

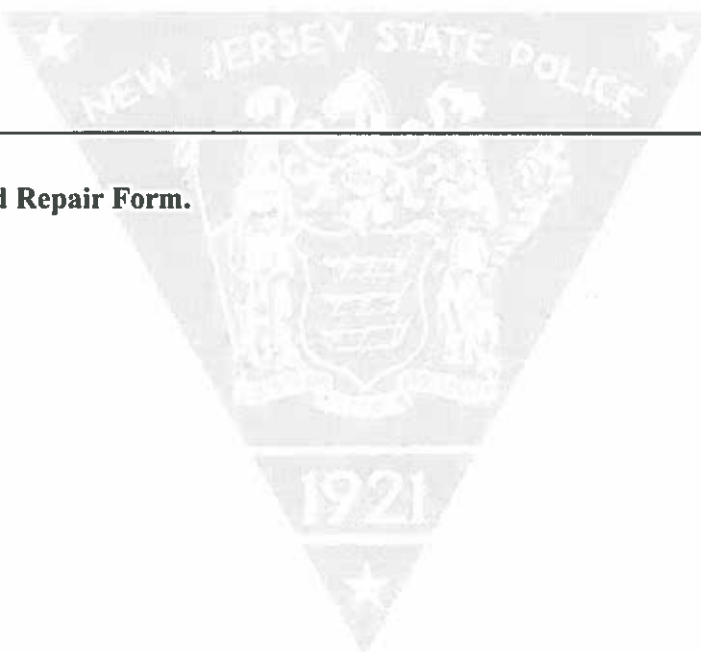
STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF STATE POLICE
BREATH TESTING INSTRUMENTATION SERVICE REPORT

| | | |
|---|---|---|
| 1. Department: Brielle Boro. Police Department 601 Union Lane Brielle, NJ 08730 | 2. Contact: Ptlm. R. Sofield 3. Phone Number: 732-528-5056 | 4. Date: 8/13/2018 5. County: Monmouth |
|---|---|---|

| | | |
|---|---|---|
| 6. Alcotest Instrument Serial Number: ARWM-0073 | 7. Simulator Component Serial Number: N/A | 8. Temperature Probe Component Serial Number: N/A |
|---|---|---|

9. Reason for Service:
 The above Alcotest was returned from outside evaluation and/or repair and placed back in service.

10. Comments:
 See Draeger Return and Repair Form.


 NEW JERSEY STATE POLICE
 1921

Last Known Sequential File #: N/A

- 11. The above Instrument/Component has been found to be in satisfactory working condition; no further action required.
- 12. The above Instrument/Component is placed out of service pending further evaluation.
- 13. The above Instrument/Component is placed back in service.

"I have been certified by the Attorney General as a Breath Test Coordinator/Instructor pursuant to N.J.A.C. 13:51, et. seq. In my official capacity as a Breath Test Coordinator/Instructor I perform inspections of evidential breath test devices and related components of evidential breath test systems. I have inspected the evidential breath test device listed on this report in my official capacity. The results of my inspection are recorded on this form. I certify that the forgoing statements made by me are true and accurate to the best of my knowledge. I am aware that if any of the forgoing statements made by me are willingly false, I am subject to punishment."

| | | |
|--|--|--------------------------|
| Tpr. A. Pavlosky #7330 _____ Name & Badge Number (Print) |  _____ Signature | 8/13/18 _____ Date |
|--|--|--------------------------|

Alcotest 7110 Calibration Record

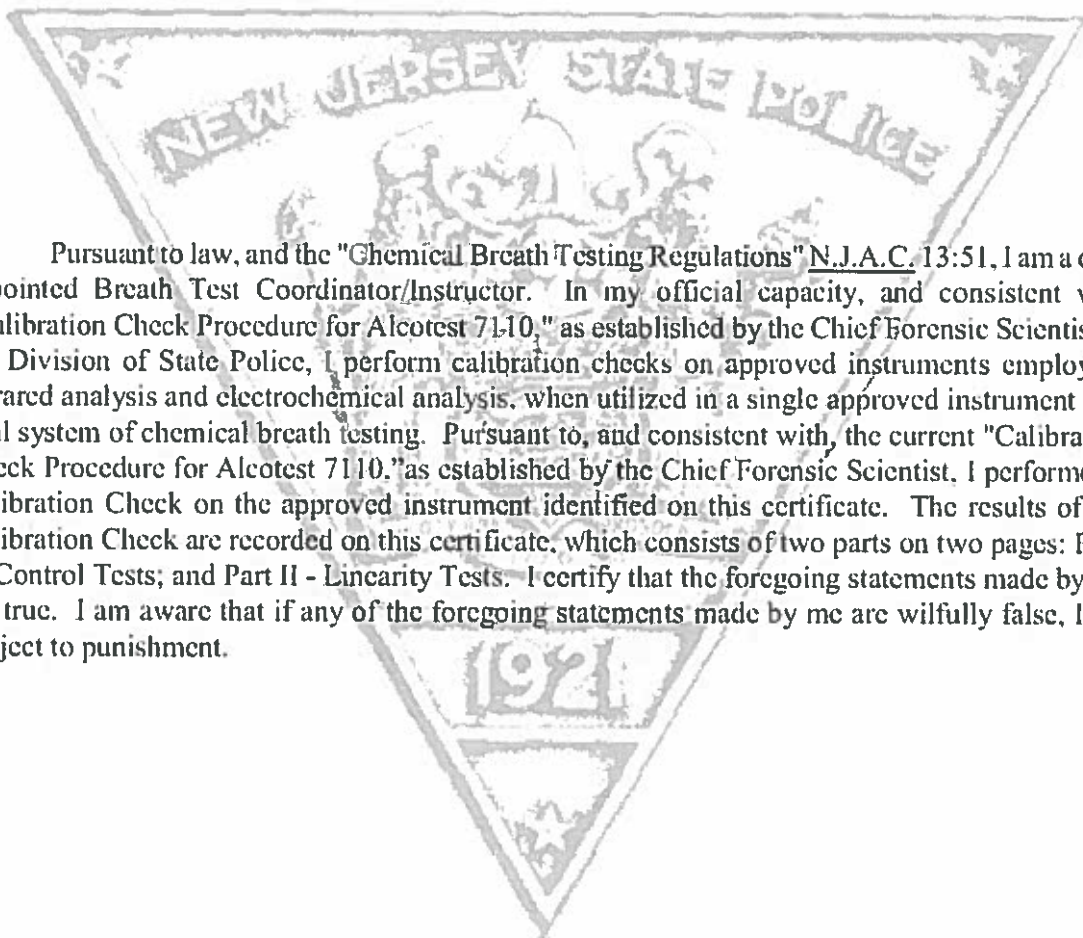
| | | | | | |
|-------------------------|-----------------------|--------------|------------|-------------|--------------|
| Equipment | Alcotest 7110 MKIII-C | Serial No.: | ARWM-0073 | | |
| Location: | BRIELLE POLICE DEPT. | | | | |
| Calibration File No.: | 00758 | Calib. Date: | 08/10/2018 | Calib. No.: | 00028 |
| Certification File No.: | 00754 | Cert. Date: | 07/06/2018 | Cert. No.: | 00022 |
| Linearity File No.: | 00755 | Lin. Date: | 07/06/2018 | Lin. No.: | 00022 |
| Solution File No.: | 00757 | Soln. Date: | 08/06/2018 | Soln. No.: | 00157 |
| Sequential File No.: | 00758 | File Date: | 08/10/2018 | | |
| | | | | | |
| Calibrating Unit: | WET | Model No.: | CU-34 | Serial No.: | DDXA S3-0052 |
| Control Solution %: | 0.100% | | | Expires: | 08/07/2019 |
| Solution Control Lot: | 17230 | | | Bottle No.: | 1274 |

