

METHOD VALIDATION DRAEGER ALCOTEST 9510

INTERFERENCE/ ISOPROPYL

DRAEGER ALCOTEST 9510 SERIAL NUMBER: ARAF - 0023

Sim. Serial Number: DR4483 Thermometer Serial Number: DR4483

lot # DC 073

ISOPROPYL	I/R VALUE SAMPLE1	I/R VALUE SAMPLE2	E/C VALUE SAMPLE1	E/C VALUE SAMPLE2	Interference Detected? Y/N
0.000	0.000	0.000	0.000	0.000	N
0.150	0.003	0.004	0.009	0.009	N
0.300	0.010		0.019		Y
0.450					
0.600					
0.750					
0.900					
1.050					
1.200					
1.350					
1.500					
1.650					
1.800					
1.950					
2.100					

*
SEE INSTRUMENT
PRINT OUTS.

Attach all 9510 printed documents

William Bogen
NAME OF TECHNICIAN PERFORMING TEST/S

4-24-2013
DATE TESTED

E. McCourt
NAME OF TECHNICIAN REVIEWING TEST/S

4-25-13
DATE REVIEWED

**WASHINGTON STATE PATROL
EVIDENTIARY SUBJECT TEST**
 ALCOTEST 9510 SERIAL NUMBER ARAF-0023
 SOFTWARE VERSION 8322798 0.6
 CONFIGURATION VERSION 8322796 2.0
 DATE OF LAST QAP: 04/24/2013

Analysis Date: **04/24/2013**
 Observation Period Began: **15:00**
 Citation/Case Number: **TEST/ISOP**
 Operator Name: **BOGEN/ WILLIAM/ A**
 Subject Name: **TEST/ISOPROPYL/.30/ TEST/ -**
 Subject Date of Birth: **12/12/2000**
 External Standard Lot: **765817**

Breath Analysis	Result g/210L	Time hh:mm	Volume liters	Blowtime seconds
Blank Test	0.000	15:59		
Internal Standard	VERIFIED	16:00		
Subject Sample 1			1.9	10.6
IR Result	0.010	16:01		
EC Result	0.019	16:01		
Blank Test	-----	---:--		
ernal Standard IR	-----	---:--		
External Standard EC	-----	---:--		
Blank Test	-----	---:--		
Subject Sample 2			-----	-----
IR Result	-----	---:--		
EC Result	-----	---:--		
Blank Test	-----	---:--		

Test Not Complete: Status Code 8

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the statements on this document and information contained therein are true, correct, and accurate. (RCW 9A.72.085.)

Officer Signature _____ Date _____

Location Signed _____

**WASHINGTON STATE PATROL
EVIDENTIARY SUBJECT TEST**
 ALCOTEST 9510 SERIAL NUMBER ARAF-0023
 SOFTWARE VERSION 8322798 0.6
 CONFIGURATION VERSION 8322796 2.0
 DATE OF LAST QAP: 04/24/2013

Analysis Date: **04/24/2013**
 Observation Period Began: **12:00**
 Citation/Case Number: **TEST/WATER**
 Operator Name: **BOGEN/ WILLIAM/ A**
 Subject Name: **TEST/H2O/ ONLY/ -**
 Subject Date of Birth: **12/12/2000**
 External Standard Lot: **765817**

DR4483

Breath Analysis	Result g/210L	Time hh:mm	Volume liters	Blowtime seconds
Blank Test	0.000	13:04		
Internal Standard	VERIFIED	13:05		
Subject Sample 1			1.8	7.9
IR Result	0.000	13:06		
EC Result	0.000	13:06		
Blank Test	0.000	13:06		
ernal Standard IR	0.081	13:06		
External Standard EC	0.081	13:06		
Blank Test	0.000	13:08		
Subject Sample 2			1.8	9.5
IR Result	0.000	13:08		
EC Result	0.000	13:08		
Blank Test	0.000	13:09		

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

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Officer Signature _____ Date _____
 Location Signed _____

