



# ACCIDENT INFORMATION REQUIRED FOR POST-ACCIDENT TOXICOLOGICAL TESTING (49 CFR PART 219)

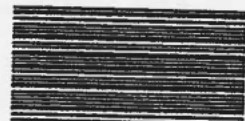
NOTE: This form must be completed by the Railroad Representative present at the collection facility.

1. Name of Reporting Railroad <i>Amtrak</i>	2. Name(s) of Other Railroads Involved in Accident <i>None</i>
3. Date of Accident (month/day/year)	4. Time of Accident <i>7:55</i> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
5. Location of Accident (City and State) <i>Chester PA</i>	6. Nearest Railroad Station <i>Philadelphia</i>

### 7. Event which Qualifies Accident for Mandatory Post-Accident Testing (one must be checked)

NOTE: All accident events (not incidents) must meet the railroad property damage reporting threshold.

- MAJOR TRAIN ACCIDENT:  Fatality (*on-duty railroad employee*)  
 \$1,000,000 damage or more (to railroad property)  
 Release of hazardous material (and evacuation)  
 Release of hazardous material (and reportable injury from prop)
- IMPACT ACCIDENT:  Reportable Injury  
 Damage of \$150,000 or more (to railroad property)
- PASSENGER TRAIN ACCIDENT:  Reportable injury to any person in the accident
- TRAIN INCIDENT:  Fatality to on-duty railroad employee



1893

8. Name and Address of Collection Facility <i>Chester Crozier 1 Medical Center Blvd Upland, PA 19013</i>	9. Telephone Number of Collection Facility 
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### 10. Employee(s) Whose Samples are Contained in this Shipping Box.

NOTE: A sample set identification number is pre-printed on FRA Form 6180.74 and differs for each person.

NAME OF EMPLOYEE	JOB TITLE (engineer, conductor, etc.)	TRAIN DESIGNATION	SAMPLE SET IDENTIFICATION NUMBER
	<i>engineer</i>	<i>DC</i>	<i>311736</i>

11. Name of Medical Review Officer <i>Randy Barnett, DO</i>	12. Address of Medical Review Officer <i>2637 Southampton Rd Phila PA 19154</i> Telephone:
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13. Name of Railroad Representative <i>Deborah Jowers</i>	14. Address of Railroad Representative <i>405 King St Wilmington DE 19801</i> Telephone:
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15. Signature of Railroad Representative 	16. Date (month/day/year) <i>4/2/10</i>	17. Was a breath alcohol test conducted pursuant to the above accident under FRA Authority? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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FEDERAL RAILROAD ADMINISTRATION

POST-ACCIDENT TESTING BLOOD/URINE CUSTODY

NOTE: This form must be completed in accordance with instructions provided by the employee and the collectors. If more than one collector provides services, chain of custody for the blood and urine specimens, as applicable.

951304U  
Quest Diagnostics  
1777 Montreal Circle  
Floor 2  
Tucker, GA 30084

31M (49 CFR 219)

Separate instructions are available on to properly documenting the

Date (Mo/Day/Yr) 4/3/16	Name of Employing Railroad AMTRAK	Number (Pre-printed) 311736
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STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS

Name Print (last, first, mi) Train Engineer	Employee Identification Number or Social Security Number			
Home Address	City	State	Zip Code	Telephone Number

STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN

Name of Collector Print (last, first, mi) Pagurek, Todd, V	Date (Mo/Day/Yr) 4/3/16	Time of Collection 1318	AM PM
Remarks: 2mg Morphine			
I certify the blood specimen was presented to me by the person named in Step 1. The specimen (in two blood tubes) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me.			
Signature of Collector			

STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN

Name of Collector Print (last, first, mi) Pagurek, Todd, V	Date (Mo/Day/Yr) 4/3/16	Time of Collection 1330	AM PM
Temperature of specimen was read within 4 minutes <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Temperature was within range of 32°-38°C/90°-100°F <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If not, actual temperature was _____°	
Remarks:			
I certify the urine specimen was presented to me by the person named in Step 1. The specimen (in two bottles) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me.			
Signature of Collector			

STEP 4. COMPLETED BY EMPLOYEE

I certify the information I have given in Step 1 is correct and that I provided the specimens described in Steps 2 and 3; that each specimen is in a container which has the above sample set identification numbers recorded on the tamper-evident seals; that I have not adulterated the urine specimen in any manner; that each container has a tamper-evident seal that was applied by the collector in my presence; and I have placed my initials on each label. (SIGN AFTER ALL SPECIMENS ARE SEALED.)