Coordinator

| | | | | | |
|------------|---|-------------|---------|-------|------------|
| Last Name: | PAVLOSKY | First Name: | ALLISON | MI: | M. |
| Signature: |  | Badge No.: | 7330 | Date: | 08/10/2018 |

*Black Key Temperature Probe Serial.....# DDXK P2-398A

*Digital NIST Temperature Measuring System Serial.....# 170428364A



Pursuant to law, and the "Chemical Breath Testing Regulations" N.J.A.C. 13:51, I am a duly appointed Breath Test Coordinator/Instructor. In my official capacity, and consistent with "Calibration Check Procedure for Alcotest 7110," as established by the Chief Forensic Scientist of the Division of State Police, I perform calibration checks on approved instruments employing infrared analysis and electrochemical analysis, when utilized in a single approved instrument as a dual system of chemical breath testing. Pursuant to, and consistent with, the current "Calibration Check Procedure for Alcotest 7110," as established by the Chief Forensic Scientist, I performed a Calibration Check on the approved instrument identified on this certificate. The results of my Calibration Check are recorded on this certificate, which consists of two parts on two pages: Part I - Control Tests; and Part II - Linearity Tests. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment.

Alcotest 7110 Calibration Certificate

Part I - Control Tests

| | | |
|-------------------------|-----------------------|--------------------------|
| Equipment | Alcotest 7110 MKIII-C | Serial No.: ARWM-0073 |
| Location: | BRIELLE POLICE DEPT. | |
| Calibration File No.: | 00758 | Calib. Date: 08/10/2018 |
| Certification File No.: | 00759 | Calib. No.: 00028 |
| Linearity File No.: | 00755 | Cert. Date: 08/10/2018 |
| Solution File No.: | 00757 | Cert. No.: 00023 |
| Sequential File No.: | 00759 | Lin. Date: 07/06/2018 |
| | | Lin. No.: 00022 |
| | | Soln. Date: 08/06/2018 |
| | | Soln. No.: 00157 |
| | | File Date: 08/10/2018 |
| | | |
| Calibrating Unit: | WET | Model No.: CU-34 |
| Control Solution %: | 0.100% | Serial No.: DDXA S3-0052 |
| Solution Control Lot: | 17230 | Expires: 08/07/2019 |
| | | Bottle No.: 1274 |

| Function | Result %BAC | Time HH:MM | Temperature Simulator (°C) | Comment(s) or Error(s) |
|-------------------|----------------|---------------|-------------------------------|---------------------------|
| Ambient Air Blank | 0.000% | 12:29D | | |
| Control 1 EC | 0.099% | 12:30D | 34.0°C | CONTROL TEST FAILED |
| Control 1 IR | 0.090% | 12:30D | 34.0°C | CONTROL TEST FAILED |
| Ambient Air Blank | 0.000% | 12:31D | | |
| Control 2 EC | 0.099% | 12:31D | 34.0°C | CONTROL TEST FAILED |
| Control 2 IR | 0.108% | 12:31D | 34.0°C | CONTROL TEST FAILED |
| Ambient Air Blank | 0.000% | 12:32D | | |
| Control 3 EC | 0.099% | 12:33D | 34.0°C | *** TEST PASSED *** |
| Control 3 IR | 0.101% | 12:33D | 34.0°C | *** TEST PASSED *** |
| Ambient Air Blank | 0.000% | 12:33D | | |

Test results are not within acceptable range.

Coordinator

Last Name: PAVLOSKY

First Name: ALLISON

MI: M.

Badge No.: 7330

Date: 08/10/2018

Signature: 

Pursuant to law, and the "Chemical Breath Testing Regulations" N.J.A.C. 13:51, I am a duly appointed Breath Test Coordinator/Instructor. In my official capacity, and consistent with "Calibration Check Procedure for Alcotest 7110," as established by the Chief Forensic Scientist of the Division of State Police, I perform calibration checks on approved instruments employing infrared analysis and electrochemical analysis, when utilized in a single approved instrument as a dual system of chemical breath testing. Pursuant to, and consistent with, the current "Calibration Check Procedure for Alcotest 7110" as established by the Chief Forensic Scientist, I performed a Calibration Check on the approved instrument identified on this certificate. The results of my Calibration Check are recorded on this certificate, which consists of two parts on two pages: Part I - Control Tests; and Part II - Linearity Tests. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment.