**WASHINGTON STATE PATROL
EVIDENTIARY SUBJECT TEST**
ALCOTEST 9510 SERIAL NUMBER ARAF-0023
SOFTWARE VERSION 8322798 0.6
CONFIGURATION VERSION 8322796 2.0
DATE OF LAST QAP: 04/24/2013

Analysis Date: **04/24/2013**
 Observation Period Began: **13:10**
 Citation/Case Number: **TEST/ISOPROPYL**
 Operator Name: **BOGEN/ WILLIAM/ A**
 Subject Name: **TEST/ISOPROPYL0.15/ A/ -**
 Subject Date of Birth: **12/12/2000**
 External Standard Lot: **765817**

Breath Analysis	Result g/210L	Time hh:mm	Volume liters	Blowtime seconds
Blank Test	0.000	14:01		
Internal Standard	VERIFIED	14:02		
Subject Sample 1			2.0	6.5
IR Result	0.003	14:03		
EC Result	0.009	14:03		
Blank Test	0.000	14:03		
ernal Standard IR	0.079	14:04		
External Standard EC	0.081	14:04		
Blank Test	0.000	14:05		
Subject Sample 2			1.8	8.4
IR Result	0.004	14:06		
EC Result	0.009	14:06		
Blank Test	0.000	14:06		

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

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Officer Signature _____ Date _____
 Location Signed _____

**WASHINGTON STATE PATROL
EVIDENTIARY SUBJECT TEST
ALCOTEST 9510 SERIAL NUMBER ARAF-0023
SOFTWARE VERSION 8322798 0.6
CONFIGURATION VERSION 8322796 2.0
DATE OF LAST QAP: 04/24/2013**

Analysis Date: **04/24/2013**
 Observation Period Began: **13:11**
 Citation/Case Number: **TEST/ISOPROPYL**
 Operator Name: **BOGEN/ WILLIAM/ A**
 Subject Name: **TEST/ISOPROPYL/ 0.300/ -**
 Subject Date of Birth: **12/12/2000**
 External Standard Lot: **765817**

Breath Analysis	Result g/210L	Time hh:mm	Volume liters	Blowtime seconds
Blank Test	0.000	14:33		
Internal Standard	VERIFIED	14:34		
Subject Sample 1			2.7	10.7
IR Result	0.008	14:34		
EC Result	0.016	14:34		
Blank Test	0.000	14:35		
Internal Standard IR	0.081	14:35		
External Standard EC	0.081	14:35		
Blank Test	0.000	14:37		
Subject Sample 2			2.8	11.5
IR Result	0.008	14:37		
EC Result	0.017	14:37		
Blank Test	0.000	14:38		

Test Not Complete: Status Code 10

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

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Officer Signature _____ Date _____

Location Signed _____

**WASHINGTON STATE PATROL
EVIDENTIARY SUBJECT TEST**
ALCOTEST 9510 SERIAL NUMBER ARAF-0023
SOFTWARE VERSION 8322798 0.6
CONFIGURATION VERSION 8322796 2.0
DATE OF LAST QAP: 04/24/2013

Analysis Date: **04/24/2013**
 Observation Period Began: **14:00**
 Citation/Case Number: **TEST/ISOPROPYL**
 Operator Name: **BOGEN/ WILLIAM/ A**
 Subject Name: **TEST/ISOPROPYL/ 0.30/ -**
 Subject Date of Birth: **12/12/2000**
 External Standard Lot: **765817**

Breath Analysis	Result g/210L	Time hh:mm	Volume liters	Blowtime seconds
Blank Test	0.000	14:46		
Internal Standard	VERIFIED	14:46		
Subject Sample 1			2.5	11.2
IR Result	0.009	14:47		
EC Result	0.017	14:47		
Blank Test	0.000	14:48		
Internal Standard IR	0.081	14:48		
External Standard EC	0.081	14:48		
Blank Test	0.000	14:50		
Subject Sample 2			2.8	12.8
IR Result	0.008	14:50		
EC Result	0.017	14:50		
Blank Test	0.000	14:51		

