



Baltimore City Public Schools Accident Reports

Baltimore, MD; 11/01/2016

HWY17MH007

(60 pages)

ACCIDENT INFORMATION

9-8-11

Pos ~~Missed~~ Call Chopped

1132

Sub Stephanie Muhamud

6 students

* Driver did not see body

Aide did not see route

~~mother called~~

called called mother then
mother called her @

* 5:30 a call was not

reported

Aide reported accident

* PS said late & No one in DOT

* close to 6pm PS

spoke / w motor

side, called + adv PS.

that driver not following route

route

Approx 9 straight (St Chicks Am)

Direct ^{LOAF} suspended until
investigation

[REDACTED]

9-22-11

Spw Chuppell

(1) Regular air absent & person about 45 minutes late

(2) C. Duffin started on 9/6/11

(3) Regular air has resumed

(4) On 9/6 child dropped off OK & child had previous driving lessons ~~to~~ did not

(5) Accident - driver acting airless car, was told to turn car down Winwood St.

(6) they recanted
Father usually met bus at corner

(7) After hit car, started knocking on door & gave information to neighbor

(8) Claims called & spoke with father, & advised her of accident immediately after it happened

(9) said, father told him after he spoke with me he can come back to work

(10) Patricia L. Ryan that man would be done out of order - agreed with C.C. corporation

Report Number: [REDACTED]

State of Maryland Motor Vehicle Crash Report

Reporting Agency:
**BALTIMORE CITY
SCHOOL POLICE**

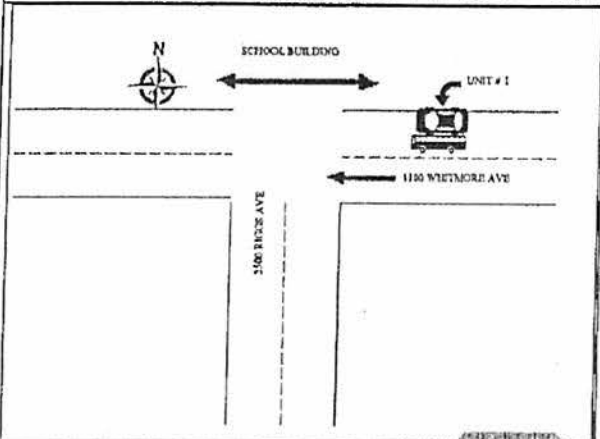
Case Information:

Report Type: Property Damage Crash	County: Baltimore City	Municipality: N/A
Local Case No.: [REDACTED]	Local Codes:	Crash Date: 9/23/2015
Investigating Officer: OFF T. Gross - A178		Crash Time: 04:00 PM <input type="checkbox"/> Photos Taken

Location:

GPS X-Coordinates: -76.6581827402115	GPS Y-Coordinates: 39.3005150474183
Main Road: E LAFAYETTE AVE	Route #: MD25
Intersecting Road: E LAFAYETTE AVE (BACK)	Intersecting Route #: MU4030
Mile Point: 0	Mile Point Direction: N
Distance: 15 F	Distance Direction: N

Accident Diagram:



Narrative:

UNIT # 1 WAS PARKED UNOCCUPIED IN THE 100 BLOCK OF WHITMORE AVE WHEN IT WAS STRUCK ON THE DRIVERS SIDE BY AN UNKNOWN VEHICLE. UNIT # 1 SUSTAINED DAMAGED TO THE DRIVERS SIDE OF THE VEHICLE AND THE MIRROR WAS KNOCKED OFF. THE DRIVERS SIDE DOOR OF UNIT# 1 COULD NOT BE OPENED.

A NOTE WAS LEFT ON THE WINDSHIELD OF UNIT # 1 STATING THAT SCHOOL BUS # 1876 (RELIABLE TRANSPORTATION) HAD HIT THE VEHICLE.

INVESTIGATION STILL ON GOING

Crash Type:

Collision Type: Same Direction Left Turn	Harmful Event One: Parked Vehicle	Harmful Event Two: Other Vehicle
Fixed Object Struck: N/A	School Bus Involved: Unknown	
Const./Maint. Zone: No	Const./Maint. Loc.:	
Workers Present:	Const./Maint. Closure:	

Road/Area:

Lane No.: 1	Lane Dir.: E	Lane Type:
No. of Lanes: 1	Rd. Alignment: Straight	Rd. Grade: Hill Crest
Rd. Division: Two-Way, Not Divided	Traffic Control: No Controls	
Intersection: N/A	Inter. Area:	
Junction: Non Intersection		

Conditions:

Road Condition: No Defects	Contrib - Road: N/A
Weather: Clear	Contrib - Environment: N/A
Surface Condition: Dry	Light: Daylight

NO FOLDER IN USE

GLW
COLUMA CHAPTER

[REDACTED]

BUS NO IS 1876

AAA Affordable BUS CO

[REDACTED]

Tuller
BusCo.

[REDACTED]

10:45 AM on 9/23

ME - day NW

sent back
check
to hold
on transfer 1800

~)

1	NAME	PHONE
	ADDRESS	
2	NAME	PHONE
	ADDRESS	
3	NAME	PHONE
	ADDRESS	

CITY OF BALTIMORE CENTRAL BUREAU 100 HOLLIDAY STREET BALTIMORE, MARYLAND 21202	INVESTIGATION	MOTOR VEHICLE ACCIDENT REPORT
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INSTRUCTIONS:
 PRINT OR TYPE: PREPARE 4 COPIES AND FORWARD: 1 - CENTRAL BUREAU OF INVESTIGATION, 1 - DIVISION OF OCCUPATIONAL SAFETY, 1 - CENTRAL GARAGE, AND 1 - AGENCY FILE. SEE AM-501-10 FOR FURTHER DETAILS.

VERY IMPORTANT - GIVE EXACT DATE AND HOUR OF ACCIDENT

MONTH	DATE	YEAR	TIME	<input checked="" type="checkbox"/> AM	DAY OF WEEK
9	23	15	10:10	<input type="checkbox"/> PM	Wednesday

LOCATION OF ACCIDENT: 1100 Whiteford, Balto, Md.
 STREET, HIGHWAY, NEAREST INTERSECTION WHERE ACCIDENT OCCURRED
Calverton M. School

WEATHER CONDITIONS:

NUMBER OF VEHICLES INVOLVED	INVESTIGATED BY POLICE	<input type="checkbox"/> PEDESTRIAN INVOLVED
<u>ONE</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

CITY EMPLOYEE - CHARGE	SUMMONS NO.	
CHARGE	SUMMONS NO.	
CHARGE	SUMMONS NO.	
DATE OF TRIAL	TIME OF TRIAL	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

IMPORTANT

THIS REPORT MUST BE SIGNED BY THE CITY DRIVER AND SUPERVISOR AND MAILED TO CENTRAL BUREAU OF INVESTIGATION (C.B.I.) WITHIN 24 HOURS FOLLOWING THE ACCIDENT
 BALTIMORE CITY LAW DEPARTMENT - C.B.I.
 100 HOLLIDAY STREET BALTIMORE, MD 21202

TELEPHONE NUMBERS

C.B.I.: 410-396-3400; 410-396-3308
 AFTER 4:30 - CALL ASSIGNED DUTY INVESTIGATOR: 410-396-3100

DRIVER'S SIGNATURE <u>Glenn R. Chappell</u>	DATE <u>9/23/15</u>
SUPERVISOR'S SIGNATURE	DATE

COPY
 FWD

SAFETY DATA

- SUPERVISOR RESPONDED TO SCENE YES NO
- SAFETY OFFICER RESPONDED TO SCENE YES NO
- PHOTOS TAKEN YES NO
- SEAT BELT IN USE YES NO
- PCD IN CITY DRIVER POSSESSION YES NO
- PCD IN USE YES NO

SAFETY OFFICER'S SIGNATURE	DATE
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YOUR VEHICLE NO. 1

DRIVER LICENSE NUMBER	CITY PERMIT NUMBER		
SEX	DATE OF BIRTH		
<u>M</u>	<u>11/10</u>		
DRIVER'S FIRST NAME	MIDDLE NAME	LAST NAME	
<u>Glenn</u>	<u>Ronnie</u>	<u>Chappell</u>	
DRIVER'S ADDRESS	STATE	COUNTY	ZIP CODE
<u>Baltimore, Md</u>	<u>Md</u>	<u>21239</u>	<u>21239</u>
BUREAU NAME	BUSINESS PHONE		
POINT OF IMPACT ON VEHICLE	EXTENT OF DAMAGE		
<u>Rear right side</u>	<input checked="" type="checkbox"/> SLIGHT <input type="checkbox"/> HEAVY		
VEHICLE TAG NUMBER	STATE	YEAR	FLEET OR SHOP NUMBER
<u>19469H</u>	<u>MD</u>	<u>2015</u>	<u>1876</u>
YEAR, MAKE AND MODEL	SERIAL NUMBER OF VEHICLE		
<u>2015 Int'l Bus</u>	<u>4DRBUA1P9F</u>		
OWNER	MAYOR & CITY COUNCIL	CITY OF BALTIMORE	

VEHICLE NO. 2

DRIVER LICENSE NUMBER	EXPIRES	STATE		
SEX	DATE OF BIRTH	HOME PHONE NUMBER		
DRIVER'S FIRST NAME	MIDDLE NAME	LAST NAME		
DRIVER'S ADDRESS	CITY	STATE	COUNTY	ZIP CODE
NAME OF EMPLOYER	POINT OF IMPACT ON VEHICLE	EXTENT OF DAMAGE		
	<u>Left front door + fender</u>	<input checked="" type="checkbox"/> SLIGHT <input type="checkbox"/> HEAVY		
TAG NUMBER	STATE	YEAR	YEAR, MAKE AND MODEL	
<u>[REDACTED]</u>	<u>MD</u>	<u>05</u>	<u>Chevy</u>	
OWNER'S FIRST NAME	MIDDLE NAME	LAST NAME		
OWNER'S ADDRESS	DAY PHONE #			
OWNER'S INSURANCE COMPANY	POLICY NUMBER			
	<u>8</u>			

BALTIMORE CITY PUBLIC SCHOOL SYSTEM
Department of Pupil Transportation

Supplemental Accident Report

Directions: Complete each section of this report form. Hand carry the report to the safety office at 1210 East 20th St. no later than 24 hours after the accident.

Contractor/Company Name: AAA Affordable Trans
 Date of Accident: 9-23-15 Time: 10:10 AM
 Location: Side Calverton School
 Posted Speed Limit: 25 MPH
 Total Number of Lanes on Roadway or Street: 2
 Citation Issued (Circle one) Yes No
 Vehicle # 1876 Tag # _____
 Bus Body Make: School bus
 Bus Chassis Make: _____
 Was Driver Tested ? (Circle all that apply)
 Alcohol _____ Drug _____

I, Name of Driver Glenn R. Chappell (Circle One) Regular or Substitute
 Years of experience as a school bus driver: _____
 Classroom Training : Date(s) Attended _____ Pre-Service (Circle one) Yes/No
 _____ In-Service (Circle one) Yes/No
 Card #: _____

Hours of behind the wheel training this past year 24

List the names of persons on the bus and extent of any injury (use additional sheet if necessary).

Name	Age	Address	School	Extent of Injury

Address of School(s)

Telephone# (s)

Calverton Elem/Middle

Bus seating capacity: 60

Approximate speed of your vehicle 2 MPH

Student/Passenger List

Date of Accident: 9/23/15

Bus Number: 1876

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.

CDL Class Commercial
 Endors: A Driver's License *Maryland*
 TPNS LIC #: [REDACTED]
 [REDACTED]
 GLENN R. CHAPPELL
 [REDACTED]
 BALTIMORE MD 21239
 [REDACTED]
 BIRTH DATE: [REDACTED]
 EXPIRES: 06-2018
 Sex M HT 5-11 WT 202
 Restr M Type D2
 Issue Date 09-08-2015 [REDACTED]

MEDICAL EXAMINER'S CERTIFICATE			
I certify that I have examined <u>Glenn R. Chappell</u> 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:			
<input type="checkbox"/> wearing corrective lenses <input type="checkbox"/> wearing hearing aid <input type="checkbox"/> accompanied by a _____ waiver/exemption		<input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62) <input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE) <input type="checkbox"/> qualified by operation of 49 CFR 391.64	
<input checked="" type="checkbox"/> Non-commercial class C driver operating a CMV 10,001 to 26,000 lbs., Interstate (MD Motor Vehicle Law 2S-111(vi))			
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		TELEPHONE	DATE
[REDACTED]		410-247-9595	08/31/2015
MEDICAL EXAMINER'S NAME (PRINT)		<input type="checkbox"/> MD <input type="checkbox"/> DO <input checked="" type="checkbox"/> Physician Assistant <input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Other Practitioner	
EDWARD L. BIRD, PA-C			
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE		NATIONAL IDENTIFICATION NUMBER	
C00043007 MD		0873867650	
SIGNATURE OF DRIVER	INTRASTATE ONLY	CDL	DRIVER'S LICENSE NO. STATE
[REDACTED]	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	[REDACTED] MD
ADDRESS OF DRIVER			
[REDACTED] 21239			
MEDICAL CERTIFICATION EXPIRATION DATE			
08/31/2016			

C3121001

MAJOR HAMM

THIS IS A REPORT OF A HIT AND RUN FROM YESTERDAY (09.23.15) AT PS# 75. THE VEHICLE THAT WAS HIT WAS A TEACHER CAR AND THIS NOTE WAS LEFT ON HER WINDSHIELD. I ALREADY TALK TO STEVE JAMES BY TELEPHONE AND EMAIL. HE IS GOING TO RESPOND TO YOUR OFFICE TODAY TO RETREIVE THIS INFORMATION ON THE YELOW BUS THAT IS POSSIBLY INVOLVED IN THE ACCIDENT. I TOLD HIM THAT I WOULD LEAVE IT WITH YOU SIR.

Vehicle 1 (6DCZ05)

Basic Information

Registration: [REDACTED] Tag State: MD Exp Year: VIN #: 1G1ZT58F4 [REDACTED]
Year: 2007 Make: CHEVY Model: MALIBU Body Type: Passenger Car
Insurer: AUTO LIABILITY Policy #: [REDACTED]
Towed Vehicle: N/A

At Fault/Citation(s)

At Fault: Citation Issued: Citation Code:

Owner

First: [REDACTED] Middle: [REDACTED] Last: [REDACTED]
Street: [REDACTED] Home Phone: [REDACTED]
City: BALTIMORE State: MD Zip: 21215 Other Phone:

Impact & Damage

First Impact: Ten O'clock Areas Damaged: Ten O'clock, Nine O'clock, Eight O'clock
Main Impact: Ten O'clock
Most Harmful Event: N/A
Damage Extent: Functional Fire:

Circumstances

Going Direction: Continuing Direction: Vehicle Movement: Parked Speed Limit: 25
Left Scene: No Driverless Vehicle: Yes Emergency Vehicle: No
Special Function: N/A

Contrib. Circumstances Person:

Driver Distracted By:

Contrib. Circumstances Vehicle:

Sequence of Events:

Towing

Towed: Removed By: Removed To:

END - Vehicle 1 ([REDACTED])

James, Steve A.

