

Dr. Jarrad Wagner, Ph.D. F-ABFT Chairman

Post Office Box 36307 Oklahoma City, Oklahoma 73136-2307 Phone: (405) 425-2460 Fax: (405) 425-2490 www.bot.ok.gov

Joshua Smith Director

## **ATTESTATION**

I, the undersigned <u>Joshua Smith</u> (Director/Records Custodian), attest under oath pursuant to 12 O.S. §2902 this record was made, at or near the time of the occurrence of the matters set forth by or from information transmitted by a person having knowledge of those matters; was kept in the course of the regularly conducted business activity of the Board; and was made pursuant to the regularly conducted activity. The duplicate record provided is listed below:

1) The attached "Service Overview" is a true and accurate copy of maintenance performed on the Intoxilyzer 8000, serial number 80-003349, in compliance with the agency's Maintenance Policy and Procedures.

Signed

Joshua Smith

Name of Position: Director/Records Custodian

JORDAN FAITH THOMPSON
NOTARY PUBLIC
STATE OF OKLAHOMA
COMMISSION NO. 25010889
EXPIRES 09-16-2029

State of Oklahoma

County of Oklahoma

Signed or attested before me on 10 07 2025

by Joshua Smith.

(Signature of notarial officer)

## Service Overview

3600 N. Martin Luther King Bldg #9 Oklahoma City, OK 73111 405-425-2460

BENCH CHECK DATE: 3/7/2025

SERIAL: 80-003349

#### **DOCUMENTATION WITHIN SERVICE PACKET:**

- BOT Certificate of Maintenance, Calibration and Operation
- Bench Check
- CMI Certificate of Calibration
- CMI Evaluation Form
- CMI Work Order
- BOT Dry Gas Certificate of Analysis
- Ilmo Specialty Gases Certificate of Analysis
- Mock Subject Test
- BOT Certificate of Analysis Reference Solution (4)
- Guth Laboratories Certificate of Analysis (4)



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## CERTIFICATE of MAINTENANCE, CALIBRATION, and OPERATION

This certifies the Intoxilyzer 8000 referenced below, manufactured by CMI, Inc., a subsidiary of MPD, Inc. of Owensboro, Kentucky, is maintained by the Board of Tests for Alcohol and Drug Influence in accordance with 40 O.A.C. 30-1-3. The instrument reported below is hereby deemed to be in compliance with Board rules via linearity accuracy examination and operational/functional procedure evaluation also referred to as a "Bench Check". The Intoxilyzer 8000 appears on the National Highway Traffic Safety Administration's Conforming Products List of Evidential Breath Alcohol Measurement Devices (82 FR 50940 et seq) as an approved device. In accordance with 40 O.A.C. 25-1-2, this instrument is approved and certified for use in the State of Oklahoma as an automated evidential breath-alcohol measurement device by the Board of Tests pursuant to 47 O.S. § 759.

All analyses conducted by this instrument are considered precise, valid, and in accordance with 40 O.A.C. 30-1-3(b) Operating Procedure(s). A printed breath test operator affidavit containing the seal of the Board by this instrument confirms a calibration check successfully verified the instrument's calibration at the time of test. The printed breath test affidavit also serves as proof that safeguards in place to protect the breath samples, including but not limited to Ambient Air Interference, Radio Frequency Interference, Residual Mouth Alcohol, Deficient Samples, etc. were not triggered and the test is a true and accurate scientific measurement of the person's alcohol concentration.

 Maintenance was performed on the Intoxilyzer 8000, Serial No. <u>80-003349</u> on <u>3/7/2025</u> in accordance with 40 O.A.C. 30-1-3 and internal BOT maintenance policy and procedures.

 A dry gas canister appearing on the National Highway Traffic Safety Administration's Conforming Products List of Calibrating Units for Breath Alcohol Testers (77 FR 64588 et seq) and approved in accordance with 40 O.A.C. 25-1-3 and BOT maintenance policy was installed.

Manufacturer: ILMO Unit: 208 ppm / 105 L

Cylinder Lot No. - Canister No.: 32324080A2-021

BOT analysis average test result: <u>0.078</u>
 Cylinder expiration date: <u>12/5/2026</u>

3. In accordance with 40 O.A.C. 25-1-2.1, the approved reference standards and equipment were used:

| Simulator Model          |            | the state of the s | er i the same and the |
|--------------------------|------------|--|-----------------------|
| Guth 2100                | Guth 2100  | Guth 2100  | Guth 2100             |
| Serial #                 |            |  |                       |
| DR3591                   | DR3694     | DR2455   | DR3641                |
| Concentration            |            |  |                       |
| .02                      | .04        | .10  | .20                   |
| LOT#                     |            |  |                       |
| 24150                    | 23400      | 24390  | 24080                 |
| Manufactured Date        |            |  |                       |
| 4/16/2024                | 10/24/2023 | 10/29/2024   | 2/13/2024             |
| Expiration Date          |            |  |                       |
| 4/16/2026                | 10/24/2025 | 10/29/2026   | 2/13/2026             |
| Solution Commission Date |            |  | 1.000                 |
| 3/5/2025                 | 3/5/2025   | 3/5/2025   | 3/5/2025              |
|                          |            |  |                       |

Completed by BOT Personnel:

Joshua Smith

State Director

Title

Certified by:

