

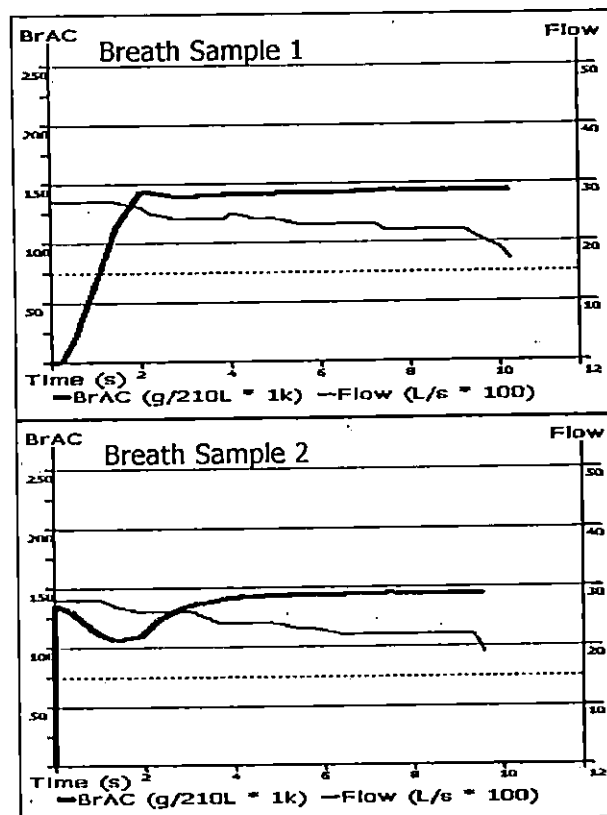
## Intoxilyzer 9000 Evidential Breath Alcohol Test (EBAT) Test Report

|                                                                                                                                |                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Subject Name:<br>MISTICH, ANTHONY<br>DOB: 08/31/1976<br>Sex: Male<br>Driver License: 120720232<br>State: CO<br>Zip Code: 80227 | Location: CDPHE EVIDENTIAL<br>BREATH ALCOHOL<br>TESTING PROGRAM<br>Serial Number: 90-000210<br>Test Number: 0210140003<br>Case Number: FREE TEXT<br>Date & Time of Offense: 01/10/2014 10:28 |
| Intoxilyzer Operator:<br>MISTICH, ANTHONY J<br>Last Certification Date: 11/15/2013<br>Agency: COLORADO DEPT OF PUBLIC HEALTH   | Arresting Officer:<br>MISTICH, ANTHONY J<br>Agency: COLORADO DEPT OF PUBLIC HEALTH<br>Crash: Yes                      Injury: No                                                             |

MISTICH, ANTHONY  
 Test Date: 01/10/2014

|                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 20-minute deprivation period                                                                                                                                                                                                                                                                                                                                                                  | Start Time: 11:05                                                                                                                                                                                                                                                                                                                                                                              | End Time: 11:25 |
| <input checked="" type="checkbox"/> The 20-minute deprivation period has been conducted at the certified EBAT facility by a certified EBAT instructor or operator that is in an active status.<br><input checked="" type="checkbox"/> The subject has removed any foreign material from the mouth cavity that is not permanent in nature, prior to starting the 20-minute deprivation period. | <input checked="" type="checkbox"/> The subject has been deprived access to foreign material that may be introduced into the mouth cavity during the 20-minute deprivation period.<br><input checked="" type="checkbox"/> The subject has been observed for signs of belching, regurgitation, or intake of any foreign material into the mouth cavity during the 20-minute deprivation period. |                 |

| EBAT Test Sequence | g/210L       | Time     |
|--------------------|--------------|----------|
| Air Blank          | 0.000        | 11:25:25 |
| Sim Temp           | 33.9 C       |          |
| Wet Cal Chk        | 0.101        | 11:25:52 |
| Air Blank          | 0.000        | 11:26:32 |
| Subject Sample     | 0.143        | 11:27:29 |
| Breath Volume      | 2.60 Liters  |          |
| Air Blank          | 0.000        | 11:28:35 |
| Diagnostics        | Passed       | 11:28:39 |
| Air Blank          | 0.000        | 11:29:16 |
| Wait               |              | 11:31:20 |
| Air Blank          | 0.000        | 11:31:57 |
| Subject Sample     | 0.144        | 11:33:30 |
| Breath Volume      | 2.43 Liters  |          |
| Air Blank          | 0.000        | 11:34:21 |
| Sim Temp           | 33.9 C       |          |
| Wet Cal Chk        | 0.098        | 11:34:48 |
| Air Blank          | 0.000        | 11:35:28 |
| Final Result       | 0.143 g/210L |          |