From: James, Steve A.
Sent: Wednesday, September 23, 2015 8:06 PM
To: Neal, Roberta; Hughes, Jacinta L; Matlock, Shawn; Scroggins, Keith; Hicks-Leeper, Cynthia; Hutt, Daniel A.; James, Steve A.
Cc: James, Steve A.
Subject: Reliable- accident

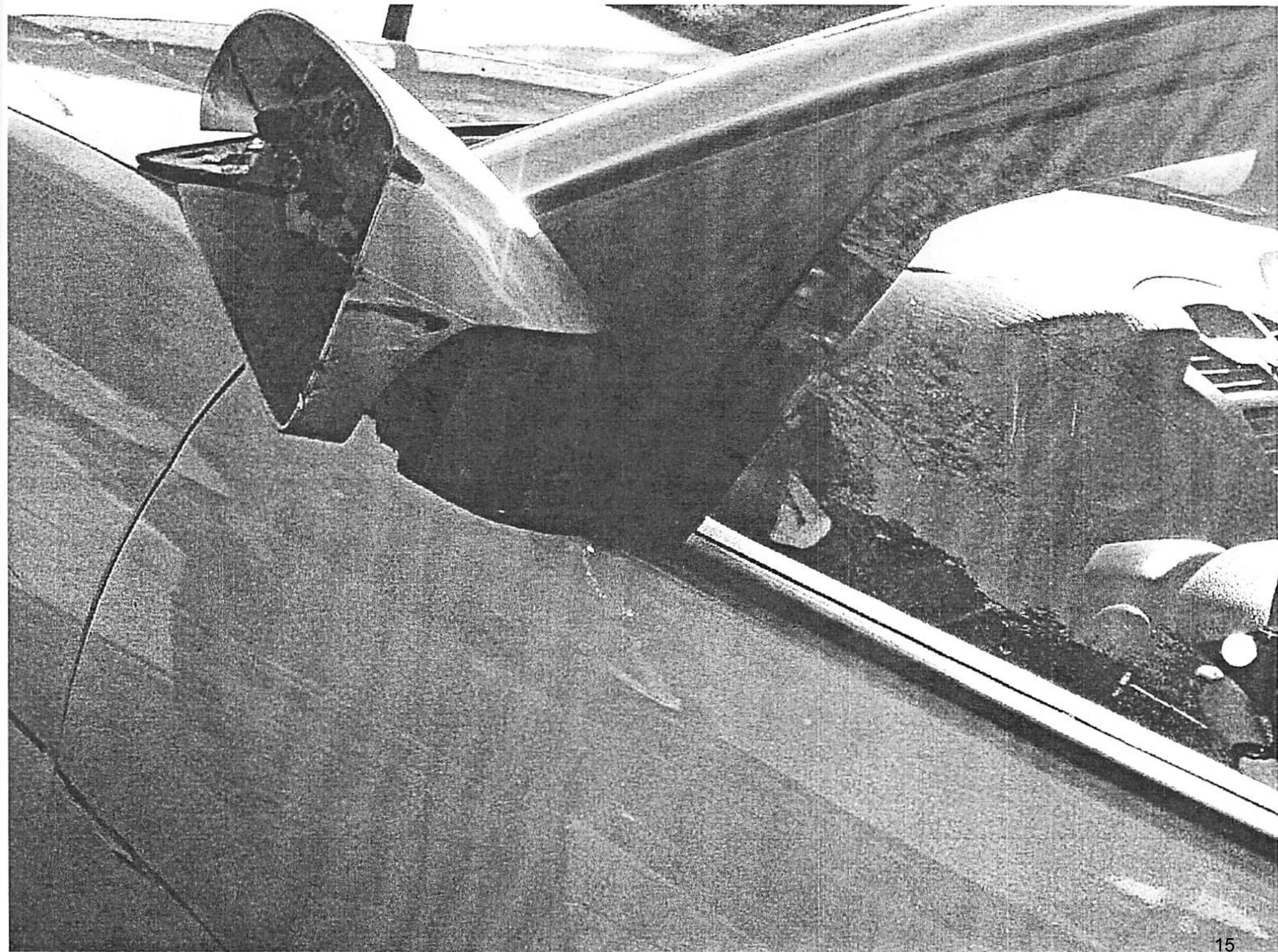
Follow Up Flag: Flag for follow up
Flag Status: Flagged

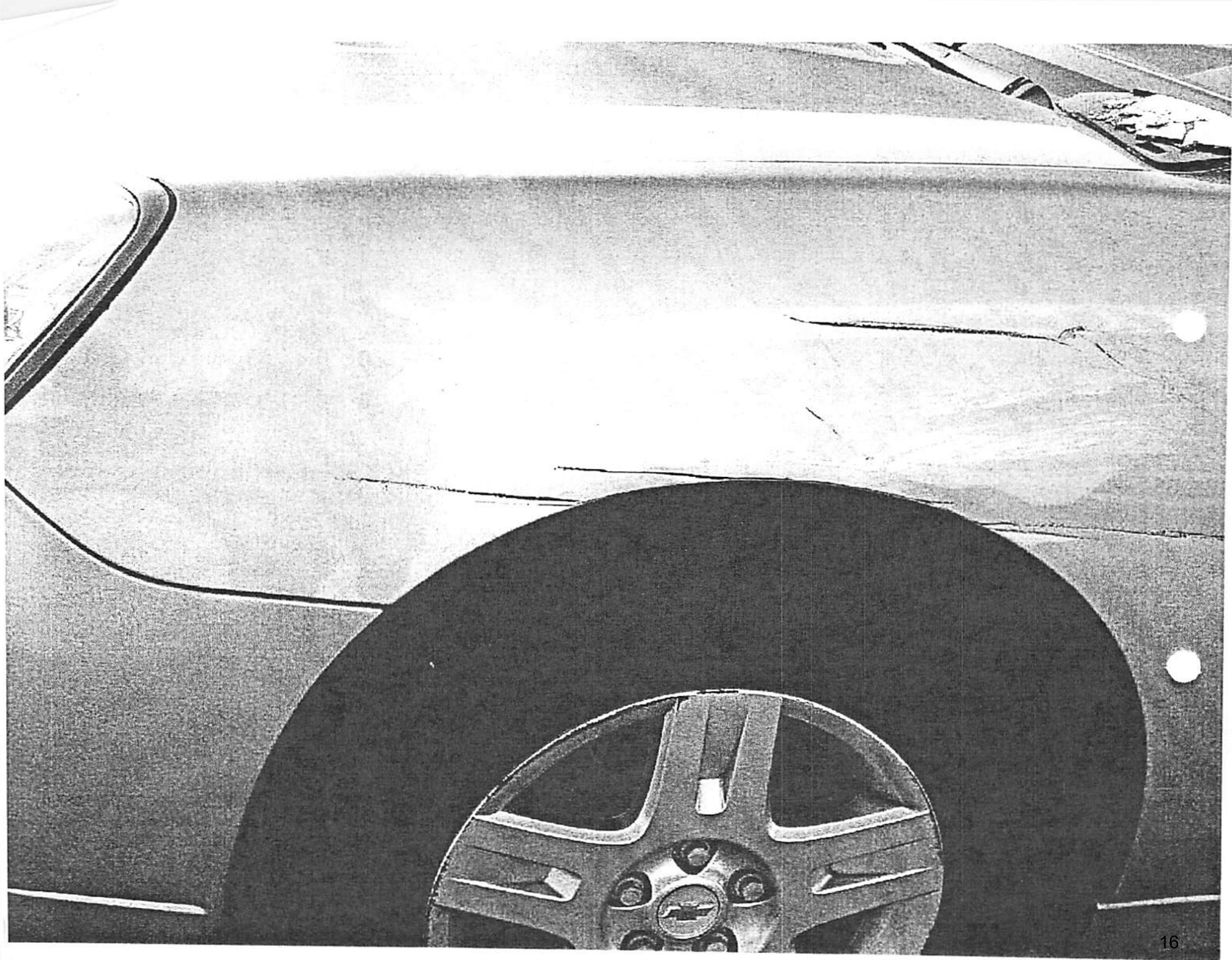
The below was sent to me via text from School Police Officer Tim Gross:

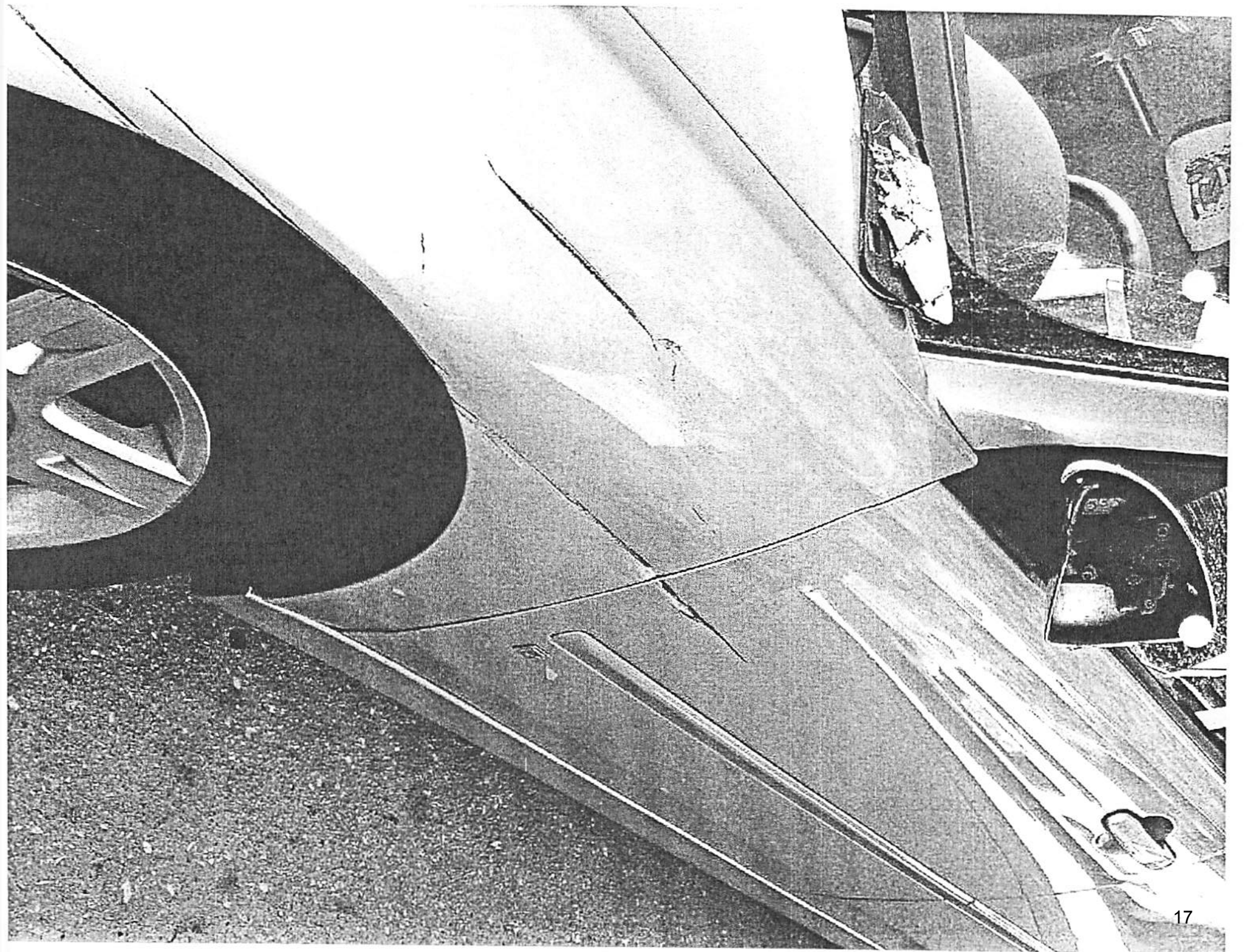
Just to advise you yellow bus # 1876 Reliable bus company. Hit a vehicle at Calverton Middle school. The bus stop and left a note on the vehicle but didn't call the police then left the scene

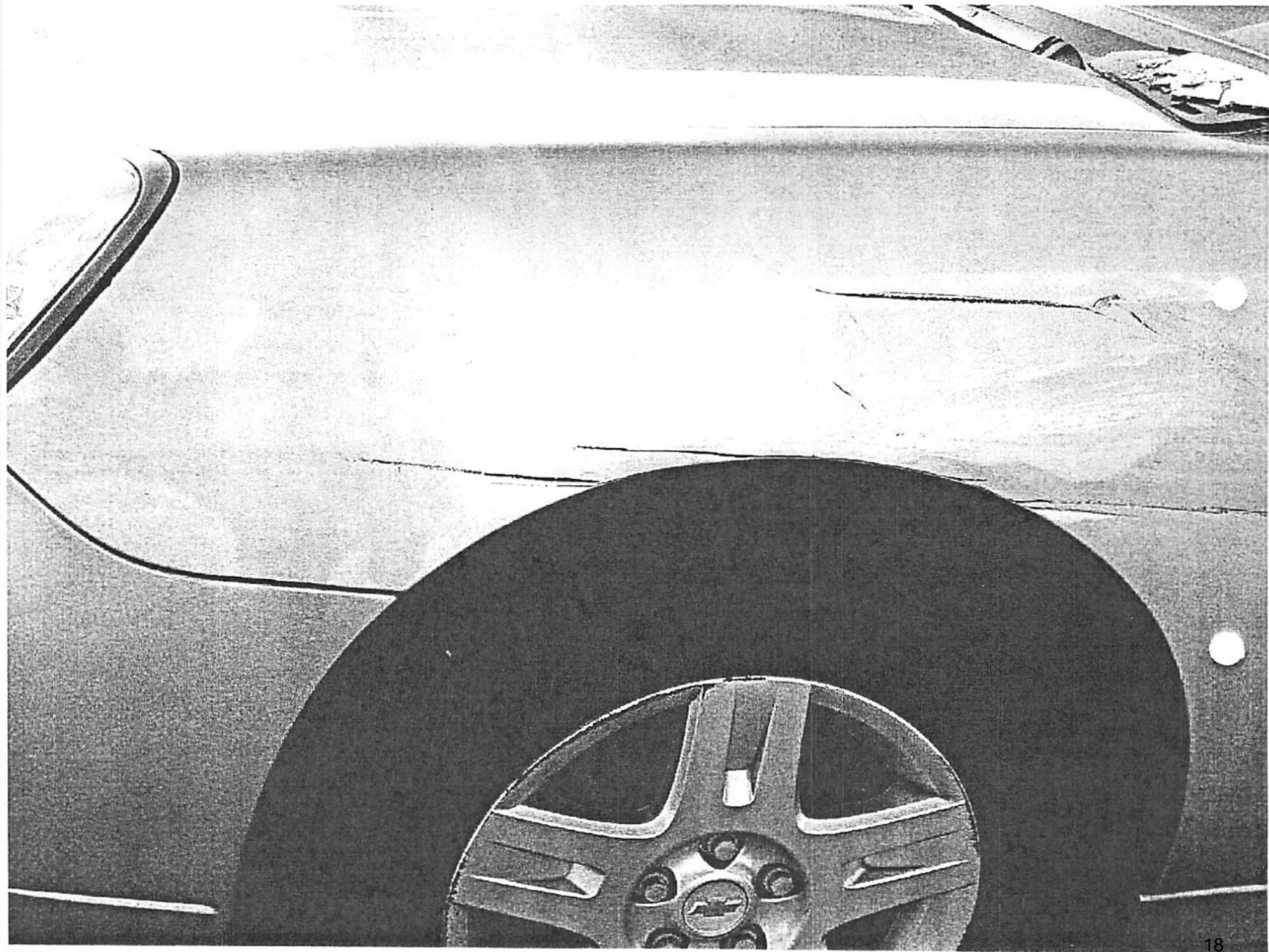
Officer Gross has the info from the parked vehicle that was hit, including the owners information, stating there was significant damage. He will leave the note left on the car with Major Hamm and I will pick it up in the morning. I will gather all the information regarding this matter prior to contacting Reliable.

