



Arkansas State Crime Laboratory
 P.O. Box 8500
 3 Natural Resources Drive
 Little Rock, Arkansas 72215



ALI-351-T
 An ASCLD/LAB Accredited Laboratory
 (Since December 13, 2004)

Laboratory Services
 (501) 227-5747

REPORT OF LABORATORY ANALYSIS

Investigating Officer/Agency/Address

Laboratory Case Number: 2016-020572

Page 1 of 1

Heath Edens
 Conway Police Department
 1105 Prairie Street
 Conway, AR 72032

Agency Case Number: 16-10027

Suspect(s):

Victim(s):

Gilbert Baker

Date of Report: 09/14/2016

I do hereby attest and confirm as specified by A.C.A 12-12-313, that the information listed below is a true and accurate report of the results of analysis performed of evidence received in a sealed condition at the Arkansas State Crime Laboratory. The results stated below relate only to the items tested and represent the interpretations/opinions of the undersigned analyst. This is only an official Arkansas State Crime Laboratory report when reproduced in full.

Gilbert Baker:

Blood

Volatile

Acetone	not detected	
Ethanol	0.149 g%	(± 0.008 g%)
Isopropanol	not detected	
Methanol	not detected	

Note: Reported measurement uncertainties define an interval having a level of confidence of at least 95%.

Madison Fuller, Forensic Toxicologist
 Madison.Fuller@crimelab.arkansas.gov

BLOOD ALCOHOL REPORT FORM
 FOR TRAFFIC RELATED ALCOHOL TESTING SAMPLES ONLY

1. SUBJECT

BAKER Last Name GILBERT First Name Middle Name

ADDRESS: 17 COOPER LN.
 Street Address: CONWAY AR 72034
 City: CONWAY State: AR Zip Code: 72034

DATE OF BIRTH: 09-05-56
 Mo: 09 Day: 05 Year: 56
 Male Female

DRIVER'S LICENSE: Noncommercial (NC) or Commercial (CD): NCL
 None Suspended Revoked
 State: AR License Number: 913267723

2. INCIDENT

Driver Passenger Pedestrian Other

County where incident occurred: FAUL (use first four letters)

Type of Incident: No Accident Accident Fatal Accident

Condition of Subject: No injury Injury Deceased

Incident Date: 08-26-16
 Mo: 08 Day: 26 Year: 16
 Incident Time: 08:16 () a.m. () p.m.

Officer's Signature: *[Signature]*
 Work Telephone: 501-450-6120

Officer Employed By: City County State Police Other

RETURN RESULTS TO: PRINT full name and address
 CONWAY POLICE DEPT.
 ATTN: DECR. HEATH EDENS
 1105 PRAIRIE ST.
 CONWAY, AR 72032

3. COLLECTION OF BLOOD OR URINE ONLY

INDICATE ADDITIVES USED IN SAMPLE: (see back of form)
 100mg sodium fluoride (1% required for postmortems)
 20mg potassium oxalate
 NONVOLATILE PREP
 NEW, STERILE EQUIPMENT & CONTAINER USED

Date Collected: 08-26-16
 Mo: 08 Day: 26 Year: 16
 Time Collected: 10:55 () a.m. () p.m.

Sample Requested By: Law Enforcement () Subject () Coroner () _____

Signature/Title of Person Drawing Blood: *Teresa Horton LABASSETT*
 Witness (Signature): *[Signature]* #490

4. SAMPLE TRANSFER

From: *[Signature]* To: *[Signature]* #490 Date: 08-26-16/2255412

From: *[Signature]* #490 To: *[Signature]* Date: 8-29-16

From: *[Signature]* To: The Office of Alcohol Testing Date: 8-30-16

5. SAMPLE ANALYSIS & RESULTS: Arkansas Department of Health (For PHL - Office of Alcohol Testing Use ONLY)

Sealed Mailer Sealed Biohazard Bag
 Seal on Tube Sealed Mailer Tube
 Postmortem 1% NaF Postmortem Form

NaF Satisfactory Received approximately 7 ml Blood

Labeled in par: "Baker, Gilbert"
 BD Vacutainer Exp 2017-02

Blood Urine Occular Fluid

Date of Test: 09-09-16
 Mo: 09 Day: 09 Year: 16
 Time of Test: 11:40 () a.m. () p.m.