COMMENTS:  
DEMO EBAT

I am currently certified as an EBAT operator and attest that this Evidential Breath Alcohol Test (EBAT) has been performed in compliance (5CCR 1005-2) following the procedures set forth by the CDPHE.  
I authenticate the information provided on this report is produced by the certified EBAT instrument used to perform this test.

01/10/2014

Certified EBAT Instructor or Operator Signature

Date

# Intoxilyzer-9000 (I-9000) Instrument Performance Report (IPR)

**Subject Name:**  
 MISTICH, ANTHONY  
 DOB: 08/31/1976  
 Sex: Male  
 Driver License 120720232  
 State: CO  
 Zip Code: 80227

**Location:** CDPHE EVIDENTIAL  
 BREATH ALCOHOL  
 TESTING PROGRAM  
 Serial Number: 90-000210  
 Test Number: 0210140003  
 Case Number: FREE TEXT  
 Date & Time of Offense: 01/10/2014 10:28

### I-9000 Certified Solution Change Record

Test Date: 06/19/2013  
 Test Time: 14:46:45  
 Instructor User ID: 467497  
 Lot Number: 201208D  
 Bottle Number: 255  
 Expiration Date: 08/07/2014  
 Target Value: 0.100 g/210L  
 Target Range: (0.095 - 0.105)g/210L

| Test               | g/210L | Time     |
|--------------------|--------|----------|
| Air Blank          | 0.000  | 14:47:08 |
| Wet Cal Chk        | 0.098  | 14:47:35 |
| Air Blank          | 0.000  | 14:48:14 |
| Wet Cal Chk        | 0.098  | 14:48:41 |
| Air Blank          | 0.000  | 14:49:21 |
| Wet Cal Chk        | 0.097  | 14:49:47 |
| Air Blank          | 0.000  | 14:50:27 |
| Wet Cal Chk        | 0.099  | 14:50:53 |
| Air Blank          | 0.000  | 14:51:33 |
| Wet Cal Chk        | 0.099  | 14:52:00 |
| Air Blank          | 0.000  | 14:52:39 |
| Wet Cal Chk        | 0.098  | 14:53:06 |
| Air Blank          | 0.000  | 14:53:47 |
| Wet Cal Chk        | 0.098  | 14:54:14 |
| Air Blank          | 0.000  | 14:54:53 |
| Wet Cal Chk        | 0.098  | 14:55:20 |
| Air Blank          | 0.000  | 14:56:00 |
| Wet Cal Chk        | 0.098  | 14:56:26 |
| Air Blank          | 0.000  | 14:57:06 |
| Wet Cal Chk        | 0.098  | 14:57:32 |
| Air Blank          | 0.000  | 14:58:12 |
| Average            | 0.0981 |          |
| Standard Deviation | 0.0006 |          |
| Relative Std Dev   | 0.0058 |          |
| 60-day Average     | 0.097  |          |

### I-9000 Verification Record

Test Date: 04/05/2013  
 Test Time: 11:04:57  
 Technician User ID: 467497  
 Certificate #: 0210130002I

| Alcohol Value | Alcohol Found | Acceptable Range |
|---------------|---------------|------------------|
| .020          | 0.018         | (0.015 - 0.025)  |
| .040          | 0.040         | (0.035 - 0.045)  |
| .050          | 0.049         | (0.045 - 0.055)  |
| .080          | 0.075         | (0.075 - 0.085)  |
| .100          | 0.098         | (0.095 - 0.105)  |
| .150          | 0.146         | (0.143 - 0.158)  |
| .200          | 0.199         | (0.190 - 0.210)  |
| .300          | 0.297         | (0.285 - 0.315)  |
| .400          | 0.401         | (0.380 - 0.420)  |
| Interferent   | *             |                  |

Verification Test: PASS      Invalid Sample: PASS  
 Stability Test: PASS      Improper Sample: PASS  
 EBAT Test: PASS

