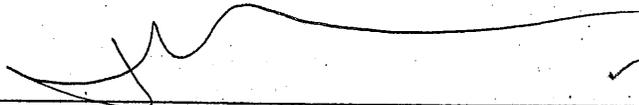


VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument
State of Alaska

SEP 25 2008

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

| | | | |
|--|-----------------|--|----------------------|
| Supervisor/Operator Performing the Verification Procedure: | | DataMaster cdm S/N | 130119 ✓ |
| Name | Tobin P Brennan | ID# | 030 ✓ |
| | | Date | 9-22-08 ✓ |
| A Agency | | Soldotna Police Dept | Phone # 262-4455 |
| Instrument Location | | Soldotna Police Dept ✓ | |
| B Alco S/N | | X172933 ✓ | Target Value .082 ✓ |
| | | | High Pressure 650 |
| Alco Test Value Average | | .083 ✓ | .083 ✓ |
| | | 1 st Alco | 2 nd Alco |
| Signature | |  | |
| | | CSB 9/30/08 | |

(OVER)

Under the Alaska Rules of Evidence, I certify that;

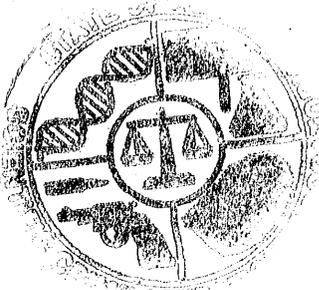
(Do Not write in the area below)

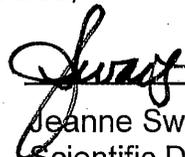
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director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

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, 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

10/15/08

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 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

SEPTEMBER 22, 2008 *2008 9/20/08*

OPERATOR'S NAME: BRENNAN
OPERATOR'S NUMBER: 4542
SUBJECT'S LAST NAME: VERIFICATION OF CAL
SUBJECT'S FIRST NAME/INI: UOC
O.L. #: UOC
DEPT/AGENCY: SLD1
PAGE/REPORT: UOC
TEST TYPE: U
ALCO TARGET VALUE: .002 ✓
ALCO S/N: X172933 ✓

--- BREATH ANALYSIS ---

| | | |
|----------------------------|--------------------------|-------|
| .002 ADJUSTED FOR 30.07 in | | |
| ALCO TARGET | .002 | 18:55 |
| BLANK TEST | .000 | 18:56 |
| INTERNAL STANDARD | VERIFIED | 18:56 |
| ALCO TV 30.07 in | .003 ✓ | 18:57 |
| BLANK TEST | .000 | 18:58 |
| SUBJECT SAMPLE | .000 <i>2008 9/20/08</i> | 18:58 |
| BLANK TEST | .000 | 18:59 |
| ALCO TV 30.07 in | .003 ✓ | 18:59 |
| BLANK TEST | .000 | 19:00 |

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130119

SEPTEMBER 22, 2008 ✓
TIME 18:51

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM: OKAY
SOFTWARE DATE: 03/29/00
HEATERS
SAMPLE CHAMBER: 48c
BREATH TUBE: 44c
BAROMETER: 30.07 in
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

123456789:K=??ABCDEFG
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 { | } ~