Delivery receipt



Customer no. 150061056
 Number of report 303552363
 Please reference on inquiries

Date of receiving / /
 Delivery receipt date 08/06/2018

Consignee, 150061057
BRIELLE BOROUGH POLICE DEPARTMENT
ATTN: PTL. RONALD SOFIELD
601 UNION LANE
BRIELLE NJ 08730-1494

Customer, 150061056
BOROUGH OF BRIELLE
ATTN: RON SOFIELD
PO Box 445
BRIELLE NJ 08730-0445

Your order
 Date of order:
 Purch.ord.no.:
 18-01072

Branch text

Draeger contact person
 Natasha Suber
 800-437-2437 #5
 natasha.suber@draeger.com

Page 1

| Quantity | Description | Part no. | Equipment - No. | Serial - No. |
|----------|--------------------------|----------|-----------------|--------------|
| 001 | ALCOTEST 7110 MK III USA | 8314246 | 1024506477 | ARWM-0073 |

Draeger Inc.
 Our Tax ID: 23-1699096
 3135 Quarry Road, Telford, PA 18969
 An Equal Opportunity Employer M / F / V / H
 Telephone 800-437-2437
 http://www.draeger.com

Remit to:
LOCKBOX (Standard USPS)
 Draeger, Inc.
 PO Box 13369
 Newark, New Jersey
 07101-3362

Remit to:
LOCKBOX (Overnight)
 FIS Lockbox Processing
 Lockbox #13369
 400A Commerce Blvd
 Carlstadt, NJ 07072
 Phone: 201 460-2823

Remit US Wire Transfers to:
 Account Name: Draeger Inc.
 Account Number: 00-494-936
 Transit Routing: 021001033
 SWIFT: BKTRUS33
 Deutsche Bank Trust Company Americas
 60 Wall Street 25th Fl, New York, NY 10005

Service note

Customer no. Number of report Date of receiving
 150061056 303552363 07/06/2018
 Please reference on inquiries

Customer
 BOROUGH OF BRIELLE
 ATTN: FINANCE DEPARTMENT
 PO Box 445
 BRIELLE NJ 08730-0445

Consignee
 BRIELLE BOROUGH POLICE DEPARTMENT
 ATTN: PTL. RONALD SOFIELD
 601 UNION LANE
 BRIELLE NJ 08730-1494

Your order
 Date of order:
 Your reference:
 18-01072

NL-Text
 Maintenance device list

Your contact person
 Natasha Suber
 800-437-2437 #5
 natasha.suber@draeger.com

Page 1

| Item | Quantity | Part no. Description |
|------|----------|--|
| | | Service Order: 119673460 |
| | | COE002742 |
| | | Eq.No. : 1024506477 SN: ARWM-0073 |
| | | Material: 8314246 ALCOTEST 7110 MK III USA |
| | | Inv.No. : |
| | | Location: |
| | | COE002742 |
| 4.0 | H | R018 Repair time - Core |
| 1 | EA | 8315075 Best. LP MYC USA, A7110 MKIII |

RETURN AND REPAIR FORM

Customer Information

B:

S:

Company Name: Brielle Boro. P.D., Brielle, NJ

Date Received: 07/13/2018

Date given to service: 07/13/2018

Carrier: FedEx UPS USPS

Shipping Method: GRD 3DAY 2DAY
 NDA-PRI NDA-STD

Product: 6510 6810
 7110 8610
 7510 DT5000
 7410 Upper-half 9510
 7410 Whole

Serial Number: AR WM-0073

Printer Serial#: AR

Sim Serial#: DD

Probe Serial#: DD

Warranty Expires: _____

Description: A B Plus Demo Screener Trade In

Accessories

110V A/C Adapter Regulator Printer Ribbon Printer Paper
 Mouthpieces 9510 Stylus 9510 Top Cover Carrying Case
 Dry Gas Other (please specify) _____

Repair Information:

Test#:

| Part Number | Description | Qty | Total Cost |
|-------------|---------------------------|-----|------------|
| 4414161 | Calibration | 1 | |
| 4414166 | Labor | 4 | |
| 8315075 | Alcotest 7110 Motherboard | 1 | |
| | | | |
| | | | |
| | | | |
| | | | |

Repair Notes: Replaced defective motherboard.

Motherboard was changed due to unit giving wrong solution value during Linearity Testing.

CAL W/QC AND OPS CHECK

Service Technician BS

Date: 08/06/2018

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF STATE POLICE
BREATH TESTING INSTRUMENTATION SERVICE REPORT

| | | | |
|--|--|--|-------------------------------|
| 1. Department: Brielle Boro. Police Dept. 601 Union Lane Brielle, NJ 08730 | | 2. Contact: Ptlm. R. Sofield | 4. Date: 7/6/18 |
| | | 3. Phone Number: 732-528-5056 | 5. County: Monmouth |
| 6. Alcotest Instrument Serial Number: <p style="text-align: center;">ARWM-0073</p> | 7. Simulator Component Serial Number: <p style="text-align: center;">N/A</p> | 8. Temperature Probe Component Serial Number: <p style="text-align: center;">N/A</p> | |

9. Reason for Service:

I responded to Brielle Boro. Police Department to complete the semi-annual recalibration of the Alcotest 7110. While conducting the Linearity Tests, I was conducting the first 0.080% attempt when the screen read 9.232% BRAC instead of 0.080 % BRAC, resulting in a Control Test Failure. The second attempt, the screen read 0.080 % BRAC correctly, resulting in a successful attempt.