Test Not Complete: Status Code 10

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

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Officer Signature _____ Date _____

Location Signed _____

**WASHINGTON STATE PATROL
EVIDENTIARY SUBJECT TEST**
 ALCOTEST 9510 SERIAL NUMBER ARAF-0023
 SOFTWARE VERSION 8322798 0.6
 CONFIGURATION VERSION 8322796 2.0
 DATE OF LAST QAP: 04/24/2013

Analysis Date: **04/24/2013**
 Observation Period Began: **14:00**
 Citation/Case Number: **TEST/ISO**
 Operator Name: **BOGEN/ WILLIAM/ A**
 Subject Name: **TEST/ISOPROPYL/ 0.3/ -**
 Subject Date of Birth: **12/12/2000**
 External Standard Lot: **765817**

Breath Analysis	Result g/210L	Time hh:mm	Volume liters	Blowtime seconds
Blank Test	0.000	14:56		
Internal Standard	VERIFIED	14:56		
Subject Sample 1			1.8	8.4
IR Result	0.008	14:57		
EC Result	0.017	14:57		
Blank Test	0.000	14:58		
Internal Standard IR	0.081	14:58		
External Standard EC	0.081	14:58		
Blank Test	0.000	14:59		
Subject Sample 2			1.9	7.6
IR Result	0.008	15:00		
EC Result	0.017	15:00		
Blank Test	0.000	15:01		

Test Not Complete: Status Code 10

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

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Officer Signature _____ Date _____

Location Signed _____

METHOD VALIDATION DRAEGER ALCOTEST 9510

INTERFERENCE/ ISOPROPYL

DRAEGER ALCOTEST 9510 SERIAL NUMBER: ARAH-0081

Sim. Serial Number: DR4483 Thermometer Serial Number: DR4483

LOT # DC 073

ISOPROPYL	I/R VALUE SAMPLE1	I/R VALUE SAMPLE2	E/C VALUE SAMPLE1	E/C VALUE SAMPLE2	Interference Detected? Y/N
0.000	0.000	0.000	0.000	0.000	N
0.150	—	—	—	—	N
0.300	0.010	—	0.019	—	Y
0.450					
0.600					
0.750					
0.900					
1.050					
1.200					
1.350					
1.500					
1.650					
1.800					
1.950					
2.100					

2X INVALID

Attach all 9510 printed documents

E. McCourt

4-24-13

NAME OF TECHNICIAN PERFORMING TEST/S

DATE TESTED

William Bogen

4-25-2013

NAME OF TECHNICIAN REVIEWING TEST/S

DATE REVIEWED

METHOD VALIDATION DRAEGER ALCOTEST 9510

INTERFERENCE/ ISOPROPYL

DRAEGER ALCOTEST 9510 SERIAL NUMBER: _____

Sim. Serial Number: _____ Thermometer Serial Number: _____

ISOPROPYL	I/R VALUE SAMPLE1	I/R VALUE SAMPLE2	E/C VALUE SAMPLE1	E/C VALUE SAMPLE2	Interference Detected? Y/N
0.000	Ø	Ø	Ø	Ø	N
0.150	INV	INV			
0.300	Sample outside		1090		
0.450					
0.600					
0.750					
0.900					
1.050					
1.200					
1.350					
1.500					
1.650					
1.800					
1.950					
2.100					

Attach all 9510 printed documents

NAME OF TECHNICIAN PERFORMING TEST/S

DATE TESTED

NAME OF TECHNICIAN REVIEWING TEST/S

DATE REVIEWED

METHOD VALIDATION DRAEGER ALCOTEST 9510

INTERFERENCE/ ISOPROPYL

DRAEGER ALCOTEST 9510 SERIAL NUMBER: ARAH0081

Sim. Serial Number: DR4483 Thermometer Serial Number: DR4483

Reagent # DC 073

ISOPROPYL	I/R VALUE	E/C VALUE	Interference Detected? Y/N
0.000	0	0	N
0.150			
0.300			
0.450			
0.600			
0.750			
0.900			
1.050			
1.200			
1.350			
1.500			
1.650			
1.800			
1.950			
2.100			