OAT Sample No.: 53945
 ALCOHOL TEST RESULTS: 0.14 % w/v Blood
 Zero point one Four

I performed the analysis of this sample in accordance with the regulations and requirements of the Arkansas Department of Health and the laws of the State of Arkansas. All information contained is true and accurately reflects the results of my analysis.
[Signature]
 Chemist, Office of Alcohol Testing

I hereby attest to the authenticity of this report.
[Signature] 9-9-16
 Director, Office of Alcohol Testing Date

Lab E1E2
Health Dept E3

Evidence Section Use Only

CONWAY POLICE DEPARTMENT EVIDENCE/PROPERTY REPORT

CASE # 16-10027 LOCKER # A
DATE RECOVERED 08-26-16 TIME RECOVERED 2255HRS
CRIME DWI-1ST

10027

SUSPECT(S): GILBERT BAKER

VICTIM(S): STATE OF ARKANSAS

PROPERTY TYPE: EVIDENCE FOUND SAFEKEEPING CONTRABAND TO BE DESTROYED

RECOVERING OFFICER NAME AND ID #: H. EDENS #490

DESCRIPTION OF ITEM(S) RECOVERED:
(3) GRAY TOP TUBES OF BLOOD FROM GILBERT BAKER'S RIGHT ARM

(E-1 AND E-2 TO ARKANSAS STATE CRIME LAB)
(E-3 TO AR. DEPT. HEALTH - OFFICE OF ALCOHOL TESTING)

CHAIN OF POSSESSION:

FROM: Drea Harlan LAB ASSIST / Teresa Harlan DATE/TIME: 08-26-16 / 2255HRS

TO: HTC Edens #490

FROM: HTC Edens #490 DATE/TIME: 08-26-16 / 2349HRS

TO: [Signature]

FROM: _____ DATE/TIME: _____

TO: _____

FROM: _____ DATE/TIME: _____

TO: _____

FROM: _____ DATE/TIME: _____

TO: _____

FROM: _____ DATE/TIME: _____

TO: _____

(USE BACK OF REPORT TO LIST ADDITIONAL PROPERTY IF NEEDED)

NO RETURN / NO RECHECK



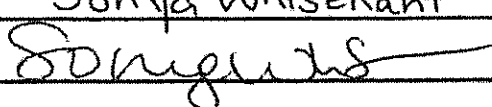


ARKANSAS STATE CRIME LABORATORY
EVIDENCE SUBMISSION FORM (Drugs & Toxicology Only)

P.O. Box 8500
 3 Natural Resources Drive
 Little Rock AR 72215
 Phone: (501) 227-5747
 Fax: (501) 227-6713

P.O. Box 868
 Hope AR 71802
 Phone: (870) 722-8530
 Fax: (870) 722-8534

www.arkansas.gov/comelab

Has any evidence been previously submitted on this case by any agency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Agency Case # 16-10027		ASCL Case # 2016-020572					
Investigating Agency CONWAY POLICE DEPARTMENT		Investigating Officer (Prefix, First, Last) OFCR. HEATH EDENS							
If applicable, please list additional agencies involved		Phone 601-450-6120							
Type of Offense DWE-1ST		Date of Offense 08-26-16		E-Mail Address heath.edens @cityofconway.org					
County of Offense FAULKNER		Mobile (optional)							
Suspect(s) (LAST, First)	SID/SSN	DOB	Race	Sex	Victim(s) (LAST, First)	SID/SSN	DOB	Race	Sex
BAKER, GILBERT		09-05-56	W	M	STATE OF AR				
Evidence #	Evidence Description				Evidence Source	Requested Service (refer to codes below)			
E-1	(1) GRAY TOP TUBE OF BLOOD				SUSPECTS RIGHT ARM	TOX			
E-2	(1) GRAY TOP TUBE OF BLOOD				SUSPECTS LEFT ARM	TOX			
									
Detailed Summary of Crime (Use provided addendum if necessary): TRAFFIC STOP, SFST, AIRRESF, REFUSED BREATHTEST, BLOOD DRAW SEARCH WARRANT EXECUTED						Requested Service Codes: DA: Drug Analysis IL: Illicit Laboratories TP: Tampering TOX: Toxicology			
Type of Analysis Requested: E-1: QUALITATIVE TOXICOLOGY OF BLOOD SAMPLE E-2: QUANTITATIVE TOXICOLOGY OF BLOOD SAMPLE * (PER JUDGE)						LAB USE ONLY STATE CRIME LABORATORY 2016 AUG 30 AM 9:42 			
<input type="checkbox"/> <input type="checkbox"/> Were all urine samples for alcohol testing collected by Arkansas Department of Health (ADH) guidelines?									
Important—please note the following: * The Arkansas State Crime Laboratory (ASCL) shall select and use appropriate testing methods/procedures * The ASCL reserves the right to transfer evidence to another accredited laboratory when deemed necessary * All evidence shall be properly packaged and sealed to prevent contamination and tampering * All biologically contaminated evidence must be marked BIOHAZARD * Sharps must be packaged in such a manner as to protect personnel during handling						HC USPS UPS FDX DHL			
Submitting Officer (print): Sonya Whisenant 8/30/16 Signature:  Date									