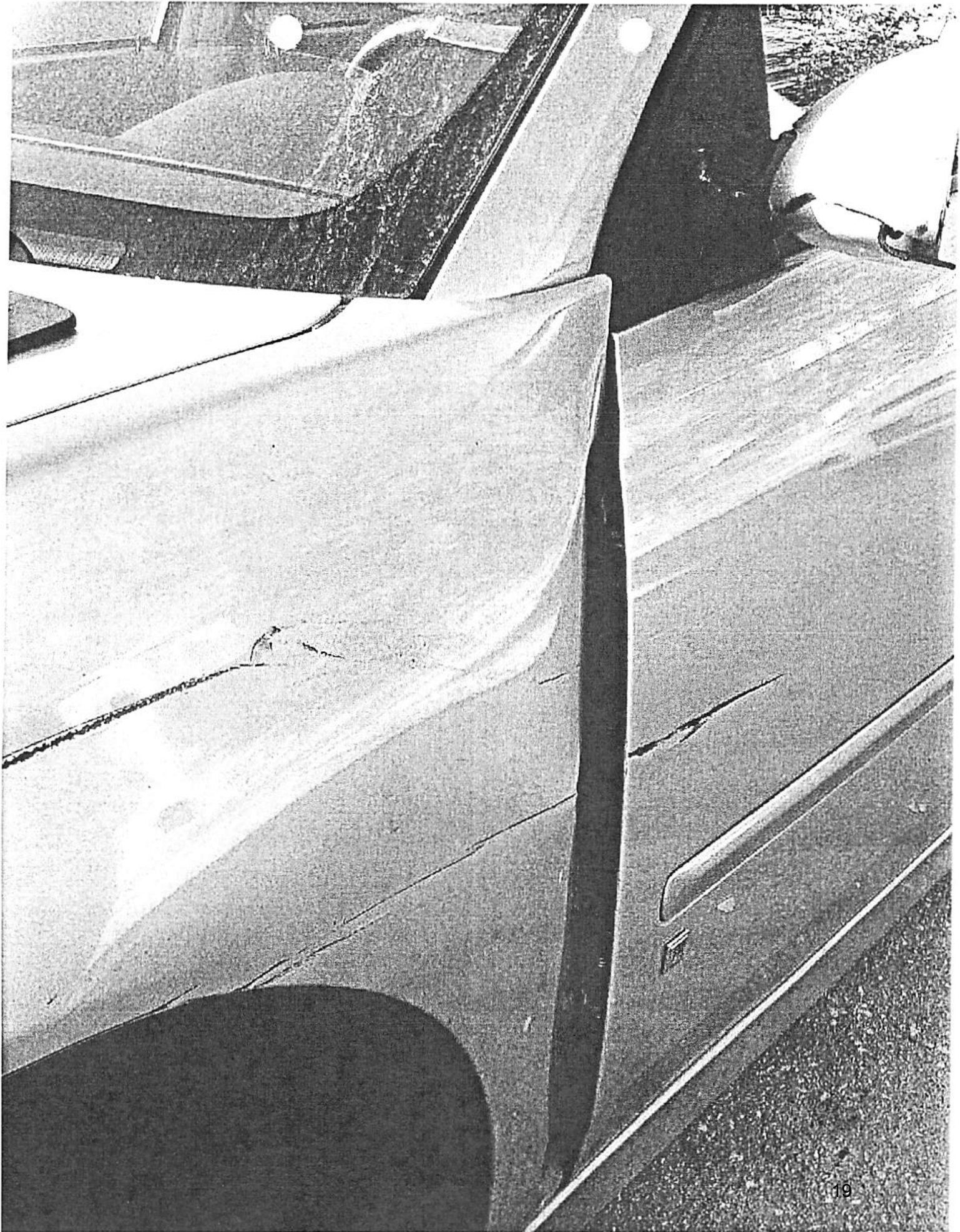
Sent from my iPhone

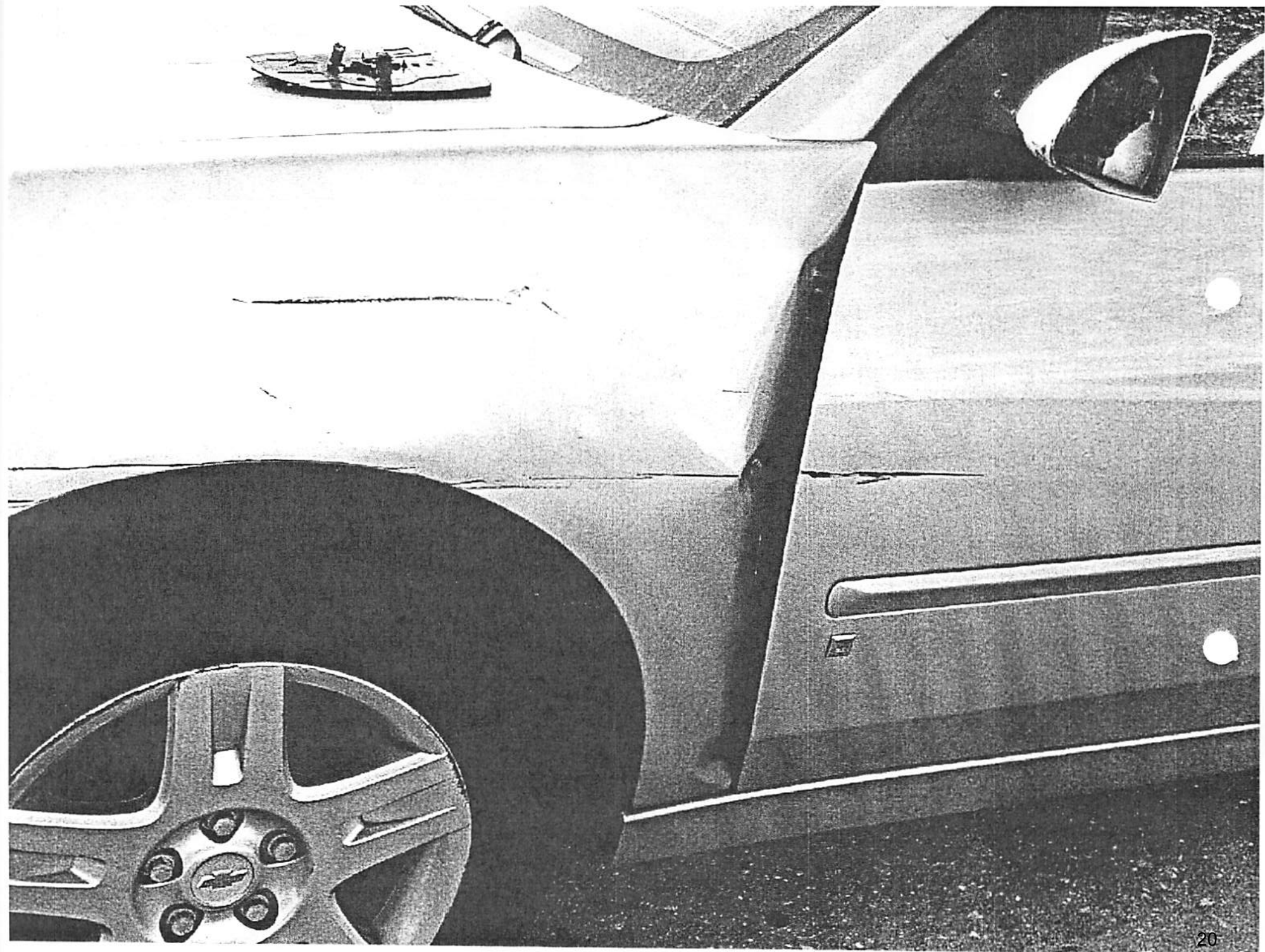


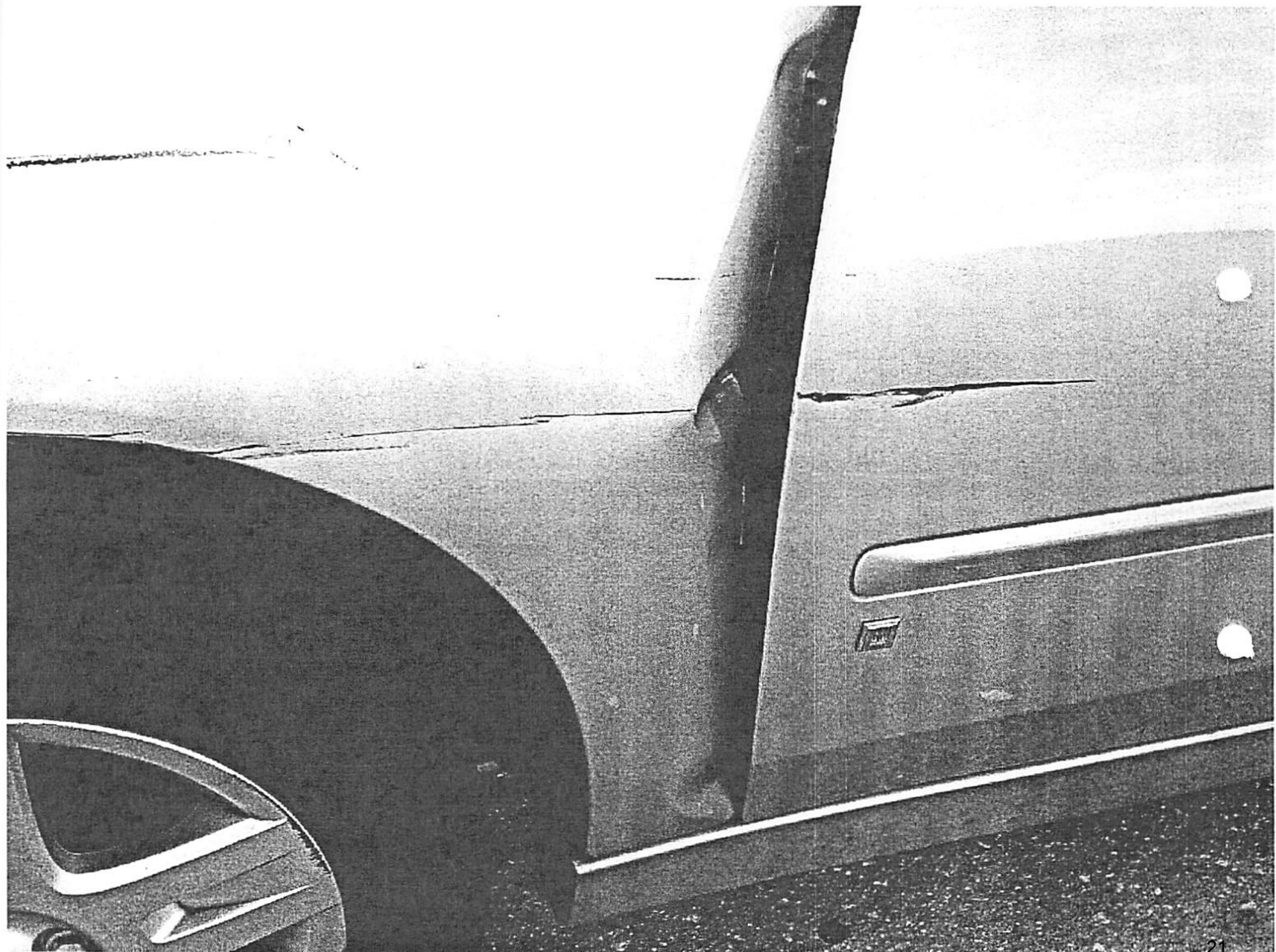














James, Steve A.

From: James, Steve A.
Sent: Friday, December 11, 2015 1:51 PM
To: aaafordable@verizon.net; AAAFordable Customer Service - down load our app!
(aaafordable@yahoo.com)
Cc: Neal, Roberta; Holt, Gloria; Best, Michelle M.; James, Steve A.
Subject: Glenn Chappell-return to work

As a result of the investigation into Mr. Chappell's accident on September 23, 2015 and after being reviewed by Acting Transportation Director, Robin Neal and Safety Supervisor, Steven A. James it has been determined, based on the findings, effective Monday, December 14, 2015 Mr. Chappell's suspension of certification is lifted and he may return to work as a certified driver for Baltimore City Schools. Please feel free to contact me if there are any questions or concerns.

Steven A. James
Safety and Training Supervisor
1210 E. 20th St.
Baltimore, Md. 21218



Office: [REDACTED]
Fax: [REDACTED]
E-mail: [REDACTED]

Holt, Gloria

From: James, Steve A.
Sent: Thursday, September 24, 2015 2:18 PM
To: aaafordable@verizon.net; AAAFordable Customer Service - down load our app! (aaafordable@yahoo.com)
Cc: Neal, Roberta; Hughes, Jacinta L; Hicks-Leeper, Cynthia; Hutt, Daniel A.; Holt, Gloria; Best, Michelle M.; James, Steve A.
Subject: Glenn Chappell- Accident 9/23 bus 1876

Based on Mr. Chappell's failure to report an accident, as well as leaving the scene of an accident, his certification as a driver for City Schools is suspended, effective immediately. His future certification status will be determined pending the outcome of the investigation.

