

MAY 3 0 2006

# VERIFICATION OF CALIBRATION REPORT

*of DataMaster cdm Breath Test Instrument*

*State of Alaska*

*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130308</u> ✓
Name <u>Byron D. Redburn</u>		ID# <u>2087</u> ✓ Date <u>5/20/06</u> ✓
A	Agency <u>Nome Police Dept</u>	Phone # <u>443-2551</u>
Instrument Location <u>Nome Police Dept</u>		
Alco S/N <u>X124665</u> ✓ Target Value <u>.079</u> ✓ High Pressure <u>900</u>		
Alco Test Value Average <u>.076</u> ✓ <u>.076</u> ✓		
		C.O.B. 5/31/06
Signature <u>[Signature]</u>		CBO

(OVER)

Under the Alaska Rules of Evidence, I certify that:  
(Do Not write in the area below)

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Byron D Redburn, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Chris W. Beh 6-1-06

Chris W. Beheim Date  
Scientific Director  
State of Alaska  
State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130308

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130308

MAY 20, 2006

OPERATOR'S NAME: *C.O.B. 513100*  
REDBURN BYRON D  
OPERATOR'S NUMBER: 2087  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI:

A  
D.L. #: A  
DEPT/AGENCY: OME1  
CASE/REPORT: A  
TEST TYPE: U  
ALCO TARGET VALUE: .079  
ALCO S/N: X124665

--- BREATH ANALYSIS ---

.079 ADJUSTED FOR 30.29 in  
ALCO TARGET .079 23:29  
BLANK TEST .000 23:30  
INTERNAL STANDARD VERIFIED 23:30  
ALCO TV 30.30 in .076 23:31  
BLANK TEST .000 23:32  
SUBJECT SAMPLE .000 *C.O.B. 513100* 23:32  
BLANK TEST .000 23:33  
ALCO TV 30.29 in .076 23:33  
BLANK TEST .000 23:34

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130308

MAY 20, 2006  
TIME 23:35

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c  
BAROMETER: 30.30 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@ABCDEF6  
HIJKLMN0PQRSTUUVWXYZ[\]^\_`abcde fghijklmno  
pqrstuvwxyz{|}~■

JUL 14 2006

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130308</u> ✓
Name	<u>Byron D. Redburn</u>	ID#	<u>2087</u> ✓
		Date	<u>7/14/06</u> ✓
A	Agency	<u>Nome PD</u>	Phone # <u>943-5262</u>
	Instrument Location	<u>Nome PD</u>	
B	Alco S/N	<u>X124665</u> ✓	Target Value <u>.079</u> ✓
			High Pressure <u>600</u>
	Alco Test Value Average	<u>.075</u> ✓	<u>.074</u> ✓
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
			COB. #1800
	Signature	<u><i>Byron D. Redburn</i></u>	<u><i>CB</i></u>

(OVER)

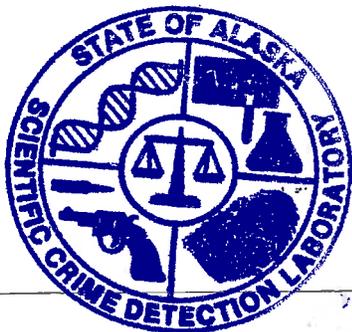
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(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Byron D Redburn, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Chris W. Beheim      7-21-06  
 Chris W. Beheim      Date  
 Scientific Director  
 State of Alaska  
 State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130308

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130308

JULY 11, 2006

OPERATOR'S NAME:

REDBURN BYRON D

OPERATOR'S NUMBER: 2087

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/NI :

A

O.L. #: A

DEPT/AGENCY: OME1

CASE/REPORT: A

TEST TYPE: V

ALCO TARGET VALUE: .079

ALCO S/N: X124665

--- BREATH ANALYSIS ---

.079 ADJUSTED FOR 29.98 in  
ALCO TARGET .079 21:07  
BLANK TEST .000 21:08  
INTERNAL STANDARD VERIFIED 21:08  
ALCO TV 29.98 in .075 21:09  
BLANK TEST .000 21:09  
SUBJECT SAMPLE .000 21:11  
BLANK TEST .000 21:11  
ALCO TV 29.98 in .074 21:12  
BLANK TEST .000 21:12

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130308

JULY 11, 2006

TIME 21:20

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 41c  
BAROMETER: 29.99 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!#\$%&'()\*+,-./0123456789:;<=>@ABCDEFGHIJK  
LMNOPQRSTUVWXYZ[\]^\_`abcde{ghi,jk|lmno  
pqrstuvwxyz{|}~

# VERIFICATION OF CALIBRATION REPORT

*of DataMaster cdm Breath Test Instrument*

*State of Alaska*

*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

Supervisor/Operator Performing the Verification Procedure: <span style="float: right;">DataMaster cdm S/N <u>130308</u> ✓</span>	
Name <u>Byron D. Redburn</u>	ID# <u>2097</u> Date <u>9/2/06</u> ✓
A Agency <u>Nome PD</u> Phone # <u>443-5262</u>	
Instrument Location <u>Nome PD</u>	
B Alco S/N <u>X124665</u> ✓ Target Value <u>.079</u> ✓ High Pressure <u>400</u>	
Alco Test Value Average <u>.075</u> ✓ 1 <sup>st</sup> Alco	<u>.075</u> ✓ 2 <sup>nd</sup> Alco
Signature <u>[Signature]</u>	<u>CWB</u> <span style="color: green;">CWB 9/8/06</span>
(OVER)	

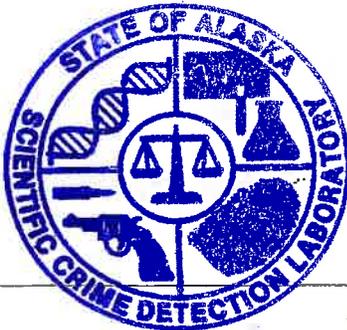
Under the Alaska Rules of Evidence, I certify that:  
(Do Not write in the area below)

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Byron D Redburn, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Chris W. Beh      9-11-06  
Chris W. Beheim      Date  
Scientific Director  
State of Alaska  
State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130308

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130308

SEPTEMBER 02, 2006

OPERATOR'S NAME:  
REDBURN BYRON D  
OPERATOR'S NUMBER: 2087  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI :  
A

O.L. #: A  
DEPT/AGENCY: OME1  
CASE/REPORT: A  
TEST TYPE: U  
ALCO TARGET VALUE: .079  
ALCO S/N: X124665

--- BREATH ANALYSIS ---

.079 ADJUSTED FOR 30.35 in  
ALCO TARGET .000 21:05  
BLANK TEST .000 21:06  
INTERNAL STANDARD VERIFIED 21:06  
ALCO TU 30.35 in .075 21:06  
BLANK TEST .000 21:07  
SUBJECT SAMPLE .000 21:08  
BLANK TEST .000 21:09  
ALCO TU 30.35 in .075 21:09  
BLANK TEST .000 21:10

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130308

SEPTEMBER 02, 2006  
TIME 21:11

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c  
BAROMETER: 30.35 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

! " # % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

MAY 07 2009

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130132</u> ✓	
Name <u>Matthew E. Armstrong</u>		ID# <u>5906</u>	Date <u>5 May 2009</u>
A Agency <u>Seward PD</u>		Phone # <u>(907) 224-3338</u>	
Instrument Location <u>410 Adams St Seward Community Jail, Seward AK</u>			
Alco S/N <u>X301605</u> ✓		Target Value <u>.082</u> ✓	High Pressure <u>900</u>
B Alco Test Values		<u>.075</u> ✓ 1 <sup>st</sup> Alco	<u>.076</u> ✓ 2 <sup>nd</sup> Alco
Signature <u>Matthew E. Armstrong</u> ✓			<u>COB</u> <u>5/18/09</u>
(OVER)			

(Do Not write in the area below)

I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

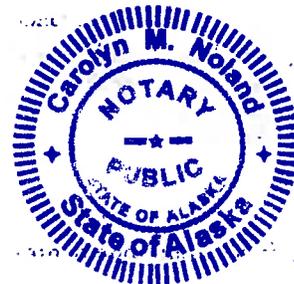
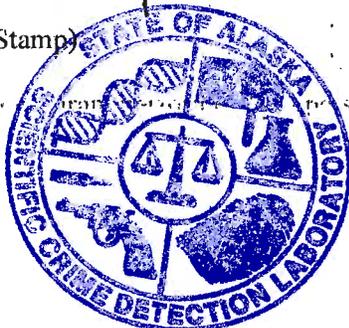
- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly scheduled activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.

Nita J. Bolz  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn to before me this 22 day of May, 2009.

Carolyn M. Noland  
Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office

(Notary Seal Stamp)





# VERIFICATION OF CALIBRATIC REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

JUL 09 2009

Supervisor/Operator Performing the Verification Procedure: **DataMaster cdm S/N** 130132

Name Matthew E. Armstrong ID# 5906 Date July 3 Jun 2009

A Agency Seward PD Phone # (907) 224-3338

Instrument Location 410 Adams St Seward Community Jail, Seward AK

B Alco S/N X301605 Target Value .082 High Pressure 700

Alco Test Values .080 .079  
1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature Matthew E. Armstrong

CBB  
7/14/09

(OVER)

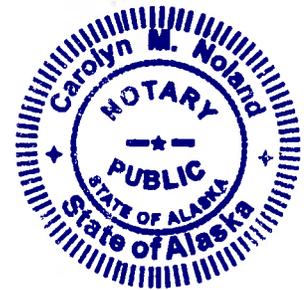
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- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification

Nita J. Bolz  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 10<sup>th</sup> day of July, 2009.

Carolyn M. Noland  
(Notary Seal Stamp)  
Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130132 ✓

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C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130132

JULY 03, 2009

OPERATOR'S NAME:  
ARMSTRONG, MATTHEW E  
OPERATOR'S NUMBER: 5906  
SUBJECT'S LAST NAME:

UOC  
SUBJECT'S FIRST NAME/MI: 9/2  
UOC TEST

D.L. #: 0000000  
DEPT/AGENCY: SMD1  
CASE/REPORT: 09-0000  
TEST TYPE: U  
ALCO TARGET VALUE: .082  
ALCO S/N: X301605 ✓

### --- BREATH ANALYSIS ---

.082 ADJUSTED FOR 30.40 in  
ALCO TARGET .083 10:28  
BLANK TEST .000 10:28  
INTERNAL STANDARD VERIFIED 10:29  
ALCO TV 30.40 in .080 10:29  
BLANK TEST .000 10:30  
SUBJECT SAMPLE 9/2 .000 10:30  
BLANK TEST .000 10:31  
ALCO TV 30.40 in .079 10:31  
BLANK TEST .000 10:32

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130132

JULY 03, 2009 ✓  
TIME 10:25

### --- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 9/2 03/29/00  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 45c  
BAROMETER: 30.40 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

!@#%&'()\*+,-./0123456789:;{=}~?@BCDEF6  
HIJKLMN0PQRSTUWXYZ[\]^\_`abcdefg h i j k l m n o  
p q r s t u v w x y z { } ~ |

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

SEP 05 2009

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N 130132 ✓

Name Matthew E. Armstrong ID# 5906 Date 2 Sep 2009 ✓

A Agency Seward PD Phone # (907) 224-3338

Instrument Location 410 Adams St Seward Community Jail, Seward AK ✓

B Alco S/N X301605 ✓ Target Value .082 ✓ High Pressure 450

Alco Test Values .078 ✓ .079 ✓  
1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature Matthew E. Armstrong ✓

(OVER)

BMB  
9/15/09

(Do Not write in the area below)

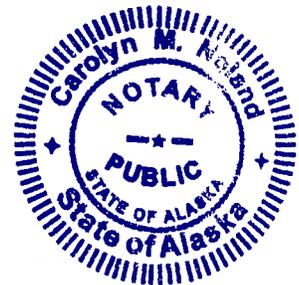
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- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

Nita J. Bolz  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 17<sup>th</sup> day of Sept., 2009.

Carolyn M. Noland (Notary Seal Stamp)  
Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130132

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130132

SEPTEMBER 02, 2009

OPERATOR'S NAME:  
ARMSTRONG, MATTHEW E  
OPERATOR'S NUMBER: 5906  
SUBJECT'S LAST NAME:  
VOC

SUBJECT'S FIRST NAME/MI :  
TEST

O.L. #: 0000000  
DEPT/AGENCY: SMD1  
CASE/REPORT: 09-0000  
TEST TYPE: U  
ALCO TARGET VALUE: .082  
ALCO S/N: X301605

### --- BREATH ANALYSIS ---

.082 ADJUSTED FOR 29.9% in  
ALCO TARGET .082 00:07  
BLANK TEST .000 00:08  
INTERNAL STANDARD VERIFIED 00:08  
ALCO TV 29.9% in .078 00:08  
BLANK TEST .000 00:09  
SUBJECT SAMPLE .000 00:09  
BLANK TEST .000 00:10  
ALCO TV 29.9% in .079 00:11  
BLANK TEST .000 00:11

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130132

SEPTEMBER 02, 2009  
TIME 00:04

### --- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 03/29/00  
HEATERS  
SAMPLE CHAMBER: 48c  
BREATH TUBE: 44c  
BAROMETER: 29.9% in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

!@#\$%^&'()\*+,-./0123456789:;<=>?@ABCDEF  
GHIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnop  
qrstuvwxyz{|}~

# VERIFICATION OF CALIBRATION REPORT

SEP 14 2009

of DataMaster cdm Breath Test Instrument

SEP 14 2009

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N 130132

Name Doreen Valdez ID# 3423 Date 9/10/09

Agency Seward PD Phone # 224-3338

Instrument Location 410 Adams City Hall

---

Alco S/N X301605 Target Value .082 High Pressure 300 psi

Alco Test Value Average .079 .077 .076

1<sup>st</sup> Alco 9-18-09 2<sup>nd</sup> Alco

Signature Doreen B. Valdez

CMB  
10/8/09

(OVER)

(Do Not write in the area below)

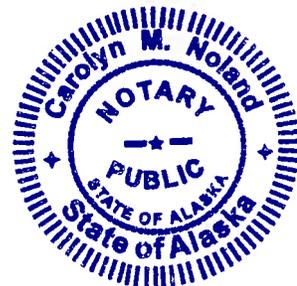
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- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

Nita J. Bolz  
 Nita J. Bolz  
 Scientific Director  
 State Breath Alcohol Program

Subscribed and sworn before me this 10th day of Oct, 2009.

Carolyn M. Noland (Notary Seal Stamp)  
 Carolyn M. Noland  
 Notary Public, State of Alaska  
 Commission Expires with Office



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130132

(CONTINUED FROM FRONT PAGE)

DataMaster moved upstairs for two weeks during jail repairs.

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130132

SEPTEMBER 10, 2009 ✓ *COB 10/28/09*

OPERATOR'S NAME: *XXXX*

OPERATOR'S NUMBER: 3423

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/MI :  
X

O.L. #: X

DEPT/AGENCY: SMD1

CASE/REPORT: 0

TEST TYPE: U

ALCO TARGET VALUE: .002 *0.02*

ALCO S/N: X301605

--- BREATH ANALYSIS ---

.002 ADJUSTED FOR 29.15 in ✓		
ALCO TARGET	.079	12:39
BLANK TEST	.000	12:40
INTERNAL STANDARD	VERIFIED	12:40
ALCO TV 29.15 in	.077	12:40
BLANK TEST	.000	12:41
SUBJECT SAMPLE <i>COB 10/28/09</i>	.000	12:43
BLANK TEST	.000	12:44
ALCO TV 29.15 in	.078	12:44
BLANK TEST	.000	12:45

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130132

SEPTEMBER 10, 2009 ✓

TIME 12:47

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 03/29/00

HEATERS

SAMPLE CHAMBER: 40c *02*

BREATH TUBE: 45c

BAROMETER: 29.15 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

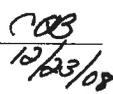
!#\$%&'()\*+,-./0123456789:;<=>?@ABCDEF G  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefg h i j k l m n o  
p q r s t u v w x y z ! " # \$ % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G

# VERIFICATION OF CALIBRATION REPORT

*of DataMaster cdm Breath Test Instrument*

*State of Alaska*

*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N 130144 ✓
Name: Jose Ramirez	ID# 6532	Date: December 05, 2008 ✓
A Agency: 3 <sup>rd</sup> Security Forces Squadron	Phone # 552-6570	
Instrument Location: Bldg 8517, Law Enforcement Desk, Elmendorf AFB, AK ✓		
B Alco S/N 57345 ✓	Target Value .086 ✓	High Pressure 1200psi
Alco Test Values	<u>.080</u> ✓ 1 <sup>st</sup> Alco	<u>.079</u> ✓ 2 <sup>nd</sup> Alco
Signature		
(OVER)		

Under the Alaska Rules of Evidence, I certify that, (Do Not write in the area below)

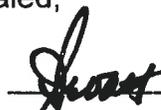
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Jose A Ramirez, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,





Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

12/23/08

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130144 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130144

DECEMBER 05, 2008 ✓

OPERATOR'S NAME: *COB 12/03/08*  
ROMIREZ/JOSE/A  
OPERATOR'S NUMBER: 6532  
SUBJECT'S LAST NAME:  
UC  
SUBJECT'S FIRST NAME/MI :  
UC  
O.L. #: 1234567890  
DEPT/AGENCY: EDF4  
CASE/REPORT: 20081205  
TEST TYPE: U  
ALCO TARGET VALUE: .086 ✓  
ALCO S/N: 57345

### — BREATH ANALYSIS —

.086 ADJUSTED FOR 29.68 in  
ALCO TARGET .085 14:36  
BLANK TEST .000 14:37  
INTERNAL STANDARD VERIFIED 14:37  
ALCO TU 29.68 in .088 ✓ 14:37  
BLANK TEST .000 14:38  
SUBJECT SAMPLE *COB 12/03/08* .088 14:38  
BLANK TEST .000 14:39  
ALCO TU 29.68 in .079 ✓ 14:39  
BLANK TEST .000 14:40

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130144

DECEMBER 05, 2008 ✓  
TIME 14:33

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 50c  
BREATH TUBE: 42c  
BAROMETER: 29.70 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=?@ABCDEFGHIJKL  
MNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqrstuvwxyz{|}~■

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130493</u> ✓	
Name	<u>PATRICK SMITH</u>	ID# <u>6397</u> Date <u>24 AUG 08</u> ✓	
A	Agency <u>CLEAR AFS SECURITY FORCES</u>	Phone # <u>585-6313</u>	
	Instrument Location <u>BLDG 37 CLEAR AFS</u> ✓		
B	Alco S/N <u>X124655</u> ✓	Target Value <u>.084</u> ✓ High Pressure <u>1000 PSI</u>	
	Alco Test Values	<u>.086</u> ✓ 1 <sup>st</sup> Alco	<u>.087</u> ✓ 2 <sup>nd</sup> Alco
	Signature <u>[Signature]</u> ✓		<u>CSB</u> <u>8/29/08</u>
(OVER)			

Under the Alaska Rules of Evidence, I certify that:  
(Do Not write in the area below)

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Patrick J Smith, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



[Signature]

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

7/2/08

Date

AUG 25 2008

BT9 06/03

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130493 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130493

AUGUST 24, 2008 ✓  
*COB 8/29/08*

OPERATOR'S NAME:  
SMITH, PATRICK/J  
OPERATOR'S NUMBER: 6597  
SUBJECT'S LAST NAME:  
VOC  
SUBJECT'S FIRST NAME/MI :  
VOC  
O.L. #: 9050000  
DEPT/AGENCY: CLM  
CASE/REPORT: V  
TEST TYPE: V  
ALCO TARGET VALUE: .094 ✓  
ALCO S/N: X124655 ✓

--- BREATH ANALYSIS ---

.094 ADJUSTED FOR 28.92 in		
ALCO TARGET	.081	16:59
BLANK TEST	.000	17:00
INTERNAL STANDARD	VERIFIED	17:00
ALCO TV 28.92 in	.086 ✓	17:01
BLANK TEST	.000	17:01
SUBJECT SAMPLE	.086 ✓	17:02
BLANK TEST	.000	17:03
ALCO TV 28.92 in	.087 ✓	17:03
BLANK TEST	.000	17:04

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130493

AUGUST 24, 2008 ✓  
TIME 16:57

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 41c  
BAROMETER: 28.92 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@ABCDEF6  
HIJKLMNPQRSTUVWXYZ[\]^\_`abcde fghijklmnop  
qrs tuvwxyz{|}~

APR 11 2006

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130116</u>	
Name <u>Mark H. Ridling</u>		ID# <u>2273</u>	Date <u>4-10-2006</u>
A	Agency <u>AST - Soldotna</u>	Phone # <u>262-4453</u>	
Instrument Location <u>AST - Soldotna</u>			
Alco S/N <u>X172939</u>		Target Value <u>.083</u>	High Pressure <u>1100 psi</u>
Alco Test Value Average <u>.087</u>		<u>.086</u>	
1 <sup>st</sup> Alco		2 <sup>nd</sup> Alco	
Signature <u>Mark H. Ridling</u> <u>MHRD</u>			<u>C.B.</u>

C.O.B. 4/12/06

(OVER)

Under the Alaska Rules of Evidence, I certify that;

(Do Not write in the area below)

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Mark Ridling, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Chris W. Beheim 4-12-06

Chris W. Beheim  
Scientific Director  
State of Alaska  
State Breath Alcohol Testing Program

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130116

page 2 of VOC 4-10-2006

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130116

APRIL 10, 2006

OPERATOR'S NAME: *C.O.B. 4/12/06*  
RIDLINE/HARK/H  
OPERATOR'S NUMBER: 2273  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI:

A  
O.L. #: A  
DEPT/AGENCY: SLD0  
CASE/REPORT: A  
TEST TYPE: V  
ALCO TARGET VALUE: .003  
ALCO S/N: K172939

--- BREATH ANALYSIS ---

.003 ADJUSTED FOR 29.86 in  
ALCO TARGET .002 08:27  
BLANK TEST .000 08:28  
INTERNAL STANDARD VERIFIED 08:28  
ALCO TV 29.86 in .007 08:29  
BLANK TEST .000 08:29  
SUBJECT SAMPLE .000 08:30  
BLANK TEST .000 08:31  
ALCO TV 29.86 in .006 08:31  
BLANK TEST .000 08:32

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130116

APRIL 10, 2006  
TIME 08:33

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 41c  
BAROMETER: 29.86 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@BCDEFG  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcd:fgi:jkllno  
pqrs:tuvwxyz{|}~■

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130570</u> ✓
Name <u>C. RITALA</u>	ID# <u>3791</u> ✓	Date <u>7/25/06</u> ✓
A Agency <u>A.P.D.</u>		Phone # <u>786.2640</u>
Instrument Location <u>FLORA SUB-STATION (4TH AVENUE)</u>		
B Alco S/N <u>X124646</u> ✓		Target Value <u>0.00</u> ✓ High Pressure <u>1200</u>
Alco Test Value Average <u>.081</u> ✓		<u>.081</u> ✓
1 <sup>st</sup> Alco		2 <sup>nd</sup> Alco
Signature <u>Chris Ritala</u> / 1349		C.O.B. 8/14/06 CBL

(OVER)

Under the Alaska Rules of Evidence, I certify that (Print name in the area below)

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Chris Ritala, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,

AUG 07 2006

Chris W. Beheim

Chris W. Beheim  
Scientific Director  
State of Alaska  
State Breath Alcohol Testing Program

Date



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130570

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130570

JULY 25, 2006 *C-08 8/14/06*

OPERATOR'S NAME:  
RITALA  
OPERATOR'S NUMBER: 3791  
SUBJECT'S LAST NAME:  
VERIFICATION OF CALIBRATION  
SUBJECT'S FIRST NAME/NI :  
A  
O.L. #: A  
DEPT/AGENCY: ANCI  
CASE/REPORT: A  
TEST TYPE: V  
ALCO TARGET VALUE: 000  
ALCO S/N: X124645

--- BREATH ANALYSIS ---

.000 ADJUSTED FOR 29.64 in  
ALCO TARGET .079 16:22  
BLANK TEST .000 16:23  
INTERNAL STANDARD VERIFIED 16:23  
ALCO TV 29.64 in .081 16:23  
BLANK TEST .000 16:24  
SUBJECT SAMPLE .000 *C-08 8/14/06* 16:25  
BLANK TEST .000 16:26  
ALCO TV 29.64 in .081 16:26  
BLANK TEST .000 16:27

*CR 3791 7/25/06*

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130570

JULY 25, 2006  
TIME 16:19

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 50c  
BREATH TUBE: 42c  
BAROMETER: 29.64 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@BCDEFG  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcd efghijklmno  
pqrstuvwxyz{|}~\*

*CR 3791 7/25/06*

MAY 31 2006

# VERIFICATION OF CALIBRATION REPORT

*of DataMaster cdm Breath Test Instrument*

*State of Alaska*

*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130304</u> ✓
Name	<u>BLANTON, ROBERT</u>	ID#	<u>5084</u> ✓
		Date	<u>5-27-06</u> ✓
A	Agency	<u>APD</u>	Phone # <u>729-7620</u>
	Instrument Location	<u>SEELY SUBSTATION</u>	
B	Alco S/N	<u>57447</u> ✓	Target Value <u>.078</u> ✓ <del>.087</del>
			High Pressure <u>1050</u>
	Alco Test Values	<u>.077</u> ✓ 1 <sup>st</sup> Alco	<u>.076</u> ✓ 2 <sup>nd</sup> Alco
	Signature	<u>R. Blanton</u> 27444 APD	<u>CWB</u> CWB 6/2/06

(OVER)

Under the Alaska Rules of Evidence, I certify that, (Do Not write in the area below)

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Robert Blanton, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Chris W. Beheim      6-7-06

Chris W. Beheim      Date  
 Scientific Director  
 State of Alaska  
 State Breath Alcohol Testing Program

**Breath Test Record**

Serial Number 130306 Model DataMaster  
Location ANC1 Anchorage Police Dept.

**Diagnostic Test Record**

Serial Number 130306 Model DataMaster  
Location ANC1 Anchorage Police Dept.

**Subject Information**

Last Name Verification Of Cal O.L. # S  
First Name D

**Diagnostic Test Results**

Test Date 05/27/2006 Computer Okay  
Test Time 23:19:25 Program Okay  
Software Date 02/20/2001  
Sample Chamber (C) 49  
Breath Tube (C) 42  
Barometer (in) 29.96  
Flow Detector Okay  
High Speed Pump Okay  
Detector Okay  
Filter Okay  
Quartz Okay  
Calibration Okay

**Operator Information**

Operator Name Blanton, Robert Case 1  
Operator # 5084 Department ANC1

**Test Results**

Alco Target 0.078 Alco Serial 157447  
Nominal 0.078 Barometer 29.96 Test Type V  
Dry Gas 1 0.077 Time: 23:14:13 Test Date 05/27/2006  
Subject Alcohol 0.000 Time: 23:15:36 Test Time 23:11:32  
Dry Gas 2 0.076 Time: 23:16:49 Report Y

05/27/2006 23:19:25  
ALCO TARGET 0.078  
NOMINAL 0.078  
DRY GAS 1 0.077  
SUBJECT ALCOHOL 0.000  
DRY GAS 2 0.076  
ALCO SERIAL 157447  
BAROMETER 29.96  
TEST TYPE V  
TEST DATE 05/27/2006  
TEST TIME 23:11:32  
REPORT Y  
*C.O.B.  
5/21/06*

Flow Detector Okay  
High Speed Pump Okay  
Detector Okay  
Filter Okay  
Quartz Okay  
Calibration Okay

REPLY TEST  
AT 23:19:25 ON 05/27/2006  
CALIBRATION OF THE SENSORS  
TESTING OK

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	130173
A	Name	J. Heinbaugh	ID# 5328 Date 9-21-08 ✓
	Agency	AST	Phone # 822-3263
	Instrument Location	Glennallen ✓	
B	Alco S/N	<del>130173</del> 75602 ✓ 192408	Target Value 0.080 ✓ High Pressure 1300 ✓
	Alco Test Values	0.080 ✓ 1 <sup>st</sup> Alco	0.080 ✓ 2 <sup>nd</sup> Alco
	Signature		 11/4/08

(OVER)

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

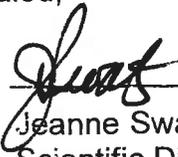
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Josh Heinbaugh, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



  
Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

Date: 11/5/08

BT9 06/03

OCT 20 2008

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130173 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130173

SEPTEMBER 21, 2008 *CS 11/21/08*

OPERATOR'S NAME:  
HEINBAUGH

OPERATOR'S NUMBER: 5828

SUBJECT'S LAST NAME:  
UOC

SUBJECT'S FIRST NAME/MI :  
UOC

O.L. #: UOC

DEPT/AGENCY: ANK0

CASE/REPORT: UOC

TEST TYPE: U

ALCO TARGET VALUE: 0.000 ✓

ALCO S/N: 75602 ✓

— BREATH ANALYSIS —

.000 ADJUSTED FOR 28.43 in		
ALCO TARGET	.076	12:04
BLANK TEST	.000	12:05
INTERNAL STANDARD	VERIFIED	12:05
ALCO TU 28.43 in	.000 ✓	12:06
BLANK TEST	.000	12:06
SUBJECT SAMPLE	.000 <i>CS</i>	12:07
BLANK TEST	.000	12:08
ALCO TU 28.43 in	.000 ✓	12:08
BLANK TEST	.000	12:09

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130173

SEPTEMBER 21, 2008 /  
TIME 12:02

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/28/01

HEATERS

SAMPLE CHAMBER: 40c

BREATH TUBE: 42c

BAROMETER: 28.43 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

### PRINTER TEST

! " # % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z ( ) \* +

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N <u>130173</u> ✓	
A	Name <u>Josh Heinbaugh</u> ID# <u>5828</u> Date <u>11-16-08</u> ✓
	Agency <u>AST</u> Phone # <u>822-3263</u>
	Instrument Location <u>Glennallen</u> ✓
B	Alco S/N <u>75602</u> ✓ Target Value <u>0.080</u> ✓ High Pressure <u>600</u>
	Alco Test Values <u>0.081</u> ✓ <u>0.081</u> ✓ 1 <sup>st</sup> Alco 2 <sup>nd</sup> Alco
	Signature <u>[Signature]</u> ✓

(OVER) CSB  
11/20/08

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Josh Heinbaugh, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



[Signature] 11/21/08  
Date  
Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

BT9 06/03

NOV 18 2008

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130173 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY

DATAMASTER cdm 130173

NOVEMBER 16, 2008 ✓ *COB 11/20/08*

OPERATOR'S NAME:

HEINBAUGH

OPERATOR'S NUMBER: 5828

SUBJECT'S LAST NAME:

UOC

SUBJECT'S FIRST NAME/MI :

UOC

O.L. #: UOC

DEPT/AGENCY: GAKO

CASE/REPORT: UOC

TEST TYPE: U

ALCO TARGET VALUE: 0.080 ✓

ALCO S/N: 75602

### — BREATH ANALYSIS —

.080 ADJUSTED FOR 28.71 in		
ALCO TARGET	.076	17:27
BLANK TEST	.000	17:29
INTERNAL STANDARD	VERIFIED	17:29
ALCO TV 28.71 in	.081 ✓	17:29
BLANK TEST	.000	17:30
SUBJECT SAMPLE <i>COB 11/20/08</i>	.080	17:30
BLANK TEST	.000	17:31
ALCO TV 28.71 in	.081 ✓	17:31
BLANK TEST	.000	17:32

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY

DATAMASTER cdm 130173

NOVEMBER 16, 2008 ✓

TIME 17:33

### — DIAGNOSTIC CHECK —

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	41c
BAROMETER:	28.71 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

### PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@BCDEFG  
HIJKLMNPOQRSTUVWXYZ[\]^\_`abcdefgijklmno  
pqrstuvwxyz{|}~||

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

AUG 03 2009

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>i30173</u>
Name	<u>J Heinbaugh</u>	ID# <u>5828</u> Date <u>2-10-09</u>
A Agency	<u>AST</u>	Phone # <u>800-3263</u>
Instrument Location <u>Glennallen</u>		
B Alco S/N <u>75602</u> Target Value <u>0.080</u> High Pressure <u>SSO</u>		
Alco Test Values		
	<u>0.080</u> 1 <sup>st</sup> Alco	<u>0.080</u> 2 <sup>nd</sup> Alco
Signature <u>[Signature]</u>		<u>[Signature]</u> 8/6/09
(OVER)		

(Do Not write in the area below)

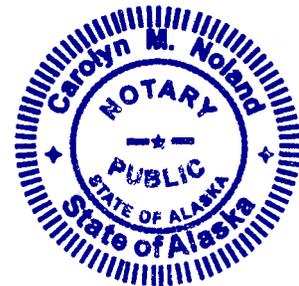
I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

[Signature]  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 14<sup>th</sup> day of August, 2009.

