

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
State of New York Evidence Ticket

WARREN COUNTY SHERIFF'S OFFICE  
BAC DATAMASTER 970139  
NOVEMBER 24, 2006

OPERATOR NAME:  
LAMOREE, C.S.  
OPERATOR PERMIT NUMBER: 23039  
OPERATOR AGENCY/DEPT:  
WARR CO SHERIFF  
REFERENCE STANDARD NUMBER:  
06040

--- SUPERVISOR MODE ---

|                         |          |       |
|-------------------------|----------|-------|
| BLANK TEST              | .00      | 10:17 |
| INTERNAL STANDARD       | VERIFIED | 10:17 |
| REFERENCE STANDARD TEMP | 33.9c    |       |
| REFERENCE STANDARD      | .10      | 10:17 |
| BLANK TEST              | .00      | 10:18 |
| REFERENCE STANDARD TEMP | 33.9c    |       |
| REFERENCE STANDARD      | .09      | 10:18 |
| BLANK TEST              | .00      | 10:19 |
| REFERENCE STANDARD TEMP | 33.9c    |       |
| REFERENCE STANDARD      | .09      | 10:19 |
| BLANK TEST              | .00      | 10:20 |

I, W. C.S. Lamoree, am employed by the  
Warren County Sheriff's Office, a governmental agency,  
and, having been delegated by my employer to do so, certify that the above  
record of blood alcohol content analysis was made in the regular and ordinary  
course of business of this agency; that it is the regular and ordinary course of  
business of this agency to perform analyses of blood alcohol content and to  
make records of such analyses at the time they are performed; that the entries  
appearing on the above record were made at or soon after the time of the acts,  
transactions, occurrences or events stated thereon; that this record, if a copy,  
is a complete and exact duplicate of the original thereof; and that it is part of my  
employment responsibilities to maintain custody or control of this record.

11/24/06  
DATE

[Signature]  
SIGNATURE  
W. Warren Co. Sheriff  
TITLE AND AGENCY