Attach all 9510 printed documents

NAME OF TECHNICIAN PERFORMING TEST/S

DATE TESTED

NAME OF TECHNICIAN REVIEWING TEST/S

DATE REVIEWED

**WASHINGTON STATE PATROL
EVIDENTIARY SUBJECT TEST**
ALCOTEST 9510 SERIAL NUMBER ARAH-0081
SOFTWARE VERSION 8322798 0.6
CONFIGURATION VERSION 8322796 2.0
DATE OF LAST QAP: 04/24/2013

Analysis Date: **04/24/2013**
 Observation Period Began: **12:00**
 Citation/Case Number: **ISOPROP**
 Operator Name: **MCCOURT/ ELIZABETH/ A**
 Subject Name: **ISOPROP/ OO/ -**
 Subject Date of Birth: **01/01/2000**
 External Standard Lot: **765817**

Breath Analysis	Result g/210L	Time hh:mm	Volume liters	Blowtime seconds
Blank Test	0.000	13:17		
Internal Standard	VERIFIED	13:17		
Subject Sample 1			1.8	8.7
IR Result	0.000	13:19		
EC Result	0.000	13:19		
Blank Test	0.000	13:19		
ernal Standard IR	0.079	13:19		
External Standard EC	0.076	13:19		
Blank Test	0.000	13:21		
Subject Sample 2			1.8	9.4
IR Result	0.000	13:22		
EC Result	0.000	13:22		
Blank Test	0.000	13:23		

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the statements on this document and information contained therein are true, correct, and accurate. (RCW 9A.72.085.)

Officer Signature _____ Date _____
 Location Signed _____

**WASHINGTON STATE PATROL
EVIDENTIARY SUBJECT TEST**
 ALCOTEST 9510 SERIAL NUMBER ARAH-0081
 SOFTWARE VERSION 8322798 0.6
 CONFIGURATION VERSION 8322796 2.0
 DATE OF LAST QAP: 04/24/2013

Analysis Date: **04/24/2013**
 Observation Period Began: **13:00**
 Citation/Case Number: **ISOPR .15**
 Operator Name: **MCCOURT/ ELIZABETH/ A**
 Subject Name: **ISOPRP/ NO/ N**
 Subject Date of Birth: **01/01/2000**
 External Standard Lot: **765817**

*Invalid
Sample*

Breath Analysis	Result g/210L	Time hh:mm	Volume liters	Blowtime seconds
Blank Test	0.000	13:51		
Internal Standard	VERIFIED	13:51		
Subject Sample 1			1.6	7.8
IR Result	-----	13:52		
EC Result	-----	13:52		
Blank Test	-----	---		
ernal Standard IR	-----	---		
External Standard EC	-----	---		
Blank Test	-----	---		
Subject Sample 2			-----	-----
IR Result	-----	---		
EC Result	-----	---		
Blank Test	-----	---		

Test Not Complete: Status Code 7

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

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Officer Signature _____ Date _____

Location Signed _____

**WASHINGTON STATE PATROL
EVIDENTIARY SUBJECT TEST**
 ALCOTEST 9510 SERIAL NUMBER ARAH-0081
 SOFTWARE VERSION 8322798 0.6
 CONFIGURATION VERSION 8322796 2.0
 DATE OF LAST QAP: 04/24/2013

*INVALID
SAMPLE*

Analysis Date: **04/24/2013**
 Observation Period Began: **12:00**
 Citation/Case Number: **ISOPR.15**
 Operator Name: **MCCOURT/ ELIZABETH/ A**
 Subject Name: **ISOPROP/ NN/ N**
 Subject Date of Birth: **01/01/2000**
 External Standard Lot: **765817**