EXAMPLE OF MY INITIALS: \_\_\_\_\_

Signature of Employee

STEP 5. COMPLETED BY THE PERSON TAKING POSSESSION OF SPECIMENS FOR SHIPMENT

I certify that I took possession of the sealed specimens with the sample set identification number as printed above from the blood and urine collectors, maintained custody of the specimens, packaged and sealed them into the kit box, placed the kit into the transport box, and prepared the three-kit transport box for shipment.

Received Blood  Received Urine

Name (print): Deborah Jowers      Signature: \_\_\_\_\_      Date: 4/3/16

Released specimens to:

- Overnight courier service (name) \_\_\_\_\_ OR
- Railroad representative (name) \_\_\_\_\_ for delivery to overnight courier service (name if known) \_\_\_\_\_

STEP 6. COMPLETED BY MEDICAL FACILITY/PHYSICIAN

Describe any medication, solution, transfusion, anesthetic, or other treatment the employee received after the accident that might affect toxicological analyses. 2mg Morphine	Was a breath alcohol test conducted on the donor above, pursuant to this accident, using FRA authority? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Quest Diagnostics  
 1777 Montreal Circle  
 Tucker Ga 30084  
 678-406-1100

Case No.	1893
ID. No.	
Emp Name:	Train Engineer
Date	4/6/16 11:30AM
Access No.	

FRA Post Accident

LABORATORY DISCREPANCY CHECKLIST

DISCREPANCY CODES

1. Shipping box errors

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | 1 | Specimens first shipped to another laboratory                                   |
| <input type="checkbox"/> | 2 | Specimens did not arrive in FRA standard box                                    |
| <input type="checkbox"/> | 4 | Box not sealed or seals broken  |
| <input type="checkbox"/> | 5 | Employer/MRO/collector/employee copies of forms 73 or 74 received at laboratory |
| <input type="checkbox"/> | 6 | Other   |

2. Form 73 errors

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/>            | 1 | Form 73 missing   |
| <input type="checkbox"/>            | 2 | Name and Address of collection facility missing               |
| <input type="checkbox"/>            | 3 | Name of employee not listed on form 73                        |
| <input type="checkbox"/>            | 4 | Collection site not listed                                    |
| <input type="checkbox"/>            | 5 | Breath alcohol marked yes but test documentation not included |
| <input checked="" type="checkbox"/> | 6 | COLLECTOR DID NOT INCLUDE DATE OF ACCIDENT ON FORM 73         |

3. Form 74 errors

- |                                     |    |  |
|-------------------------------------|----|--|
| <input type="checkbox"/>            | 1  | Any Form 74 missing ****   |
| <input type="checkbox"/>            | 2  | Employee ID number or SSN missing  |
| <input type="checkbox"/>            | 3  | Employee name missing  |
| <input type="checkbox"/>            | 4  | Urine/blood collection date missing  |
| <input type="checkbox"/>            | 5  | Urine/blood collection time missing  |
| <input type="checkbox"/>            | 6  | Urine specimen temperature not annotated                                   |
| <input type="checkbox"/>            | 7  | Urine or Blood collector failed to sign (circle one or both)****           |
| <input type="checkbox"/>            | 8  | Employee initials/signature missing in Step 4/no medical justification**** |
| <input type="checkbox"/>            | 9  | Signature/name missing in chain of custody (Step 5)                        |
| <input type="checkbox"/>            | 10 | Transfer errors in chain of custody (Step 5)                               |
| <input type="checkbox"/>            | 11 | Chain of custody incomplete (Step 5)                                       |
| <input type="checkbox"/>            | 12 | Step 6 (medication) not annotated  |
| <input checked="" type="checkbox"/> | 13 | Breath alcohol marked yes but test document not included                   |
| <input type="checkbox"/>            | 14 | Specimens collected more than 4 hrs after accident                         |
| <input type="checkbox"/>            | 15 | COMMENTS   |

