

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 27 day of August.

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NOTARY PUBLIC

8-27-624

ZACHERY BRIEN JONES
Notary Public
Commission Number 60/2438
Expires: March 16, 2025

Commission expires: 3-16-2025

DATE

Area Code 928

Mohave County

 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
 680-5432

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

OA SPECIALIST M MALLY #28/AGENCY LUCPD
DATE 08-27-2024 TIME 00:06
QA SPECIALIST M. MALLY #28 AGENCY LUCPD DATE 08-27-2024 TIME 00:06 INTOXILYZER SERIAL # 90-003695
1. Ensure that gas tank is attached and contains a standard alcohol concentration D. IDO 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): 0AC
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. O AC 6. Air Blanks Completed 7. Timer Reset
Not a Successfully Completed Test Sequence will be printed
Instrument is operating properly and accurately. YES_VNO
COMMENTS: P.S.I.: 90E
SIGNATURE Michael Mals J #181
DPS Form Evh L2 (Pey 19-03)

ARIZONA FORENSIC BREATH ALCOHOL ANALYTICAL REPORT

INSTRUMENT INFORMATION

Analytical Instrument: Intoxilyzer 9000

Serial Number: 90-003695

Software Version: 9439.01.00

Analytical Report Number: 36950827240218

QAS: MALOY, MICHAEL

QAS Permit #: 30178

Agency: LAKE HAVASU PD

Last 31-Day Check:

08/01/2024

Last Annual Maintenance: 11/02/2023

SUBJECT INFORMATION

Name: 31-Day Check Test Date: 08/27/2024

Driver's License #:

Gender:

Date of Birth:

Age:

Test

Weight:

State of Issue:

Driver's License Expiration: Deprivation Start Time: 23:45

15 - Minute Deprivation: Yes

OPERATOR INFORMATION

Time

MALOY, MICHAEL Name: 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

R	ES	ŲL	<u>TS</u>

1000	34	
Air Blank	0.000	00:06:05
Diagnostic Test	PASS	00:06:40
Air Blank	0.000	00:07:17
Calibration Chk	0.098	00:07:38
Air Blank	0.000	00:08:18
Subject Test 1	DEF*	00:11:35
Air Blank	0.000	00:12:17
Air Blank	0.000	00:12:57
Subject Test 2	0.000	00:13:29
Air Blank	0.000	00:14:10
Wait		00:18:15
Air Blank	0.000	00:18:52
Subject Test 3	INV**	00:19:41
Air Blank	RFI***	00:19:52

^{*}Deficient Sample

q/210L

OPERATOR COMMENTS

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

^{***}RFI Detect

EXCEPTION MESSAGES

^{*} Deficient Sample

^{***} RFI Detect