

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.

Signature

STATE OF ARIZONA)
) ss
COUNTY OF MOHAVE)

Subscribed and sworn to before me this ________ day of _____ A /_____

2025 py MICHAEL MALOY

NOTARY PUBLIC

5-19-2025

DATE

Commission expires: 3-16-2029

Notary Public State of Arizona
Mohave County
Zachery Brien Jones
My Commission Expires 3/16/2029
Commission Number 679797

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
 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 #28 AGENCY LUCPD
DATE 05-19-7025 TIME 22:00
INTOXILYZER SERIAL# 90-003695
INTOXILTZER SERIAL# 10 00 50 11
1. Ensure that gas tank is attached and contains a standard alcohol concentration of 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. boo AC
2 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. YESVNO
COMMENTS: P.S.I. 225
SIGNATURE
DPS Form Exh I-2 (Rev 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: 36950519250295

QAS: MALOY, MICHAEL

QAS Permit #: 30178

Agency: LAKE HAVASU PD

Last 31-Day Check:

04/28/2025

Last Annual Maintenance: 10/28/2024

SUBJECT INFORMATION

Name: 31-Day Check Test Date: 05/19/2025

Driver's License #:

Gender:

Date of Birth:

Age:

Weight:

State of Issue:

Driver's License Expiration: Deprivation Start Time: 21:30

15 - Minute Deprivation: Yes

OPERATOR INFORMATION

Name: MALOY, MICHAEL

Agency: LAKE HAVASU PD

g/210L	Time
0.000	22:00:10
PASS	22:00:45
0.000	22:01:23
0.099	22:01:44
0.000	22:02:24
DEF*	22:05:39
0.000	22:06:22
0.000	22:07:02
0.000	22:07:31
0.000	22:08:11
	22:12:16
0.000	22:12:53
INV**	22:14:44
RFI***	22:14:59
	0.000 PASS 0.000 0.099 0.000 DEF* 0.000 0.000 0.000 0.000

^{*}Deficient Sample

***RFI Detect

Permit #: 30178

STANDARD INFORMATION

Standard Value: 0.100

Standard Lot #: 302-402972207 Expiration Date: 02/20/2026

Bottle #: 022

Last Changed By: MALOY, MICHAEL

Permit #: 30178

RESULTS

EXCEPTION MESSAGES

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

OPERATOR COMMENTS

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