Manasquan Police Department

Image Associated With Case Number 14-13923-AR

Image Description: MYLOD

COURT I.D. | PREFIX | TICKET NUMBER

1327 | MM | 37065

MUNICIPAL COUR
BOROUGH OF MANASQUAI
201 E. Main Stree
Manasquan, NJ 0873

COMPLAINT-SUMMONS

DRIVER'S LICENSE INFORMATION

Driver's Lic. No. [redacted] | EXP. DATE 09 07 | STATE NJ | ☐ Commercial License

DEFENDANT INFORMATION (Please Print)

Name: First Initial MICHAEL G. MYERS

Address: 12 W RT 33

City: FARMINGDALE | State: NJ | Zip Code: 07727 | Telephone:

Birth Date: [redacted] | Eyes: BLU | Sex: M | Weight: | Height: 1 | Restrictions:

MOTOR VEHICLE INFORMATION

Make of Vehicle: PONT | Year: 95 | Body Type: 4DR | Color: GY | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No.: B78 E5B | State: NJ | Exp. Date: 10 05

Offense Date: Month 10 | Day 25 | Year 04 | Time Hour 16:40 AM PM

LOCATION OF OFFENSE: CODE | Describe Location: WARREN/E MAIN

Municipality: MANASQUAN BOROUGH | County: MONMOUTH | Mun. Code (Offense): 1327

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

- [1] 3-4 Unregistered vehicle
- [2] 3-29 Failure to exhibit documents ☐ D.L. or ☐ REG or ☐ INS
- [3] 3-33 Unclear plates
- [4] 3-66 Maintenance of lamps
- [5] 3-76.2f Failure to wear seatbelt
- [6] 4-81 Failure to observe signal
- [7] 4-85 Improper passing
- [8] 4-97 Careless driving
- [9] 4-124 Failure to turn
- [10] 4-144 Failure to stop or yield
- [11] 8-1 Failure to inspect
- [12] 8-4 Failure to make repairs
- [13] 4-98 Speeding _____ MPH in a _____ MPH zone

IN EXCESS OF SPEED LIMIT BY:

☐ 1-9MPH ☐ 10-14MPH ☐ 15-19MPH ☐ 20-24MPH ☐ 25-29MPH ☐ 30-34MPH ☐ 65 MPH Zone ☐ Safe Corridor ☐ Construction Zone

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

DWI

Statute No.: 39:4-50 | Ordinance/Code No.:

Month: 10 | Day: 25 | Year: 04

Signature of Complaining Witness: [signature] | Officer's ID No.: 0611

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | Month: 11 | Day: 12 | Year: 04 | Time Hour: 10:00 AM PM

☐ Accident ☐ Property Damage ☐ Personal Injury ☐ Death/Serious Bodily Injury

CONDITIONS

AREA	☐ Business	☐ School	☒ Residential	☐ Rural	
ROAD	☒ Dry	☐ Wet	☐ Snow	☐ Ice	
TRAFFIC	☒ Light	☐ Medium	☐ Heavy		
VISIBILITY	☒ Clear	☐ Rain	☐ Snow	☐ Fog	

Equipment: ☐ Helicopter ☐ Pace ☐ Speed Measurement Device ☐ EBTD

Equipment Operator's Name | Operator ID No. | Unit Code

COMPLAINT-SUMMONS CIT-1 10-17-06 (rev. 1/9/07)

EXHIBIT D

ALL-STATE LEGAL®

COURT I.D. | PREFIX | TICKET NUMBER

1327 | MM | 37088

COMPLAINT-SUMMONS

MUNICIPAL COURT
BOROUGH OF MANASQUAN
201 E. Main Street
Manasquan, NJ 08736

Driver's Lic. No. [redacted] | Exp. DATE 7/13 | STATE NJ | ☐ Commercial License

THE UNDERSIGNED CERTIFIES THAT:

Name: First Initial MICHAEL G Last MYLOD (Please Print)

Address: 1214 RT 33

City: FARMINGDALE | State: NJ | Zip Code: 07727 | Telephone:

Birth Date [redacted] | Eyes: BLU | Sex: M | Weight: | Height: | Restrictions:

OPERATED VEHICLE AS FOLLOWS:

Make of Vehicle: DUN | Year: 13 | Body Type: TOR | Color: WHT | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No.: 07S E56 | State: NJ | Exp. Date: 10/15

Offense Date: Month 10 | Day 25 | Year 14 | Time Hour 9:56 AM PM

LOCATION OF OFFENSE: C O D E | Describe Location: E MAIN / WAINWRIGHT

Municipality: MANASQUAN BOROUGH | County: MONMOUTH | Mun. Code (Offense): 1 3 2 7

THE ABOVE NAMED DEFENDANT DID COMMIT THE FOLLOWING OFFENSE:

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

- [1] 3-4 Unregistered vehicle
- [2] 3-29 Failure to exhibit documents ☐ D.L. or ☐ REG or ☐ INS
- [3] 3-33 Unclear plates
- [4] 3-66 Maintenance of lamps
- [5] 3-76.2f Failure to wear seatbelt
- [6] 4-81 Failure to observe signal
- [7] 4-85 Improper passing
- [8] 4-97 Careless driving
- [9] 4-124 Failure to turn
- [10] 4-144 Failure to stop or yield
- [11] 8-1 Failure to inspect
- [12] 8-4 Failure to make repairs
- [13] 4-98 Speeding ____ MPH in a ____ MPH zone

IN EXCESS OF SPEED LIMIT BY:

☐1-9MPH ☐10-14MPH ☐15-19MPH ☐20-24MPH ☐25-29MPH ☐30-34MPH

☐65 MPH Zone ☐Safe Corridor ☐Construction Zone

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

NO SEATBELT

Statute No.: 39:3-76.2F | Ordinance/Code No.:

Month 10 | Day 25 | Year 14

Signature of Complaining Witness: PTI [illegible] | Officer's ID. No.: 0049

NOTICE TO APPEAR

☒ COURT APPEARANCE REQUIRED | Month 11 | Day 12 | Year 14 | Time Hour 9:00 AM PM

☐ Accident ☐ Property Damage ☐ Personal Injury ☐ Death/Serious Bodily Injury

CONDITIONS

AREA	☐ Business	☐ School	☒ Residential	☐ Rural	
ROAD	☐ Dry	☐ Wet	☐ Snow	☐ Ice	
TRAFFIC	☐ Light	☐ Medium	☐ Heavy		
VISIBILITY	☒ Clear	☐ Rain	☐ Snow	☐ Fog	

Equipment: ☐Helicopter ☐Pace ☐Speed Measurement Device ☐EBTD

Equipment Operator's Name | Operator ID No. | Unit Code

COMPLAINT-SUMMONS UTT-1 10-417-06 (rev. 1/9/07)

EXHIBIT E

ALL-STATE LEGAL®

COURT I.D. 1327 | PREFIX MM | TICKET NUMBER 037067

COMPLAINT-SUMMONS

MUNICIPAL COUR
BOROUGH OF MANASQUA
201 E. Main Stre
Manasquan, NJ 0873

DEFENDANT'S INFORMATION

Driver's Lic. No. [redacted] | Exp. Date 4/17 | State NJ | ☐ Commerci License

I, THE UNDERSIGNED, CERTIFY

Name: First Initial MICHAEL G. Last MALOO (Please Print)

Address: 1214 RT 37

City: MANAHAWKIN | State NJ | Zip Code 08737 | Telephone

Birth Date [redacted] | Eyes BLU | Sex M | Weight | Height | Restrictions

DID UNLAWFULLY DRIVE OR OPERATE

Make of Vehicle DODG | Year 95 | Body Type VAN | Color GRY

☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No. 078 658 | State NJ | Exp. Date 10 15

Offense Date: Month 10 | Day 25 | Year 14 | Time Hour 1600 AM PM

LOCATION OF OFFENSE: CODE | Describe Location: E MAIN / LAWRENCE

Municipality: MANASQUAN BOROUGH | County: MONMOUTH | Mun.Code (Offense): 1 3 2 7

CONTRARY TO LAW AND AGAINST THE PEACE OF THE STATE

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

- [1] 3-4 Unregistered vehicle
- [2] 3-29 Failure to exhibit documents ☐ D.L. or ☐ REG or ☐ INS
- [3] 3-33 Unclear plates
- [4] 3-66 Maintenance of lamps
- [5] 3-76.2f Failure to wear seatbelt
- [6] 4-81 Failure to observe signal
- [7] 4-85 Improper passing
- [8] 4-97 Careless driving
- [9] 4-124 Failure to turn
- [10] 4-144 Failure to stop or yield
- [11] 8-1 Failure to inspect
- [12] 8-4 Failure to make repairs
- [13] 4-98 Speeding _____ MPH in a _____ MPH zone

IN EXCESS OF SPEED LIMIT BY:

☐ 1-9MPH ☐ 10-14MPH ☐ 15-19MPH ☐ 20-24MPH ☐ 25-29MPH ☐ 30-34 MPH
☐ 65 MPH Zone ☐ Safe Corridor ☐ Construction Zone

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE
☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)
OPA / MTA WHEEL

Statute No. 39:4-51A | Ordinance/Code No.

Month 10 | Day 25 | Year 14

Signature of Complaining Witness [redacted] | Officer's ID. No. 20 49

NOTICE TO APPEAR

☐ COURT APPEARANCE REQUIRED | Month 11 | Day 12 | Year 14 | Time Hour 9:00 AM PM

☐ Accident ☐ Property Damage ☐ Personal Injury ☐ Death/Serious Bodily Injury

CONDITIONS

AREA	☐ Business	☐ School	☐ Residential	☐ Rural
ROAD	☐ Dry	☐ Wet	☐ Snow	☐ Ice
TRAFFIC	☐ Light	☐ Medium	☐ Heavy	
VISIBILITY	☐ Clear	☐ Rain	☐ Snow	☐ Fog

Equipment ☐ Helicopter ☐ Pace ☐ Speed Measurement Device ☐ EBTD

Equipment Operator's Name | Operator ID No. | Unit Code

COMPLAINT-SUMMONS UTT-1-10-17-06 (rev. 1/9/07)

ALL-STATE LEGAL®

EXHIBIT F

COURT I.D. 1327 | PREFIX MM | TICKET NUMBER 037068

COMPLAINT-SUMMONS

MUNICIPAL COURT
BOROUGH OF MANASQUAN
201 E. Main Street
Manasquan, NJ 08736

Driver's Lic. No. [redacted] | EXP. DATE 2017 | STATE NJ | ☐ Commercial License

Name: First Michael | Initial G | Last Myers (Please Print)

Address: 1214 Pt 33

City: Farmingdale | State: NJ | Zip Code: 07727 | Telephone:

Birth Date: [redacted] | Eye Color: BLU | Sex: M | Weight: | Height: | Restrictions:

Make of Vehicle: Ford | Year: 15 | Body Type: VAN | Color: WHT | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No.: D78 ESB | State: NJ | Exp. Date: 10/15

Offense Date: Month 10 | Day 25 | Year 14 | Time Hour 1440 | AM

LOCATION OF OFFENSE: CODE | Describe Location: E. Main Inlet

Municipality: MANASQUAN BOROUGH | County: MONMOUTH | Mun. Code (Offense): 1327

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

1. 3-4. Unregistered vehicle
2. ☒ 3-29 Failure to exhibit documents ☐ D.L. or ☒ REG or ☐ INS
3. 3-33 Unclear plates
4. 3-66 Maintenance of lamps
5. 3-76.2f Failure to wear seatbelt
6. 4-81 Failure to observe signal
7. 4-85 Improper passing
8. 4-97 Careless driving
9. 4-124 Failure to turn
10. 4-144 Failure to stop or yield
11. 8-1 Failure to inspect
12. 8-4 Failure to make repairs
13. 4-98 Speeding _____ MPH in a _____ MPH zone

