

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 Malory #28/
Signature

STATE OF ARIZONA)				
) ss				
COUNTY OF MOHAVE)				
		4		COTE	4080
Subscribed and sworn to bef	ore me this		day of	EFIEN	BEIL.
2024 hu MI	CIIAEI	MAINI			
by MI	CHARL	MALOY			
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-1/00			_		
NOTARY PUBLIC				THE DO	ZACHERY BRIEN JONES
9-4-20	24				Notary Public Commission Number 602438
9-129					Expires: March 16, 2025
DATE			1.		Mohave County

Commission expires: 3 - 16 - 7025

Area Code 928

Administration	855-4884	Fax #'s
Business Office	855-1171	Administration
Investigations	855-5775	Business Office
Patrol		Investigations/Patrol

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

Emergency 9-1-1
Non-Emergency Dispatch/ 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

QA SPECIALIST M. MALOY #28 AGENCY LMCPD DATE OR-04-2024 TIME 1643
DATE 09-04-2024 TIME 1643
INTOXILYZER SERIAL# 96-003680
1. Ensure that gas tank is attached and contains a standard alcohol concentration O.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. OR 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. 100 AC 6. Air Blanks Completed
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: THERE OUT OF SERVICE END OF P.S.I.: 950
CABOR DAY WEXLEND
m_{α} , l_{α} , m_{α}
SIGNATURE Wichail Moly #700
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: 90-003680

QAS Permit #: 30178

Software Version: 9439.01.00 Analytical Report Number: 36800904240037

Agency: LAKE HAVASU PD

Last 31-Day Check:

08/29/2024

Last Annual Maintenance: 11/06/2023

Weight:

State of Issue:

SUBJECT INFORMATION

Name: 31-Day Check

Test Date: 09/04/2024

Driver's License #:

Gender:

Age:

Test

Date of Birth:

Driver's License Expiration:

Deprivation Start Time: 16:25

15 - Minute Deprivation: Yes

OPERATOR INFORMATION

MALOY, MICHAEL Name: Agency: LAKE HAVASU PD

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

Air Blank	0.000	16:43:21
Diagnostic Test	PASS	16:43:57
Air Blank	0.000	16:44:34
Calibration Chk	0.100	16:44:56
Air Blank	0.000	16:45:35
Subject Test 1	DEF*	16:48:55
Air Blank	0.000	16:49:36
Air Blank	0.000	16:50:16
Subject Test 2	0.000	16:50:48
Air Blank	0.000	16:51:28
Wait		16:55:33
Air Blank	0.000	16:56:10
Subject Test 3	INV**	16:56:39
Air Blank	RFI***	16:56:52

^{*}Deficient Sample

q/210L

Time

***RFI Detect

RESULTS			

EXCEPTION MESSAGES

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

OPERATOR COMMENTS

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