

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.

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_\_

**NOTARY PUBLIC** 

STATE OF ARIZONA

**COUNTY OF MOHAVE** 

5-19-22

) ss

)

DATE

Commission expires:



#### Area Code 928

Administration	855-4884
Business Office	855-1171
Investigations	855-5775
Patrol	855-0515

Fax #'s	
Administration	680-5430
Business Office	680-5431
Investigations/Patrol	680-5432

Emerger	ncy			9-1-1
Non-Em	ergenc	y Dispatc	h/	855-4111
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

QA SPECIALIST M. MALOY #281 AGENCY LNCPD						
DATE 05-19-2022 TIME 1757						
INTOXILYZER SERIAL# 90-003679						
INTOMETEDA SERENT OF CONTRACT						
1. Ensure that gas tank is attached and contains a standard alcohol concentration O.IDO AC						
DIAGNOSTIC TESTS						
☐ 1. Clock time check☐ 2. Date check						
LE 2. Date check						
OPERATIONAL TESTS  Fig. 1. Deficient Subject Test (Proper Sample Recognition)						
1. Deficient Subject Test (Proper Sample Recognition)  Deficient Sample printed						
2. Alcohol-free Subject Test (Proper Sample Recognition):						
0. 000 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. <u>/10</u> AC						
☐ 6. Air Blanks Completed ☐ 7. Timer Reset						
Not a Successfully Completed Test Sequence will be printed						
Instrument is operating properly and accurately. YESNO						
instrument is operating properly and accuracy.						
COMMENTS:						
$\alpha$ · $\alpha$ · $\alpha$ · $\alpha$ · $\alpha$						
SIGNATUREMehailMalay						
DPS Form Exh I-2 (Rev 19-03)						

# ARIZONA FORENSIC BREATH ALCOHOL ANALYTICAL REPORT

## INSTRUMENT INFORMATION

Analytical Instrument: Intoxilyzer 9000

Serial Number: 90-003679 Software Version: 9439.01.00

Analytical Report Number: 36790519220056

QAS: MALOY, MICHAEL

QAS Permit #: 30178

Agency: LAKE HAVASU PD

Last 31-Day Check:

04/21/2022

Last Annual Maintenance: 11/15/2021

SUBJECT INFORMATION

Name: 31-Day Check Test Date: 05/19/2022

Driver's License #:

Gender:

Date of Birth:

Age:

Weight:

State of Issue:

Driver's License Expiration: Deprivation Start Time: 17:40

15 - Minute Deprivation: Yes

**OPERATOR INFORMATION** 

MALOY, MICHAEL Name:

Agency: LAKE HAVASU PD

Test	g/210L	Time
Air Blank	0.000	17:57:25
Diagnostic Test	PASS	17:58:00
Air Blank	0.000	17:58:37
Calibration Chk	0.110	17:58:59
Air Blank	0.000	17:59:39
Subject Test 1	DEF*	18:02:52
Air Blank	0.000	18:03:36
Air Blank	0.000	18:04:17
Subject Test 2	0.000	18:04:48
Air Blank	0.000	18:05:29
Wait		18:09:32
Air Blank	0.000	18:10:09

INV\*\*

RFI\*\*\*

18:10:42

18:11:05

\*\*\*RFI Detect

Subject Test 3 Air Blank

Permit #: 30178

## STANDARD INFORMATION

Standard Value: 0.100

Standard Lot #: 23621100A4 Expiration Date: 11/05/2023

Bottle #: 003

Last Changed By: SLOWINSKI, JOSEPH

Permit #: 10002

# **RESULTS**

#### **EXCEPTION MESSAGES**

- \* Deficient Sample
- \*\*\* RFI Detect

### **OPERATOR COMMENTS**

<sup>\*</sup>Deficient Sample

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