### I-9000 Calibration Adjustment Record

Date: 04/04/2013      Technician User ID: 467497

### I-9000 Certification Record

Certification Period:

|                  |                |
|------------------|----------------|
| From: 04/05/2013 | To: 04/05/2014 |
| From:            | To:            |
| From:            | To:            |

### I-9000 60-Day Exception Message Record

| Exception Message                       | Number |
|-----------------------------------------|--------|
| * Invalid Sample                        | 0      |
| * No 0.020 Agreement                    | 0      |
| * Range Exceeded                        | 0      |
| * Test Sequence Aborted                 | 0      |
| * Subject Refused                       | 0      |
| * Deficient Sample                      | 0      |
| * Calibration Check Out Of Tolerance    | 0      |
| * Diagnostic Failure                    | 0      |
| * Unstable Reference                    | 0      |
| * Simulator Communication Failure       | 0      |
| * Calibration Check Correlation Failure | 0      |
| * Purge Failure                         | 0      |
| * RFI Detected                          | 0      |
| * Ambient Failure                       | 0      |
| * Improper Sample                       | 0      |
| * Interferent Detected                  | 0      |
| * Simulator Temperature Out Of Range    | 0      |
| * Simulator Exception Encountered       | 0      |
| Exception Message Total                 | 0      |
| Evidential Breath Alcohol Test Total    | 2      |

# Intoxilyzer 9000 (I-9000) Instrument Performance Report (IPR)

**Subject Name:**  
 MISTICH, ANTHONY  
 DOB: 08/31/1976  
 Sex: Male  
 Driver License 120720232  
 State: CO  
 Zip Code: 80227

**Location:** CDPHE EVIDENTIAL  
 BREATH ALCOHOL  
 TESTING PROGRAM  
 Serial Number: 90-000210  
 Test Number: 0210140003  
 Case Number: FREE TEXT  
 Date & Time of Offense: 01/10/2014 10:28

## I-9000 Maintenance History Record

| Date       | Technician Name | Description                                                                                                                                              |
|------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10/13/2015 | 1157044         | I-9000 CALIBRATION VERIFICATION TESTING WAS SUCCESSFULLY COMPLETED. THIS INSTRUMENT IS CERTIFIED BY CDPHE TO PERFORM EVIDENTIAL BREATH ALCOHOL TESTING.  |
| 11/06/2014 | 731869          | I-9000 CALIBRATION VERIFICATION TESTING WAS SUCCESSFULLY COMPLETED. THIS INSTRUMENT IS CERTIFIED BY CDPHE TO PERFORM EVIDENTIAL BREATH ALCOHOL TESTING.  |
| 09/23/2014 | 467497          | TEST DATA ENTRY<br>LINE 2, <span style="float: right;">LINE</span><br>3                                                                                  |
| 04/28/2014 | 731869          | I-9000 CALIBRATION VERIFICATION TESTING WAS SUCCESSFULLY COMPLETED. THIS INSTRUMENT IS CERTIFIED BY CDPHE TO PERFORM EVIDENTIAL BREATH ALCOHOL TESTING.  |
| 03/01/2013 | 467497          | THIS IS A TEST DATA ENTRY                                                                                                                                |
| 04/05/2013 | 467497          | I-9000 CALIBRATION VERIFICATION TESTING WAS SUCCECSSFULLY COMPLETED. THIS INSTRUMENT IS CERTIFIED BY CDPHE TO PERFORM EVIDENTIAL BREATH ALCOHOL TESTING. |
| 04/04/2013 | 467497          | I-9000 CALIBRATION ADJUSTMENT SUCCESSFULLY COMPLETED                                                                                                     |

# COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Pursuant to the Colorado Board of Health Rules Pertaining To The Testing Of Alcohol And Other Drugs (5-CCR1005-2), The CDPHE certifies and approves the use of the listed Intoxilyzer 9000 (I-9000) to perform Evidential Breath Alcohol Testing (EBAT) for the purpose of determining alcohol content

I-9000 Serial Number

**90-000210**

Certification Period

**04/05/2013 - 10/13/2016**

unless previously rescinded.



Colorado Department  
of Public Health  
and Environment

*Laura Gillim-Ross*

Laura Gillim-Ross, PhD, Director  
Laboratory Services Division

Certificate # 02101300021