



Bio-Tox LABORATORIES



Laboratory Director
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Toxicologist
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REDLANDS POLICE DEPARTMENT
P.O. BOX 1025
REDLANDS, CA 92373

FRANK

PATIENT NAME

FRANK

SEX

M

DATE OF BIRTH

BTL NUMBER

REQUESTING AGENCY

REQUESTED BY

AGENCY NUMBER

SPECIMEN

DATE COLLECTED

TIME TAKEN

DATE RECEIVED

DATE REPORTED

BLOOD

03/05/16

02:09

03/07/16

03/16/16

ALCOHOL, ETHYL BLOOD:

I CERTIFY, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE BELOW ANALYSIS WAS PERFORMED DURING THE REGULAR COURSE OF MY DUTIES AND IS A TRUE AND CORRECT REPRESENTATION OF THE RESULTS OF THE ANALYSIS. I FURTHER CERTIFY THAT I AM QUALIFIED TO PERFORM THESE ANALYSIS PURSUANT TO TITLE 17 OF THE CALIFORNIA CODE OF REGULATIONS, THAT THE EQUIPMENT USED WAS IN PROPER WORKING ORDER AT THE TIME THE ANALYSIS WAS PERFORMED, THAT THE RECORDING OF THE ANALYSIS WAS DONE AT THE TIME OF THE ANALYSIS AND THAT THE TRANSFER OF THE DATA FOR REPORTING PURPOSES WAS PERFORMED ELECTRONICALLY IN ACCORD WITH THE LABORATORY'S POLICIES AND PROCEDURES.

TEST

RESULTS

ALCOHOL ETHYL, BLOOD

0.20% (w/v)

ANALYSIS BY: ERIN CRABTREE

Erin Crabtree