Christopher Pape

Breath-Alcohol Testing Program Administrator
Title

BOT FORM BRT 4.0

# STATE OF OKLAHOMA - BOARD OF TESTS FOR ALCOHOL AND DRUG INFLUENCE CMI INTOXILYZER BENCH CHECK PROCEDURE REPORT

| 3/07/2025                                 | TIME PROCE  | DURE BEGAN  1:3           | 10000000 | RUMENT LOCATION 0 - 003349 | 9               |                 |
|---|-------------|---------------------------|----------|----------------------------|-----------------|-----------------|
| ument TYPE<br>itoxilyzer                  |             | INSTRUMENT MODEL I - 8000 | 110      |                            | INSTRUMENT SE   |                 |
| 7   | * * * * * * |                           | T RESU   | ILTS                       |                 | 7.5.5.5         |
| Diagnosti<br>PASS<br>Mouth Alcoh          | ol Test     |                           |          |                            |                 |                 |
| PASS<br>RFI Tes<br>PASS                   | t           |                           |          |                            |                 |                 |
|   |             |                           | Dupli    | cate Breath                | Sampling Re     | sults           |
| Abort Te                                  |             | Val                       | ue       | Test 1                     | Test 2          | Control<br>Test |
| Improper Sam                              |             | V                         |          |                            | H. OR. ASOLANDA |                 |
| PASS                                      |             | . 0                       | 2        | 0.019                      | 0.019           | 0.019           |
| Interferent Det                           |             | .0                        | 4        | 0.038                      | 0.038           | 0.039           |
| PASS                                      |             | .1                        | 0        | 0.096                      | 0.096           | 0.095           |
| No Sample Giv                             |             | 1 1 1 1 1 1               |          | 0.195                      | 2.000           | 1 2 2 2 3 3 3   |
| PASS                                      |             | . 2                       | 0        |                            | 0.195           | 0.197           |
| Insufficient San<br>PASS                  |             |                           |          | PA                         | SS              |                 |
| Air Blank Contami<br>PASS                 |             |                           |          |                            |                 |                 |
| Range Exceed<br>PASS                      |             |                           |          |                            |                 |                 |
|   |             | CERTIFYI                  | NG TE    | CHNICIAN                   |                 |                 |
| swear under penalt<br>ne Intoxliyzer Benc |             |                           |          |                            |                 |                 |
| 4   |             |                           |          |                            | 03              | 07 2025         |
| ITH, JOSHUA                               | С           |                           |          |                            | 1683            | 37              |

# Certificate of Calibration

This is to certify the calibration of INIONITYZET \* serial number 80-003349, manufactured by CMI Inc., a subsidiary of MPD, Inc. of Owensboro, Kentucky, was tested and found to conform to the National Highway Traffic Safety Administration (NHTSA) Standard for Devices to Measure Breath Alcohol (Federal Register, Vol.58 No.179, pp 48705-48710, Sept. 17, 1993) for accuracy and precision. Reference materials are traceable through the National Institute of Standards and Technology (NIST) to the International System of Units (SI).

Date Mar. 03, 2025 Signed Wistophen Glenda

INC.

316 East 9th Street Owensboro, KY 42303 USA

Part No 650517 Rev A



This form MUST be completed and enclosed with item to be serviced.

\*\*\* Hazardous Material Warning! – DO NOT return gas cylinder with instrument! \*\*\*

| Note: Please  | ship items in the                                 | eir original shipp      | ing contai                           | iner.                                  |              |  |  |  |
|---|---|-------------------------|--------------------------------------|--|--------------|--|--|--|
| Contact information:  |   |                         |                                      |  |              |  |  |  |
| Name Chris Pape   |   | Phone: ( 405 ) 425-2460 |                                      |  |              |  |  |  |
| Email: christopher.pape@bot.ok.gov  | Cus   | stomer #73              | 1362                                 | (contact Custor                        | mer Service) |  |  |  |
| Your Billing Address Agency Name: Board of Tests                          | Your Shipping Address Agency Name: Board of Tests |                         |                                      |  |              |  |  |  |
| Address: 3600 N ML King, Bldg 9   | Address: 36                                       |                         | King, Bldg 9                         |  |              |  |  |  |
| City: Oklahoma City State: Of   | <b>Zip:</b> 73111                                 | City: Oklahor           |                                      | State: OK                              | Zip:73111    |  |  |  |
| Credit Card/PO #:   |   | Contact Pers            | son: Chris                           | Pape                                   |              |  |  |  |
| Name on Card:   |   | Contact Pho             | ne: (405)                            | 425-2460                               |              |  |  |  |
| Expiration Date:  | CVV   | Email: christ           | opher.par                            | e@bot.ok.gov                           |              |  |  |  |
| Note: For instruments not under we \$43.50 (fuel cell), plus return shipp | 선물에 나타 다른 나를 하는 것이다는 나무를 살아냈다.                    |                         | Water Tay Sales Street Street Street | ed and I-200)                          | or           |  |  |  |
| ☑ I authorize all repairs up to \$  | 500 to be perfo                                   | rmed.                   |                                      |  |              |  |  |  |
| After repair, add "Certificate of   | Calibration" fo                                   | r: 🗖 S-D2, S-D          | 5, and I-8                           | 300 (\$19)                             |              |  |  |  |
| Authorized By:  |   | ☐ I-200, I-24           | 10, 1-300,                           | I-400, and I-60                        | 10 (\$39)    |  |  |  |
| Chris Pape  | Breath Te   | sting Admin             | Ship it                              | em to:                                 |              |  |  |  |
| Name (Please Print)   | 5/13  | e<br>5/24               |                                      | nc.<br>Service Dept.<br>ast Ninth Stre | ot           |  |  |  |
| Signature   | Da  | te                      |                                      | sboro, KY 423                          |              |  |  |  |