IN EXCESS OF SPEED LIMIT BY:

☐ 1-9MPH ☐ 10-14MPH ☐ 15-19MPH ☐ 20-24MPH ☐ 25-29MPH ☐ 30-34MPH
☐ 65 MPH Zone ☐ Safe Corridor ☒ Construction Zone

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE

☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)

NO MC ; NO INSURANCE CARD

Statute No.: 39:3-29 | Ordinance/Code No.:

Month 10 | Day 25 | Year 14

Signature of Complaining Witness: [signature] | Officer's ID. No. 0949

NOTICE TO APPEAR

☐ COURT APPEARANCE REQUIRED. | Month 11 | Day 12 | Year 14 | Time Hour 2:00 | PM

☐ Accident ☐ Property Damage ☐ Personal Injury ☐ Death/Serious Bodily Injury

CONDITIONS

AREA	☐ Business	☐ School	☒ Residential	☐ Rural	
ROAD	☒ Dry	☐ Wet	☐ Snow	☐ Ice	
TRAFFIC	☐ Light	☒ Medium	☐ Heavy		
VISIBILITY	☒ Clear	☐ Rain	☐ Snow	☐ Fog	

Equipment: ☐ Helicopter ☐ Pace ☐ Speed Measurement Device ☒ EBTD

Equipment Operator's Name: | Operator ID No.: | Unit Code:

COMPLAINT-SUMMONS UTT-1 10-17-06 (rev. 1/9/07)

EXHIBIT G

ALL-STATE LEGAL®

COURT I.D. 1327 | PREFIX MM | TICKET NUMBER 037089

MUNICIPAL COURT
BOROUGH OF MANASQUAN
201 E. Main Street
Manasquan, NJ 08736

COMPLAINT-SUMMONS

DEFENDANT'S NAME, ADDRESS AND DESCRIPTION

Driver's Lic. No. [redacted] | EXP. DATE 9/17 | STATE NJ | ☐ Commercial License

Name: First MICHAEL | Initial G | Last MYLOD (Please Print)

Address: 1214 RT 33

City FRANKLINVILLE | State NJ | Zip Code 08322 | Telephone

Birth Date [redacted] | Eyes BL | Sex M | Weight | Height | Restrictions

VEHICLE INFORMATION

Make of Vehicle JAN | Year 95 | Body Type VAN | Color WT | ☐ Commercial Vehicle ☐ Omnibus ☐ Hazardous Material ☐ Out of Service

License Plate No. P16458 | State NJ | Exp. Date 10/15

Offense Date: Month 10 | Day 25 | Year 14 | Time Hour 940 AM

LOCATION OF OFFENSE: C O D E | Describe Location E MAIN MANASQUAN

Municipality MANASQUAN BOROUGH | County MONMOUTH | Mun. Code (Offense) 1 3 2 7

ONE OFFENSE PER COMPLAINT

TRAFFIC OFFENSES – (CHECK ONE) - TITLE 39:

- [1] 3-4 Unregistered vehicle
- [2] 3-29 Failure to exhibit documents ☐ D.L. or ☐ REG or ☐ INS
- [3] 3-33 Unclear plates
- [4] 3-66 Maintenance of lamps
- [5] 3-76.2f Failure to wear seatbelt
- [6] 4-81 Failure to observe signal
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- [13] 4-98 Speeding _____ MPH in a _____ MPH zone

IN EXCESS OF SPEED LIMIT BY:
☐1-9MPH ☐10-14MPH ☐15-19MPH ☐20-24MPH ☐25-29MPH ☐30-34MPH
☐65 MPH Zone ☐Safe Corridor ☐Construction Zone

PENALTY SCHEDULE ON REVERSE

PARKING OFFENSE:
☐ Overtime Meter No. ☐ Prohibited Area ☐ Double

OTHER TRAFFIC/PARKING OFFENSE (Describe)
CARLESS DRIVING

Statute No. 39:4-97 | Ordinance/Code No.

Month 10 | Day 25 | Year 14

Signature of Complaining Witness D.A. [illegible] | Officer's ID. No. 0049

NOTICE TO APPEAR

☑ COURT APPEARANCE REQUIRED | Month 11 | Day 12 | Year 14 | Time Hour 10 AM PM

☐ Accident ☐ Property Damage ☐ Personal Injury ☐ Death/Serious Bodily Injury

CONDITIONS

AREA	☐ Business	☐ School	☑ Residential	☐ Rural	
ROAD	☐ Dry	☐ Wet	☐ Snow	☐ Ice	
TRAFFIC	☐ Light	☐ Medium	☐ Heavy		
VISIBILITY	☐ Clear	☐ Rain	☐ Snow	☐ Fog	

Equipment ☐ Helicopter ☐ Pace ☐ Speed Measurement Device ☐ EBTD

Equipment Operator's Name | Operator ID No. | Unit Code

COMPLAINT-SUMMONS ☐ T-1-10-17-06 (rev. 1/9/07)

EXHIBIT H

ALL-STATE LEGAL®

MANASQUAN POLICE DEPARTMENT
MONMOUTH COUNTY UNIFORM
MIRANDA WARNING AND WAIVER FORM

1. You have the right to remain silent and refuse to answer any questions. MM

2. Anything you say may be used against you in a Court of Law. MM

3. You have the right to consult with an attorney at any time and have him present before and during questioning. MM

4. If you cannot afford an attorney, one will be provided if you so desire prior to any questioning. MM

5. A decision to waive these rights is not final and you may withdraw your waiver whenever you wish, either before or during questioning. MM

I acknowledge that I have been advised of each constitutional right as initialed above and that I understand these rights.

Signature

Having these rights in mind, I wish to waive or give up these rights and make a knowing and voluntary statement and answer questions.

Signature

Witness

Witness

10/29/2014
Date

1700 hrs
Time

N.J. ATTORNEY GENERAL'S STANDARD STATEMENT

FOR MOTOR VEHICLE OPERATORS (N.J.S.A. 39:4-50.2(e))

(revised & effective July 1, 2012)

Enter Defendant's Name Michael Mylod

The police officer shall read the following:

1. You have been arrested for driving while intoxicated. N.J.S.A. 39:4-50.
2. The law requires you to submit samples of your breath for the purpose of testing to determine alcohol content.
3. A record of the taking of the breath samples, including the test results, will be made. Upon your request, a copy of that record will be made available to you.
4. After you have provided samples of your breath for testing, you have the right, at your own expense, to have a person or physician of your own selection take independent samples of your breath, blood or urine for independent testing.
5. If you refuse to provide samples of your breath, you will be issued a separate summons for the refusal. A court may find you guilty of both refusal and driving while intoxicated.
6. If a court finds you guilty of the refusal, you will be subject to various penalties, including license revocation of up to 20 years, a fine of up to $2000, installation of an ignition interlock, and a referral to an Intoxicated Driver Resource Center. These penalties may be in addition to penalties imposed by the court for any other offense of which you are found guilty.
7. You have no legal right to have an attorney, physician or anyone else present for the purpose of taking the breath samples. You have no legal right to refuse to give, or delay giving, samples of your breath.
8. Any response from you that is ambiguous or conditional, in any respect, to my request that you provide breath samples, will be treated as a refusal to submit to breath testing. Even if you agree to take the test, but then do not follow my instructions, do not properly perform the test, or do not provide sufficient breath samples, I will charge you with refusal to submit to breath testing.
9. I repeat, the law requires you to submit samples of your breath for testing. Will you submit the samples of your breath?

Answer Yes

If the arrested person does not respond, or gives any ambiguous or conditional answer short of an unequivocal "yes", the police officer shall read the following.

Your answer is not acceptable. The law requires that you submit samples of your breath for breath testing. If you do not answer, or answer with anything other than "yes", I will charge you with refusal. Now, I ask you again, will you submit to breath testing?

Answer _____

1650 · 10/24/14 ACP

MANASQUAN POLICE
DRIVING WHILE INTOXICATED
QUESTIONS

CASE # 2014-13923 ACCUSED Michael Myles

ADVISE SUBJECT OF MIRANDA WARNINGS: DATE & TIME 10/24/2014, 0020

1. What kind of Alcoholic Drinks have you had? Zero
2. How Many? Zero
3. Where? Zero
4. What time did you have your first drink? Never
5. What time did you have your last drink? Never
6. What was the amount of time between each drink? Never at time I was drinking
7. When did you last finish eating? 10/24/2014 - 11:30am
8. When did you last sleep? 10/23/2014 last night How long? 4hrs.
9. Are you sick? No
10. Are you under the care of a doctor? Well Family Practice
11. Are you taking any medication and if so, what for? [redacted]
12. When did you last take your medication? This morning
13. Do you have Diabetes? No
14. Are you taking insulin? No
15. When was your last dose? N/A
16. Are you injured? [redacted] If so how is it affecting you? Yes
17. Note any injuries or physical deformities observed: None

REMARKS None

OFFICER R. Tomasello BADGE #57

MANASQUAN POLICE DEPARTMENT

Horizontal Gaze Nystagmus Testing: Supplemental Report: Case # 2014-13923

Officer Name/Badge: PHARO Suspect: MICHAEL G MYLOD

HORIZONTAL GAZE NYSTAGMUS Circle (Y or N)

(Y)/N Officer Certified in HGN

Y(N) Subject has medical conditions with eyes. If yes list condition:_____

(Y)/N Subject advised, I am going to check your eyes.

(Y)/N Glasses worn (If so have them removed)-Sunglasses

Y(N) Contacts worn

(Y)/N Subject advised to keep head still and follow the stimulus with their eyes only, do not move their head.

Y/N Officer places stimulus 12-15 in. away from suspect's nose and slightly above eye level.

Stimulus used: Finger

(Y)/N Subject understands instructions. (If yes, begin test)

Check all that apply:

✓ **Subject has equal pupil size** **___Resting Nystagmus** ✓ **Equal tracking in both eyes**

Subjects Right Eye:

✓ **Lack of Smooth Pursuit**

✓ **Nystagmus Present at Maximum Deviation**

✓ **Onset of Nystagmus prior to 45 Degrees**

Total Score (Decision point: 4)

Subjects Left Eye:

✓ **Lack of Smooth Pursuit**

✓ **Nystagmus Present at Maximum Deviation**

✓ **Onset of Nystagmus Prior to 45 Degrees**

___Vertical Gaze Nystagmus present

MANASQUAN POLICE DEPARTMENT

Supplemental Standardized Field Sobriety Testing Report: Case # 2014-13923

Officer Name/Badge: PHARO 49 Suspect: MICHAEL MYCOD

ALPHABET TEST Circle (Y) or N)

Extent of Education: NURSING SCHOOL

(Y)/N Administered

Y/(N) Unsure Y/(N) Refusal to Perform (Y)/N Sang Alphabet Y/(N) Confused

(Y)/N Confused Y/N Slurred Y/N Unable to Perform Y/(N) Normal

Lost sequence after letter: E-Q, SANG, SLURRED & WENT TO END OF ALPHABET

WALK AND TURN Circle (Y or N)

(Y)/N Subject instructed to place left foot on the line with the right foot in front of the other touching heel to toe and their arms down at their sides. (Demonstrate)

(Y)/N Subject told not to start until told. (Asked if subject understands Instructions?)

