Department of the Secretary of State

Bureau of Motor Vehicles

LAW ENFORCEMENT OFFICER'S REPORT RELATING TO ADVERSE DRIVING

NAME_____ **DATE of INCIDENT**_____

ADDRESS_____ **TIME of INCIDENT**_____

D.O.B._____ **PLACE of INCIDENT**_____

A Law Enforcement Officer may use this form to notify the Secretary of State of an incident of adverse driving. Please check all boxes that may apply and provide a narrative statement of the facts surrounding the incident.

- ☐ Incident involved a Property Damage Accident
- ☐ Incident involved a Bodily Injury Accident
- ☐ Incident resulted in the Death of a Person
- ☐ Incident may involve a Medical Issue

OFFICER'S STATEMENT:

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Signature of Officer

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Officer's Name Printed or Typed

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Department of Officer

PLEASE RETURN THIS FORM TO THE SECRETARY OF STATE

101 Hospital Street, 29 State House Station, Augusta, Maine, 04333-0029
Telephone: 207 624-9000 Extension 52124 TTY Users Call Maine Relay 711