[Signature] (Notary Seal Stamp)  
Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130173

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

<b>Breath Test Record</b>	
Serial Number	<input type="checkbox"/> 130173 <input checked="" type="checkbox"/> Model <input type="checkbox"/> DataMaster
Location	<input type="checkbox"/> GKNO <input checked="" type="checkbox"/> AST/Glennallen

CSB  
8/10/09

<b>Subject Information</b>	
Last Name	<input type="checkbox"/> Voc <input checked="" type="checkbox"/> O.L. # <input type="checkbox"/> VDC
First Name	<input type="checkbox"/> Voc

<b>Operator Information</b>	
Operator Name	<input type="checkbox"/> Heinbaugh <input checked="" type="checkbox"/> Case <input type="checkbox"/> VDC
Operator #	<input type="checkbox"/> 5828 <input checked="" type="checkbox"/> Department <input type="checkbox"/> GNKO

<b>Test Results</b>			
Alco Target	<input type="checkbox"/> 0.080 <input checked="" type="checkbox"/>	Alco Serial	<input type="checkbox"/> 75602
Nominal	<input type="checkbox"/> 0.076 <input checked="" type="checkbox"/>	Barometer	<input type="checkbox"/> 28.47
Dry Gas 1	<input type="checkbox"/> 0.080 <input checked="" type="checkbox"/>	Time:	<input type="checkbox"/> 12:48:42
Subject Alcohol	<input type="checkbox"/> 0.000 <input checked="" type="checkbox"/>	Test Date	<input type="checkbox"/> 02/10/2009
Dry Gas 2	<input type="checkbox"/> 0.080 <input checked="" type="checkbox"/>	Time:	<input type="checkbox"/> 12:50:08
		Test Time	<input type="checkbox"/> 12:47:07
		Report	<input type="checkbox"/> Y <input checked="" type="checkbox"/>

## DIAGNOSTIC CHECK

<b>Diagnostic Test Record</b>	
Serial Number	<input type="checkbox"/> 130173 <input checked="" type="checkbox"/> Model <input type="checkbox"/> DataMaster
Location	<input type="checkbox"/> GKNO <input checked="" type="checkbox"/> AST/Glennallen

<b>Diagnostic Test Results</b>			
Test Date	<input type="checkbox"/> 02/10/2009 <input checked="" type="checkbox"/>	Computer	<input type="checkbox"/> Okay <input checked="" type="checkbox"/>
Test Time	<input type="checkbox"/> 12:52:15 <input checked="" type="checkbox"/>	Program	<input type="checkbox"/> Okay <input checked="" type="checkbox"/>
		Software Date	<input type="checkbox"/> 02/20/2001 <input checked="" type="checkbox"/>
		Sample Chamber (C)	<input type="checkbox"/> 49 <input checked="" type="checkbox"/>
		Breath Tube (C)	<input type="checkbox"/> 42 <input checked="" type="checkbox"/>
		Barometer (in)	<input type="checkbox"/> 28.47 <input checked="" type="checkbox"/>
		Flow Detector	<input type="checkbox"/> Okay <input checked="" type="checkbox"/>
		High Speed Pump	<input type="checkbox"/> Okay <input checked="" type="checkbox"/>
		Detector	<input type="checkbox"/> Okay <input checked="" type="checkbox"/>
		Filter	<input type="checkbox"/> Okay <input checked="" type="checkbox"/>
		Quartz	<input type="checkbox"/> Okay <input checked="" type="checkbox"/>
		Calibration	<input type="checkbox"/> Okay <input checked="" type="checkbox"/>

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130173</u> ✓	
Name <u>Josh Heinbaugh</u>		ID# <u>5828</u>	Date <u>3-25-09</u> ✓
A	Agency <u>AST</u>	Phone # <u>822-3263</u>	
Instrument Location <u>Glennallen</u> ✓			
Alco S/N <u>130173</u>		Target Value <u>0.080</u> ✓	High Pressure <u>400</u>
B	<u>75602</u> <u>3-27-09</u> <u>CHW</u>		
Alco Test Values <u>0.080</u> ✓		<u>0.080</u> ✓	
1 <sup>st</sup> Alco		2 <sup>nd</sup> Alco	
Signature <u>[Signature]</u> ✓		<u>[Signature]</u> <u>3/25/09</u>	
(OVER)			

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Josh Heinbaugh, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,

[Signature]

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

3/25/09

Date



MAR 27 2009

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130173 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130173

MARCH 25, 2009 ✓

OPERATOR'S NAME: *CAS 3/27/09*  
HEINBOUGH

OPERATOR'S NUMBER: 5828

SUBJECT'S LAST NAME:

UOC

SUBJECT'S FIRST NAME/MI :

UOC

O.L. #: UOC

DEPT/AGENCY: GAKO

CASE/REPORT: UOC

TEST TYPE: U

ALCO TARGET VALUE: 0.000 ✓

ALCO S/N: 73602 ✓

### — BREATH ANALYSIS —

.000 ADJUSTED FOR 28.27 in		
ALCO TARGET	.075	15:05
BLANK TEST	.000	15:06
INTERNAL STANDARD	VERIFIED	15:06
ALCO TV 28.27 in	.000 ✓	15:06
BLANK TEST	.000	15:07
SUBJECT SAMPLE <i>CAS 3/27/09</i>	.000	15:08
BLANK TEST	.000	15:09
ALCO TV 28.27 in	.000 ✓	15:09
BLANK TEST	.000	15:10

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130173

MARCH 25, 2009 ✓

TIME 15:10

### --- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/28/01
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	41c
BAROMETER:	28.27 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

### PRINTER TEST

!\*"#%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJKL  
MNPQRSTUVWXYZ[\]^\_`abcdefgijklmnop  
qrstuvwxyz{|}~:~

BT9 06/03

MAR 27 2009

# VERIFICATION OF CALIBRATION REPORT

OCT 23 2006

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130567</u> ✓
Name	<u>DEREK A. MCGARRIGAN</u>	ID# <u>5420</u> Date <u>10/18/06</u> ✓
Agency	<u>KETCHIKAN POLICE DEPT.</u>	Phone # <u>907-225-6631</u>
Instrument Location	<u>KTN. POLICE DEPT. 361 MAIN ST., KTN. AK, 99901</u>	
Alco S/N	<u>75602</u> ✓	Target Value <u>-0.77</u> ✓ High Pressure <u>1200</u>
Alco Test Value Average	<u>.084</u> ✓ 1 <sup>st</sup> Alco	<u>-0.84</u> ✓ 2 <sup>nd</sup> Alco
Signature		

(OVER)

Under the Alaska Rules of Evidence, <sup>(Do Not write in the area below)</sup> I certify that,

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Derek McGarrigan, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,

Chris W. Beheim  
Scientific Director  
State of Alaska  
State Breath Alcohol Testing Program

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 134567

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130567

OCTOBER 18, 2006

OPERATOR'S NAME:

MCGRATH DEREK A

OPERATOR'S NUMBER: 5420

SUBJECT'S LAST NAME:

VOC

SUBJECT'S FIRST NAME/MI :

VOC

O.L. #: 1234567

DEPT/AGENCY: KET1

CASE/REPORT: 06-0000

TEST TYPE: V

ALCO TARGET VALUE: .077

ALCO S/N: 75602

--- BREATH ANALYSIS ---

.078 ADJUSTED FOR 30.11 in		
ALCO TARGET	.078	16:46
BLANK TEST	.000	16:46
INTERNAL STANDARD	VERIFIED	16:46
ALCO TV 30.11 in	.084	16:47
BLANK TEST	.000	16:48
SUBJECT SAMPLE	.000	16:48
BLANK TEST	.000	16:49
ALCO TV 30.11 in	.084	16:50
BLANK TEST	.000	16:50

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130567

OCTOBER 18, 2006

TIME 16:43

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	50c
BREATH TUBE:	42c
BAROMETER:	30.11 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=?@ABCDEFGHIJKL  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcde fghijklmnop  
qrstuvwxyz{|}~`

NOV 16 2006

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N 130567 ✓

Name Derek McGarrigan ID# 5420 Date 11/9/06 ✓

A Agency KOTCHIKAN POLICE DEPARTMENT Phone # \_\_\_\_\_

Instrument Location KTN. POLICE DEPT 361 MAIN ST., KOTCHIKAN AK. 99901

B Alco S/N 75602 ✓ Target Value .077 ✓ High Pressure 1000

Alco Test Value Average .084 ✓ .084 ✓  
 1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature [Signature] CWB 11/2/06  
CWB

(OVER)

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Derek McGarrigan, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Chris W. Beheim 11-28-06  
 Chris W. Beheim Date  
 Scientific Director  
 State of Alaska  
 State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130567

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130567

NOVEMBER 09, 2006

OPERATOR'S NAME:

MCARRIGAN TEREK A

OPERATOR'S NUMBER: 5420

SUBJECT'S LAST NAME:

VOC

SUBJECT'S FIRST NAME/MI :

VOC

O.L. #: 1234567

DEPT/AGENCY: KET1

CASE/REPORT: 06-1111

TEST TYPE: V

ALCO TARGET VALUE: .077

ALCO S/N: 75602

### --- BREATH ANALYSIS ---

.077 ADJUSTED FOR 30.01 in

ALCO TARGET	.077	03:29
BLANK TEST	.000	03:30
INTERNAL STANDARD	VERIFIED	03:30
ALCO TV 30.01 in	.004	03:31
BLANK TEST	.000	03:31
SUBJECT SAMPLE	.000	03:32
BLANK TEST	.000	03:33
ALCO TV 30.03 in	.004	03:34
BLANK TEST	.000	03:34

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130567

NOVEMBER 09, 2006

TIME 03:16

### --- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	50c
BREATH TUBE:	42c
BAROMETER:	30.01 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

### PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@ABCDEF6  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcde fghijklmnop  
qrs tuvwxyz{|}~

JAN 05 2007 VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N 130507

Name Tyron Walker ID# 4555 Date 12/30/06

A Agency Ketchikan Police Department Phone # 225-6631

Instrument Location 301 Main St. Ketchikan AK

---

B Alco S/N 75602 Target Value .077 High Pressure 650

Alco Test Value Average .084 .085

1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature Tyron Walker CBB 1/5/07  
CBB

(OVER)

Under the Alaska Rules of Evidence, I certify that, (Do Not write in the area below)

- (a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.
- (b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Tyron Walker, whose name appears in my records, is qualified to verify the calibration of the above instrument.
- (c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Jeanne Swartz 1/5/07

Jeanne Swartz Date

Scientific Director Designee

State of Alaska

State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument  
State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130567

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130567

DECEMBER 30, 2006

OPERATOR'S NAME: **COB 1/5/07**  
WALKER/TY  
OPERATOR'S NUMBER: 4555  
SUBJECT'S LAST NAME:  
VERIFICATION OF CHL  
SUBJECT'S FIRST NAME/NI:  
T

O.L. #: 12345  
DEPT/AGENCY: KET1  
CASE/REPORT: 06-1234  
TEST TYPE: V  
ALCO TARGET VALUE: .077  
ALCO S/N: 75682

### --- BREATH ANALYSIS ---

.077 ADJUSTED FOR 30.27 in		
ALCO TARGET	.077	13:49
BLANK TEST	.000	13:49
INTERNAL STANDARD	VERIFIED	13:49
ALCO TV 30.27 in	.084	13:50
BLANK TEST	.000	13:51
SUBJECT SAMPLE	.000 <b>COB 1/5/07</b>	13:51
BLANK TEST	.000	13:52
ALCO TV 30.27 in	.085	13:53
BLANK TEST	.000	13:53

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130567

DECEMBER 30, 2006  
TIME 13:46

### --- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	50c
BREATH TUBE:	42c
BAROMETER:	30.27 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

### PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@ABCDEF  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcde fghijklmnop  
qrstuvwxyz{|}~

MAY 03 2006

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N <u>130129</u> ✓	
Supervisor/Operator Performing the Verification Procedure:	
A Name <u>Robert J. Ely</u>	ID# <u>2681</u> ✓ Date <u>04-28-2006</u> ✓
Agency <u>Craig Police Department</u>	Phone # <u>(907) 826-3330</u>
Instrument Location <u>506 2<sup>nd</sup> Street, Craig Alaska 99921</u>	
Alco S/N <u>75602</u> ✓	Target Value <u>.077</u> ✓ High Pressure <u>1150 PSI</u>
Alco Test Value Average <u>.084</u> ✓	<u>.084</u> ✓
1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
Signature <u>Robert J. Ely</u>	<i>C. W. Beheim</i> <i>CBE</i>

(OVER)

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Robert J Ely, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Chris W. Beheim 5-8-06  
 Chris W. Beheim Date  
 Scientific Director  
 State of Alaska  
 State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130129

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130129

APRIL 28, 2006

OPERATOR'S NAME:

ELY, RJ

OPERATOR'S NUMBER: 2681

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/MI :

VER OF CAL

S.L. #: 123456789

DEPT/AGENCY: CR61

CASE/REPORT: 2006-XXXX

TEST TYPE: U

ALCO TARGET VALUE: .077

ALCO S/N: 75602

— BREATH ANALYSIS —

.077 ADJUSTED FOR 30.14 in  
ALCO TARGET .077 22:05  
BLANK TEST .000 22:06  
INTERNAL STANDARD VERIFIED 22:06  
ALCO TV 30.14 in .004 22:06  
BLANK TEST .000 22:07  
SUBJECT SAMPLE .000 22:07  
BLANK TEST .000 22:08  
ALCO TV 30.14 in .004 22:08  
BLANK TEST .000 22:09

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130129

APRIL 28, 2006

TIME 22:13

— DIAGNOSTIC CHECK —

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 41c

BAROMETER: 30.14 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!#####(C)#####-./0123456789:;<=>?@ABCDEFGHIJKL  
MNPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqrstuvwxyz{|}~  
:;rstuvwxyz{|}~

JUL 05 2006

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N		130129 ✓	
Supervisor/Operator Performing the Verification Procedure:			
A	Name	Robert J. Ely	ID# 2681 Date 06-21-2006 ✓
	Agency	Craig Police Department	Phone # (907) 826-3330
	Instrument Location	506 2 <sup>nd</sup> Street, Craig Alaska 99921	
	Alco S/N	75602 ✓	Target Value .077 ✓ High Pressure 850 PSI
	Alco Test Value Average	.085 ✓ 1 <sup>st</sup> Alco	.084 ✓ 2 <sup>nd</sup> Alco
	Signature	<i>Robert J. Ely</i>	
		(OVER)	

*C.O.B. 7/15/06*

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Robert J Ely, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Chris W. Beheim 7-11-06

Chris W. Beheim Date  
Scientific Director  
State of Alaska  
State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130129

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130129

JUNE 21, 2006

OPERATOR'S NAME:  
ELY, RJ  
OPERATOR'S NUMBER: 2681  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI :  
VER OF CAL  
O.L. #: 123456789  
DEPT/AGENCY: CR61  
CASE/REPORT: 2006-XXXX  
TEST TYPE: U  
ALCO TARGET VALUE: .077  
ALCO S/N: 75602

### — BREATH ANALYSIS —

.077 ADJUSTED FOR 30.50 in  
ALCO TARGET .078 22:40  
BLANK TEST .000 22:41  
INTERNAL STANDARD VERIFIED 22:41  
ALCO TU 30.50 in .085 22:42  
BLANK TEST .000 22:43  
SUBJECT SAMPLE .000 22:43  
BLANK TEST .000 22:44  
ALCO TU 30.50 in .084 22:44  
BLANK TEST .000 22:45

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130129

JUNE 21, 2006  
TIME 22:47

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 42c  
BREATH TUBE: 42c  
BAROMETER: 30.50 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqrstuvwxyz{|}~

AUG 17 2006

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N <u>130129</u>	
Supervisor/Operator Performing the Verification Procedure:	
Name <u>Robert J. Ely</u>	ID# <u>2681</u> Date <u>08-13-2006</u>
Agency <u>Craig Police Department</u>	Phone # <u>(907) 826-3330</u>
Instrument Location <u>506 2<sup>nd</sup> Street, Craig Alaska 99921</u>	
Alco S/N <u>75602</u>	Target Value <u>.077</u> High Pressure <u>600 PSI</u>
Alco Test Value Average <u>.085</u>	<u>.084</u>
1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
Signature <u>Robert J. Ely</u>	<u>CWB</u>

CWB 8/22/06

(OVER)

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Robert J Ely, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Chris W. Beh 8-23-06

Chris W. Beheim  
Scientific Director  
State of Alaska  
State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130129

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130129

AUGUST 13, 2006 *COB. 8/22/06*

OPERATOR'S NAME:  
ELY, RJ  
OPERATOR'S NUMBER: 2681  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI :  
USER OF CAL  
O.L. #: 123456789  
DEPT/AGENCY: CR61  
CASE REPORT: 2006-XXXX  
TEST TYPE: U  
ALCO TARGET VALUE: .077  
ALCO S/N: 75602

### — BREATH ANALYSIS —

.077 ADJUSTED FOR 30.29 in  
ALCO TARGET .077 02:39  
BLANK TEST .000 02:40  
INTERNAL STANDARD VERIFIED 02:40  
ALCO TV 30.29 in .085 02:41  
BLANK TEST .000 02:41  
SUBJECT SAMPLE .000 *COB. 8/22/06* 02:42  
BLANK TEST .000 02:43  
ALCO TV 30.29 in .084 02:43  
BLANK TEST .000 02:44

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130129

AUGUST 13, 2006  
TIME 02:37

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 40c  
BREATH TUBE: 42c  
BAROMETER: 30.29 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

!@%&'()\*+,-./0123456789:;<=>?@BCDEFG  
HIJKLMNPOQRSTUVWXYZ[\]^\_`abcdefgijklmnop  
qrstuvwxyz{|}~||

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N 130303 ✓

Name DARYL RICE ID# 2088 Date 08/19/08 ✓

A Agency SITKA POLICE DEPT. ✓ Phone # 747-3245

Instrument Location 304 LAKE STREET

B Alco S/N 77180 ✓ Target Value .078 ✓ High Pressure 1100

Alco Test Value Average .081 ✓ .081 ✓  
1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature Daryl Rice ✓ CRS  
8/22/08

Under the Alaska Rules of Evidence, I certify that: (OVER)

(a) I am ~~Jeanne Swartz, Forensic Scientist, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.~~

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Daryl Rice, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Juan

8/25/08

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

Date

AUG 19 2008

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130303

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130303  
AUGUST 19, 2008 ✓ *Daylin*  
OPERATOR'S NAME: *9/20/09 8/19/08*  
RICE DARYL DEAN  
OPERATOR'S NUMBER: 2088  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI :  
UOC  
O.L. #: UOC  
DEPT/AGENCY: SITI  
CASE/REPORT: UOC  
TEST TYPE: U  
ALCO TARGET VALUE: .078 ✓  
ALCO S/N: 77180 ✓

— BREATH ANALYSIS —

.078 ADJUSTED FOR 29.59 in		
ALCO TARGET	.077	12:21
BLANK TEST	.000	12:22
INTERNAL STANDARD	VERIFIED	12:22
ALCO TU 29.59 in	.081 ✓	12:23
BLANK TEST	.000	12:24
SUBJECT SAMPLE	.000 <i>Daylin</i>	12:24
BLANK TEST	.000	12:25
ALCO TU 29.59 in	.081	12:26
BLANK TEST	.000	12:26

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130303

AUGUST 19, 2008 ✓ *Daylin*  
TIME 12:29 *11:00*  
*8/19/08*

— DIAGNOSTIC CHECK —

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	43c
BAROMETER:	29.59 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

! " # \$ % ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~ ¡ ¢

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130303</u>
A	Name	<u>Daryl Rice</u>	ID# <u>2088</u> Date <u>10/18/08</u>
	Agency	<u>Sitka Police Dept</u>	Phone # <u>747-3245</u>
	Instrument Location	<u>304 Lake Street</u>	✓
B	Alco S/N	<u>77180</u>	Target Value <u>0.078</u> High Pressure <u>600</u>
	Alco Test Values	<u>0.083</u> 1 <sup>st</sup> Alco	<u>0.083</u> 2 <sup>nd</sup> Alco
	Signature	<u>Daryl Rice</u>	<u>2088</u> <u>11/4/08</u>

(OVER)

Under the Alaska Rules of Evidence, I certify that: (Do Not write in the area below)

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Daryl Rice, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Jeanne Swartz

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

11/5/08

Date

BT9 03/00

OCT 30 2008



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N <u>130303</u> ✓	
Name <u>DARYL RICE</u>	ID# <u>2088</u> Date <u>12/17/08</u> ✓
Agency <u>SETKA POLICE DEPT.</u>	Phone# <u>747-3245</u>
Instrument Location <u>304 LAKE STREET</u> ✓	
Alco S/N <u>77180</u> ✓	Target Value <u>.078</u> High Pressure <u>550</u>
Alco Test Value Average <u>.084</u> ✓	<u>.084</u> ✓
1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
Signature <u>Daryl Rice</u> ✓	<u>CRB</u> <u>12/23/08</u>

Under the Alaska Rules of Evidence, I certify that: (OVER)

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Daryl Rice, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Jeanne Swartz 12/23/08  
Date  
Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

DEC 22 2008

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130303

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130303

DECEMBER 17, 2008

OPERATOR'S NAME:  
RICE DARYL DEAN

OPERATOR'S NUMBER: 2000

SUBJECT'S LAST NAME:  
VERIFICATION OF CAL

SUBJECT'S FIRST NAME/MI:  
UOC

O.L. #: UOC

DEPT/AGENCY: SIT1

CASE/REPORT: UOC

TEST TYPE: U

ALCO TARGET VALUE: .078

ALCO S/N: 77180

--- BREATH ANALYSIS ---

.078 ADJUSTED FOR 30.56 in  
ALCO TARGET .079 12:00  
BLANK TEST .000 12:02  
INTERNAL STANDARD VERIFIED 12:02  
ALCO TV 30.56 in .004 12:02  
BLANK TEST .000 12:03  
SUBJECT SAMPLE .000 12:04  
BLANK TEST .000 12:05  
ALCO TV 30.56 in .004 12:05  
BLANK TEST .000 12:06

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130303

DECEMBER 17, 2008  
TIME 12:07

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 41c  
BAROMETER: 30.56 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@ABCDEF  
HIJKLTOPQRSTUVWXYZ[\]^\_`abcde fghijklmnop  
qrstuvwxyz{|}~

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N <u>130303</u> ✓	
Name <u>DARYL RICE</u>	ID# <u>2088</u> Date <u>02/16/09</u> ✓
Agency <u>SETKA POLICE DEPT.</u>	Phone# <u>747-3245</u>
Instrument Location <u>304 LAKE STREET</u> ✓	
Alco S/N <u>77180</u> ✓	Target Value <u>.078</u> High Pressure <u>100</u>
Alco Test Value Average <u>.083</u> ✓	<u>.083</u> ✓
1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
Signature <u>Daryl Rice</u> ✓	<u>083</u> <u>2/23/09</u>

Under the Alaska Rules of Evidence, I certify that: (OVER)

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Daryl Rice, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.



Signed and sealed

Jeanne Swartz

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

02/23/09

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130303

(CONTINUED FROM FRONT PAGE)

C

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130303

FEBRUARY 16, 2009

OPERATOR'S NAME:

RICE DARYL DEAN

OPERATOR'S NUMBER: 2088

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/NI :

UOC

O.L. #: UOC

DEPT/AGENCY: SIT1

CASE/REPORT: UOC

TEST TYPE: U

ALCO TARGET VALUE: .078 ✓

ALCO S/N: 77188 ✓

### — BREATH ANALYSIS —

.078 ADJUSTED FOR 29.99 in		
ALCO TARGET	.078	22:22
BLANK TEST	.000	22:23
INTERNAL STANDARD	VERIFIED	22:23
ALCO TU 29.99 in	.083 ✓	22:23
BLANK TEST	.000	22:24
SUBJECT SAMPLE	.000	22:25
BLANK TEST	.000	22:26
ALCO TU 29.99 in	.083 ✓	22:26
BLANK TEST	.000	22:27

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130303

FEBRUARY 16, 2009

TIME 22:28

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 43c

BAROMETER: 29.99 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

### PRINTER TEST

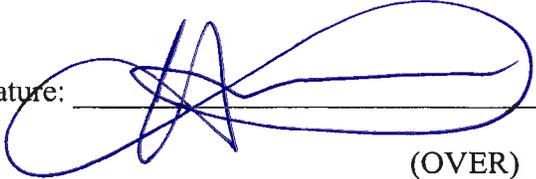
! " # \$ % ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~ ¡ ¢

# VERIFICATION OF CALIBRATION REPORT

Of DataMaster cdm Breath test Instrument

State of Alaska

Scientific Crime Detection Laboratory – Statewide Breath Alcohol Program

DataMaster cdm S/N: <u>130298</u> ✓		
Supervisor/Operator Performing the Verification Procedure:		
Name: <u>JAMES C. GIPSON</u> ID#: <u>4842</u> Date: <u>01 March 08</u>		
<b>A</b>	Agency: <u>Palmer Police Department</u> Phone #: <u>(907) 745-4811</u>	
Instrument Location: <u>Palmer Police Department</u>		
<b>B</b>		
Alco S/N: <u>78855</u> ✓	Target Value: <u>.076</u> ✓	High Pressure: <u>1150</u>
Alco Test Value Average:	<u>.078</u> 1 <sup>st</sup> Alco	<u>.077</u> 2 <sup>nd</sup> Alco
Signature: 		
(OVER)		

Under the Alaska Rules of Evidence, I certify that;  
(Do Not write in the area below)

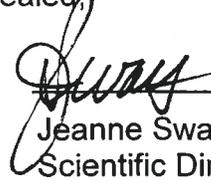
(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Jim Gipson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed



  
\_\_\_\_\_  
Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

03/07/08  
\_\_\_\_\_  
Date

# VERIFICATION OF CALIBRATION REPORT

Of DataMaster cdm Breath test Instrument

State of Alaska

Scientific Crime Detection Laboratory – Statewide Breath Alcohol Program

DataMaster cdm S/N: 130298

(CONTINUED FROM FRONT PAGE)

C

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES

## NONDRINKING SUBJECT TEST

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130298 ✓

MARCH 01, 2008

OPERATOR'S NAME: *COB 3/6/08*  
GIPSON/JAMES/C  
OPERATOR'S NUMBER: 4842  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI :  
RJCS0

O.L. #: 0123456  
DEPT/AGENCY: PLM1  
CASE/REPORT: 01-2345  
TEST TYPE: U  
ALCO TARGET VALUE: .076  
ALCO S/N: 78855

--- BREATH ANALYSIS ---

.076 ADJUSTED FOR 29.59 in  
ALCO TARGET .075 15:54  
BLANK TEST .000 15:55  
INTERNAL STANDARD VERIFIED 15:55  
ALCO TU 29.59 in .078 15:55  
BLANK TEST .000 15:56  
SUBJECT SAMPLE .000 *COB 3/6/08* 15:57  
BLANK TEST .000 15:57  
ALCO TU 29.60 in .077 15:58  
BLANK TEST .000 15:59

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130298

MARCH 01, 2008  
TIME 15:52

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c  
BAROMETER: 29.59 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@BCDEFG  
HIJKL MNOPQRSTUVWXYZ \ ] ^ \_ ` abcdefghijklmnop  
qrstuvwxy z { } ~ |

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130298</u> ✓	
Name	<u>J. Swartz</u>	ID#	<u>4314</u> Date <u>03/17/08</u> ✓
A Agency	<u>SCDL</u>	Phone #	<u>269-5592</u>
Instrument Location	<u>Palmer PD</u>		
B Alco S/N	<u>78855</u> ✓	Target Value	<u>.076</u> ✓ High Pressure <u>450 psi</u>
Alco Test Values	<u>.078</u> ✓ 1 <sup>st</sup> Alco	<u>.077</u> ✓ 2 <sup>nd</sup> Alco	
Signature			<u>CSB</u> <u>3/24/08</u>

(OVER)

Under the Alaska Rules of Evidence, I certify that (Do not write in the area below)

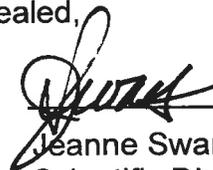
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Jeanne M Swartz, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,





Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

3/24/08

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130298

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130298

MARCH 17, 2008

OPERATOR'S NAME: CS  
SWARTZ/J 3/17/08

OPERATOR'S NUMBER: 4314

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/MI :

L

O.L. #: L

DEPT/AGENCY: AAA1

CASE/REPORT:

TEST TYPE: U

ALCO TARGET VALUE: .076

ALCO S/N: 78855

— BREATH ANALYSIS —

.076 ADJUSTED FOR 29.38 in  
ALCO TARGET .074 12:16  
BLANK TEST .000 12:17  
INTERNAL STANDARD VERIFIED 12:17  
ALCO TV 29.38 in .078 12:17  
BLANK TEST .000 12:18  
SUBJECT SAMPLE .000 12:19  
BLANK TEST .000 12:20  
ALCO TV 29.38 in .077 12:20  
BLANK TEST .000 12:21

J 3/17/08

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130298

MARCH 17, 2008  
TIME 12:14

— DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 41c  
BAROMETER: 29.38 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

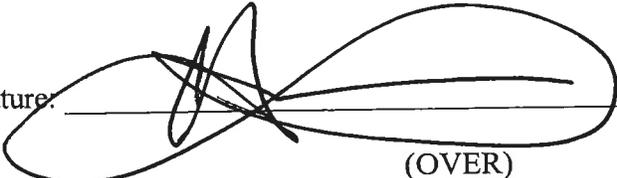
!@#%&'()\*+,-./0123456789:;<=>?@BCDEFG  
HIJKL#NOPQRSTUUVWXYZ[\]^\_`abcdefgijklmno  
pqrstuvwxyz{|}~■

# VERIFICATION OF CALIBRATION REPORT

Of DataMaster cdm Breath test Instrument

State of Alaska

Scientific Crime Detection Laboratory – Statewide Breath Alcohol Program

DataMaster cdm S/N: <u>130298</u> ✓		
Supervisor/Operator Performing the Verification Procedure: Name: <u>JAMES C. GIPSON</u> ID#: <u>4842</u> Date: <u>17 March 08</u>		
<b>A</b>	Agency: <u>Palmer Police Department</u>	Phone #: <u>(907) 745-4811</u>
Instrument Location: <u>Palmer Police Department</u>		
<b>B</b>	Alco S/N: <u>78855</u> ✓	Target Value: <u>.076</u> ✓
High Pressure: <u>800</u>		
Alco Test Value Average: <u>.077</u>		<u>.077</u>
1 <sup>st</sup> Alco		2 <sup>nd</sup> Alco
Signature: 	<u>CS 4/8/08</u>	
(OVER)		

Under the Alaska Rules of Evidence, I certify that:  
(Do Not write in the area below)

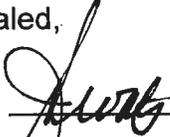
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Jim Gipson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



  
\_\_\_\_\_  
Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

4/12/08  
Date

BT6 9/95

APR 0 2008

# VERIFICATION OF CALIBRATION REPORT

Of DataMaster cdm Breath test Instrument

State of Alaska

Scientific Crime Detection Laboratory – Statewide Breath Alcohol Program

DataMaster cdm S/N: 130298

(CONTINUED FROM FRONT PAGE)

C

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES

## NONDRINKING SUBJECT TEST

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130298

MARCH 17, 2008

OPERATOR'S NAME: <sup>COB</sup> GIPSON/JAMES/C  
OPERATOR'S NUMBER: 4842  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI :  
RJCSB  
O.L. #: 0123456  
DEPT/AGENCY: PLM1  
CASE/REPORT: 01-2345  
TEST TYPE: U  
ALCO TARGET VALUE: .076  
ALCO S/N: 78855

### — BREATH ANALYSIS —

.076 ADJUSTED FOR 29.36 in  
ALCO TARGET .074 14:45  
BLANK TEST .000 14:46  
INTERNAL STANDARD VERIFIED 14:47  
ALCO TU 29.36 in .077 14:47  
BLANK TEST .000 14:48  
SUBJECT SAMPLE .000 <sup>COB</sup> 14:48  
BLANK TEST .000 <sup>1/18/08</sup> 14:49  
ALCO TU 29.36 in .077 14:49  
BLANK TEST .000 14:50

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130298

MARCH 17, 2008  
TIME 14:43

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 41c  
BAROMETER: 29.36 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJKL  
MNOQRSTUVWXYZ[\]^\_`abcdefghijklmnopqrstu  
vwxyz{|}~■

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	130570 ✓
A	Name	C. RITALA	ID# 3791 Date 10/20/08 ✓
	Agency	APD	Phone # 786.2640
	Instrument Location	FLORA SUBSTATION (4TH AVENUE)	✓
B	Alco S/N	X124611 ✓	Target Value .072 ✓ High Pressure 900 ✓
	Alco Test Values	076 ✓ 1 <sup>st</sup> Alco	076 ✓ 2 <sup>nd</sup> Alco
	Signature	Chris Ritala /1349 ✓	COB 11/8/08

(OVER)

Under the Alaska Rules of Evidence, I certify that;  
(Do Not write in the area below)

- (a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.
- (b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Chris Ritala, whose name appears in my records, is qualified to verify the calibration of the above instrument.
- (c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



*Jeanne Swartz*

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

11/19/08

Date

OCT 21 2008

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N

130570 ✓

(CONTINUED FROM FRONT PAGE)

C

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130570

OCTOBER 20, 2008

OPERATOR'S NAME:

RITALA

OPERATOR'S NUMBER: 3791

SUBJECT'S LAST NAME:

VERIFICATION OF CALIBRATION

SUBJECT'S FIRST NAME/MI :

NEW ALCO TANK

O.L. #: A

DEPT/AGENCY: ANCI

CASE/REPORT: A

TEST TYPE: V

ALCO TARGET VALUE: .072 ✓

ALCO S/N: X124611

### --- BREATH ANALYSIS ---

.072 ADJUSTED FOR 29.62 in  
ALCO TARGET .071 16:07  
BLANK TEST .000 16:08  
INTERNAL STANDARD VERIFIED 16:08  
ALCO TV 29.62 in .076 ✓ 16:08  
BLANK TEST .000 16:09  
SUBJECT SAMPLE .000 16:09  
BLANK TEST .000 16:10  
ALCO TV 29.62 in .076 ✓ 16:11  
BLANK TEST .000 16:11

10/20/08

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130570

OCTOBER 20, 2008 ✓

TIME 16:04

### --- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 50c

BREATH TUBE: 41c

BAROMETER: 29.62 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

### PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@BCDEFG  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcde fghijklmno  
pqrstuvwxyz{|}~?\*

10/20/08

**VERIFICATION OF CALIBRATION REPORT**  
*of DataMaster edm Breath Test Instrument*  
*State of Alaska*  
*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

Supervisor Operator Performing the Verification Procedure		DataMaster edm S/N <u>130192</u> ✓
Name	<u>BRANDON LAWRENSEN</u>	ID# <u>6609</u> Date <u>08/30/08</u> ✓
A Agency	<u>JUNEAU POLICE DEPT</u>	Phone # <u>586-0600</u>
Instrument Location	<u>JUNEAU POLICE DEPT</u> ✓	
Alco S/N <u>X124623</u> ✓		Target Value <u>.081</u> ✓ High Pressure <u>900 PSI</u>
B Alco Test Values	<u>.084</u> ✓ 1 <sup>st</sup> Alco	<u>.084</u> ✓ 2 <sup>nd</sup> Alco
Signature		<u>08/30/08</u>
(OVER)		

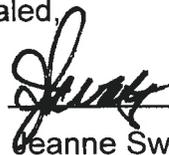
Under the Alaska Rules of Evidence, I certify that, (Do Not write in the area below)

- (a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.
- (b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brandon Lawrenson, whose name appears in my records, is qualified to verify the calibration of the above instrument.
- (c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



SEP 04 2008



Jeanne Swartz  
 Scientific Director Designee  
 State of Alaska  
 State Breath Alcohol Testing Program

9/15/08  
 Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130192 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130192

AUGUST 30, 2008 ✓ *COB 9/12/08*

OPERATOR'S NAME:  
LAWRENSEN/BRANDON/J  
OPERATOR'S NUMBER: 6609  
SUBJECT'S LAST NAME:  
VOC  
SUBJECT'S FIRST NAME/MI :  
VOC  
O.L. #: 1234567  
DEPT/AGENCY: JNU1  
CASE/REPORT: 012345  
TEST TYPE: V  
ALCO TARGET VALUE: .081 ✓  
ALCO S/N: X124623 ✓

--- BREATH ANALYSIS ---

.081 ADJUSTED FOR 30.29 in		
ALCO TARGET	.082	15:09
BLANK TEST	.000	15:10
INTERNAL STANDARD	VERIFIED	15:10
ALCO TV 30.29 in	.084	15:10
BLANK TEST	.000	15:11
SUBJECT SAMPLE	.000 <i>COB 9/12/08</i>	15:12
BLANK TEST	.000	15:13
ALCO TV 30.29 in	.084 ✓	15:13
BLANK TEST	.000	15:14

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130192

AUGUST 30, 2008 ✓  
TIME 15:07

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS:	
SAMPLE CHAMBER:	49c
BREATH TUBE:	41c
BAROMETER:	30.29 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEF  
GHIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnop  
qrstuvwxyz{|}~

**VERIFICATION OF CALIBRATION REPORT**  
*of DataMaster edm Breath Test Instrument*  
 State of Alaska  
 Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure		DataMaster edm S/N	130192 ✓
Name	BRANDON LAWRENSEN	ID#	6609 Date 10/12/08 ✓
Agency	JUNEAU POLICE DEPT	Plate#	586-0600
Instrument Location	JUNEAU POLICE DEPT ✓		
Alco S/N		Target Value	High Pressure
X124623 ✓		.081 ✓	950 ✓
Alco Test Values:	.085 ✓	.085 ✓	
	1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco	
Signature			COB 10/24/08
	(OVER)		

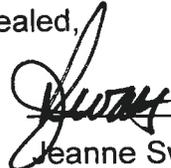
Under the Alaska Rules of Evidence, I certify that, (to be written or filled in below)

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brandon Lawrenson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Jeanne Swartz  
 Scientific Director Designee  
 State of Alaska  
 State Breath Alcohol Testing Program

10/24/08  
 Date



BT9030

OCT 16 2008

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130192 ✓

(CONTINUED FROM FRONT PAGE)

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130192

OCTOBER 12, 2008 *COB 10/24/08*

OPERATOR'S NAME:  
LAWRENSEN/BRANDON/J  
OPERATOR'S NUMBER: 6609  
SUBJECT'S LAST NAME:

VOC  
SUBJECT'S FIRST NAME/MI :  
VOC

O.L. #: 1234567  
DEPT/AGENCY: JNU1  
CASE/REPORT: 012345  
TEST TYPE: V  
ALCO TARGET VALUE: .081 ✓  
ALCO S/N: X124623 ✓

--- BREATH ANALYSIS ---

.081 ADJUSTED FOR 30.33 in		
ALCO TARGET	.082	11:02
BLANK TEST	.000	11:03
INTERNAL STANDARD	VERIFIED	11:03
ALCO TV 30.33 in	.085 ✓	11:03
BLANK TEST	.000 ✓	11:04
SUBJECT SAMPLE	.000	11:05
BLANK TEST	.000	11:05
ALCO TV 30.33 in	.085 ✓	11:06
BLANK TEST	.000	11:07

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130192

OCTOBER 12, 2008  
TIME 11:00

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	42c
BAROMETER:	30.33 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST  
!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJKL  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqrstuvwxyz{|}~\*~

NOV 20 2008

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor Operator Performing the Verification Procedure: DataMaster cdm S/N 130192 ✓

Name BRANDON LAWRENSEN ID# 66009 Date 11/23/08 ✓

Agency JUNEAU POLICE DEPT Phone # 586-0600

Instrument Location JUNEAU POLICE DEPT ✓

---

Alco S/N X124623 ✓ Target Value .081 ✓ High Pressure 6000 ✓

Alco Test Values .083 ✓ .083 ✓

1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature [Signature] ✓

12/2/08

(OVER)

Under the Alaska Rules of Evidence, I certify that, (Do Not write in the area below)

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brandon Lawrenson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed



[Signature]

Jeanne Swartz  
Scientific Director, Designee  
State of Alaska  
State Breath Alcohol Testing Program

12/2/08  
Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130192 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130192

NOVEMBER 23, 2008 ✓ *8/12/08*

OPERATOR'S NAME:  
LAWRENSEN/BRANDON/J  
OPERATOR'S NUMBER: 6609  
SUBJECT'S LAST NAME:  
VOC  
SUBJECT'S FIRST NAME/MI :  
VOC  
O.L. #: 0123456  
DEPT/AGENCY: JNU1  
CASE/REPORT: 012345  
TEST TYPE: V  
ALCO TARGET VALUE: .081 ✓  
ALCO S/N: X124623

--- BREATH ANALYSIS ---

.081 ADJUSTED FOR 29.65 in		
ALCO TARGET	.080	15:31
BLANK TEST	.000	15:32
INTERNAL STANDARD	VERIFIED	15:32
ALCO TV 29.65 in	.083	15:32
BLANK TEST	.000 ✓	15:33
SUBJECT SAMPLE <i>8/12/08</i>	.000	15:33
BLANK TEST	.000	15:34
ALCO TV 29.64 in	.083 ✓	15:35
BLANK TEST	.060	15:35

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130192

NOVEMBER 23, 2008 ✓  
TIME 15:42

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	42c
BAROMETER:	29.64 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

! "\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJK  
LMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqrstuvwxyz{|}~  
pqrstuvwxyz{|}~

**VERIFICATION OF CALIBRATION REPORT**  
*of DataMaster edm Breath Test Instrument*  
*State of Alaska*  
*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

DataMaster edm S/N <u>130192</u> ✓	
Supervisor Operator Performing the Verification Procedure:	
Name <u>BRANDON LAWRENSEN</u>	ID# <u>6609</u> Date <u>01/22/09</u> ✓
A Agency <u>JUNEAU POLICE DEPT</u>	Phone # <u>586-0600</u>
Instrument Location <u>JUNEAU POLICE DEPT</u>	
B Alco S/N <u>X124623</u> ✓	Target Value <u>.081</u> ✓ High Pressure <u>500</u>
Alco Test Values	<u>.086</u> ✓ <u>.085</u> ✓
1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
Signature 	
(OVER)	

Under the Alaska Rules of Evidence, I certify that, (to be written in the area below)

- (a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.
- (b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator Brandon Lawrenson whose name appears in my records, is qualified to verify the calibration of the above instrument.
- (c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



  
 \_\_\_\_\_  
 Jeanne Swartz  
 Scientific Director, Designee  
 State of Alaska  
 State Breath Alcohol Testing Program

2/9/09  
 \_\_\_\_\_  
 Date

FEB 02 2009

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130192 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130192

JANUARY 22, 2009 ✓

OPERATOR'S NAME:  
LAWRENSON/BRANDON/J  
OPERATOR'S NUMBER: 6609  
SUBJECT'S LAST NAME:

VOC  
SUBJECT'S FIRST NAME/MI :  
VOC

O.L. #: 1234567  
DEPT/AGENCY: JNU1  
CASE/REPORT: 012345  
TEST TYPE: V  
ALCO TARGET VALUE: .081 ✓  
ALCO S/N: X124623

--- BREATH ANALYSIS ---

.081 ADJUSTED FOR 30.74 in  
ALCO TARGET .083 04:52  
BLANK TEST .000 04:53  
INTERNAL STANDARD VERIFIED 04:53  
ALCO TV 30.74 in .086 ✓ 04:53  
BLANK TEST .000 04:54  
SUBJECT SAMPLE .000 04:55  
BLANK TEST .000 04:55  
ALCO TV 30.74 in .085 ✓ 04:56  
BLANK TEST .000 04:57

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130192

JANUARY 22, 2009 ✓  
TIME 04:51

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 43c  
BAROMETER: 30.74 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST  
!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGH  
IJKLMNOPQRSTUVWXYZ[\]^\_`abcdefgijklmno  
pqrstuvwxyz{|}~

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:	
DataMaster cdm S/N <u>130192</u> ✓	
Name <u>BRANDON LAWRENSEN</u>	ID# <u>6609</u> Date <u>04/01/09</u> ✓
A Agency <u>JUNEAU POLICE DEPT</u>	Phone # <u>586-0600</u>
Instrument Location <u>JUNEAU POLICE DEPT</u> ✓	
B Alco S/N <u>X124623</u> ✓ Target Value <u>.081</u> High Pressure <u>4000</u>	
Alco Test Values <u>.084</u> ✓ <u>.083</u> ✓	
1 <sup>st</sup> Alco 2 <sup>nd</sup> Alco	
Signature <u>[Handwritten Signature]</u> ✓	<u>CSB</u> <u>5/1/09</u>
(OVER)	

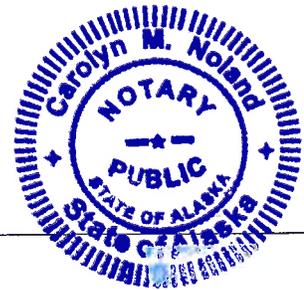
I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.