316 E 9th Street / Owensboro KY 42303 / USA Phone: 866-835-0690 Fax: 270-685-6268

#### **SERVICE WORK ORDER**

408833

Bill To:

OK BOT PO Box 36307

DATE: 5/31/2024

Oklahoma City, OK 73136-2307

USA

Customer #: 731362 Phone: 405-425-2424 Fax: 405-425-2490 fax Ship To:

Oklahoma Board Of Tests Blvd Adcu Annex Bldg #9 3600 Martin Luther King

Oklahoma City OK 73136-3000 USA

Phone: 405-425-2424

MODEL #: 002480OK

Serial Number: 80-003349

**BILL CODE:** Out of Warranty

**EXTRA PARTS RCVD:** 

BH, KB, BATTERY, GAS SHELF

#### **DESCRIPTION OF PROBLEM**

UNIT WILL NOT POWER UP. UNIT HAD 012 "MEMORY FULL" ERROR. WOULD NOT BOOT BACK UP AFTER REBOOT ATTEMPT.

#### **WORK PERFORMED:**

replaced parts listed; calibrated/ final tested; 8133.16 software;

## PARTS USED

| Seq. No. | Part   | Description                   | Quantity |
|----------|--------|-------------------------------|----------|
| 100      | 650517 | CERTIFICATE OF CALIBRATION    | 2.00 EA  |
| 110      | 441169 | COVER DUST,5/8in x 1/2in      | 1.00 EA  |
| 120      | 470145 | CAP,PLASTIC,.25IDx.50LG,RED   | 3.00 EA  |
| 130      | 470154 | CAP,PLSTC,.406IDx.438562,RED  | 1.00 EA  |
| 140      | 470218 | SEAL, TAMPER EVIDENT, SERVICE | 1.00 EA  |
| 150      | 230115 | IC,SMD,DATAFLASH,4MB,TSOP-28  | 2.00 EA  |
| 160      | 140112 | DISPLAY,2x20 VFD 9MM          | 1.00 EA  |
| 170      | 320643 | HDR,14PIN,2ROW,.100CC,4-SIDED | 1.00 EA  |
| 180      | 220284 | IC,SMD,FLASH,512KB,PLCC-32    | 1.00 EA  |
| 190      | 530023 | HOSE,1/8inl.D.                | 6.00 IN  |
| 200      | 530030 | TUBING,TYGON,.375IDx.562OD    | 2.00 IN  |
| 210      | 210120 | SENSOR,SMD,PRESSURE           | 1.00 EA  |
| 220      | 923002 | DIODE,SMD,1N4148,SOT-23       | 1.00 EA  |

| LA | RC | ) R      | 编书 | FS              | 0.00 | NG               |
|----|----|----------|----|-----------------|------|------------------|
|    |    | A SHARES |    | and the last of |      | And the State of |

| Misc Code | Description                  | Hours |
|-----------|------------------------------|-------|
| LABR      | Service Repair Labor         |       |
| LCAL      | Service - Calibration Adjust | 0.50  |
| LFT       | Service - Cal / Final Test   | 1.00  |

Technician Name: Dewayne Varvel

SRV4088330001

Page: 1 of 3



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Joshua Smith Director

## Certificate of Analysis - Dry Gas

ALPHA INSTRUMENT 2 Intoxilyzer - Alcohol Analyzer Model 8000 SN 80-004923 01/29/2025 14:34

| Test            | g/210L | Time  |
|-----------------|--------|-------|
| Air Blank       | 0.000  | 14:34 |
| Cal Check       | 0.078  | 14:34 |
| Air Blank       | 0.000  | 14:35 |
| Cal Check       | 0.078  | 14:35 |
| Air Blank       | 0.000  | 14:36 |
| Cal Check       | 0.078  | 14:36 |
| Air Blank       | 0.000  | 14:37 |
| Cal Check       | 0.078  | 14:37 |
| Air Blank       | 0.000  | 14:37 |
| Cal Check       | 0.078  | 14:38 |
| Air Blank       | 0.000  | 14:38 |
| Cal Check       | 0.078  | 14:39 |
| Air Blank       | 0.000  | 14:39 |
| Cal Check       | 0.078  | 14:39 |
| Air Blank ·     | 0.000  | 14:40 |
| Cal Check       | 0.078  | 14:40 |
| Air Blank       | 0.000  | 14:41 |
| Cal Check       | 0.078  | 14:41 |
| Air Blank       | 0.000  | 14:42 |
| Cal Check       | 0.078  | 14:42 |
| Air Blank       | 0.000  | 14:42 |
| Cal Check Stats |        |       |
| Average         | 0.0780 |       |
| Std Dev         | 0.0000 |       |
| Rel Std Dev(%)  | 0.0000 |       |

| Known Breat         | h-Alcohol Equivalent (g/210L) Ratio of Nitrogen and<br>0.08 g/210L = 208 PPM ÷ 2605* | Ethanol Gas (208 ppm/105 L) |
|---------------------|--|-----------------------------|
| Manufacturer: ILMO  | Manufacturer Cert. No.: 16954  | Cylinder Size: 105L         |
| Lot No.: 32324080A2 | Cylinder No.: 021  | Expiration Date: 12/05/2026 |