BLOOD ALCOHOL REPORT FORM
FOR TRAFFIC RELATED ALCOHOL TESTING SAMPLES ONLY

1. SUBJECT		
<u>BAKER</u>	<u>GILBERT</u>	
Last Name	First Name	Middle Name
ADDRESS <u>17 COOPER LN.</u>		DATE OF BIRTH <u>09 - 05 - 56</u>
Street Address		Mo. Day Year
<u>CONWAY AR 72034</u>		Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
City	State	Zip Code
		DRIVER'S LICENSE
		Noncommercial (NC) or Commercial (CD) <u>NCL</u>
		None <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/>
		<u>AR</u> <u>913267723</u>
		State License Number
2. INCIDENT		
Driver 1 Passenger 2 <input checked="" type="checkbox"/> Pedestrian 3 Other 4	County where incident occurred. (use first four letters) <u>FAUL</u>	Type of Incident No Accident 1 Accident 2 <input checked="" type="checkbox"/> Fatal Accident 3
		Condition of Subject No injury 1 Injury 2 <input checked="" type="checkbox"/> Deceased 3
		Incident Date <u>08 - 26 - 16</u> Mo. Day Year
		Incident Time <u>08 : 16</u> () a.m. <input checked="" type="checkbox"/> p.m. Hr. Min.
Officer's Signature <u>H T L EL</u>		Officer Employed By: City 1 County 2 <input checked="" type="checkbox"/> State Police 3 Other 4
Work Telephone <u>501-450-6120</u>		RETURN RESULTS TO: PRINT full name and address <u>CONWAY POLICE DEPT.</u> <u>ATTN: DEGR. HEATH EDENS</u> <u>1105 PRAIRIE ST.</u> <u>CONWAY, AR 72032</u>
3. COLLECTION OF BLOOD OR URINE ONLY		
INDICATE ADDITIVES USED IN SAMPLE:(see back of form) <input checked="" type="checkbox"/> 100mg sodium fluoride (1% required for postmortems) <input checked="" type="checkbox"/> 20mg potassium oxalate <input checked="" type="checkbox"/> NONVOLATILE PREP <input checked="" type="checkbox"/> NEW, STERILE EQUIPMENT & CONTAINER USED		Date Collected <u>08 - 26 - 16</u> Mo. Day Year
		Time Collected <u>10 : 59</u> () a.m. <input checked="" type="checkbox"/> p.m. Hr. Min.
		Sample Requested By: <input checked="" type="checkbox"/> Law Enforcement <input type="checkbox"/> Subject <input type="checkbox"/> Coroner <input type="checkbox"/>
Signature/Title of Person Drawing Blood <u>Joselyn Hurlan / Teresa Hurlan LABASOTT</u>		Witness (Signature) <u>H T L EL #490</u>
4. SAMPLE TRANSFER		
From <u>Joselyn Hurlan</u> Signature	To <u>H T L EL #490</u> Signature	Date <u>08-26-16/2255HRS</u>
From <u>H T L EL #490</u> Signature	To <u>[Signature]</u> Signature	Date <u>8-29-16</u>
From <u>[Signature]</u> Signature	To <u>The Office of Alcohol Testing</u> Signature	Date <u>8-30-16</u>
From _____ Signature	To _____ Signature	Date _____
5. SAMPLE ANALYSIS & RESULTS: Arkansas Department of Health (For PHL- Office of Alcohol Testing Use ONLY)		
Sealed Mailer _____	Sealed Biohazard Bag _____	Blood 1 <input type="checkbox"/>
Seal on Tube _____	Sealed Mailer Tube _____	Urine 2 <input type="checkbox"/>
Postmortem 1% NaF _____	Postmortem Form _____	Occular Fluid 3 <input type="checkbox"/>
NaF Satisfactory Y <input type="checkbox"/> N <input type="checkbox"/>		OAT Sample No. _____
Received approximately _____ ml		ALCOHOL TEST RESULTS
Labeled in part _____	Date of Test <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mo. Day Year	<u>0</u> . <input type="checkbox"/> <input type="checkbox"/> % w/v, Blood
	Time of Test <input type="checkbox"/> <input type="checkbox"/> () a.m. <input type="checkbox"/> p.m. Hr. Min.	Zero point _____
I performed the analysis of this sample in accordance with the regulations and requirements of the Arkansas Department of Health and the laws of the State of Arkansas. All information contained is true and accurately reflects the results of my analysis.		I hereby attest to the authenticity of this report.
_____ Chemist, Office of Alcohol Testing		_____ Director, Office of Alcohol Testing
		_____ Date



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SUPPLEMENTAL REPORT TO ORIGINAL REPORT ON 09/14/2016

Gilbert Baker:

Blood

Immunoassay

Note: Preliminary testing on the specimen(s) submitted has yielded the following results. Should confirmatory or additional testing be required, you must contact this office within 90 days of the issuance of this report. The specimen(s) will be destroyed after 90 days.