[Handwritten Signature]  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 15 day of May 2009.

[Handwritten Signature] (Notary Seal Stamp)  
Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office



APR 05 2009

**VERIFICATION OF CALIBRATION REPORT**  
*of DataMaster cdm breath Test Instrument*  
*State of Alaska*  
*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

DataMaster cdm S/N 130192 ✓

(CONTINUED FROM FRONT PAGE)

**C**      TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

**NONDRINKING SUBJECT TEST**

ALASKA DEPARTMENT OF PUBLIC SAFETY  
 DATAMASTER cdm 130192  
 APRIL 01, 2009      *COB 5/1/09*  
 OPERATOR'S NAME:  
   LAWRENSON/BRANDON/J  
 OPERATOR'S NUMBER: 6609  
 SUBJECT'S LAST NAME:  
   VOC  
 SUBJECT'S FIRST NAME/MI :  
   VOC  
 O.L. #: 0123456  
 DEPT/AGENCY: JNU1  
 CASE/REPORT: 1234567  
 TEST TYPE: V  
 ALCO TARGET VALUE: .081 ✓  
 ALCO S/N: X124623

--- BREATH ANALYSIS ---

.081 ADJUSTED FOR 30.06 in		
ALCO TARGET	.081	16:50
BLANK TEST	.000	16:51
INTERNAL STANDARD	VERIFIED	16:51
ALCO TV 30.06 in	.084 ✓	16:51
BLANK TEST	.000	16:52
SUBJECT SAMPLE	.000	16:52
BLANK TEST	.000	16:53
ALCO TV 30.06 in	.083	16:53
BLANK TEST	.000 ✓	16:54

**DIAGNOSTIC CHECK**

ALASKA DEPARTMENT OF PUBLIC SAFETY  
 DATAMASTER cdm 130192  
 APRIL 01, 2009 ✓  
 TIME 16:47

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	41c
BAROMETER:	30.06 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJKL  
 HIJKLMNOPQRSTUVWXYZ[\]^\_`abc`defghijklmno  
 pqrstuvwxyz{|}~\*~

JUN 22 2009

# VERIFICATION OF CALIBRATION REPORT

*of DataMaster cdm Breath Test Instrument*

*State of Alaska*

*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

DataMaster cdm S/N 130192

Supervisor/Operator Performing the Verification Procedure:

Name BRANDON LAWRENSEN ID# 0609 Date 06/12/09

A Agency JUNEAU POLICE DEPT Phone # 586-0600

Instrument Location JUNEAU POLICE DEPT

---

B Alco S/N X124623 Target Value .081 High Pressure 150

Alco Test Values .085 .085  
 1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature [Signature] COB 8/25/09

(OVER)

(Do Not write in the area below)

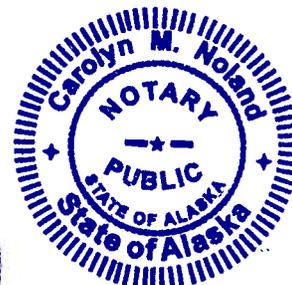
I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.

[Signature]  
 Nita J. Bolz  
 Scientific Director  
 State Breath Alcohol Program

Subscribed and sworn before me this 26<sup>th</sup> day of June 2009.

[Signature] (Notary Seal Stamp)  
 Carolyn M. Noland  
 Notary Public, State of Alaska  
 Commission Expires with Office



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130192 ✓

(CONTINUED FROM FRONT PAGE)

**C** TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130192

JUNE 12, 2009 ✓ *COB 6/25/09*

OPERATOR'S NAME:  
LAWRENSON/BRANDON/J  
OPERATOR'S NUMBER: 6609  
SUBJECT'S LAST NAME:  
VOC  
SUBJECT'S FIRST NAME/MI :  
VOC

O.L. #: 123456  
DEPT/AGENCY: JNU1  
CASE/REPORT: 0123456  
TEST TYPE: V ✓  
ALCO TARGET VALUE: .081 ✓  
ALCO S/N: X124623

--- BREATH ANALYSIS ---

.081 ADJUSTED FOR 30.25 in		
ALCO TARGET	.081	09:51
BLANK TEST	.000	09:52
INTERNAL STANDARD	VERIFIED	09:52
ALCO TV 30.25 in	.085 ✓	09:53
BLANK TEST	.000 ✓	09:54
SUBJECT SAMPLE	.000 ✓	09:54
BLANK TEST	.000	09:55
ALCO TV 30.25 in	.085 ✓	09:55
BLANK TEST	.000	09:56

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130192

JUNE 12, 2009 ✓  
TIME 09:50

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	43c
BAROMETER:	30.25 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

! "\$ % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~ \* ~

JUL 31 2006

# VERIFICATION OF CALIBRATION REPORT

*of DataMaster cdm Breath Test Instrument*

*State of Alaska*

*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

Supervisor/Operator Performing the Verification Procedure: <b>DataMaster cdm S/N</b> <u>130293</u> ✓	
Name <u>KYLE VALERIO</u>	ID# <u>2093</u> ✓ Date <u>7/28/06</u> ✓
A Agency <u>KODIAK POLICE DEPT.</u> Phone # <u>((07)486-8000</u>	
Instrument Location <u>KODIAK AST POST, 2921-A MILL BAY RD, KODIAK, AK. 99615</u>	
B Alco S/N <u>X124630</u> ✓ Target Value <u>.076</u> ✓ High Pressure <u>1100</u>	
Alco Test Value Average	<u>.078</u> ✓ <u>.080</u> ✓ 1 <sup>st</sup> Alco                      2 <sup>nd</sup> Alco
Signature <u>[Handwritten Signature]</u>	<i>C.O.B. 8/1/06</i> <u>[Handwritten Initials]</u>
(OVER)	

Under the Alaska Rules of Evidence, I certify that: (Do Not Write in the area below)

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Kyle Valerio, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,

Chris W. Beheim      8-01-06

Chris W. Beheim      Date  
Scientific Director  
State of Alaska  
State Breath Alcohol Testing Program



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130293

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130293

JULY 28, 2006

OPERATOR'S NAME: *COB- 8/1/06*  
VALERIO, KYLE D  
OPERATOR'S NUMBER: 2093  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI :  
TEST

O.L. #: XXXXXXX  
DEPT/AGENCY: KOD1  
CASE/REPORT: 06-00000  
TEST TYPE: U  
ALCO TARGET VALUE: .076  
ALCO S/N: X124630

--- BREATH ANALYSIS ---

.076 ADJUSTED FOR 30.30 in  
ALCO TARGET .076 15:38  
BLANK TEST .000 15:39  
INTERNAL STANDARD VERIFIED 15:39  
ALCO TV 30.30 in .078 15:40  
BLANK TEST .000 15:40  
SUBJECT SAMPLE .000 *COB 8/1/06* 15:41  
BLANK TEST .000 15:42  
ALCO TV 30.30 in .000 15:42  
BLANK TEST .000 15:43

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130293

JULY 28, 2006  
TIME 15:43

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 41c  
BAROMETER: 30.30 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefgijklmnop  
qrstuvwxyz{|}~

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N 130293 ✓

Name Maurice I Hughes Jr. ID# 2261 Date 12/5/06 ✓

A Agency Alaska State Trooper Phone # (907) 486-4121

Instrument Location Kodiak AST Post, 2921 #A, Mill Bay Rd., Kodiak, AK 99615

---

B Alco S/N X124630 ✓ Target Value .076 ✓ High Pressure 1100

Alco Test Value Average .076 ✓ .077 ✓  
 1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature *Maurice Hughes* CCB 12/13/06  
CBL

(OVER)

Under the Alaska Rules of Evidence, I certify that,

(a) I am <sup>Jeanne Swartz</sup> ~~Chris W. Behrman~~, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program. (Do Not write in the area below)

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Maurice Hughes, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



*Jeanne Swartz* 12/19/2006  
 Chris W. Behrman Jeanne Swartz Date  
 Scientific Director Designee  
 State of Alaska  
 State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130293

(CONTINUED FROM FRONT PAGE)

**C** TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130293

DECEMBER 05, 2006

OPERATOR'S NAME:

HUGHES/HAURICE/I

OPERATOR'S NUMBER: 2261

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/MI :

M

O.L. #: M

DEPT/AGENCY: KOD0

CASE/REPORT: 1

TEST TYPE: V

ALCO TARGET VALUE: .076

ALCO S/N: X124630

--- BREATH ANALYSIS ---

.076 ADJUSTED FOR 29.28 in

ALCO TARGET	.074	13:51
BLANK TEST	.000	13:52
INTERNAL STANDARD	VERIFIED	13:52
ALCO TV 29.29 in	.076	13:53
BLANK TEST	.000	13:53
SUBJECT SAMPLE	.000	13:55
BLANK TEST	.000	13:56
ALCO TV 29.28 in	.077	13:56
BLANK TEST	.000	13:57

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130293

DECEMBER 05, 2006  
TIME 14:00

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 40c  
BREATH TUBE: 42c  
BAROMETER: 29.28 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

! " # \$ % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z ( ! ) \* +

FEB 07 2007

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130293</u> ✓
Name		<u>Sgt. Maurice I Hughes Jr</u>	ID# <u>2261</u> Date <u>2/2/07</u> ✓
A	Agency	<u>Alaska State Trooper</u>	Phone # <u>(907) 486-4121</u>
Instrument Location <u>Kodiak AST Post, 2921 #A Mill Bay Rd., Kodiak AK 99615</u>			
Alco S/N		<u>X124630</u> ✓	Target Value <u>.076</u> ✓ High Pressure <u>1100</u>
Alco Test Value Average		<u>.078</u> ✓ 1 <sup>st</sup> Alco	<u>.079</u> ✓ 2 <sup>nd</sup> Alco
Signature		<u><i>Maurice Hughes</i></u>	<u><i>CBS 2/2/07</i></u> <u><i>CBS</i></u>

(OVER)

Under the Alaska Rules of Evidence, I certify that (Do Not write in the area below)

(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Maurice Hughes, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



*Jeanne Swartz* 2/07/07  
 Jeanne Swartz Date  
 Scientific Director Designee  
 State of Alaska  
 State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130293

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130293

FEBRUARY 02, 2007 *COB 2/1/07*

OPERATOR'S NAME: *COB 2/1/07*  
HUGHES/MAURICE/I  
OPERATOR'S NUMBER: 2261  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI :  
XXXXXX  
O.L. #: 0000000  
DEPT/AGENCY: KOD0  
CASE/REPORT: 0  
TEST TYPE: U  
ALCO TARGET VALUE: .076  
ALCO S/N: X124630

### --- BREATH ANALYSIS ---

.076 ADJUSTED FOR 30.09 in		
ALCO TARGET	.076	16:48
BLANK TEST	.000	16:49
INTERNAL STANDARD	VERIFIED	16:49
ALCO TV 30.09 in	.078	16:49
BLANK TEST	.000 <i>COB 2/1/07</i>	16:50
SUBJECT SAMPLE	.000 <i>COB 2/1/07</i>	16:51
BLANK TEST	.000 <i>COB 2/1/07</i>	16:52
ALCO TV 30.11 in	.079	16:52
BLANK TEST	.000	16:53

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130293

FEBRUARY 02, 2007  
TIME 16:54

### --- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c  
BAROMETER: 30.09 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

! " # \$ % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { } ~ |

APR 25 2007

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130293</u> ✓
Name	<u>BRIAN MITCHELL</u>	ID#	<u>4119</u> ✓
		Date	<u>4-19-07</u> ✓
A	Agency	<u>ALASKA STATE TROOPERS</u>	Phone # <u>486-4121</u>
	Instrument Location	<u>KODIAK POST, INTERVIEW ROOM</u>	
B	Alco S/N	<u>X124630</u> ✓	Target Value <u>.076</u> ✓
			High Pressure <u>1100</u>
	Alco Test Value Average	<u>.078</u> ✓	<u>.079</u> ✓
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
	Signature	<u>[Signature]</u>	
			<u>CSB 4/26/07</u> <u>CSB</u>

(OVER)

Under the Alaska Rules of Evidence, I certify that: (Do not write in the area below)

(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brian Mitchell, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



[Signature] 4/27/07  
 \_\_\_\_\_  
 Jeanne Swartz Date  
 Scientific Director Designee  
 State of Alaska  
 State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130293

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130293

APRIL 19, 2007

OPERATOR'S NAME:

MITCHELL BRIAN S

OPERATOR'S NUMBER: 4119

SUBJECT'S LAST NAME:

VERIFICATION

SUBJECT'S FIRST NAME/MI :

OF CALIBRATION

O.L. #: XXX

DEPT./AGENCY: KOD0

CASE/REPORT: XXX

TEST TYPE: U

ALCO TARGET VALUE: .076

ALCO S/N: X124630

--- BREATH ANALYSIS ---

.076 ADJUSTED FOR 29.9% in  
ALCO TARGET .076 01:00  
BLANK TEST .000 01:01  
INTERNAL STANDARD VERIFIED 01:01  
ALCO TU 29.9% in .078 01:02  
BLANK TEST .000 01:03  
SUBJECT SAMPLE .000 01:03  
BLANK TEST .000 01:04  
ALCO TU 29.9% in .079 01:04  
BLANK TEST .000 01:05

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130293

APRIL 19, 2007

TIME 00:58

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c  
BAROMETER: 29.9% in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

! " # % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~

JUL 17 2007

# VERIFICATION OF CALIBRATION REPORT

*of DataMaster cdm Breath Test Instrument*

*State of Alaska*

*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130293</u> ✓
Name	<u>BRIAN MITCHELL</u>	ID#	<u>4119</u> ✓
		Date	<u>7-14-07</u> ✓
A Agency		<u>ALASKA STATE TROOPERS</u>	Phone # <u>486-4121</u>
Instrument Location <u>KODIAK POST, INTERVIEW ROOM</u>			
B Alco S/N		<u>X124630</u> ✓	Target Value <u>.076</u> ✓
			High Pressure <u>1100</u>
Alco Test Value Average		<u>.078</u> ✓	<u>.079</u> ✓
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
Signature		<u><i>Brian Mitchell</i></u>	<u><i>CBL</i></u>

(OVER)

*CMB 7/14/07*  
*CBL*

Under the Alaska Rules of Evidence, I certify that: (Do Not Write in the area below)

(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brian Mitchell, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



*Jeanne Swartz* 07/17/07  
 Jeanne Swartz Date  
 Scientific Director Designee  
 State of Alaska  
 State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130293

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130293

JULY 14, 2007 *COB #17/04*

OPERATOR'S NAME: MITCHELL  
OPERATOR'S NUMBER: 4119  
SUBJECT'S LAST NAME: VERIFICATION  
SUBJECT'S FIRST NAME/MI: VERIFICATION  
O.L. #: X  
DEPT/AGENCY: K000  
CASE/REPORT: U  
TEST TYPE: U  
ALCO TARGET VALUE: .076  
ALCO S/N: X124630

### --- BREATH ANALYSIS ---

.076 ADJUSTED FOR 30.14 in		
ALCO TARGET	.076	22:35
BLANK TEST	.000	22:36
INTERNAL STANDARD	VERIFIED	22:36
ALCO TV 30.14 in	.078	22:36
BLANK TEST	.000	22:37
SUBJECT SAMPLE	.000 <i>COB #17/04</i>	22:38
BLANK TEST	.000 <i>COB #17/04</i>	22:38
ALCO TV 30.14 in	.079 <i>COB #17/04</i>	22:39
BLANK TEST	.000 <i>COB #17/04</i>	22:40

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130293

JULY 14, 2007  
TIME 22:40

### --- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	41c
BAROMETER:	30.16 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

### PRINTER TEST

! " # \$ % ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130293

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130293

OCTOBER 02, 2007

OPERATOR'S NAME:

SUPERVISOR  
OPERATOR'S NUMBER: 4119

SUBJECT'S LAST NAME:  
VERIFICATION

SUBJECT'S FIRST NAME/NI :  
VERIFICATION

D.L. #: X  
DEPT/AGENCY: KOD0

CASE/REPORT: X  
TEST TYPE: U

ALCO TARGET VALUE: .076  
ALCO S/N: X124630

--- BREATH ANALYSIS ---

.076 ADJUSTED FOR 29.85 in		
ALCO TARGET	.075	22:21
BLANK TEST	.000	22:22
INTERNAL STANDARD	VERIFIED	22:22
ALCO TV 29.85 in	.078	22:22
BLANK TEST	.000	22:23
SUBJECT SAMPLE	.000	22:23
BLANK TEST	.000	22:24
ALCO TV 29.85 in	.079	22:24
BLANK TEST	.000	22:25

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130293

OCTOBER 02, 2007  
TIME 22:26

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c

BAROMETER: 29.85 in

FLOW DETECTOR: OKAY

PUMP  
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

! " # \$ % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~

DEC 14 2007

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130293</u>
Name <u>BRIAN MITCHELL</u>	ID# <u>4119</u>	Date <u>12-11-07</u>
A Agency <u>ALASKA STATE TROOPERS</u>		Phone # <u>486-4121</u>
Instrument Location <u>KODIAK POST, INTERVIEW ROOM</u>		
B Alco S/N <u>X124630</u>		Target Value <u>.076</u> High Pressure <u>300</u>
Alco Test Value Average <u>.078</u>	<u>.080</u>	
1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco	
Signature <u>[Signature]</u>		<u>CSB</u> <u>12/17/07</u>

(OVER)

Under the Alaska Rules of Evidence, I certify that: (Do Not write in the area below)

(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brian Mitchell, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



[Signature]  
Jeanne Swartz

12/19/07

Date

Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130293

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130293

DECEMBER 11, 2007 *COB*  
*DIA/OK*

OPERATOR'S NAME:  
MITCHELL BRIAN S  
OPERATOR'S NUMBER: 4119  
SUBJECT'S LAST NAME:

VERIFICATION  
SUBJECT'S FIRST NAME/MI :  
VERIFICATION

O.L. #: X  
DEPT/AGENCY: KOD0  
CASE/REPORT: X  
TEST TYPE: U  
ALCO TARGET VALUE: .076  
ALCO S/N: X124630

### --- BREATH ANALYSIS ---

.076 ADJUSTED FOR 29.67 in		
ALCO TARGET	.075	22:28
BLANK TEST	.000	22:29
INTERNAL STANDARD	VERIFIED	22:29
ALCO TV 29.67 in	.078	22:29
BLANK TEST	.000	22:30
SUBJECT SAMPLE	.000 <i>COB</i>	22:30
BLANK TEST	.000 <i>DIA/OK</i>	22:31
ALCO TV 29.67 in	.000	22:32
BLANK TEST	.000	22:32

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130293

DECEMBER 11, 2007  
TIME 22:33

### --- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	43c
BAROMETER:	29.68 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST  
! "# \$ % ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~ ¡ ¢

MAR 03 2008

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130293<sup>v</sup>

Supervisor/Operator Performing the Verification Procedure:

Name Brian Mitchell ID# 4119 Date 2-28-08

A Agency Alaska State Troopers Phone # 486-4121

Instrument Location Kodiak Post, Interview room

---

B Alco S/N X124630<sup>v</sup> Target Value .076<sup>v</sup> High Pressure 250

Alco Test Value Average .078 .079

1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature Brian Mitchell CAS  
3/10/08

(OVER)

Under the Alaska Rules of Evidence, I certify that: (Do Not Write in the area below)

(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brian Mitchell, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed



Jeanne Swartz

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

03/10/08

Date

MAR 07 2008

BT9 03/00

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130293

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130293

FEBRUARY 28, 2008

OPERATOR'S NAME: *COB 3/10/08*  
SUPERVISOR  
OPERATOR'S NUMBER: 4119  
SUBJECT'S LAST NAME:  
VERIFICATION  
SUBJECT'S FIRST NAME/MI :  
VERIFICATION

O.L. #: X  
DEPT/AGENCY: KOD0  
CASE/REPORT: X  
TEST TYPE: U  
ALCO TARGET VALUE: .076  
ALCO S/N: X124630 ✓

--- BREATH ANALYSIS ---

.076 ADJUSTED FOR 29.55 in		
ALCO TARGET	.075	05:06
BLANK TEST	.000	05:07
INTERNAL STANDARD	VERIFIED	05:07
ALCO TV 29.55 in	.078	05:08
BLANK TEST	.000	05:09
SUBJECT SAMPLE	.000 <i>COB 3/10/08</i>	05:09
BLANK TEST	.000	05:10
ALCO TV 29.55 in	.079	05:10
BLANK TEST	.000	05:11

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130293

FEBRUARY 28, 2008  
TIME 05:12

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 41c  
BAROMETER: 29.55 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@ABCDEF6  
HIJKLMNPOQRS TUVWXYZ[\]^\_`abcde fghijklmno  
pqrstuvwxy z{|}~

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130299</u> ✓	
Name <u>Chris Babcock</u>		ID# <u>3867</u>	Date <u>11-26-08</u> ✓
A	Agency <u>King Cove DPS</u>	Phone # <u>497-2210</u>	
Instrument Location <u>B Squad Room</u> ✓			
Alco S/N <u>X124646</u> ✓		Target Value <u>.079</u> ✓	High Pressure <u>1000</u>
B	Alco Test Values		
	<u>.088</u> ✓ 1 <sup>st</sup> Alco	<u>.082</u> ✓ 2 <sup>nd</sup> Alco	
Signature _____			
(OVER)			

CSB  
12/18/08

Under the Alaska Rules of Evidence, I certify that (Do not write in the area below)

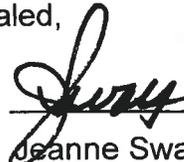
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Christopher M Babcock, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,





Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

12/20/08

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130299 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130299

NOVEMBER 26, 2008

OPERATOR'S NAME: *CAB 12/18/08*  
BARCOCK CHRISTOPHER M  
OPERATOR'S NUMBER: 3867  
SUBJECT'S LAST NAME:  
UOC  
SUBJECT'S FIRST NAME/MI :  
UOC  
O.I.L. #: 123456  
DEPT/AGENCY: KUC1  
CASE/REPORT: UOC  
TEST TYPE: U  
ALCO TARGET VALUE: .079 ✓  
ALCO S/N: X124645

### --- BREATH ANALYSIS ---

.079 ADJUSTED FOR 30.09 in		
ALCO TARGET	.079	11:46
BLANK TEST	.000	11:47
INTERNAL STANDARD	VERIFIED	11:48
ALCO TV 30.09 in	.000 ✓	11:48
BLANK TEST	.000	11:49
SUBJECT SAMPLE <i>CAB 12/18/08</i>	.000	11:50
BLANK TEST	.000	11:51
ALCO TV 30.09 in	.002 ✓	11:51
BLANK TEST	.000	11:52

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130299

NOVEMBER 26, 2008 ✓  
TIME 11:44

### --- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 40c  
BAROMETER: 30.09 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION #: OKAY

### PRINTER TEST

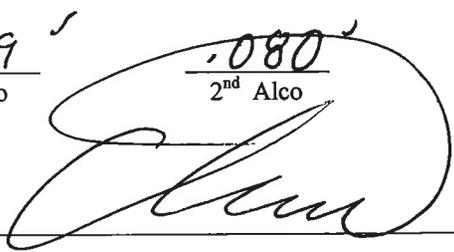
! " # \$ % ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~ ¡ ¢ £ ¤ ¥ ¦ § ¨ © ª « ¬ ® ¯ ° ± ² ³ ´ µ ¶ · ¸ ¹ º » ¼ ½ ¾

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	130299 ✓
Name		Chris Babcock	ID# 3867 Date 1-13-09 ✓
A	Agency	King Cove PD	Phone # 447-2210
Instrument Location		Squad Room ✓	
Alco S/N		X124646 ✓	Target Value .079 ✓ High Pressure 1000
Alco Test Values		.079 ✓ 1 <sup>st</sup> Alco	.080 ✓ 2 <sup>nd</sup> Alco
Signature		 CSB 1/28/09	

(OVER)

Under the Alaska Rules of Evidence, I certify that, (Do Not write in the area below)

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Christopher M Babcock, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



  
\_\_\_\_\_  
Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

2/3/09  
\_\_\_\_\_  
Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130299 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130299

JANUARY 13, 2009

OPERATOR'S NAME:

BARCOCK CHRISTOPHER M

OPERATOR'S NUMBER: 3867

SUBJECT'S LAST NAME:

UOC

SUBJECT'S FIRST NAME/MI :

UOC

O.L. #: 123456

DEPT/AGENCY: KUC1

CRSE/REPORT: UOC

TEST TYPE: U

ALCO TARGET VALUE: .079 ✓

ALCO S/N: X124646

--- BREATH ANALYSIS ---

.079 ADJUSTED FOR 29.26 in  
ALCO TARGET .077 15:37  
BLANK TEST .000 15:38  
INTERNAL STANDARD VERIFIED 15:38  
ALCO TV 29.26 in .079 ✓ 15:38  
BLANK TEST .000 15:39  
SUBJECT SAMPLE .000 15:40  
BLANK TEST .000 15:40  
ALCO TV 29.28 in .000 ✓ 15:41  
BLANK TEST .000 15:42

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130299

JANUARY 13, 2009 ✓  
TIME 15:34

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 48c  
BREATH TUBE: 41c  
BAROMETER: 29.26 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

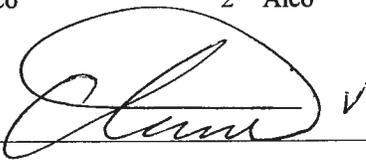
! " # \$ % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~ ¡ ¢

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130299</u> ✓	
Name <u>Christopher M Babcock</u>		ID# <u>3867</u>	Date <u>3-4-09</u> ✓
A	Agency <u>King Cove PD</u>	Phone # <u>497-2210</u>	
Instrument Location <u>Squad Room</u> ✓			
Alco S/N <u>X124646</u> ✓		Target Value <u>.079</u> ✓	High Pressure <u>900psi</u>
B	Alco Test Values	<u>.082</u> ✓ 1 <sup>st</sup> Alco	<u>.082</u> ✓ 2 <sup>nd</sup> Alco
Signature _____		 ✓	
		CSB 3/4/09	
(OVER)			

Under the Alaska Rules of Evidence, I certify that: (Do not write in the area below)

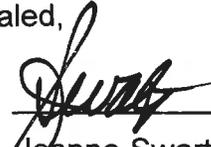
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Christopher M Babcock, whose name appears in my records, is qualified to verify the calibration of the instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



  
\_\_\_\_\_  
Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

Date 3/4/09

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130299 ✓

(CONTINUED FROM FRONT PAGE)

**C** TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130299

MARCH 04, 2009

OPERATOR'S NAME:

BARDOCK CHRISTOPHER M

OPERATOR'S NUMBER: 3867

SUBJECT'S LAST NAME:

UOC

SUBJECT'S FIRST NAME/MI :

UOC

O.L. #: 123456

DEPT/AGENCY: KUCI

CASE/REPORT: UOC

TEST TYPE: U

ALCO TARGET VALUE: .079 ✓

ALCO S/N: X124646

--- BREATH ANALYSIS ---

.079 ADJUSTED FOR 30.20 in  
ALCO TARGET .079 11:07  
BLANK TEST .000 11:08  
INTERNAL STANDARD VERIFIED 11:08  
ALCO TU 30.22 in *CUB* .082 ✓ 11:08  
BLANK TEST *3/10/09* .000 11:09  
SUBJECT SAMPLE *CMS* .000 11:10  
BLANK TEST .000 11:10  
ALCO TU 30.22 in .082 ✓ 11:11  
BLANK TEST .000 11:12

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130299

MARCH 04, 2009 ✓

TIME 11:04

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/29/01

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 42c

BAROMETER: 30.22 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

! " # \$ % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

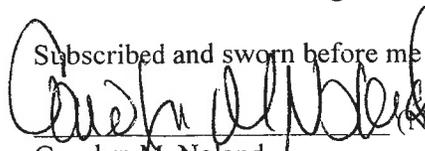
Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130299</u>	
Name <u>Chris Babcock</u>		ID# <u>3867</u>	Date <u>5-1-09</u>
A	Agency <u>King Cove PD</u>	Phone # <u>497-2210</u>	
Instrument Location <u>Squad Room</u>			
Alco S/N <sup>X124646</sup> <u>130299</u> <small>cos 4/13/09</small>		Target Value <u>.081</u>	High Pressure <u>800</u>
Alco Test Values		<u>.079</u> <small>cnB</small>	
	<u>.081</u> 1 <sup>st</sup> Alco	<u>.082</u> 2 <sup>nd</sup> Alco	
Signature 		<small>COB 5/18/09</small>	
(OVER)			

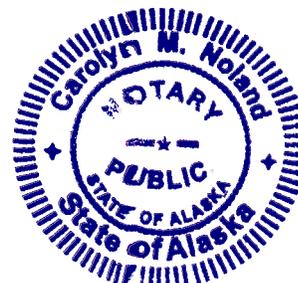
(Do Not write in the area below)

I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.

  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 22 day of May, 2009.  
 (Notary Seal Stamp)  
Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130299

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130299

MAY 01, 2009 ✓

OPERATOR'S NAME:

BARCOCK CHRISTOPHER M

OPERATOR'S NUMBER: 3867

SUBJECT'S LAST NAME:

UOC

SUBJECT'S FIRST NAME/MI :

UOC

O.L. #: 123456

DEPT/AGENCY: KUC1

CASE/REPORT: UOC

TEST TYPE: U

ALCO TARGET VALUE: .079 ✓

ALCO S/N: X124646 ✓

### — BREATH ANALYSIS —

.079 ADJUSTED FOR 29.9% in ✓  
ALCO TARGET .079 14:27  
BLANK TEST .000 14:28  
INTERNAL STANDARD VERIFIED 14:28  
ALCO TV 29.9% in .081 ✓ 14:29  
BLANK TEST .000 14:29  
SUBJECT SAMPLE .000 14:30  
BLANK TEST .000 14:31  
ALCO TV 29.9% in .082 ✓ 14:31  
BLANK TEST .000 14:32

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130299

MAY 01, 2009 ✓

TIME 14:24

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 41c

BAROMETER: 29.9% in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

### PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@BCDEFG  
HIJKLMNPQRSTU VWXYZ[\]^\_`abcdetghijklmno  
pqrstuvwxyz{|}~

MAR 09 2006

# VERIFICATION OF CALIBRATION REPORT

of Datamaster cdm

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Member Instrument # 130194 ✓  
 Datamaster cdm S/N 130194 ✓

Supervisor/Operator Performing the Verification Procedure:  
 Name GARY J. TELLEP ID# 2281 Date 3-6-06 ✓

A Agency AST Phone # 451-5100

Instrument Location FYSP AST 175 PAPER RD.

