

To Whom It May Concern:

I hereby attest that Larry Allen 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 18th day of MOVIMMIL. |
| 2022 by LARRY ALLEU |
| |
| Shaeera McKuli OHT |
| NOTARY PUBLIC |
| 11/18/2222 |
| DATE |
| ~~ |



Commission expires:

Area Code 928

| Administration | 855-4884 | Fax #'s |
|-----------------|----------|-------------------|
| Business Office | 855-1171 | Administration |
| Investigations | 855-5775 | Business Office . |
| Patrol | 855-0515 | Investigations/Pa |
| | | |

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

| Emerger | псу | | | 9-1-1 |
|---------|--------|-----------|----|------------|
| Non-Em | ergenc | y Dispatc | h/ | . 855-4111 |
| Havasu | Silent | Witness | | 854-TIPS |

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

| 1.1.1.1.21.2 |
|---|
| QA SPECIALIST 1. ALLEN # ZSI AGENCY LAKE HAVASU CITY POLICE DEPT. DATE 10-26-2022 TIME 18:00 |
| DATE 10-26-2022 TIME 18:00 |
| INTOXILYZER SERIAL # <u>90-003695</u> |
| 1. Ensure that gas tank is attached and contains a standard alcohol concentrationAC |
| 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. <u>000</u> 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. <u>100</u> AC |
| 6. Air Blanks Completed |
| ☑ 7. Timer Reset |
| Not a Successfully Completed Test Sequence will be printed |
| Instrument is operating properly and accurately. YES_X_NO |
| COMMENTS: |
| |
| |
| SIGNATURE # ZSI |

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: 36951026220039

QAS: ALLEN, LARRY

QAS Permit #: 30179

Agency: LAKE HAVASU PD

Last 31-Day Check:

10/26/2022

Last Annual Maintenance: 11/15/2021

SUBJECT INFORMATION

Name: 31-Day Check

Test Date: 10/26/2022

Driver's License #:

Gender: Date of Birth:

Age:

Weight:

State of Issue:

Driver's License Expiration: Deprivation Start Time: 17:40

15 - Minute Deprivation: Yes

OPERATOR INFORMATION

Name: ALLEN, LARRY

Agency: LAKE HAVASU PD

| Test | g/210L | Time |
|-----------------|--------|----------|
| Air Blank | 0.000 | 18:00:41 |
| Diagnostic Test | PASS | 18:01:17 |
| Air Blank | 0.000 | 18:01:54 |
| Calibration Chk | 0.100 | 18:02:15 |
| Air Blank | 0.000 | 18:02:55 |
| Subject Test 1 | DEF* | 18:06:18 |
| Air Blank | 0.000 | 18:07:35 |
| Air Blank | 0.000 | 18:08:15 |
| Subject Test 2 | 0.000 | 18:08:44 |
| Air Blank | 0.000 | 18:09:26 |
| Wait | | 18:13:31 |
| Air Blank | 0.000 | 18:14:08 |
| Subject Test 3 | INV** | 18:14:29 |
| Air Blank | RFI*** | 18:14:42 |

^{*}Deficient Sample

***RFI Detect

Permit #: 30179

STANDARD INFORMATION

Standard Value: 0.100 Standard Lot #: 1463724 Expiration Date: 03/10/2023

Bottle #: 003

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