10. Comments:


This instrument was placed out of service and returned to Draeger Safety Diagnostics for evaluation.

Last Known Sequential File #: 00755

11. The above Instrument/Component has been found to be in satisfactory working condition; no further action required.
12. The above Instrument/Component is placed out of service pending further evaluation.
13. The above Instrument/Component is placed back in service.

"I have been certified by the Attorney General as a Breath Test Coordinator/Instructor pursuant to N.J.A.C. 13:51, et. seq. In my official capacity as a Breath Test Coordinator/Instructor I perform inspections of evidential breath test devices and related components of evidential breath test systems. I have inspected the evidential breath test device listed on this report in my official capacity. The results of my inspection are recorded on this form. I certify that the forgoing statements made by me are true and accurate to the best of my knowledge. I am aware that if any of the forgoing statements made by me are willingly false, I am subject to punishment."

Tpr. A. Pavlosky #7330
 Name & Badge Number (Print)


 Signature

7/6/18
 Date

Alcotest 7110 Calibration Record

Equipment Alcotest 7110 MKIII-C Serial No.: ARWM-0073
Location: BRIELLE POLICE DEPT.
Calibration File No.: 00753 Calib. Date: 07/06/2018 Calib. No.: 00026
Certification File No.: 00721 Cert. Date: 01/19/2018 Cert. No.: 00021
Linearity File No.: 00722 Lin. Date: 01/19/2018 Lin. No.: 00021
Solution File No.: 00746 Soln. Date: 06/10/2018 Soln. No.: 00156
Sequential File No.: 00753 File Date: 07/06/2018

Calibrating Unit: WET Model No.: CU-34 Serial No.: DDXA S3-0052
Control Solution %: 0.100% Expires: 08/07/2019
Solution Control Lot: 17230 Bottle No.: 1015

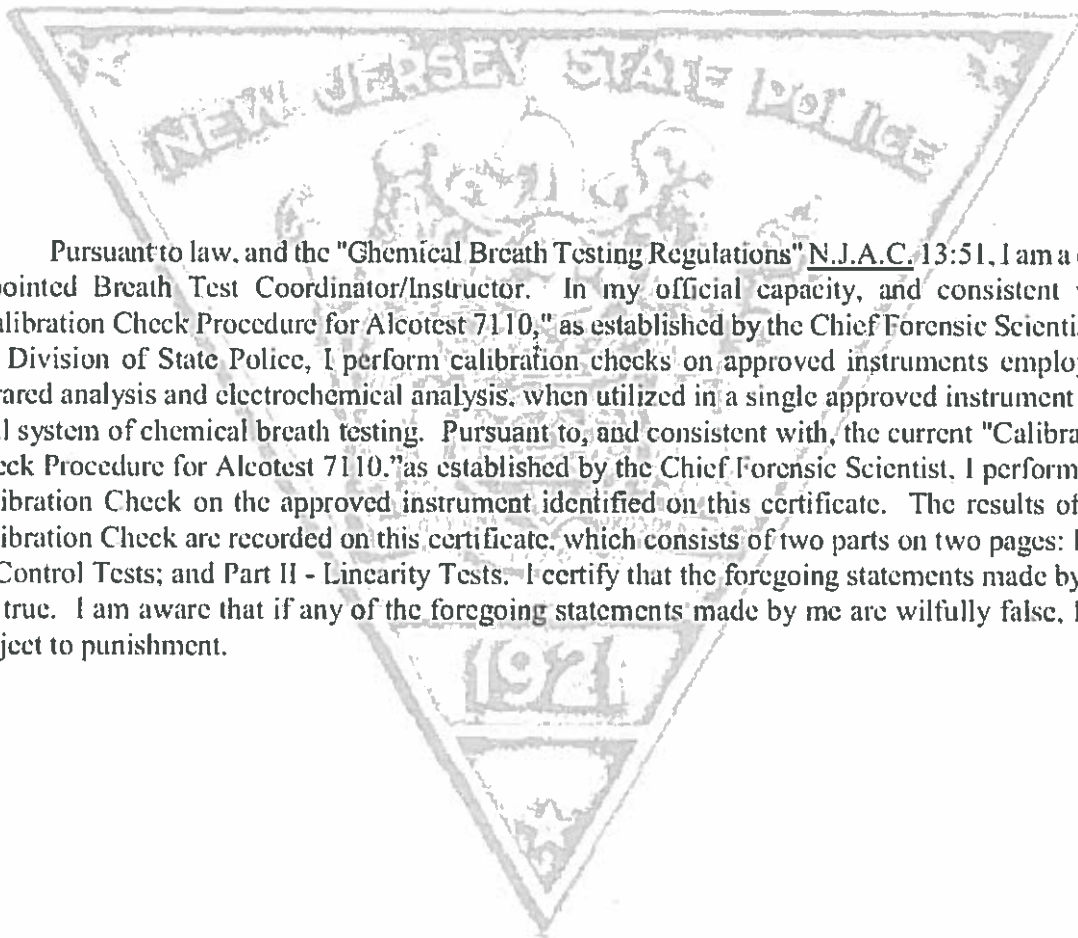
Coordinator

Last Name: PAVLOSKY First Name: ALLISON MI: M.

Signature:  Badge No.: 7330
Date: 07/06/2018

*Black Key Temperature Probe Serial.....# DDX K P2-398A

*Digital NIST Temperature Measuring System Serial.....# 170428364



Pursuant to law, and the "Chemical Breath Testing Regulations" N.J.A.C. 13:51, I am a duly appointed Breath Test Coordinator/Instructor. In my official capacity, and consistent with "Calibration Check Procedure for Alcotest 7110," as established by the Chief Forensic Scientist of the Division of State Police, I perform calibration checks on approved instruments employing infrared analysis and electrochemical analysis, when utilized in a single approved instrument as a dual system of chemical breath testing. Pursuant to, and consistent with, the current "Calibration Check Procedure for Alcotest 7110," as established by the Chief Forensic Scientist, I performed a Calibration Check on the approved instrument identified on this certificate. The results of my Calibration Check are recorded on this certificate, which consists of two parts on two pages: Part I - Control Tests; and Part II - Linearity Tests. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment.