B Alco S/N X124662 ✓ Target Value -081 ✓ High Pressure 1000

Alco Test Value Average	<u>-076</u> ✓	<u>-076</u> ✓
1 <sup>st</sup> Alco		2 <sup>nd</sup> Alco

Signature Gary J. Tellep

C. O. Bryant  
3/13/06  
CB

(OVER)

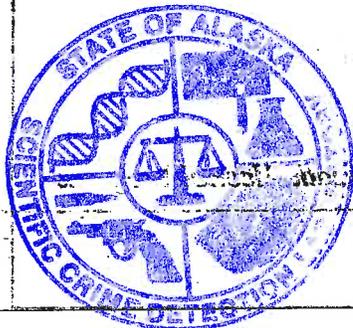
Under the Alaska Rules of Evidence, I certify that: (Do Not write in the area below)

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Gary Tellep, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Chris W. Beheim 3-13-06  
 Chris W. Beheim Date  
 Scientific Director  
 State of Alaska  
 State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of Datamaster cdm

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Datamaster cdm S/N

130194

(CONTINUED FROM FRONT PAGE)

C

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130194

MARCH 06, 2006

OPERATOR'S NAME: TELLEP GARY J  
OPERATOR'S NUMBER: 2281  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI: N

D.L. #: N  
DEPT/AGENCY: FBND  
CASE/REPORT: N  
TEST TYPE: U  
ALCO TARGET VALUE: .081  
ALCO S/N: X124652

— BREATH ANALYSTS —

.081 ADJUSTED FOR 29.41 in  
ALCO TARGET .079 07:24  
BLANK TEST .000 07:25  
INTERNAL STANDARD VERIFIED 07:25  
ALCO TV 29.41 in .076 07:25  
BLANK TEST .000 07:26  
SUBJECT SAMPLE .000 07:26  
BLANK TEST .000 07:27  
ALCO TV 29.41 in .076 07:28  
BLANK TEST .000 07:28

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130194

MARCH 06, 2006  
TIME 07:30

— DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/28/01  
HEATERS  
SAMPLE CHAMBER: 50c  
BREATH TUBE: 42c  
BAROMETER: 29.41 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

0123456789:K-7000000000  
0123456789:K-7000000000  
0123456789:K-7000000000

OCT 27 2006

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130188</u> ✓
Name		<u>SCOTT CHAFIN</u>	ID# <u>2349</u> ✓ Date <u>23 OCT 06</u> ✓
A	Agency	<u>University Police Dept.</u>	Phone # <u>786-1120</u>
Instrument Location <u>3211 Providence Dr E5th suite 114 DUI Room</u>			
Alco S/N		<u>X173017</u> ✓	Target Value <u>.079</u> ✓ High Pressure <u>1250</u>
Alco Test Value Average		<u>.081</u> ✓ 1 <sup>st</sup> Alco	<u>.082</u> ✓ 2 <sup>nd</sup> Alco
Signature		<u>[Signature]</u> <span style="float: right;">CWB 11/1/06 CBL</span>	

(OVER)

Under the Alaska Rules of Evidence, I certify that;

(Do Not write in the area below)

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Scott S Chafin, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Chris W. Beheim 11-3-06

Chris W. Beheim Date  
Scientific Director  
State of Alaska  
State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130188

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130188

OCTOBER 27, 2006

OPERATOR'S NAME: **COB**  
OPERATOR: **11/106**  
OPERATOR'S NUMBER: 2349  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI:

U.S. #1 NLOF  
DEPT/AGENCY: ANC7  
CASE/REPORT: 0  
TEST TYPE: V  
ALCO TARGET VALUE: .079  
ALCO S/N: X173017

--- BREATH ANALYSIS ---

.079 ADJUSTED FOR 29.54 in

ALCO TARGET	.075	16:06
BLANK TEST	.000	16:07
INTERNAL STANDARD	VERIFIED	16:07
ALCO TO 29.54 in	.081	16:08
BLANK TEST	.000	16:09
SUBJECT SAMPLE	.080	16:10
BLANK TEST	.000	16:10
ALCO TO 29.54 in	.082	16:11
BLANK TEST	.000	16:12

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130188

OCTOBER 27, 2006  
TIME 16:14

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/28/01

HEATERS  
SAMPLE CHAMBER: 50c  
BREATH TUBES: 42c

BAROMETER: 29.54 in

FLOW DETECTOR: OKAY

REF  
FLOW SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

DATE STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

ALCO S/N: X173017  
ALCO TARGET: .075  
ALCO TO 29.54 in: .082  
ALCO TO 29.54 in: .082

JAN 08 2007

# VERIFICATION OF CALIBRATION REPORT

*of DataMaster cdm Breath Test Instrument*

*State of Alaska*

*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm SN	<u>130188</u> ✓
Name	<u>Scott Chafin</u>	ID#	<u>2349</u> ✓
		Date	<u>28 DEC 06</u> ✓
A	Agency	<u>University of Alaska Anchorage PD</u>	Phone # <u>286-1120</u>
	Instrument Location	<u>3211 Providence Dr EST Suite 114 AUI Processing Room</u>	
B	Alco SN	<u>X173817</u> ✓	Target Value <u>.079</u> ✓
			High Pressure <u>700</u>
	Alco Test Value Average	<u>.080</u> ✓	<u>.081</u> ✓
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
	Signature	<u>[Signature]</u>	<u>CBS 1/9/07</u> <u>CBS</u>

(OVER)

Under the Alaska Rules of Evidence, I certify that;

(Do Not write in the area below)

(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Scott S Chafin, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



[Signature]

1/13/07

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130188

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130188

DECEMBER 28, 2006 *COB 1/9/07*

OPERATOR'S NAME:  
CHAFFIN SCOTT

OPERATOR'S NUMBER: 2349

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/MI :

C

D.L. #: NLOP

DEPT/AGENCY: ANC7

CASE/REPORT: 06 0000

TEST TYPE: U

ALCO TARGET VALUE: .079

ALCO S/N: X173017

--- BREATH ANALYSIS ---

.079 ADJUSTED FOR 29.16 in  
ALCO TARGET .077 06:15  
BLANK TEST .000 06:17  
INTERNAL STANDARD VERIFIED 06:17  
ALCO TV 29.16 in .000 06:17  
BLANK TEST .000 *COB 1/9/07* 06:18  
SUBJECT SAMPLE .000 06:19  
BLANK TEST .000 06:20  
ALCO TV 29.16 in .081 06:20  
BLANK TEST .000 06:21

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130188

DECEMBER 28, 2006  
TIME 06:23

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 50c  
BREATH TUBE: 42c  
BAROMETER: 29.16 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@ABCDEF6  
HIJKLmnopqrstuvwxyz\]^\_`abcde fghijklmno  
pqrstuvwxyz{|}~||

JUN 12 2006

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N 130112 ✓

Name Brent W. Johnson ID# 4980 Date 6/14/06 ✓

A Agency AST Phone # 883-5111

Instrument Location Tok

---

B Alco S/N X301526 ✓ Target Value .016 ✓ High Pressure 1150

Alco Test Value Average .017 ✓

1<sup>st</sup> Alco .017 ✓ 2<sup>nd</sup> Alco .017 ✓

Signature [Signature] CBL

(OVER)

(Do Not write in the area below)

*Wrong Target Value  
File Only  
CWB  
6/15/06*

Under the Alaska Rules of Evidence, I certify that;

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, Department of Public Safety, and was, at the time of signing, the custodian of the aforementioned laboratory and the signature was made in my official capacity of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brent Johnson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,

Chris W. Beheim \_\_\_\_\_ Date \_\_\_\_\_  
 Scientific Director  
 State of Alaska  
 State Breath Alcohol Testing Program



JUN 16 2006

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N 130172

Name Brent W. Johnson ID# 4980 Date 6/2/06

A Agency AST Phone # 883-5111

Instrument Location Tok

---

B Alco S/N XJ01526 Target Value .076 High Pressure 125

Alco Test Value Average .076 .078

1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature [Signature] C.O.B. 6/20/06

(OVER)

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brent Johnson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Chris W. Beheim 6-22-06

Chris W. Beheim Date  
Scientific Director  
State of Alaska  
State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130172

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

JUNE 12, 2006 *C.O.B. 6/20/06*

OPERATOR'S NAME: JOHNSON BRENT W  
OPERATOR'S NUMBER: 4958  
SUBJECT'S LAST NAME: (VERIFICATION)  
SUBJECT'S FIRST NAME/MI: CALIBRATION  
O.L. #: 123456  
DEPT/AGENCY: TOK9  
CASE/REPORT: 00-00000  
TEST TYPE: U  
ALCO TARGET VALUE: .076  
ALCO S/N: X301562

— BREATH ANALYSIS —

.076 ADJUSTED FOR 29.34 in		
ALCO TARGET	.074	15:18
BLANK TEST	.000	15:19
INTERNAL STANDARD	VERIFIED	15:19
ALCO TU 29.34 in	.076	15:20
BLANK TEST	.000	15:21
SUBJECT SAMPLE	.000 <i>C.O.B. 6/20/06</i>	15:21
BLANK TEST	.000	15:22
ALCO TU 29.34 in	.076	15:22
BLANK TEST	.000	15:23

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

JUNE 12, 2006  
TIME 15:24

— DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01

HEATERS  
SAMPLE CHAMBER: 4c  
BREATH TUBE: 4c

BAROMETER: 29.34 in

FLOW DETECTOR: OKAY

PUMP  
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST  
"###2"(0)++,-./0123456789:;()=)90BCDEFG  
HIJKLWOPQRSTUWXYZ[]^\_`abcd efgh ijklmno  
pqrstu vwxyz{|}~&#

# VERIFICATION OF CALIBRATION REPORT

of DataMaster edm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

AUG 03 2006

Supervisor/Operator Performing the Verification Procedure:		DataMaster edm S/N	<u>130112</u>
Name		<u>Brent W. Johnson</u>	ID# <u>4880</u> Date <u>8/24/06</u>
A	Agency	<u>AST - Tok</u>	Phone # <u>880-5111</u>
Instrument Location <u>Tok AST</u>			
Alco S/N		<u>X301526</u>	Target Value <u>.076</u> High Pressure <u>1000</u>
B	Alco Test Value Average		<u>.071</u>
	1 <sup>st</sup> Alco	<u>.071</u>	2 <sup>nd</sup> Alco <u>.071</u>
Signature <u>[Signature]</u>			<u>CBO</u>

(OVER)

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brent Johnson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



AUG 07 2006

Chris W. Beheim  
Chris W. Beheim  
Scientific Director  
State of Alaska  
State Breath Alcohol Testing Program

Date



OCT 09 2006

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N 130172

Name Brent W. Johnson ID# 4980 Date 10/3/06

A Agency AST Phone # 883-4471

Instrument Location Tek AST

---

B Alco S/N X301526 Target Value .076 High Pressure 915

Alco Test Value Average .074 .077

1<sup>st</sup> Alco                      2<sup>nd</sup> Alco

Signature BWJ CWB 10/9/06  
CWB

(OVER)

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brent Johnson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed;



Chris W. Beh 10.20.06

Chris W. Beheim Date  
 Scientific Director  
 State of Alaska  
 State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130172

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

OCTOBER 03, 2005 *COB 10/19/05*

OPERATOR'S NAME: JOHNSON BRENT D  
OPERATOR'S NUMBER: 4950  
SUBJECT'S LAST NAME: \_\_\_\_\_  
VERIFICATION  
SUBJECT'S FIRST NAME/MI: \_\_\_\_\_  
OF CAL

D.L. #: 0000000  
DEPT/AGENCY: TOKO  
CASE/REPORT: 00-00  
TEST TYPE: V  
ALCO TARGET VALUE: .076  
ALCO S/N: K301526

— BREATH ANALYSIS —

ALCO ADJUSTED FOR 29.23 in		
ALCO TARGET	.074	16:20
BLANK TEST	.000	16:21
INTERNAL STANDARD	VERIFIED	16:21
ALCO TO 29.23 in	.076	16:21
BLANK TEST	.000	16:22
SUBJECT SAMPLE	.000 <i>COB 10/19/05</i>	16:22
BLANK TEST	.000	16:23
ALCO TO 29.23 in	.077	16:24
BLANK TEST	.000	16:24

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

OCTOBER 03, 2005  
TIME 16:25

— DIAGNOSTIC CHECK —

COMPUTER: OKW  
PROGRAM: OKW  
SOFTWARE DATE: 02/20/01

WEIGHTS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 41c

BAROMETER: 29.25 in

FLOW DETECTOR: OKW

POP  
HIGH SPEED: OKW  
DETECTOR: OKW  
FILTERS: OKW  
QUARTZ STANDARD: OKW  
CALIBRATION: OKW

— PRINTER TEST —  
"0123456789:~=-Y&@C0\$PE  
HI.IU.IIOPORSTUWXYZI.J" abcdefghijklmno  
pqrstuvwxyz{|}~

NOV 20 2006

# VERIFICATION OF CALIBRATION REPORT

of DataMaster edm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster edm S/N 130172

Name Brent Johnson ID# 4980 Date 11/2/06

Agency AST Phone # 907-883-5111

Instrument Location Tok AST

---

Alco S/N X301526 Target Value .076 High Pressure 875

Alco Test Value Average .077 CBE .077 CBE

1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature [Signature] CWB 11/2/06  
CBE

(OVER)

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brent Johnson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Chris W. Beheim 11-28-06

Chris W. Beheim Date  
 Scientific Director  
 State of Alaska  
 State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130172

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

NOVEMBER 12, 2006

OPERATOR'S NAME: **COB 11/21/06**  
JOHNSON BRENT W  
OPERATOR'S NUMBER: 4900  
SUBJECT'S LAST NAME:  
VERIFICATION  
SUBJECT'S FIRST NAME/MI :  
CALIBRATION  
D.L. #: 1234567  
DEPT/AGENCY: TOKO  
CASE/REPORT: 00-0000  
TEST TYPE: U  
ALCO TARGET VALUE: .076  
ALCO S/N: X301526

### — BREATH ANALYSIS —

.076 ADJUSTED FOR 29.38 in  
ALCO TARGET .074 13:26  
BLANK TEST .000 13:27  
INTERNAL STANDARD (VERIFIED) 13:27  
ALCO TU 29.38 in .077 13:27  
BLANK TEST .000 13:28  
SUBJECT SAMPLE .000 **COB 11/21/06** 13:29  
BLANK TEST .000 13:29  
ALCO TU 29.39 in .077 13:30  
BLANK TEST .000 13:30

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

NOVEMBER 12, 2006  
TIME 13:23

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 48c  
BREATH TUBE: 43c  
BAROMETER: 29.38 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

!""##%'()\*+,-./0123456789:;<=>?@ABCDEF6  
HIJKL#NOPQRSTUWXYZ\]^\_`abcd efghijklmno  
pqrstuvwxyz{|}~



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130172

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172  
JANUARY 06, 2007 *CAS 1/10/07*  
OPERATOR'S NAME: JOHNSON/BRENT/W  
OPERATOR'S NUMBER: 4900  
SUBJECT'S LAST NAME: VERIFICATION  
SUBJECT'S FIRST NAME/MI : OF CALIBRATION  
O.L. #: 1234567  
DEPT/AGENCY: TOKO  
CASE/REPORT: 00-0000  
TEST TYPE: U  
ALCO TARGET VALUE: .076  
ALCO S/N: X301526

--- BREATH ANALYSIS ---

.076 ADJUSTED FOR 29.15 in  
ALCO TARGET .074 14:38  
BLANK TEST .000 14:39  
INTERNAL STANDARD VERIFIED 14:39  
ALCO TV 29.15 in .076 14:40  
BLANK TEST .000 14:40  
SUBJECT SAMPLE .000 14:41  
BLANK TEST .000 14:42  
ALCO TV 29.15 in .076 14:42  
BLANK TEST .000 14:43

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

JANUARY 06, 2007  
TIME 14:36

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c  
BAROMETER: 29.15 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@BCDEFG  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcde fghijklmno  
pqrstuvwxyz{|}~■

FEB 23 2007

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	130172 ✓
Name	Brent Johnson	ID#	4980 ✓
		Date	2/20/07 ✓
A	Agency	AST	Phone # 883-5111
	Instrument Location	Tok AST	
Alco S/N		X301526 ✓	Target Value .076 ✓
			High Pressure 750
Alco Test Value Average		.076 ✓	.076 ✓
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
Signature		<i>[Signature]</i>	<i>[Signature]</i> 02/23/07 CRD

(OVER)

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brent Johnson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



*[Signature]* \_\_\_\_\_  
 Date 02/23/07  
 Jeanne Swartz  
 Scientific Director Designee  
 State of Alaska  
 State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130172

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

FEBRUARY 20, 2007

OPERATOR'S NAME:

JOHNSON BRENT W

OPERATOR'S NUMBER: 4980

SUBJECT'S LAST NAME:

VERIFICATION

SUBJECT'S FIRST NAME/MI:  
OF CALIBRATION

D.L. #: 1234567

DEPT/AGENCY: TOKO

CASE/REPORT: 00-0000

TEST TYPE: U

ALCO TARGET VALUE: .076

ALCO S/N: X301526

### — BREATH ANALYSIS —

.076 ADJUSTED FOR 29.25 in  
ALCO TARGET .074 11:12  
BLANK TEST .000 11:13  
INTERNAL STANDARD VERIFIED 11:13  
ALCO TU 29.25 in .076 11:13  
BLANK TEST .000 11:14  
SUBJECT SAMPLE .000 11:15  
BLANK TEST .000 11:15  
ALCO TU 29.26 in .076 11:16  
BLANK TEST .000 11:16

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

FEBRUARY 20, 2007  
TIME 11:10

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 40c  
BAROMETER: 29.25 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

! " # % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { } ~ |

APR 25 2007

VERIFICATION OF CALIBRATION REPORT

of DataMaster edm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster edm S/N 130172 ✓

Name Brent Johnson ID# 4980 Date 4/21/07 ✓

A Agency AST Phone # 883-5811

Instrument Location Tok AST

---

B Alco S/N X301526 ✓ Target Value .076 High Pressure 700

Alco Test Value Average .075 ✓ .077 ✓  
 1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature [Signature] [Signature]  
4/26/07

(OVER)

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brent Johnson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



[Signature] 4/27/07  
 Jeanne Swartz Date  
 Scientific Director Designee  
 State of Alaska  
 State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130172

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

APRIL 21, 2007

OPERATOR'S NAME:

JOHNSON BRENT W

OPERATOR'S NUMBER: 4998

SUBJECT'S LAST NAME:

VERIFICATION

SUBJECT'S FIRST NAME/MI :

OF CAL

O.L. #: 000000

DEPT/AGENCY: TOKO

CASE/REPORT: 00-0000

TEST TYPE: U

ALCO TARGET VALUE: .076

ALCO S/N: X301526

--- BREATH ANALYSIS ---

.076 ADJUSTED FOR 29.34 in		
ALCO TARGET	.074	14:19
BLANK TEST	.000	14:20
INTERNAL STANDARD	VERIFIED	14:20
ALCO TV 29.34 in	.075	14:21
BLANK TEST	.000	14:21
SUBJECT SAMPLE	.000	14:22
BLANK TEST	.000	14:23
ALCO TV 29.34 in	.077	14:23
BLANK TEST	.000	14:24

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

APRIL 21, 2007

TIME 14:18

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	42c
BAROMETER:	29.34 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@BCDEFG  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcde fghi jklmno  
pqrstuvwxy z{|}~

# VERIFICATION OF CALIBRATION REPORT

*of DataMaster edm Breath Test Instrument*

*State of Alaska*

*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

Supervisor/Operator Performing the Verification Procedure: <span style="float: right;">DataMaster edm S/N <u>130172</u> ✓</span>	
Name <u>Brent Johnson</u>	ID# <u>4980</u> ✓ Date <u>6/19/07</u> ✓
A Agency <u>AST</u> Phone # <u>883-5111</u>	
Instrument Location <u>Tok AST</u>	
B Alco S/N <u>X301526</u> ✓ Target Value <u>.076</u> ✓ High Pressure <u>675</u>	
Alco Test Value Average <u>.074</u> ✓	
1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
Signature <u>[Signature]</u> <span style="float: right;"><u>CBJ</u></span>	

(OVER)

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brent Johnson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



\_\_\_\_\_  
 Jeanne Swartz  
 Scientific Director Designee  
 State of Alaska  
 State Breath Alcohol Testing Program

06/19/07  
 Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130172

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

NONDRINKING SUBJECT TEST

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

JUNE 09, 2007

OPERATOR'S NAME:

JOHNSON BRENT W

OPERATOR'S NUMBER: 4960

SUBJECT'S LAST NAME:

VERIFICATION

SUBJECT'S FIRST NAME/NI :

OF CAL

O.L. #: 0000000

DEPT/AGENCY: TOKO

CASE/REPORT: 00-000

TEST TYPE: V

ALCO TARGET VALUE: .076

ALCO S/N: X301526

— BREATH ANALYSIS —

.076 ADJUSTED FOR 29.28 in  
ALCO TARGET .074 10:02  
BLANK TEST .000 10:03  
INTERNAL STANDARD VERIFIED 10:03  
ALCO TV 29.28 in .074 10:04  
BLANK TEST .000 10:04  
SUBJECT SAMPLE .000 10:05  
BLANK TEST .000 10:05  
ALCO TV 29.28 in .074 10:06  
BLANK TEST .000 10:07

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

JUNE 09, 2007

TIME 10:08

— DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c  
BAROMETER: 29.28 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!@#\$%^&\*+,-./0123456789:;<=>?@BCDEFG  
HIJKL#MNPQRSTUWXYZ[\]^\_`abcdefghijklmnop  
qrstuvwxyz{|}~

**VERIFICATION OF CALIBRATION REPORT**  
of DataMaster cdm Breath Test Instrument  
State of Alaska  
Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

**JUL 20 2007**

Supervisor/Operator Performing the Verification Procedure: <span style="float:right">DataMaster cdm S/N <u>130172</u> ✓</span>	
Name <u>Brent Johnson</u>	ID# <u>4980</u> ✓ Date <u>7/17/07</u> ✓
Agency <u>AST</u>	Phone # <u>883-4471</u>
Instrument Location <u>Tok AST</u>	
Alco S/N <u>K301526</u> ✓ Target Value <u>.076</u> ✓ High Pressure <u>625</u>	
Alco Test Value Average <u>.072</u> <sup>COB</sup> ✓	
1 <sup>st</sup> Alco	<u>.072</u> <sup>COB</sup> ✓
2 <sup>nd</sup> Alco	
Signature <u>[Signature]</u> <span style="float:right"><u>COB 7/20/07</u> <u>COB</u></span>	

(OVER)

(Do Not write in the area below)

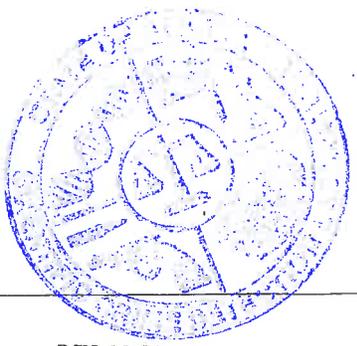
Under the Alaska Rules of Evidence, I certify that;

(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brent Johnson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



[Signature]

07/20/07

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130172

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

N T DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

JULY 17, 2007 *COB 7/20/07*

OPERATOR'S NAME:  
JOHNSON BRENT W  
OPERATOR'S NUMBER: 4988  
SUBJECT'S LAST NAME:  
VERIFICATION  
SUBJECT'S FIRST NAME/MI :  
OF CAL  
O.L. #: 0000000  
DEPT/AGENCY: TOKO  
CASE/REPORT: 00-0000  
TEST TYPE: U  
ALCO TARGET VALUE: .076  
ALCO S/N: K301526

--- BREATH ANALYSIS ---

.076 ADJUSTED FOR 29.49 in  
ALCO TARGET .074 11:52  
BLANK TEST .000 11:53  
INTERNAL STANDARD VERIFIED 11:53  
ALCO TU 29.49 in .077 11:53  
BLANK TEST .000 *COB* 11:54  
SUBJECT SAMPLE .000 *7/20/07* 11:55  
BLANK TEST .000 11:55  
ALCO TU 29.49 in .077 11:56  
BLANK TEST .000 11:56

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

JULY 17, 2007  
TIME 11:50

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 43c  
BAROMETER: 29.49 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

! " # \$ % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~ ¡ ¢

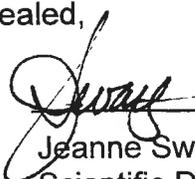
SEP 10 2007

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	130172 ✓
Name	Brent Johnson	ID#	4980 ✓
		Date	9/5/07 ✓
A	Agency	AST	Phone # 883-4471
	Instrument Location	Took AST	
B	Alco S/N	4301526 ✓	Target Value .076 ✓
			High Pressure 575
	Alco Test Value Average	.075 ✓	.076 ✓
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
	Signature	 	
			 

(OVER)

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

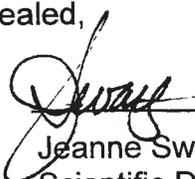
(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brent Johnson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



  
 \_\_\_\_\_  
 Jeanne Swartz  
 Scientific Director Designee  
 State of Alaska  
 State Breath Alcohol Testing Program

9/11/07  
 \_\_\_\_\_  
 Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130172

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

SEPTEMBER 05, 2007

OPERATOR'S NAME: JOHNSON BRENT W  
OPERATOR'S NUMBER: 4900  
SUBJECT'S LAST NAME: VERIFICATION  
SUBJECT'S FIRST NAME/MI: OF CAL  
O.L. #: 00000  
DEPT/AGENCY: TOKO  
CASE/REPORT: 00-0000  
TEST TYPE: V  
ALCO TARGET VALUE: .076  
ALCO S/N: X301526

### --- BREATH ANALYSIS ---

.076 ADJUSTED FOR 29.20 in  
ALCO TARGET .074 14:15  
BLANK TEST .000 14:16  
INTERNAL STANDARD VERIFIED 14:16  
ALCO TV 29.20 in .075 14:17  
BLANK TEST .000 14:17  
SUBJECT SAMPLE .000 14:18  
BLANK TEST .000 14:19  
ALCO TV 29.20 in .076 14:19  
BLANK TEST .000 14:20

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

SEPTEMBER 05, 2007  
TIME 14:13

### --- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c  
BAROMETER: 29.20 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEF  
GHIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefgijklmnop  
qrstuvwxyz{|}~

# VERIFICATION OF CALIBRATION REPORT

of DataMaster edm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster edm S/N <u>130172</u> ✓	
Name <u>Brent Johnson</u>		ID# <u>4980</u>	Date <u>10/27/07</u> ✓
A	Agency <u>AK State Troopers</u>	Phone # <u>883-5111</u>	
Instrument Location <u>Tok AST</u>			
Alco S/N <u>X301526</u> ✓		Target Value <u>.076</u> ✓	High Pressure <u>550</u>
B	Alco Test Value Average <u>.076</u> ✓	<u>.076</u> ✓	
	1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco	
Signature <u>[Signature]</u>		<u>CBS 11/2/07</u>	
(OVER)			

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brent Johnson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



[Signature] 11/2/07  
 Jeanne Swartz Date  
 Scientific Director Designee  
 State of Alaska  
 State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130172

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

OCTOBER 27, 2007

OPERATOR'S NAME:  
JOHNSON BRENT W  
OPERATOR'S NUMBER: 4900  
SUBJECT'S LAST NAME:  
CALIBRATION  
SUBJECT'S FIRST NAME/MI :  
VERIFICATION  
O.L. #: 000000  
DEPT/AGENCY: TOKA  
CASE/REPORT: 00-0000  
TEST TYPE: U  
ALCO TARGET VALUE: .076  
ALCO S/N: X301526

--- BREATH ANALYSIS ---

.076 ADJUSTED FOR 29.26 in  
ALCO TARGET .074 08:43  
BLANK TEST .000 08:44  
INTERNAL STANDARD VERIFIED 08:44  
ALCO TV 29.26 in .076 08:45  
BLANK TEST .000 08:45  
SUBJECT SAMPLE .000 08:46  
BLANK TEST .000 08:47  
ALCO TV 29.26 in .076 08:47  
BLANK TEST .000 08:48

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

OCTOBER 27, 2007  
TIME 08:37

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 41c  
BAROMETER: 29.26 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@BCDEFG  
HIJKLNMOPQRSTUVWXYZ[\]^\_`abcde fghijklmno  
pqrstuvwxyz{|}~||

DEC 17 2007

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130172</u>	
Name <u>Brent Johnson</u>		ID# <u>4980</u>	Date <u>12/12/07</u>
A	Agency <u>AST</u>	Phone # <u>883-5111</u>	
Instrument Location <u>AST-Tok</u>			
Alco S/N <u>X301526</u>		Target Value <u>.076</u>	High Pressure <u>500</u>
B	Alco Test Value Average <u>.076</u>		<u>.076</u>
	1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco	
Signature <u>[Signature]</u>		<u>COB 12/12/07</u>	
(OVER)			

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brent Johnson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed



[Signature]

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

12/19/07

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130172

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

DECEMBER 12, 2007

OPERATOR'S NAME:

JOHNSON BRENT W

OPERATOR'S NUMBER: 4960

SUBJECT'S LAST NAME:

CALIBRATION

SUBJECT'S FIRST NAME/MI :

VERIFICATION

O.L. #: 0000000

DEPT/AGENCY: TOKA

CASE/REPORT: 00-000

TEST TYPE: U

ALCO TARGET VALUE: .076

ALCO S/N: X301526

— BREATH ANALYSIS —

.076 ADJUSTED FOR 29.29 in  
ALCO TARGET .074 11:29  
BLANK TEST .000 11:30  
INTERNAL STANDARD VERIFIED 11:30  
ALCO TU 29.29 in .076 11:30  
BLANK TEST .000 11:31  
SUBJECT SAMPLE .000 11:32  
BLANK TEST .000 11:32  
ALCO TU 29.29 in .076 11:33  
BLANK TEST .000 11:33

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

DECEMBER 12, 2007

TIME 11:27

— DIAGNOSTIC CHECK —

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 42c

BAROMETER: 29.29 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@ABCDEF6  
HIJKLMNPOQRSTUVWXYZ[\]^\_`abcdefgijklmnop  
qrstuvwxyz{|}~

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

JAN 30 2008

JAN 30 2008

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N 130172

Name Brent Johnson ID# 4980 Date 1/24/08

A Agency Tok AST Phone # 883-5111

Instrument Location Tok AST

B Alco S/N X301526 Target Value .076 High Pressure ~~450~~ 450

Alco Test Value Average .077 .078  
1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature [Signature] 2/8/08

(OVER)

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brent Johnson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.



Signed and sealed,

[Signature] 2/8/08  
Date  
Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130172

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

JANUARY 24, 2008 *COB 2/1/08*

OPERATOR'S NAME:  
JOHNSON BRENT W  
OPERATOR'S NUMBER: 4900  
SUBJECT'S LAST NAME:  
CALIBRATION  
SUBJECT'S FIRST NAME/MI :  
VERIFICATION OF  
O.L. #: 0000  
DEPT/AGENCY: TOKO  
CASE/REPORT: 00-000  
TEST TYPE: U  
ALCO TARGET VALUE: .076  
ALCO S/N: X301526

### --- BREATH ANALYSIS ---

.076 ADJUSTED FOR 29.62 in  
ALCO TARGET .075 17:55  
BLANK TEST .000 17:56  
INTERNAL STANDARD VERIFIED 17:56  
ALCO TV 29.62 in .077 17:56  
BLANK TEST .000 17:57  
SUBJECT SAMPLE .000 *COB 2/1/08* 17:58  
BLANK TEST .000 17:58  
ALCO TV 29.62 in .078 17:59  
BLANK TEST .000 17:59

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

JANUARY 24, 2008  
TIME 18:01

### --- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c  
BAROMETER: 29.60 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJK  
LMNOPQRSTUVWXYZ[\]^\_`abcde fghij.kl mno  
pqrstuvwxy z{|}~■

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130172</u> ✓	
Name <u>Brent Johnson</u>		ID# <u>4980</u>	Date <u>3/6/08</u> ✓
A	Agency <u>AST</u>	Phone # <u>883-5111</u>	
Instrument Location <u>AST Tok</u>			
Alco S/N <u>X301526</u> ✓		Target Value <u>.076</u>	High Pressure <u>400</u>
B	Alco Test Value Average <u>0.074</u>		<u>0.074</u>
	1 <sup>st</sup> Alco <u>CS</u>	2 <sup>nd</sup> Alco <u>CS</u>	
Signature <u>[Signature]</u>			<u>CS</u> <u>3/17/08</u>
(OVER)			

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brent Johnson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed



[Signature]

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

3/18/08

Date

MAR 12 2008

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130172

(CONTINUED FROM FRONT PAGE)

**C** TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

MARCH 06, 2008

*COB 3/14/08*  
OPERATOR'S NAME:  
JOHNSON BRENT W  
OPERATOR'S NUMBER: 4900  
SUBJECT'S LAST NAME:  
CAL  
SUBJECT'S FIRST NAME/MI :  
VERIF OF  
O.L. #: 00000  
DEPT/AGENCY: TOKO  
CASE/REPORT: 00-000  
TEST TYPE: U  
ALCO TARGET VALUE: .076  
ALCO S/N: K301526

### — BREATH ANALYSIS —

.076 ADJUSTED FOR 29.05 in  
ALCO TARGET .073 14:38  
BLANK TEST .000 14:39  
INTERNAL STANDARD VERIFIED 14:39  
ALCO TU 29.05 in .074 14:39  
BLANK TEST .000 14:40  
SUBJECT SAMPLE .000 *COB 3/14/08* 14:40  
BLANK TEST .000 14:41  
ALCO TU 29.05 in .074 14:41  
BLANK TEST .000 14:42

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

MARCH 06, 2008  
TIME 14:34

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c  
BAROMETER: 29.05 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefgijklmnop  
qrstuvwxyz{|}~@

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: <u>DataMaster cdm S/N 130172</u> ✓	
Name <u>Brent Johnson</u>	ID# <u>4980</u> Date <u>4/22/08</u> ✓
Agency <u>AST</u>	Phone # <u>883-4471</u>
Instrument Location <u>Tok AST</u> ✓	
Alco S/N <u>X301526</u> ✓	Target Value <u>.076</u> High Pressure <u>400</u>
Alco Test Value Average <u>.076</u> ✓	<u>.076</u> ✓
1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
Signature <u>[Signature]</u>	<u>[Signature]</u> 5/5/08

(OVER)

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brent Johnson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



[Signature] 5/5/08  
Date  
Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

BT9 03705

**VERIFICATION OF CALIBRATION REPORT**  
*of DataMaster cdm breath Test Instrument*  
 State of Alaska  
 Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130172

(CONTINUED FROM FRONT PAGE)

**C**      TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

**NONDRINKING SUBJECT TEST**

ALASKA DEPARTMENT OF PUBLIC SAFETY  
 DATAMASTER cdm 130172

APRIL 22, 2008

OPERATOR'S NAME: *CS/S/08*  
 JOHNSON BRENT W  
 OPERATOR'S NUMBER: 4980  
 SUBJECT'S LAST NAME:  
 UER  
 SUBJECT'S FIRST NAME/MI :  
 OF CAL  
 O.L. #: 000000  
 DEPT/AGENCY: TOKO  
 CASE/REPORT: 00-000  
 TEST TYPE: U  
 ALCO TARGET VALUE: .076  
 ALCO S/N: X301526

— BREATH ANALYSIS —

.076 ADJUSTED FOR 29.81 in		
ALCO TARGET	.075	12:39
BLANK TEST	.000	12:40
INTERNAL STANDARD	VERIFIED	12:40
ALCO TV 29.81 in	.076	12:41
BLANK TEST	.000	12:41
SUBJECT SAMPLE	.000	12:42
BLANK TEST	.000	12:43
ALCO TV 29.81 in	.076	12:43
BLANK TEST	.000	12:44

**DIAGNOSTIC CHECK**

ALASKA DEPARTMENT OF PUBLIC SAFETY  
 DATAMASTER cdm 130172

APRIL 22, 2008  
 TIME 12:37

— DIAGNOSTIC CHECK —

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	41c
BAROMETER:	29.81 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!\*"#%&'()\*+,-./0123456789:;<=>@ABCDEFGHI  
 HIJKLMNOPQRSTUVWXYZ[\]^\_`abcde fghijklmno  
 pqrstuvwxy z{|}~@

JUN 16 2008

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130172</u>	
Name <u>Brent Johnson</u>		ID# <u>41980</u>	Date <u>6/11/08</u> ✓
A	Agency <u>AST</u>	Phone # <u>883-5111</u>	
Instrument Location <u>Tok</u>			
Alco S/N <u>X301526</u> ✓		Target Value <u>.076</u> ✓	High Pressure <u>350</u>
B	Alco Test Value Average		
	<u>.075</u>	<u>.078</u>	
	1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco	
Signature <u>[Signature]</u>			<u>CSB</u> <u>6/8/08</u>

(OVER)

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brent Johnson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



[Signature]

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

6/19/08

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130172

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

JUNE 11, 2008

OPERATOR'S NAME: *CSB 6/15/08*  
JOHNSON BRENT W  
OPERATOR'S NUMBER: 4900  
SUBJECT'S LAST NAME:  
CAL  
SUBJECT'S FIRST NAME/MI :  
VER OF  
O.L. #: 000000  
DEPT/AGENCY: TOKO  
CASE/REPORT: 00-0000  
TEST TYPE: V  
ALCO TARGET VALUE: .076 ✓  
ALCO S/N: X301526 ✓

### — BREATH ANALYSIS —

*06/15/08*  
.076 ADJUSTED FOR 29.62 in  
ALCO TARGET .075 16:52  
BLANK TEST .000 16:53  
INTERNAL STANDARD VERIFIED 16:53  
ALCO TV 29.62 in .075 ✓ 16:54  
BLANK TEST .000 16:54  
SUBJECT SAMPLE .000 *CSB 6/15/08* 16:55  
BLANK TEST .000 16:56  
ALCO TV 29.62 in .073 ✓ 16:56  
BLANK TEST .000 16:57

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

JUNE 11, 2008 ✓  
TIME 16:50

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c  
BAROMETER: 29.62 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

!@#&'()\*+,-./0123456789:;<=>?@BCDEFG  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefgijklmnop  
qrs=uvwxyz{|}~■

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130172</u> ✓	
Name <u>Brent Johnson</u>		ID# <u>4990</u>	Date <u>8/7/08</u> ✓
A	Agency <u>AST</u>	Phone # <u>883-5111</u>	
Instrument Location <u>Tok</u> ✓			
Alco S/N <u>Y301526</u> ✓		Target Value <u>.076</u>	High Pressure <u>350</u>
B	Alco Test Value Average <u>.074</u>		<u>.078</u>
	1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco	
Signature <u>[Signature]</u>		<u>[Signature]</u> 8/12/08	
(OVER)			

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brent Johnson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.