The above 105 L cylinder has been analyzed via Infrared Spectroscopy utilizing the Intoxilyzer 8000 and was performed in accordance with the procedures prescribed by the State Director of Tests pursuant to 40 OAC 30-1-3. The above NIST traceable reference standard meets the requirements for use as a calibrating unit in accordance with 47 O.S. 759, 40 OAC 25-1-3, and appears on the current conforming products list of calibrating units for breath alcohol testers published by the U.S. Department of Transportation in the Federal Register [77 FR 64588 et seq]. \* See Dubowski, K.M. and Essary N., *Journal of Appl. Toxicol.* (1996) 20(6): pp. 484-491. [6/210] = PPM +26051

| Anai. Toxicol. (1996) 20(6): pp. 484-491. [g/210L = PPW +2005]. |                   |
|---|-------------------|
| Signature // Signature  | Date: 01/29/2025  |
| Name Christopher Pape   | Permit No.: 23020 |



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790 217-245-2183 • Fax: 217-243-7634 • www.ilmoproducts.com

Certificate of Analysis

Certificate ID:

16954

Part #:

BAC105L080T

Cylinder Size:

105L

Lot Number:

32324080A2

Expiration:

12/5/2026

KCV1) 1/16/25

0.080 BAC (For the calibration of instruments used to determine breath alcohol concentration)

Contents:

105 Liters @ 1000 psig 70°F (21°C)

Reported

Analytical

Analytical

Component:

Concentration:

Accuracy (U, k=2): abs

Method:

Ethanol

[5.2 ppm]

+/-0.002 BAC(G/210L) NDIR

Nitrogen

208 ppm Balance

Distributed by: CMI Inc.

316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoholtest.com

\*Reference Standard:

NIST Traceable Certified Reference Material - 262.3 µmol/mol Ethanol in Nitrogen - Serial No. ND7017 Lot No. 080722E2

Store in dry area, away from sources of heat, ignition and direct sunlight. Do not allow storage area to exceed 52 °C (125 °F).

Specialty Gas Lab Tech

Glanorio

Issuance Date

Accreditation #61895

The calibration results within this certificate were obtained at the facility listed above using equipment and standards capable of producing analytical results traceable to NIST, and apply only to the items contained on this certificate. ILMO Products Company makes no warranty or representation as to the suitability of the use of any information provided for any particular purpose. The information use is at the sole discretion and risk of the user. Liability shall be limited to established replacement cost of this material or service. This certificate applies only to the items described and shall not be reproduced other than in full, without written approval from the issuing facility.

