

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 21ST day of 0000 E2.

by CASEY THOMAS

NOTARY PUBLIC

Le /21/2024

DATE

Notary Public, State of Arizona Mohave County Commission # 051060 My Commission # 051060 My Commission Expires

Area Code 928

 Administration
 855-4884

 Business Office
 855-1171

 Investigations
 855-5775

 Patrol
 855-0515

Commission expires: 05/31/2027

 Emergency 9-1-1 Non-Emergency Dispatch/ 855-4111 Hayasu 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 #281 AGENCY LHCPD DATE 10-21-2024 TIME 22:35
DATE 10-21-2024 TIME 22:35
INTOXILYZER SERIAL# 90-003695
1. Ensure that gas tank is attached and contains a standard alcohol concentration_DIOO_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: 0.097 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: SHOW BY OUT OF SERVICE FOR THE SEASON AND
ANNUAL P.M.
P.S.I.: 87
SIGNATUREMichaelMaloga #781
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: 36951021240220

QAS: MALOY, MICHAEL

QAS Permit #: 30178

Agency: LAKE HAVASU PD

Last 31-Day Check:

08/27/2024

Last Annual Maintenance: 11/02/2023

SUBJECT INFORMATION

Name: 31-Day Check Test Date: 10/21/2024

Driver's License #:

Gender:

Date of Birth:

Age:

Test

Weight:

State of Issue:

Driver's License Expiration: Deprivation Start Time: 22:15

15 - Minute Deprivation: Yes

OPERATOR INFORMATION

Name: MALOY, MICHAEL Agency: LAKE HAVASU PD

Permit #: 30178

Time

STANDARD INFORMATION Standard Value: 0.100

Standard Lot #: 302-402801597

Expiration Date: 03/15/2025

Bottle #: 001

Last Changed By: MALOY, MICHAEL

Permit #: 30178

RESU	LTS

Air Blank	0.000	22:35:29
Diagnostic Test	PASS	22:36:05
Air Blank	0.000	22:36:42
Calibration Chk	0.097	22:37:04
Air Blank	0.000	22:37:43
Subject Test 1	DEF*	22:40:58
Air Blank	0.000	22:41:40
Air Blank	0.000	22:42:20
Subject Test 2	0.000	22:42:52
Air Blank	0.000	22:43:35
Wait		22:47:38
Air Blank	0.000	22:48:16
Subject Test 3	INV**	22:48:58
Air Blank	RFI***	22:49:11

^{*}Deficient Sample

q/210L

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

OPERATOR COMMENTS

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

^{***}RFI Detect

EXCEPTION MESSAGES