



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF FORENSIC SCIENCE

CERTIFICATE OF BLOOD ALCOHOL ANALYSIS
AS DETERMINED BY A CHEMICAL TEST OF THE ACCUSED'S BREATH

NAME OF ACCUSED ANGLE, KURT, B	NAME OF COURT WARREN CO. GEN DIST
--	---

BREATH ANALYSIS

SAMPLE EXAMINED AND TEST CONDUCTED BY SCALLY, CHARLES, R		AGENCY Virginia State Police
DFS LICENSE NUMBER [REDACTED]	LICENSE EXPIRES 06/01/2013	DATE TEST CONDUCTED 09/04/2011
TEST EQUIPMENT NUMBER 010510	[REDACTED]	

RESULTS: TIME SAMPLE TAKEN **00:19 EDT**
SAMPLE'S ALCOHOL CONTENT **0.06** GRAMS PER 210 LITERS OF BREATH

ATTEST:

I CERTIFY THAT THE ABOVE IS AN ACCURATE RECORD OF THE TEST CONDUCTED; THAT THE TEST WAS CONDUCTED WITH THE TYPE OF EQUIPMENT AND IN ACCORDANCE WITH THE METHODS APPROVED BY THE DEPARTMENT OF FORENSIC SCIENCE; THAT THE TEST WAS CONDUCTED IN ACCORDANCE WITH THE DEPARTMENT'S SPECIFICATIONS; THAT PRIOR TO ADMINISTRATION OF THE TEST THE ACCUSED WAS ADVISED OF HIS RIGHT TO OBSERVE THE PROCESS AND SEE THE BLOOD ALCOHOL READING ON THE EQUIPMENT USED TO PERFORM THE BREATH TEST, AND THAT I POSSESS A VALID LICENSE TO CONDUCT SUCH TEST, GIVEN UNDER MY HAND THIS **4** DAY OF **SEPTEMBER**, 20 **11**.

BREATH TEST OPERATOR

I HAVE RECEIVED A COPY OF THIS CERTIFICATE OF ANALYSIS

SUBJECT'S SIGNATURE

SUBJECT REFUSED TO SIGN FOR COPY OF CERTIFICATE OF ANALYSIS

OPERATOR'S SIGNATURE