4. Kit errors

- |                          |    |   |
|--------------------------|----|---|
| <input type="checkbox"/> | 1  | Kit box not sealed  |
| <input type="checkbox"/> | 2  | Urine or blood specimens not sealed***  |
| <input type="checkbox"/> | 3  | Initials on seal do not match initials on form (i.e., not the same individual)***       |
| <input type="checkbox"/> | 4  | Urine specimen leaked   |
| <input type="checkbox"/> | 5  | Insufficient urine volume per senior scientist****                                      |
| <input type="checkbox"/> | 6  | Single urine specimen only  |
| <input type="checkbox"/> | 7  | Blood specimen leaked/tube broken   |
| <input type="checkbox"/> | 8  | Insufficient blood specimen - less than 5 ml in primary or 10 ml total****              |
| <input type="checkbox"/> | 9  | Blood not collected in grey top tube  |
| <input type="checkbox"/> | 10 | Specimen number on Form 74 does not match specimen number on bottles or tubes****       |
| <input type="checkbox"/> | 11 | Donor initials on Form 74 do not match specimen initials on specimen bottle or tube**** |
| <input type="checkbox"/> |    | Other:  |

5. FATALITIES

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | 1 | Specimens shipped in standard FRA post accident kit |
| <input type="checkbox"/> | 2 | No tissue specimens received                        |
| <input type="checkbox"/> | 3 | Specimens not sealed/labeled                        |
| <input type="checkbox"/> | 4 | Other:  |

\*\*\* Notify Gerald Powers prior to processing whenever there are red discrepancies. Do Not test until authorized  
 Upon discovery of presumptive positive review discrepancy checklist with FRA as soon as possible  
 For all other discrepancies, proceed with testing and notify FRA per standard procedures

Completed By: JOSEPHINE P. GREEN  
 Signature: [Redacted]

Form Date: 03/25/2013  
 Version: D

H/10/14



Quest  
Diagnostics

1777 Montreal Circle, Tucker, GA 30084 800-729-8436

FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT  
FORENSIC TOXICOLOGY REPORT

REFERENCE INFORMATION

RAILROAD: AMTRAK  
ACCIDENT: CHESTER, PA 4/3/2016 7:55AM  
FRA CASE: 1893  
EMPLOYEE: Train Engineer  
SPECIMEN SET ID NO:

SPECIMEN(S) TESTED

URINE: LAB ACCESSION # 951304V  
BLOOD: LAB ACCESSION # 951304V

LABORATORY TESTING INFORMATION

Drug	Urine	Blood
<b>Sedating Antihistamines</b>		
Brompheniramine	NEGATIVE	*
Chlorpheniramine	NEGATIVE	*
Diphenhydramine	NEGATIVE	*
Doxylamine	NEGATIVE	*
Pheniramine	NEGATIVE	*

\* Testing Not Performed

TESTING PERFORMANCE EXPLANATION

Testing of specimens was in accordance with the FRA Post-Accident Testing Program. Additional descriptive information of testing procedures are summarized on the attachment "Summary of Analyses Performed on Specimens for Toxicology under FRA Post Accident Program" (Revised 07/07/2015), which is an integral part of this report.

SPECIMEN DISPOSITION

Negative specimens will be retained by Quest Diagnostics, for no less than six months from the report date. Positive specimens will be retained for not less than two years.

RESULTS

NO DRUGS WERE IDENTIFIED

CERTIFICATION

I certify that I am a laboratory certifying official at Quest Diagnostics, and the results identified above were correctly determined in accordance with the FRA Post-Accident Testing Program.

