath
- ALC LEVEL a commercial motor vehicle containing hazardous materials while having an alcohol level of 0.04 grams or more 0.04 grams-HAZMAT of alcohol per 100 milliliters of blood or 210 liters of breath
- ANY ALC a motor vehicle while having an alcohol level of more than 0.00 grams per 100 milliliters of blood or 210 liters of MINOR 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)

NOTE: If a chemical test is taken using an intoxilyzer, the certified results must accompany this form.

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