WITNESS:

1	NAME	PHONE
	ADDRESS	
2	NAME	PHONE
	ADDRESS	
3	NAME	PHONE
	ADDRESS	

CITY EMPLOYEE - CHARGE	SUMMONS NO.
CHARGE	SUMMONS NO.
CHARGE	SUMMONS NO.
DATE OF TRIAL	TIME OF TRIAL
MONTH DAY YEAR	AM P.M.

IMPORTANT

THIS REPORT MUST BE SIGNED BY THE CITY DRIVER AND SUPERVISOR AND MAILED TO CENTRAL BUREAU OF INVESTIGATION (C.B.I.) WITHIN 24 HOURS FOLLOWING THE ACCIDENT

BALTIMORE CITY LAW DEPARTMENT - C.B.I.
100 HOLLIDAY STREET BALTIMORE, MD 21202

TELEPHONE NUMBERS

C.B.I.: 410-396-3400; 410-396-3308
AFTER 4:30 - CALL ASSIGNED DUTY INVESTIGATOR: 410-396-3100

DRIVER'S SIGNATURE	DATE
<i>[Signature]</i>	3/02/12
SUPERVISOR'S SIGNATURE	DATE
<i>[Signature]</i>	3-02-12

COPY FWD

SAFETY DATA

- SUPERVISOR RESPONDED TO SCENE YES NO
- SAFETY OFFICER RESPONDED TO SCENE YES NO
- PHOTOS TAKEN YES NO
- SEAT BELT IN USE YES NO
- PCD IN CITY DRIVER POSSESSION YES NO
- PCD IN USE YES NO

SAFETY OFFICER'S SIGNATURE _____ DATE _____

CITY OF BALTIMORE
CENTRAL BUREAU OF INVESTIGATION
100 HOLLIDAY STREET
BALTIMORE, MARYLAND 21202

MOTOR VEHICLE ACCIDENT REPORT

INSTRUCTIONS:
PRINT OR TYPE: PREPARE 4 COPIES AND FORWARD: 1 - CENTRAL BUREAU OF INVESTIGATION, 1 - DIVISION OF OCCUPATIONAL SAFETY, 1 - CENTRAL GARAGE, AND 1 - AGENCY FILE. SEE AM-501-10 FOR FURTHER DETAILS.

VERY IMPORTANT - GIVE EXACT DATE AND HOUR OF ACCIDENT

MONTH	DATE	YEAR	TIME	AM	DAY OF WEEK
03	02	12	4:06P	PM	Friday

LOCATION OF ACCIDENT _____ POLICE REPORT NO. _____

PLACE WHERE ACCIDENT OCCURRED (CITY, TOWN, ETC.)
410 S. Robinswood Baltimore

STREET, HIGHWAY, NEAREST INTERSECTION WHERE ACCIDENT OCCURRED
E. Pulaski St

WEATHER CONDITIONS: _____

NUMBER OF VEHICLES INVOLVED *2* INVESTIGATED BY POLICE YES NO PEDESTRIAN INVOLVED

YOUR VEHICLE NO. 1

DRIVER LICENSE NUMBER	CITY PERMIT NUMBER			
SEX	DATE OF BIRTH			
<i>M</i>	<i>[Redacted]</i>			
DRIVER'S FIRST NAME	MIDDLE NAME	LAST NAME		
<i>Glen</i>	<i>Roie</i>	<i>Chappell</i>		
DRIVER'S ADDRESS	CITY	STATE	COUNTY	ZIP CODE
<i>[Redacted]</i>	<i>Baltimore</i>	<i>MD</i>	<i>[Redacted]</i>	<i>21239</i>
AGENCY NAME	BUREAU NAME	BUSINESS PHONE		
<i>School bus</i>	<i>Baltimore City Transportation Dep</i>	<i>410-662-6106</i>		
POINT OF IMPACT ON VEHICLE	EXTENT OF DAMAGE			
<i>R. Middle Side of Bus</i>	<input checked="" type="checkbox"/> SLIGHT <input type="checkbox"/> HEAVY			
VEHICLE TAG NUMBER	STATE	YEAR	FLEET OR SHOP NUMBER	
<i>12C91H</i>	<i>MD</i>	<i>12</i>	<i>1450</i>	
YEAR, MAKE AND MODEL	SERIAL NUMBER OF VEHICLE			
<i>03 FLEET BUS</i>	<i>4DRB23A</i>			
OWNER	MAYOR & CITY COUNCIL	CITY OF BALTIMORE		

YOUR VEHICLE NO. 2

DRIVER LICENSE NUMBER	EXPIRES	STATE		
SEX	DATE OF BIRTH	HOME PHONE NUMBER		
<i>M</i>	<i>6-01-71</i>			
DRIVER'S FIRST NAME	MIDDLE NAME	LAST NAME		
<i>[Redacted]</i>	<i>[Redacted]</i>	<i>[Redacted]</i>		
DRIVER'S ADDRESS	CITY	STATE	COUNTY	ZIP CODE
<i>[Redacted]</i>	<i>Baltimore</i>	<i>MD</i>	<i>[Redacted]</i>	<i>[Redacted]</i>
NAME OF EMPLOYER	POINT OF IMPACT ON VEHICLE	EXTENT OF DAMAGE		
<i>[Redacted]</i>	<i>L. Mirrors</i>	<input checked="" type="checkbox"/> SLIGHT <input type="checkbox"/> HEAVY		
TAG NUMBER	STATE	YEAR	YEAR, MAKE AND MODEL	
<i>[Redacted]</i>	<i>MD</i>	<i>[Redacted]</i>	<i>Breeze Plymouth</i>	
OWNER'S FIRST NAME	MIDDLE NAME	LAST NAME		
<i>[Redacted]</i>	<i>[Redacted]</i>	<i>[Redacted]</i>		
OWNER'S ADDRESS	OWNER'S INSURANCE COMPANY	POLICY NUMBER		
<i>[Redacted]</i>	<i>[Redacted]</i>	<i>[Redacted]</i>		

VEHICLE NO. 3	DRIVER LICENSE NUMBER		EXPIRES	STATE	
	SEX	DATE OF BIRTH		HOME PHONE NUMBER	
	DRIVER'S FIRST NAME		MIDDLE NAME	LAST NAME	
	DRIVER'S ADDRESS				
	CITY		STATE	COUNTY	ZIP CODE
	NAME OF EMPLOYER				
	POINT OF IMPACT ON VEHICLE		EXTENT OF DAMAGE <input type="checkbox"/> SLIGHT <input type="checkbox"/> HEAVY		
	TAG NUMBER	STATE	YEAR	YEAR, MAKE AND MODEL	
	OWNER'S FIRST NAME		MIDDLE NAME	LAST NAME	
	OWNER'S ADDRESS			DAY PHONE #	
OWNER'S INSURANCE COMPANY			POLICY NUMBER		

PROPERTY DAMAGE (OTHER THAN MOTOR VEHICLES)	AMOUNT OF DAMAGES
DAMAGE TO PROPERTY	
DAMAGE PROPERTY OWNER'S NAME	
ADDRESS	

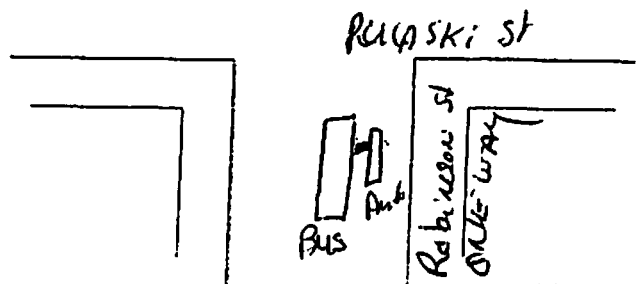
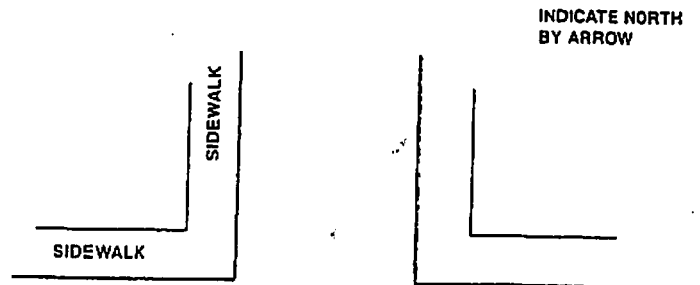
DESCRIBE ACCIDENT IN DETAIL BELOW - INDICATING ALL DAMAGE. INCLUDE ORIGIN AND DESTINATION

Let the
I ~~was~~ ~~hit~~ ~~by~~ ~~50~~ Kid off at
410 S. Robinson St
When I pull off side of the
bus scrape his l. front mirror.
it pull the mirror forward and
the mirror came back into place
the mirror was broken before I
hit the mirror because he had
the mirror tape up with brown tape

INDICATE ON DIAGRAM POSITION OF VEHICLES INVOLVED - SHOWING DIRECTION OF TRAVEL.

OCCUPANT INFORMATION

1	FIRST NAME MIDDLE LAST NAME			
	ADDRESS			
	<input type="checkbox"/> KILLED	<input type="checkbox"/> NO INJURY	<input type="checkbox"/> DRIVER	NO. OF VEHICLE
	<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> OTHER VEHICLE
AGE	SEX	NATURE OF INJURY	REMOVED FROM SCENE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PERSONAL CAR	
2	FIRST NAME MIDDLE LAST NAME			
	ADDRESS			
	<input type="checkbox"/> KILLED	<input type="checkbox"/> NO INJURY	<input type="checkbox"/> DRIVER	NO. OF VEHICLE
	<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> OTHER VEHICLE
AGE	SEX	NATURE OF INJURY	REMOVED FROM SCENE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PERSONAL CAR	
3	FIRST NAME MIDDLE LAST NAME			
	ADDRESS			
	<input type="checkbox"/> KILLED	<input type="checkbox"/> NO INJURY	<input type="checkbox"/> DRIVER	NO. OF VEHICLE
	<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> OTHER VEHICLE
AGE	SEX	NATURE OF INJURY	REMOVED FROM SCENE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PERSONAL CAR	
4	FIRST NAME MIDDLE LAST NAME			
	ADDRESS			
	<input type="checkbox"/> KILLED	<input type="checkbox"/> NO INJURY	<input type="checkbox"/> DRIVER	NO. OF VEHICLE
	<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> OTHER VEHICLE
AGE	SEX	NATURE OF INJURY	REMOVED FROM SCENE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PERSONAL CAR	



BALTIMORE CITY PUBLIC SCHOOL SYSTEM
 Department of Pupil Transportation

Supplemental Accident Report

Directions: Complete each section of this report form. Hand carry the report to the Safety Office at 1210 East 20th St no later than 24 hours after the accident.

Contractor/Company Name: C&T
 Date of Accident: 3-02-12 Time: 4:06 PM
 Location: 410 S ROBINSON ST
 Posted Speed Limit: MPH No Posted Sign
 Total Number of Lanes on Roadway or Street: ONE
 Citation Issued: (Circle one) (Yes) No
 Vehicle # 1450 Tag # 12691H
 Bus Body Make: INTL BU
 Bus Chassis Make: America Transportation Corp
 Was Driver Tested? (Circle all that apply)
 Alcohol Drug

I. Name of Driver Glenn R. Chappell (Circle One) Regular or Substitute
 Years of experience as a school bus driver: 32
 Classroom Training: Date(s) Attended _____ Pre-Service (Circle one) (Yes) No
 In-Service (Circle one) (Yes) No
 Card #: _____

Hours of behind the wheel training this past year: 1

II. List the names of persons on the bus and extent of any injury (use additional sheet if necessary).

Name	Age	Address	School	Extent of Injury
		<u>N/A</u>		

Address of School(s)

1300 Garsuch Ave

Telephone # (s)

443-984-2685

Bus seating capacity 66

Approximate speed of your vehicle 1 MPH

III. Circle the condition of the bus at the time of the accident (circle one):

Stopped - Straight Ahead - Left Turn - Right Turn - Passing - Double Parked

Other (Explain):

Condition of the road at the time of the accident (circle as many as appropriate):

Dry - Icy - Wet - Muddy - Snow Packed - Road Under Repair - Holes

Other (Explain):

Light Condition (Circle One):

Dawn - Dark (Artificially Illuminated) - Daylight

Dusk - Dark (Artificially Illuminated)

Weather Conditions at the time of the accident (circle as many as appropriate):

Clear - Rain(ing) - Snow(ing) - Smog/Smoke - Sleet(ing) - Fog

Other (Explain):

IV. Circle one: Loading / Unloading Zone

Where was the bus at the time of the accident (Circle one)

Approaching the zone - Leaving the zone - Stopped in the Zone - Not in Sight

Use of the bus at the time of the accident (Circle one) Regular Route - Special Ed Use -
Field Trip (School Related)

Other (Explain):

V. Circle One:

Did you notify the BCPSS Safety Office Immediately (396-7445-40-42)? Yes No

Did you notify the school(s)? Yes No

Did you notify the parents of each student involved in the accident? Yes No

Local police were called to the scene of the accident. Yes No

If no, explain I NOTIFY MY OFFICE No Kids was on the bus

Police Report # _____ Claim# _____

Were you wearing a seatbelt at the time of the accident? Yes No

Additional Information: OWNER OF VEHICLE
NO (2) - COULD NOT SPEAK ENGLISH

VI. Driver's Signature: [Signature]

Supervisor's Signature: [Signature]

Date: 3-02-12

Student/Passenger List

Date of Accident: 3-02-12

Bus Number: 1950

1.	[REDACTED] (Bus Attendant)
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	



402 W County Rd D
St. Paul, MN 55112
(651) 636-7466
(800) 832-3244

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone No. and Fax No.

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Specify Testing Authority: HHS NRC DOT - Specify DOT Agency: FMCSA FAA FRA FTA PHMSA USC

E. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident Return to Duty Follow-up Other (specify) _____

F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify) _____

G. Collection Site Address:

Collector Phone No. [Grid]

Collector Fax No. [Grid]

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100° F? Yes No, Enter Remark _____ Collection: Split Single None Provided, Enter Remark _____ Observed, Enter Remark _____

REMARKS

57774

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted accordance with applicable Federal requirements.

