

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.

Michael Malor Ju #28/ Signature

STATE OF ARIZONA)			
) ss			
COUNTY OF MOHAVE)			
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2024 by M	ICHAFL	MALOY	Ķí.	
Zfack			******	
NOTARY PUBLIC				ZACHERY BRIEN JONES Notary Public
4-30-2029	•			Commission Number 602438 Expires: March 16, 2025 Mohave County
DATE				8'8

Commission expires: 3 - 16 - 225

Area Code 928

Administration 855-4	884
Business Office 855-1	171
Investigations 855-5	775
Patrol 855-0	

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

Emerger	псу		 9-1-1
			. 855-4111
Havasu	Silent	Witness	 854-TIPS

E-mail: police@lhcaz.gov

ARIZONA FORENSIC BREATH ALCOHOL ANALYTICAL REPORT

INSTRUMENT INFORMATION

Analytical Instrument: Intoxilyzer 9000

QAS: MALOY, MICHAEL

Serial Number: 90-003695

QAS Permit #: 30178

Software Version: 9439.01.00

Agency: LAKE HAVASU PD Analytical Report Number: 36950430240213

Last 31-Day Check:

04/04/2024

Last Annual Maintenance: 11/02/2023

SUBJECT INFORMATION

Name: 31-Day Check

Test Date: 04/30/2024

Driver's License #:

Gender: Date of Birth:

Age:

Weight:

State of Issue:

Driver's License Expiration: Deprivation Start Time: 16:45

15 - Minute Deprivation: Yes

OPERATOR INFORMATION

Name: MALOY, MICHAEL

Agency: LAKE HAVASU PD

Permit #: 30178

STANDARD INFORMATION

Standard Value: 0.100

Standard Lot #: 302-402801597

Expiration Date: 03/15/2025

Bottle #: 001

Last Changed By: MALOY, MICHAEL

Permit #: 30178

DECLII TO

Test	g/210L	Time
Air Blank	0.000	17:07:10
Diagnostic Test	PASS	17:07:46
Air Blank	0.000	17:08:22
Calibration Chk	0.101	17:08:44
Air Blank	0.000	17:09:24
Subject Test 1	DEF*	17:12:43
Air Blank	0.000	17:13:27
Air Blank	0.000	17:14:07
Subject Test 2	0.000	17:14:40
Air Blank	0.000	17:15:31
Wait		17:19:36
Air Blank	0.000	17:20:13
Subject Test 3	INV**	17:20:45
Air Blank	RFI***	17:20:58

^{*}Deficient Sample

***RFI Detect

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EXCEPTION MESSAGES

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

OPERATOR COMMENTS

^{**}Invalid Sample - Begin new deprivation period

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 # USL AGENCY LHCPD
DATE 04-30-2024 TIME 17:07
INTOXILYZER SERIAL# 90-003695
1. Ensure that gas tank is attached and contains a standard alcohol concentration O.100 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. DOO 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: 0AC 6. Air Blanks Completed 7. Timer Reset
Not a Successfully Completed Test Sequence will be printed
Instrument is operating properly and accurately. YESNO
COMMENTS: PSI: 925
SIGNATURE_Michaelmaln Jo #281
DPS Form Exh I-2 (Rev 19-03)