(Y)/N Subject told to maintain this position until told to begin testing.

(Y)/N Officer instructs subject, when told to start, take nine heel to toe steps, turn as instructed, and take nine heel-to-toe steps back to the starting point. (Demonstrate. Three steps is sufficient)

(Y)/N Officer instructs and demonstrates on ninth step, keep the front foot on the line and turn by taking small steps with the other foot. (Demonstrate turn)

(Y)/N Officer instructs subject when told to start, watch your feet at all times during the test, count the steps out loud, keep arms at your side, once you begin do not stop the test and count your first heel to toe step as one. (Do you understand the instructions? Begin)

Check all that apply:

✓ Loses balance during instructions ✓ Starts before instructions are finished

___ Stops walking to steady self ✓ Does not touch heel-to-toe

✓ Loses balance while walking (steps offline) ✓ Uses arms for balance (raises arms over 6 in.)

✓ Loses balance while turning, turns incorrectly ___ Incorrect number of steps

___ Total Score (Decision point: 2)

ONE – LEG – STAND CIRCLE (Y or (N)

Y/N Subject instructed to stand with your heels/feet together and your arms at your side. (Demonstrate)

Y/N Subject advised to not begin the test until told. (Confirm the subject understands)

Y/N Subject advised when told to begin, raise one leg, either leg, approximately six inches off the ground, foot pointed out. Keep both legs straight and keep your eyes on the elevated foot

Y/N Subject told, while holding that position, count aloud; one thousand and one, one thousand and two, one thousand and three, and so forth until told to stop. (Demonstrate raised leg and count)

Y/N Subject asked if they understand the instructions. (Confirm, then begin)

Check all that apply:

___ Sways while balancing ___ Uses arms to balance (Raises arms over 6 in.)

___ Hopping ___ Puts foot down

___ Total Score (Decision point: 2)

MANASQUAN POLICE DEPARTMENT

201 EAST MAIN ST., MANASQUAN, N.J. 08736 732-223-1000

DRINKING - DRIVING REPORT

(1) DEFENDANT First Name Initial Last Name: MICHAEL G MYLOD

(2) Age	(3) Sex	(4) Weight	(5) Eye Color	(6) Race
1 55	2 M	230	BLU	3 W

(7) Street Address: 1214 ROUTE 33

(8) City and State: FARMINGDALE, NJ

(9) Summons Number (39:4-50 Or 39:4-14.3g ONLY): 4

(10) Drivers License Number and State: [redacted] NJ

(11) Day of Week: 5 Friday

Violation Date: 6 10/24/2014

Time of Day: 7 4:40 A.M. P.M.

(12) Make of Vehicle Used: PONTIAC

(13) Year - Model - Color: 1995 PONTIAC WHITE 4DR

(14) License Number and State: D78 ESB

(15) Name of Vehicle Owner: #1

(16) Address of Owner: #7

(17) Municipality of Violation: 8 Manasquan

(18) Roadway or Location: 9 EAST MAIN ST

(19) County: Monmouth

(20) Arrested By - 10 Detective ADAM C PHARO

(21) Tested By - 11 P.O. MORTON S7

(22) 13 ACCIDENT INVOLVED

- [x] 1 NONE
- [ ] 2 PEDESTRIAN
- [ ] 3 FATAL
- [ ] 4 INJURY
- [ ] 5 1 VEHICLE
- [ ] 6 2 VEHICLES OR MORE

(23) 14 EXAMINATION

- [x] 1 CHEM. BREATH TEST
- [ ] 2 BREATH TEST REFUSED
- [ ] 3 OBSERVATION
- [ ] 4 DOCTOR'S EXAMINATION
- [ ] 5 BLOOD TEST
- [ ] 6 NARCOTICS, HABIT PRODUCING

(24) 15 SUMMONS ISSUED FOR

- [ ] 1 39:4-50 INFLUENCE
- [ ] 2 39:4-14.3g INFLUENCE (Moped)
- [ ] 3 OR ALLOWING ..... TO OPERATE

16 BLOOD ALCOHOL RESULTS .....,00%

17 SUMMONS NUMBER (39:4-50.2 REFUSAL ONLY) .....

18 SUMMONS NUMBER (39:4-14.3g REFUSAL ONLY) .....

OBSERVATIONS WERE: LABORATORY [ ] YES [x] NO REPORT #.....

(25) ABILITY TO WALK

- [ ] UNABLE TO
- [ ] FALLING
- [ ] ON HANDS AND KNEES
- [ ] MOVED IN CIRCLES
- [ ] SWAYING
- [ ] SAGGING
- [ ] GRASPING FOR SUPPORT
- [x] STAGGERING

(26) ABILITY TO STAND

- [ ] SWAYING
- [ ] RIGID
- [ ] UNABLE TO STAND
- [ ] SAGGING KNEES
- [ ] CONTINUAL LEANING FOR BALANCE
- [x] FEET WIDE APART FOR BALANCE

(27) SPEECH

- [x] SHOUTING
- [ ] RAMBLING
- [ ] SLOBBERING
- [ ] INCOHERENT
- [x] BOISTEROUS
- [ ] WHISPERING
- [x] SLURRED
- [ ] HOARSE
- [ ] WHINING
- [ ] CRYING
- [ ] STUTTERING
- [ ] ACCENT
- [ ] SLOW

(28) DEMEANOR

- [ ] FIGHTING
- [ ] EXCITED
- [ ] INDIFFERENT
- [ ] HILARIOUS
- [x] ANTAGONISTIC
- [ ] COOPERATIVE
- [ ] POLITE
- [ ] CALM
- [ ] SLEEPY
- [ ] CRYING

(29) ACTIONS

- [ ] PUNCHING
- [ ] KICKING
- [ ] RESISTING
- [ ] PROFANITY
- [ ] THUMBING NOSE
- [ ] THREATENING
- [ ] DIFFICULT TO AWAKEN

(30) EYES

- [x] BLOODSHOT
- [ ] GLASS EYE?
- [ ] WATERY
- [ ] RIGHT
- [ ] DROOPY LIDS
- [ ] LEFT
- [ ] WEARING GLASSES
- [x] NOT WEARING GLASSES?

(31) CLOTHING

- [ ] MUSSED
- [ ] DIRTY
- [ ] PARTLY DRESSED
- [ ] VOMITED ON
- [ ] DEFECATED IN SAME
- [ ] URINATED IN SAME

(32) MOVEMENT OF HANDS

- [x] FUMBLING
- [ ] SLOW

(33) FACE

- [x] FLUSHED
- [ ] PALE

(34) ODOR OF ALCOHOLIC BEVERAGE ON BREATH

- [ ] NONE
- [x] YES

(35) REMARKS: (IF NEEDED, TO CLARIFY OBSERVATIONS)

ALCOHOL INFLUENCE REPORT FORM, ALCOTEST 7110 MKIII-C
MANASQUAN BORO POLICE

Department Case No.: 2014-13923
Summons No(s): MM037065
Sequential File No.: 00352

Subject

Last Name: MYLOD
First Name: MICHAEL
MI: G
D.O.B.: [redacted] Age: 55
Gender: MALE
Ht: 6 ft. 00 in.
Wt: 325 lbs.
Driver License Number: [redacted]
Issuing State: NJ

Arresting Officer

Last Name: PHARO
First Name: ADAM
MI: C
Badge No.: 49
Arrest Date: 10/24/2014
Arrest Time: 16:25D
Arrest Location: 1327

Instrument

Alcotest 7110 MKIII-C
Serial No.: ARWJ-0020
Location: MANASQUAN BORO POLICE

Calibration File No.:	00330	Calib. Date: 05/12/2014	Calib. No.: 00019
Certification File No.:	00331	Cert. Date: 05/12/2014	Cert. No.: 00014
Linearity File No.:	00332	Lin. Date: 05/12/2014	Lin. No.: 00013
Solution File No.:	00351	Soln. Date: 10/01/2014	Soln. No.: 00093
Sequential File No.:	00352	File Date: 10/24/2014	

Calibrating Unit: WET
Model No.: CU-34
Serial No.: DDXA S3-0041
Control Solution %: 0.100%
Expires: 12/26/2014
Solution Control Lot: 12L109
Bottle No.: 0380

Breath Test Information

Date of Test: 10/24/2014

Function	Result %BAC	Time HH:MM	Volume (L)	Duration Sec (s)	Temp. Sim.(°C)	Error Message
Ambient Air Blank	0.000%	17:30D				
Control Test 1					34.0°C	
EC Result	0.096%	17:31D				
IR Result	0.098%	17:31D				
Ambient Air Blank	0.000%	17:32D				
Breath Test 1			3.1L	6.4s		
EC Result	0.000%	17:33D				
IR Result	0.000%	17:33D				
Ambient Air Blank	0.000%	17:33D				
Breath Test 2			3.1L	5.8s		
EC Result	0.000%	17:36D				
IR Result	0.000%	17:36D				
Ambient Air Blank	0.000%	17:37D				
Control Test 2					34.0°C	
EC Result	0.097%	17:37D				
IR Result	0.098%	17:37D				
Ambient Air Blank	0.000%	17:37D				

REPORTED BREATH TEST RESULT: 0.00% BAC

Breath Test Operator

Last Name: MORTON
First Name: THOMAS
MI: A
Badge No.: 57
Signature: [signature]
Date: 10/24/2014

Copy Given to Subject

State of New Jersey Alcotest Calculator

Score 1:

EC: .000 IR: .000

Score 2:

EC: .000 IR: .000

Reported Breath Test Result: .00

Total: .000

Mean: .000

Upper Limit Relative Tolerance: .000

Upper Limit Absolute Tolerance: .0050

Lower Limit Relative Tolerance: .000

Lower Limit Absolute Tolerance: .-500

Upper Tolerance Limit: .0050

Lower Tolerance Limit: .-500

Breath Samples Are Within Acceptable Tolerance

Printed:
Date: 10/24/114 Time: 17:35:52

Calibrating Unit
New Standard Solution Report

Equipment Alcotest 7110 MKIII-C — Serial No.: ARWJ-0020
Location: MANASQUAN BORO POLICE

Calibration File No.:	00330	Calib. Date:	05/12/2014	Calib. No.:	00019
Certification File No.:	00331	Cert. Date:	05/12/2014	Cert. No.:	00014
Linearity File No.:	00332	Lin. Date:	05/12/2014	Lin. No.:	00013
Solution File No.:	00351	Soln. Date:	10/01/2014	Soln. No.:	00093
Sequential File No.:	00351	File Date:	10/01/2014		

Calibrating Unit:	WET	Model No.:	CU-34	Serial No.:	DDXA S3-0041
Control Solution %:	0.100%			Expires:	12/26/2014
Solution Control Lot:	12L109			Bottle No.:	0380

Function	Result %BAC	Time HH:MM	Temperature Simulator (°C)	Comment(s) or Error(s)
Ambient Air Blank	0.000%	11:04D		
Control 1 EC	0.100%	11:05D	34.0°C	*** TEST PASSED ***
Control 1 IR	0.100%	11:05D	34.0°C	*** TEST PASSED ***
Ambient Air Blank	0.000%	11:05D		
Control 2 EC	0.099%	11:06D	34.0°C	*** TEST PASSED ***
Control 2 IR	0.100%	11:06D	34.0°C	*** TEST PASSED ***
Ambient Air Blank	0.000%	11:07D		
Control 3 EC	0.099%	11:07D	34.0°C	*** TEST PASSED ***
Control 3 IR	0.100%	11:07D	34.0°C	*** TEST PASSED ***
Ambient Air Blank	0.000%	11:08D		

All tests within acceptable tolerance.