Signed and sealed,

[Signature]

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

8/13/08

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130172 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

AUGUST 07, 2000 ✓ *COB 8/12/00*

OPERATOR'S NAME:  
JOHNSON BRENT W  
OPERATOR'S NUMBER: 4900  
SUBJECT'S LAST NAME:  
VERIFICATION  
SUBJECT'S FIRST NAME/MI :  
OF CAL  
O.L. #: 0000000  
DEPT/AGENCY: TOKO  
CASE/REPORT: 00-0000  
TEST TYPE: U  
ALCO TARGET VALUE: .076 ✓  
ALCO S/N: X301526 ✓

— BREATH ANALYSIS —

.076 ADJUSTED FOR 29.51 in		
ALCO TARGET	.074	12:54
BLANK TEST	.000	12:55
INTERNAL STANDARD	VERIFIED	12:55
ALCO TU 29.51 in	.074 ✓	12:55
BLANK TEST	.000	12:56
SUBJECT SAMPLE	.000 <i>COB 8/12/00</i>	12:57
BLANK TEST	.000	12:57
ALCO TU 29.51 in	.074 ✓	12:58
BLANK TEST	.000	12:59

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

AUGUST 07, 2000 ✓  
TIME 12:59

— DIAGNOSTIC CHECK —

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/28/01
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	41c
BAROMETER:	29.51 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!\*"#&'()\*+,-./0123456789:;<=>?@ABCDEF6  
HIJKLMNPQRSTUWXYZ\^\_`'abcde fghijklno  
pqrs tuvxyz{|}~■

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130172</u> ✓	
Name <u>Brent Johnson</u>		ID# <u>4080</u>	Date <u>10/3/08</u> ✓
A	Agency <u>AST</u>	Phone # <u>883-4471</u>	
Instrument Location <u>Tok AST</u> ✓			
Alco S/N <u>X301526</u> ✓		Target Value <u>.076</u> ✓	High Pressure <u>100</u> ✓
B	Alco Test Value Average <u>.074</u> ✓		<u>.075</u> ✓
	1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco	
Signature <u>[Signature]</u> ✓		<u>CSB</u> <u>10/3/08</u>	

(OVER)

(Do Not write in the area below)

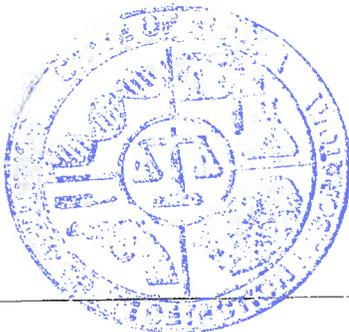
Under the Alaska Rules of Evidence, I certify that;

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brent Johnson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed



[Signature]

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

10/24/08

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130172

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

OCTOBER 03, 2008

OPERATOR'S NAME: JOHNSON BRENT W  
OPERATOR'S NUMBER: 4988  
SUBJECT'S LAST NAME: CALIBRATION  
SUBJECT'S FIRST NAME/MI: VER OF  
O.L. #: 000000  
DEPT/AGENCY: TOKO  
CASE/REPORT: 00-0000  
TEST TYPE: U  
ALCO TARGET VALUE: .076 ✓  
ALCO S/N: X301526 ✓

### — BREATH ANALYSIS —

.076 ADJUSTED FOR 28.99 in  
ALCO TARGET .073 16:46  
BLANK TEST .000 16:46  
INTERNAL STANDARD VERIFIED 16:47  
ALCO TU 28.99 in .074 ✓ 16:47  
BLANK TEST .000 16:48  
SUBJECT SAMPLE .000 16:49  
BLANK TEST .000 16:50  
ALCO TU 28.99 in .075 ✓ 16:50  
BLANK TEST .000 16:51

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130172

OCTOBER 03, 2008 ✓  
TIME 16:44

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 41c  
BAROMETER: 28.99 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

! " # % & ' ( ) \* + , - . / : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { } ~ |

# VERIFICATION OF CALIBRATION REPORT

*of DataMaster cdm Breath Test Instrument*

*State of Alaska*

*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130116</u> ✓
Name <u>Mark H. Ridling</u>	ID# <u>2273</u> ✓	Date <u>2-18-2006</u> ✓
A Agency <u>AST - Soldotna</u>		Phone # <u>262-4453</u>
Instrument Location <u>AST - Soldotna</u>		
B Alco S/N <u>X 301526</u> ✓ Target Value <u>.079</u> ✓ High Pressure <u>800</u>		
Alco Test Value Average <u>.085</u> ✓		<u>.085</u> ✓
1 <sup>st</sup> Alco		2 <sup>nd</sup> Alco
Signature <u>Mark H. Ridling</u>		<u>CB1</u>
(OVER)		

Under the Alaska Rules of Evidence, I certify that;

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Mark Ridling, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,

---

Chris W. Beheim Date  
 Scientific Director  
 State of Alaska  
 State Breath Alcohol Testing Program

2-18-2006

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130116

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130116

FEBRUARY 18, 2006

OPERATOR'S NAME:  
RIDLING/MARK/H  
OPERATOR'S NUMBER: 2273  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI :  
A  
O.L. #: A  
DEPT/AGENCY: SLD0  
CASE/REPORT: A  
TEST TYPE: U  
ALCO TARGET VALUE: .079  
ALCO S/N: X301526

*MARK*

### --- BREATH ANALYSIS ---

.079 ADJUSTED FOR 30.30 in  
ALCO TARGET .000 14:18  
BLANK TEST .000 14:19  
INTERNAL STANDARD VERIFIED 14:19  
ALCO TV 30.30 in .085 14:19  
BLANK TEST .000 14:20  
SUBJECT SAMPLE .000 14:21  
BLANK TEST .000 14:21  
ALCO TV 30.30 in .085 14:22  
BLANK TEST .000 14:23

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130116

FEBRUARY 18, 2006  
TIME 14:23

### --- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 48c  
BREATH TUBE: 42c  
BAROMETER: 30.30 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

*MARK*

### PRINTER TEST

!"#\$%&'()\*+,-./:0123456789::(<=>?@ABCDEF  
HIJKLNPQRSTUUVWXYZ\]^\_`abdefghi.jklmno  
pqrstuvwxyz{|}~■

OCT 06 2006  
**VERIFICATION OF CALIBRATION REPORT**

of Datamaster cdm  
State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:	
Datamaster cdm S/N <u>130306 CBE</u> <del>X301540</del>	
Name <u>P.E. Martin</u>	ID# <u>4072</u> Date <u>9-29-06</u>
A Agency <u>APD</u>	Phone # <u>786-2601</u>
Instrument Location <u>Seely Sub station</u>	
B Alco S/N <u>X301540</u> Target Value <u>.080</u> High Pressure <u>1200</u>	
Alco Test Value Average <u>.079</u>	<u>.080</u>
1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
Signature <u>P.E. Martin</u>	<u>CBE 10/19/06</u> <u>CBE</u>

(OVER)

Under the Alaska Rules of Evidence, I certify that, (Do Not write in the area below)

- (a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.
- (b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Patrick Martin, whose name appears in my records, is qualified to verify the calibration of the above instrument.
- (c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Chris W. Beheim 10-20-06  
Date  
Chris W. Beheim  
Scientific Director  
State of Alaska  
State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of Datamaster cdm

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Datamaster cdm S/N X301540

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 13036:

SEPTEMBER 29, 2006 **COB 1019106**

OPERATOR'S NAME:  
MARTIN, PATRICK E  
OPERATOR'S NUMBER: 4072  
SUBJECT'S LAST NAME:  
MARTIN  
SUBJECT'S FIRST NAME MI :  
PATRICK E  
O.L. #: 5512651  
DEPT/AGENCY: AND  
CASE/REPORT: UO  
TEST TYPE: U  
ALCO TARGET VALUE: .089  
ALCO S/N: X301540

--- BREATH ANALYSIS ---

.089 ADJUSTED FOR 29.78 in		
ALCO TARGET	.079	14:19
BLANK TEST	.000	14:26
INTERNAL STANDARD	VERIFIED	14:26
ALCO TU 29.78 in	.079	14:21
BLANK TEST	.000	14:22
SUBJECT SAMPLE	.089	14:22
BLANK TEST	.000	14:23
ALCO TU 29.78 in	.089	14:24
BLANK TEST	.000	14:24

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 13036:

SEPTEMBER 29, 2006  
TIME 14:15

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01

HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 41c

BAROMETER: 29.78 in

FLOW DETECTOR: OKAY

PUMP  
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST  
"01234567891011121314151617181920212223242526272829"  
ABCDEFGHIJKLMN OPQRSTUVWXYZ 01234567891011121314151617181920212223242526272829"  
abcdefghijklmnopqrstuvwxyz{|}~@

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N <u>130306</u>	
A	Name <u>STEVE DUNN</u> ID# <u>4106</u> Date <u>9-16-08</u>
	Agency <u>APD</u> Phone # <u>286-8900</u>
	Instrument Location <u>SEELY SUB</u> ✓
B	Alco S/N <u>X301581</u> Target Value <u>.081</u> High Pressure <u>850</u>
	Alco Test Value Average <u>.080</u> ✓ <u>.081</u> ✓ 1 <sup>st</sup> Alco 2 <sup>nd</sup> Alco
	Signature <u>[Signature]</u> <span style="float: right;">CSB 9/22/08</span>
(OVER)	

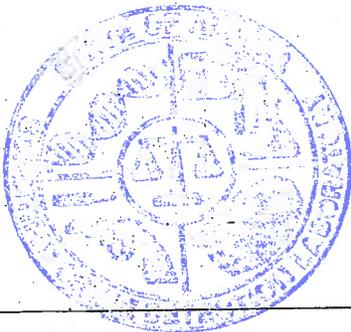
Under the Alaska Rules of Evidence, I certify that: (Do Not write in the area below)

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Steve P Dunn, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



[Signature]

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

10/5/08  
Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 13030-6 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130306

SEPTEMBER 16, 2008

OPERATOR'S NAME:

DUNN/S

OPERATOR'S NUMBER: 4106

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/MI :

/

O.L. #: U

DEPT/AGENCY: ANCI

CASE/REPORT: U

TEST TYPE: U

ALCO TARGET VALUE: .081 ✓

ALCO S/N: X301581 ✓

### — BREATH ANALYSIS —

.081 ADJUSTED FOR 29.67 in  
ALCO TARGET .080 15:42  
BLANK TEST .000 15:43  
INTERNAL STANDARD VERIFIED 15:43  
ALCO TU 29.67 in .080 15:43  
BLANK TEST .000 15:44  
SUBJECT SAMPLE .000 15:45  
BLANK TEST .000 15:45  
ALCO TU 29.67 in .081 15:46  
BLANK TEST .000 15:47

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130306

SEPTEMBER 16, 2008 ✓

TIME 15:40

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/28/01  
HEATERS  
SAMPLE CHAMBER: 40c  
BREATH TUBE: 41c  
BAROMETER: 29.67 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

! " # \$ % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z 0 1 2 3 4 5 6 7 8 9

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130288</u> ✓	
Name	<u>DIXIE SPENCER</u>	ID#	<u>2280</u> Date <u>9/14/08</u> ✓
A Agency	<u>AST</u>	Phone #	<u>675-4398</u> ✓
Instrument Location		<u>ANIAK</u> ✓	
Alco S/N <u>X301605</u> ✓		Target Value	<u>0.079</u> ✓ High Pressure <u>115.0</u>
Alco Test Values		<u>0.083</u> <u>83</u> 1 <sup>st</sup> Alco	<u>0.083</u> <u>83</u> 2 <sup>nd</sup> Alco
Signature <u>Dixie Spencer</u> ✓		<u>CS</u> <u>9/22/08</u>	

(OVER)

Under the Alaska Rules of Evidence, I ~~certify that~~ (in the area below)

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Dixie Spencer, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.



Signed and sealed,

Jeanne Swartz

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

10/5/08

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130288 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY/  
DATAMASTER cdm 130288

SEPTEMBER 14, 2008 *DOB 9/20/08*

OPERATOR'S NAME:  
DIXIE SPENCER

OPERATOR'S NUMBER: 2286

SUBJECT'S LAST NAME:  
FFFFFF

SUBJECT'S FIRST NAME/MI :  
XXXX

D.L. #: 000000

DEPT/AGENCY: ANTO

CASE/REPORT: 00-

TEST TYPE: U

BLOOD TARGET VALUE: .079 ✓

BLOOD S/N: X301605 ✓

— BREATH ANALYSIS —

.079 ADJUSTED FOR 29.52 in.		
BLOOD TARGET	.077	15:01
BLANK TEST	.000	15:02
INTERNAL STANDARD	VERIFIED	15:02
BLOOD TU 29.52 in	.083	15:02
BLANK TEST	.000	15:03
SUBJECT SAMPLE	.080	15:04
BLANK TEST	.000	15:05
BLOOD TU 29.52 in	.083	15:05
BLANK TEST	.000	15:06

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130288 ✓

SEPTEMBER 14, 2008 ✓  
TIME 15:18

— DIAGNOSTIC CHECK —

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 43c

BAROMETER: 29.52 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!@#%^&'()\*+,-./0123456789:;<=>?@ABCDEF6  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcde fghijklmnop  
qrstuvwxyz{|}~

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130288 -</u>
Name	<u>DIXIE SPENCER</u>	ID# <u>2280</u> Date <u>11/10/08</u>
A Agency	<u>AST</u>	Phone # <u>675-4398</u>
Instrument Location	<u>ANIAK -</u>	
Alco S/N <u>X 301605 ✓</u>		Target Value <u>.079 ✓</u> High Pressure <u>1100</u>
Alco Test Values		
	<u>.082 ✓</u> 1 <sup>st</sup> Alco	<u>.082 -</u> 2 <sup>nd</sup> Alco
Signature	<u>Dixie Spencer -</u>	<u>11/21/08</u>
(OVER)		

Under the Alaska Rules of Evidence, I ~~certify that~~ <sup>do not write</sup> in the area below)

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Dixie Spencer, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.



Signed and sealed

Jeanne Swartz

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

11/21/08

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130288

(CONTINUED FROM FRONT PAGE)

**C** TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130288

NOVEMBER 18, 2008

OPERATOR'S NAME:  
SPENCER DIXIE W  
OPERATOR'S NUMBER: 2200  
SUBJECT'S LAST NAME:  
AARAA

SUBJECT'S FIRST NAME/MI :  
SSSSS

O.L. #: 999999  
DEPT/AGENCY: AN10  
CASE/REPORT: 08-99999  
TEST TYPE: U  
ALCO TARGET VALUE: .079 ✓  
ALCO S/N: X301605 ✓

— BREATH ANALYSIS —

.079 ADJUSTED FOR 28.99 in  
ALCO TARGET .076 10:45  
BLANK TEST .000 10:46  
INTERNAL STANDARD VERIFIED 10:46  
ALCO TV 28.99 in .032 10:47  
BLANK TEST .000 10:47  
SUBJECT SAMPLE .000 10:48  
BLANK TEST .000 10:49  
ALCO TV 28.99 in .032 10:49  
BLANK TEST .000 10:50

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130288

NOVEMBER 18, 2008 ✓  
TIME 10:51

— DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 43c  
BREATH TUBE: 43c  
BAROMETER: 28.99 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

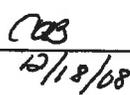
!\*"#%&'()\*+,-./0123456789:;<=>@ABCDEFGHIJK  
LMNOPQRSTUVWXYZ[\]^\_`abcde fghijklmno  
pqrstuvwxyz{|}~

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

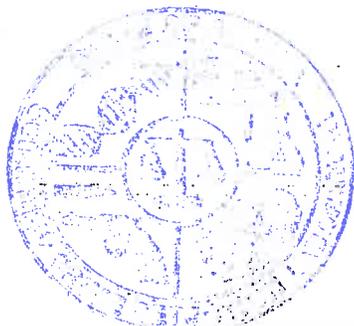
Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	130288 ✓			
Name	DIXIE SPENCER	ID#	2280	Date	12/14/08 ✓	
A	Agency	AST	Phone#	675-4398		
Instrument Location		ANIAK ✓				
Alco S/N		X301605 ✓	Target Value	.079 ✓	High Pressure	1100
Alco Test Values		.086 ✓	.086 ✓			
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco			
Signature						
		(OVER)			12/18/08	

Under the Alaska Rules of Evidence, I (Do Not) verify that in the area below)

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Dixie Spencer, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.



Signed and sealed

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

12/20/08

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130288 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130288

DECEMBER 14, 2008

OPERATOR'S NAME: *COS 12/18/08*  
SPENCER DIXIE W

OPERATOR'S NUMBER: 2250

SUBJECT'S LAST NAME:  
9999

SUBJECT'S FIRST NAME/MI :  
99

D.L. #: 12345

DEPT/AGENCY: AN10

CASE/REPORT: 00-99999

TEST TYPE: U

ALCO TARGET VALUE: .079 ✓

ALCO S/N: X301605 ✓

— BREATH ANALYSIS —

.079 ADJUSTED FOR 30.50 in

ALCO TARGET	.000	00:49
BLANK TEST	.000	00:51
INTERNAL STANDARD	VERIFIED	00:51
ALCO TO 30.48 in	.006 ✓	00:51
BLANK TEST	.000	00:52
SUBJECT SAMPLE	.000	00:54
BLANK TEST	.000	00:55
ALCO TO 30.50 in	.006 ✓	00:55
BLANK TEST	.000	00:56

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130288

DECEMBER 14, 2008 ✓  
TIME 09:05

— DIAGNOSTIC CHECK —

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 41c

BAROMETER: 30.50 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@ABCDEF  
HIJKLMNPOQRSTUVWXYZ\_`{|}~'abcde fghijklmnop  
pqrstuvwxyz{|}~

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

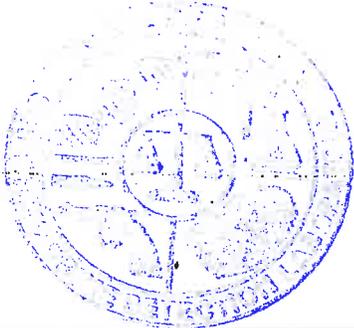
Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130288</u> ✓
Name		<u>DIXIE SPENCER</u>	ID# <u>2280</u> Date <u>2/8/09</u> ✓
A	Agency	<u>AST</u>	Phone# <u>675-4398</u>
Instrument Location		<u>ANIAK</u>	✓
Alco S/N		<u>X301605</u> ✓	Target Value <u>.1079</u> ✓ High Pressure _____
Alco Test Values		<u>.679.085</u> 1 <sup>st</sup> Alco <u>3/10/09</u>	<u>.1084</u> ✓ 2 <sup>nd</sup> Alco
Signature		<u>Dixie Spencer</u> ✓	<u>CS</u> <u>2/17/09</u>
(OVER)			

Under the Alaska Rules of Evidence, I certify that, <sup>(Do Not write in the area below)</sup>

- (a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.
- (b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Dixie Spencer, whose name appears in my records, is qualified to verify the calibration of the above instrument.
- (c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Juatz

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

02/15/09

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130288

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130288

FEBRUARY 08, 2009

OPERATOR'S NAME:

SPENCER DIXIE W

OPERATOR'S NUMBER: 2280

SUBJECT'S LAST NAME:

XXXX XXXX

SUBJECT'S FIRST NAME/MI:

XXXX

O.L. #: 1234

DEPT/AGENCY: ANIO

CASE/REPORT: 09

TEST TYPE: V

ALCO TARGET VALUE: .079

ALCO S/N: X301605

--- BREATH ANALYSIS ---

.079 ADJUSTED FOR 30.04 in  
ALCO TARGET .079 09:39  
BLANK TEST .000 09:40  
INTERNAL STANDARD VERIFIED 09:40  
ALCO TU 30.04 in .085 09:40  
BLANK TEST .000 09:41  
SUBJECT SAMPLE .086 09:42  
BLANK TEST .000 09:42  
ALCO TU 30.06 in .084 09:43  
BLANK TEST .000 09:44

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130288

FEBRUARY 08, 2009

TIME 09:45

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/28/01

HEATERS

SAMPLE CHANGER: 4c

BREATH TUBE: 4c

BAROMETER: 30.06 in

FLOW DETECTOR: OKAY

PUMP  
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@BCDEFG  
HIJKLMNOPQRSTUVWXYZ{|}~`abcde fghijklmno  
pqrstuvwxyz{|}~`

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N 130291 ✓

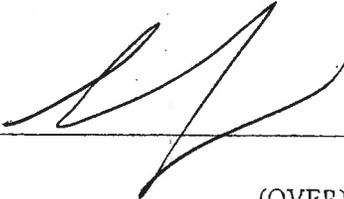
Name Sean Fielding ID# 5189 Date 10/15/08 ✓

A Agency Denali National Park Phone # 683-9528

Instrument Location Denali National Park - HQ ✓

B Alco S/N X301686 ✓ Target Value .086 ✓ High Pressure 900 ✓

Alco Test Value Average .084 ✓ .084 ✓  
1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature  CSB  
11/4/08

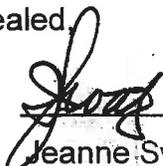
(OVER)

Under the Alaska Rules of Evidence, I certify that:  
(Do Not write in the area below)

- (a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.
- (b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Sean Fielding, whose name appears in my records, is qualified to verify the calibration of the above instrument.
- (c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.



Signed and sealed

  
\_\_\_\_\_  
Jeanne Swartz Date 11/5/08  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130291

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130291

OCTOBER 15, 2008 ✓

OPERATOR'S NAME: *COB 11/1/08*  
FIELDING/SEAN/R  
OPERATOR'S NUMBER: 5189  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI :  
A

O.L. #: 1234567  
DEPT/AGENCY: DWLD  
CASE/REPORT: 181508  
TEST TYPE: V  
ALCO TARGET VALUE: .086 ✓  
ALCO S/N: 7381686 ✓

### --- BREATH ANALYSIS ---

.086 ADJUSTED FOR 27.82 in		
ALCO TARGET	.079	08:37
BLANK TEST	.000	08:38
INTERNAL STANDARD	VERIFIED	08:39
ALCO TV 27.80 in	.084 ✓	08:39
BLANK TEST	.000	08:40
SUBJECT SAMPLE	.086 <i>COB</i>	08:40
BLANK TEST	.000 <i>COB</i>	08:41
ALCO TV 27.82 in	.084 ✓	08:41
BLANK TEST	.000	08:42

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130291

OCTOBER 15, 2008 ✓  
TIME 08:43

### --- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
VENTILATORS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 40c  
BAROMETER: 27.82 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@BCDEFG  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcde|ghijklmnop  
qrstuvwxyz{|}~

OCT 20 2006

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm.Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130570</u> ✓
Name	<u>C. Ritala</u>	ID#	<u>3791</u> ✓
		Date	<u>10/9/06</u> ✓
A	Agency	<u>A.P.O.</u>	Phone # <u>786-2640</u>
	Instrument Location	<u>FLORA SUB (Downtown)</u>	
B	Alco S/N	<u>X301686</u> ✓	Target Value <u>076</u> ✓
			High Pressure <u>1300</u>
	Alco Test Value Average	<u>077</u> ✓	<u>077</u> ✓
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
	Signature	<u>Chris Ritala</u>	<u>/1349</u>
			<u>COB 10/12/06</u> <u>CBE</u>

(OVER)

Under the Alaska Rules of Evidence, I certify that (type in the area below)

- (a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.
- (b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Chris Ritala, whose name appears in my records, is qualified to verify the calibration of the above instrument.
- (c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Chris W. Beh 10-20-06

Chris W. Beheim Date  
 Scientific Director  
 State of Alaska  
 State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130570

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130570  
OCTOBER 09, 2006 *COB 10/12/06*  
OPERATOR'S NAME: RITALA  
OPERATOR'S NUMBER: 8791  
SUBJECT'S LAST NAME:  
VERIFICATION OF CALIBRATION  
SUBJECT'S FIRST NAME/MI:  
D.L. #: A  
DEPT/AGENCY: AND1  
CASE/REPORT: A  
TEST TYPE: V  
ALCO TARGET VALUE: 076  
ALCO S/N: X901636

--- BREATH ANALYSIS ---

.076 ADJUSTED FOR 29.42 in		
ALCO TARGET	.074	23:13
BLANK TEST	.000	23:14
INTERNAL STANDARD	VERIFIED	23:14
ALCO TV 29.42 in	.077	23:14
BLANK TEST	.000	23:15
SUBJECT SAMPLE	.076 <i>COB 10/12/06</i>	23:16
BLANK TEST	.000	23:16
ALCO TV 29.42 in	.077	23:17
BLANK TEST	.000	23:18

*CR 1349 10/9/06*

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130570  
OCTOBER 09, 2006  
TIME 23:06

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/28/01
HEATERS	
SAMPLE CHAMBER:	50c
BREATH TUBE:	41c
BAROMETER:	29.42 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST  
"ABC"()\*+,-./0123456789:;<=>?@ABCDEFGHIJKL  
MNPQRSTUVWXYZ[ \ ]^\_`abcde fghijklmnop  
qrstuvwxyz{|}~\*~

*CR 1349 10/9/06*

OCT 31 2006

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130181</u>
Name	<u>DARYL RICE</u>	ID#	<u>2088</u> Date <u>10/23/06</u>
A Agency	<u>SITKA POLICE DEPT.</u>	Phone #	<u>747-3245</u>
Instrument Location	<u>304 LAKE STREET</u>		
B Alco S/N	<u>X301737</u>	Target Value	<u>.079</u> High Pressure <u>1300</u>
Alco Test Value Average	<u>.083</u>	<u>.083</u>	
	1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco	
Signature	<u>Daryl Rice</u>		<u>CRB</u>

(OVER)

Under the Alaska Rules of Evidence, I certify that;

(Do Not write in the area below)

- (a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.
- (b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Daryl Rice, whose name appears in my records, is qualified to verify the calibration of the above instrument.
- (c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.



Signed and sealed,

Chris W. Beheim 11-3-06

Chris W. Beheim Date  
 Scientific Director  
 State of Alaska  
 State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130/81

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130181

OCTOBER 23, 2006

OPERATOR'S NAME:

RICE DARYL DEAN

OPERATOR'S NUMBER: 2006

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/MI :

VOC

O.L. #: VOC

DEPT/AGENCY: SIT1

CASE/REPORT: VOC

TEST TYPE: U

ALCO TARGET VALUE: .079

ALCO S/N: X301737

### — BREATH ANALYSIS —

.079 ADJUSTED FOR 29.57 in

ALCO TARGET	.079	21:13
BLANK TEST	.000	21:14
INTERNAL STANDARD	VERIFIED	21:14
ALCO TV 29.57 in	.083	21:14
BLANK TEST	.000	21:15
SUBJECT SAMPLE	.000	21:16
BLANK TEST	.000	21:17
ALCO TV 29.57 in	.083	21:17
BLANK TEST	.000	21:18

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130181

OCTOBER 23, 2006

TIME 21:19

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 40c

BAROMETER: 29.57 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

### PRINTER TEST

!@#%&'()\*+,-./:;<=>?@BCDEFG  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcde+ghijklmno  
pqrstuvwxyz{|}~@

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument  
State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	130571			
Name	Steve Dunn	Supervisor ID#	1106			
		Date	11/10/08			
A	Agency	APD	Phone # 786-8900			
	Instrument Location	Anchorage Jail				
Alco S/N		58428	Target Value	0.069	High Pressure	1250 PSI
B	Alco Test Values	0.071	0.071	J 11/21/08		
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco			
Signature						
(OVER)						

Under the Alaska Rules of Evidence, I certify that (Do Not write in the area below)

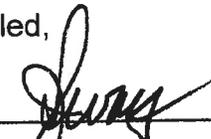
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Steve P. Dunn, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



  
\_\_\_\_\_  
Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

11/21/08  
\_\_\_\_\_  
Date



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument  
State of Alaska

JAN 23 2010

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N 136178 ✓

Name DEREK A M'GARIGAN ID# 5420 Date 1/23/10 ✓

A Agency KETCHIKAN POLICE DEPARTMENT Phone # 907-225-6631

Instrument Location AK STATE TROOP POST - KETCHIKAN, 7336 N. TONGASS HIGHWAY, KETCHIKAN AK 99901 ✓

B Alco S/N 65859 ✓ Target Value .083 High Pressure 1100

Alco Test Value Average .086 ✓ .086 ✓  
1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature [Signature] ✓ CMB  
2/3/10

(OVER)

(Do Not write in the area below)

I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

[Signature]  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 10th day of Feb, 2010.

[Signature] (Notary Seal Stamp)  
Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130178

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130178

JANUARY 23, 2010

OPERATOR'S NAME:

MCBARRIGAN DEREK A

OPERATOR'S NUMBER: 5420

SUBJECT'S LAST NAME:

UC

SUBJECT'S FIRST NAME/MI :

UC

O.L. #: 1234567

DEPT/AGENCY: KET1

CASE/REPORT: 10-1

TEST TYPE: U

ALCO TARGET VALUE: .083

ALCO S/N: 65859

### --- BREATH ANALYSIS ---

.083 ADJUSTED FOR 29.98 in  
ALCO TARGET .083 19:51  
BLANK TEST .000 19:52  
INTERNAL STANDARD VERIFIED 19:52  
ALCO TV 29.98 in .086 19:53  
BLANK TEST .000 19:53  
SUBJECT SAMPLE .000 19:54  
BLANK TEST .000 19:55  
ALCO TV 29.98 in .086 19:55  
BLANK TEST .000 19:56

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130178

JANUARY 23, 2010

TIME 19:49

### --- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c  
BAROMETER: 29.98 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

! " # % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; ( = ) ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument  
State of Alaska

DEC 18 2009

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:	
Name <u>James G. Trosdell</u>	DataMaster cdm S/N <u>130179</u>
ID# <u>2856</u>	Date <u>12/17/09</u>
Agency <u>Alaska State Troopers</u>	Phone # <u>262-2889</u>
Instrument Location <u>Soldotna AST</u>	
Alco S/N <u>X172988</u> Target Value <u>.083</u> High Pressure <u>1050</u>	
Alco Test Value Average <u>.085</u> <u>.084</u>	
1 <sup>st</sup> Alco 2 <sup>nd</sup> Alco	
Signature <u>James G. Trosdell</u> <span style="float: right;">CDB 12/10</span>	
(OVER)	

I, Nita J. Bolz, after being first duly sworn, depose and state as follows. (Do Not write in the area below)

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

Nita J. Bolz  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 14<sup>th</sup> day of January, 2010.

Carolyn M. Noland (Notary Seal Stamp)  
Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130179 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130179 ✓

DECEMBER 17, 2009

OPERATOR'S NAME: COB 1/11/10  
TRUESDELL/JAMES/G  
OPERATOR'S NUMBER: 2856  
SUBJECT'S LAST NAME:  
VERIFICATION  
SUBJECT'S FIRST NAME/MI :  
OF/CAL

O.L. #: 1234567  
DEPT/AGENCY: SLD0  
CASE/REPORT:  
TEST TYPE: U  
ALCO TARGET VALUE: .083 ✓  
ALCO S/N: X172988 ✓

### — BREATH ANALYSIS —

.083 ADJUSTED FOR 29.54 in ✓  
ALCO TARGET .081 13:52  
BLANK TEST .000 13:53  
INTERNAL STANDARD VERIFIED 13:53  
ALCO TV 29.54 in .085 ✓ 13:54  
BLANK TEST .000 13:55  
SUBJECT SAMPLE COB 1/11/10 .000 13:55  
BLANK TEST .000 ✓ 13:56  
ALCO TV 29.54 in .084 13:56  
BLANK TEST .000 13:57

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130179 ✓

DECEMBER 17, 2009 ✓  
TIME 13:59

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 41c  
BAROMETER: 29.54 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEF6  
HIJKLNPQRS TUUVWXYZ[\]^\_`abcdefgijklmno  
pqrstuvwxy{ }~|

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N 130288 ✓

Name KARL R. MAIN ID# 4985 ✓ Date 5/10/06 ✓

A Agency AST Phone # 1-800-240-2019

Instrument Location ANIRK AST

---

B Alco S/N 58428 ✓ Target Value .080 ✓ High Pressure 1000

Alco Test Values .084 ✓ .084 ✓  
 1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature Karl R. Main CWB 5/16/06  
CBL

(OVER)

Under the Alaska Rules of Evidence, I certify that;

(Do Not write in the area below)

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Karl Main, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Chris W. Beheim 6-7-06  
 Chris W. Beheim Date  
 Scientific Director  
 State of Alaska  
 State Breath Alcohol Testing Program

**VERIFICATION OF CALIBRATION REPORT**  
*of DataMaster cdm breath Test Instrument*  
*State of Alaska*  
*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

DataMaster cdm S/N 130288

(CONTINUED FROM FRONT PAGE)

C            TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

**NONDRINKING SUBJECT TEST**

ALASKA DEPARTMENT OF PUBLIC SAFETY  
 DATAMASTER cdm 130288  
 MAY 10, 2006    *C.D.B. 6/16/06*  
 OPERATOR'S NAME: *6/16/06*  
 MAIN, KARL  
 OPERATOR'S NUMBER: 4985  
 SUBJECT'S LAST NAME:  
 VERIFICATION OF  
 SUBJECT'S FIRST NAME/MI :  
 CALIBRATION  
 O.L. #: 000000  
 DEPT/AGENCY: AN10  
 CASE/REPORT: 000000  
 TEST TYPE: U  
 ALCO TARGET VALUE: .000  
 ALCO S/N: 50428

--- BREATH ANALYSIS ---

.000 ADJUSTED FOR 29.93 in		
ALCO TARGET	.000	11:17
BLANK TEST	.000	11:18
INTERNAL STANDARD	VERIFIED	11:18
ALCO TV 29.93 in	.004	11:19
BLANK TEST	.000	11:20
SUBJECT SAMPLE	.000 <i>C.D.B.</i>	11:20
BLANK TEST	.000 <i>6/16/06</i>	11:21
ALCO TV 29.93 in	.004	11:21
BLANK TEST	.000	11:22

**DIAGNOSTIC CHECK**

ALASKA DEPARTMENT OF PUBLIC SAFETY  
 DATAMASTER cdm 130288

MAY 10, 2006  
 TIME 11:24

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	43c
BAROMETER:	29.93 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJKL  
 MNOPQRSTUVWXYZ[\]^\_`abcdefgijklmnop  
 qrstuvwxyz{|}~@

JUL 14 2006  
**VERIFICATION OF CALIBRATION REPORT**  
*of DataMaster cdm Breath Test Instrument*  
*State of Alaska*  
**Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program**

DataMaster cdm S/N <u>130288</u> ✓	
Supervisor/Operator Performing the Verification Procedure:	
Name <u>GEORGE S. KAMMER</u>	ID# <u>2840</u> Date <u>7-11-06</u> ✓
A Agency <u>AST</u> Phone # <u>1-800-675-4298</u>	
Instrument Location <u>ANZAK, AST</u>	
B Alco S/N <u>58428</u> ✓ Target Value <u>.080</u> ✓ High Pressure <u>1000</u>	
Alco Test Values	<u>.084</u> ✓ 1 <sup>st</sup> Alco
	<u>.084</u> ✓ 2 <sup>nd</sup> Alco
Signature <u><i>George S. Kammer</i></u> <span style="float: right;"><i>CB</i></span>	
(OVER)	

Under the Alaska Rules of Evidence, I certify that, (Do Not write in the area below)

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, George Kammer, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Chris W. Beheim 7-21-06  
 Chris W. Beheim Date  
 Scientific Director  
 State of Alaska  
 State Breath Alcohol Testing Program

JUL 11 2006  
**VERIFICATION OF CALIBRATION REPORT**  
*of DataMaster cdm breath Test Instrument*  
*State of Alaska*  
*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

DataMaster cdm S/N 130288

(CONTINUED FROM FRONT PAGE)

**C**      TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

**NONDRINKING SUBJECT TEST**

7-11-06  
 CSK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
 DATAMASTER cdm 130288

JULY 11, 2006

OPERATOR'S NAME: *C.D.B. #118106*  
 KAMMER/GEORGE/J  
 OPERATOR'S NUMBER: 3840  
 SUBJECT'S LAST NAME:  
 UOC  
 SUBJECT'S FIRST NAME/MI :  
 UOC