Alcotest 7110 Calibration Certificate

Part I - Control Tests

Equipment Alcotest 7110 MKIII-C Serial No.: ARWM-0073
Location: BRIELLE POLICE DEPT.
Calibration File No.: 00753 **Calib. Date:** 07/06/2018 **Calib. No.:** 00026
Certification File No.: 00754 **Cert. Date:** 07/06/2018 **Cert. No.:** 00022
Linearity File No.: 00722 **Lin. Date:** 01/19/2018 **Lin. No.:** 00021
Solution File No.: 00746 **Soln. Date:** 06/10/2018 **Soln. No.:** 00156
Sequential File No.: 00754 **File Date:** 07/06/2018

Calibrating Unit: WET **Model No.:** CU-34 **Serial No.:** DDXA S3-0052
Control Solution %: 0.100% **Expires:** 08/07/2019
Solution Control Lot: 17230 **Bottle No.:** 1015

| Function | Result | Time | Temperature | Comment(s) |
|-------------------|--------|--------|----------------|---------------------|
| | %BAC | HH:MM | Simulator (°C) | or Error(s) |
| Ambient Air Blank | 0.000% | 07:25D | | |
| Control 1 EC | 0.099% | 07:25D | 34.0°C | *** TEST PASSED *** |
| Control 1 IR | 0.099% | 07:25D | 34.0°C | *** TEST PASSED *** |
| Ambient Air Blank | 0.000% | 07:26D | | |
| Control 2 EC | 0.099% | 07:26D | 34.0°C | *** TEST PASSED *** |
| Control 2 IR | 0.099% | 07:26D | 34.0°C | *** TEST PASSED *** |
| Ambient Air Blank | 0.000% | 07:27D | | |
| Control 3 EC | 0.099% | 07:28D | 34.0°C | *** TEST PASSED *** |
| Control 3 IR | 0.099% | 07:28D | 34.0°C | *** TEST PASSED *** |
| Ambient Air Blank | 0.000% | 07:28D | | |

All tests within acceptable tolerance.

Coordinator

Last Name: PAVLOSKY

First Name: ALLISON

MI: M.

Signature: 

Badge No.: 7330

Date: 07/06/2018

Pursuant to law, and the "Chemical Breath Testing Regulations" N.J.A.C. 13:51, I am a duly appointed Breath Test Coordinator/Instructor. In my official capacity, and consistent with "Calibration Check Procedure for Alcotest 7110," as established by the Chief Forensic Scientist of the Division of State Police, I perform calibration checks on approved instruments employing infrared analysis and electrochemical analysis, when utilized in a single approved instrument as a dual system of chemical breath testing. Pursuant to, and consistent with, the current "Calibration Check Procedure for Alcotest 7110," as established by the Chief Forensic Scientist, I performed a Calibration Check on the approved instrument identified on this certificate. The results of my Calibration Check are recorded on this certificate, which consists of two parts on two pages: Part I - Control Tests; and Part II - Linearity Tests. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment.

Alcotest 7110 Calibration Certificate

Part II - Linearity Tests

| | | |
|-------------------------|-----------------------|--------------------------|
| Equipment | Alcotest 7110 MKIII-C | Serial No.: ARWM-0073 |
| Location: | BRIELLE POLICE DEPT. | |
| Calibration File No.: | 00753 | Calib. Date: 07/06/2018 |
| Certification File No.: | 00754 | Calib. No.: 00026 |
| Linearity File No.: | 00755 | Cert. Date: 07/06/2018 |
| Solution File No.: | 00746 | Cert. No.: 00022 |
| Sequential File No.: | 00755 | Lin. Date: 07/06/2018 |
| | | Lin. No.: 00022 |
| | | Soln. Date: 06/10/2018 |
| | | Soln. No.: 00156 |
| | | File Date: 07/06/2018 |
| | | |
| Calibrating Unit: | WET | Model No.: CU-34 |
| Control Solution %: | 0.040% | Serial No.: DDRK S3-0012 |
| Solution Control Lot: | 17240 | Expires: 08/10/2019 |
| | | Bottle No.: 0122 |
| | | |
| Calibrating Unit: | WET | Model No.: CU-34 |
| Control Solution %: | 9.232% | Serial No.: DDRK S3-0015 |
| Solution Control Lot: | 17250 | Expires: 08/15/2019 |
| | | Bottle No.: 0772 |
| | | |
| Calibrating Unit: | WET | Model No.: CU-34 |
| Control Solution %: | 0.160% | Serial No.: DDRK S3-0025 |
| Solution Control Lot: | 17260 | Expires: 08/21/2019 |
| | | Bottle No.: 1063 |

| Function | Result %BAC | Time HH:MM | Temperature Simulator (°C) | Comment(s) or Error(s) |
|-------------------|----------------|---------------|-------------------------------|---------------------------|
| Ambient Air Blank | 0.000% | 07:37D | | |
| Control 1 EC | 0.041% | 07:37D | 33.9°C | *** TEST PASSED *** |
| Control 1 IR | 0.040% | 07:37D | 33.9°C | *** TEST PASSED *** |
| Ambient Air Blank | 0.000% | 07:39D | | |
| Control 2 EC | 0.041% | 07:39D | 33.9°C | *** TEST PASSED *** |
| Control 2 IR | 0.039% | 07:39D | 33.9°C | *** TEST PASSED *** |
| Ambient Air Blank | 0.000% | 07:41D | | |
| Control 3 EC | 0.082% | 07:41D | 34.0°C | CONTROL TEST FAILED |
| Control 3 IR | 0.079% | 07:41D | 34.0°C | CONTROL TEST FAILED |
| Ambient Air Blank | 0.000% | 07:43D | | |
| Control 4 EC | 0.081% | 07:44D | 34.0°C | *** TEST PASSED *** |
| Control 4 IR | 0.079% | 07:44D | 34.0°C | *** TEST PASSED *** |
| Ambient Air Blank | 0.000% | 07:45D | | |
| Control 5 EC | 0.161% | 07:46D | 34.0°C | *** TEST PASSED *** |
| Control 5 IR | 0.159% | 07:46D | 34.0°C | *** TEST PASSED *** |
| Ambient Air Blank | 0.000% | 07:47D | | |
| Control 6 EC | 0.161% | 07:48D | 34.0°C | *** TEST PASSED *** |
| Control 6 IR | 0.160% | 07:48D | 34.0°C | *** TEST PASSED *** |
| Ambient Air Blank | 0.000% | 07:49D | | |

Test results are not within acceptable range.

