

To Whom It May Concern:

I hereby attest that Michael T. Maloy, Jr. is a Certified Intoxilyzer Quality Assurance Specialist for the Lake Havasu City Police Department.

I certify that the attached documentation of Standard Quality Assurance Procedures and/or Standard Calibration Check Procedure are full, true and correct copy of the original.

STATE OF ARIZONA
) ss

COUNTY OF MOHAVE
)

Subscribed and sworn to before me this 7 day of DECEMBER

2022 by MECHAEL MALOY

NOTARY PUBLIC
12-7-Lo22

DATE

DATE

Signature

ZACHERY BRIEN JONES
Notary Public
Commission Number 602438
Expres: March 16, 2025
Mohawe County

Commission expires:

March 16 2025

Area Code 928

 Administration
 855-4884
 Fax #'s
 Emergency
 9-1-1

 Business Office
 855-1171
 Administration
 680-5430
 Non-Emergency Dispatch/
 855-4111

 Investigations
 855-5775
 Business Office
 680-5431
 Havasu Silent Witness
 854-TIPS

 Patrol
 855-0515
 Investigations/Patrol
 680-5432
 Havasu Silent Witness
 854-TIPS

E-mail: police@lhcaz.gov

### **EXHIBIT I-2**

## THIS REPORT PREPARED PURSUANT TO DUTY IMPOSED BY A.A.C. R13-10-104 (A)

# ARIZONA DEPARTMENT OF PUBLIC SAFETY INTOXILYZER MODEL 9000

PERIODIC MAINTENTANCE AND STANDARD QUALITY ASSURANCE PROCEDURE

· ·
M MALASY HZRL 1111PN
QA SPECIALIST M. MALOY # 28GENCY LNLPD  DATE 1207-2022 TIME 1423
DATE 12-0+-2022 TIME 1923
INTOXILYZER SERIAL# 90-003695
1. Ensure that gas tank is attached and contains a standard alcohol concentration Off AC
DIAGNOSTIC TESTS  ☐ 1. Clock time check ☐ 2. Date check
OPERATIONAL TESTS  1. Deficient Subject Test (Proper Sample Recognition)  Deficient Sample printed
2. Alcohol-free Subject Test (Proper Sample Recognition):  0. OOO AC
3. Mouth Alcohol Subject Test (Proper Sample Recognition):
Invalid Sample – Begin new deprivation period printed
4. Radio Frequency Interference Test (Error Recognition):
RFI Detect printed
5. Standard Calibration Check: 0. 107 AC
0. 102 AC  6. Air Blanks Completed
7. Timer Reset
Not a Successfully Completed Test Sequence will be printed
Instrument is operating properly and accurately. YESVNO
COMMENTS: RETURNED FROM D.P.S. FOR YEARLY PROVENTATIVE
MAINTENANCE IN SPECTION
m A AMI C. #281
SIGNATURE TICKAN TICKAN TO THE TICKAN
DPS Form Exh I-2 (Rev 19-03)

## ARIZONA FORENSIC BREATH ALCOHOL ANALYTICAL REPORT

#### INSTRUMENT INFORMATION

Analytical Instrument: Intoxilyzer 9000

QAS: MALOY, MICHAEL

Serial Number: 90-003695

Software Version: 9439.01.00

Analytical Report Number: 36951207220049

QAS Permit #: 30178

Agency: LAKE HAVASU PD

Last 31-Day Check:

12/07/2022

Last Annual Maintenance: 11/28/2022

SUBJECT INFORMATION

Name: 31-Day Check Test Date: 12/07/2022

Driver's License #:

Gender:

Date of Birth:

Age:

Test

Air Blank

Weight:

State of Issue:

**Driver's License Expiration:** Deprivation Start Time: 14:00

15 - Minute Deprivation: Yes

**OPERATOR INFORMATION** 

MALOY, MICHAEL Name:

Agency: LAKE HAVASU PD

g/210L

0.000

Time 14:23:20 Permit #: 30178

STANDARD INFORMATION

Standard Value: 0.100

Standard Lot #: 302-402376471 Expiration Date: 06/02/2024

Bottle #: 009

Last Changed By: MALOY, MICHAEL

Permit #: 30178

**RESULTS** 

Diagnostic Test	PASS	14:23:56
Air Blank	0.000	14:24:33
Calibration Chk	0.102	14:24:54
Air Blank	0.000	14:25:34
Subject Test 1	DEF*	14:28:47
Air Blank	0.000	14:29:29
Air Blank	0.000	14:30:10
Subject Test 2	0.000	14:30:36
Air Blank	0.000	14:31:18
Wait		14:35:21
Air Blank	0.000	14:35:58
Subject Test 3	INV**	14:36:27
Air Blank	RFI***	14:36:40

<sup>\*</sup>Deficient Sample

\*\*\*RFI Detect

## **EXCEPTION MESSAGES**

- \* Deficient Sample
- \*\* Invalid Sample Begin new deprivation period
- \*\*\* RFI Detect

#### **OPERATOR COMMENTS**

<sup>\*\*</sup>Invalid Sample - Begin new deprivation period