#### 10/20

# OFFICER'S IMPAIRED DRIVING AFFIDAVIT

| 10/20 |  |
|-------|--|
|       |  |
|       |  |

| RREST DATE                            | [ARREST ]  | IME            |  | COUNT              |                | ICITY#            | Icit           | ATION#              |                | Sectio            |
|---------------------------------------|--|----------------|--|--------------------|----------------|-------------------|----------------|---------------------|----------------|-------------------|
| 03/07/2025                            | 085  |                |  | 55                 |                | 6                 |                | 5-2025              |                |                   |
| REST LOCATION MOCK                    |  |                |  |                    | MO             | אר                |                | COUN                | OCK            |                   |
| BJECT NAME                            |  |                |  |                    | DA"            | E OF BIRTH        | _              | SEX                 | HEIGHT         | WEIGHT            |
| NORTH, GAYL                           | ON LEVERNE   |                |  |                    | 0              | 8/09/1            | 961            | M                   | 510            |                   |
| DRESS                                 |  |                | CITY   | *****              | a=m            |                   |                | NTE                 | ZIP COD        |                   |
| BOU MARTIN                            | LUTHER KING  | э A            | OKLA   | HOMA<br>EXPIRATION |                | STATE             | CLASS          | K                   | 731            | .33<br>ENDORSEMEN |
| F083454871                            |  |                |  | 06/3               | 0/201          | 9 OK              | A              | REST                | RICHONS        | M                 |
| HICLE MAKE                            |  | MODEL          |  | 00/0               | 7 2 0 2        | TAG #             | 1 **           | STATE               | CMV            | PLACARD           |
| MOCK                                  |  | MOCK           |  |                    |                | MOCK              | Annie Station  | OK                  | N              | N                 |
|                                       | data and an inches                                       |                | e road, street, alley or la  | ne which provid    | es access to o | ne or more single | e or multi-fan | nily dwelling withi | n this state w | hile under the    |
| scribe person's condition (odor,      | actions, etc.):  |                |  |                    |                |                   |                |                     |                |                   |
| EATH-ALCOHOL ANALYSIS UIPMENT  - 8000 | RECORD, REPORT OF THE PER                                | SERIAL         |  |                    | TEST AND MA    | INTENANCE RE      | CORD.          |                     |                | Sectio            |
| ANDARD                                |  | 00-            | TARGET VALUE   |                    | PERMIT N       |                   | _              |                     |                |                   |
| Dry                                   |  |                | 0.080  |                    | 1683           | 37                |                |                     |                |                   |
| ANUFACTURER                           |  |                | LOT#   | 20072              | DATE CYL       | INDER INSTALL     | ED             | DATE CYLIN          | DER EXPIRE     | S                 |
| LIMO<br>SERVATION START [TEST         | DATE   |                | 323240   |                    |                | 07/202            |                | 172/0               | 5/202          | 40                |
| 0855 03<br>SULT TABLE                 | /07/2025   |                |  |                    | prior to a     | and continu       |                | ,                   | THE S          | TAT               |
| Test                                  | g/210L   | Time           |  | 4 - 2              | 17.7           |                   |                | 13%                 |                |                   |
| Air Blank<br>Subject Test             | 0.00   | 09:17<br>09:18 | I administe  |                    |                |                   |                | 18/5                | ON             | 2 4               |
| Breath Volume                         | 1.941 LITERS   | 09:10          | compliance   |                    |                |                   |                | F4 **               | 7              | **                |
| Air Blank                             | 0.00   | 09:18          | proce  | dure of t          | he Board       | d of Tests        |                |                     | + 1            | ** 6              |
| Wait                                  | 232  | 09:20          |  | W                  |                |                   |                | 18                  | *              | * 5               |
| Air Blank<br>Subject Test             | 0.00   | 09:20<br>09:21 |  | - X                |                |                   |                | 1                   |                |                   |
| Breath Volume                         | 1.125 LITERS   | 05:21          | SIGNATURE OF   | OPERATOR           |                |                   | -              |                     | 190            |                   |
| Air Blank                             | 0.00   | 09:21          | NAME   |                    | 1              |                   |                |                     |                |                   |
| Cal Check                             | 0.07   | 09:21          | Watt 300   | SHUA C             | )              |                   |                |                     | Test Re        |                   |
| Air Blank                             | 0.00   | 09:22          | BADGE #  | - iiiii            | PERMIT#        |                   |                | 1 1                 | BrAC g/        | 210L              |
|                                       |  |                | 435  |                    | 1683           | 37                |                |                     | 0.0            | 0.0               |
|                                       |  |                | AGENCY<br>BOT  |                    |                |                   |                |                     | 0.0            | , 0               |
|                                       |  | _              | And the same of th |                    | -7-            |                   |                |                     |                | Sectio            |
|                                       |  |                | What ha  | appens r           | ext?           |                   |                |                     |                |                   |
|                                       | of the Officer's Impaired D                              | riving Affida  | vit and any associa  | ated test resu     | lts, if applic | able, the State   | of Oklah       | oma may revo        | ke your O      | klahoma driv      |
| privileges.                           | driver license or were driv                              | na a aamm      | arcial mater vehicle   | the State o        | Oklohoma       | mou disqualif     | i morre meli   | ilago ta apara      | to a name      | oralal mater      |
|                                       | e driving privileges, if other                           |                |  |                    |                |                   |                |                     |                |                   |
| The State of Oklahoma                 | will send you the Order of F                             | Revocation a   | ind/or Disqualificati  |                    |                |                   |                |                     |                |                   |
|                                       | ur address on file, contact<br>of Revocation will inform |                |  | rogain drivi       | a priviloge    | e in Oklahan      |                |                     |                |                   |
| The Order and Notice (                | or is avocation will inform                              | you or your    | requirements to  | regam drivi        | A businede     | a in Oklanon      | id.            |                     |                |                   |
|                                       |  |                |  |                    |                |                   |                |                     |                |                   |
| accordance with Title 1               | 2 O.S. Section 426, "I sta                               | te under pe    | enalty of perjury  | under the la       | ws of Oklah    | noma that the     | foregoin       | g is true and       | correct."      | Sectio            |
| ite:                                  | Place (location when six                                 | aned):         |  |                    | Signature o    | f arrection of    | ficer          |                     |                |                   |
| ME                                    | Place (location when sig                                 | gried)         |  | AGENCY             | oignature o    | f arresting of    | ncer           | _                   |                |                   |
| MITH, JOSH                            | UA C   |                |  | BOT                |                |                   |                |                     |                |                   |
| DGE                                   | AGENCY ADDRESS   |                |  |                    |                | ZIP CODE          | PHO            | ONE                 |                |                   |
| 135                                   | Lat. In . Mark will be                                   |                |  |                    |                |                   |                |                     |                |                   |

#### 11/20

## OFFICER'S IMPAIRED DRIVING AFFIDAVIT

|                                    |               |       |        |      |          |             |              |              | Section          |
|------------------------------------|---------------|-------|--------|------|----------|-------------|--------------|--------------|------------------|
| ARREST DATE 03/07/2025 ARRES       | F. C. S. 1100 |       | 55     | CI   | TY#<br>6 | CITAT<br>95 | 10N#<br>-202 | 5            |                  |
| ARREST LOCATION MOCK               |               |       |        | MOCE | ζ        |             | 7.7.         | IOCK         | C COST           |
| SUBJECT NAME NORTH, GAYLON LEVERNE |               |       |        |      | 09/1     |             | M            | HEIGHT<br>51 |                  |
| ADDRESS 3600 MARTIN LUTHER KII     | NG A          | OKLAH | OMA CI | TY   |          | STATE       |              | 73           | 133              |
| T083454871                         |               |       | 06/30/ |      | OK       | CLASS       | RES          | STRICTIONS   | ENDORSEMENT<br>M |
| VEHICLE MAKE MOCK                  | MOCK          |       |        |      | MOCK     |             | OK           | N CMV        | N<br>N           |

On the above date, time, and location, the above named person was arrested, and I had reasonable grounds to believe the person was driving or in actual physical control of a motor vehicle upon a public road, highway, street, tumpike, public parking lot, or other public place, or upon a private road, street, alley or lane which provides access to one or more single or multi-family dwelling within this state while under the influence of alcohol and/or other intoxicating substances as prohibited by law. (Describe driving behavior or circumstances):

MOCK SUBJ TEST

Describe person's condition (odor, actions, etc.):