O.L. #: UOC  
 DEPT/AGENCY: AN11  
 CASE/REPORT: UOC  
 TEST TYPE: U  
 ALCO TARGET VALUE: .000  
 ALCO S/N: 58428

— BREATH ANALYSIS —

.000 ADJUSTED FOR 29.73 in		
ALCO TARGET	.079	15:26
BLANK TEST	.000	15:27
INTERNAL STANDARD	VERIFIED	15:27
ALCO TV 29.73 in	.004	15:28
BLANK TEST	.000	15:28
SUBJECT SAMPLE	.000	15:29
BLANK TEST	.000	15:30
ALCO TV 29.75 in	.004	15:30
BLANK TEST	.000	15:31

**DIAGNOSTIC CHECK**

7-11-06  
 CSK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
 DATAMASTER cdm 130288

JULY 11, 2006  
 TIME 15:23

— DIAGNOSTIC CHECK —

COMPUTER:            OKAY  
 PROGRAM:            OKAY  
 SOFTWARE DATE:    02/20/01  
 HEATERS  
 SAMPLE CHAMBER:    49c  
 BREATH TUBE:        43c  
 BAROMETER:          29.73 in  
 FLOW DETECTOR:     OKAY  
 PUMP  
 HIGH SPEED:         OKAY  
 DETECTOR:           OKAY  
 FILTERS:             OKAY  
 QUARTZ STANDARD:   OKAY  
 CALIBRATION:        OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@ABCDEF6  
 HIJKLMPQRSTUWXYZ\]^\_`abcde fghi jklmno  
 pqrstuvwxyz{|}~||

# VERIFICATION OF CALIBRATION REPORT

*of DataMaster cdm Breath Test Instrument*

*State of Alaska*

*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130288</u> ✓
Name	<u>GEORGE S. KAMMER</u>	ID# <u>3840</u> Date <u>11-30-06</u> ✓
A Agency	<u>AST / ANCHORAGE POST</u>	Phone # <u>675-4398</u>
Instrument Location	<u>ANCHORAGE</u>	
B Alco S/N	<u>58428</u> ✓	Target Value <u>.080</u> ✓ High Pressure <u>750</u>
Alco Test Values	<u>.084</u> 1 <sup>st</sup> Alco	<u>.083</u> 2 <sup>nd</sup> Alco
Signature	<u>[Signature]</u> COB 12/5/06 CSL	

(OVER)

Under the Alaska Rules of Evidence, I certify that, (Do Not write in the area below)

(a) I am Jeanne Swartz Chris W. Boehm, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, George Kammer, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



[Signature] 12/19/06  
Chris W. Boehm Jeanne Swartz Date  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130 288

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

6569  
11-3-06

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130288

NOVEMBER 30, 2006

OPERATOR'S NAME: *COB 12/15/06*  
KAMMER/GEORGE/J  
OPERATOR'S NUMBER: 3840  
SUBJECT'S LAST NAME:  
VOC

SUBJECT'S FIRST NAME/MI :  
VOC

O.L. #: VOC  
DEPT/AGENCY: AN10  
CASE/REPORT: VOC  
TEST TYPE: U  
ALCO TARGET VALUE: .080  
ALCO S/N: 58428

### — BREATH ANALYSIS —

.080 ADJUSTED FOR 29.59 in		
ALCO TARGET	.079	10:00
BLANK TEST	.000	10:01
INTERNAL STANDARD	VERIFIED	10:01
ALCO TV 29.59 in	.084	10:02
BLANK TEST	.000	10:02
SUBJECT SAMPLE	.080	10:03
BLANK TEST	.000	10:04
ALCO TV 29.60 in	.083	10:04
BLANK TEST	.000	10:05

## DIAGNOSTIC CHECK

6569  
11-3-06

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130288

NOVEMBER 30, 2006  
TIME 09:56

### — DIAGNOSTIC CHECK —

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	41c
BAROMETER:	29.59 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

### PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@BCDEFG  
HIJKLMNPOQRSTUVWXYZ[\]^\_`abcdefghijklmnop  
qrstuvwxyz{|}~

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130288</u> ✓
Name	<u>George S. Kammer</u>	ID#	<u>3840</u> ✓
		Date	<u>2-8-07</u> ✓
A	Agency	<u>AST / ANIAR POST</u>	Phone # <u>675-4398</u>
	Instrument Location	<u>ANIAR</u>	
B	Alco S/N	<u>58428</u> ✓	Target Value <u>.080</u> ✓
			High Pressure <u>750</u>
	Alco Test Values	<u>.085</u> ✓ 1 <sup>st</sup> Alco	<u>.085</u> ✓ 2 <sup>nd</sup> Alco
	Signature	<u>[Signature]</u>	<u>CB 2/13/07</u> CB

(OVER)

Under the Alaska Rules of Evidence, I certify that, (Do Not write in the area below)

(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, George Kammer, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



J Swartz 2/13/07  
Date  
Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program





# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130288

(CONTINUED FROM FRONT PAGE)

C

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130288

JUNE 15, 2007

OPERATOR'S NAME:

HILLIS/GARRETT/R

OPERATOR'S NUMBER: 5560

SUBJECT'S LAST NAME:

UOC

SUBJECT'S FIRST NAME/MI:

UOC

O.L. #: UOC

DEPT/AGENCY: AN10

CASE/REPORT: UOC

TEST TYPE: V

ALCO TARGET VALUE: .000

ALCO S/N: 58428

--- BREATH ANALYSIS ---

.000 ADJUSTED FOR 30.45 in  
ALCO TARGET .001 10:43  
BLANK TEST .000 10:44  
INTERNAL STANDARD VERIFIED 10:44  
ALCO TV 30.45 in .006 10:44  
BLANK TEST .000 10:45  
SUBJECT SAMPLE .000 10:46  
BLANK TEST .000 10:47  
ALCO TV 30.45 in .006 10:47  
BLANK TEST .000 10:48

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130288

JUNE 15, 2007

TIME 10:38

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 43c  
BAROMETER: 30.45 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

! " # \$ % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130288

(CONTINUED FROM FRONT PAGE)

**C** TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130288

SEPTEMBER 08, 2007

OPERATOR'S NAME: *CPB 9/19/07*  
PETERSON, KATHY  
OPERATOR'S NUMBER: 3246  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI :  
A  
O.L. #: 0123  
DEPT/AGENCY: AN10  
CASE/REPORT: 0123  
TEST TYPE: U  
ALCO TARGET VALUE: .000  
ALCO S/N: 58428

### --- BREATH ANALYSIS ---

.000 ADJUSTED FOR 29.47 in  
ALCO TARGET .078 14:25  
BLANK TEST .000 14:26  
INTERNAL STANDARD VERIFIED 14:26  
ALCO TV 29.47 in .083 14:27  
BLANK TEST .000 14:27  
SUBJECT SAMPLE .000 14:28  
BLANK TEST .000 14:29  
ALCO TV 29.49 in .083 14:29  
BLANK TEST .000 14:30

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130288

SEPTEMBER 08, 2007  
TIME 14:31

### --- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c  
BAROMETER: 29.49 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

!""#\$%&'()\*+,-./0123456789:;<=>?@ABCDEF6  
HIJKLMNPOQRSTUVWXYZ[\]^\_`abcde fghijklmno  
pqrstuvwxyz{|}~||

MAR 06 2009

# VERIFICATION OF CALIBRATION REPORT

*of DataMaster cdm Breath Test Instrument*

*State of Alaska*

*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130143</u>
Name	<u>MCKILLICAN, Wm DAVE</u>	ID#	<u>5210</u> Date <u>11/19/2008</u>
A	Agency	<u>FT WAINWRIGHT POLICE</u>	Phone # <u>353-7512</u>
	Instrument Location	<u>BLD 3028 FT WAINWRIGHT, AK 99703</u> ✓	
B	Alco S/N	<u>75509</u> ✓	Target Value <u>.077</u> ✓ High Pressure <u>500</u>
	Alco Test Values	<u>.080</u> ✓ 1 <sup>st</sup> Alco	<u>.090</u> ✓ 2 <sup>nd</sup> Alco
	Signature	<u><i>William McKillican</i></u>	

(OVER)

Under the Alaska Rules of Evidence, I certify that (Do Not write in the area below)

- (a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.
- (b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, William McKillican, whose name appears in my records, is qualified to verify the calibration of the above instrument.
- (c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,

\_\_\_\_\_  
 Jeanne Swartz Date \_\_\_\_\_  
 Scientific Director Designee  
 State of Alaska  
 State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130143 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130143

NOVEMBER 19, 2006 ✓

OPERATOR'S NAME:  
NICKELLICH/WILLIAM/O  
OPERATOR'S NUMBER: 3216  
SUBJECT'S LAST NAME:  
UOC  
SUBJECT'S FIRST NAME/MI :  
UOC  
D.L. #: 1234567  
DEPT/AGENCY: FA14  
CASE/REPORT: 123456-06  
TEST TYPE: V  
ALCO TARGET VALUE: .077 ✓  
ALCO S/N: 75509 ✓

— BREATH ANALYSIS —

.000 ADJUSTED FOR 30.27 in		
ALCO TEST	.083	11:15
BLANK TEST	.000	11:16
INTERNAL STANDARD	VERIFIED	11:16
ALCO TU 30.27 in	.090 ✓	11:16
BLANK TEST	.000	11:17
SUBJECT SAMPLE	.000	11:17
BLANK TEST	.000	11:18
ALCO TU 30.29 in	.096 ✓	11:18
BLANK TEST	.000	11:19

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130143

NOVEMBER 19, 2006 ✓  
TIME 11:11

— DIAGNOSTIC CHECK —

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 49c  
BREATH TUBE: 41c

BAROMETER: 30.29 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST  
!#%&'()\*+,-./0123456789:;<=>@ABCDEFGHIJKL  
NMOPQRSTUVWXYZ[\]^\_`abcdetghijklmnop  
qrstuvwxyz{|}~@

MAR 06 2009

# VERIFICATION OF CALIBRATION REPORT

*of DataMaster cdm Breath Test Instrument*

*State of Alaska*

*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130143</u> ✓
Name	<u>MCKILLICAN, WM DAVID</u>	ID#	<u>5210</u> Date <u>02/23/09</u> ✓
A Agency	<u>FT WAINWRIGHT POLICE</u>	Phone #	<u>353-7512</u>
Instrument Location <u>BLDG 3028 FT WAINWRIGHT POLICE FWA, 99703</u> ✓			
B Alco S/N	<u>75509</u> ✓	Target Value	<u>.077</u> ✓ High Pressure <u>400</u>
Alco Test Values	<u>.070</u> ✓ 1 <sup>st</sup> Alco	<u>.089</u> ✓ 2 <sup>nd</sup> Alco	
Signature	<u>[Signature]</u> ✓		

(OVER)

Under the Alaska Rules of Evidence, I certify that, (Do Not write in the area below)

- (a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.
- (b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, William McKillican, whose name appears in my records, is qualified to verify the calibration of the above instrument.
- (c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,

\_\_\_\_\_  
 Jeanne Swartz Date  
 Scientific Director Designee  
 State of Alaska  
 State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130143

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130143

FEBRUARY 23, 2009 ✓

OPERATOR'S NAME:  
MICHAELIAN/WILLIAM-O  
OPERATOR'S NUMBER: 6010  
SUBJECT'S LAST NAME:  
VOC  
SUBJECT'S FIRST NAME/MI:  
VOC

ALC. #: 11234567  
DEPT/AGENCY: PAIS  
CASE/REPORT: XXXXX-XX  
TEST TYPE: U  
ALCO TARGET VALUE: .077 ✓  
ALCO S/N: 75589 ✓

--- BREATH ANALYSIS ---

.000 ADJUSTED FOR 29.98 in		
ALCO TARGET	.000	08:20
BLANK TEST	.000	08:21
INTERNAL STANDARD	VERIFIED	08:21
ALCO TO 29.98 in	.077 ✓	08:22
BLANK TEST	.000	08:22
SUBJECT SAMPLE	.000	08:23
BLANK TEST	.000	08:24
ALCO TO 29.98 in	.077 ✓	08:24
BLANK TEST	.000	08:25

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130143

FEBRUARY 23, 2009 ✓  
TIME 08:16

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBES: 40c  
BAROMETER: 29.98 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: ✓  
CALIBRATION: OKAY

PRINTER TEST

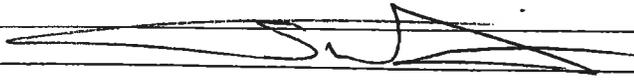
ALCO # 11234567, ALCO S/N 75589, K=750000000  
ALINK INCORPORATED, 1717 S. Abasco Rd, J. LIND  
P.O. BOX 11111

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130571</u>
A	Name	<u>STEVE DUNN</u>	ID# <u>4106</u> Date <u>10-24-08</u>
	Agency	<u>APD</u>	Phone # <u>786-8200</u>
	Instrument Location	<u>ANCHORAGE JAIL</u>	
B	Alco S/N	<u>78268</u>	Target Value <u>.075</u> High Pressure <u>900 PSI</u>
	Alco Test Value Average	<u>.079</u>	<u>.079</u>
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
	Signature		
			<u>CSB</u> <u>11/20/08</u>

(OVER)

Under the Alaska Rules of Evidence, I certify that:  
(Do Not write in the area below)

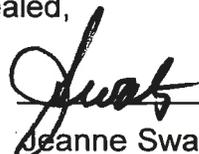
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Steve P Dunn, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,





Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

11/21/08

Date

OCT 27 2008

BT9 03/00

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130571

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

## DIAGNOSTIC CHECK

S. Durnn  
#1361

S. Durnn  
#1361

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 126571

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 126571

OCTOBER 24, 2005

OCTOBER 24, 2005  
TIME 13:29

OPERATOR'S NAME:

--- DIAGNOSTIC CHECK ---

DURNN S

COMPUTER: OKAY

OPERATOR'S NUMBER: 4196

PROGRAM: OKAY

SUBJECT'S LAST NAME:

SOFTWARE DATE: 02/20/01

VERIFICATION OF DEL

HEATERS

SUBJECT'S FIRST NAME IN:

SAMPLE CHAMBER: 51c

V

BREATH TUBE: 42c

O.L. # V

BAROMETER: 29.96 in

DEPT/AGENCY: SMO1

FLOW DETECTOR: OKAY

DATE/REPORT: V

PUMP

TEST TYPE: V

HIGH SPEED: OKAY

ALCO TARGET VALUE: .075

DETECTOR: OKAY

ALCO S/N: 73269

FILTERS: OKAY

--- BREATH ANALYSIS ---

ONSET STANDARD: OKAY

.075 ADJUSTED FOR 29.96 in

CALIBRATION: OKAY

ALCO TARGET .075 13:32

BLANK TEST .000 13:33

INTERNAL STANDARD VERIFIED 13:33

ALCO IV 29.96 in .075 13:33

BLANK TEST .000 13:34

SUBJECT SAMPLE .000 13:34

BLANK TEST .000 13:35

ALCO IV 29.96 in .075 13:35

BLANK TEST .000 13:36

PRINTER TEST

\*\*\*\*\*  
#123456789:;()=)78901234  
PQRSTUVWXYZ[\\]^\_`ab`cdefghijklmnopqrstuvwxyz{|}~\*

VERIFICATION OF CALIBRATION REPORT DEC 03 2009

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N 130579

Name Chris RITAN ID# 3791 Date 11/25/09

A Agency Anchorage Police Dept. Phone # 786-2140

Instrument Location ANCHORAGE Jail.

---

B Alco S/N 78895 Target Value 0.81 High Pressure 1050

Alco Test Value Average 0.81 0.81

1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature Chris Ritan / 1349

(OVER)

AMB  
12/20/09

(Do Not write in the area below)

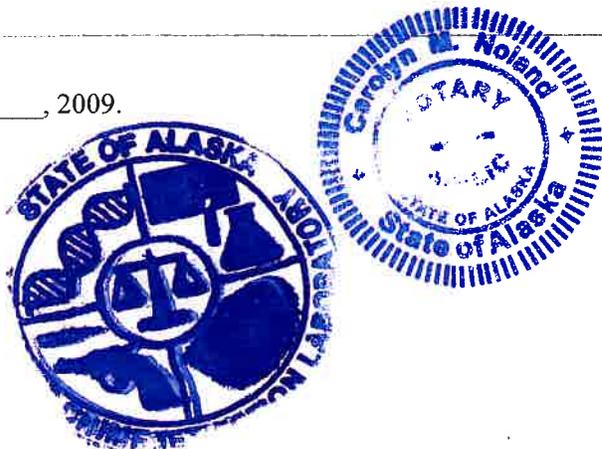
I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

Nita J. Bolz  
 Nita J. Bolz  
 Scientific Director  
 State Breath Alcohol Program

Subscribed and sworn before me this 20<sup>th</sup> day of Dec, 2009.

Carolyn M. Noland (Notary Seal Stamp)  
 Carolyn M. Noland  
 Notary Public, State of Alaska  
 Commission Expires with Office



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130579

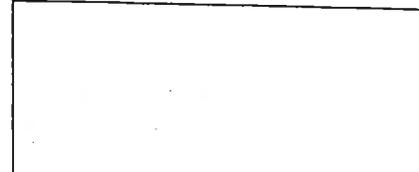
(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST



## DIAGNOSTIC CHECK



ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130579

NOVEMBER 25, 2009

OPERATOR'S NAME:  
RITALA

OPERATOR'S NUMBER: 3791

SUBJECT'S LAST NAME:

VERIFICATION OF CALIBRATION

SUBJECT'S FIRST NAME/MI :

INSTALL NEW ALCO TANK

O.L. #: A

DEPT/AGENCY: ANCI

CASE/REPORT: A

TEST TYPE: V

ALCO TARGET VALUE: 081

ALCO S/N: 78895

*CR/1349 BMB  
11/25/09 12/28/09*

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130579

NOVEMBER 25, 2009  
TIME 16:13

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 12/11/08  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c  
BAROMETER: 29.31 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

*CR/1349 BMB  
11/25/09*

--- BREATH ANALYSIS ---

.081 ADJUSTED FOR 29.31 in  
ALCO TARGET .079 16:08  
BLANK TEST .000 16:09  
INTERNAL STANDARD VERIFIED 16:09  
ALCO TV 29.31 in .081 16:09  
BLANK TEST .000 16:10  
SUBJECT SAMPLE *BMB* .000 16:10  
BLANK TEST .000 16:11  
ALCO TV 29.31 in *12/28/09* .081 16:12  
BLANK TEST .000 16:12

PRINTER TEST  
!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEF  
GHIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefgijklmno  
pqrstuvwxyz{|}~o



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

JAN 21 2010

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130579</u>
A	Name	<u>Steve Dunn</u>	ID# <u>4106</u> Date <u>1-21-10</u>
	Agency	<u>APD</u>	Phone # <u>764-1361</u>
	Instrument Location	<u>ANCHORAGE TALL</u>	
B	Alco S/N	<u>78895</u>	Target Value <u>.081</u> High Pressure <u>200 PSI</u>
	Alco Test Value Average	<u>.080</u>	<u>.084</u>
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
Signature <u>[Signature]</u> <span style="float: right;">CBS 1/21/10</span>			

(OVER)

(Do Not write in the area below)

I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

[Signature]  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 28<sup>th</sup> day of January, 2010.

[Signature] (Notary Seal Stamp)

Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130579

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130579

JANUARY 21, 2010

OPERATOR'S NAME: *CBS 1/22/10*  
DUNN/S  
OPERATOR'S NUMBER: 4106  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI :  
V  
O.L. #: V  
DEPT/AGENCY: ANCI  
CASE/REPORT: V  
TEST TYPE: V  
ALCO TARGET VALUE: .081  
ALCO S/N: 78895

### --- BREATH ANALYSIS ---

.081 ADJUSTED FOR 29.49 in		
ALCO TARGET	.079	04:09
BLANK TEST	.000	04:10
INTERNAL STANDARD	VERIFIED	04:10
ALCO TV 29.49 in	.080	04:10
BLANK TEST	.000	04:11
SUBJECT SAMPLE	.000	04:12
BLANK TEST	.000	04:13
ALCO TV 29.51 in	.084	04:13
BLANK TEST	.000	04:14

*S. Dunn*  
*#1361*

BT9 03/00

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130579

JANUARY 21, 2010  
TIME 04:06

### --- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	12/11/08
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	42c
BAROMETER:	29.49 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

### PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEF  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefgijklmn  
pqrstuvwxyz{|}~Δ

*S. Dunn*  
*#1361*

JUN 08 2006

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	130181 ✓
Name	DARYL RICE	ID#	2088 ✓
		Date	06-06-06 ✓
A	Agency	SITKA POLICE DEPARTMENT	Phone # 747-3245
	Instrument Location	304 LAKE STREET	
B	Alco S/N	X124617 ✓	Target Value .073 ✓
			High Pressure 300
	Alco Test Value Average	.079 ✓	.078 ✓
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
	Signature	Daryl Rice	COB 6/13/06

(OVER)

Under the Alaska Rules of Evidence, I certify that (and if not true in the area below)

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Daryl Rice, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Chris W. Beheim 6-22-06  
 Chris W. Beheim Date  
 Scientific Director  
 State of Alaska  
 State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130181

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130181

JUNE 06, 2006

OPERATOR'S NAME: *Daryl Dean*

RICE DARYL DEAN

OPERATOR'S NUMBER: 2003

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/NI :

VOC

O.L. #: VOC

DEPT/AGENCY: SIT1

CASE/REPORT: VOC

TEST TYPE: U

ALCO TARGET VALUE: .073

ALCO S/N: X124617

--- BREATH ANALYSIS ---

.073 ADJUSTED FOR 30.33 in  
ALCO TARGET .074 02:29  
BLANK TEST .000 02:30  
INTERNAL STANDARD VERIFIED 02:30  
ALCO TV 30.33 in .079 02:30  
BLANK TEST .000 02:31  
SUBJECT SAMPLE .000 *0.06* 02:31  
BLANK TEST .000 *0.130* 02:32  
ALCO TV 30.33 in .078 02:32  
BLANK TEST .000 02:33

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130181

JUNE 06, 2006  
TIME 02:26

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 48c  
BREATH TUBE: 42c  
BAROMETER: 30.33 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@ABCDEF  
HIJKL MNOPQRSTUVWXYZ[\]^\_`abcde fghi.jklmno  
pqrstuvwxyz{|}~■

# VERIFICATION OF CALIBRATION REPORT

of DataMaster edm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor Operator Performing the Verification Procedure:		DataMaster edm S/N <u>130185</u> ✓
Name	<u>BRANDON LAWRENSEN</u>	ID# <u>6609</u> Date <u>11/23/08</u> ✓
A Agency	<u>JUNEAU POLICE DEPT</u>	Phone # <u>586-0600</u>
Instrument Location	<u>JUNEAU POLICE DEPT</u> ✓	
Alco S/N <u>X124625</u> ✓		Target Value <u>.071</u> ✓ High Pressure <u>1200</u>
Alco Test Values		
1 <sup>st</sup> Alco	<u>.077</u> ✓	2 <sup>nd</sup> Alco <u>.078</u> ✓
Signature		<u>CS</u> <u>12/5/08</u>

Under the Alaska Rules of Evidence, I certify that, <sup>(do not write in the area below)</sup>

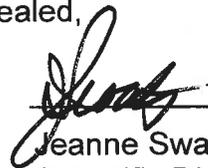
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Brandon Lawrenson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,





Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

12/5/08  
Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130185 ✓

(CONTINUED FROM FRONT PAGE)

C TAP THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130185

NOVEMBER 23, 2008 ✓

OPERATOR'S NAME:  
LAWRENSON/BRANDON/J  
OPERATOR'S NUMBER: 6609  
SUBJECT'S LAST NAME:

VOC  
SUBJECT'S FIRST NAME/MI :  
VOC

O.L. #: 0123456  
DEPT/AGENCY: JNU1  
CASE/REPORT: 012345  
TEST TYPE: V  
ALCO TARGET VALUE: .071 ✓  
ALCO S/N: X124625

### --- BREATH ANALYSIS ---

.071 ADJUSTED FOR 29.60 in		
ALCO TARGET	.070	15:28
BLANK TEST	.000	15:29
INTERNAL STANDARD	VERIFIED	15:29
ALCO TV 29.59 in	.077 ✓	15:30
BLANK TEST	.000	15:30
SUBJECT SAMPLE	.000	15:31
BLANK TEST	.000	15:32
ALCO TV 29.59 in	.078 ✓	15:32
BLANK TEST	.000	15:33

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130185

NOVEMBER 23, 2008 ✓  
TIME 15:42

### --- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	48c
BREATH TUBE:	42c
BAROMETER:	29.57 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

### PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJKL  
MNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqr  
stuvwxyz{|}~\*~

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130 178</u> ✓
Name <u>James Kimura</u>		ID#	<u>5677</u>
		Date	<u>12/19/08</u> ✓
A	Agency <u>Alaska State Troopers</u>	Phone #	<u>225-5118</u>
Instrument Location <u>Ketchikan AST Post</u>			✓
Alco S/N <u>X124670</u> ✓		Target Value	<u>.075</u> ✓
		High Pressure	<u>600</u>
B	Alco Test Values		
	<u>.086</u> ✓	<u>.085</u> ✓	
	1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco	
Signature <u>[Signature]</u> ✓			<u>CS</u> <u>1/9/09</u>

(OVER)

Under the Alaska Rules of Evidence, I certify that, (Do Not write in the area below)

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, James Kimura, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



[Signature]

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

1/10/09

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130 178 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130178

DECEMBER 19, 2008 ✓ COB 1/9/09

OPERATOR'S NAME:  
KIMURA/JAMES/K  
OPERATOR'S NUMBER: 5677  
SUBJECT'S LAST NAME:  
UOC  
SUBJECT'S FIRST NAME/MI :  
UOC

O.L. #: 000000  
DEPT/AGENCY: KETA  
CASE/REPORT: 00-000000  
TEST TYPE: U  
ALCO TARGET VALUE: .075 ✓  
ALCO S/N: X124670

### — BREATH ANALYSIS —

.075 ADJUSTED FOR 30.48 in  
ALCO TARGET .076 21:39  
BLANK TEST .000 21:40  
INTERNAL STANDARD VERIFIED 21:40  
ALCO TV 30.48 in .006 ✓ 21:41  
BLANK TEST .000 21:42  
SUBJECT SAMPLE COB 1/9/09 .000 21:42  
BLANK TEST .000 21:43  
ALCO TV 30.48 in .085 ✓ 21:43  
BLANK TEST .000 21:44

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130178

DECEMBER 19, 2008 ✓  
TIME 21:11

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 41c  
BAROMETER: 30.58 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqrstuvwxyz{|}~■

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	130142 ✓
Name	Dick Powell	ID#	1168
Date	19 NOV 08 ✓		
A Agency	FRN4 FT Richardson, AK	Phone #	384-0812
Instrument Location	Bldg # 656 A ST, FT Richardson, AK ✓		
B Alco S/N	X172969 ✓	Target Value	.079
High Pressure	850 psi		
Alco Test Values	.085 ✓	.086 ✓	
1 <sup>st</sup> Alco		2 <sup>nd</sup> Alco	
Signature	Dickie R Powell ✓		
	(OVER)		

Under the Alaska Rules of Evidence, I certify that; (Do Not write in the area below)

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Dickie R Powell, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.



Signed and sealed,

*Juan*

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

11/25/08

Date

NOV 21 2008



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N <u>130142</u> ✓	
Name <u>Powell, Dickie R</u> ✓	ID# <u>1168</u> Date <u>23 JAN 09</u> ✓
Agency <u>Fort Richardson, AK FRNA</u>	Phone # <u>907-384-0812</u>
Instrument Location <u>Bldg # 656, A ST. FORT RICHARDSON, AK</u>	
Alco S/N <u>X172969</u> ✓	Target Value <u>.079</u> ✓ High Pressure <u>450 psi</u>
Alco Test Values <u>.087</u> ✓	<u>.087</u> ✓
1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
Signature <u>Dickie R Powell</u> ✓	<u>CS</u> <u>2/9/09</u>

(OVER)

(Do Not write in the area below)  
Under the Alaska Rules of Evidence, I certify that;

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Dickie R Powell, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Juan

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

2/9/09

Date

BT9 03/00

JAN 30 2009

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130142

(CONTINUED FROM FRONT PAGE)

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
 DATAMASTER cdm 130142  
 JANUARY 23, 2009

OPERATOR'S NAME:

POWELL DIKIE R

OPERATOR'S NUMBER: 1168

SUBJECT'S LAST NAME:

VERIFICATION OF CJA

SUBJECT'S FIRST NAME/MI:

N/A

O.L. #: N/A

DEPT/AGENCY: FRM

CASE/REPORT: N/A

TEST TYPE: U

ALCO TARGET VALUE: .079

ALCO S/N: X172969

### — BREATH ANALYSIS —

.079 ADJUSTED FOR 30.09 in

ALCO TARGET

BLANK TEST

INTERNAL STANDARD

ALCO TU 30.09 in

BLANK TEST

SUBJECT SAMPLE

BLANK TEST

ALCO TU 30.09 in

BLANK TEST

08:37 .079

08:38 .000

08:38 .000

08:39 .000

08:40 .000

08:41 .000

08:41 .007

08:42 .000

*01/23/09*

*01/23/09*

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
 DATAMASTER cdm 130142

JANUARY 23, 2009

TIME 08:42

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 03/29/00

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 45c

BAROMETER: 30.09 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!##%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJ  
 KLMNOPQRSTUVWXYZ[\]^\_`abcde fghijklmnop  
 qrstuvwxyz{|}~@

# VERIFICATION OF CALIBRATION REPORT

*of DataMaster cdm Breath Test Instrument*

*State of Alaska*

*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130142</u> ✓
Name <u>Dickie R. Powell</u>	ID# <u>1168</u>	Date <u>12 Feb 2009</u> ✓
A		
Agency <u>Directorate of Emergency Service</u>	Phone # <u>384-0812</u>	
Instrument Location <u>Bldg# 656, A Street, Fort Richardson, Alaska 99505</u> ✓		
B		
Alco S/N <u>X172969</u> ✓	Target Value <u>.079</u> ✓	High Pressure <u>400 psi</u>
Alco Test Values	<u>.087</u> ✓ 1 <sup>st</sup> Alco	<u>.086</u> ✓ 2 <sup>nd</sup> Alco
Signature <u><i>Dickie R. Powell</i></u>	✓	
(OVER)		

008  
2/23/09

Under the Alaska Rules of Evidence, I certify that;

(Do Not write in the area below)

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Dickie R Powell, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



*Jeanne Swartz*

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

02/23/09

Date



of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N 130307 ✓

Name John Nichols ID# 2660 ✓ Date 2/28/06 ✓

A Agency Yakutat Dept. of Public Safety Phone # 784-3206

Instrument Location Yakutat, AK 99689

---

B Alco S/N X301548 ✓ Target Value .080 ✓ High Pressure 5100

Alco Test Value Average .083 ✓ .083 ✓  
 1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature [Signature] [Signature] CBQ

(OVER)

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, John Nichols, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,

\_\_\_\_\_  
 Chris W. Beheim Date  
 Scientific Director  
 State of Alaska  
 State Breath Alcohol Testing Program

**VERIFICATION OF CALIBRATION**  
*of DataMaster cdm breath Test Instruments*  
**State of Alaska**  
*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

DataMaster cdm S/N 130307

(CONTINUED FROM FRONT PAGE)

**C**      TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

**NONDRINKING SUBJECT TEST**

ALASKA DEPARTMENT OF PUBLIC SAFETY  
 DATAMASTER cdm 130307

FEBRUARY 28, 2006

OPERATOR'S NAME:  
 NICHOLS  
 OPERATOR'S NUMBER: 2660  
 SUBJECT'S LAST NAME:  
 DOE  
 SUBJECT'S FIRST NAME/MI :  
 JOHN  
 O.L. #: 1111  
 DEPT/AGENCY: YAK1  
 CASE/REPORT: 111  
 TEST TYPE: T  
 ALCO TARGET VALUE: .000  
 ALCO S/N: X301548

--- BREATH ANALYSIS ---

.082 ADJUSTED FOR 29.90 in		
ALCO TARGET	.001	18:55
BLANK TEST	.000	18:56
INTERNAL STANDARD	VERIFIED	18:56
ALCO TV 29.90 in	.003	18:56
BLANK TEST	.000	18:57
SUBJECT SAMPLE	.000	18:58
BLANK TEST	.000	18:58
ALCO TV 29.90 in	.003	18:59
BLANK TEST	.000	19:00

**DIAGNOSTIC CHECK**

ALASKA DEPARTMENT OF PUBLIC SAFETY  
 DATAMASTER cdm 130307

FEBRUARY 28, 2006  
 TIME 18:50

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	48c
BREATH TUBE:	42c
BAROMETER:	29.88 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@BCDEFG  
 HIJKLMNPOQRS-TUVWXYZ\]^\_`abcde fghijklmno  
 pqrstuvwxyz{|}~■

ALASKA DEPARTMENT OF PUBLIC SAFETY  
 DATAMASTER cdm 130307

FEBRUARY 28, 2006  
 TIME 18:48

--- OPTIONS ---

ALCOHOL DISPLAY - ON  
 BATTERY REFUSAL - NO  
 SUBJECT TESTS - 1  
 ALCO - BEFORE & AFTER  
 NUMBER OF COPIES - 1  
 SUPERVISOR TESTS - 5  
 MET BATH CONC. - .100  
 KEYBOARD - ON  
 DATA COLLECTION - ON  
 PRINTER - ON  
 SECURITY - ON  
 ALCO CHECK - ON  
 PRINTER - INTERNAL  
 STANDARD - DRY

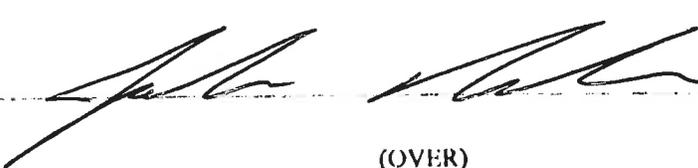
MAR 13 2006

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	130307 ✓
Name	John Nichols	ID#	2660 ✓
		Date	3/7/06 ✓
Agency		Yakutat Dept. of Public Safety	Phone # 784-3206
Instrument Location		Yakutat, AK 99689	
Alco S/N		X301548 ✓	Target Value .080 ✓
			High Pressure 5100
Alco Test Value Average		.081 ✓	.075 ✓
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
Signature			
		(OVER)	

C.W.B. 3/13/06

CBI

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, John Nichols, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Chris W. Beheim 3-14-06

Chris W. Beheim  
Scientific Director  
State of Alaska  
State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument.

