



**PEDESTRIAN SIR-HIGHWAY ACCIDENT BRIEF**

**Attachment - School Bus Driver Medical Card and Driver License Status**

**Thief River Falls, MN**

**HWY17SH002**

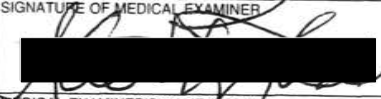

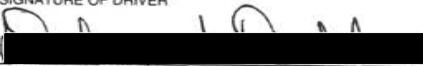


(6 pages)

**MEDICAL EXAMINER'S CERTIFICATE**

I certify that I have examined Deborah Canon Dahlen  
 in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge  
 of the driving duties, I find this person is qualified, and, if applicable, only when:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a \_\_\_\_\_  
waiver/exemption
- driving within an exempt intracity zone (49 CFR 391.62)
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete  
 examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

|  |  |  |  |
|--|--|--|--|
| SIGNATURE OF MEDICAL EXAMINER<br> |  | TELEPHONE<br>   |  |
| DATE<br>10-26-2015   |  | <input type="checkbox"/> MD <input checked="" type="checkbox"/> Chiropractor<br><input type="checkbox"/> DO <input type="checkbox"/> Advanced Practice Nurse<br><input type="checkbox"/> Physician Assistant <input type="checkbox"/> Other Practitioner |  |
| MEDICAL EXAMINER'S NAME (PRINT)<br>DR. Steven Keogh  |  | ISSUING STATE<br>MN  |  |
| MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO.<br>1618  |  | NATIONAL REGISTRY NO.<br>5232343517  |  |
| SIGNATURE OF DRIVER<br>         |  | INTRASTATE ONLY<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |
| DRIVER'S LICENSE NO.<br>        |  | CDL<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |  |
| ADDRESS OF DRIVER<br>           |  | STATE<br>MN  |  |
| MEDICAL CERTIFICATE EXPIRATION DATE<br>10-26-17  |  | Thiel River Falls, MN 56701  |  |

**MEDICAL EXAMINER'S CERTIFICATE**

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 in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge  
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|  |  |  |  |
|--|--|--|--|
| SIGNATURE OF MEDICAL EXAMINER<br>  |  | TELEPHONE<br>  |  |
| DATE<br><u>11-4-13</u>   |  | MEDICAL EXAMINER'S NAME (PRINT)<br><u>Desiree Bertilrub, NP</u>                        |  |
| MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO.<br>  |  | ISSUING STATE<br><u>MN</u>   |  |
| <input type="checkbox"/> MD <input type="checkbox"/> Chiropractor<br><input type="checkbox"/> DO <input checked="" type="checkbox"/> Advanced Practice Nurse<br><input type="checkbox"/> Physician Assistant <input type="checkbox"/> Other Practitioner |  |  |  |
| NATIONAL REGISTRY NO.  |  |  |  |
| SIGNATURE OF DRIVER<br>  |  | INTRASTATE ONLY<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |
| DRIVER'S LICENSE NO.<br>   |  | CDL<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO             |  |
| ADDRESS OF DRIVER<br>  |  |  |  |
| STATE<br><u>MN</u>   |  |  |  |
| MEDICAL CERTIFICATION EXPIRATION DATE<br><u>11-4-15</u>  |  |  |  |

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Deborah Dehler in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties. I find this person is qualified; and, if applicable, only when:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a \_\_\_\_\_ waiver/exemption
- driving within an exempt intracity zone (49 CFR 391.62)
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachments embodies my findings completely and correctly, and is on file in my office.

|   |  |         |
|---|--|---------|
| SIGNATURE OF EXAMINER   | TELEPHONE  | DATE    |
| [Redacted]  | [Redacted]   | 11-9-11 |
| MEDICAL EXAMINER'S NAME (PRINT)                               | <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor            |         |
| Paul Klein CNP  | <input type="checkbox"/> Physician Assistant <input checked="" type="checkbox"/> Advanced Practice Nurse |         |
| MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE | 0 MN   |         |
| Q133722-2   | MN   |         |
| SIGNATURE OF DRIVER   | DRIVER LICENSE NO.   | STATE   |
| [Redacted]  | [Redacted]   | MN      |
| ADDRESS OF DRIVER   | Th. Rv. Fls, MN  |         |
| [Redacted]  |  |         |
| MEDICAL CERTIFICATE EXPIRATION DATE                           | 11-9-2013  |         |

DISTRIBUTION: 1 COPY TO THE DRIVER, 1 COPY TO THE MOTOR CARRIER

**DL Number**

Enter a MN DL number in this format: A123456789012



**Driver License Search Results 9/15/2016 6:54:27 AM**

| <u>DL Number</u>              | <u>Class</u>                          | <u>Type</u>                                    | <u>Class D Status</u>         | <u>Commercial Status</u> |
|-------------------------------|---------------------------------------|--|-------------------------------|--------------------------|
| [REDACTED]                    | B                                     | 1  | VALID                         | VALID                    |
| <u>Endorsements</u>           | <u>Restrictions</u>                   | <u>DL Issued</u>                               | <u>DL Expiration</u>          |                          |
| S P                           | NONE                                  | [REDACTED] 2014                                | [REDACTED] 2018               |                          |
| <u>CDL Self Certification</u> | <u>CDL Medical Certificate Status</u> | <u>CDL Medical Certificate Expiration Date</u> | <u>Waiver Expiration Date</u> |                          |
| NON-EXEMPT INTERSTATE         | CERTIFIED                             | 10/26/2017                                     | NONE                          |                          |

**Messages 9/15/2016 6:54:28 AM**

The information provided is accurate for this day only.  
 Pending action and record updates may change status nightly.  
 If you need additional information please contact us.

By E-Mail:  
[DVS Help](#)

By Phone:  
 For general driver's license information: (651) 297-3298  
 For driver's license revocations and suspensions: (651) 296-2025

Deb D.

Deb Dahlin

DL Number

Enter a MN DL number in this format: A123456789012

[REDACTED]

Get Record

**Driver License Search Results 4/14/2016 6:55:32 AM**

| <u>DL Number</u>              | <u>Class</u>                          | <u>Type</u>                                    | <u>Class D Status</u>         | <u>Commercial Status</u> |
|-------------------------------|---------------------------------------|--|-------------------------------|--------------------------|
| [REDACTED]                    | B                                     | 1  | VALID                         | VALID                    |
| <u>Endorsements</u>           | <u>Restrictions</u>                   | <u>DL Issued</u>                               | <u>DL Expiration</u>          |                          |
| SP                            | NONE                                  | [REDACTED] 2014                                | [REDACTED] 2018               |                          |
| <u>CDL Self Certification</u> | <u>CDL Medical Certificate Status</u> | <u>CDL Medical Certificate Expiration Date</u> | <u>Waiver Expiration Date</u> |                          |
| NON-EXEMPT INTERSTATE         | CERTIFIED                             | 10/26/2017                                     | NONE                          |                          |

**Messages 4/14/2016 6:55:32 AM**

The information provided is accurate for this day only.  
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