MOCK SUBJ TEST

#### THE PERSON WAS INFORMED OF THE IMPLIED CONSENT TEST REQUES

| BREATH-ALCOHOL ANALYS   | SIS RECORD, REPORT OF THE PE | RSON NAMED I                                       | The state of the s | /E, and LOG OF T           | EST AN          | D MAINTENANCE RECORD.                                   | Section                               |
|---|------------------------------|--|--|----------------------------|-----------------|---|---------------------------------------|
| I-8000  |                              |  | 003349   | BOARD                      | OF              | TESTS   |                                       |
| TANDARD<br>Dry  |                              |  | O.080  | E                          | PERM            | T NUMBER  |                                       |
| ANUFACTURER<br>I LMO  |                              |  | 32324  | 080A2                      | DATE<br>03      | CYLINDER INSTALLED / 07/2025                            | DATE CYLINDER EXPIRES 12/05/2026      |
| 0855 Test date 03/07/2025   |                              |  | A 15-minute (or greater) deprivation/observation period was observed prior to and continuing   |                            | ON THE STATE OF |   |                                       |
| Test  | g/210L                       | Time   |  | the time of to             |                 |   | OF THE STATE                          |
| Air Blank<br>Subject Test<br>Breath Volume<br>Air Blank<br>Wait<br>Air Blank<br>Subject Test<br>Breath Volume | 0.00<br>0.00<br>0.00         | 09:17<br>09:18<br>09:18<br>09:20<br>09:20<br>09:21 | complian   | ce with the<br>edure of th | app             | h-Alcohol Test in<br>licable operating<br>ard of Tests. | 1907                                  |
| Air Blank<br>Cal Check<br>Air Blank   | 0.00<br>0.07<br>0.00         | 09:21<br>09:22                                     | SMITH, JOBANGE # 435 AGENCY BOT  | оѕнид С                    | PERM<br>16      | ıт#<br>837  | Test Result<br>BrAC g/210L<br>O . O O |

#### What happens next?

Section 3

- Upon receipt and review of the Officer's impaired Driving Affidavit and any associated test results, if applicable, the State of Oklahoma may revoke your Oklahoma driving privileges.
- 2. If you hold a commercial driver license or were driving a commercial motor vehicle, the State of Oklahoma may disqualify your privilege to operate a commercial motor vehicle.
- 3. You will continue to have driving privileges, if otherwise eligible, unless or until an Order of Revocation and/or Disqualification is issued by the State of Oklahoma.

  4. The State of Oklahoma will send you the Order of Revocation and/or Disqualification to the address you have on file with Service Oklahoma.

To confirm or change your address on file, contact Service Oklahoma.

5. The Order and Notice of Revocation will inform you of your requirements to regain driving privileges in Oklahoma.

| In ac | cordance with Title 12 O.S. Section 426, "I state to | inder penalty of perj | ury under the laws of ( | Oklahoma that the fo    | regoing is true and correct." | Section 4 |
|-------|--|-----------------------|-------------------------|-------------------------|-------------------------------|-----------|
| Date  | : Place (location when signe                         | d):                   | Signate                 | ure of arresting office | er;                           |           |
| NAME  | MITH, JOSHUA C                                       |                       | BOT                     |                         |                               |           |
| 43    |  |                       |                         | ZIP CODE                | PHONE                         |           |
| нтс   | ER WITNESSES:  |                       | 77                      |                         |                               | Section : |
| 1     | NAME   | TITLE                 | ADDRESS                 |                         | PHONE                         |           |
| 2     | NAME   | TITLE                 | ADDRESS                 |                         | PHONE                         |           |



Dr. Jarrad Wagner, Ph.D., F-ABFT Chairman Post Office Box 36307 Oklahoma City, Oklahoma 73136-2307 Phone: (405) 425-2460 Fax: (405) 425-2490 www.bot.ok.gov

Joshua Smith Director

## Certificate of Analysis - Reference Solution

| ALPHA INSTRUMENT     |              |
|----------------------|--------------|
| Intoxilyzer - Alcoho | ol Analyzer  |
| Model 8000           | SN 80-002591 |
| 01/15/2025           | 09:13        |

| Test            | g/210L | Time  |
|-----------------|--------|-------|
| Air Blank       | 0.000  | 09:14 |
| Cal Check       | 0.021  | 09:14 |
| Air Blank       | 0.000  | 09:15 |
| Cal Check       | 0.021  | 09:16 |
| Air Blank       | 0.000  | 09:16 |
| Cal Check       | 0.021  | 09:17 |
| Air Blank       | 0.000  | 09:17 |
| Cal Check       | 0.021  | 09:18 |
| Air Blank       | 0.000  | 09:19 |
| Cal Check       | 0.020  | 09:19 |
| Air Blank       | 0.000  | 09:20 |
| Cal Check       | 0.021  | 09:21 |
| Air Blank       | 0.000  | 09:21 |
| Cal Check       | 0.021  | 09:22 |
| Air Blank       | 0.000  | 09:22 |
| Cal Check       | 0.021  | 09:23 |
| Air Blank       | 0.000  | 09:24 |
| Cal Check       | 0.021  | 09:24 |
| Air Blank       | 0.000  | 09:25 |
| Cal Check       | 0.020  | 09:26 |
| Air Blank       | 0.000  | 09:26 |
| Cal Check Stats |        |       |
| Average         | 0.0208 |       |
| Std Dev         | 0.0004 |       |
| Rel Std Dev(%)  | 2.0270 |       |

| NIST Traceable Breath-Ald                   | ohol Equivalent (g/210L +/- 3%) F | Ratio of ethanol and wa   | ter free of test interfering substances.  |
|---|-----------------------------------|---|---|
| Manufacturer: Guth                          | Manufactured Date: 4/             | 16/2024   | Concentration: 0.020  |
| Lot No.: 24150                              | Expiration Date: 4/16             | /2026   | Equipment Model: Guth 2100  |
| prescribed by the State Director of Tests p | ursuant to 40 OAC 30-1-3. The ab- | ove NIST traceable refer<br>eference solutions. Equip<br>R 34747), published by | s performed in accordance with the procedures ence solution meets the requirements for use pursuant oment used appears on the current or supplemented the National Highway Traffic Safety Administration. |
| Willia 14                                   |                                   | 1/15/202  |   |
| Name Christopher Pape                       |                                   | Permit No.: 23020   | 0   |