On this date, I installed the above indicated "NEW SOLUTION" in acordance with Alcotest 7110 operator training and procedures established by the (NJSP) Chief Forensic Scientist.

Changed By:
Last Name: SUTTON First Name: WILLIAM MI: J

Signature: PTL William Sutton #48 Badge No.: 48

Date: 10/01/2014

Alcotest 7110 Calibration Record

Equipment Alcotest 7110 MKIII-C — Serial No.: ARWJ-0020

Location: MANASQUAN BORO POLICE

Calibration File No.:	00330	Calib. Date:	05/12/2014	Calib. No.:	00019
Certification File No.:	00314	Cert. Date:	11/18/2013	Cert. No.:	00013
Linearity File No.:	00315	Lin. Date:	11/18/2013	Lin. No.:	00012
Solution File No.:	00329	Soln. Date:	05/02/2014	Soln. No.:	00087
Sequential File No.:	00330	File Date:	05/12/2014		

Calibrating Unit: WET — Model No.: CU-34 — Serial No.: DDXA S3-0041

Control Solution %: 0.100% — Expires: 09/17/2015

Solution Control Lot: 13I122 — Bottle No.: 0653

Coordinator

Last Name: DENNIS — First Name: MARC — MI: W.

Signature: SGT. [signature] #5925 — Badge No.: 5925

Date: 05/12/2014

*Black Key Temperature Probe Serial.....# DDXK 92-323 (HD)

*Digital NIST Temperature Measuring System Serial.....# 130 754 749 (HD)

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.:	ARWJ-0020
Location:	MANASQUAN BORO POLICE				
Calibration File No.:	00330	Calib. Date:	05/12/2014	Calib. No.:	00019
Certification File No.:	00331	Cert. Date:	05/12/2014	Cert. No.:	00014
Linearity File No.:	00315	Lin. Date:	11/18/2013	Lin. No.:	00012
Solution File No.:	00329	Soln. Date:	05/02/2014	Soln. No.:	00087
Sequential File No.:	00331	File Date:	05/12/2014		
Calibrating Unit:	WET	Model No.:	CU-34	Serial No.:	DDXA S3-0041
Control Solution %:	0.100%			Expires:	09/17/2015
Solution Control Lot:	13I122			Bottle No.:	0653

Function	Result %BAC	Time HH:MM	Temperature Simulator (°C)	Comment(s) or Error(s)
Ambient Air Blank	0.000%	15:39D		
Control 1 EC	0.099%	15:39D	34.0°C	*** TEST PASSED ***
Control 1 IR	0.099%	15:39D	34.0°C	*** TEST PASSED ***
Ambient Air Blank	0.000%	15:40D		
Control 2 EC	0.100%	15:41D	34.0°C	*** TEST PASSED ***
Control 2 IR	0.099%	15:41D	34.0°C	*** TEST PASSED ***
Ambient Air Blank	0.000%	15:41D		
Control 3 EC	0.099%	15:42D	34.0°C	*** TEST PASSED ***
Control 3 IR	0.098%	15:42D	34.0°C	*** TEST PASSED ***
Ambient Air Blank	0.000%	15:43D		

All tests within acceptable tolerance.

Coordinator

Last Name: DENNIS First Name: MARC MI: W.

Badge No.: 5925

Signature: SGT. Date: 05/12/2014

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.: ARWJ-0020

Location: MANASQUAN BORO POLICE

Calibration File No.:	00330	Calib. Date: 05/12/2014	Calib. No.: 00019
Certification File No.:	00331	Cert. Date: 05/12/2014	Cert. No.: 00014
Linearity File No.:	00332	Lin. Date: 05/12/2014	Lin. No.: 00013
Solution File No.:	00329	Soln. Date: 05/02/2014	Soln. No.: 00087
Sequential File No.:	00332	File Date: 05/12/2014	

Calibrating Unit:	WET	Model No.: CU-34	Serial No.: DDXD S3-0186
Control Solution %:	0.040%		Expires: 08/24/2014
Solution Control Lot:	12H104		Bottle No.: 0181
Calibrating Unit:	WET	Model No.: CU-34	Serial No.: DDXD S3-0188
Control Solution %:	0.080%		Expires: 08/27/2014
Solution Control Lot:	12H105		Bottle No.: 1105
Calibrating Unit:	WET	Model No.: CU-34	Serial No.: DDXD S3-0191
Control Solution %:	0.160%		Expires: 09/10/2014
Solution Control Lot:	12I106		Bottle No.: 0054

Function	Result %BAC	Time HH:MM	Temperature Simulator (°C)	Comment(s) or Error(s)
Ambient Air Blank	0.000%	15:56D		
Control 1 EC	0.040%	15:57D	34.0°C	*** TEST PASSED ***
Control 1 IR	0.039%	15:57D	34.0°C	*** TEST PASSED ***
Ambient Air Blank	0.000%	15:58D		
Control 2 EC	0.041%	15:59D	34.0°C	*** TEST PASSED ***
Control 2 IR	0.039%	15:59D	34.0°C	*** TEST PASSED ***
Ambient Air Blank	0.000%	16:01D		
Control 3 EC	0.080%	16:01D	33.8°C	*** TEST PASSED ***
Control 3 IR	0.079%	16:01D	33.8°C	*** TEST PASSED ***
Ambient Air Blank	0.000%	16:03D		
Control 4 EC	0.080%	16:03D	34.0°C	*** TEST PASSED ***
Control 4 IR	0.078%	16:03D	34.0°C	*** TEST PASSED ***
Ambient Air Blank	0.000%	16:05D		
Control 5 EC	0.157%	16:06D	34.0°C	*** TEST PASSED ***
Control 5 IR	0.157%	16:06D	34.0°C	*** TEST PASSED ***
Ambient Air Blank	0.000%	16:07D		
Control 6 EC	0.155%	16:08D	34.0°C	*** TEST PASSED ***
Control 6 IR	0.156%	16:08D	34.0°C	*** TEST PASSED ***
Ambient Air Blank	0.000%	16:09D		

All tests within acceptable tolerance.

Coordinator

Last Name: DENNIS First Name: MARC MI: W.

Signature: SGT. #5925 Badge No.: 5925

Date: 05/12/2014

Calibrating Unit
New Standard Solution Report

Equipment Alcotest 7110 MKIII-C — Serial No.: ARWJ-0020
Location: MANASQUAN BORO POLICE

Calibration File No.:	00330	Calib. Date:	05/12/2014	Calib. No.:	00019
Certification File No.:	00331	Cert. Date:	05/12/2014	Cert. No.:	00014
Linearity File No.:	00332	Lin. Date:	05/12/2014	Lin. No.:	00013
Solution File No.:	00333	Soln. Date:	05/12/2014	Soln. No.:	00088
Sequential File No.:	00333	File Date:	05/12/2014		

Calibrating Unit:	WET	Model No.:	CU-34	Serial No.:	DDXA S3-0041
Control Solution %:	0.100%			Expires:	12/26/2014
Solution Control Lot:	12L109			Bottle No.:	0389

Function	Result %BAC	Time HH:MM	Temperature Simulator (°C)	Comment(s) or Error(s)
Ambient Air Blank	0.000%	17:14D		
Control 1 EC	0.099%	17:15D	34.0°C	*** TEST PASSED ***
Control 1 IR	0.099%	17:15D	34.0°C	*** TEST PASSED ***
Ambient Air Blank	0.000%	17:16D		
Control 2 EC	0.099%	17:16D	34.0°C	*** TEST PASSED ***
Control 2 IR	0.098%	17:16D	34.0°C	*** TEST PASSED ***
Ambient Air Blank	0.000%	17:17D		
Control 3 EC	0.099%	17:18D	34.0°C	*** TEST PASSED ***
Control 3 IR	0.099%	17:18D	34.0°C	*** TEST PASSED ***
Ambient Air Blank	0.000%	17:18D		

All tests within acceptable tolerance.

On this date, I installed the above indicated "NEW SOLUTION" in acordance with Alcotest 7110 operator training and procedures established by the (NJSP) Chief Forensic Scientist.

Temperature Probe Serial Number: DDWJ P2-161 (MD)

Changed By:
Last Name: DENNIS First Name: MARC MI: W.

Signature: SGT. R. Dennis #5925 Badge No.: 5925

Date: 05/12/2014

Dräger

CERTIFICATE OF ACCURACY

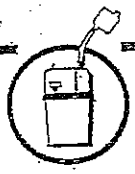
This Certificate of Accuracy verifies that the specified unit has been examined and found to be in compliance with National Highway and Traffic Safety Administration regulations for devices used to calibrate Evidential Breath Testers.
(F.R. Vol. 59 No. 249 12/19/94 Notices)

Draeger Safety Diagnostics, Inc.

- ⊘ Model: ALCOTEST® CU34
- ○ Model: MARK IIA
- ○ Other: _____

Serial Number: DDXD53-0186

Certification Date	Technician	Re-Certification Due Date
1-22-14	BC	1-22-15



Dräger

CERTIFICATE OF ACCURACY

This Certificate of Accuracy verifies that the specified unit has been examined and found to be in compliance with National Highway and Traffic Safety Administration regulations for devices used to calibrate Evidential Breath Testers.
(F.R. Vol. 59 No. 249 12/19/94 Notices)

Draeger Safety Diagnostics, Inc.

- ⊘ Model: ALCOTEST® CU34
- ○ Model: MARK IIA
- ○ Other: _____

Serial Number: DDXD53-0188

Certification Date	Technician	Re-Certification Due Date
1-23-14	BC	1-23-15

Dräger

CERTIFICATE OF ACCURACY

This Certificate of Accuracy verifies that the specified unit has been examined and found to be in compliance with National Highway and Traffic Safety Administration regulations for devices used to calibrate Evidential Breath Testers.
(F.R. Vol. 59 No. 249 12/19/94 Notices)

Draeger Safety Diagnostics, Inc.

- ⊘ Model: ALCOTEST® CU34
- ○ Model: MARK IIA
- ○ Other: _____

Serial Number: DDXD53-0191

Certification Date	Technician	Re-Certification Due Date
1-23-14	BC	1-23-15

Dräger

ALCOTEST® 7110 TEMPERATURE PROBE

CERTIFICATE OF ACCURACY

This is to certify that the Alcotest® 7110 Temperature Probe has been tested for accuracy with instrumentation that is traceable to the National Institute of Standards and Technology (NIST). The manufacturer recommends accuracy verification of the Temperature Probe, within 12 months of the certification date below, or sooner, according to your State Specification. For accurate temperature readings, the probe value on this certificate, noted below, must be programmed into the Alcotest® 7110.