Brian A. Brunelli, Certifying Scientist

4/5/16  
Date



**Quest  
Diagnostics**

1777 Montreal Circle, Tucker, GA 30084 800-729-6436

**FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT  
FORENSIC TOXICOLOGY REPORT**

**REFERENCE INFORMATION**

RAILROAD: AMTRAK  
 ACCIDENT: CHESTER, PA 4/3/2016 7:55AM  
 FRA CASE: 1893  
 EMPLOYEE: [REDACTED]  
 SPECIMEN SET ID NO: [REDACTED] Train Engineer

**SPECIMEN(S) TESTED**

URINE: LAB ACCESSION # 951304V  
 BLOOD: LAB ACCESSION # 951304V

**LABORATORY TESTING INFORMATION**

Drug	Urine	Drug	Blood
Amphetamines	NEGATIVE	Amphetamine	*
Barbiturates	NEGATIVE	Barbiturates	*
Benzodiazepines	NEGATIVE	Benzodiazepines	*
Cannabinoids	POSITIVE	Cannabinoids	POSITIVE
Cocaine	NEGATIVE	Cocaine	*
MDMA/MDA	NEGATIVE	MDMA/MDA	*
Methadone	NEGATIVE	Methamphetamine	*
Opiates/Opioids	POSITIVE	Methadone	*
Phencyclidine	NEGATIVE	Opiates/Opioids	*
Tramadol	NEGATIVE	Phencyclidine	*
Ethyl Alcohol	*	Tramadol	*
		Ethyl Alcohol	NEGATIVE

\* Testing Not Performed

**TESTING PERFORMANCE EXPLANATION**

Testing of specimens was in accordance with the FRA Post-Accident Testing Program. Additional descriptive information of testing procedures are summarized on the attachment "Summary of Analyses Performed on Specimens for Toxicology under FRA Post Accident Program" (Revised 07/07/2015), which is an integral part of this report.

**SPECIMEN DISPOSITION**

Negative specimens will be retained by Quest Diagnostics, for no less than six months from the report date. Positive specimens will be retained for not less than two years.

**RESULTS**

URINE: MORPHINE=1256 ng/mL, MARIJUANA METABOLITE=48.6 ng/mL  
 BLOOD: MARIJUANA-PARENT=2.2 ng/mL, MARIJUANA-METABOLITE=16.1 ng/mL

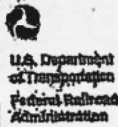
**CERTIFICATION**

I certify that I am a laboratory certifying official at Quest Diagnostics, and the results identified above were correctly determined in accordance with the FRA Post-Accident Testing Program.

[REDACTED]

Brian A. Brunelli, Certifying Scientist

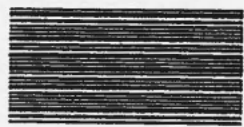
4/25/16  
Date



**ACCIDENT INFORMATION REQUIRED FOR  
POST-ACCIDENT TOXICOLOGICAL TESTING (49 CFR PART 219)**

NOTE: This form must be completed by the Railroad Representative present at the collection facility.

1. Name of Reporting Railroad <b>Amtrak</b>	2. Name(s) of Other Railroads Involved in Accident <b>None</b>
3. Date of Accident (month/day/year) <b>04/03/2016</b>	4. Time of Accident <b>7 : 55</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM Hr Min
5. Location of Accident (City and State) <b>Chesley, PA</b>	6. Nearest Railroad Station <b>Philadelphia</b>
7. Events which Qualify Accident for Mandatory Post-Accident Testing (one must be checked) NOTE: All accident events (not incidents) must meet the railroad property damage reporting threshold. MAJOR TRAIN ACCIDENT: <input checked="" type="checkbox"/> Fatality (on duty railroad employees) <input checked="" type="checkbox"/> \$1,000,000 damage or more to railroad property <input type="checkbox"/> Release of hazardous material (and evacuation) <input type="checkbox"/> Release of hazardous material (and reportable injury from product) IMPACT ACCIDENT: <input type="checkbox"/> Reportable injury <input type="checkbox"/> Damage of \$100,000 off-track (to railroad property) PASSENGER TRAIN ACCIDENT: <input type="checkbox"/> Reportable injury to any person in the accident TRAIN INCIDENT: <input type="checkbox"/> Fatality to on-duty railroad employee	



1893

8. Name and Address of Collection Facility <b>Hahnemann University Hospital 230 N Broad St Phila PA 19103</b>	9. Telephone Number of Collection Facility <b>[REDACTED]</b>
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10. Employee(s) Whose Samples are Contained in This Shipping Box.  
NOTE: A sample set identification number is pre-printed on FRA Form 6180.74 and differs for each person.

