



POLICE DEPARTMENT  
**LAKE HAVASU CITY**  
 2360 McCULLOCH BOULEVARD NORTH  
 LAKE HAVASU CITY, ARIZONA 86403-5947

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 Maloy Jr #281  
 Signature

STATE OF ARIZONA        )  
   ) ss  
 COUNTY OF MOHAVE    )

Subscribed and sworn to before me this 6 day of JANUARY.

2022 by MICHAEL MALOY

Carla Duarte  
 NOTARY PUBLIC

1-6-22  
 DATE

Commission expires:



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	

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 MAINTENANCE AND STANDARD QUALITY ASSURANCE PROCEDURE

QA SPECIALIST M. MALDY #281 AGENCY LHCPD  
DATE 01-06-2022 TIME 1514  
INTOXILYZER SERIAL # 90-003680

1. Ensure that gas tank is attached and contains a standard alcohol concentration 0.100 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):  
0.000 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:  
0.099 AC
- 6. Air Blanks Completed
- 7. Timer Reset

Not a Successfully Completed Test Sequence will be printed

Instrument is operating properly and accurately. YES  NO

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE Michael Maloy

ARIZONA FORENSIC BREATH ALCOHOL  
ANALYTICAL REPORT

INSTRUMENT INFORMATION  
Analytical Instrument: INTOXILYZER 9000  
Serial Number: 90-003680  
Software Version: 9439.01.00  
Analytical Report Number: 36800106220005  
OAS:  
OAS Permit #:  
Agency:  
Last 31-Day Check:  
Last Annual Maintenance: 11/15/2021

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SUBJECT INFORMATION  
Test Date: 01/06/2022  
Name: 31-Day Check,  
Driver's License #:  
Weight:  
Gender:  
State of Issue:  
Date of Birth:  
Driver's License Expiration:  
Age:  
Deprivation Start Time: 14:55  
15-Minute Deprivation: Yes

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OPERATOR INFORMATION  
Name: MALOY, MICHAEL  
Agency: LAKE HAVASU PD  
Permit #: 30178

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STANDARD INFORMATION  
Standard Value: 0.100  
Standard Lot #: 23621100A4  
Expiration Date: 11/05/2023  
Bottle #: 002  
Last Changed By:  
SLOWINSKI, JOSEPH  
Permit #: 10002

Test	g/210L	Time
Air Blank	0.000	15:14:11
Diagnostic Test	PASS	15:14:47
Air Blank	0.000	15:15:24
Calibration Chk	0.099	15:15:46
Air Blank	0.000	15:16:25
Subject Test 1	DEF*	15:19:41
Air Blank	0.000	15:20:32
Air Blank	0.000	15:21:12
Subject Test 2	0.000	15:21:46
Air Blank	0.000	15:22:34
Wait		15:26:37
Air Blank	0.000	15:27:14
Subject Test 3	INV**	15:27:34
Air Blank	RFI***	15:27:49

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

Not a Successfully Completed Test Sequence

RESULTS

EXCEPTION MESSAGES

\* Deficient Sample  
\*\* Invalid Sample - Begin new deprivation period  
\*\*\* RFI Detect  
All air blank results must be 0.000.  
Consecutive subject test results must not differ  
by more than 0.020 g/210L.  
Standard check results must be ±10%.