

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 31 st day of DECEMBER

TOUR HAEL MALO!

NOTARY PUBLIC

12-31-2024

ZACHERY BRIEN JONES Notary Public Commission Number 602438 Expires: March 16, 2025

Commission expires:

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

QA SPECIALIST M. MALOY #281 AGENCY LULPD
DATE 12-31-2024 TIME 00:10
INTOXILYZER SERIAL# 90-003695
1. Ensure that gas tank is attached and contains a standard alcohol concentration 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. 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. 697 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. 45T
SIGNATURE Michael Malry Joseph 1881
, V
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

QAS Permit #: 30178

Software Version: 9439.01.00

Agency: LAKE HAVASU PD

Analytical Report Number: 36951231240232

Time

Last 31-Day Check:

12/03/2024

Last Annual Maintenance: 10/28/2024

SUBJECT INFORMATION

Name: 31-Day Check

Test Date: 12/31/2024

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

Name: MALOY, MICHAEL

Agency: LAKE HAVASU PD

Permit #: 30178

STANDARD INFORMATION

Standard Value: 0.100

Standard Lot #: 302-402972207

Expiration Date: 02/20/2026

Bottle #: 023

Last Changed By: MALOY, MICHAEL

Permit #: 30178

Air Blank	0.000	00:10:54
Diagnostic Test	PASS	00:11:30
Air Blank	0.000	00:12:07
Calibration Chk	0.097	00:12:28
Air Blank	0.000	00:13:08
Subject Test 1	DEF*	00:16:56
Air Blank	0.000	00:17:43
Air Blank	0.000	00:18:23
Subject Test 2	0.000	00:19:01
Air Blank	0.000	00:19:41
Wait		00:23:45
Air Blank	0.000	00:24:22
Subject Test 3	INV**	00:25:22
Air Blank	RFI***	00:25:37

q/210L

RESULTS

***RFI Detect

OPERATOR COMMENTS

EXCEPTION MESSAGES

^{*}Deficient Sample

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

Deficient Sample

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

^{***} RFI Detect