Breath Analysis	Result g/210L	Time hh:mm	Volume liters	Blowtime seconds
Blank Test	0.000	13:58		
Internal Standard	VERIFIED	13:59		
Subject Sample 1			1.9	9.3
IR Result	-----	14:00		
EC Result	-----	14:00		
Blank Test	-----	---		
ernal Standard IR	-----	---		
External Standard EC	-----	---		
Blank Test	-----	---		
Subject Sample 2			-----	-----
IR Result	-----	---		
EC Result	-----	---		
Blank Test	-----	---		

Test Not Complete: Status Code 7

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

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Officer Signature _____ Date _____

Location Signed _____

**WASHINGTON STATE PATROL
EVIDENTIARY SUBJECT TEST**
 ALCOTEST 9510 SERIAL NUMBER ARAH-0081
 SOFTWARE VERSION 8322798 0.6
 CONFIGURATION VERSION 8322796 2.0
 DATE OF LAST QAP: 04/24/2013

*ISOP
.30
Sample
outside
10%*

Analysis Date: **04/24/2013**
 Observation Period Began: **14:00**
 Citation/Case Number: **ISOP**
 Operator Name: **MCCOURT/ ELIZABETH/ A**
 Subject Name: **ISOP/ I/ I**
 Subject Date of Birth: **01/02/2000**
 External Standard Lot: **765817**

Breath Analysis	Result g/210L	Time hh:mm	Volume liters	Blowtime seconds
Blank Test	0.000	15:15		
Internal Standard	VERIFIED	15:16		
Subject Sample 1			1.9	9.0
IR Result	0.009	15:17		
EC Result	0.017	15:17		
Blank Test	0.000	15:18		
Internal Standard IR	0.079	15:18		
External Standard EC	0.077	15:18		
Blank Test	0.000	15:20		
Subject Sample 2			1.8	8.9
IR Result	0.009	15:20		
EC Result	0.017	15:20		
Blank Test	0.000	15:21		

Test Not Complete: Status Code 10

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

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Officer Signature _____ Date _____

Location Signed _____

**WASHINGTON STATE PATROL
EVIDENTIARY SUBJECT TEST**
 ALCOTEST 9510 SERIAL NUMBER ARAH-0081
 SOFTWARE VERSION 8322798 0.6
 CONFIGURATION VERSION 8322796 2.0
 DATE OF LAST QAP: 04/24/2013

Analysis Date: **04/24/2013**
 Observation Period Began: **15:00**
 Citation/Case Number: **ISOPROP**
 Operator Name: **MCCOURT/ ELIZABETH/ A**
 Subject Name: **ISOPROP/ I/ I**
 Subject Date of Birth: **01/01/2000**
 External Standard Lot: **765817**

*ISOPROP
.30
INTERF
Detected*

Breath Analysis	Result g/210L	Time hh:mm	Volume liters	Blowtime seconds
Blank Test	0.000	15:55		
Internal Standard	VERIFIED	15:56		
Subject Sample 1			1.8	7.3
IR Result	0.010	15:57		
EC Result	0.019	15:57		
Blank Test	-----	--:--		
Internal Standard IR	-----	--:--		
External Standard EC	-----	--:--		
Blank Test	-----	--:--		
Subject Sample 2			-----	-----
IR Result	-----	--:--		
EC Result	-----	--:--		
Blank Test	-----	--:--		

Test Not Complete: Status Code 8

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

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Officer Signature _____ Date _____

Location Signed _____

METHOD VALIDATION DRAEGER ALCOTEST 9510

INTERFERENCE/ ISOPROPYL

DRAEGER ALCOTEST 9510 SERIAL NUMBER: ARAF-0002

Sim. Serial Number: DR4483 Thermometer Serial Number: DR4483

ISOPROPYL	I/R VALUE SAMPLE1	I/R VALUE SAMPLE2	E/C VALUE SAMPLE1	E/C VALUE SAMPLE2	Interference Detected? Y/N
0.000	0.000	0.000	0.000	0.000	N
0.150	0.006	0.006	0.013	0.013	N
0.300	0.010		0.021		X
0.450					
0.600					
0.750					
0.900					
1.050					
1.200					
1.350					
1.500					
1.650					
1.800					
1.950					
2.100					