Serial Number Temp. Probe	Certification date:	Next Certification due:
DDXKP2-323	1-21-14	1-21-15

Probe Value: 104

Draeger Safety Diagnostics, Inc.
Technical Service Department

BC

Calibration complies with ISO/IEC 17025, ANSI/NCSL Z540-1, and 9001

Cert. No.: 4000-5574134

Calibration Certificate No. 1750.01

Traceable® Certificate of Calibration for Digital Thermometer

Manufactured for and distributed by: VWR International, LLC, Radnor Corporate Center, Bldg 1, Ste 200, 100 Matsonford Road, Radnor, PA 19087

Instrument Identification:

Model: 61220-601 S/N: 130754749 Manufacturer: Control Company

Standards/Equipment:

Description	Serial Number	Due Date	NIST Traceable Reference
Temperature Calibration Bath TC-179	A45240		
Thermistor Module	A17118	2/13/14	1000332071
Temperature Probe	128	2/20/14	6-B48Z9-30-1
Temperature Calibration Bath TC-231	A79341		
Thermistor Module	A17118	2/13/14	1000332071
Temperature Probe	3039	2/20/14	6-B48Z9-1-1
Temperature Calibration Bath TC-218	A73332		
Thermistor Module	A27129	10/25/14	1000346002
Temperature Probe	5202	11/30/14	15-B15PW-1-1
Temperature Calibration Bath TC-275	B16388		
Digital Thermometer	B16815	8/12/14	1000341967
PRT Temperature Probe	02022	8/14/15	B3812004

Certificate Information:

Technician: 68 Procedure: CAL-06 Cal Date: 12/12/13 Cal Due: 12/12/15

Test Conditions: 24.0°C 33.0 %RH 1033 mBar

Calibration Data: (New Instrument)

Unit(s)	Nominal	As Found	In Tol	Nominal	As Left	In Tol	Min	Max	±U	TUR
°C		N.A.		0.001	0.001	Y	-0.049	0.051	0.013	3.8:1
°C		N.A.		24.999	25.001	Y	24.949	25.049	0.023	2.2:1
°C		N.A.		50.003	50.000	Y	49.953	50.053	0.014	3.6:1
°C		N.A.		100.001	99.999	Y	99.951	100.051	0.018	2.8:1

This Instrument was calibrated using Instruments Traceable to National Institute of Standards and Technology.

A Test Uncertainty Ratio of at least 4:1 is maintained unless otherwise stated and is calculated using the expanded measurement uncertainty. Uncertainty evaluation includes the instrument under test and is calculated in accordance with the ISO "Guide to the Expression of Uncertainty in Measurement" (GUM). The uncertainty represents an expanded uncertainty using a coverage factor k=2 to approximate a 95% confidence level. In tolerance conditions are based on test results falling within specified limits with no reduction by the uncertainty of the measurement. The results contained herein relate only to the item calibrated. This certificate shall not be reproduced except in full, without written approval of Control Company.

Nominal=Standard's Reading; As Left=Instrument's Reading; In Tol=In Tolerance; Min/Max=Acceptance Range; ±U=Expanded Measurement Uncertainty; TUR=Test Uncertainty Ratio; Accuracy=±(Max-Min)/2; Min = As Left Nominal(Rounded) - Tolerance; Max = As Left Nominal(Rounded) + Tolerance; Date=MM/DD/YY

Nicol Rodriguez, Quality Manager

Aaron Judice, Technical Manager

Maintaining Accuracy:

In our opinion once calibrated your Digital Thermometer should maintain its accuracy. There is no exact way to determine how long calibration will be maintained. Digital Thermometers change little, if any at all, but can be affected by aging, temperature, shock, and contamination.

Recalibration:

For factory calibration and re-certification traceable to National Institute of Standards and Technology contact Control Company.

CONTROL COMPANY 4455 Rex Road Friendswood, TX 77546 USA
Phone 281 482-1714 Fax 281 482-9448 service@control3.com www.control3.com

State of New Jersey
OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF STATE POLICE
POST OFFICE BOX 7068
WEST TRENTON, NJ 08628-0068
(609) 882-2000

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

JOHN J. HOFFMAN
Acting Attorney General

COLONEL JOSEPH R. FUENTES
Superintendent

CERTIFICATION OF ANALYSIS
0.10 PERCENT BREATH ALCOHOL SIMULATOR SOLUTION

ACCEPTANCE SPECIFICATIONS FOR BREATH ALCOHOL SIMULATOR SOLUTION: Ethyl alcohol concentration within, but not exceeding, the range of 0.1174 to 0.1246 grams per 100 milliliters of solution.

MANUFACTURER: Draeger Safety, Inc. ANALYSIS DATE: 10/23/2013

BREATH ALCOHOL SIMULATOR SOLUTION LOT NUMBER: 13I122

Representative samples of the above-referenced Lot Number were tested by Gas Chromatography and found to have a mean ethyl alcohol concentration range of 0.1212 to 0.1222 grams per 100 milliliters of solution.

This lot of breath alcohol simulator solution may be utilized as a known traceable standard for the purpose of conducting periodic tests, pursuant to N.J.A.C. 13:51-4.3, of approved breath test instruments (N.J.A.C. 13:51-3.5) utilized by law enforcement agencies in this State. The manufacturer's expiration date for this lot of breath alcohol simulator solution is September 17, 2015.

As Research Scientist for the Division of State Police, I hereby certify and attest that the tests and results documented in this Certificate of Analysis were performed at the Office of Forensic Sciences of the Division of State Police on properly functioning and calibrated instruments and equipment. All procedures utilized are accurate, objective, and performed on a routine basis by personnel within the Office of Forensic Sciences, in accordance with their professional duties and responsibilities.

Ali M. Alaouie, Ph.D.
Research Scientist
NJSP Office of Forensic Sciences

Sworn to and subscribed before me this 28th day of October, 2013.

Linda L. DeDantis
Notary

Linda L. DeDantis
Notary Public, New Jersey
My Commission Expires 8-17-14

State of New Jersey
OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF STATE POLICE
POST OFFICE BOX 7068
WEST TRENTON, NJ 08628-0068
(609) 882-2000

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

JEFFREY S. CHIESA
Attorney General

COLONEL JOSEPH R. FUENTES
Superintendent

CERTIFICATION OF ANALYSIS
0.04 PERCENT BREATH ALCOHOL SIMULATOR SOLUTION

ACCEPTANCE SPECIFICATIONS FOR BREATH ALCOHOL SIMULATOR SOLUTION: Ethyl alcohol concentration within, but not exceeding, the range of 0.0469 to 0.0499 grams per 100 milliliters of solution.

MANUFACTURER: Draeger Safety, Inc. **ANALYSIS DATE:** 9/26/2012

BREATH ALCOHOL SIMULATOR SOLUTION LOT NUMBER: 12H104

Representative samples of the above-referenced Lot Number were tested by Gas Chromatography and found to have a mean ethyl alcohol concentration range of 0.0487 to 0.0491 grams per 100 milliliters of solution.

This lot of breath alcohol simulator solution may be utilized as a known traceable standard for the purpose of conducting periodic tests, pursuant to N.J.A.C. 13:51-4.3, of approved breath test instruments (N.J.A.C. 13:51-3.5) utilized by law enforcement agencies in this State. The manufacturer's expiration date for this lot of breath alcohol simulator solution is August 24, 2014.

As Research Scientist for the Division of State Police, I hereby certify and attest that the tests and results documented in this Certificate of Analysis were performed at the Office of Forensic Sciences of the Division of State Police on properly functioning and calibrated instruments and equipment. All procedures utilized are accurate, objective, and performed on a routine basis by personnel within the Office of Forensic Sciences, in accordance with their professional duties and responsibilities.

Ali M. Alaouie, Ph.D.
Research Scientist
NJSP Office of Forensic Sciences

Sworn to and subscribed before me this 5th day of October, 2012.

Notary

Linda L Decantis
Notary Public, New Jersey
My Commission Expires 8-17-14

State of New Jersey
OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF STATE POLICE
POST OFFICE BOX 7068
WEST TRENTON, NJ 08628-0068
(609) 882-2000

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

JEFFREY S. CHIESA
Attorney General

COLONEL JOSEPH R. FUENTES
Superintendent

CERTIFICATION OF ANALYSIS
0.08 PERCENT BREATH ALCOHOL SIMULATOR SOLUTION

ACCEPTANCE SPECIFICATIONS FOR BREATH ALCOHOL SIMULATOR SOLUTION: Ethyl alcohol concentration within, but not exceeding, the range of 0.0939 to 0.0997 grams per 100 milliliters of solution.

MANUFACTURER: Draeger Safety, Inc. **ANALYSIS DATE:** 9/27/2012

BREATH ALCOHOL SIMULATOR SOLUTION LOT NUMBER: 12H105

Representative samples of the above-referenced Lot Number were tested by Gas Chromatography and found to have a mean ethyl alcohol concentration range of 0.0967 to 0.0976 grams per 100 milliliters of solution.

This lot of breath alcohol simulator solution may be utilized as a known traceable standard for the purpose of conducting periodic tests, pursuant to N.J.A.C. 13:51-4.3, of approved breath test instruments (N.J.A.C. 13:51-3.5) utilized by law enforcement agencies in this State. The manufacturer's expiration date for this lot of breath alcohol simulator solution is August 27, 2014.

As Research Scientist for the Division of State Police, I hereby certify and attest that the tests and results documented in this Certificate of Analysis were performed at the Office of Forensic Sciences of the Division of State Police on properly functioning and calibrated instruments and equipment. All procedures utilized are accurate, objective, and performed on a routine basis by personnel within the Office of Forensic Sciences, in accordance with their professional duties and responsibilities.

Ali M. Alaouie, Ph.D.
Research Scientist
NJSP Office of Forensic Sciences

Sworn to and subscribed before me this 5th day of October, 2012.

Notary

Linda L Dessantis
Notary Public, New Jersey
My Commission Expires 8-17-14

State of New Jersey
OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF STATE POLICE
POST OFFICE BOX 7068
WEST TRENTON, NJ 08628-0068
(609) 882-2000

CHRIS CHRISTIE
Governor

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Lt. Governor

JEFFREY S. CHIESA
Attorney General

COLONEL JOSEPH R. FUENTES
Superintendent

CERTIFICATION OF ANALYSIS
0.16 PERCENT BREATH ALCOHOL SIMULATOR SOLUTION

ACCEPTANCE SPECIFICATIONS FOR BREATH ALCOHOL SIMULATOR SOLUTION: Ethyl alcohol concentration within, but not exceeding, the range of 0.1878 to 0.1994 grams per 100 milliliters of solution.

MANUFACTURER: Draeger Safety, Inc. **ANALYSIS DATE:** 10/2/2012

BREATH ALCOHOL SIMULATOR SOLUTION LOT NUMBER: 12I106

Representative samples of the above-referenced Lot Number were tested by Gas Chromatography and found to have a mean ethyl alcohol concentration range of 0.1922 to 0.1932 grams per 100 milliliters of solution.

This lot of breath alcohol simulator solution may be utilized as a known traceable standard for the purpose of conducting periodic tests, pursuant to N.J.A.C. 13:51-4.3, of approved breath test instruments (N.J.A.C. 13:51-3.5) utilized by law enforcement agencies in this State. The manufacturer's expiration date for this lot of breath alcohol simulator solution is September 10, 2014.

As Research Scientist for the Division of State Police, I hereby certify and attest that the tests and results documented in this Certificate of Analysis were performed at the Office of Forensic Sciences of the Division of State Police on properly functioning and calibrated instruments and equipment. All procedures utilized are accurate, objective, and performed on a routine basis by personnel within the Office of Forensic Sciences, in accordance with their professional duties and responsibilities.

Ali M. Alaouie, Ph.D.
Research Scientist
NJSP Office of Forensic Sciences

Sworn to and subscribed before me this 5th day of October, 2012.

Linda L. Desantis
Notary

Linda L Desantis
Notary Public, New Jersey
My Commission Expires 6-17-14

State of New Jersey
OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF STATE POLICE
POST OFFICE BOX 7068
WEST TRENTON, NJ 08628-0068
(609) 882-2000

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

JEFFREY S. CHIESA
Attorney General

COLONEL JOSEPH R. FUENTES
Superintendent

CERTIFICATION OF ANALYSIS
0.10 PERCENT BREATH ALCOHOL SIMULATOR SOLUTION

ACCEPTANCE SPECIFICATIONS FOR BREATH ALCOHOL SIMULATOR SOLUTION: Ethyl alcohol concentration within, but not exceeding, the range of 0.1174 to 0.1246 grams per 100 milliliters of solution.