X [Signature] Signature of Collector
[Grid] (PRINT) Collector's Name (First, MI, Last)

Time of Collection 0715 AM PM
Date [Grid] (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:
Name of Delivery Service Transferring Specimen to Lab
 UPS Local Courier
 Other

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X [Signature] Signature of Donor

Glenn R Chappell (PRINT) Donor's Name (First, MI, Last)

3/12/12 Date (Mo./Day/Yr.)

Daytime Phone No. [REDACTED]

Evening Phone No. ()

Date of Birth [Grid] (Mo./Day/Yr.)

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:

NEGATIVE POSITIVE for: _____
 DILUTE
 REFUSAL TO TEST because - check reason(s) below: _____ TEST CANCELLED
 ADULTERATED (adulterant/reason): _____
 SUBSTITUTED
 OTHER: _____

REMARKS: _____

X [Signature] Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for the split specimen (if tested) is:

RECONFIRMED for: _____ TEST CANCELLED
 FAILED TO RECONFIRM for: _____

REMARKS: _____

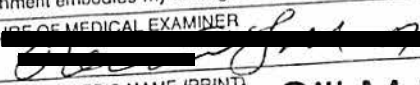
X

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Glenn R Chappell 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
- Non-commercial class C driver operating a CMV 10,001 to 26,000 lbs., Intrastate (MD Motor Vehicle Law 25-111(vi))
- 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 	TELEPHONE 301-787-XXXX	DATE 02/14/12
MEDICAL EXAMINER'S NAME (PRINT) Rashid, Gill M.D	<input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor	<input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE D17690 MD	DRIVER'S LICENSE NO. [REDACTED]	STATE MD
SIGNATURE OF DRIVER Glenn R. Chappell	ADDRESS OF DRIVER [REDACTED]	
MEDICAL CERTIFICATE EXPIRATION DATE 05/14/12		

CDL Class Commercial A Driver's License Maryland

Endors: TPNS

LIC #: [REDACTED]

GLENN R CHAPPELL

[REDACTED]

BALTIMORE MD 21239

[REDACTED]



BIRTH DATE: [REDACTED]

EXPIRES: 06-2013

Sex: M HT 5-11 WT 202

Restr: M Type: NG

Issue Date: 10-21-2008

C & T Transportation INC
 2552 Woodbrook Avenue
 Mailing Address:
 P.O. BOX 33484
 Baltimore, MD 21218-0403

WITNESS:

1	NAME	PHONE
	ADDRESS	
2	NAME	PHONE
	ADDRESS	
3	NAME	PHONE
	ADDRESS	

CITY EMPLOYEE - CHARGE	SUMMONS NO.
CHARGE	SUMMONS NO.
CHARGE	SUMMONS NO.
DATE OF TRIAL MONTH DAY YEAR	TIME OF TRIAL □ A.M. □ P.M.

IMPORTANT

THIS REPORT MUST BE SIGNED BY THE CITY DRIVER AND SUPERVISOR AND MAILED TO CENTRAL BUREAU OF INVESTIGATION (C.B.I.) WITHIN 24 HOURS FOLLOWING THE ACCIDENT

BALTIMORE CITY LAW DEPARTMENT - C.B.I.
100 HOLLIDAY STREET BALTIMORE, MD 21202

TELEPHONE NUMBERS

C.B.I.: 410-396-3400; 410-396-3308

AFTER 4:30 - CALL ASSIGNED DUTY INVESTIGATOR: 410-396-3100

[Signature]
DRIVER'S SIGNATURE DATE 10/14/11

[Signature]
SUPERVISOR'S SIGNATURE DATE 10/14/11

COPY FWD

SAFETY DATA

- SUPERVISOR RESPONDED TO SCENE YES NO
- SAFETY OFFICER RESPONDED TO SCENE YES NO
- PHOTOS TAKEN YES NO
- SEAT BELT IN USE YES NO
- PCD IN CITY DRIVER POSSESSION YES NO NA
- PCD IN USE YES NO NA

SAFETY OFFICER'S SIGNATURE _____ DATE _____

CITY OF BALTIMORE
CENTRAL BUREAU OF INVESTIGATION
100 HOLLIDAY STREET
BALTIMORE, MARYLAND 21202

MOTOR VEHICLE ACCIDENT REPORT

INSTRUCTIONS:
PRINT OR TYPE: PREPARE 4 COPIES AND FORWARD: 1 - CENTRAL BUREAU OF INVESTIGATION, 1 - DIVISION OF OCCUPATIONAL SAFETY, 1 - CENTRAL GARAGE, AND 1 - AGENCY FILE. SEE AM-501-10 FOR FURTHER DETAILS.

VERY IMPORTANT - GIVE EXACT DATE AND HOUR OF ACCIDENT

MONTH DATE YEAR TIME AM/PM DAY OF WEEK
10 14 2011 6:45 PM Friday

LOCATION OF ACCIDENT POLICE REPORT NO.
Baltimore MD

PLACE WHERE ACCIDENT OCCURRED (CITY, TOWN, ETC.)
Clifton @ Denison

STREET, HIGHWAY, NEAREST INTERSECTION WHERE ACCIDENT OCCURRED
WEATHER CONDITIONS: Clear

NUMBER OF VEHICLES INVOLVED INVESTIGATED BY POLICE YES NO PEDESTRIAN INVOLVED

DRIVER LICENSE NUMBER CITY PERMIT NUMBER
SEX DATE OF BIRTH HOME PHONE NUMBER
M [redacted] [redacted]
DRIVER'S FIRST NAME MIDDLE NAME LAST NAME
Glen Chappell
DRIVER'S ADDRESS
CITY STATE COUNTY ZIP CODE
Columbia MD 21044

AGENCY NAME BUREAU NAME BUSINESS PHONE
410-662-3389

POINT OF IMPACT ON VEHICLE EXTENT OF DAMAGE
Front Right SLIGHT HEAVY
VEHICLE TAG NUMBER STATE YEAR FLEET OR SHOP NUMBER
169-164 MD

YEAR, MAKE AND MODEL SERIAL NUMBER OF VEHICLE
2000 Int'l Bluebird 1HVBABM6YH3
OWNER MAYOR & CITY COUNCIL OTHER - SPECIFY
CITY OF BALTIMORE Barber Transportation

DRIVER LICENSE NUMBER EXPIRES STATE
NA NA NA
SEX DATE OF BIRTH HOME PHONE NUMBER
NA NA

DRIVER'S FIRST NAME MIDDLE NAME LAST NAME
DRIVER'S ADDRESS
CITY STATE COUNTY ZIP CODE

NAME OF EMPLOYER
POINT OF IMPACT ON VEHICLE EXTENT OF DAMAGE
Driverside door SLIGHT HEAVY

TAG NUMBER STATE YEAR YEAR, MAKE AND MODEL
[redacted] MD 2004 2004 Dodge Neon

OWNER'S FIRST NAME MIDDLE NAME LAST NAME
OWNER'S ADDRESS DAY PHONE #

OWNER'S INSURANCE COMPANY POLICY NUMBER
Geico

VEHICLE NO. 3	DRIVER LICENSE NUMBER		EXPIRES	STATE	
	SEX	DATE OF BIRTH		HOME PHONE NUMBER	
	DRIVER'S FIRST NAME		MIDDLE NAME	LAST NAME	
	DRIVER'S ADDRESS				
	CITY	STATE	COUNTY	ZIP CODE	
	NAME OF EMPLOYER				
	POINT OF IMPACT ON VEHICLE		EXTENT OF DAMAGE <input type="checkbox"/> SLIGHT <input type="checkbox"/> HEAVY		
	TAG NUMBER	STATE	YEAR	YEAR, MAKE AND MODEL	
	OWNER'S FIRST NAME		MIDDLE NAME	LAST NAME	
	OWNER'S ADDRESS			DAY PHONE #	
OWNER'S INSURANCE COMPANY		POLICY NUMBER			

PROPERTY DAMAGE (OTHER THAN MOTOR VEHICLES)

DAMAGE TO PROPERTY	AMOUNT OF DAMAGES
DAMAGE PROPERTY OWNER'S NAME	
ADDRESS	

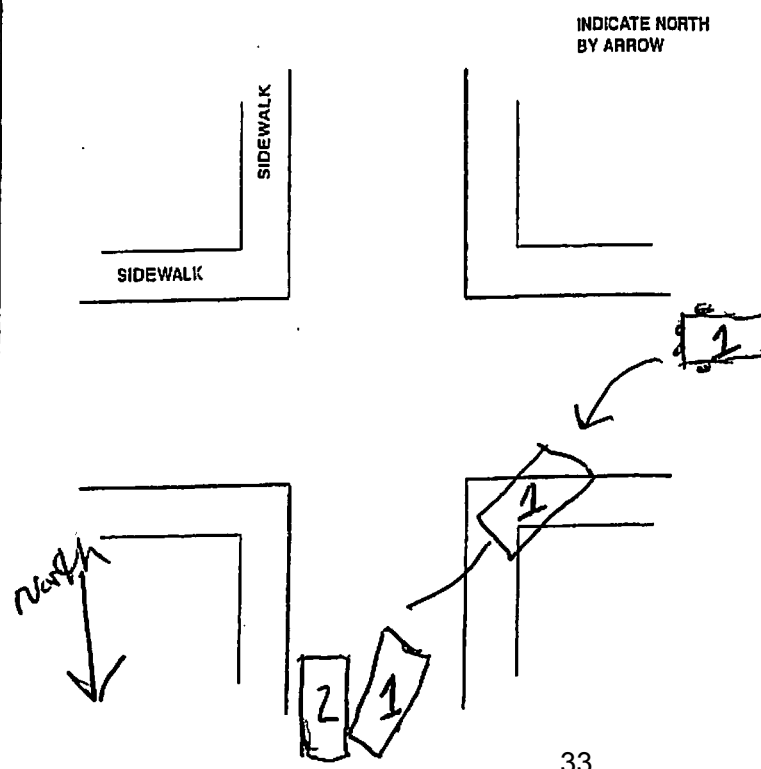
DESCRIBE ACCIDENT IN DETAIL BELOW - INDICATING ALL DAMAGE. INCLUDE ORIGIN AND DESTINATION

See Attached Report by [redacted] about what happened. I had Picked up a child at 2203 Roslyn than went to the ^{stop} light at Garrison + Cl. Fton and don't remember anything until the policeman told me that I had passed out. [redacted]

OCCUPANT INFORMATION

1	FIRST NAME MIDDLE LAST NAME			[redacted]	
	ADDRESS				
	<input type="checkbox"/> KILLED	<input type="checkbox"/> NO INJURY	<input type="checkbox"/> DRIVER	NO. OF VEHICLE	<input type="checkbox"/> PEDESTRIAN
	<input checked="" type="checkbox"/> INJURED	<input checked="" type="checkbox"/> PASSENGER		1	<input type="checkbox"/> OTHER VEHICLE
AGE	SEX	NATURE OF INJURY	REMOVED FROM SCENE		
23	F	Back/neck	<input type="checkbox"/> AMBULANCE	<input type="checkbox"/> PERSONAL CAR	
FIRST NAME MIDDLE LAST NAME			[redacted]		
ADDRESS					
2	FIRST NAME MIDDLE LAST NAME			[redacted]	
	ADDRESS				
	<input type="checkbox"/> KILLED	<input checked="" type="checkbox"/> NO INJURY	<input type="checkbox"/> DRIVER	NO. OF VEHICLE	<input type="checkbox"/> PEDESTRIAN
	<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER		1	<input type="checkbox"/> OTHER VEHICLE
AGE	SEX	NATURE OF INJURY	REMOVED FROM SCENE		
	M	None	<input type="checkbox"/> AMBULANCE	<input checked="" type="checkbox"/> PERSONAL CAR	
FIRST NAME MIDDLE LAST NAME			[redacted]		
ADDRESS					
3	FIRST NAME MIDDLE LAST NAME			[redacted]	
	ADDRESS				
	<input type="checkbox"/> KILLED	<input type="checkbox"/> NO INJURY	<input type="checkbox"/> DRIVER	NO. OF VEHICLE	<input type="checkbox"/> PEDESTRIAN
	<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER			<input type="checkbox"/> OTHER VEHICLE
AGE	SEX	NATURE OF INJURY	REMOVED FROM SCENE		
			<input type="checkbox"/> AMBULANCE	<input type="checkbox"/> PERSONAL CAR	
FIRST NAME MIDDLE LAST NAME			[redacted]		
ADDRESS					
4	FIRST NAME MIDDLE LAST NAME			[redacted]	
	ADDRESS				
	<input type="checkbox"/> KILLED	<input type="checkbox"/> NO INJURY	<input type="checkbox"/> DRIVER	NO. OF VEHICLE	<input type="checkbox"/> PEDESTRIAN
	<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER			<input type="checkbox"/> OTHER VEHICLE
AGE	SEX	NATURE OF INJURY	REMOVED FROM SCENE		
			<input type="checkbox"/> AMBULANCE	<input type="checkbox"/> PERSONAL CAR	

INDICATE ON DIAGRAM POSITION OF VEHICLES INVOLVED - SHOWING DIRECTION OF TRAVEL.



BALTIMORE CITY PUBLIC SCHOOL SYSTEM
Department of Pupil Transportation

Supplemental Accident Report

Directions: Complete each section of this report form. Hand carry the report to the Safety Office at 1210 East 20th St no later than 24 hours after the accident.