Coordinator

Last Name: PAVLOSKY

First Name: ALLISON

MI: M.

Signature: _____



Badge No.: 7330

Date: 07/06/2018

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF STATE POLICE
BREATH TESTING INSTRUMENTATION SERVICE REPORT

| | | |
|---|---|---|
| 1. Department: Brielle Boro Police Dept. 601 Union Lane Brielle, NJ 08730 | 2. Contact: Sgt. Gary Olsen | 4. Date: 4/17/2015 |
| | 3. Phone Number: (732) 528-5050 | 5. County: Monmouth |
| 6. Alcotest Instrument Serial Number: ARWM-0073 | 7. Simulator Component Serial Number: N/A | 8. Temperature Probe Component Serial Number: N/A |

9. Reason for Service:
Returned from Draeger.

10. Comments:
Instrument was put back into service and a Calibration was performed on same with positive results.

11. The above Instrument/Component has been found to be in satisfactory working condition; no further action required.

12. The above Instrument/Component is placed out of service pending further evaluation.

13. The above Instrument/Component is placed back in service.

"I have been certified by the Attorney General as a Breath Test Coordinator/Instructor pursuant to N.J.A.C. 13:51, et. seq. In my official capacity as a Breath Test Coordinator/Instructor I perform inspections of evidential breath test devices and related components of evidential breath test systems. I have inspected the evidential breath test device listed on this report in my official capacity. The results of my inspection are recorded on this form. I certify that the forgoing statements made by me are true and accurate to the best of my knowledge. I am aware that if any of the forgoing statements made by me are willingly false, I am subject to punishment."

Sgt. Marc Dennis #5925

Name & Badge Number (Print)

Signature

Sgt. Marc Dennis

4/17/15
Date

RETURN AND REPAIR FORM



Customer Information

B:

S:

Company Name: Brielle P.D., Brielle, NJ

Date Received: 03/23/15

Date given to service: 03/23/15

Carrier: FedEx UPS USPS Shipping Method: GRD 3DAY 2DAY
 NDA-PRI NDA-STD

Product: 6510 6810
 7110 8610
 7510 DT5000
 7410 Upper-half 9510
 7410 Whole

Serial Number: AR WM-0073

Printer Serial#: AR

Sim Serial#: DD

Probe Serial#: DD

Warranty Expires: December 2016

Description: A B Plus Demo Screener Trade In

Accessories

110V A/C Adapter Regulator Printer Ribbon Printer Paper
 Mouthpieces 9510 Stylus 9510 Top Cover Carrying Case
 Dry Gas Other (please specify) _____

Repair Information:

Test#:

| Part Number | Description | Qty | Total Cost |
|-------------|---------------|-----|------------|
| 4414161 | Calibration | 1 | |
| 4414166 | Labor | .5 | |
| 6808455 | Fuel Cell | 1 | |
| 6808486 | Spacer Plates | 2 | |
| | | | |
| | | | |
| | | | |
| | | | |

Repair Notes: Replaced defective fuel cell and spacer plates.

ARFN-0059

CAL W/QC AND OPS CHECK

Service Technician BC

Date: 04/03/15

Packing Slip

Customer no Order No Order date
 150061056 10769102 04/03/2015

Packing slip no. Ship date
 80936784 04/03/2015

Please reference on inquiries

Ship to
 150061057
 BRIELLE BOROUGH POLICE DEPARTMENT
 ATTN: KAREN/CHIEF PALMER
 MONMOUTH COUNTY
 601 UNION LANE
 BRIELLE, NJ 08730
 USA

Payer

Your Purchase Order Number

7110: ARWM-0073
 Any questions? Please contact:
 MARA HERRERA

Customer
 BOROUGH OF BRIELLE
 ATTN: FINANCE DEPARTMENT
 MONMOUTH COUNTY
 P.O. BOX 445
 BRIELLE, NJ 08730
 USA

Your sales person

LINDA SALO
 Phone: 866-385-5900
 Fax: 972-929-1260

Delivery terms
 FA
 FREIGHT ALLOWED

| Item# | sh. Quant. | Part no. Description |
|-------|------------|---|
| | | Ship via: Fed Ex Saver |
| | | NOTE: All claims for shortages/defects must be reported within 10 Business days after receipt of order. All returns must have our RMA# clearly marked on the box. Please call Customer Service at 866-385-5900. |
| | | 7110: ARWM-0073 |
| 0010 | 1 EA | 4414161 CALIBRATION, 7110 Ordered / Back ordered : 0 / 0 EA |
| 0020 | 0.5 EA | 4414166 HOURLY LABOR CHARGE Ordered / Back ordered : 0.0 / 0.0 EA |

Draeger Safety Diagnostics Inc.
 Accounting Address:
 101 Technology Drive
 Pittsburgh, PA 15275
 Tel: (412) 788-5537
 Fax: (412) 788-5598

Remit Wire Transfers To:
 Citizens Bank
 Acct. # 6209426615
 Acct. Name: Draeger Safety Diagnostics Inc.
 Transit Number: 036076150
 Federal ID Number: 84-1600159

