



V20230127 1000001789

PATIENT NAME
TIMOTHY
COONS

D.O.B.
1/15/1990

Date & Time of Collection
9/29/2023

Interpret Results Neg(-) Pos(+) Invalid
C=Control T=Test
100730Mlife Rev A

| | Neg(-) | Pos(+) | Invalid |
|---|--------|--------|---------|
| C | | | |
| T | | | |

NEW JERSEY MVC
New Jersey Motor Vehicle Commission

AUTO DRIVER LICENSE

NOT FOR "REAL ID" PURPOSES

DL **C6506 74263 01904** CLASS D
DOB **01-15-1990**
ISS **03-25-2021** EXP **01-15-2025**

COONS
TIMOTHY CLYDE
301 SAGE CT
JACKSON, NJ 08527-4145
END NONE
RESTR 1

GENDER **M** HGT **5'-10"** EYES **BLU** ORGAN DONOR
LC FR202108400000058 U-U- 24.00