Contractor/Company Name: Barber Transportation
 Date of Accident: 10/14/11 Time: 6:30-6:45 am
 Location: Clifton @ Denison
 Posted Speed Limit: 30 MPH
 Total Number of Lanes on Roadway or Street: 2
 Citation Issued: (Circle one) Yes No
 Vehicle # 1467 Tag # 169-16H
 Bus Body Make: International
 Bus Chassis Make: Blue Bird
 Was Driver Tested? (Circle all that apply)
 Alcohol Drug

I. Name of Driver Glen Chappell (Circle One) Regular or Substitute
 Years of experience as a school bus driver: 11 years
 Classroom Training: Date(s) Attended 8/11/11 Pre-Service (Circle one) Yes/No
 In-Service (Circle one) Yes/No
 Card #:

Hours of behind the wheel training this past year: 560

II. List the names of persons on the bus and extent of any injury (use additional sheet if necessary).

Name	Age	Address	School	Extent of Injury
[Redacted]			Aide	Back Neck stiff
[Redacted]			205	No Injury

Address of School(s) 7300 Mayor Ave Telephone # (s) _____

Bus seating capacity 12 Approximate speed of your vehicle 15 MPH

Student/Passenger List

Date of Accident: 10/14/11

Bus Number: 1467

1.	[REDACTED]	Ardo
2.	[REDACTED]	Student
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

Throwing Object Fighting Smoking Destroying Property Other _____

Give Details of the Incident (use other side if, necessary)

At approx 6:45am on Garrison and Clifton we pulled up at the light the light was red we stop, then the light change green. I told him "you can keep straight been that he was a new driver. Then proceed his feet on the accelerator, hands still on steering wheel everything seen fined to me, as he started turning left I yelled "keep straight keep straight". That when I realize he was going into the pole, After he hit the first pole i got up to protect the child by holding him. Then raning into 2 more poles jumping the curve and rained into a park car. I jerk hitting my back and neck on the seat, the second pole was bend and wires was knocked down. when the bus stop ~~is~~ as the driver "wat happen", he was woke and eyes was open, he turned around mumble some words barely understand what he was saying. When I look to my right i noticed that the front had crash into the park car, I turned around

Driver's Name: _____

Bus Attendant's Name: _____

Original-DPT

Canary-Contractor

Pink-Parent

Goldenrod-School

Throwing Object Fighting Smoking Destroying Property Other _____

Give Details of the Incident (use other side if, necessary)

and asked [redacted] "your you okay". I took his hand proceed out the back door of the bus, the child was shaking and very upset. I called ~~the~~ job spoke to pat explain to her what have happen, she stated call the police. The fire police was there and seen the whole thing, the fire police called the ambulance for the driver. I ask Dontie the student to call his parent i had left my book on the bus with the numbers. Upon arriving of the parent he asked what happen and was his son okay. I suggested to the parent of [redacted] that he should go to the hospital because of the impact that we endure. The fire police suggested that I should go to the hospital.

Driver's Name: _____

Bus Attendant's Name: [redacted]

Original-DPT

Canary-Contractor

Pink-Parent

Goldenrod-School

WITNESSES:

1	NAME	PHONE
1	ADDRESS	
2	NAME	PHONE
2	ADDRESS	
3	NAME	PHONE
3	ADDRESS	

POLICE SUMMONSES ISSUED

1	CITY EMPLOYEE CHARGE	SUMMONS NO.
2	CHARGE	SUMMONS NO.
3	CHARGE	SUMMONS NO.
DATE OF TRIAL		TIME OF TRIAL
MONTH DAY YEAR		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

IMPORTANT

YOU MUST NOTIFY C.B.I. OF THIS ACCIDENT AT THE FIRST OPPORTUNITY

TELEPHONE NUMBERS:
 C.B.I. AUTO. LIABILITY SEC. 396-3308
 CENTRAL BUREAU OF INVESTIGATION 396-3400
 AFTER 4:30 CALL C.B.I. DUTY MAN 396-3100

THIS REPORT MUST BE SIGNED BY CITY DRIVER AND SUPERVISOR

DRIVER'S SIGNATURE	DATE
SUPERVISOR'S SIGNATURE	DATE

COPY FWD

SAFETY USE ONLY DATA CODING

TYPE ACC.	AGE DRIV.	LGTH. EMP.	WEATH	VEH. TYP.	SEAT BELT	DEFECTS
-----------	-----------	------------	-------	-----------	-----------	---------

AUTO LIABILITY DATA CODING

CLAIM NO.	BUREAU	ADJ.	CPD	CCMP
TIS(D)	APPR.	CLTS ITR.		

CLT #1	CLT #2	CLT #3	CLT #4	CLT #5
--------	--------	--------	--------	--------

CITY OF BALTIMORE CENTRAL BUREAU OF INVESTIGATION ROOM 31, CITY HALL BALTIMORE, MARYLAND 21202	MOTOR VEHICLE ACCIDENT REPORT
---	----------------------------------

INSTRUCTIONS: PRINT OR TYPE ONLY PREPARE 4 COPIES. FORWARD 2 COPIES TO: CENTRAL BUREAU OF INVESTIGATION. FORWARD 1 COPY TO: OFFICE OF SAFETY. RETAIN 1 COPY FOR YOUR FILES. SEE THE ADMINISTRATIVE MANUAL FOR FURTHER DETAILS.

VERY IMPORTANT—GIVE EXACT DATE AND HOUR OF ACCIDENT

MONTH	DAY	YEAR	TIME	AM	DAY OF WEEK
09	07	11	4:45 PM		Wednesday

LOCATION OF ACCIDENT

PLACE WHERE ACCIDENT OCCURRED (CITY, TOWN, ETC.)
 Winwood Ct (Cherry Hill)
 STREET, HIGHWAY, NEAREST INTERSECTION WHERE ACCIDENT OCCURRED

NUMBER OF VEHICLES INVOLVED	INVESTIGATED BY POLICE	<input type="checkbox"/> PEDESTRIAN INVOLVED
2	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

DRIVER LICENSE NUMBER	CITY PERMIT NUMBER
SEX	DATE OF BIRTH
HOME PHONE NUMBER	

DRIVER'S FIRST NAME MIDDLE NAME LAST NAME
 DR Glenn Chappell

CITY STATE COUNTY ZIP CODE
 Balto. MD

BUREAU NAME BUSINESS PHONE
 410355-2080

POINT OF IMPACT ON VEHICLE EXTENT OF DAMAGE
 Driver side SLIGHT HEAVY

VEHICLE TAG NUMBER STATE YEAR FLEET OR SHOP NUMBER
 006 40H MD 90 1132
 YEAR, MAKE AND MODEL SERIAL NUMBER OF VEHICLE
 90 THOMAS / Bluebird / MYABA PAINT
 OWNER MAYOR & CITY COUNCIL CITY OF BALTIMORE OTHER—SPECIFY

DRIVER LICENSE NUMBER	EXPIRES	STATE
SEX	DATE OF BIRTH	HOME PHONE NUMBER
DRIVER'S FIRST NAME	MIDDLE NAME	LAST NAME

DRIVER'S ADDRESS
 CITY STATE COUNTY ZIP CODE
 Balto. MD 21225

NAME OF EMPLOYER

POINT OF IMPACT ON VEHICLE	EXTENT OF DAMAGE
	<input type="checkbox"/> SLIGHT <input type="checkbox"/> HEAVY
TAG NUMBER	STATE YEAR YEAR, MAKE AND MODEL

OWNER'S FIRST NAME MIDDLE NAME LAST NAME
 OWNER'S ADDRESS
 OWNER'S INSURANCE COMPANY POLICY NUMBER

BALTIMORE CITY PUBLIC SCHOOL SYSTEM

Department of Pupil Transportation

Supplemental Accident Report

Directions: Complete each section of this report form. Hand carry the report to the Safety Office at 1210 East 20th St no later than 24 hours after the accident.

Contractor/Company Name: Reliable
 Date of Accident: _____ Time: _____
 Location: Winwood Ct (Cherry Hill)
 Posted Speed Limit: 25 MPH
 Total Number of Lanes on Roadway or Street: 1
 Citation Issued: (Circle one) Yes No
 Vehicle # _____ Tag # _____
 Bus Body Make: THOMAS
 Bus Chassis Make: Bluebird
 Was Driver Tested? (Circle all that apply) Alcohol Drug ?

I. Name of Driver: Glenn Caspell (Circle One) Regular or Substitute
 Years of experience as a school bus driver: 0
 Classroom Training: Date(s) Attended _____ Pre-Service (Circle one) Yes No
 In-Service (Circle one) Yes No
 Card #: _____

Hours of behind the wheel training this past year: 10

II. List the names of persons on the bus and extent of any injury (use additional sheet if necessary).

Name	Age	Address	School	Extent of Injury
<u>[Redacted]</u> (Bus Aisle)				<u>N/A</u>

Address of School(s)

021 Hilton Elementary

060 Gwyn Falls Elementary

Telephone # (s)

Bus seating capacity 60

Approximate speed of your vehicle 5 MPH

(1)

AccidentReport7

III. Circle the condition of the bus at the time of the accident (circle one):

Stopped - Straight Ahead - Left Turn - Right Turn - Passing - Double Parked

Other (Explain) Backing Up

Condition of the road at the time of the accident (circle as many as appropriate)

Dry Icy - Wet - Muddy - Snow Packed - Road Under Repair - Holes

Other (Explain):

Light Condition (Circle One):

Dawn - Dark (Artificially Illuminated) - Daylight

Dusk - Dark (Artificially Illuminated)

Weather Conditions at the time of the accident (circle as many as appropriate):

Clear Rain(ing) Snow(ing) Smog/Smoke Sleet(ing) Fog

Other (Explain):

IV. Circle one: Loading / Unloading Zone

Where was the bus at the time of the accident (Circle one)

Approaching the zone - Leaving the zone Stopped in the Zone - Not in Sight

Use of the bus at the time of the accident (Circle one): Regular Route - Special Ed Use - Field Trip (School Related)

Other (Explain):

V. Circle One:

Did you notify the BCPSS Safety Office Immediately (396-7445-40-42)? Yes No

Did you notify the school (s)? Yes No No

Did you notify the parents of each student involved in the accident? Yes No

Local police were called to the scene of the accident.

If no, explain

Police Report # _____ Claim# _____

Were you wearing a seatbelt at the time of the accident? Yes No

Additional Information:

VI. Driver's Signature
Supervisor's Signature

Date: 11/10/11

VEHICLE NO. 3

DRIVER LICENSE NUMBER		EXPIRES	STATE
SEX	DATE OF BIRTH		HOME PHONE NUMBER
DRIVER'S FIRST NAME MIDDLE NAME LAST NAME			
DRIVER'S ADDRESS			
CITY	STATE	COUNTY	ZIP CODE
NAME OF EMPLOYER			
POINT OF IMPACT ON VEHICLE		EXTENT OF DAMAGE <input checked="" type="checkbox"/> SLIGHT <input type="checkbox"/> HEAVY	
TAG NUMBER	STATE	YEAR	YEAR, MAKE AND MODEL
OWNER'S FIRST NAME MIDDLE NAME LAST NAME			
OWNER'S ADDRESS			
OWNER'S INSURANCE COMPANY			POLICY NUMBER

PROPERTY DAMAGE (OTHER THAN MOTOR VEHICLES)

DAMAGE TO PROPERTY	AMOUNT OF DAMAGES
PASSENGER SIDE	
REGISTERED PROPERTY OWNER'S NAME	
ADDRESS	

DESCRIBE ACCIDENT IN DETAIL BELOW—INDICATING ALL DAMAGE. INCLUDE ORIGIN AND DESTINATION.

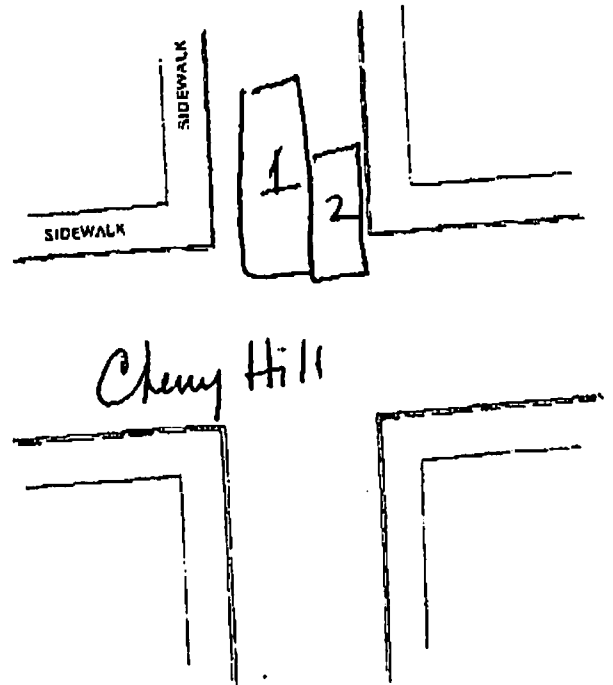
While backing up the bus from WENWOOD CT (which is one way circle) Mr Chappell struck the car on the passenger side.

PERSONS KILLED OR INJURED

1	FIRST NAME MIDDLE LAST NAME	ADDRESS	<input type="checkbox"/> KILLED <input type="checkbox"/> INJURED	<input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER	NO. OF VEHICLE	<input type="checkbox"/> PEDESTRIAN	AGE	SEX	NATURE OF INJURY	REMOVED FROM SCENE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PERSONAL CAR
2	FIRST NAME MIDDLE LAST NAME	ADDRESS	<input type="checkbox"/> KILLED <input type="checkbox"/> INJURED	<input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER	NO. OF VEHICLE	<input type="checkbox"/> PEDESTRIAN	AGE	SEX	NATURE OF INJURY	REMOVED FROM SCENE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PERSONAL CAR
3	FIRST NAME MIDDLE LAST NAME	ADDRESS	<input type="checkbox"/> KILLED <input type="checkbox"/> INJURED	<input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER	NO. OF VEHICLE	<input type="checkbox"/> PEDESTRIAN	AGE	SEX	NATURE OF INJURY	REMOVED FROM SCENE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PERSONAL CAR
4	FIRST NAME MIDDLE LAST NAME	ADDRESS	<input type="checkbox"/> KILLED <input type="checkbox"/> INJURED	<input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER	NO. OF VEHICLE	<input type="checkbox"/> PEDESTRIAN	AGE	SEX	NATURE OF INJURY	REMOVED FROM SCENE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PERSONAL CAR

INDICATE ON DIAGRAM POSITION OF VEHICLES INVOLVED—SHOWING DIRECTION OF TRAVEL.

INDICATE NORTH BY ARROW



Student/Passenger List

Date of Accident: _____

Bus Number: 1132

1.	
2.	N/A
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	

FROM :

FAX NO. :4182259658

Nov. 04 2011 12:05PM P2

Date: 8/21/2011 10:05 AM
 Estimate ID: [REDACTED]
 Estimate Version: 0
 Committed
 Profile ID: MAIF

 NOTICE TO BODY SHOP:
 UPON RECEIPT OF THIS ESTIMATE, BEFORE ORDERING ANY PARTS, PLEASE CHECK
 VEHICLE FOR ADDITIONAL DAMAGE NOT LISTED ON THIS ESTIMATE.
 IF A SUPPLEMENT IS NEEDED OR IF THERE ARE ANY PROBLEMS WITH THIS
 ESTIMATE, PLEASE CALL 1-800-492-7120 AND ENTER THE EXTENSION NUMBER OF
 THE PERSON LISTED AS "DAMAGE ASSESSED BY" (APPRAISER) LISTED BELOW AND
 LEAVE A MESSAGE ON HIS/HER VOICE MAIL. THIS IS THE PERSON THAT WILL
 GET BACK TO YOU.

MARYLAND AUTOMOBILE INSURANCE FUND

1750 FOREST DRIVE, ANNAPOLIS, MD 21401

NOTICE TO GARAGE: THIS IS AN ESTIMATE ONLY AND NOT AN AUTHORIZATION
 TO REPAIR, NOR AN OFFER OR GUARANTEE OF PAYMENT.