MANUFACTURER: Draeger Safety, Inc. ANALYSIS DATE: 1/17/2013

BREATH ALCOHOL SIMULATOR SOLUTION LOT NUMBER: 12L109

Representative samples of the above-referenced Lot Number were tested by Gas Chromatography and found to have a mean ethyl alcohol concentration range of 0.1228 to 0.1232 grams per 100 milliliters of solution.

This lot of breath alcohol simulator solution may be utilized as a known traceable standard for the purpose of conducting periodic tests, pursuant to N.J.A.C. 13:51-4.3, of approved breath test instruments (N.J.A.C. 13:51-3.5) utilized by law enforcement agencies in this State. The manufacturer's expiration date for this lot of breath alcohol simulator solution is December 26, 2014.

As Research Scientist for the Division of State Police, I hereby certify and attest that the tests and results documented in this Certificate of Analysis were performed at the Office of Forensic Sciences of the Division of State Police on properly functioning and calibrated instruments and equipment. All procedures utilized are accurate, objective, and performed on a routine basis by personnel within the Office of Forensic Sciences, in accordance with their professional duties and responsibilities.

Ali M. Alaouie, Ph.D.
Research Scientist
NJSP Office of Forensic Sciences

Sworn to and subscribed before me this 18th day of January, 2013.

Notary

Linda L. Desantis
Notary Public, New Jersey
My Commission Expires 8-17-14

Dräger

Alcotest® 7110 MKIII-C

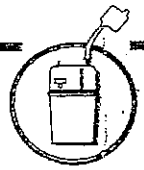
CERTIFICATE OF ACCURACY

This is to certify that the Alcotest 7110 MKIII-C has been tested for accuracy and found to be in compliance with the National Highway Traffic Safety Administration Standard for evidential breath testing devices. The Alcotest MKIII-C is compliant as a "mobile" and "nonmobile" EBT with 49 FR 48854, 49 FR 48864 and 58 FR 48705. The manufacturer recommends accuracy verification of this instrument within 12 months of the calibration date below, or sooner, according to your State Specifications.

Certification Date: 11-7-13

SERIAL NUMBER: ARWJ-0020

Draeger Safety Diagnostics, Inc. BC



Dräger

CERTIFICATE OF ACCURACY

This Certificate of Accuracy verifies that the specified unit has been examined and found to be in compliance with National Highway and Traffic Safety Administration regulations for devices used to calibrate Evidential Breath Testers.
(F.R. Vol. 59 No. 249 12/19/94 Notices)

Draeger Safety Diagnostics, Inc.

- ☑ Model: ALCOTEST® CU34
- ○ Model: MARK IIA
- ○ Other: _____

Serial Number: DDXAS3-0041

Certification Date	Technician	Re-Certification Due Date
04-10-14	SY	04-10-15

Dräger

ALCOTEST® 7110 TEMPERATURE PROBE

CERTIFICATE OF ACCURACY

This is to certify that the Alcotest® 7110 Temperature Probe has been tested for accuracy with instrumentation that is traceable to the National Institute of Standards and Technology (NIST). The manufacturer recommends accuracy verification of the Temperature Probe within 12 months of the certification date below, or sooner, according to your State Specification. For accurate temperature readings, the probe value on this certificate, noted below, must be programmed into the Alcotest® 7110.

Serial Number Temp. Probe	Certification date:	Next Certification due:
DDWJP2-161	04-10-14	04-10-15

Probe Value: 102

Draeger Safety Diagnostics, Inc.
Technical Service Department: SY

DEPARTMENT OF

Law and Public Safety

This is to certify that

Marc W. Dennis

New Jersey State Police

IS QUALIFIED AND COMPETENT TO CONDUCT BREATH ANALYSES PURSUANT TO CHAPTER 142 OF THE LAWS OF 1966 IN THE OPERATION OF THE Breathalyzer

A METHOD TO DETERMINE INTOXICATION.

GIVEN UNDER MY HAND AT TRENTON, NEW JERSEY, THIS 26th DAY OF Sept.

TWO THOUSAND AND 01.

SUPERINTENDENT
NEW JERSEY STATE POLICE

ATTORNEY GENERAL
STATE OF NEW JERSEY

ORIGINAL COURSE DATES 8/18 - 8/22/97

Refresher Course

	DATE	PLACE	INSTRUCTOR
1.	11/10/99	O.C.P.A.	Cambria
2.	11-14-01	ACTC	[illegible]
3.	7-17-03	ACTC	[illegible]
4.	10-6-05	ACTC	[illegible]
5.	11-14-07	OCPA	C Potts
6.			
7.			
8.			
9.			

SP-293B (Rev. 4/00)

DEPARTMENT OF

Law and Public Safety

This is to certify that

Marc W. Dennis

New Jersey State Police

IS QUALIFIED AND COMPETENT TO CONDUCT BREATH ANALYSES PURSUANT TO CHAPTER 142 OF THE LAWS OF 1966 IN THE OPERATION OF THE ALCO-SENSOR 7110 MK III-C

A METHOD TO DETERMINE INTOXICATION.

GIVEN UNDER MY HAND AT TRENTON, NEW JERSEY, THIS 10th DAY OF April

TWO THOUSAND AND Eight

SUPERINTENDENT
NEW JERSEY STATE POLICE

ATTORNEY GENERAL
STATE OF NEW JERSEY

ORIGINAL COURSE DATES 12/1/2005

Refresher Course

	DATE	PLACE	INSTRUCTOR
1.	12-19-07	Ocean Co. PA	Potter
2.	3/12/09	MORRIS CO. PA	M. Rizzo
3.	2-16-11	SAYREVILLE PD	A. Tu
4.	11/19/13	S.C.E.S.T.A.	[illegible]
5.			
6.			
7.			
8.			
9.			

S.P. 293B (Rev. 07/07)

DEPARTMENT OF

Law and Public Safety

This is to certify that

Marc W. Dennis

New Jersey State Police

IS QUALIFIED AND COMPETENT TO CONDUCT BREATH TESTS AND THEREPURSUANT TO CHAPTER 142 OF THE LAWS OF 1966 IN THE OPERATION OF THE Breath Test Coordinator/Instructor A METHOD TO DETERMINE INTOXICATION.

GIVEN UNDER MY HAND AT TRENTON, NEW JERSEY, THIS 5th DAY OF November TWO THOUSAND AND Eight

SUPERINTENDENT
NEW JERSEY STATE POLICE

ATTORNEY GENERAL
STATE OF NEW JERSEY

ORIGINAL COURSE DATES _____

Refresher Course

	DATE	PLACE	INSTRUCTOR
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

S.F. 2936 (Rev. 07/07)

DEPARTMENT OF

Law and Public Safety

This is to certify that

Thomas A. Morton

Manasquan Borough

IS QUALIFIED AND COMPETENT TO CONDUCT CHEMICAL BREATH ANALYSES PURSUANT TO CHAPTER 142 OF THE LAWS OF 1966 IN THE OPERATION OF THE Alcotest 7110 MKIII-C A METHOD TO DETERMINE INTOXICATION.

GIVEN UNDER MY HAND AT TRENTON, NEW JERSEY THIS 26th DAY OF February TWO THOUSAND AND Ten

SUPERINTENDENT
NEW JERSEY STATE POLICE

ATTORNEY GENERAL
STATE OF NEW JERSEY

ORIGINAL COURSE DATES _____

Refresher Course

	DATE	PLACE	INSTRUCTOR
1.	2/7/12	OCPA	Adam Stanko
2.	1/7/14	LAKEHURST	Adam Stanko
3.			
4.			
5.			
6.			
7.			
8.			
9.			

S.P. 293B (Rev. 03/10)

Ptl. Pharo

STATE OF NEW JERSEY
MOTOR VEHICLE COMMISSION
ABSTRACT OF DRIVER HISTORY RECORD

CERTIFIED - COMPLETE

DRIVER LICENSE NUMBER	FIRST NAME	M.I.	LAST NAME
[redacted]	MICHAEL	G	MYLOD

STREET	CITY	STATE	ZIPCODE
1214 ROUTE 33	FARMINGDALE	NJ	07727-3635

MANASQUAN POLICE DEPT
201 EAST MAIN ST.
MANASQUAN NJ 08736

CLASS: D

ENDORSEMENTS:
RESTRICTIONS: 1
EXPIRATION: 09 30 2017

REQ. REF. NO.	UNIT NUMBER	ABSTRACT DATE	TYPE
	6245	10 28 2014	H

EVENT DATE MO. DAY YR.	EVENT RESPONSIBILITY	EVENT TYPE	EVENT IDENTIFIER	EVENT DESCRIPTION	C M V	H Z M	F T L	P A	PTS.	POSTING DATE MMDDYY
05 03 13	N53	V	762F	FAILURE TO WEAR SEAT BELT						081913
06 05 12	DMV	Z	PC02	POINT CREDIT-ANNUAL SAFE DRIVING					-2	060512
06 05 11	DMV	Z	PC03	POINT CREDIT-ANNUAL SAFE DRIVING					-3	060511
03 19 11	N11	V	0366	MAINTENANCE OF LAMPS						041911
06 05 10	DMV	Z	PC03	POINT CREDIT-ANNUAL SAFE DRIVING					-3	060510
06 05 09	RES	R	RSTR	RESTORATION OF INDICATED PRIVILEGE						060509
03 25 09	ACP	F	PRGR	PROGRAM FEE PAID						032509
03 25 09	RES	F	REST	RESTORATION FEE PAID						032509
11 19 06	ISS	0	ISNP	NON PAYMENT OF INSURANCE SURCHARGE						111906
05 07 06	ISS	0	ISNP	NON PAYMENT OF INSURANCE SURCHARGE						050706
01 25 04	ISS	0	ISNP	NON PAYMENT OF INSURANCE SURCHARGE						012504
12 15 96	ISS	0	ISNP	NON PAYMENT OF INSURANCE SURCHARGE						121596
07 30 96	ACP	0	FCAC	FAIL TO COMPLY CNTRMSRS PROGRAM						073096
12 17 95	ISS	0	ISCA	FAIL TO CHANGE ADDRESS-INSUR SURCH						121795
11 01 95	ISS	B	SURC	DRIVER SURCHARGED						101595

I CERTIFY THAT ACCORDING TO THE RECORDS OF THE MOTOR VEHICLE COMMISSION, THIS LISTING IS A TRUE ABSTRACT OF THE DRIVER HISTORY RECORD OF THE INDIVIDUAL WHOSE DRIVER LICENSE NUMBER IS LISTED ABOVE. THE RECORD INCLUDES ACCIDENTS, SUSPENSIONS AND CONVICTIONS FOR MOVING VIOLATIONS, AS OF THE ABOVE ABSTRACT DATE.

