



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF FORENSIC SCIENCE

EX
5129

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

NAME OF ACCUSED	NAME OF COURT
LEMOINE, MICHELLE, L	TOWN OF HERNDON GEN DIST

BREATH ANALYSIS

SAMPLE EXAMINED AND TEST CONDUCTED BY		AGENCY
DODSON, ANNETTE, C		Fairfax County PD
DFS LICENSE NUMBER	LICENSE EXPIRES	DATE TEST CONDUCTED
20363	10/01/2014	09/28/2013
TEST EQUIPMENT NUMBER		
010468		

RESULTS: TIME SAMPLE TAKEN 05:01 EDT

SAMPLE'S ALCOHOL CONTENT 0.10 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 28 DAY OF September, 20 13.

BREATH TEST OPERATOR
Annette Dodson

☒ I HAVE RECEIVED A COPY OF THIS CERTIFICATE OF ANALYSIS X SUBJECT'S SIGNATURE

☒ SUBJECT REFUSED TO SIGN FOR COPY OF CERTIFICATE OF ANALYSIS Annette Dodson
OPERATOR'S SIGNATURE