RCVD 12/3/24

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 24150 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 17, 2024, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.0241% (w/vol) ethyl alcohol. The expiration date for this lot number is April 16, 2026 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.020 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN03122113 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



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Joshua Smith Director

## Certificate of Analysis - Reference Solution

ALPHA INSTRUMENT
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-002591
05/02/2024 09:26

| Test            | g/210L | Time   |
|-----------------|--------|--------|
| Air Blank       | 0.000  | 09:26  |
| Cal Check       | 0.039  | 09:27  |
| Air Blank       | 0.000  | 09:28  |
| Cal Check       | 0.039  | 09:28  |
| Air Blank       | 0.000  | 09:29  |
| Cal Check       | 0.039  | 09:30  |
| Air Blank       | 0.000  | 09:30  |
| Cal Check       | 0.039  | 09:31  |
| Air Blank       | 0.000  | 09:31  |
| Cal Check       | 0.039  | 09:32  |
| Air Blank       | 0.000  | 09:33  |
| Cal Check       | 0.040  | 09:33  |
| Air Blank       | 0.000  | 09:34  |
| Cal Check       | 0.039  | 09:35  |
| Air Blank       | 0.000  | 09:35  |
| Cal Check       | 0.039  | 09:36  |
| Air Blank       | 0.000  | 09:37  |
| Cal Check       | 0.039  | 09:37  |
| Air Blank       | 0.000  | 09:38  |
| Cal Check       | 0.039  | 09:38  |
| Air Blank       | 0.000  | 09:39  |
| Cal Check Stats |        | 15,155 |
| Average         | 0.0391 |        |
| Std Dev         | 0.0003 |        |
| Rel Std Dev(%)  | 0.8087 |        |

| Manufacturer: Guth                    | Manufactured Date: 10/24/2023  | Concentration: 0.04  |
|---------------------------------------|--|--|
| Lot No.: 23400                        | Expiration Date: 10/24/2025  | Equipment Model: Cuth 2400   |
| to 40 OAC 25-1-2.1. Approved breath-s | via Infrared Spectroscopy utilizing the Intoxilyzer 8000 as s pursuant to 40 OAC 30-1-3. The above NIST traceable ilcohol measurement equipment and reference solutions. Units for Breath Alcohol Testers (72 FR 34747), publist Date: | te reference solution meets the requirements for use pursuant<br>Equipment used appears on the current or supplemented<br>ned by the National Highway Traffic Safety Administration. |
| Name Christopher Pape                 | Permit No.: 2  |  |



PCVD 12/19/23

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 23400 Alcohol Reference Solution for Simulator were analyzed by chromatography on October 25, 2023, using a Perkin Elmer Gas gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.0484% (w/vol) ethyl alcohol. The expiration date for this lot number is October 24, 2025 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.040 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President

GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN06032102 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



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Joshua Smith Director

## Certificate of Analysis - Reference Solution

ALPHA INSTRUMENT
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-002591
01/15/2025 09:30

| Test · ·        | g/210L | Time  |
|-----------------|--------|-------|
| Air Blank       | 0.000  | 09:31 |
| Cal Check       | 0.100  | 09:31 |
| Air Blank       | 0.000  | 09:32 |
| Cal Check       | 0.100  | 09:33 |
| Air Blank       | 0.000  | 09:33 |
| Cal Check       | 0.099  | 09:34 |
| Air Blank       | 0.000  | 09:35 |
| Cal Check       | 0.099  | 09:35 |
| Air Blank       | 0.000  | 09:36 |
| Cal Check       | 0.099  | 09:37 |
| Air Blank       | 0.000  | 09:37 |
| Cal Check       | 0.099  | 09:38 |
| Air Blank       | 0.000  | 09:38 |
| Cal Check       | 0.100  | 09:39 |
| Air Blank       | 0.000  | 09:40 |
| Cal Check       | 0.099  | 09:40 |
| Air Blank       | 0.000  | 09:41 |
| Cal Check       | 0.099  | 09:42 |
| Air Blank       | 0.000  | 09:42 |
| Cal Check       | 0.100  | 09:43 |
| Air Blank       | 0.000  | 09:43 |
| Cal Check Stats |        |       |
| Average         | 0.0994 |       |
| Std Dev         | 0.0005 |       |
| Rel Std Dev(%)  | 0.5195 |       |

| Manufacturer: Guth                        | Manufactured Date: 10/29/2024   | Concentration: 0.100   |  |
|---|---|--|--|
| Lot No.: 24390                            | Expiration Date: 10/29/2026   | Equipment Model: Guth 2100   |  |
| prescribed by the State Director of Tests | la Infrared Spectroscopy utilizing the Intoxilyzer 8000 and version of the pursuant to 40 OAC 30-1-3. The above NIST traceable recohol measurement equipment and reference solutions. Eculoitis for Breath Alcohol Testers (72 FR 34747), published Date: | ference solution meets the requirements for use pursuant<br>juipment used appears on the current or supplemented<br>by the National Highway Traffic Safety Administration. |  |
| Man-lan                                   | 1/15/20   | 025  |  |
| Name Christopher Pape                     | Permit No.: 230   | Permit No.: 23020  |  |