OUTSIDE 1096

Attach all 9510 printed documents

CAM BERMAN
NAME OF TECHNICIAN PERFORMING TEST/S

4-24-13 / 4-25-13
DATE TESTED

E McCourt
NAME OF TECHNICIAN REVIEWING TEST/S

4/25/13
DATE REVIEWED

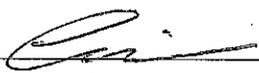
**WASHINGTON STATE PATROL
EVIDENTIARY SUBJECT TEST**
 ALCOTEST 9510 SERIAL NUMBER ARAF-0002
 SOFTWARE VERSION 8322798 0.6
 CONFIGURATION VERSION 8322796 2.0
 DATE OF LAST QAP: 04/24/2013

Analysis Date: **04/24/2013**
 Observation Period Began: **12:00**
 Citation/Case Number: **TEST/ISOPROPYL**
 Operator Name: **BIRMAN/ CAMERON/ M**
 Subject Name: **ISOPROPYL/ WATER ONLY/ -**
 Subject Date of Birth: **01/02/1975**
 External Standard Lot: **LOT1_6789012345678901234**

Breath Analysis	Result g/210L	Time hh:mm	Volume liters	Blowtime seconds
Blank Test	0.000	12:56		
Internal Standard	VERIFIED	12:57		
Subject Sample 1			1.7	8.7
IR Result	0.000	12:58		
EC Result	0.000	12:58		
Blank Test	0.000	12:59		
Internal Standard IR	0.081	12:59		
External Standard EC	0.082	12:59		
Blank Test	0.000	13:01		
Subject Sample 2			1.8	10.3
IR Result	0.000	13:01		
EC Result	0.000	13:01		
Blank Test	0.000	13:02		

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the statements on this document and information contained therein are true, correct, and accurate. (RCW 9A.72.085.)

Officer Signature  Date 4-24-13
 Location Signed SEATTLE TOX LAB

**WASHINGTON STATE PATROL
EVIDENTIARY SUBJECT TEST**
 ALCOTEST 9510 SERIAL NUMBER ARAF-0002
 SOFTWARE VERSION 8322798 0.6
 CONFIGURATION VERSION 8322796 2.0
 DATE OF LAST QAP: 04/24/2013

Analysis Date: **04/24/2013**
 Observation Period Began: **14:00**
 Citation/Case Number: **TEST ISOPROPYL**
 Operator Name: **BIRMAN/ CAMERON/ M**
 Subject Name: **ISOPROPYL/ 0.150/ -**
 Subject Date of Birth: **01/01/1990**
 External Standard Lot: **LOT1_6789012345678901234**

Breath Analysis	Result g/210L	Time hh:mm	Volume liters	Blowtime seconds
Blank Test	0.000	15:32		
Internal Standard	VERIFIED	15:32		
Subject Sample 1			2.4	14.5
IR Result	0.006	15:33		
EC Result	0.013	15:33		
Blank Test	0.000	15:34		
ernal Standard IR	0.081	15:34		
External Standard EC	0.081	15:34		
Blank Test	0.000	15:36		
Subject Sample 2			2.5	12.5
IR Result	0.006	15:37		
EC Result	0.013	15:37		
Blank Test	0.000	15:37		

Test Not Complete: Status Code 10

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the statements on this document and information contained therein are true, correct, and accurate. (RCW 9A.72.085.)

Officer Signature  Date 4-25²⁴-13
 Location Signed SEATTLE TOX LAB

**WASHINGTON STATE PATROL
EVIDENTIARY SUBJECT TEST**
 ALCOTEST 9510 SERIAL NUMBER ARAF-0002
 SOFTWARE VERSION 8322798 0.6
 CONFIGURATION VERSION 8322796 2.0
 DATE OF LAST QAP: 04/24/2013