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130307

(CONTINUED FROM FRONT PAGE)

C

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130307

MARCH 07, 2006 *C1018*  
*3113106*

OPERATOR'S NAME:  
NICHOLS JOHN S  
OPERATOR'S NUMBER: 2660  
SUBJECT'S LAST NAME:  
DOE  
SUBJECT'S FIRST NAME/MI :  
JOHN

O.L. #: 1111  
DEPT/AGENCY: YAK1  
CASE/REPORT: 1111  
TEST TYPE: T  
ALCO TARGET VALUE: .000  
ALCO S/N: X301548

### — BREATH ANALYSIS —

.000 ADJUSTED FOR 29.46 in  
ALCO TARGET .078 15:58  
BLANK TEST .000 15:59  
INTERNAL STANDARD VERIFIED 15:59  
ALCO TV 29.44 in .081 16:00  
BLANK TEST .000 16:01  
SUBJECT SAMPLE .000 *C1018* 16:01  
*3113106*  
BLANK TEST .000 16:02  
ALCO TV 29.44 in .075 16:03  
BLANK TEST .000 16:04

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130307

MARCH 07, 2006  
TIME 15:55

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c  
BAROMETER: 29.46 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

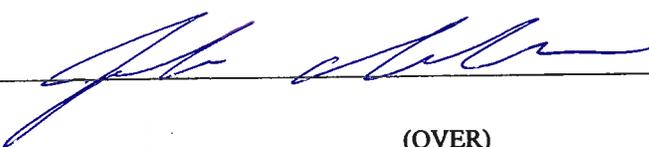
### PRINTER TEST

! " # \$ % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; ( = ) ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { } ~ |

# VERIFICATION OF CALIBRATION REPORT

JUN 06 2006 of DataMaster cdm Breath Test Instrument  
State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	130307 ✓
Name	John Nichols	ID#	2660 ✓
		Date	6/2/06 ✓
A	Agency	Yakutat Dept. of Public Safety	Phone # 784-3206
	Instrument Location	Yakutat, AK	99689
B	Alco S/N	X301548 ✓	Target Value .080 ✓
			High Pressure 5000
	Alco Test Value Average	.083 ✓	.082 ✓
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
	Signature		CWB 6/6/06

(OVER)

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, John Nichols, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Chris W. Beheim 6-7-06

Chris W. Beheim Date  
Scientific Director  
State of Alaska  
State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instruments

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N X301548

(CONTINUED FROM FRONT PAGE)

C

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130307

JUNE 02, 2006

OPERATOR'S NAME:

OPERATOR

OPERATOR'S NUMBER: 2660

SUBJECT'S LAST NAME:

NICHOLS

SUBJECT'S FIRST NAME/MI :

JOHN

O.L. #: 1111

DEPT/AGENCY: YAK1

CASE/REPORT: 111

TEST TYPE: T

ALCO TARGET VALUE: .000

ALCO S/N: X301548

--- BREATH ANALYSIS ---

.000 ADJUSTED FOR 29.93 in  
ALCO TARGET .000 13:54  
BLANK TEST .000 13:55  
INTERNAL STANDARD VERIFIED 13:55  
ALCO TU 29.94 in .003 13:55  
BLANK TEST .000 13:56  
SUBJECT SAMPLE .000 13:57  
BLANK TEST .000 13:58  
ALCO TU 29.94 in .002 13:58  
BLANK TEST .000 13:59

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130307

JUNE 02, 2006

TIME 13:51

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 48c  
BREATH TUBE: 42c  
BAROMETER: 29.93 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

MAY 05 2006

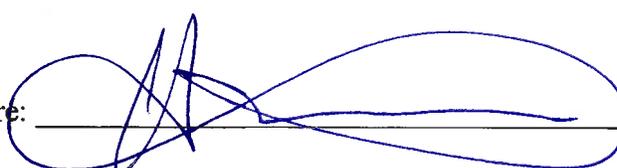
MAY 05 2006

# VERIFICATION OF CALIBRATION REPORT

*Of DataMaster cdm Breath test Instrument*

*State of Alaska*

*Scientific Crime Detection Laboratory – Statewide Breath Alcohol Program*

DataMaster cdm S/N: <u>130298</u>		
Supervisor/Operator Performing the Verification Procedure:		
Name: <u>JAMES C. GIPSON</u> ID#: <u>4842</u> Date: <u>21 Apr 06</u>		
<b>A</b>	Agency: <u>Palmer Police Department</u> Phone #: <u>(907) 745-4811</u>	
Instrument Location: <u>Palmer Police Department</u>		
<b>B</b>	Alco S/N: <u>X301583</u>	Target Value: <u>.077</u> High Pressure: <u>.925</u>
Alco Test Value Average: <u>.081</u> <u>.080</u>		
1 <sup>st</sup> Alco                      2 <sup>nd</sup> Alco		
Signature: 		
(OVER)		

Under the Alaska Rules of Evidence, I certify that:  
(Do Not write in the area below)

- (a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.
- (b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Jim Gipson, whose name appears in my records, is qualified to verify the calibration of the above instrument.
- (c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,

Chris W. Beheim	Date
Scientific Director	
State of Alaska	
State Breath Alcohol Testing Program	

# VERIFICATION OF CALIBRATION REPORT

Of DataMaster cdm Breath test Instrument

State of Alaska

Scientific Crime Detection Laboratory – Statewide Breath Alcohol Program

DataMaster cdm S/N: 130298

(CONTINUED FROM FRONT PAGE)

**C**

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES

## NONDRINKING SUBJECT TEST

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130298

APRIL 21, 2006 *JSL/lov*

OPERATOR'S NAME:  
GIPSON/JAMES/C  
OPERATOR'S NUMBER: 4842  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI :  
RJCSB  
O.L. #: 0123456  
DEPT/AGENCY: PLM1  
CASE/REPORT: 01-2345  
TEST TYPE: U  
ALCO TARGET VALUE: .077  
ALCO S/N: X301583

— BREATH ANALYSIS —

.078 ADJUSTED FOR 29.67 in		
ALCO TARGET	.077	17:53
BLANK TEST	.000	17:54
INTERNAL STANDARD	VERIFIED	17:54
ALCO TV 29.67 in	.081	17:54
BLANK TEST	.000	17:55
SUBJECT SAMPLE	.000	17:56
BLANK TEST	.000	17:57
ALCO TV 29.68 in	.080	17:57
BLANK TEST	.000	17:58

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130298

APRIL 21, 2006  
TIME 17:50

— DIAGNOSTIC CHECK —

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	41c
BAROMETER:	29.67 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@ABCDEF6  
GHIJKLMNOPQRSTUVWXYZ[\]^\_`abcde fghijklmno  
pqrstuvwxyz{|}~

SEP 19 2007

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	130301 ✓
Name	C. RITALA	ID#	3791 ✓
		Date	9/15/07 ✓
A	Agency	APD	Phone # 786-2640
	Instrument Location	ANCHORAGE JAIL	
Alco S/N		X301600 ✓	Target Value
			-080 ✓
			High Pressure
			900 PSI
Alco Test Value Average		082 ✓	082 ✓
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
Signature		Chris Ritala / 1349	
		083 9/24/07 CBE	

(OVER)

Under the Alaska Rules of Evidence, I certify that (write in the area below)

(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Chris Ritala, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



  
 \_\_\_\_\_  
 Jeanne Swartz  
 Scientific Director Designee  
 State of Alaska  
 State Breath Alcohol Testing Program

9/24/07  
 \_\_\_\_\_  
 Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N

130301

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130301

SEPTEMBER 15, 2007

OPERATOR'S NAME:

RITALA

OPERATOR'S NUMBER: 3791

SUBJECT'S LAST NAME:

VERIFICATION OF CALIBRATION

SUBJECT'S FIRST NAME/INIT:

Z

O.L. #: Z

DEPT/AGENCY: ANCI

CASE/REPORT: Z

TEST TYPE: U

ALCO TARGET VALUE: 000

ALCO S/N: X301600

--- BREATH ANALYSIS ---

.000 ADJUSTED FOR 29.73 in  
ALCO TARGET .079 03:05  
BLANK TEST .000 03:06  
INTERNAL STANDARD VERIFIED 03:06  
ALCO TV 29.73 in .002 03:07  
BLANK TEST .000 03:08  
SUBJECT SAMPLE .000 03:08  
BLANK TEST .000 03:09  
ALCO TV 29.73 in .002 03:09  
BLANK TEST .000 03:10

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130301

SEPTEMBER 15, 2007  
TIME 03:03

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 48c  
BREATH TUBE: 41c  
BAROMETER: 29.73 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@ABCDEF6  
HIJKLMNPOQRSTUVWXYZ[\]^\_`abcde fghijklmno  
pqrstuvwxyz{|}~■

CR1349  
9/15/07

OCT 09 2007

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N 130301

Name C. RITALA ID# 3791 Date 10/5/07

A Agency APD Phone # 786.2640

Instrument Location ANCHORAGE JAIL

---

B Alco S/N X301600 Target Value .080 High Pressure 400

Alco Test Value Average .082 .081

1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature [Handwritten Signature] RITALA/1349 CBS 10/9/07

CBS

(OVER)

Under the Alaska Rules of Evidence, I certify that (by not writing in the area below)

(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Chris Ritala, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.



Signed and sealed,

[Handwritten Signature]

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

10/11/07  
Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130301

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130301

OCTOBER 05, 2007

OPERATOR'S NAME:

RITALA

OPERATOR'S NUMBER: 3791

SUBJECT'S LAST NAME:

VERIFICATION OF CALIBRATION

SUBJECT'S FIRST NAME/NI:

Z

D.L. #: Z

DEPT/AGENCY: ANCI

CASE/REPORT: Z

TEST TYPE: V

ALCO TARGET VALUE: .000

ALCO S/N: X301500

--- BREATH ANALYSIS ---

.000 ADJUSTED FOR 29.54 in  
ALCO TARGET .070 00:43  
BLANK TEST .000 00:44  
INTERNAL STANDARD VERIFIED 00:44  
ALCO TV 29.52 in .002 00:45  
BLANK TEST .000 00:45  
SUBJECT SAMPLE .000 00:46  
BLANK TEST .000 00:47  
ALCO TV 29.52 in .001 00:47  
BLANK TEST .000 00:48

CP 1349 10/5/07

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130301

OCTOBER 05, 2007

TIME 00:49

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

WEATERS

SAMPLE CHAMBER: 40c

BREATH TUBE: 40c

BAROMETER: 29.52 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@BCDEFG  
HIJKL MNOPQRSTUVWXYZ \ ] ^ \_ ` abcdefghijklmno  
pqrstuvwxyz{|}~

CP 1349 10/5/07

JAN 08 2008

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N 130301

Name SWARAN SINGH ID# 4945 Date 10/7/07

A Agency APD Phone # 786-8856

Instrument Location ANCH SAIL

---

B Alco S/N 1301600 Target Value .080 High Pressure 350 psi

Alco Test Values .082 .080 .08

1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature [Signature] (DID NOT CHANGE ALCO) NO MAINT. COB 1/4/08

(OVER)

Under the Alaska Rules of Evidence, I certify that: (Do Not Write in the area below)

(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Swaran Singh, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



[Signature] 11/7/08  
 \_\_\_\_\_  
 Jeanne Swartz Date  
 Scientific Director Designee  
 State of Alaska  
 State Breath Alcohol Testing Program



OCT 12 2007

# VERIFICATION OF CALIBRATION REPORT

*of DataMaster cdm Breath Test Instrument  
State of Alaska*

*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130301</u>
Name	<u>C. RITALA</u>	ID#	<u>3791</u> Date <u>10/11/07</u>
A Agency	<u>APD</u>	Phone #	<u>786-2640</u>
Instrument Location <u>ANCHORAGE JAIL</u>			
Alco S/N		Target Value	High Pressure
<u>X301600</u>		<u>.080</u>	<u>400 ps</u>
B Alco Test Values	<u>.083</u>	<u>.082</u>	
	1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco	
Signature	<u>[Signature]</u>	<u>RITALA/1349</u>	<u>COB 10/31/07</u> <u>CBE</u>

(OVER)

Under the Alaska Rules of Evidence, I certify that: (Do Not Write in the area below)

(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Chris Ritala, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



[Signature]

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

11/1/07  
Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130301

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130301

OCTOBER 11, 2007

OPERATOR'S NAME: RITALA

OPERATOR'S NUMBER: 3791

SUBJECT'S LAST NAME:

VERIFICATION OF CALIBRATION

SUBJECT'S FIRST NAME/MI:

A

G.L. #: A

DEPT/AGENCY: ANCI

CASE/REPORT: A

TEST TYPE: Q

ALCO TARGET VALUE: .000

ALCO S/N: X301600

### --- BREATH ANALYSIS ---

~~.000~~ ADJUSTED FOR 29.80 in  
ALCO TARGET .079 17:33  
BLANK TEST .000 17:34  
INTERNAL STANDARD VERIFIED 17:34  
ALCO @V 29.80 in .033 17:34  
BLANK TEST .000 17:35  
SUBJECT SAMPLE .000 17:36  
BLANK TEST .000 17:36  
ALCO @V 29.80 in .002 17:37  
BLANK TEST .000 17:37

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130301

OCTOBER 11, 2007

TIME 17:31

### --- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 43c  
BAROMETER: 29.80 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@BCDEFG  
HIJKLMNOQRSTUVWXYZ[\]^\_`abcde fghijklmno  
pqrstuvwxyz{|}~

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130306</u> ✓
Name		<u>STEVE DUNN</u>	ID# <u>4106</u> Date <u>12-31-08</u> ✓
A	Agency	<u>APD</u>	Phone # <u>286-8900</u>
Instrument Location		<u>ANCHORAGE JAIL</u> ✓	
Alco S/N		<u>X172933</u> ✓	Target Value <u>.069</u> ✓ High Pressure <u>700 ps<sub>2</sub></u> ✓
Alco Test Value Average		<u>.072</u> 1 <sup>st</sup> Alco	<u>.071</u> 2 <sup>nd</sup> Alco
Signature		 CSB 1/6/09	
(OVER)			

Under the Alaska Rules of Evidence, I certify that:  
(Do Not write in the area below)

- (a) I am, Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.
- (b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Steve P Dunn, whose name appears in my records, is qualified to verify the calibration of the above instrument.
- (c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.



Signed and sealed

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

1/6/09

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130306

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130306

DECEMBER 31, 2000

OPERATOR'S NAME:  
DUNN

OPERATOR'S NUMBER: 4106

SUBJECT'S LAST NAME:

VERIFICATION OF DR  
SUBJECT'S FIRST NAME/NI :

U

O.I. #: U

DEPT/AGENCY: ANCI

CASE/REPORT: U

TEST TYPE: U

ALCO TARGET VALUE: .069

ALCO S/N: X172933

### --- BREATH ANALYSIS ---

.069 ADJUSTED FOR 30.06 in

ALCO TARGET	.069	13:28
BLANK TEST	.000	13:29
INTERNAL STANDARD	VERIFIED	13:29
ALCO TO 30.06 in	.072	13:29
BLANK TEST	.000	13:30
SUBJECT SAMPLE	.000	13:31
BLANK TEST	.000	13:31
ALCO TO 30.06 in	.071	13:32
BLANK TEST	.000	13:33

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130306

DECEMBER 31, 2000  
TIME 13:26

### --- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHARGER: 48c

BREATH TUBE: 42c

BAROMETER: 30.07 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

### PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@ABCDEFB  
a b c d e f g h i j k l m n o  
p q r s t u v w x y z 1 2 3 4 5 6 7 8 9 0

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130306</u>
A	Name	<u>STEVE DUNN</u>	ID# <u>4106</u> Date <u>1-22-09</u>
	Agency	<u>APD</u>	Phone # <u>786-8900</u>
	Instrument Location	<u>MIZELLE SUB (MT. VIEW)</u>	
B	Alco S/N	<u>X172933</u>	Target Value <u>.069</u> High Pressure <u>550</u>
	Alco Test Value Average	<u>.073</u> ✓ 1 <sup>st</sup> Alco	<u>.072</u> ✓ 2 <sup>nd</sup> Alco
	Signature	 <u>SSJ</u> <span style="float: right;"><u>003</u> <u>1/26/09</u></span>	

(OVER)

Under the Alaska Rules of Evidence, I certify that (Do not write in the area below)

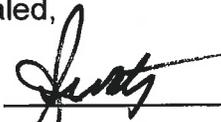
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Steve P Dunn, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,





Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

2/3/09

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130306

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

*S. DUNN #1361*

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130306

JANUARY 22, 2009 ✓

OPERATOR'S NAME:

DUNN/S

OPERATOR'S NUMBER: 4106

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/NI :

U

O.L. #: U

DEPT/AGENCY: ANCI

CASE/REPORT: U

TEST TYPE: U

ALCO TARGET VALUE: .069 ✓

ALCO S/N: X172933

— BREATH ANALYSIS —

.069 ADJUSTED FOR 30.32 in		
ALCO TARGET	.069	11:35
BLANK TEST	.000	11:36
INTERNAL STANDARD	VERIFIED	11:36
ALCO TU 30.32 in	.073 ✓	11:36
BLANK TEST	.000	11:37
SUBJECT SAMPLE	.000	11:38
BLANK TEST	.000	11:38
ALCO TU 30.32 in	.072 ✓	11:39
BLANK TEST	.000	11:39

## DIAGNOSTIC CHECK

*S. DUNN #1361*

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130306

JANUARY 22, 2009 ✓

TIME 11:32

— DIAGNOSTIC CHECK —

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	41c
BAROMETER:	30.32 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@ABCDEF6  
HIJKL NOPQRSTU VWXYZ[\]^\_` abcdefghijklmno  
pqrstuvwxy z{|}~■

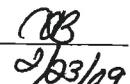
# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

FEB 19 2009

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	130306 ✓
A	Name	C. RITALA	ID# 3791 Date 2/16/09 ✓
	Agency	A.P.D.	Phone # 786-2640
	Instrument Location	Mt. View Sub Station (Mizek Sub)	✓
B	Alco S/N	X172433 ✓	Target Value .069 ✓ High Pressure 450
	Alco Test Value Average	.071 ✓	.071 ✓
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
	Signature	 /1349 ✓	 2/23/09

(OVER)

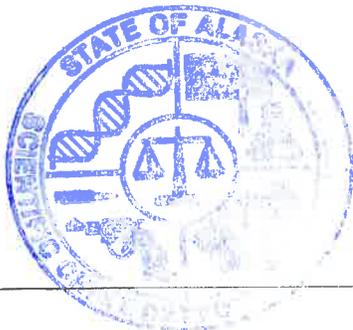
Under the Alaska Rules of Evidence, I certify that, (Do Not write in the area below)

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Chris Ritala, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed



Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

02/23/09

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130306 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130306

FEBRUARY 16, 2009 ✓

OPERATOR'S NAME:  
RITALA

OPERATOR'S NUMBER: 3791

SUBJECT'S LAST NAME:

VERIFICATION OF CALIBRATION

SUBJECT'S FIRST NAME/MI :

MOVING TO 4TH AVE SUB

D.L. #: A

DEPT/AGENCY: ANCI

CASE/REPORT: A

TEST TYPE: U

ALCO TARGET VALUE: .069 ✓

ALCO S/N: X172933 ✓

--- BREATH ANALYSIS ---

.069 ADJUSTED FOR 29.60 in  
ALCO TARGET .068 17:40  
BLANK TEST .000 17:41  
INTERNAL STANDARD (VERIFIED) 17:41  
ALCO TV 29.60 in .071 ✓ 17:41  
BLANK TEST .000 17:42  
SUBJECT SAMPLE .000 17:43  
BLANK TEST .000 17:44  
ALCO TV 29.60 in .071 ✓ 17:44  
BLANK TEST .000 17:45

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130306

FEBRUARY 16, 2009 ✓  
TIME 17:47

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c  
BAROMETER: 29.60 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

! " # \$ % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

1 3 2009

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

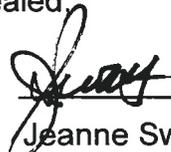
Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130306</u> ✓
A	Name	<u>C. RITALA</u>	ID# <u>3791</u> Date <u>2/16/09</u> ✓
	Agency	<u>A.P.D.</u>	Phone # <u>786-2640</u>
	Instrument Location	<u>FLORA SUB STATION (4th AVE)</u>	✓
B	Alco S/N	<u>X172933</u> ✓	Target Value <u>.069</u> ✓ High Pressure <u>450</u>
	Alco Test Value Average	<u>.070</u> ✓ 1 <sup>st</sup> Alco	<u>.071</u> ✓ 2 <sup>nd</sup> Alco
	Signature	<u></u> /1349	<u>CWS</u> <u>2/23/09</u>
(OVER)			

Under the Alaska Rules of Evidence, I certify that, (If Not write in the area below)

- (a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.
- (b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Chris Ritala, whose name appears in my records, is qualified to verify the calibration of the above instrument.
- (c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed





Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

2/23/09

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130306 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130306

FEBRUARY 16, 2009

OPERATOR'S NAME:

RITALA

OPERATOR'S NUMBER: 3791

SUBJECT'S LAST NAME:

VERIFICATION OF CALIBRATION

SUBJECT'S FIRST NAME/NI :

NOW AT THE FLORA SUB

O.L. #: A

DEPT/AGENCY: ANCI

CASE/REPORT: A

TEST TYPE: U

ALCO TARGET VALUE: .069 ✓

ALCO S/N: X172933 ✓

--- BREATH ANALYSIS ---

.069 ADJUSTED FOR 29.65 in  
ALCO TARGET .068 18:13  
BLANK TEST .000 18:15  
INTERNAL STANDARD VERIFIED 18:15  
ALCO TU 29.65 in .070 ✓ 18:15  
BLANK TEST .000 18:16  
SUBJECT SAMPLE .000 18:16  
BLANK TEST .000 18:17  
ALCO TU 29.67 in .071 ✓ 18:18  
BLANK TEST .000 18:18

CR/1349  
2/16/09

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130306

FEBRUARY 16, 2009 ✓

TIME 18:20

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 41c  
BAROMETER: 29.67 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

! " # \$ % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { | } ~

CR/1349  
2/16/09

17 2008

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument  
State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	130579 ✓
Name		C. RITALA	ID# 3791 Date 12/16/08 ✓
A	Agency	ANCHORAGE P.D.	Phone # 786-2640
Instrument Location		ANCHORAGE JAIL	
Alco S/N		X172933 ✓	Target Value -069 ✓ High Pressure 1200
Alco Test Values		-076 ✓ 1 <sup>st</sup> Alco	-076 ✓ 2 <sup>nd</sup> Alco
Signature			RITALA/3791 ✓ CSB 12/23/08

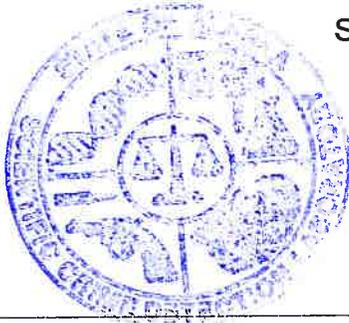
(OVER)

Under the Alaska Rules of Evidence, I certify that;  
(Do Not write in the area below)

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Chris Ritala, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.



Signed and sealed,

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

12/23/08

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N

130579 ✓

(CONTINUED FROM FRONT PAGE)

C

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130579

DECEMBER 16, 2008

OPERATOR'S NAME:

RITALA

OPERATOR'S NUMBER: 3791

SUBJECT'S LAST NAME:

VERIFICATION OF CALIBRATION

SUBJECT'S FIRST NAME/MI :

DLL #: A

DEPT/AGENCY: ANCI

DATE/REPORT: A

TEST TYPE: V

ALCO TARGET VALUE: .069 ✓

ALCO S/N: K172933

--- BREATH ANALYSIS ---

ALCO ADJUSTED FOR 30.61 in		
ALCO TARGET	.070	16:14
BLANK TEST	.000	16:15
INTERNAL STANDARD	VERIFIED	16:15
ALCO TV 30.61 in	.076 ✓	16:15
BLANK TEST	.000	16:16
SUBJECT SAMPLE	.000	16:17
BLANK TEST	.000	16:18
ALCO TV 30.61 in	.076 ✓	16:18
BLANK TEST	.000	16:19

CR 1349 12/16/08

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130579

DECEMBER 16, 2008

TIME 16:19

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

FILTERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 42c

BAROMETER: 30.61 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@ABCDEF  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcde fghijklmnop  
qrstuvwxyz{|}~

CR 1349 12/16/08



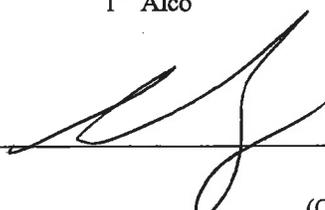


# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130291</u> ✓
Name	<u>Sean Fielding</u>	ID# <u>5189</u> Date <u>1/5/09</u> ✓
A Agency	<u>Denali National Park</u>	Phone # <u>683-9528</u>
Instrument Location	<u>Denali National Park HQ</u> ✓	
B Alco S/N	<u>X 301553</u> ✓	Target Value <u>0.083</u> ✓ High Pressure <u>600</u>
Alco Test Value Average	<u>0.085</u> ✓ 1 <sup>st</sup> Alco	<u>0.085</u> ✓ 2 <sup>nd</sup> Alco
Signature		<u>CS</u> <u>1/5/09</u>
(OVER)		

Under the Alaska Rules of Evidence, I certify that:  
(Do Not write in the area below)

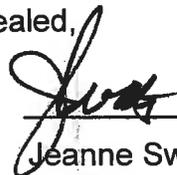
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Sean Fielding, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.



Signed and sealed,



Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

2/3/09  
Date



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

MAR 12 2009

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130291</u> ✓
A	Name <u>Sean Fielding</u>	ID# <u>5289</u> Date <u>3/5/09</u> ✓
	Agency <u>Denali National Park</u>	Phone # <u>683 9528</u>
	Instrument Location <u>Denali NP - HQ</u> ✓	
B	Alco S/N <u>X301553</u> ✓	Target Value <u>.083</u> ✓ High Pressure <u>750</u>
	Alco Test Value Average <u>.085</u> ✓	<u>.086</u> ✓
	1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
	Signature <u>[Signature]</u> ✓	<u>[Signature]</u> ✓
		<u>083</u> <u>3/5/09</u>

(OVER)

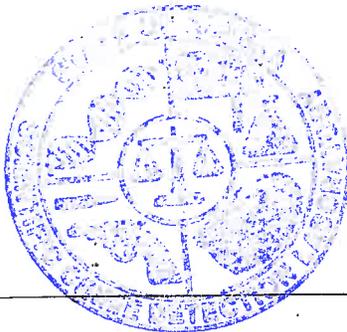
Under the Alaska Rules of Evidence, I certify that:  
(Do Not write in the area below)

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Sean Fielding, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



[Signature]

Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

3/24/09

Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130291 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE TILE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130291

MARCH 05, 2009 ✓

OPERATOR'S NAME: *COB 3/24/09*  
FIELDING/SEAN/R  
OPERATOR'S NUMBER: 5189  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI :  
A

D.L. #: 1274567  
DEPT/AGENCY: DALS  
CASE/REPORT: 030509  
TEST TYPE: U  
ALCO TARGET VALUE: .083 ✓  
ALCO S/N: Y301553 ✓

### — BREATH ANALYSIS —

.083 ADJUSTED FOR 28.14 in  
ALCO TARGET .078 13:56  
BLANK TEST .000 13:57  
INTERNAL STANDARD VERIFIED 13:57  
ALCO TO 28.14 in .095 ✓ 13:57  
BLANK TEST .000 13:58  
SUBJECT SAMPLE *COB 3/24/09* .000 13:58  
BLANK TEST .000 13:59  
ALCO TO 28.14 in .086 ✓ 14:00  
BLANK TEST .000 14:01

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130291

MARCH 05, 2009 ✓  
TIME 14:02

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 41c  
BAROMETER: 28.16 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

1"472707074 - / 6107-56709110-170000000  
HIJKLMNOPQRSTUVWXYZ0123456789!@#\$%^&'()\*+,-./:;<=>?[]\|\_`~{|}~!  
abcdefghijklmnopqrstuvwxyz

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

MAY 11 2009

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N <u>130291</u> ✓	
Supervisor/Operator Performing the Verification Procedure:	
Name <u>Sean Fielding</u>	ID# <u>5189</u> Date <u>4/30/09</u> ✓
A Agency <u>Denali National Park</u>	Phone # <u>683 9528</u>
Instrument Location <u>Denali NP - HQ</u> ✓	
Alco S/N <u>Y301553</u> ✓ Target Value <u>.083</u> ✓ High Pressure <u>200</u>	
B Alco Test Value Average <u>.086</u> ✓	
1 <sup>st</sup> Alco <u>.086</u> ✓	2 <sup>nd</sup> Alco <u>.086</u> ✓
Signature <u>[Signature]</u>	<u>MSB</u> <u>5/13/09</u>
(OVER)	

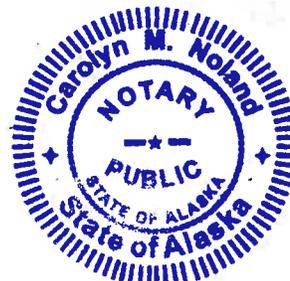
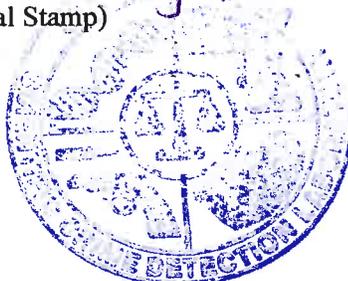
I, Nita J. Bolz, after being first duly sworn, depose and state as follows: (Do Not write in the area below)

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.

[Signature]  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 15 day of May, 2009.

[Signature] (Notary Seal Stamp)  
Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130291

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130291

APRIL 30, 2009 ✓ *CPB 5/18/09*

OPERATOR'S NAME:  
FIELDING/SEAN/R  
OPERATOR'S NUMBER: 5109  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI :  
R  
D.L. #: 1234567  
DEPT/AGENCY: DMLS  
CASE/REPORT: 043009  
TEST TYPE: U  
ALCO TARGET VALUE: .083 ✓  
ALCO S/N: K301553

— BREATH ANALYSIS —

.083 ADJUSTED FOR 28.39 in		
ALCO TARGET	.078	13:30
BLANK TEST	.000	13:31
INTERNAL STANDARD	VERIFIED	13:31
ALCO TV 28.39 in	.086 ✓	13:32
BLANK TEST	.000	13:32
SUBJECT SAMPLE <i>CPB</i>	.000	13:33
BLANK TEST	.000	13:34
ALCO TV 28.39 in	.086 ✓	13:34
BLANK TEST	.000	13:35



## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130291

APRIL 30, 2009 ✓  
TIME 13:40

— DIAGNOSTIC CHECK —

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/26/01
HEATERS	
SAMPLE CHAMBER:	50c
EXHAUST TUBE:	41c
BAROMETER:	28.39 in
FLOW DETECTOR:	OKAY
PUMP	
HEAT SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STRIPS:	OKAY
CALIBRATION:	OKAY

PRINTER TEST  
\*\*\*\*\* (13:40) \*\*\*\*\*  
ALCO TARGET VALUE: .083  
ALCO S/N: K301553  
OPERATOR: SEAN R. FIELDING

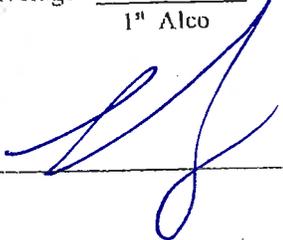
# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

JUL 13 2009

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

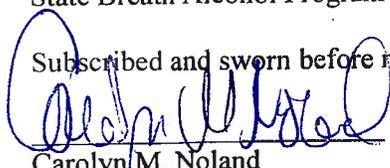
Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130291</u> ✓
Name		<u>Sean Fielding</u>	ID# <u>5189</u> Date <u>6/29/09</u> ✓
A	Agency	<u>Denali National Park</u>	Phone # <u>683 9528</u>
Instrument Location		<u>Denali NP-112</u> ✓	
Alco S/N		<u>X301553</u> ✓	Target Value <u>.083</u> ✓ High Pressure <u>600</u>
Alco Test Value Average		<u>.086</u> ✓ 1 <sup>st</sup> Alco	<u>.085</u> ✓ 2 <sup>nd</sup> Alco
Signature			<u>C083</u> <u>7/14/09</u>
(OVER)			

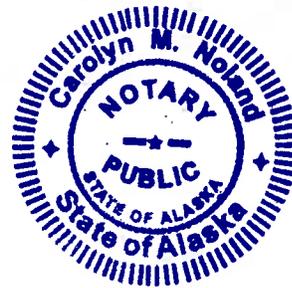
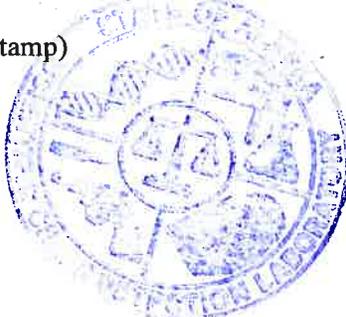
I, Nita J. Bolz, after being first duly sworn, depose and state as follows: (Do Not write in the area below)

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.

  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 20<sup>th</sup> day of July, 2009.

  
(Notary Seal Stamp)  
Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130291 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130291

JUNE 29, 2009 ✓

OPERATOR'S NAME:

FIELDING/SEAN/R ✓

OPERATOR'S NUMBER: 5189

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/NI:

R

O.L. #: 1234567

DEPT/AGENCY: DMLB

CASE/REPORT: 052909

TEST TYPE: U

ALCO TARGET VALUE: .083 ✓

ALCO S/N: X301553 ✓

### — BREATH ANALYSIS —

.083 ADJUSTED FOR 28.27 in ✓  
ALCO TARGET .078 13:21  
BLANK TEST .000 13:22  
INTERNAL STANDARD VERIFIED 13:22  
ALCO TV 28.27 in .005 13:23  
BLANK TEST .000 13:23  
SUBJECT SAMPLE .000 13:24  
BLANK TEST .000 13:24  
ALCO TV 28.27 in .085 13:25  
BLANK TEST .000 13:25



## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130291

JUNE 29, 2009 ✓  
TIME 13:26

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02-20/01

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 49c

BAROMETER: 28.27 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

### PRINTER TEST

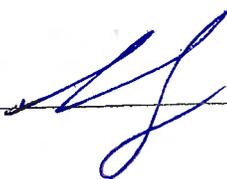
ALCO TV 28.27 in .085 13:25  
ALCO TARGET .078 13:21  
BLANK TEST .000 13:22  
INTERNAL STANDARD VERIFIED 13:22  
ALCO TV 28.27 in .005 13:23  
BLANK TEST .000 13:23  
SUBJECT SAMPLE .000 13:24  
BLANK TEST .000 13:24  
ALCO TV 28.27 in .085 13:25  
BLANK TEST .000 13:25

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

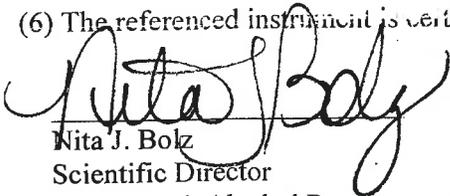
State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

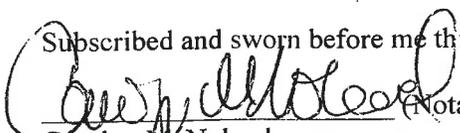
Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130291</u>
Name	<u>Sean Fielding</u>	ID#	<u>5289</u> Date <u>8/23/09</u>
Agency	<u>Denali National Park</u>	Phone #	<u>683-9528</u>
Instrument Location	<u>Denali NP - HQ</u>		
Alco S/N	<u>X301553</u>	Target Value	<u>.083</u> High Pressure <u>600</u>
Alco Test Value Average	<u>.084</u>	<u>.083</u>	
	1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco	
Signature			
	(OVER)		<u>208</u> <u>9/4/09</u>

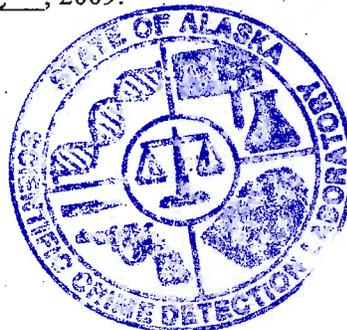
I, Nita J. Bolz, after being first duly sworn, depose and state as follows. (Do Not write in the area below)

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 17<sup>th</sup> day of Sept, 2009.

  
(Notary Seal Stamp)  
Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130291

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130291

AUGUST 27, 2009

OPERATOR'S NAME: FIELDING/SEAN/R  
OPERATOR'S NUMBER: 5189  
SUBJECT'S LAST NAME: VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI: A

D.L. #: 1234567  
DEPT/AGENCY: DALS  
CASE/REPORT: 082709  
TEST TYPE: U  
ALCO TARGET VALUE: .083  
ALCO S/N: X301553

— BREATH ANALYSIS —

.083 ADJUSTED FOR 27.90 in  
ALCO TARGET .077 13:04  
BLANK TEST .000 13:05  
INTERNAL STANDARD VERIFIED 13:05  
ALCO TV 27.90 in .084 13:06  
BLANK TEST .000 13:06  
SUBJECT SAMPLE .000 13:07  
BLANK TEST .000 13:08  
ALCO TV 27.90 in .083 13:08  
BLANK TEST .000 13:09

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130291

AUGUST 27, 2009  
TIME 13:11

— DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/26/01  
HEATERS  
SAMPLE CHAMBER: 42c  
BREATH TUBE: 42c  
BAROMETER: 27.90 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!@#%&'()\*+,-./:0123456789:;<=>?@BCDEFG  
HIJKLMNPQRSTUVWXYZ[\]^\_`ab|cde|fgh|ijklmno  
pqrstuvw|xyz{|}~

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm-Breath Test Instrument

OCT 29 2009

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N 130291

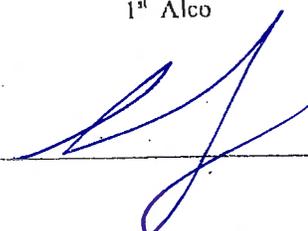
Name Sean Fielding ID# 5789 Date 10/23/09

A Agency Denali Detention Park Phone # 683 9528

Instrument Location Denali 1P-12

B Alco S/N X301553 Target Value .083 High Pressure 550

Alco Test Value Average .085 .084  
1<sup>st</sup> Alco 2<sup>nd</sup> Alco

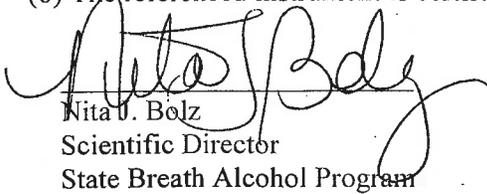
Signature 

(OVER)

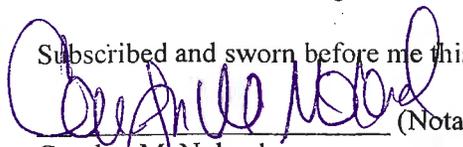
*RMB*  
*11/4/09*

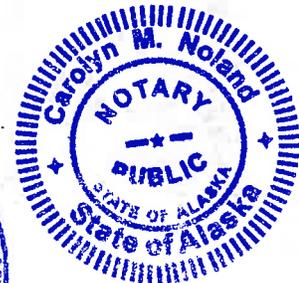
I, Nita J. Bolz, after being first duly sworn, depose and state as follows. (Do Not write in the area below)

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 3<sup>rd</sup> day of Dec, 2009.