Raymond P. Martinez, Chief Administrator

D10NW (Rev. 05/10)

STATE OF NEW JERSEY
MOTOR VEHICLE COMMISSION
ABSTRACT OF DRIVER HISTORY RECORD

CERTIFIED - COMPLETE

DRIVER LICENSE NUMBER [redacted]

FIRST NAME: MICHAEL M.I.: G LAST NAME: MYLOD

STREET: 1214 ROUTE 33

CITY: FARMINGDALE STATE: NJ ZIPCODE: 07727-3635

MANASQUAN POLICE DEPT
201 EAST MAIN ST.
MANASQUAN NJ 08736

CLASS: D

ENDORSEMENTS:
RESTRICTIONS: 1
EXPIRATION: 09 30 2017

REQ. REF. NO. UNIT NUMBER: 6245 ABSTRACT DATE: 10 28 2014 TYPE: H

EVENT DATE MO. DAY YR.	EVENT RESPONSIBILITY	EVENT TYPE	EVENT IDENTIFIER	EVENT DESCRIPTION	CMV	HZM	FTL	PA	PTS.	POSTING DATE MMDDYY
				CONTINUED						
12 18 94	ISS	O	ISNP	NON PAYMENT OF INSURANCE SURCHARGE						121894
11 01 94	ISS	B	SURC	DRIVER SURCHARGED						101694
09 14 94	Q20	O	FCIO	FAIL TO COMPLY COURT INSTALL ORDER						091594
08 09 94	ACP	O	FCAC	FAIL TO COMPLY CNTRMSRS PROGRAM						080994
12 19 93	ISS	O	ISNP	NON PAYMENT OF INSURANCE SURCHARGE						121993
11 01 93	ISS	B	SURC	DRIVER SURCHARGED						101793
06 27 93	ISS	O	ISNP	NON PAYMENT OF INSURANCE SURCHARGE						062793
06 22 93	Q20	O	0450	OPERATE UNDER INFLUENCE LIQ/DRUGS						062593
04 13 93	RES	R	LOBO	BASIC, BUS/COMMERCIAL PRIVILEGES						041393
04 10 93	Q20	V	0450	OPERATE UNDER INFLUENCE LIQ/DRUGS						062593
02 22 93	RES	F	REST	RESTORATION FEE PAID						022293
01 18 93	ISS	O	ISNP	NON PAYMENT OF INSURANCE SURCHARGE						011893
11 29 92	DMV	Z	PC03	POINT CREDIT-ANNUAL SAFE DRIVING					-3	112992
11 01 92	ISS	B	SURC	DRIVER SURCHARGED						101892

I CERTIFY THAT ACCORDING TO THE RECORDS OF THE MOTOR VEHICLE COMMISSION, THIS LISTING IS A TRUE ABSTRACT OF THE DRIVER HISTORY RECORD OF THE INDIVIDUAL WHOSE DRIVER LICENSE NUMBER IS LISTED ABOVE. THE RECORD INCLUDES ACCIDENTS, SUSPENSIONS AND CONVICTIONS FOR MOVING VIOLATIONS, AS OF THE ABOVE ABSTRACT DATE.

Raymond P. Martinez, Chief Administrator

STATE OF NEW JERSEY
MOTOR VEHICLE COMMISSION
ABSTRACT OF DRIVER HISTORY RECORD

CERTIFIED - COMPLETE

DRIVER LICENSE NUMBER	FIRST NAME	M.I.	LAST NAME
[redacted]	MICHAEL	G	MYLOD

STREET	CITY	STATE	ZIPCODE
1214 ROUTE 33	FARMINGDALE	NJ	07727-3635

MANASQUAN POLICE DEPT
201 EAST MAIN ST.
MANASQUAN NJ 08736

CLASS: D

ENDORSEMENTS:
RESTRICTIONS: 1
EXPIRATION: 09 30 2017

REQ. REF. NO.	UNIT NUMBER	ABSTRACT DATE	TYPE
	6245	10 28 2014	H

EVENT DATE MO. DAY YR.	EVENT RESPONSIBILITY	EVENT TYPE	EVENT IDENTIFIER	EVENT DESCRIPTION	C M V	H Z M	F T L	P A	PTS.	POSTING DATE MMDDYY
				CONTINUED						
01 10 92	DIP	N	PTPS	POINT SYSTEM ADVISORY NOTICE DIP						011092
12 22 91	Q10	V	0467	OBSTRUCTING PASSAGE OF OTHER VEHIC						052992
11 29 91	Q20	V	4984	SPEEDING					4	011092
08 28 91	CIS	A	POLC	INVOLVED IN ACCIDENT-POLICE REPORT						021392
05 07 91	CIS	A	POLC	INVOLVED IN ACCIDENT-POLICE REPORT						010992
02 15 91	DIP	N	PTPS	POINT SYSTEM ADVISORY NOTICE DIP						021591
01 26 91	N56	V	4982	SPEEDING					2	021591
11 01 90	ISS	B	SURC	DRIVER SURCHARGED						101490
08 28 90	RES	R	LOBO	BASIC, BUS/COMMERCIAL PRIVILEGES						082890
08 28 90	RES	F	REST	RESTORATION FEE PAID						082890
08 10 90	Q06	0	FCIO	FAIL TO COMPLY COURT INSTALL ORDER						081390
01 02 90	RES	R	LOBO	BASIC, BUS/COMMERCIAL PRIVILEGES						010290
01 02 90	RES	F	REST	RESTORATION FEE PAID						01029(
01 02 90	ACP	F	PRGR	PROGRAM FEE PAID						01029(

I CERTIFY THAT ACCORDING TO THE RECORDS OF THE MOTOR VEHICLE COMMISSION, THIS LISTING IS A TRUE ABSTRACT OF THE DRIVER HISTORY RECORD OF THE INDIVIDUAL WHOSE DRIVER LICENSE NUMBER IS LISTED ABOVE. THE RECORD INCLUDES ACCIDENTS, SUSPENSIONS AND CONVICTIONS FOR MOVING VIOLATIONS, AS OF THE ABOVE ABSTRACT DATE.

Raymond P. Martinez, Chief Administrator

D10NW (Rev. 05/10)

STATE OF NEW JERSEY
MOTOR VEHICLE COMMISSION
ABSTRACT OF DRIVER HISTORY RECORD

CERTIFIED - COMPLETE

DRIVER LICENSE NUMBER	FIRST NAME	M.I.	LAST NAME
[redacted]	MICHAEL	G	MYLOD

STREET	CITY	STATE	ZIPCODE
1214 ROUTE 33	FARMINGDALE	NJ	07727-3635

MANASQUAN POLICE DEPT
201 EAST MAIN ST.
MANASQUAN NJ 08736

CLASS: D

ENDORSEMENTS:
RESTRICTIONS: 1
EXPIRATION: 09 30 2017

REQ. REF. NO.	UNIT NUMBER	ABSTRACT DATE	TYPE
	6245	10 28 2014	H

EVENT DATE MO. DAY YR.	EVENT RESPONSIBILITY	EVENT TYPE	EVENT IDENTIFIER	EVENT DESCRIPTION	CMV	HZM	FTL	PA	PTS.	POSTING DATE MMDDYY
				CONTINUED						
12 17 89	ISS	0	ISCA	FAIL TO CHANGE ADDRESS-INSUR SURCH						121789
11 01 89	ISS	B	SURC	DRIVER SURCHARGED						101589
12 14 88	ISS	0	ISCA	FAIL TO CHANGE ADDRESS-INSUR SURCH						121588
10 16 88	ISS	B	SURC	DRIVER SURCHARGED						101688
03 30 88	ACP	0	FCAC	FAIL TO COMPLY CNTRMSRS PROGRAM						033088
01 09 88	ISS	0	ISNP	NON PAYMENT OF INSURANCE SURCHARGE						011088
11 01 87	ISS	B	SURC	DRIVER SURCHARGED						110187
05 19 87	Q06	0	0450	OPERATE UNDER INFLUENCE LIQ/DRUGS						052987
05 19 87	Q06	0	0340	OPERATE WHILE SUSPENDED OR REVOKED						060387
03 05 87	Q06	V	0450	OPERATE UNDER INFLUENCE LIQ/DRUGS						052987
03 05 87	Q06	V	0340	OPERATE WHILE SUSPENDED OR REVOKED						060287
01 18 87	ISS	0	ISCA	FAIL TO CHANGE ADDRESS-INSUR SURCH						011987
11 01 86	ISS	B	SURC	DRIVER SURCHARGED						110187
09 01 86	Q20	V	4127	ILLEGAL BACKING/TURNING IN STREET					2	112487

I CERTIFY THAT ACCORDING TO THE RECORDS OF THE MOTOR VEHICLE COMMISSION, THIS LISTING IS A TRUE ABSTRACT OF THE DRIVER HISTORY RECORD OF THE INDIVIDUAL WHOSE DRIVER LICENSE NUMBER IS LISTED ABOVE. THE RECORD INCLUDES ACCIDENTS, SUSPENSIONS AND CONVICTIONS FOR MOVING VIOLATIONS, **AS OF THE ABOVE ABSTRACT DATE.**

Raymond P. Martinez, Chief Administrator

D10NW (Rev. 05/10)

STATE OF NEW JERSEY
MOTOR VEHICLE COMMISSION
ABSTRACT OF DRIVER HISTORY RECORD

CERTIFIED - COMPLETE

DRIVER LICENSE NUMBER [redacted]

FIRST NAME MICHAEL M.I. G LAST NAME MYLOD

STREET 1214 ROUTE 33

CITY FARMINGDALE STATE NJ ZIPCODE 07727-3635

MANASQUAN POLICE DEPT
201 EAST MAIN ST.
MANASQUAN NJ 08736

CLASS: D

ENDORSEMENTS:
RESTRICTIONS: 1
EXPIRATION: 09 30 2017

REQ. REF. NO.

UNIT NUMBER 6245

ABSTRACT DATE 10 28 2014

TYPE H

EVENT DATE MO. DAY YR.	EVENT RESPONSIBILITY	EVENT TYPE	EVENT IDENTIFIER	EVENT DESCRIPTION	CMV	HZM	FTL	PA	PTS.	POSTING DATE MMDDYY
				CONTINUED						
08 23 86	DMV	Z	PC03	POINT CREDIT-ANNUAL SAFE DRIVING					-3	092386
02 22 86	DIP	N	PTPS	POINT SYSTEM ADVISORY NOTICE DIP						022286
08 23 85	DMV	Z	PC03	POINT CREDIT-ANNUAL SAFE DRIVING					-3	022286
08 23 84	Q10	V	4984	SPEEDING					4	021986
07 01 84	DMV	Z	PC03	POINT CREDIT-ANNUAL SAFE DRIVING					-3	030485
07 01 83	Q10	V	SPED	SPEEDING					4	092183
09 10 82	N29	V	0488	IMPROPER OPER-HWYS W/MARKED LANES					2	120982
09 03 82	A12	V	4144	DISREGARD OF STOP SIGN REGULATIONS					2	051183
03 30 82	RES	R	LOBO	BASIC, BUS/COMMERCIAL PRIVILEGES						041482
02 04 82	Q20	V	0340	OPERATE WHILE SUSPENDED OR REVOKED						072682
08 07 81	ACP	O	FCAC	FAIL TO COMPLY CNTRMSRS PROGRAM						081781
02 10 81	RES	R	LOBO	BASIC, BUS/COMMERCIAL PRIVILEGES						021181
12 11 80	M99	O	0450	OPERATE UNDER INFLUENCE LIQ/DRUGS						012181
10 18 80	Q20	V	0450	OPERATE UNDER INFLUENCE LIQ/DRUGS						010681

I CERTIFY THAT ACCORDING TO THE RECORDS OF THE MOTOR VEHICLE COMMISSION, THIS LISTING IS A TRUE ABSTRACT OF THE DRIVER HISTORY RECORD OF THE INDIVIDUAL WHOSE DRIVER LICENSE NUMBER IS LISTED ABOVE. THE RECORD INCLUDES ACCIDENTS, SUSPENSIONS AND CONVICTIONS FOR MOVING VIOLATIONS, AS OF THE ABOVE ABSTRACT DATE.