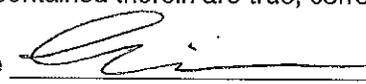
Analysis Date: **04/24/2013**
 Observation Period Began: **15:00**
 Citation/Case Number: **ISOPROPYL**
 Operator Name: **BIRMAN/ CAMERON/ M**
 Subject Name: **ISOPROPYL/ 0.300/ -**
 Subject Date of Birth: **01/01/1990**
 External Standard Lot: **LOT1_6789012345678901234**

Breath Analysis	Result g/210L	Time hh:mm	Volume liters	Blowtime seconds
Blank Test	0.000	15:50		
Internal Standard	VERIFIED	15:50		
Subject Sample 1			1.7	9.0
IR Result	0.010	15:51		
EC Result	0.021	15:51		
Blank Test	-----	--:--		
Internal Standard IR	-----	--:--		
External Standard EC	-----	--:--		
Blank Test	-----	--:--		
Subject Sample 2			-----	-----
IR Result	-----	--:--		
EC Result	-----	--:--		
Blank Test	-----	--:--		

Test Not Complete: Status Code 8

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the statements on this document and information contained therein are true, correct, and accurate. (RCW 9A.72.085.)

Officer Signature  Date 4-24-13
 Location Signed SEATTLE TOX LAB

METHOD VALIDATION DRAEGER ALCOTEST 9510

INTERFERENCE/ ISOPROPYL

DRAEGER ALCOTEST 9510 SERIAL NUMBER: AR114-0084

Sim. Serial Number: DR2775 Thermometer Serial Number: DR2775

Reagent Lot # DG 648

ISOPROPYL	I/R VALUE SAMPLE1	I/R VALUE SAMPLE2	E/C VALUE SAMPLE1	E/C VALUE SAMPLE2	Interference Detected? Y/N
1 0.000	.009	.009	.009	.009	N
2 0.150	.018	/	.030	/	Y
0.300					
0.450					
0.600					
0.750					
0.900					
1.050					
1.200					
1.350					
1.500					
1.650					
1.800					
1.950					
2.100					

T00011
0.01 g/210L
exp 2-25-14

Attach all 9510 printed documents

<u>Pam O'Brien</u>	<u>6-4-13</u>
NAME OF TECHNICIAN PERFORMING TEST/S	DATE TESTED
<u>K Denton</u>	<u>6-4-13</u>
NAME OF TECHNICIAN REVIEWING TEST/S	DATE REVIEWED

**WASHINGTON STATE PATROL
EVIDENTIARY SUBJECT TEST**
ALCOTEST 9510 SERIAL NUMBER ARAH-0084
SOFTWARE VERSION 8322798 0.7
CONFIGURATION VERSION 8322796 2.2
DATE OF LAST QAP: 06/04/2013

Analysis Date: **06/04/2013**
 Observation Period Began: **16:00**
 Citation/Case Number: **.150**
 Operator Name: **OBRIEN/ P/ D**
 Subject Name: **ISO/ PROPANOL/ -**
 Subject Date of Birth: **01/01/1980**
 External Standard Lot: **946484**

Breath Analysis	Result g/210L	Time hh:mm	Volume liters	Blowtime seconds
Blank Test	0.000	16:24		
Internal Standard	VERIFIED	16:24		
Subject Sample 1			1.7	6.8
IR Result	0.018	16:25		
EC Result	0.030	16:25		
Blank Test	-----	--:--		
Internal Standard IR	-----	--:--		
External Standard EC	-----	--:--		
Blank Test	-----	--:--		
Subject Sample 2			-----	-----
IR Result	-----	--:--		
EC Result	-----	--:--		
Blank Test	-----	--:--		

Test Not Complete: Status Code 8

During this test, I followed all protocols set in place by the Washington State Toxicologist for the purposes of this test. At the time of this test I was certified to operate the Alcotest 9510 and possessed a valid permit issued by the State Toxicologist. I observed the subject during the entire observation period and during that time they did not eat, drink, smoke, vomit, or place any foreign substances in their mouth.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the statements on this document and information contained therein are true, correct, and accurate. (RCW 9A.72.085.)

Officer Signature *DOB* Date 6-4-13
 Location Signed Seattle Lab

167 6-4-13