RCVP 12/3/24

Certified Alcohol Reference Solution for Simulator

cp

Random Samples of Lot Number 24390 of
Alcohol Reference Solution for Simulator were analyzed by
gas chromatography on October 30, 2024, using a Perkin Elmer Gas
Chromatograph Autosystem XL S/N: 610N9030209, and found to contain
0.1205% (w/vol) ethyl alcohol. The expiration date for this lot
number is October 29, 2026 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN03072301 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



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Joshua Smith Director

## Certificate of Analysis - Reference Solution

ALPHA INSTRUMENT
Intoxilyzer - Alcohol Analyzer
Model 8000 SN 80-002591
01/15/2025 09:45

| Test            | g/210L | Time  |
|-----------------|--------|-------|
| Air Blank       | 0.000  | 09:45 |
| Cal Check       | 0.203  | 09:46 |
| Air Blank       | 0.000  | 09:47 |
| Cal Check       | 0.202  | 09:47 |
| Air Blank       | 0.000  | 09:48 |
| Cal Check       | 0.202  | 09:49 |
| Air Blank       | 0.000  | 09:49 |
| Cal Check       | 0.201  | 09:50 |
| Air Blank       | 0.000  | 09:50 |
| Cal Check       | 0.202  | 09:51 |
| Air Blank       | 0.000  | 09:52 |
| Cal Check       | 0.201  | 09:52 |
| Air Blank       | 0.000  | 09:53 |
| Cal Check       | 0.202  | 09:54 |
| Air Blank       | 0.000  | 09:54 |
| Cal Check       | 0.201  | 09:55 |
| Air Blank       | 0.000  | 09:56 |
| Cal Check       | 0.202  | 09:56 |
| Air Blank       | 0.000  | 09:57 |
| Cal Check       | 0.201  | 09:58 |
| Air Blank       | 0.000  | 09:58 |
| Cal Check Stats |        |       |
| Average         | 0.2017 |       |
| Std Dev         | 0.0006 |       |
| Rel Std Dev(%)  | 0.3346 |       |

| Manufacturer: Guth                      | Manufactured Date: 2/13/2                  | 2024 Concentration: 0.200   |  |
|---|--|---|--|
| Lot No.: 24080                          | Expiration Date: 2/13/202                  | 26 Equipment Model: Guth 2100   |  |
| prescribed by the State Director of Tes | ts pursuant to 40 OAC 30-1-3. The above NI | zer 8000 and was performed in accordance with the procedures<br>Traceable reference solution meets the requirements for use pursuant<br>e solutions. Equipment used appears on the current or supplemented<br>47), published by the National Highway Traffic Safety Administration. |  |
| Name Christopher Pape                   |  | Permit No.: 23020   |  |



RCVD 12/3/24 CP

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 24080 of
Alcohol Reference Solution for Simulator were analyzed by
gas chromatography on February 14, 2024, using a Perkin Elmer Gas
Chromatograph Autosystem XL S/N: 610N9030209, and found to contain
0.2419% (w/vol) ethyl alcohol. The expiration date for this lot
number is February 13, 2026 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.200 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN03132302 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

| Location Returned From   |  | Unit Serial #   |  | Date: 20/20   |  |
|--|--|---|--|---|--|
| Owasso PD  |  | 80-003349   | 003349   |   |  |
| Inventory Process  Unit checked in to BOT New Unit Checked out   | Unlink Gas Canister from<br>Remove old cylinder froi | Old Cylinder #: 284230<br>n Unit Old cylinder disposed i<br>m unit (After Lab Evaluation) | n inventory  | ed  |  |
| Check in Procedure  Connect unit to ethernet connect unit to ethernet connect unit to ethernet connect unit location to Ser  Change unit location to Ser  Update Unit Date and time  Previous time:  New Time:  Execute a new Forms load of the Evaluation | ial number   | Notes from the Field Routine Swap Unit will not power up.                                 | Issues in the Fi   |   |  |
| Breath Hose Hold Vacuum?:  | Test C   | hamber Hold Vacuum?   |  |   |  |
| 3μm<br>9μm<br>Peripheral Tests   |  |   |  | (1)   |  |
| Speaker (F5)  Gas Regulator (F11)  Atmospheric Sensor  Pressure  | Power LED Green (F6) Pump (F10) Correction Factor    | Red (F7) Fan (I  Receipt paper  Flow Sensor  Resistance                                   | Tank Sensor  | Is regulator close to<br>Tank Sensor Value?<br>Yes / No |  |
| Sent to CMI (If needed)  Date Sent   | Reason Sent  | unit will not pow<br>memory full error<br>up after rebest                                 | er up uni<br>would no<br>Attant  | T had 012<br>of Boot Book                               |  |
| Repairs needed:  |  | Repairs Made:  SMP, DISP  | LAY, SMD   | DATA  |  |
| Inventory Process  ☐ Linked Cylinder to Unit ☐ Changed Unit Status ☐ Bench Check Report Comple   |  | Completed CMI Wor<br>ration and Operation CMI Cert  | lete if unit sent to<br>korder<br>ificate of Calibrati<br>ice Evaluation For | on Q3 03 2025   |  |