



Commonwealth of Virginia

DEPARTMENT OF FORENSIC SCIENCE

ORIGINAL

CERTIFICATE OF ANALYSIS

Northern Laboratory
10850 Pyramid Place
Manassas, VA 20110

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May 29, 2012

TO: CLERK GENERAL DISTRICT COURT, SHENANDOAH COUNTY
215 MILL ROAD
SUITE 128
WOODSTOCK, VA 22664

Received at Department of Forensic Science
Vial No. [redacted] containing Blood for
Alcohol/Drug Content.

FS Lab #: C11-14337

By: MORRIS, Joan B
Date: 06/24/2011 Time: 10:52AM

ACCUSED: SMITH, Tommy Lynn
SMITH, Tommy L. on CBW

Examined By: O'Neal, Carol L. Ph.D.
Date: 05/25/2012 Time: 8:53AM

The vial seal had not been broken or tampered with when received.
The container and vial were provided or approved by the Department
of Forensic Science. The attached Certificate of Blood Withdrawal
was affixed to the vial.

RESULTS:

Blood Alcohol Content 0.00% by weight by volume

Oxycodone 0.01 mg/L.

Clonazepam present less than 0.02 mg/L.

The following substances were not detected:

- Cocaine/Benzoylcegonine
- Methamphetamine/MDMA
- Phencyclidine
- Barbiturates
- Carisoprodol/Meprobamate
- Fentanyl
- Methadone
- Cannabinoids
- Zolpidem
- Alkaline extractable drugs

DO NOT DETACH Vial No. 317771

Department of Forensic Science
CERTIFICATE OF BLOOD WITHDRAWAL FOR
ALCOHOL/DRUG DETERMINATION

Accused: [redacted]
(Last Name) (First Name) (Initial)

I certify that the blood in the vial to which this Certificate is attached was with-
drawn from the above named accused. I am qualified pursuant to §18.2-268.5 to
withdraw blood & the blood was taken in compliance with §18.2-268.5.

Blood Taken By: [redacted]
Date: [redacted] Time: [redacted]

Officer: [redacted] Badge No: [redacted]
(Print Name)

Court: Shenandoah

RECEIVED

SHENANDOAH COUNTY GENERAL DISTRICT COURT

This Certificate of Blood Withdrawal was removed from the vial and
attached hereto by the department director or employee.

I certify that I performed the above analysis or examination as an employee of and in a laboratory operated by the Department of Forensic Science,
that the above is an accurate record of the results and interpretations of that analysis or examination, and that this duty has been delegated to me by
the Director of the Department of Forensic Science pursuant to Section 18.2-268.7 of the Code of Virginia.

SHENANDOAH COUNTY GENERAL DISTRICT COURT

TESTE

[Signature]
(Department Employee)

CLO/ckj

TESTE/ [Signature]
CLERK/DEPUTY CLERK

DATE: [redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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