## STATE OF NEW JERSEY DEPARTMENT OF LAW AND PUBLIC SAFETY DIVISION OF STATE POLICE

| 507                                                                                                                                                                                                                                                                                                       | DIVISION OF STATE POLICE  STING INSTRUMENTATION SER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                    |  |
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| 1. Department:                                                                                                                                                                                                                                                                                            | 2. Contact:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4. Date:                                                                                                                           |  |
| Brielle Police Department                                                                                                                                                                                                                                                                                 | Ron Sofield                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2/16/21                                                                                                                            |  |
| 601 Union Lane                                                                                                                                                                                                                                                                                            | 3. Phone Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5. County:                                                                                                                         |  |
| Brielle, NJ 08730                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (50)                                                                                                                               |  |
| Alcotest Instrument Serial Number:                                                                                                                                                                                                                                                                        | 732-528-5050 7. Simulator Component Serial Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Monmouth                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                           | Service the control of the control o | Temperature Probe Component Serial Number:                                                                                         |  |
| NA  9. Reason for Service:                                                                                                                                                                                                                                                                                | DDXA S3-0052                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NA                                                                                                                                 |  |
| I responded to Brielle Police Depa<br>7110. The simulator (Serial #DD)<br>seal check, bubbles would continu<br>o-ring and jar were all switched o                                                                                                                                                         | KA S3-0052) was unable to get a pree to come out in the solution jar. I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | al recalibration of the Alcotest<br>oper seal. While performing the<br>The clear hose, orange hose, rubber                         |  |
| 10. Comments:                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                    |  |
| The simulator and probe were pla                                                                                                                                                                                                                                                                          | ced out of service and returned to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Draeger Inc for evaluation.                                                                                                        |  |
| Last Known Sequential Fil                                                                                                                                                                                                                                                                                 | Le #: NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                           | as been found to be in satisfactory working                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | condition; no further action required.                                                                                             |  |
| X 12. The above Instrument/Component is                                                                                                                                                                                                                                                                   | s placed out of service pending further evalu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ation.                                                                                                                             |  |
| 13. The above Instrument/Component is                                                                                                                                                                                                                                                                     | s placed back in service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                    |  |
| "I have been certified by the Attorney Gene official capacity as a Breath Test Coordi components of evidential breath test system capacity. The results of my inspection are accurate to the best of my knowledge. I ar subject to punishment."  Tpr. I Dennis J. Lutz #7045  Name & Badge Number (Print) | nator/Instructor I perform inspections of a<br>as. I have inspected the evidential breath ter<br>recorded on this form. I certify that the form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | evidential breath test devices and related at device listed on this report in my official going statements made by me are true and |  |

## STATE OF NEW JERSEY DEPARTMENT OF LAW AND PUBLIC SAFETY

|                                                                                                                                                                                                                                        | DEPARTMENT OF LAW A<br>DIVISION OF ST                                        |                                                                  | ETY                                                                         |                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|--|
| BREATH TI                                                                                                                                                                                                                              | ESTING INSTRUMEN                                                             |                                                                  | VICE REPORT                                                                 |                                                                             |  |
| 1. Department:                                                                                                                                                                                                                         | 2. Contact:                                                                  | 2. Contact:                                                      |                                                                             | 4. Date:                                                                    |  |
| Brielle Police Department                                                                                                                                                                                                              | Ron So                                                                       | ofield                                                           | 9/1/                                                                        | 9/1/20                                                                      |  |
| 601 Union Lane                                                                                                                                                                                                                         | 3. Phone N                                                                   | 3. Phone Number:                                                 |                                                                             | 5. County:                                                                  |  |
| Brielle, NJ 08730                                                                                                                                                                                                                      | 732-52                                                                       | 732-528-5050                                                     |                                                                             | Monmouth                                                                    |  |
| Alcotest Instrument Serial Number:                                                                                                                                                                                                     | 7. Simulator Component Seria                                                 | Component Serial Number: 8. Temperature Probe Component          |                                                                             | Component Serial Number:                                                    |  |
| NA                                                                                                                                                                                                                                     | DDXA S                                                                       | DDXA S3-0052 DDWJP2-228                                          |                                                                             | VJP2-228                                                                    |  |
| 9. Reason for Service:  I responded to Brielle Police Dep 7110. The simulator (Serial #DD after powering on and then go ou                                                                                                             | XA S3-0052) was no                                                           | t heating. The                                                   | light would come                                                            | on for a brief time                                                         |  |
| 10. Comments:                                                                                                                                                                                                                          |                                                                              |                                                                  |                                                                             |                                                                             |  |
| The simulator and probe were pla                                                                                                                                                                                                       | aced out of service a                                                        | nd returned to                                                   | Draeger Inc for                                                             | evaluation.                                                                 |  |
| The same was properly and properly                                                                                                                                                                                                     |                                                                              | ind returned to                                                  | Drueger Inc 101                                                             | e v anda anom.                                                              |  |
|                                                                                                                                                                                                                                        |                                                                              |                                                                  |                                                                             |                                                                             |  |
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|                                                                                                                                                                                                                                        |                                                                              |                                                                  |                                                                             |                                                                             |  |
| Last Known Sequential Fi                                                                                                                                                                                                               | le #:NA                                                                      |                                                                  |                                                                             |                                                                             |  |
| 11. The above Instrument/Component                                                                                                                                                                                                     |                                                                              | atisfactory working                                              | condition: no further                                                       | action required                                                             |  |
|                                                                                                                                                                                                                                        |                                                                              |                                                                  | × × ×                                                                       | aotton roquirou.                                                            |  |
| X 12. The above Instrument/Component                                                                                                                                                                                                   | is placed out of service pe                                                  | ending further eval                                              | uation.                                                                     |                                                                             |  |
| 13. The above Instrument/Component                                                                                                                                                                                                     | is placed back in service.                                                   |                                                                  |                                                                             |                                                                             |  |
| "I have been certified by the Attorney Ge official capacity as a Breath Test Coorcomponents of evidential breath test syste capacity. The results of my inspection are accurate to the best of my knowledge. I subject to punishment." | dinator/Instructor I performs. I have inspected the ercorded on this form. I | rm inspections of<br>evidential breath to<br>certify that the fo | evidential breath tes<br>est device listed on thi<br>rgoing statements made | st devices and related<br>is report in my official<br>de by me are true and |  |
| Tpr. I Dennis J. Lutz #7045                                                                                                                                                                                                            | <del></del>                                                                  | Signature I                                                      | - Dent 10                                                                   | 045 9-1-20<br>Date                                                          |  |