Thomas 3. Onyuer

6092429916

p.1

NEW JERSEY STATE POLICE HAMILTON TECHNOLOGY COMPLEX 1200 NEGRON DRIVE SUITE # 400 HAMILTON, NJ 08691

ALCOHOL DRUG TEST UNIT Phone Number: (609)584-5051 ext. 5608 Fax Number: (609)584-9359



This Fax Contains five Page(s) Including This Cover Page.

Date

June 29, 2010

From

Tpr.I Thomas J. Snyder #5792

To

Barbara at Wall Township Police Records

Fax Number:

(732)974-0053

Remarks

If you have any questions feel free to contact me via my cellular phone at (609)947-6695

Cautionary Confidentially Notice:

The material(s) and/or information contained in this facsimile transmission originates from the New Jersey Division of State Police and may be privileged and confidential. It is only for the use of the recipient named on this cover sheet. If you are not the intended recipient or have received it in error, please notify the Alcohol/Drug Test Unit immediately at the telephone number listed above so that arrangements can be initiated for their return. Please not that dissemination,

| TO: | FAX: | | | | | |
|---|----------------------|---------------------|------------------|--------------------|-------------------|---------------|
| Please use this form every timinsure that they are serviced p | ne you prompt | ship Ald y and r | cotes eturn | t com | ponent your of | s to ifice |
| DRAEGER SAFETY | EQUI | MENT | RET | JRN F | ORM | |
| DATE: 11/17/2008 | CONTA | CT NAME | | Sgt. Eril | k Ertle | |
| CUSTOMER BILLING NAME AND ADDR | | | | | | |
| Wall Township Police Department 2700 Allaire Road Wall, NJ 07719 | | | | | | |
| CUSTOMER SHIP TO NAME AND ADDR | RESS | | | | | |
| Wall Township Police Department | | PHONE_ | (7 | 732)449- | 4500 | |
| 2700 Allaire Road Wall, NJ 07719 | | FAX _ | (7 | 732)449- | -1273 | |
| REASON FOR SERVICE RETURN: | | DST Clos | ck | | | |
| ANNUAL CALIBRATION / CERTIFICATION | N | REPAIR | | X | | |
| PLEASE GIVE DESCRIPTION OF ANY F | | | | | | _ |
| Needs new fuel cell. | | | | | | |
| | | | | | | |
| SERIAL NUMBERS BEING SENT IN | | | | | | |
| ARXA-0037 | | | | | | |
| PLEASE INSURE YOUR EQUIPMENT, A WE WILL RETURN YOUR EQUIPMENT I SHIPPED TO US. PLEASE INCLUDE TH REMEMBER: NEVER SEND IN YOUR DI | BY THE ! IIS FORN | SAME SH Lin pack | IPPIN((AGE) | S METH NITH FO | OD AS IT | WAS |
| SHIP TO: | | | | | | |
| DRAEGER SAFETY DIAGNOSTICS, INC 4040 WEST ROYAL LANE SUITE # 136 IRVING. TX 75063 | ; | PHONE: FAX | | 35-5900 29-1260 | ı | |

Packing Slip

Customer no Order No

Order date

150062190 10315389

11/20/2008

Packing slip no. 80407923

Ship date

11/20/2008

Please reference on inquiries

ship to

150062190

TOWNSHIP OF WALL

ATTN: POLICE DEPARTMENT/ERIK ERTLE

2700 ALLAIRE ROAD MONMOUTH COUNTY WALL, NJ 07719

USA

Customer

bill to

TOWNSHIP OF WALL

ATTN: POLICE DEPARTMENT 2700 ALLAIRE ROAD MONMOUTH COUNTY WALL, NJ 07719

AZU

Your Purchase Order Number

WARRANTY

Any questions? Please contact:

ERIKA ESQUEDA

Your sales person

Don Pouliot

Phone: 973-398-3228

Delivery terms

FΑ

FREIGHT ALLOWED

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| Item# | sh. Quant. | Part no. Description Ship via: FedEx Express 2Day | | | |
|-------|------------|---|--|--|--|
| | | NOTE: All claims for shortages/defects must be reported within 10 Business days after receipt of order. All returns must have our RMA# clearly marked on the box. Please call Customer Service at 866-385-5900. | | | |
| | | 7110 SERIAL #: ARXA-0037 REPLACED FC / CAL W/ QC & OPS CHECKS | | | |
| 0010 | 1 EA | MPCAL71 CALIBRATION CHARGE - 7110 Ordered / Back ordered : 0 / 0 EA | | | |
| 0020 | 1 EA | 6808455 SENSOR : FUEL CELL Ordered / Back ordered : 0 / 0 EA | | | |

Draeger Safety Diagnostics Inc. Accounting Address: 101 Technology Drive Pittsburgh, PA 15275

Remit Wire Transfers To: Citizens Bank Acct. # 6209426615 Acct. Name: Draeger Safety Diagnostics Inc.

REMIT TO: Draeger Safety Diagnostics Inc. P.O. Box 200337 Pittsburgh, PA 15251-0337

Packing Slip

Customer no

Order No

Order date

Packing slip no.

Ship date

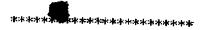
150062190 103153B9

11/20/2008

80407923 11/20/2008 Please reference on inquiries

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| Item# | sh. Quant. | Part no. Description | | |
|-------|------------|---|--|---|
| 0030 | 0.5 н | MPLABOR LABOR CHARGE Ordered / Back ordered : 0.0 / 0.0 H | | |
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CONTROL CHECK

| HLUUTEST | 7110 MKILLE |
|-------------|--------------------------|
| SERIAL NO.: | 9RXA-0037 |
| MALL TOWN | ARXA-0037 SHIP POLICE |
| CAL, FILE: | 99993 |
| CAL. DATE : | 99/26/2008 |
| CAL. NO. : | 99992 |
| CERT. FILE: | 99994 |
| CERT. DATE: | |
| CERT. NO. : | |
| LIN FILE : | |
| LIN. DATE : | |
| LIN. NO. : | |
| SOLN. FILE: | |
| SOLN. DATE: | |
| SOLN. No. : | 09098 |
| FILE NO. : | |
| | |
| FILE UHIE : | 11/17/2008 ******* |
| | |
| DIAGNOSTIC: | |
| CTRL. IR : | |
| CTRL. EC : | 0.093 |
| SIM. TEMP.: | 33,9°C |
| | |

| CTRL. IR | : | 0.099 |
|------------|-------|-----------------|
| CTRL. EC | : | 0.094 |
| SIM. TEMP | . : | 33.9°C |
| CTRL. IR | : | 0.099 |
| CTRL. EC | : | 0.094 |
| SIM. TEMP | . : | 33 .9° C |
| | | % BAC |
| DIAGNOSTIC |): | OK |
| ***** | ***** | **** |
| SIGNATURE | OPER: | |

TR. I J. Sny Jan 115772