Benzodiazepines	negative
Cannabinoids	negative
Cocaine	negative
Methadone	negative
Methamphetamines	positive
Opiates	negative
Oxycodone	negative
Propoxyphene	negative

Eric Westhafer, Forensic Toxicologist
Eric.Westhafer@crimelab.arkansas.gov

Graham Jones

From: Westhafer, Eric <Eric.Westhafer@crimelab.arkansas.gov>
Sent: Wednesday, September 28, 2016 10:06 AM
To: Graham Jones
Subject: RE: Lab Case No. 2016-020572
Attachments: image001.jpg

Good morning Mr. Jones,

Once a report is completed, internally it goes through a technical and administrative review process. It appears the review was completed on the 27th of September. Once the administrative review is complete, the report is released to relevant agencies 24 hours after completion. I hope this helps, and as always if you have any questions feel free to email/call.

Thanks,
Eric Westhafer
Forensic Toxicologist
Arkansas State Crime Laboratory
501-683-3512

From: Graham Jones [mailto:Graham.Jones@cityofconway.org]
Sent: Wednesday, September 28, 2016 9:58 AM
To: Westhafer, Eric
Cc: Chuck Clawson
Subject: Lab Case No. 2016-020572

Mr. Westhafer,

I have a question about your supplemental report in the above lab case number. The initial analysis in this case was performed by Madison Fuller. Ms. Fuller's report is dated 9/14. I became aware of that initial report around 9/21 via iResults and asked Ms. Fuller to arrange for a supplemental analysis for controlled substances, which you kindly conducted.

Today is the first date I was able to download your supplemental report from the iResults site. However, your report is dated 9/26. Could you explain what happens internally at the lab between the date of the report (9/26) and when it first became available to me (9/28)? It would be helpful to have an understanding of the relevant procedures.

Thank you, as always, for your work.



Graham Jones

Deputy City Attorney / City of Conway
1234 Main Street Conway, AR 72034
graham.jones@cityofconway.org
p: 501-450-6193 f: 501-513-3569

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9TH STATE DISTRICT COURT - CONWAY

ID 913267723

TIME-PAY REPORT for 27-SEP-16

Time Pay# Balance

BAKER, GILBERT

Address Type: EC From: 01-SEP-16

Address Type: MA From: 01-SEP-16

17 Cooper Ln.

17 Cooper Ln.

Conway AR 72034

Conway AR 72034

Driver License

State

Race

Sex

Home Phone Bus. Phone Social Security#

Birth Date

913267723

AR

W

M

5014720304

05-SEP-56

Employer: _____ Income: \$ _____ /wk/bi-wk/semi-mo/mo/yr

Address: _____ Phone: () - _____

CWC-16-4885

SBIU

Officer(s): FOREMAN, ANDREW

CWPD517

Citation No 1A13545005

Area: CITY

Agency: CITY

Violation Date

26-AUG-16

Balance Chrg Desc

\$170.00 DRIVING LEFT OF CENTER

\$1,000.00 DRIVING WHILE INTOXICATED - DWI 1ST

\$225.00 REFUSAL TO SUBMIT TO CHEMICAL TEST

\$1,395.00 Citation 1A13545005 Total

\$1,395.00 Case CWC-16-4885 Total

\$1,395.00 BAKER, GILBERT

Due in 30 days:

Balance to be paid:

wk

semi-month

month

to be added to Plan Balance. Other: _____ PAYMENTS BEGIN: ___/___/20__

Plea: Found: NP
48 hrs jail - 24 hrs
credit - 24 to serve
w/in 30 days
Plea: G Found: G
Plea: G Found: G

I understand that I must notify the Court immediately upon any change in address. I further understand that a \$10.00 INSTALLMENT FEE, pursuant to Ark. Code Ann. §16-13-704, as amended by Act 282 of 2013, is charged each month as long as there is a balance owed on my fine(s). This fee is in addition to my fine(s). Failure to pay my fine(s) and/or these fees can result in a BENCH WARRANT being issued for my arrest. I further understand that failure to make regular payments will result in the suspension of my driver's license pursuant to Ark. Code Ann. §16-13-708.

I HAVE READ AND UNDERSTAND THE ABOVE PARAGRAPH. _____ (initial here)

Witness Signature

Date 9/27/2016

Defendant's Signature

IF UNDER 18, SIGNATURE OF DEFENDANT'S PARENT OR GUARDIAN, ADDRESS, AND PHONE NUMBER

_____ Phone () - _____

Apply Bond - refund overages
posted cash
bond @ FCSO

Anything the screener recommends, needs to be completed, and proof of completion be provided to Special Services within 6 months.