REMIT TO:
 Draeger Safety Diagnostics Inc.
 P.O. Box 536410
 Pittsburgh, PA 15253-5906

Packing Slip

Customer no Order No Order date
150061056 10769102 04/03/2015

Packing slip no. Ship date
80936784 04/03/2015

Please reference on inquiries

Page 2 / 2

| Item# | sh. Quant. | Part no. Description | | | |
|-------|------------|--|--|--|--|
| 0030 | 1 EA | 6808455 SENSOR : FUEL CELL Ordered / Back ordered : 0 / 0 EA | | | |
| 0040 | 2 EA | 6808486 PLATES,7110--9510 Ordered / Back ordered : 0 / 0 EA | | | |

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF STATE POLICE
BREATH TESTING INSTRUMENTATION SERVICE REPORT

| | | |
|--|--|--|
| 1. Department: Brielle Boro Police Dept. 601 Union Lane Brielle, NJ 08730 | 2. Contact: Sgt. Gary Olsen | 4. Date: 3/13/2015 |
| 3. Phone Number: (732) 528-5050 | | 5. County: Monmouth |
| 6. Alcotest Instrument Serial Number: <p style="text-align: center;">ARWM-0073</p> | 7. Simulator Component Serial Number: <p style="text-align: center;">N/A</p> | 8. Temperature Probe Component Serial Number: <p style="text-align: center;">N/A</p> |

9. Reason for Service:
Was advised by agency that instrument has been experiencing an issue with instrument and an " Error 35 " code was displayed on the LED and could not be cleared.

10. Comments:
Operational condition of the instrument was checked and the error code was still present so instrument was taken out of service regarding same. Instrument placed out of service and returned to Draeger Safety Diagnostics for evaluation.

Last Sequential # 00561

- 11. The above Instrument/Component has been found to be in satisfactory working condition; no further action required.
- 12. The above Instrument/Component is placed out of service pending further evaluation.
- 13. The above Instrument/Component is placed back in service.

"I have been certified by the Attorney General as a Breath Test Coordinator/Instructor pursuant to N.J.A.C. 13:51, et. seq. In my official capacity as a Breath Test Coordinator/Instructor I perform inspections of evidential breath test devices and related components of evidential breath test systems. I have inspected the evidential breath test device listed on this report in my official capacity. The results of my inspection are recorded on this form. I certify that the forgoing statements made by me are true and accurate to the best of my knowledge. I am aware that if any of the forgoing statements made by me are willingly false, I am subject to punishment."

Sgt. Marc Dennis #5925
 Name & Badge Number (Print)

SGT.  **3/13/15**
 Signature Date



Bonnie Chong
Senior Corporate Counsel
(215) 660-2263 (o)
bonnie.chong@draeger.com

VIA FIRST CLASS MAIL

October 17, 2011

Mario J. Delano
Brielle Borough Municipal Prosecutor
601 Union Lane
P.O. Box 445
Brielle, NJ 08730

Re: Alcotest Repair Records – Alcotest 7110: ARWM-0073

Dear Mr. Delano:

Draeger Safety Diagnostics, Inc. (“Draeger”) is in receipt of your request seeking documents in connection with the above-captioned matter. As you may know, absent extenuating circumstances, Draeger’s policy prohibits the production of company information or documents to any third party relating to or in connection with matters in which Draeger is not a party without a valid, enforceable subpoena.

Please be advised that as of October 17, 2011, the State of New Jersey will have in its possession copies of Draeger’s records documenting the repair history of all New Jersey Alcotest® 7110 MK IIC devices performed by Draeger to date, including the device at issue in this matter. Accordingly, please contact the New Jersey Division of Criminal Justice, Prosecutors Supervision and Coordination Bureau to obtain the subject records from a representative of the State. To the extent you attached a check with your request, with this letter I am returning same.

Sincerely,

Bonnie Chong
Senior Corporate Counsel - Litigation
Legal Department
Draeger

cc: A. Ryan (Draeger)

Return & Repair Form:

Customer Information:

Company Name: Brielle Boro Police B: _____ S: _____
 Date Received: 9-10-09 Date Given to Service: _____
 Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: 7410-7110-6510-6810-7510 *Standard*
 9510- Drug Tester 5000 Serial #: AR W.M-0073
 Description: A - B - Plus - Screener - Demo Printer Ser #: AR -
 Whole Instrument Top 1/2 Sim Ser #: _____
 Other _____ Probe Ser # DD P -

ACCESSORIES:

110 V A/C Adapter Regulator Mag Card Rdr# _____
 Printer Paper Printer Ribbon Casio # _____
 Mouthpieces Carrying Case Dry Gas
 Other (Please Specify) _____ Warranty Exp. Date _____

Repair Information:

Test #

Reason for Return: _____

| Part Number | Description | Qty | Total Cost |
|------------------|--------------|-----------|-----------------|
| <u>6808455</u> | <u>FL</u> | <u>1</u> | <u>N/C WARR</u> |
| <u>MP CAL 71</u> | <u>CAL</u> | <u>1</u> | <u>N/C WARR</u> |
| <u>MP Labor</u> | <u>Labor</u> | <u>.5</u> | <u>N/C WARR</u> |

Repair Notes:
Replace FL
CAL w/DC & Ops check

Service Technician: fs

Date: 09-11-09

DRAEGER SAFETY DIAGNOSTICS, INC.

CERTIFICATE

I, Dori L. Mansur Ratka, Esq., an attorney-at-law duly admitted, inter alia, to the bar of the State of New Jersey, under penalty of perjury under the laws of the United States of America and pursuant to 28 U.S.C. § 1746, hereby certify to the appropriate court officers of the State of New Jersey, on behalf of my client, Draeger Safety Diagnostics, Inc., a Delaware corporation ("Draeger"), and not in my individual capacity, that:

1. With respect to the various requests for records reflecting repairs performed on a particular device, the Repair & Return Form constitutes Draeger's record of the actual repair work conducted on the Alcotest® 7110 MK IIIC device.