Damage Assessed By: Brett Johnson [REDACTED]

Claim Rep: SUZANNE EATON [REDACTED]
 [REDACTED]

Condition Code: Good
 Date of Loss: 8/7/2011
 Contact Date: 8/21/2011
 Deductible: 250.00
 Claim Paid: N
 Policy No: [REDACTED]

Type of Loss: Uninsured Motorist
 Assign. Date: 8/21/2011

Claim Number: [REDACTED]

Insured: [REDACTED]
 Claimant: [REDACTED]
 Address: [REDACTED] BALTIMORE, MD 21226
 Owner: [REDACTED]
 Address: [REDACTED] BALTIMORE, MD 21226

Mitchell Service: 819526

Description: 1997 Dodge Intrepid
 Body Style: 4D Sed
 VIN: 2B3HD46T6 [REDACTED]
 Mileage: 160,678
 OEM/ALT: A
 Color: RED
 Options: POWER LOCK, POWER WINDOWS, POWER STEERING, MANUAL AIR CONDITION, CRUISE CONTROL
 TILT STEERING COLUMN, FOG LIGHTS, TINTED GLASS, FRONT BUCKET SEATS
 POWER HEATED EXTERIOR MIRRORS, POWER LIFTGATE/TRUNK

Vehicle Production Date: 8/97
 Drive Train: 3.3L Inj 6 Cyl AO
 License: [REDACTED] MD

Search Code: MARYLAND

Additional Equipment: FRT DRIVER/PASSENGER AIR BAG/AM/FM RADIO/WCD

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/Part Number	Dollar Amount	Labor Units
1	100041	BDY	REMOVE/REPLACE	L Replace Fender	Qual Recycled Part	126.00	2.3 #

ESTIMATE RECALL NUMBER: 09/21/2011 10:08:50 V040326.01

Mitchell Date Version: OEM: AUG_11_V

UltraMate Version: 7.0.433

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FROM :

FAX NO. :4102259658

Nov. 04 2011 12:05PM P3

Date: 8/21/2011 10:05 AM
Estimate ID: ██████████
Estimate Version: 0
Committed
Profile ID: MAIF

2	AUTO	REF	REFINISH	L Fender Assy			C 2.3
3	AUTO	REF	REFINISH	L Add To Edge Fender			C 0.5
4				ripples AUTO PARTS-301-627-3639			
5				Line Markup %25.00		31.25	
6	100107	BDY	REMOVE/REPLACE	L Frt Replace Door Assy	Qty Recycled Part	280.00 *	1.2
7	AUTO	REF	REFINISH	L Frt Door Outside			C 1.9
8	AUTO	REF	REFINISH	L Frt Add For Jamba & Interior			C 1.0
9				Line Markup %25.00		62.50	
10	100117	BDY	REMOVE/REPLACE	L Frt Door Mirror	Qty Recycled Part	75.00 *	0.4
11		BDY	REMOVE/INSTALL	L Frt Belt Moulding			0.2 #
12				Line Markup %25.00		18.75	
13	933012		ADD'L COST	HAZARDOUS WASTE DISPOSAL		3.00 *	
14	AUTO	REF	ADD'L OPR	Clear Coat			1.7
15	933008	BDY	ADD'L OPR	RESTORE CORROSION PROTECTION		10.00 *	0.5*
16	933012	REF	ADD'L OPR	STRIPE		30.00 *	
17	933018	REF	ADD'L OPR	MASK FOR OVERSPRAY		10.00 *	
18				*** END OF ATG SECTION ***			
19	AUTO		ADD'L COST	Paint/Materials		162.40 *	

* - Judgment Item
- Labor Note Applies
C - Included in Clear Coat Calc

Remarks

OTE-APPROX REPAIR TIME=3 DAYS

Prior Damage:

FRT BUMPER-LFT SIDE;LFT REAR DOOR;LFT 1M;LFT FENDER LINER

Estimate Totals

I. Labor Subtotals					II. Part Replacement Summary		
	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals		Amount
Body	4.8	40.00	10.00	0.00	194.00	Taxable Parts	480.00
Refinish	7.4	40.00	40.00	0.00	336.00	Parts Adjustments	112.50
						Sales Tax @ 6.000%	33.75
					530.00	Total Replacement Parts Amount	686.25
Non-Taxable Labor					530.00		
Labor Summary	12.0				530.00		

ESTIMATE RECALL NUMBER: 08/21/2011 10:06:00 V040326.01

Mitchell Data Version: OEM: AUG_11_V

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FROM :

FAX NO. :4102259658

Nov. 04 2011 12:05PM P4

Date: 9/21/2011 10:05 AM
Estimate ID: V
Estimate Version: 0
Committed Profile ID: MAIF

III. Additional Costs	Amount	IV. Adjustments	Amount
Taxable Costs	102.40	Insurance Deductible	200.00-
Sales Tax Ⓢ 6.000%	11.64	Customer Responsibility	200.00-
Non-Taxable Costs	3.00		
Total Additional Costs	206.04		

Paint Material Method: Rates
Init Rate = 26.00 , Init Max Hours = 99.9, Addl Rate = 0.00

I.	Total Labor:	530.00
II.	Total Replacement Parts:	598.25
III.	Total Additional Costs:	206.04
	Gross Total:	1,333.19
IV.	Total Adjustments:	250.00-
	Net Total:	1,083.19

Point(s) of Impact

10 Left Front Side (P), 9 Left Side (S)

Insurance Co: Maryland Automobile Insurance Fund

Inspection Date: 9/21/2011

Vehicle Loc.: SECURITY DAC
Address: 8830 BALTIMORE NATIONAL PIKE
BALTIMORE, MD 21228
Telephone: [REDACTED]

NOTICE TO GARAGE: THIS IS AN ESTIMATE ONLY AND NOT AN AUTHORIZATION TO REPAIR, NOR AN OFFER OR GUARANTEE OF PAYMENT. APPLICABLE DEDUCTIBLE AND BETTERMENT, IF ANY, WILL BE DEDUCTED FROM ANY DRAFT PAYMENT MADE BY M.A.I.F. IT IS THE RESPONSIBILITY OF THE OWNER TO AUTHORIZE REPAIRS AND TO PAY ANY DIFFERENCES OR OTHERWISE UNINSURED DAMAGES. M.A.I.F. RESERVES THE RIGHT TO INSPECT ANY ADDITIONAL DAMAGES BEFORE AUTHORIZATION OF SUPPLEMENTAL CHARGES OF REPAIRS. CLEAR PAYMENT ARRANGEMENTS SHOULD BE MADE BEFORE THE VEHICLE LEAVES THE PREMISES.

NOTICE TO VEHICLE OWNER:

THIS ESTIMATE HAS BEEN WRITTEN IN ACCORDANCE WITH EXISTING INDUSTRY STANDARDS. YOU MAY TAKE YOUR VEHICLE, FOR REPAIRS, TO ANY BODY SHOP YOU CHOOSE. IN THE EVENT THE SHOP OF YOUR CHOICE CHARGES MORE THAN THE AMOUNTS ALLOWED OR THERE ARE ANY CHARGES WHICH DO NOT COMPLY WITH MAIF POLICY, THE ADDITIONAL CHARGES WILL BE YOUR RESPONSIBILITY.

ESTIMATE RECALL NUMBER: 09/21/2011 10:05:50
Mitchell Data Version: OEM: AUG_11_V UltraMate is a Trademark of Mitchell International
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FROM :

FAX NO. :4102259658

Nov. 04 2011 12:05PM P1

Fax Cover Sheet

Pages: 4

Attention: Ms. Sutton From: DENISE BAKER

Fax: (410) [REDACTED] Date: 10/04/11

Phone: (410) [REDACTED] Phone: [REDACTED]

Comments:

RE: Incident @ 2816 Winwood Ct.
Baltimore, MD
21225

From the desk of...

1-9-11

James, Steve A.

From: James, Steve A.
Sent: Thursday, September 08, 2011 1:11 PM
To: Mackel, Avon G.
Cc: James, Steve A.
Subject: RE: Transportation

I spoke to Ms. Sutton at 7:15 a.m. today concerning the below incident involving student [REDACTED]. According to Ms. Sutton, the driver of the bus, Glenn Chappell, who has been the regular driver on this run since the beginning of the school year, for some unbeknownst reason ran the route out of the normal sequence. In addition the regular bus attendant was absent and there was a substitute. Ms. Sutton was not made aware of [REDACTED] still being on the bus until the parent called and she contacted the bus at approximately 5:45 p.m. on yesterday. At that time she was also informed by the bus attendant that the bus had been involved in an accident, but had not been given any notification by the bus driver. Based on the time and in order to more efficiently get the students taken home, two buses were dispatched to deliver the students home. [REDACTED] was placed on bus 1399 and taken home immediately. Based on the actions of the driver, by deviating from the assigned route and failing to notify his company of the accident (violating Federal, State and local policy), I advised Ms. Sutton that he, Glenn Chappell's certification as a driver or attendant with City Schools was suspended, effective immediately. I will be meeting with Ms. Sutton and the bus staff of bus 1132 on tomorrow (9/9/11) at 10 a.m. to continue the investigation into this matter. I will update after the meeting.

Steven A. James
Safety and Training Manager
Baltimore City Public Schools
1210 E. 20th Street
Baltimore, Md. 21218
410-536-7440 (Phone)
410-536-6886 (Fax)
[REDACTED]@baltimorecityschools.us

From: Mackel, Avon G.
Sent: Thursday, September 08, 2011 6:58 AM
To: Scroggins, Keith; Hoffman, Kimberly
Cc: Edwards, Tisha S.; Lewis, Kim
Subject: Re: Transportation

This is being investigated now.

From: Alonso, Andres
To: Scroggins, Keith; Hoffman, Kimberly
Cc: Edwards, Tisha S.; Lewis, Kim; Mackel, Avon G.
Sent: Thu Sep 08 05:58:23 2011
Subject: Fw: Transportation

From: eddie duffin <[REDACTED]>
To: [REDACTED] <[REDACTED]>; Blake, Cindy; Teresa Buchheister <[REDACTED]>; teresa buchheister <[REDACTED]>; Felder, Anthony S; Jones, Paula D.; Mc Queen, Nina Opal; Weidig, Evelyn J.
Cc: Alonso, Andres; Edwards, Tamara
Sent: Wed Sep 07 22:36:11 2011
Subject: Fw: Transportation

Greetings All

I'm sending this email because I'm very disturb with the bus transportation service my child receives at Gwynns Falls Elementary'

This is the 2nd time this year that I had a problem with transportation.

While you all were home with your families getting ready for dinner, my child did not get home until 6:20pm due to irresponsible bus company.

Reliable Transportation did not even know my child was on the bus until my wife call my daughter on her cell phone.

My daughter [REDACTED] was on the bus in Cherry Hill and the aide and driver was not aware she was on the bus.

When my daughter got home at 6:20pm she said the bus hit a car and no one reported to me the bus was in an accident.

My wife spoke with the bus owner and she said she was sending two different bus to Chery Hill to get my daughter.

Something do not sound right, I do not understand why would they send 2 buses to Cherry Hill. Not unless the bus was in a accident and no one told me.

As you can see in my previous emails this is the second time I had a problem with this company.

The first time I had a problem with this company the bus never came to Gwynns Falls to pick up Christian, she was left at the school until my wife pick her up.

I'm requesting an emergency IEP meeting to discuss these concerns.

If there is no other transportation available, I will be withdrawing [REDACTED] out of Gwynns Falls Elementary.

Principal Felder & Special Ed, How can my concerns be addressed.

Eddie Duffin

Violetville E. M. School
After School Director

[REDACTED]

----- Forwarded Message -----

From: eddie duffin <[REDACTED]>

To: teresa buchheister <[REDACTED]>

Cc: "Blake, Cindy" <[REDACTED]>; Teresa Buchheister <[REDACTED]>;

"[REDACTED]" <[REDACTED]>; "[REDACTED]" <a[REDACTED]>

Sent: Thursday, September 1, 2011 12:31 PM

Subject: Re: Transportation

Thanks for your addressing my concerns, I spoke with Mr. Felder & Ms. Williams from school board transportation office. Mr. Felder ensured me that he will advocate for me to the transportation office.

I would like to make sure the school have a personnel out there to receive the students and to make sure my daughter get on the appropriate bus. Yesterday there were no one to receive [REDACTED] because the bus came late, I arrived and [REDACTED] were not in Ms Carpenter class. When I went downstairs between 8:05 - 8:15 I meet [REDACTED] in the hall and thats when a school staff ask do we know were we going but there were no one outside to received the late bus that arrived.

I Thank you all for dressing my concerns.

I'm very pleased with the staff and the service that my daughter receive from Gywnns Falls but as a parent we look for safety when it comes to our love ones.

Eddie Duffin

Violetville E. M. School

After School Director
[REDACTED]

From: teresa buchheister [REDACTED]
To: Eddie Duffin [REDACTED]
Cc: "Blake, Cindy" <[REDACTED]>; Teresa Buchheister [REDACTED];
[REDACTED] <[REDACTED]>; "[REDACTED]" <[REDACTED]>
Sent: Thursday, September 1, 2011 8:30 AM
Subject: Re: Transportation

Mr. Duffin,

I saw [REDACTED] as she was exiting the building yesterday. She had just come down from classes. She was not in any danger at that time. She told me her bus number. I turned around, along with her, to look for the bus when I saw your beautiful wife. Your wife was in the process of talking to bus drivers. There is someone always looking and checking at the end of the day to make sure all children are on a bus, safely. If a child is confused or the bus left, we do not leave the child un-attended.

Yesterday, there was a young pre-k boy left behind. I was prepared to drive him home myself. I was able to call his grandmom and she was relieved that someone was assuring the little guys safety!. We do work hard here to help with transportation issues. Mrs. Jones, social worker, has been diligently working to make transportation run smoother and to "iron out" issues.

Thank you for being an involved and patient parent.

[REDACTED]
On Thu, Sep 1, 2011 at 7:52 AM, Eddie Duffin [REDACTED] wrote:

Greetings Everyone

I sending this email because I,m not happy with the safety of my child leaving school grounds and catching Baltimore City School Transportation at Gwynns Falls. My child [REDACTED] was left outside of the school and no bus pick her up yesterday. If my wife did not arrive when she did I don't know what would of happen. We as parents want to make sure our kids are safe when we are at work. If Gwynns Falls can not ensure the safety of my child and make sure she gets on the correct bus when leaving the school daily I will have no other choice but to withdrawal my child out of Gwynns Falls. I personally came to Gwynns Falls and spoke to Cindy Blake and Principle Felder concerning the transportation and I wanted to make sure someone will ensure the my child gets on the correct bus.