  
(Notary Seal Stamp)  
Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130291

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130291

OCTOBER 27, 2009

OPERATOR'S NAME: *BMB*  
FIELDING/SEAN/R  
OPERATOR'S NUMBER: 5189  
SUBJECT'S LAST NAME: *1114109*  
VERIFICATION OF CAL

SUBJECT'S FIRST NAME/MI :

A

O.L. #: 1234567

DEPT/AGENCY: DNLB

CASE/REPORT: 102709

TEST TYPE: U

ALCO TARGET VALUE: .083

ALCO S/N: X301553

### — BREATH ANALYSIS —

.083 ADJUSTED FOR 28.81 in		
ALCO TARGET	.077	09:27
BLANK TEST	.000	09:29
INTERNAL STANDARD	VERIFIED	09:29
ALCO TV 28.81 in	.085	09:29
BLANK TEST	.000	09:30
SUBJECT SAMPLE	.080	09:30
BLANK TEST	.000	09:31
ALCO TV 28.83 in	.094	09:32
BLANK TEST	.000	09:32

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130291

OCTOBER 27, 2009  
TIME 09:33

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c  
BAROMETER: 28.81 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

! " # \$ % ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z ( ) \* + , - . /

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

JAN 06 2010

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N 130291 ✓

Name Sean Fielding ID# 5789 Date 12/24/09

A Agency Denali National Park Phone # 683-9528

Instrument Location Denali National Park - HQ ✓

B Alco S/N X301553 Target Value .083 High Pressure 550

Alco Test Value Average .085 ✓ .085 ✓  
1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature [Signature] ✓

(OVER)

BMB  
1/13/10

I, Nita J. Bolz, after being first duly sworn, depose and state as follows. (Do Not write in the area below)

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

[Signature]  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 26<sup>th</sup> day of January, 2010.

[Signature] (Notary Seal Stamp)  
Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130291 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130291

DECEMBER 24, 2009

OPERATOR'S NAME:  
FIELDING/SEAN/R  
OPERATOR'S NUMBER: 5189  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI:  
A

O.L. #: 123456  
DEPT/AGENCY: DNL8  
CASE/REPORT: 122489  
TEST TYPE: V  
ALCO TARGET VALUE: .083  
ALCO S/N: X301553

### — BREATH ANALYSIS —

.083 ADJUSTED FOR 27.96 in ✓  
ALCO TARGET .077 12:34  
BLANK TEST .000 12:35  
INTERNAL STANDARD VERIFIED 12:36  
ALCO TO 27.96 in .085 ✓ 12:36  
BLANK TEST .000 12:37  
SUBJECT SAMPLE .000 12:37  
BLANK TEST .000 12:38  
ALCO TO 27.96 in .085 ✓ 12:38  
BLANK TEST .000 12:39

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130291

DECEMBER 24, 2009  
TIME 12:40

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c  
BAROMETER: 27.96 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

### PRINTER TEST

!@#%&'()\*+,-./0123456789:;<=>?@BCDEFG  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcd efghijklmnop  
qrstuvwxy z{|}~

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

MAR 03 2010

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N 130291

A Name Sean Fielding ID# 5189 Date 2/24/10

Agency Denali National Park Phone # 683 9528

Instrument Location Denali National Park - HQ

B Alco S/N X301553 Target Value .083 High Pressure 500

Alco Test Value Average .084 .083  
1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature [Signature] (OVER) (NB  
3/11/10)

(Do Not write in the area below)

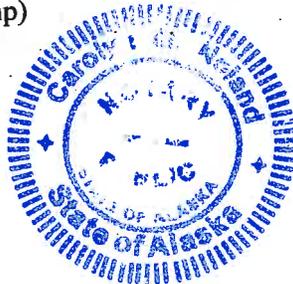
I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

[Signature]  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 23rd day of March, 2010.

[Signature] (Notary Seal Stamp)  
Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office





# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

APR 28 2010

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure: DataMaster cdm S/N 130291

Name Sean Fielding ID# 5289 Date 4/23/10

A Agency Denali National Park Phone # 683 9528

Instrument Location Denali National Park - H2

B Alco S/N X301553 Target Value .083 High Pressure 500

Alco Test Value Average .085 .085  
1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature [Signature]

(OVER)

AMB  
5/3/10

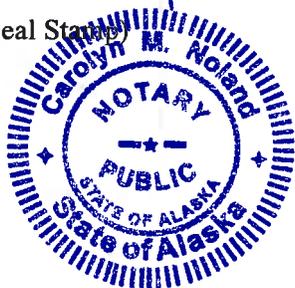
I, Nita J. Bolz, after being first duly sworn, depose and state as follows: (Do Not write in the area below)

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

[Signature]  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 15<sup>th</sup> day of June, 2010.

[Signature]  
Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130291

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130291

APRIL 23, 2010

OPERATOR'S NAME: FIELDING/SEAN/R  
OPERATOR'S NUMBER: 5189  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI :  
A  
O.L. #: 1234567  
DEPT/AGENCY: DNLS  
CASE/REPORT: 042310  
TEST TYPE: V  
ALCO TARGET VALUE: .083  
ALCO S/N: K301553

*AMB 5/3/10*

— BREATH ANALYSIS —

.083 ADJUSTED FOR 28.04 in		
ALCO TARGET	.077	14:39
BLANK TEST	.000	14:40
INTERNAL STANDARD	VERIFIED	14:40
ALCO TU 28.04 in	.085	14:40
BLANK TEST	.000	14:41
SUBJECT SAMPLE	.000	14:41
BLANK TEST	.000	14:42
ALCO TU 28.04 in	.085	14:43
BLANK TEST	.000	14:43

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130291

APRIL 23, 2010  
TIME 14:48

— DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c  
BAROMETER: 28.04 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST  
!"#\$%&'()\*+,-./0123456789:;<=>@ABCDEFGHIJKL  
MNOPQRSTUVWXYZ[\]^\_`abcde fghijklmnop  
qrstuvwxyz{|}~@

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

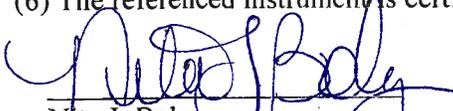
Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

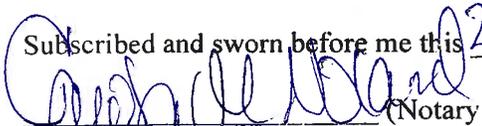
Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	130291
Name	Jaime L. Smith	ID#	6762
		Date	6/3/10
A	Agency	Denali National Park	Phone # 683-9525
	Instrument Location	Denali National Park - HQ	
Alco S/N		X301553	Target Value .083
			High Pressure 450
B	Alco Test Value Average	.083	.083
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
Signature		Jaime L. Smith	
		(OVER)	

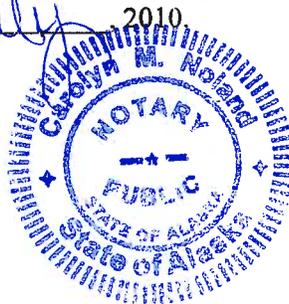
BMB  
6/15/10

I, Nita J. Bolz, after being first duly sworn, depose and state as follows (Date as follows in the area below)

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 2nd day of July, 2010  
  
(Notary Seal Stamp)  
Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130291

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130291

JUNE 03, 2010

OPERATOR'S NAME:  
SMITH, JAINIE/L

OPERATOR'S NUMBER: 6762

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/MI :

X

O.L. #: X

DEPT/AGENCY: DNL8

CASE/REPORT:

TEST TYPE: U

ALCO TARGET VALUE: .083 ✓

ALCO S/N: X301553

### — BREATH ANALYSIS —

.083 ADJUSTED FOR 27.54 in ✓  
ALCO TARGET .076 09:50  
BLANK TEST .000 09:51  
INTERNAL STANDARD VERIFIED 09:51  
ALCO TV 27.54 in .083 09:51  
BLANK TEST .000 ✓ 09:52  
SUBJECT SAMPLE .000 ✓ 09:53  
BLANK TEST .000 ✓ 09:54  
ALCO TV 27.56 in .083 ✓ 09:54  
BLANK TEST .000 09:54

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130291

JUNE 03, 2010 ✓

TIME 09:46

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 42c

BAROMETER: 27.56 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

### PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEF6  
HIJKLMNPOQRSTUVWXYZ[\]^\_`'abcde fghijklmno  
pqrstu vwxyz{|}~||

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	130309 ✓
Name		P. Nelson	ID# 4389 Date 11-2-08 ✓
Agency		AST	Phone # 313-8337
Instrument Location		MATSU WEST ✓	
Alco S/N		78990 ✓	Target Value .074 ✓ High Pressure 900 ✓
Alco Test Values		.078 ✓ 1 <sup>st</sup> Alco	.078 ✓ 2 <sup>nd</sup> Alco
Signature		 ✓	CS 11/2/08

(OVER)

Under the Alaska Rules of Evidence, I certify that (Print name in the area below)

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

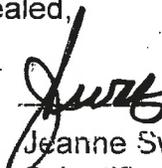
(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Patrick Nelson, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



NOV 0 2008

  
\_\_\_\_\_  
Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

11/2/08  
\_\_\_\_\_  
Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130309

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130309

NOVEMBER 02, 2008

OPERATOR'S NAME:

NELSON PATRICK

OPERATOR'S NUMBER: 4326

SUBJECT'S LAST NAME:

VERIFICATION OF

SUBJECT'S FIRST NAME/MI :

CALIBRATION

S.L. #: 123456

DEPT/AGENCY: PLM0

CASE/REPORT: 12-3456

TEST TYPE: U

ALCO TARGET VALUE: .074

ALCO S/N: 78996

--- BREATH ANALYSIS ---

ALCO ADJUSTED FOR 29.25 in

ALCO TARGET	.072	19:22
BLANK TEST	.000	19:24
INTERNAL STANDARD	VERIFIED	19:24
ALCO TO 29.25 in	.078	19:24
BLANK TEST	.000	19:25
SUBJECT SAMPLE	.000	19:25
BLANK TEST	.000	19:26
ALCO TO 29.25 in	.078	19:27
BLANK TEST	.000	19:27

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130309

NOVEMBER 02, 2008

TIME 19:30

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 42c

BAROMETER: 29.25 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

! "# \$ % ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G  
H I J K L M N O P Q R S T U V W X Y Z [ \ ] ^ \_ ` a b c d e f g h i j k l m n o  
p q r s t u v w x y z { } ~

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130119</u>
Name		<u>Tobin P Brennan</u>	ID# <u>4542</u> Date <u>10-28-08</u> ✓
A	Agency	<u>Soldotna Police Dept</u> ✓	Phone # <u>262-4455</u>
Instrument Location		<u>Soldotna PD 11-11-08 CMW</u>	
Alco S/N		<u>X124650</u> ✓	Target Value <u>.074</u> ✓ High Pressure <u>1100</u> ✓
B	Alco Test Value Average	<u>.079</u> ✓ 1 <sup>st</sup> Alco	<u>.079</u> ✓ 2 <sup>nd</sup> Alco
Signature		 ✓	
(OVER)			

Under the Alaska Rules of Evidence, I certify that;

(Do Not write in the area below)

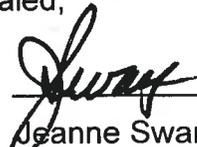
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Tobin P Brennan, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,





Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

11/19/08

Date

NOV 03 2008  
BT9 03/00

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130119 ✓

(CONTINUED FROM FRONT PAGE)

**C** TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130119

OCTOBER 28, 2008 *11/28/08*

OPERATOR'S NAME:

BRENNAN

OPERATOR'S NUMBER: 4542

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/MI :

UOC

O.L. #: UOC

DEPT/AGENCY: SLD1

CASE/REPORT: UOC

TEST TYPE: U

ALCO TARGET VALUE: .074 ✓

ALCO S/N: X124650

— BREATH ANALYSIS —

.074 ADJUSTED FOR 29.57 in		
ALCO TARGET	.073	21:44
BLANK TEST	.000	21:45
INTERNAL STANDARD	VERIFIED	21:45
ALCO TV 29.57 in	.079 ✓	21:46
BLANK TEST	.000	21:47
SUBJECT SAMPLE <i>11/28/08</i>	.000	21:47
BLANK TEST	.000	21:48
ALCO TV 29.57 in	.079 ✓	21:48
BLANK TEST	.000	21:49

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130119

OCTOBER 28, 2008 ✓

TIME 21:42

— DIAGNOSTIC CHECK —

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	03/29/00
HEATERS	
SAMPLE CHAMBER:	48c
BREATH TUBE:	45c
BAROMETER:	29.57 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

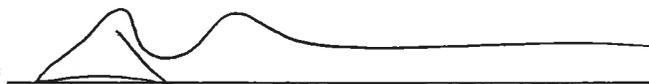
!\*"#%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJKL  
MNPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqrstuvwxyz{|}~!@

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130119</u>
Name	<u>Tobin P Brennan</u>	ID# <u>4542</u> Date <u>12-20-08</u>
A Agency	<u>Soldotna Police Department</u> Phone # <u>262-4455</u>	
Instrument Location	<u>Soldotna Police Department</u>	
B Alco S/N	<u>X124650</u>	Target Value <u>.074</u> High Pressure <u>880</u>
Alco Test Value Average	<u>.081</u> 1 <sup>st</sup> Alco	<u>.080</u> 2 <sup>nd</sup> Alco
Signature		
(OVER)		

Under the Alaska Rules of Evidence, I certify that:

(Do Not write in the area below)

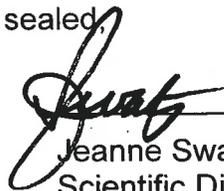
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Tobin P Brennan, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,





Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

12/31/08

Date

DEC 23 2008

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130119 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130119

DECEMBER 20, 2008 *COB 12/30/08*

OPERATOR'S NAME:

BRENNAN

OPERATOR'S NUMBER: 4542

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/MI :

VOC

O.L. #: VOC

DEPT/AGENCY: SLD1

CASE/REPORT: VOC

TEST TYPE: U

ALCO TARGET VALUE: .074 ✓

ALCO S/N: X124650

— BREATH ANALYSIS —

.074 ADJUSTED FOR 30.09 in		
ALCO TARGET	.074	03:24
BLANK TEST	.000	03:25
INTERNAL STANDARD	VERIFIED	03:25
ALCO TV 30.09 in	.081 ✓	03:26
BLANK TEST	.000	03:26
SUBJECT SAMPLE <i>COB 12/30/08</i>	.000	03:27
BLANK TEST	.000 ✓	03:28
ALCO TV 30.09 in	.000 ✓	03:28
BLANK TEST	.000	03:29

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130119

DECEMBER 20, 2008 ✓  
TIME 03:23

— DIAGNOSTIC CHECK —

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	03/29/00
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	45c
BAROMETER:	30.09 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=?@ABCDEF6  
HIJKLMNPOQRSTUVWXYZ[\]^\_`abcdefgijklmnop  
qrstuvwxyz{|}~■

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument  
State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130119</u> ✓
Name <u>Tobin P Brennan</u>	ID# <u>4542</u>	Date <u>2-3-09</u> ✓
A Agency <u>Soldotna Police Department</u>		Phone # <u>(907) 262-4455</u>
Instrument Location <u>Soldotna Police Department (44510 Sterling Hwy, Soldotna Alaska 99669)</u> ✓		
Alco S/N <u>X124650</u> ✓		Target Value <u>.074</u> ✓
		High Pressure <u>550</u>
B Alco Test Values		
	<u>.079</u> ✓ 1 <sup>st</sup> Alco	<u>.080</u> ✓ 2 <sup>nd</sup> Alco
Signature		
	COS 2/17/09	

(OVER)

Under the Alaska Rules of Evidence, I certify that:  
(Do Not write in the area below)

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Tobin P Brennan, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed





Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

02/18/09  
Date

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130119

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130119

FEBRUARY 03, 2009

OPERATOR'S NAME: *COB 2/2/09*  
BRENNAN

OPERATOR'S NUMBER: 4542

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/NI :

UOC

O.L. #: UOC

DEPT/AGENCY: SLD1

CASE/REPORT: UOC

TEST TYPE: U

ALCO TARGET VALUE: .074 ✓

ALCO S/N: X124650

### — BREATH ANALYSIS —

.074 ADJUSTED FOR 29.57 in

ALCO TARGET	.073	15:54
BLANK TEST	.000	15:54
INTERNAL STANDARD	VERIFIED	15:54
ALCO TO 29.57 in	.079 ✓	15:55
BLANK TEST	.000	15:56
SUBJECT SAMPLE <i>COB 2/2/09</i>	.000	15:56
BLANK TEST	.000	15:57
ALCO TO 29.57 in	.000 ✓	15:57
BLANK TEST	.000	15:58

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130119

FEBRUARY 03, 2009 ✓

TIME 15:51

### — DIAGNOSTIC CHECK —

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 03/29/00

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 45c

BAROMETER: 29.57 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

### PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEF6  
HIJKLMNPOQRSTUVWXYZ[\]^\_`abcde fgh i jk lano  
pqrstu vwxyz{|}~■

MAY 05 2006

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130196</u> ✓
Name	<u>Jean P. Achee</u>	ID#	<u>1470</u> ✓
		Date	<u>4/18/06</u> ✓
A	Agency	<u>Wasilla Police Department</u>	Phone # <u>352-5401</u>
	Instrument Location	<u>Wasilla Police Department</u>	
B	Alco S/N	<u>X124656</u> ✓	Target Value <u>.074</u> ✓
			High Pressure <u>1050</u>
	Alco Test Value Average	<u>.077</u> ✓	<u>.075</u> ✓
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
	Signature	<u>Jean Achee</u> <u>CB</u>	

(OVER)

Under the Alaska Rules of Evidence, I certify that (write in the area below)

- (a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.
- (b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Jean P Achee, whose name appears in my records, is qualified to verify the calibration of the above instrument.
- (c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.



Signed and sealed,

Chris W. Beheim      5-12-06  
 Chris W. Beheim      Date  
 Scientific Director  
 State of Alaska  
 State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130196

(CONTINUED FROM FRONT PAGE)

C

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130196

APRIL 18, 2006

OPERATOR'S NAME:

HOEY, JEFF P

OPERATOR'S NUMBER: 1470

SUBJECT'S LAST NAME:

VOC

SUBJECT'S FIRST NAME/MI :

NEW ALCO

O.L. #: SN X124656

DEPT/AGENCY: WASH

CASE/REPORT: 050418

TEST TYPE: V

ALCO TARGET VALUE: .074

ALCO S/N: X124656

— BREATH ANALYSIS —

.074 ADJUSTED FOR 29.47 in  
ALCO TARGET .072 13:39  
BLANK TEST .000 13:40  
INTERNAL STANDARD VERIFIED 13:40  
ALCO TV 29.47 in .077 13:40  
BLANK TEST .000 13:41  
SUBJECT SAMPLE .000 13:42  
BLANK TEST .000 13:43  
ALCO TV 29.47 in .075 13:43  
BLANK TEST .000 13:44

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130196

APRIL 18, 2006

TIME 13:47

— DIAGNOSTIC CHECK —

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 48c

BREATH TUBE: 42c

DIPOMETER: 29.47 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

"=5%(")+,-./0123456789:;<=>?@BCDEFG  
H,I,J,K,L,M,N,O,P,Q,R,S,T,U,V,W,X,Y,Z[\]^\_`  
abcde fghijklmnopq rstuvwxyz{|}~

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	130196 ✓
Name	Jean P. Achee	ID#	1470 ✓
		Date	7-3-06 ✓
A	Agency	Wasilla Police Department	Phone # 352-5401
	Instrument Location	Wasilla Police Department	
B	Alco S/N	X124656 ✓	Target Value .074 ✓
			High Pressure 400
	Alco Test Value Average	.081 ✓	.084 ✓
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
	Signature	Jean Achee	
		C.O.B. #4106 CBQ	

(OVER)

Under the Alaska Rules of Evidence, I certify that, (Do Not write in the area below)

(a) I am Chris W. Beheim, Director, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Jean P Achee, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



Chris W. Beheim 7-11-06

Chris W. Beheim Date  
Scientific Director  
State of Alaska  
State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130196

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130196

JULY 03, 2006

OPERATOR'S NAME:  
ACHEE, JEAN P

OPERATOR'S NUMBER: 1470

SUBJECT'S LAST NAME:

VERIFICATION OF

SUBJECT'S FIRST NAME/NI :  
CALIBRATION

O.L. #: 1234567890

DEPT/AGENCY: WASH

CASE/REPORT: 060703

TEST TYPE: V

ALCO TARGET VALUE: .074

ALCO S/N: K124656

### --- BREATH ANALYSIS ---

.074 ADJUSTED FOR 30.04 in		
ALCO TARGET	.074	14:28
BLANK TEST	.000	14:29
INTERVAL STANDARD	VERIFIED	14:29
ALCO TV 30.04 in	.091	14:29
BLANK TEST	.000	14:30
SUBJECT SAMPLE	.000	14:31
BLANK TEST	.000	14:31
ALCO TV 30.04 in	.094	14:32
BLANK TEST	.000	14:32

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130196

JULY 03, 2006

TIME 14:25

### --- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 42c

BAROMETER: 30.04 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

### PRINTER TEST

!@#%^&\*()+-./0123456789:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefgijklmnop  
qrstuvwxyz{|}~\*

NOV 13 2009

# VERIFICATION OF CALIBRATION REPORT

of Datamaster cdm

State of Alaska

NOV 13 2009 Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:

Datamaster cdm S/N 130125

Name GARY J. TELLEP ID# 2281 Date 11-12-09

A Agency AST D DETACHMENT Phone # 951-5100

Instrument Location 1979 PEGER RD. F6Ks. 99701

B Alco S/N X172966 Target Value .079 High Pressure 1125

Alco Test Value Average .080 .083  
1<sup>st</sup> Alco 2<sup>nd</sup> Alco

Signature Gary J. Tellep

(OVER)

BMB  
12/21/09

(Do Not write in the area below)

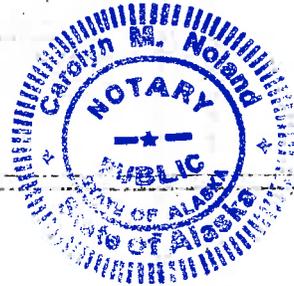
- I, Nita J. Bolz, after being first duly sworn, depose and state as follows.
- I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- I am the Scientific Director of the State Breath Alcohol Program.
- In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- The referenced instrument is certified for evidentiary use in the State of Alaska.

Nita J. Bolz  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Carolyn M. Noland  
Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office

Subscribed and sworn before me this 14<sup>th</sup> day of January, 2010

(Notary Seal Stamp)



# VERIFICATION OF CALIBRATION REPORT

of Datamaster cdm

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Datamaster cdm S/N 130125

(CONTINUED FROM FRONT PAGE)

C

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130125

NOVEMBER 12, 2009

OPERATOR'S NAME:  
TELLEP GARY J

OPERATOR'S NUMBER: 2281

SUBJECT'S LAST NAME:

VERIFICATION/CPAL

SUBJECT'S FIRST NAME/MI:

N

O.L. #: N

DEPT/AGENCY: FBK0

CASE/REPORT: N

TEST TYPE: U

ALCO TARGET VALUE: .079

ALCO S/N: X172966

— BREATH ANALYSIS —

.079 ADJUSTED FOR 28.92 in ✓  
ALCO TARGET .076 03:29  
BLANK TEST .000 03:30  
INTERNAL STANDARD VERIFIED 03:30  
ALCO TO 28.92 in .000 03:31  
BLANK TEST .000 03:31  
SUBJECT SAMPLE .000 03:33  
BLANK TEST .000 03:34  
ALCO TO 28.92 in .000 03:34  
BLANK TEST .000 03:35

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130125

NOVEMBER 12, 2009  
TIME 03:36

— DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c  
BAROMETER: 28.92 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!@#&'()\*+,-./0123456789:;<=>?@ABCDEF  
HIJKLMNPOQRSTUVWXYZ[\]^\_`abcde fghi jklmno  
pqrstuvwxyz{|}~

# VERIFICATION OF CALIBRATION REPORT

of Datamaster cdm

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

JAN 19 2010

Supervisor/Operator Performing the Verification Procedure: <u>Datamaster cdm S/N 130125</u>	
Name <u>Anthony M. Wiles</u>	ID# <u>6877</u> Date <u>1/9/10</u>
Agency <u>AST-D Detachment</u>	Phone # <u>451-5100</u>
Instrument Location <u>1979 PEKER Rd FBRS, 99701</u>	
Alco S/N <u>X172966</u> Target Value <u>.079</u> High Pressure <u>400 psi</u>	
Alco Test Value Average <u>.083</u> <u>.084</u>	
1 <sup>st</sup> Alco 2 <sup>nd</sup> Alco	
Signature <u>Anthony Wiles</u>	

(OVER)

COB  
1/22/10

(Do Not write in the area below)

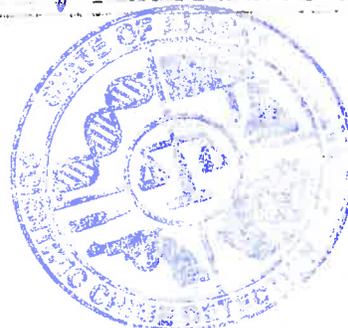
I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

Nita J. Bolz  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 20th day of January, 2010.

Carolyn M. Nofand (Notary Seal Stamp)  
Carolyn M. Nofand  
Notary Public, State of Alaska  
Commission Expires with Office



# VERIFICATION OF CALIBRATION REPORT

of Datamaster cdm

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Datamaster cdm S/N 130125

(CONTINUED FROM FRONT PAGE)

C

**TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.**

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130125

JANUARY 09, 2010

OPERATOR'S NAME: *CSB 1/22/10*  
WILES ANTHONY M  
OPERATOR'S NUMBER: 6877  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI :  
N  
D.L. #: N  
DEPT/AGENCY: FBXO  
CASE/REPORT: N  
TEST TYPE: V  
ALCO TARGET VALUE: .075  
ALCO S/N: X172966

--- BREATH ANALYSIS ---

.075 ADJUSTED FOR 29.70 in		
ALCO TARGET	.075	06:16
BLANK TEST	.000	06:17
INTERNAL STANDARD	VERIFIED	06:17
ALCO TV 29.70 in	.063	06:17
BLANK TEST	.000	06:18
SUBJECT SAMPLE	.062	06:19
BLANK TEST	.000	06:20
ALCO TV 29.70 in	.064	06:20
BLANK TEST	.000	06:21

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130125

JANUARY 09, 2010  
TIME 06:22

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	03/20/01
HEATERS	
SAMPLE CHAMBER:	43c
BREATH TUBE:	43c
BAROMETER:	29.70 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTED TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
SCIENTIFIC CRIME DETECTION LABORATORY  
STATEWIDE BREATH ALCOHOL PROGRAM

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130570</u>
Name		<u>STEVE DUNN</u>	ID# <u>4106</u> Date <u>10-30-07</u>
A	Agency	<u>APD</u>	Phone # <u>786-2442</u>
Instrument Location <u>4<sup>th</sup> AVE SUB</u>			
Alco S/N		<u>X301600</u>	Target Value <u>.076</u> High Pressure <u>1000 PSI</u>
Alco Test Value Average		<u>.080</u>	<u>.080</u>
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
Signature		<u>[Signature]</u> <u>10/30/07</u>	
(OVER)			

Under the Alaska Rules of Evidence, I certify that:  
(Do Not write in the area below)

(a) I am Jeanne Swartz, Criminalist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Steve P Dunn, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



[Signature] 11/2/07  
 Jeanne Swartz Date  
 Scientific Director Designee  
 State of Alaska  
 State Breath Alcohol Testing Program

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130570

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

S. Dunn  
#1361

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130570

OCTOBER 30, 2007

OPERATOR'S NAME:

DUNN S

OPERATOR'S NUMBER: 4106

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/MI :

V

O.L. #: V

DEPT/AGENCY: AKD1

CASE/REPORT: V

TEST TYPE: V

ALCO TARGET VALUE: .075

ALCO S/N: N301633

--- BREATH ANALYSIS ---

.075 ADJUSTED FTI 28.71 in		
ALCO TARGET	.072	09:40
BLANK TEST	.000	09:41
INTERNAL STANDARD	VERIFIED	09:41
ALCO TV 28.71 in	.050	09:41
BLANK TEST	.000	09:42
SUBJECT SAMPLE	.030	09:43
BLANK TEST	.000	09:43
ALCO TV 28.71 in	.030	09:44
BLANK TEST	.000	09:44

## DIAGNOSTIC CHECK

S. Dunn  
#1361

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130570

OCTOBER 30, 2007

TIME 09:37

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	05/30/01
HEATERS	
SAMPLE CHAMBER:	50c
BREATH TUBE:	42c
BAROMETER:	28.71 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STABILIZED:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!@#\$%^&\*()-,./0123456789:;<=>?@#CDEF6  
-./0123456789:;<=>?@#CDEF6  
-./0123456789:;<=>?@#CDEF6

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument  
State of Alaska

NOV 20 2009

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130570</u>
Name		<u>C. RITALA</u>	ID# <u>3791</u> Date <u>11/10/09</u>
A	Agency	<u>APD</u>	Phone # <u>786-2640</u>
Instrument Location		<u>FLORA SUB STATION (4th AVE)</u>	
Alco S/N		<u>X124669</u>	Target Value <u>0.084</u> High Pressure <u>1100</u>
Alco Test Value Average		<u>0.081</u> 1 <sup>st</sup> Alco	<u>0.082</u> 2 <sup>nd</sup> Alco
Signature		<u>[Signature]</u>	<u>RITALA/1349</u>

(OVER)

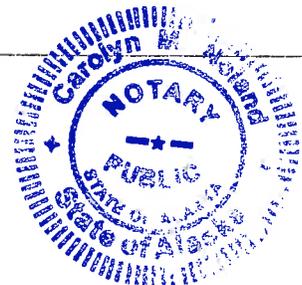
(Do Not write in the area below)

I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

[Signature]  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 25th day of January, 2009.  
[Signature] (Notary Seal Stamp)  
Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office



# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N

130570 ✓

(CONTINUED FROM FRONT PAGE)

C

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130570

NOVEMBER 10, 2009

OPERATOR'S NAME:

RITALA

OPERATOR'S NUMBER: 3791

SUBJECT'S LAST NAME:

VERIFICATION OF CALIBRATION

SUBJECT'S FIRST NAME/MI :

INSTALL NEW ALCO

O.L. #: A

DEPT/AGENCY: ANCI

CASE/REPORT: A

TEST TYPE: V

ALCO TARGET VALUE: .076 ✓

ALCO S/N: X124669 ✓

--- BREATH ANALYSIS ---

.076 ADJUSTED FOR 29.91 in ✓  
ALCO TARGET .075 22:52  
BLANK TEST .000 22:53  
INTERNAL STANDARD VERIFIED 22:53  
ALCO TV 29.91 in .001 ✓ 22:53  
BLANK TEST .000 22:54  
SUBJECT SAMPLE .000 22:55  
BLANK TEST .000 22:55  
ALCO TV 29.91 in .002 ✓ 22:56  
BLANK TEST .000 22:56

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130570

NOVEMBER 10, 2009 ✓

TIME 22:49

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 12/11/06

HEATERS

SAMPLE CHAMBER: 50c

BREATH TUBE: 42c

BAROMETER: 29.91 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>@ABCDEFGHI  
HIJKLMNOPQRSTUVWXYZ[\]^\_`ab cde fghijklmno  
pqrstuvwxyz{|}~

Target value corrected at SCCD (.0.084) CBS 12/23/09  
recalculated NFB 11/21/10 CBS 12/23/09

CR 1349 11/10/09

CR 1349 11/10/09

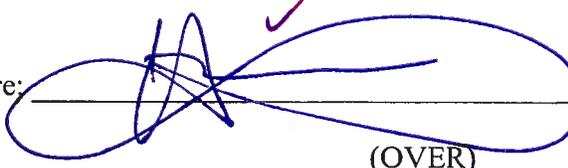
# VERIFICATION OF CALIBRATION REPORT

Of DataMaster cdm Breath test Instrument

State of Alaska

Scientific Crime Detection Laboratory – Statewide Breath Alcohol Program

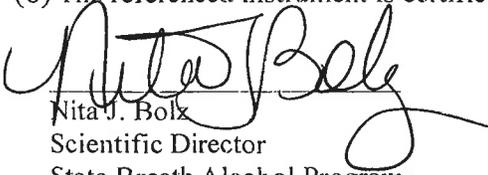
NOV 23 2009

Supervisor/Operator Performing the Verification Procedure: Name: <u>JAMES C. GIPSON</u> ID#: <u>4842</u> Date: <u>21 BMB 12/11/09</u> <u>11 November 09</u>		DataMaster cdm S/N: <u>130193</u>
A Agency: <u>Palmer Police Department</u> Phone #: <u>(907) 745-4811</u>		
Instrument Location: <u>Palmer Police Department</u>		
B Alco S/N: <u>X124671</u> Target Value: <u>0.084</u> <del>0.076</del> <sup>BMB 12/23/09 *</sup> High Pressure: <u>1250</u>		
Alco Test Value Average: <u>.084</u> <sup>1<sup>st</sup> Alco</sup> <u>.083</u> <sup>2<sup>nd</sup> Alco</sup>	<u>* Target value corrected at Lab 12/23/09 BMB</u>	
Signature: 		
(OVER)		

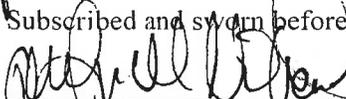
BMB  
12/23/09

I, Nita J. Bolz, after being first duly sworn, depose and state as follows. (Do Not write in the area below)

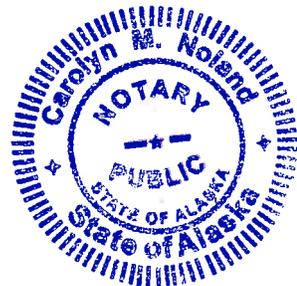
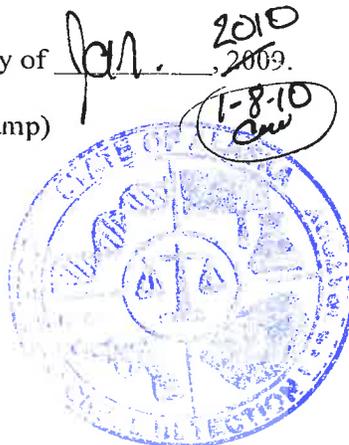
- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 21<sup>st</sup> day of Jan., 2010.

  
Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office

(Notary Seal Stamp)



# VERIFICATION OF CALIBRATION REPORT

Of DataMaster cdm Breath test Instrument

State of Alaska

Scientific Crime Detection Laboratory – Statewide Breath Alcohol Program

DataMaster cdm S/N: 130298

130193  
11-23-09  
chew

(CONTINUED FROM FRONT PAGE)

C

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES

## NONDRINKING SUBJECT TEST

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130193

NOVEMBER 21, 2009

OPERATOR'S NAME:  
BIPSON/JAMES/C  
OPERATOR'S NUMBER: 4842  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/MI :  
RJCG00

O.L. #: 0123456  
DEPT/AGENCY: PLM1  
CASE/REPORT: 01-2345  
TEST TYPE: U  
ALCO TARGET VALUE: ~~0.076~~  
ALCO S/N: X124671

— BREATH ANALYSIS —

.076 ADJUSTED FOR 29.42 in		
ALCO TARGET	.074	23:17
BLANK TEST	.000	23:17
INTERNAL STANDARD	VERIFIED	23:17
ALCO TU 29.41 in	.084	23:18
BLANK TEST	.000	23:18
SUBJECT SAMPLE	.000	23:19
BLANK TEST	.000	23:20
ALCO TU 29.41 in	.083	23:20
BLANK TEST	.000	23:21

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130193

NOVEMBER 21, 2009  
TIME 23:08

— DIAGNOSTIC CHECK —

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 01/08/09  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 42c  
BAROMETER: 29.42 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!""%&'()\*+,-./0123456789:;<=>?@A[BCDEFG  
HIJKLMNOPQRSTUVWXYZ\]^\_`abcde fghijklmno  
pqrstuvwxyz{|}~■

Target value  
corrected at  
lab  
0.084

BMB  
12/23/09

recalculated

NJB  
11/7/10

BMB  
12/23/09

0.084  
BMB  
12/23/09