2. The Alcotest® 7110 MK IIIC Checklist, Configuration – Calibration – QC, constitutes Draeger's internal record of the re-calibration and quality check conducted by Draeger on the device following the completion of the repair work. This Checklist is a standardized, step-by-step list of calibration and quality tasks undertaken by Draeger in order to support the "Certificate of Accuracy" issued with the repaired device.

3. The instrument print-outs, including the small pieces of paper titled "Control Check" or "Breath Test" and the "Calibrating Unit, New Standard Solution Report", are documents generated during the calibration and quality check, and are used for internal verification of the completion of the various steps on the above Checklist.

4. Once the device is recalibrated, which Draeger understands to be the standard practice of the State of New Jersey upon receipt of a device repaired by Draeger, the calibration and quality checks performed on the device while in Draeger's possession, including the various attached print outs, are rendered immaterial and superseded by the subsequent State calibration process.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 25th day of October, 2011 in the Borough of Telford, Commonwealth of Pennsylvania.



Dori L. Mansur Ratka, Esq.
on behalf of
Draeger Safety Diagnostics, Inc.

Packing Slip

Customer no Order No Order date
 150061056 10364655 09/11/2009

Packing slip no. Ship date
 80467488 09/11/2009

Please reference on Inquiries

ship to

150061057
 BRIELLE BOROUGH POLICE DEPARTMENT
 ATTN: KAREN/CHIEF PALMER
 601 UNION LANE - PO BOX 445
 MONMOUTH COUNTY
 BRIELLE, NJ 08730
 USA

bill to

Your Purchase Order Number

09/11/2009
 7110 WARRANTY
 Any questions? Please contact:
 MARA HERRERA

Customer

BOROUGH OF BRIELLE
 ATTN: FINANCE DEPARTMENT
 P.O. BOX 445 - 601 UNION LANE
 MONMOUTH COUNTY
 BRIELLE, NJ 08730
 USA

Your sales person

Don Pouliot
 Phone: 973-398-3228

Delivery terms

FA
 FREIGHT ALLOWED

Page 1 / 2

| Item# | sh. Quant. | Part no. Description |
|-------|------------|--|
| | | Ship via: FEDEX STD OVERNITE |
| | | NOTE: All claims for shortages/defects must be reported within 10 Business days after receipt of order. All returns must have our RMA# clearly marked on the box. Please call Customer Service at 866-385-5900. |
| | | 7110: ARWM-0073 |
| 0010 | 1 EA | 6808455 SENSOR : FUEL CELL Ordered / Back ordered : 1 / 0 EA |
| 0020 | 1 EA | MPCAL71 CALIBRATION CHARGE - 7110 Ordered / Back ordered : 1 / 0 EA |

Draeger Safety Diagnostics Inc.
 Accounting Address:
 101 Technology Drive
 Pittsburgh, PA 15275
 Tel: (412) 788-5537
 Fax: (412) 788-5598

Remit Wire Transfers To:
 Citizens Bank
 Acct. # 6209426615
 Acct. Name: Draeger Safety Diagnostics Inc.
 Transit Number: 036076150
 Federal ID Number: 84-1600159

REMIT TO:
 Draeger Safety Diagnostics Inc.
 P.O. Box 200337
 Pittsburgh, PA 15251-0337

Packing Slip

Customer no Order No Order date
150061056 10364655 09/11/2009

Packing slip no. Ship date
80467488 09/11/2009

Please reference on inquiries

Page 2 / 2

| Item# | sh. Quant. | Part no. Description | | | |
|-------|------------|---|--|--|--|
| 0030 | 0.5 H | MPLABOR LABOR CHARGE Ordered / Back ordered : 0.5 / 0.0 H | | | |
| 0040 | 1 EA | FREIGHT Freight Charges Ordered / Back ordered : 1 / 0 EA ADDITIONAL FREIGHT CHARGES TO SHIP STANDARD OVERNIGHT TO DRAEGER | | | |
| 0050 | 1 EA | FREIGHT Freight Charges Ordered / Back ordered : 1 / 0 EA ADDITIONAL FREIGHT CHARGES TO SHIP STANDARD OVERNIGHT TO BRIELLE PD | | | |

TO: _____ FAX: _____

Please use this form every time you ship Alcotest components to insure that they are serviced promptly and returned to your office

DRAEGER SAFETY EQUIPMENT RETURN FORM

DATE: 09/08/2009 CONTACT NAME Ptl. Gary Olsen

CUSTOMER BILLING NAME AND ADDRESS PO # Under Warranty

Under Warranty

CUSTOMER SHIP TO NAME AND ADDRESS

Brielle Borough Police Department
Attention: Ptl. Gary Olsen
601 Union Lane
Brielle, NJ 08730

PHONE (732)528-5056

FAX (732)528-5057

REASON FOR SERVICE RETURN: DST Clock _____

ANNUAL CALIBRATION / CERTIFICATION REPAIR X

PLEASE GIVE DESCRIPTION OF ANY PROBLEM(S) YOU ARE HAVING WITH YOUR EQUIPMENT.

Fuel cell needs to be replaced.

SERIAL NUMBERS BEING SENT IN

ARWM-0073

PLEASE INSURE YOUR EQUIPMENT, AND SEND TO US BY UPS OR FED EX. WE WILL RETURN YOUR EQUIPMENT BY THE SAME SHIPPING METHOD AS IT WAS SHIPPED TO US. PLEASE INCLUDE THIS FORM IN PACKAGE WITH EQUIPMENT. REMEMBER: NEVER SEND IN YOUR DRY GAS WITH YOUR EQUIPMENT.

SHIP TO:

**DRAEGER SAFETY DIAGNOSTICS, INC
4040 WEST ROYAL LANE SUITE # 136
IRVING, TX 75063**

**PHONE: 866-385-5900
FAX 972-929-1260**