I will be in this morning concerning this issue.

Sent from my iPa

STATEMENT OF DRIVER

CLAIM NUMBER
POLICY NUMBER

DRIVER'S NAME GLENN RONIE Chappell		OWNER'S NAME	
DRIVER'S ADDRESS [REDACTED]		PHONE NUMBER [REDACTED]	AGE
YEAR AND MAKE OF CAR YOU WERE DRIVING BLUE BIRD		LICENSE NUMBER	
DRIVER'S LICENSE NUMBER [REDACTED]	EMPLOYER'S NAME AND ADDRESS		
WHAT WAS CAR BEING USED FOR AT TIME OF ACCIDENT? SCHOOL BUS			
LOCATION OF ACCIDENT (STREET AND CITY) 200 N. ROSES ST. AND ORLEANS ST.		DATE AND HOUR 7/19/16 3:15 PM	
SPEED YOU WERE TRAVELING? 3 MPH	ON WHAT STREET? N. ROSES ST	IN WHAT DIRECTION? Turning Left	
SPEED OTHER CAR WAS TRAVELING? 0 MPH	ON WHAT STREET? N. ROSES ST	IN WHAT DIRECTION? Parked	
DESCRIBE CONDITION OF WEATHER Clear		ROAD?	VISIBILITY?
HOW FAR AWAY WAS OTHER CAR WHEN FIRST NOTICED	HOW MANY PEOPLE WERE IN YOUR CAR	IN OTHER CAR	
DISTANCE FROM YOUR CAR TO RIGHT HAND EDGE OF ROAD		OTHER CAR?	
EXACT POINT OF CONTACT OF YOUR CAR WITH OTHER CAR? BACK PASSENGER BUMPER			
EXACT POINT OF CONTACT OF OTHER CAR WITH YOUR CAR? Driver Door OF THE TRUCK Hit			
WHAT AUTHORITIES WERE NOTIFIED OF ACCIDENT? BALTIMORE City Police		DATE AND HOUR 7-19-16 3:17 PM	
DID YOU VIOLATE ANY TRAFFIC LAWS? NO		DID OTHER DRIVER?	
WERE ANY CHARGES MADE? NO	AGAINST WHOM? N/A	HAS YOUR OPERATOR'S LICENSE BEEN SUSPENDED? NO	HAS OTHER DRIVER? NO

IF FAULTY CONDITION OF EITHER CAR CAUSED ACCIDENT, EXPLAIN:

DID YOUR VEHICLE SUSTAIN DAMAGES IN THIS ACCIDENT? Y OR N

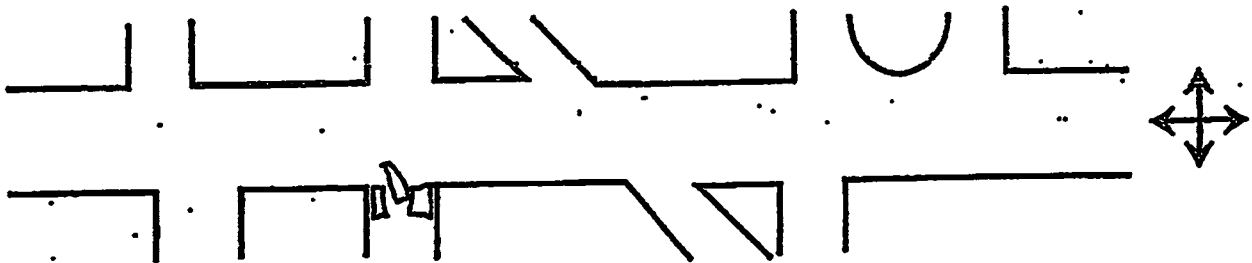
WAS THERE A CHILD SAFETY SEAT IN YOUR VEHICLE AT THE TIME OF THE ACCIDENT? Y OR (N)

NAME OF OWNER OF OTHER CAR OR PROPERTY		ADDRESS AND OCCUPATION	
NAME OF DRIVER OF OTHER CAR	ADDRESS AND OCCUPATION	PHONE NUMBER	A
OTHER OPERATOR'S LICENSE NUMBER	YEAR AND MAKE OF OTHER CAR	ESTIMATED DAMAGE TO OTHER CAR	LICENSE NUMBER
NAME OF COMPANY INSURING OTHER PARTIES AGAINST PROPERTY DAMAGE			

NAMES OF DISINTERESTED WITNESSES	ADDRESSES	PHONE NUMBERS

IF SO, EXPLAIN IN DETAIL

NAMES OF OCCUPANTS OF INSURED'S CAR	ADDRESSES	PHONE NUMBERS



PLEASE DESCRIBE THE ACCIDENT IN DETAIL STATING WHO IN YOUR OPINION WAS TO BLAME AND WHY.
COMMENT UPON ANY STATEMENTS MADE BY YOURSELF OR OTHERS AT THE SCENE OF THE ACCIDENT:

Was turning Left From 200 Block of N. Roses St. ON to
Orlean St when bus bumper hit door of the truck

DATE

7/19/16

SIGNATURE OF DRIVER

Alexander [Signature]

MOTOR VEHICLE ACCIDENT

NAME		PHONE	PRINT OR TYPE (USE BLACK OR BLUE INK ONLY)		
ADDRESS		MONTH DATE	TIME: <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	DAY OF WEEK	
		YEAR	7/19/16	3:15 PM	
NAME		PHONE	PLACE WHERE ACCIDENT OCCURRED		
			200 N. Roses Street		
ADDRESS		STREET, HIGHWAY, NEAREST INTERSECTION WHERE ACCIDENT OCCURRED			
		ORLEANS ST.			
NAME		PHONE	WEATHER CONDITION		
			Good		
ADDRESS		NUMBER OF VEHICLES INVOLVED	INVESTIGATED BY POLICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PEDESTRIAN INVOLVED	

IMPORTANT

THIS REPORT MUST BE SIGNED BY THE DRIVER AND SUPERVISOR AND TURNED INTO 1210 E. 20TH STREET WITHIN 24HRS FOLLOWING THE ACCIDENT

TELEPHONE NUMBERS

410-396-7440

VEHICLE NO 1

VEHICLE NO 2

DRIVER LICENSE NUMBER			SOCIAL SECURITY NUMBER			DRIVER LICENSE NUMBER			EXPIRES			STATE												
SEX			DATE OF BIRTH			HOME PHONE			SEX			DATE OF BIRTH			HOME PHONE									
DRIVERS FIRST NAME			MIDDLE NAME			LAST NAME			DRIVERS FIRST NAME			MIDDLE NAME			LAST NAME									
Glenn			Romie			Chappell																		
DRIVERS ADDRESS																								
21239																								
CITY					STATE					ZIPCODE														
Baltimore					Maryland					21239														
AGENCY NAME																								
NAME OF EMPLOYER																								
BUREAU NAME					PHONE NUMBER					POINT OF IMPACT ON VEHICLE					EXTENT OF DAMAGE <input type="checkbox"/> SLIGHT <input type="checkbox"/> HEAVY									
POINT OF IMPACT ON VEHICLE					EXTENT OF DAMAGE					TAG NO					STATE					YEAR				
BACK OF BUS										9R0929					MD									
VEHICLE TAG NUMBER					BUS-VEHICLE-CAB NUMBER					OWNERS FIRST NAME					MIDDLE NAME					LAST NAME				
YEAR					MAKE					VIN NUMBER					OWNERS ADDRESS									
YEAR					MODEL					OTHER-SPECIFY					CITY					STATE				
YEAR					OWNER					PHONE NUMBER					INSURANCE COMPANY					PHONE NUMBER				
YEAR					INSURANCE COMPANY/CONTACT PERSON					INSURANCE POLICY NUMBER					INSURANCE POLICY NUMBER									

- SUPERVISOR RESPONDED TO SCENE YES NO
- SAFETY OFFICER RESPONDER TO SCENE YES NO
- PHOTOS TAKEN YES NO
- SEAT BELT IN USE YES NO
- PCD IN DRIVERS POSSESSION YES NO
- PCD IN USE YES NO

EMPLOYEE CHARGE	SUMMONS NO.
CHARGE	SUMMONS NO.
CHARGE	SUMMONS NO.
DATE OF TRIAL (MONTH/DAY/YEAR)	TIME OF TRIAL (AM/PM)
7/19/16	7/19/16
DRIVERS SIGNATURE	DATE
[Signature]	7/19/2016
SUPERVISOR SIGNATURE	DATE
[Signature]	

DRIVERS LICENSE NUMBER	EXPIRES	STATE	DAMAGE	AMOUNT OF DAMAGES
------------------------	---------	-------	--------	-------------------

			TO PROPERTY	
SEX M	DATE OF BIRTH	HOME PHONE NUMBER		DAMAGE PROPERTY OWNER'S NAME
DRIVER'S FIRST NAME Glenn		MIDDLE NAME Ronie	LAST NAME Chappell	
DRIVER'S ADDRESS Baltimore, Md			DESCRIBE ACCIDENT IN DETAIL BELOW- INDICATING ALL DAMAGE. INCLUDE ORIGIN AND DESTINATION	
CITY		STATE	COUNTRY	ZIP CODE 21239
NAME OF EMPLOYER Reliable Transportation				
POINT OF IMPACT Left side door		EXTENT OF DAMAGE		
TAG NUMBER	STATE	YEAR	YEAR, MAKE AND MODEL	
OWNERS FIRST NAME		MIDDLE NAME	LAST NAME	
OWNERS ADDRESS				
OWNERS INSURANCE COMPANY		OWNERS POLICY NUMBER		
PERSONS KILLED OR INJURED None				
FIRST NAME		MIDDLE NAME	LAST NAME	
ADDRESS				
<input type="checkbox"/> KILLED	<input type="checkbox"/> DRIVER	NO. OF VEHICLE	<input type="checkbox"/> PEDESTRIAN	
<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER			
AGE	SEX	NATURE OF INJURY	REMOVED FROM SCENE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PERSONAL CAR	
FIRST NAME		MIDDLE	LAST NAME	
ADDRESS				
<input type="checkbox"/> KILLED	<input type="checkbox"/> DRIVER	NO. OF VEHICLE	<input type="checkbox"/> PEDESTRIAN	
<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER			
AGE	SEX	NATURE OF INJURY	REMOVED FROM THE SCENE	
FIRST NAME		MIDDLE	LAST NAME	
ADDRESS				
<input type="checkbox"/> KILLED	<input type="checkbox"/> DRIVER	NO. OF VEHICLE	<input type="checkbox"/> PEDESTRIAN	
<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER			
AGE	SEX	NATURE OF INJURY	REMOVED FROM THE SCENE	
FIRST NAME		MIDDLE	LAST NAME	
ADDRESS				
<input type="checkbox"/> KILLED	<input type="checkbox"/> DRIVER	NO. OF VEHICLE	<input type="checkbox"/> PEDESTRIAN	
<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER			
AGE	SEX	NATURE OF INJURY	REMOVED FROM THE SCENE	
FIRST NAME		MIDDLE	LAST NAME	
ADDRESS				
<input type="checkbox"/> KILLED	<input type="checkbox"/> DRIVER	NO. OF VEHICLE	<input type="checkbox"/> PEDESTRIAN	
<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER			
AGE	SEX	NATURE OF INJURY	REMOVED FROM THE SCENE	
FIRST NAME		MIDDLE	LAST NAME	
ADDRESS				
INDICATE ON DIAGRAM POSITION OF VEHICLES INVOLVED SHOWING DIRECTION OF TRAVEL				
INDICATE NORTH BY ARROW				

[Empty rectangular box]

BALTIMORE CITY PUBLIC SCHOOL SYSTEM
Department of Pupil Transportation

Supplemental Accident Report

Directions: Complete each section of this report form. Hand carry the report to the safety office at 1210 East 20th St. no later than 24 hours after the accident.

Contractor/Company Name: Reliable Transportation
Date of Accident: 7/19/16 Time: 3:15 PM
Location: 200 N. Roses Street
Posted Speed Limit: _____ MPH
Total Number of Lanes on Roadway or Street: ONE
Citation Issued (Circle one) Yes NO
Vehicle # 1739 Tag # _____
Bus Body Make: 1739 BLUEBIRD
Bus Chassis Make: 1739
Was Driver Tested? (Circle all that apply)
Alcohol _____ Drug _____

I, Name of Driver Glenn R. Chappel (Circle One) Regular or Substitute
Years of experience as a school bus driver: 20 years
Classroom Training : Date(s) Attended _____ Pre-Service (Circle one) Yes No
In-Service (Circle one) Yes No
Card #: _____

Hours of behind the wheel training this past year _____

List the names of persons on the bus and extent of any injury (use additional sheet if necessary).

Name	Age	Address	School	Extent of Injury
1				
2				
3				

Address of School(s) 231 S EATON St Baltimore MD 21224 Telephone# (s) 443-642-2792

Bus seating capacity: 64 Approximate speed of your vehicle 5 MPH

III. Circle the condition of the bus at the time of the accident (circle one):

Date of Accident: 7/18/16

Bus Number: 1739

1. [REDACTED]
2. [REDACTED] [REDACTED]
3. [REDACTED] [REDACTED] [REDACTED]
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.

Stopped - Straight Ahead - Left Turn - Right Turn - Passing - Double Parked

Other (Explain):

Condition of the road at the time of the accident (circle as many as appropriate)

Dry - Icy - Wet - Muddy - Snow Packed - Road under Repair - Holes

Other (Explain):

Light Condition (Circle One):

Dawn - Dark - (Artificially Illuminated) - Daylight

Dusk - Dark - (Artificially Illuminated) - Daylight

Weather Conditions: at the time of the accident (circle as many as appropriate):

Clear Rain(ing) Snow(ing) Smog/Smoke Sleet(ing) Fog

Other (Explain)

IV. Circle one: Loading/Unloading Zone

Where was the bus at the time of the accident (Circle one)

Approaching the zone - Leaving the zone - Stopped in the zone - Not in sight

Use of the bus at the time of the accident (Circle one) Regular Route - Special Ed Use - Field Trip (School Related)

Other (Explain)

V. Circle One.

Did you notify the BCPSS Safety Office <u>Immediately?</u> (410-396-7440)	Yes	No
Did you notify the school(s)	Yes	No
Did you notify the parent of each student involved in the accident?	Yes	No
Local police were called to the scene of the accident.	<u>Yes</u>	No

If no, explain _____
Police Report# _____ Claim# _____

Were you wearing a seatbelt at the time of the accident? Yes No

Additional information: _____

VI. Driver's Signature: [Signature]
Supervisor's Signature: [Signature] Date: 7/19/2016

Student/Passenger List