Raymond P. Martinez, Chief Administrator

DH0NW (Rev. 05/10)

STATE OF NEW JERSEY
MOTOR VEHICLE COMMISSION
ABSTRACT OF DRIVER HISTORY RECORD

CERTIFIED - COMPLETE

DRIVER LICENSE NUMBER	FIRST NAME	M.I.	LAST NAME
[redacted]	MICHAEL	G	MYLOD

STREET	CITY	STATE	ZIPCODE
1214 ROUTE 33	FARMINGDALE	NJ	07727-3635

MANASQUAN POLICE DEPT
201 EAST MAIN ST.
MANASQUAN NJ 08736

CLASS: D

ENDORSEMENTS:
RESTRICTIONS: 1
EXPIRATION: 09 30 2017

REQ. REF. NO.	UNIT NUMBER	ABSTRACT DATE	TYPE
	6245	10 28 2014	H

EVENT DATE MO. DAY YR.	EVENT RESPONSIBILITY	EVENT TYPE	EVENT IDENTIFIER	EVENT DESCRIPTION	CMV	HZM	FTL	PA	PTS.	POSTING DATE MMDDYY
				CONTINUED						
				CURRENT STATUS - IN GOOD STANDING						
				****** HISTORY OF SUSPENSIONS ******						
				SUSPENSIONS SUSPENDED BETWEEN						
				BASIC DRIVING 1980-12-11 1981-02-10						
				BASIC DRIVING 1981-08-07 1982-03-30						
				BASIC DRIVING 1987-01-18 1990-01-02						
				BASIC DRIVING 1990-08-10 1990-08-28						
				BASIC DRIVING 1993-01-18 1993-04-13						
				BASIC DRIVING 1993-06-22 2009-06-05						
				COMMERCIAL 1980-12-11 1981-02-10						
				COMMERCIAL 1981-08-07 1982-03-30						
				COMMERCIAL 1987-01-18 1990-01-02						
				COMMERCIAL 1990-08-10 1990-08-28						
				COMMERCIAL 1993-01-18 1993-04-13						

I CERTIFY THAT ACCORDING TO THE RECORDS OF THE MOTOR VEHICLE COMMISSION, THIS LISTING IS A TRUE ABSTRACT OF THE DRIVER HISTORY RECORD OF THE INDIVIDUAL WHOSE DRIVER LICENSE NUMBER IS LISTED ABOVE. THE RECORD INCLUDES ACCIDENTS, SUSPENSIONS AND CONVICTIONS FOR MOVING VIOLATIONS, AS OF THE ABOVE ABSTRACT DATE.

Raymond P. Martinez, Chief Administrator

STATE OF NEW JERSEY
MOTOR VEHICLE COMMISSION
ABSTRACT OF DRIVER HISTORY RECORD

CERTIFIED - COMPLETE

DRIVER LICENSE NUMBER	FIRST NAME	M.I.	LAST NAME
[redacted]	MICHAEL	G	MYLOD

STREET	CITY	STATE	ZIPCODE
1214 ROUTE 33	FARMINGDALE	NJ	07727-3635

MANASQUAN POLICE DEPT
201 EAST MAIN ST.
MANASQUAN NJ 08736

CLASS: D

ENDORSEMENTS:
RESTRICTIONS: 1
EXPIRATION: 09 30 2017

REQ. REF. NO.	UNIT NUMBER	ABSTRACT DATE	TYPE
	6245	10 28 2014	H

EVENT DATE MO. DAY YR.	EVENT RESPONSIBILITY	EVENT TYPE	EVENT IDENTIFIER	EVENT DESCRIPTION	C M V	H Z M	F T L	P A	PTS.	POSTING DATE MMDDYY
				CONTINUED						
				COMMERCIAL 1993-06-22 2009-06-05						
				* OUT OF STATE DRIVER HISTORY *						
				*** NONE ***						

I CERTIFY THAT ACCORDING TO THE RECORDS OF THE MOTOR VEHICLE COMMISSION, THIS LISTING IS A TRUE ABSTRACT OF THE DRIVER HISTORY RECORD OF THE INDIVIDUAL WHOSE DRIVER LICENSE NUMBER IS LISTED ABOVE. THE RECORD INCLUDES ACCIDENTS, SUSPENSIONS AND CONVICTIONS FOR MOVING VIOLATIONS, AS OF THE ABOVE ABSTRACT DATE.

Raymond P. Martinez, Chief Administrator

POTENTIAL LIABILITY WARNING - *N.J.S.A.* 39:4-50.22 (Rev. 2-20-2004) FORM

Defendant Information		Case # 14-13923
Name: Last, First, M.I. MYLOD, MICHAEL G	DL# & State [redacted]	Arresting Officer Information
Street Address 1214 RT 33	Birth Date [redacted]	Name: Last, First, M.I. Rank PHARO, ADAM C
Town, State ZIP FARMINGDALE NJ 07727	Arrest: Date & Time 10/24/14 440PM	Badge # 49
Violation(s) Charged: (*Check appropriate boxes*)	[X] *N.J.S.A.* 39:4-50(a), DWI [ ] *N.J.S.A.* 39:4-50.2, Refusal to submit to chemical breath testing	

You have been summoned by, or on behalf of, the person whose name appears above as "defendant," to transport or accompany the defendant from this law enforcement agency. The defendant has been arrested and charged with one or both of the motor vehicle violations checked in the box above. Pursuant to *N.J.S.A.* 39:4-50.22, this **WARNING** is to advise you that if you accept responsibility to transport or accompany the defendant, and you permit or facilitate the operation of a motor vehicle by the defendant while the defendant is intoxicated or has a blood alcohol concentration at, or above, that permitted by law (*N.J.S.A.* 39:4-50), then you are potentially subject to criminal penalties and civil liability.

Permitting a person who is intoxicated or who has a blood alcohol concentration at, or above, that permitted by law, to operate a motor vehicle is a violation of *N.J.S.A.* 39:4-50(a). If you are charged and convicted under that statute: your driving privilege will be suspended; fines and monetary penalties will be imposed; and you may be incarcerated. If you permit or facilitate the defendant to operate a motor vehicle while the defendant remains intoxicated or has a blood alcohol concentration at, or above, that permitted by law, and the defendant becomes involved in a motor vehicle collision where other persons are injured or killed, then you may be subject to indictment and criminal prosecution. If you are prosecuted and found guilty, the court can impose fines and mandatory penalties, and a prison sentence. In addition to any criminal liability, if you permit or facilitate the defendant to operate a motor vehicle while the defendant remains intoxicated or has a blood alcohol concentration at, or above, that permitted by law, and the defendant becomes involved in a motor vehicle collision where there is property damage, or personal injury or death, then you may be held liable for civil damages, and those damages may not be covered by insurance.

Person Acknowledging Receipt

Michael A Da Silva
Print Name

69 Trent Dr
Street Address

Toms River NJ
City & State

Law Enforcement Officer

ADAM PHARO
Print Name

PATROLMAN 49
Rank & Badge No.

10/24/14 700PM
Date & Time of Acknowledgment

ACKNOWLEDGMENT OF RECEIPT OF POTENTIAL LIABILITY WARNING

I, Michael Da Silva, have received this **POTENTIAL**
Signature of Person Summoned
LIABILITY WARNING from the Law Enforcement Officer whose name appears below.

REFUSAL TO ACKNOWLEDGE, IN WRITING,
RECEIPT OF POTENTIAL LIABILITY WARNING

_____, was given a copy of this **POTENTIAL**
Print Name of Person Summoned
LIABILITY WARNING, but refused to sign the acknowledgment of receipt.

_____
Signature of Law Enforcement Officer

_____
Date & Time of Refusal to Acknowledge

4:48 pm

Berghoff

Joan [redacted]

Start look

Fam. Inv

Blood Pressure

[redacted] mL

14 - 13923

HCG 1625 APR

037065

mmm

6-00 325

Bx - Mastectomy

Right hand

Single

Lonely - 20yrs.

Recreat. Therapist - Priest - Hospital

732-610-4370

Taking care of 91 yr. Old male

400 Pine Ave.

MANASQUAN POLICE DEPARTMENT
DETAINEE LOG

PART I: To be completed by Officer placing detainee in cell or detention area

DETAINEE NAME: Michael G. Mylod AGE: 55 CD #: 14-13923

☑ Male ☐ Female ☑ Adult ☐ Juvenile RACE: ☑ White ☐ Black ☐ Hispanic ☐ Other

CHARGE(S) D.W.I.

ARRESTING OFFICER: Pharo DISPATCHER: White

SUICIDE RISK EVALUATION RESULTS: ☐ Security Risk ☐ Suicidal ☐ Exhibits Mental Illness ☐ Have you tried killing yourself today or are you thinking about it now? ☐ Yes ☐ No

CELL BLOCK SANITATION INSPECTION (check all that are unacceptable) ☐ Walls ☐ Bunk ☐ Floor ☐ Ceiling

☐ Toilet ☐ Sink ☐ Cell Corridor ☐ Cell Front PROPERTY: ☐ Yes ☐ No LOCKER #: _____

OFFICER'S SIGNATURE: M. Pharo DATE: 10/24/14

RECORD CHECK: ☑ NCIC ☐ NJWPS ☑ ACS ☑ ATS ☐ CCH POSITIVE RESPONSE: ☐ Yes ☑ No
☐ CONSULAR NOTIFICATION

PART II: To be completed if detainee is a juvenile

DATE & TIME IN FACILITY: _____ DATE & TIME OUT: _____

DELINQUENT BEHAVIOR?: ☐ Yes ☐ No HELD SECURELY?: ☐ Yes ☐ No

HELD BEYOND 6 HOURS?: ☐ Yes ☐ No CONTACT WITH ADULT DETAINEES?: ☐ Yes ☐ No

PART III: To be completed by person inspecting detainee
Detainee should be inspected at least every half-hour. If there are special circumstances the detainee must be checked every fifteen (15) minutes. Always include type of release in remarks, i.e. Bail, R.O.R., County Jail, etc.
JUVENILE DETAINEES PLACED IN THE HOLDING ROOM OR CELL SHALL BE INSPECTED A MINIMUM OF EVERY FIFTEEN (15) MINUTES.

DATE	CELL	TIME	OFFICER/DISPATCHER	REMARKS
10/24/14	2	16:46	Pharo/Hamill	Placed in cell - Breathing
10/24/14	Proc.	17:05	Pharo	Out for processing - Breathing
10/24/14	Proc.	17:35	Pharo/Morton	Out for processing - Breathing
10/24/14	2	17:45	Morton	Placed back in cell - Breathing
10/24/14	2	18:13	White	Sitting on bunk Praying - Breathi
10/24/14	2	18:42	White	Sitting on bunk - Breathing
10/24/14	2	19:06	Pharo	Released - Breathing

NAME: Michael G. Mylod CD #: 14-13923

DATE	CELL	TIME	OFFICER/DISPATCHER	REMARKS

PART IV: To be completed by releasing officer

CELL BLOCK SANITATION INSPECTION (Check all that are unacceptable) ☐ Walls ☐ Bunk ☐ Floor ☐ Ceiling

☐ Toilet ☐ Sink ☐ Cell Corridor ☐ Cell Front BIO-HAZARD?: ☐ Yes ☐ No

FORWARD A COPY OF THIS FORM TO BUILDING SUPERINTENDENT? ☐ Yes ☐ No

OFFICER'S SIGNATURE: _____ DATE: _____

PART V: To be completed by Officer in Charge ⇒ **REVIEWED BY:** _____ ⇐