NAME OF EMPLOYEE	JOB TITLE (engineer, conductor, etc.)	TRAIN DESIGNATION	SAMPLE SET IDENTIFICATION NUMBER
[REDACTED]	<b>Assst Cond 1</b>	<b>89</b>	<b>310091(808305)</b>

11. Name of Medical Review Officer <b>Randy Barnett, DO</b>	12. Address of Medical Review Officer <b>2837 Southampton Rd Philadelphia, PA 19104 Telephone: (800) 624-3784</b>
--	--

13. Name of Railroad Representative <b>Deborah Jowers</b>	14. Address of Railroad Representative <b>405 King St Wilmington, DE Telephone: 302-641-0841</b>
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15. Signature of Railroad Representative <b>[REDACTED]</b>	16. Date (month/day/year) <b>4/3/16</b>	17. Was a breath alcohol test conducted pursuant to the above accident under FRA Authority? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Public reporting burden for this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 2130-0526. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Project, Federal Railroad Administration, 1225 Vermont Ave., N.W., Washington, D.C. 20590.

FEDERAL RAILROAD ADMINISTRATION

POST-ACCIDENT TESTING BLOOD/URINE CUSTODY

NOTE: This form must be completed in accordance with instructions provided by the employee and the collectors. If more than one collector provides services, chain of custody for the blood and urine specimens, as applicable.

951316V  
Quest Diagnostics  
1777 Montreal Circle  
Floor 2  
Tucker, GA 30084

RM (49 CFR 219)

parate instructions are available  
ion to properly documenting the

Date (Mo/Day/Yr) 4/13/2016	Name of Employing Railroad Conrail	Number (Pre-printed) 310 91
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STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS

Name Print (last, first, mi) Assistant Conductor 1	Employee Identification Number or Social Security Number
Home Address	City State Zip Code Telephone Number

STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN

Name of Collector Print (last, first, mi) Markus R.V.	Date (Mo/Day/Yr) 4/13/2016	Time of Collection 6:30 AM
Remarks: It was given to the P.O. at 5:30 p		
I certify the blood specimen was presented to me by the person named in Step 1. The specimen (in two blood tubes) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me.		
Signature of Collector		

STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN

Name of Collector Print (last, first, mi)	Date (Mo/Day/Yr) 4/13/16	Time of Collection 6:40 AM
Temperature of specimen was read within 4 minutes <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Temperature was within range of 32°-38°C/90°-100°F <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If not, actual temperature was _____°
Remarks:		
I certify the urine specimen was presented to me by the person named in Step 1. The specimen (in two bottles) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me.		
Signature of Collector		

STEP 4. COMPLETED BY EMPLOYEE

I certify the information I have given in Step 1 is correct and that I provided the specimens described in Steps 2 and 3; that each specimen is in a container which has the above sample set identification numbers recorded on the tamper-evident seals; that I have not adulterated the urine specimen in any manner; that each container has a tamper-evident seal that was applied by the collector in my presence; and I have placed my initials on each label. (SIGN AFTER ALL SPECIMENS ARE SEALED.)

EXAMPLE OF MY INITIALS [Redacted] Signature of Employee [Redacted]

STEP 5. COMPLETED BY THE PERSON TAKING POSSESSION OF SPECIMENS FOR SHIPMENT

I certify that I took possession of the sealed specimens with the sample set identification number as printed above from the blood and urine collectors, maintained custody of the specimens, packaged and sealed them into the kit box, placed the kit into the transport box, and prepared the three-kit transport box for shipment.

Received Blood [Redacted] Received Urine [Redacted]

Name (print): Deborah Jowers Signature: [Redacted] Date: 4.3.16

Released specimens to:  
 Overnight courier service (name) FedEx OR  
 Railroad representative (name) \_\_\_\_\_ for delivery to overnight courier service (name if known) \_\_\_\_\_

STEP 6. COMPLETED BY MEDICAL FACILITY/PHYSICIAN

Describe any medication, solution, transfusion, anesthetic, or other treatment the employee received after the accident that might affect toxicological analyses.  
moken

Was a breath alcohol test conducted on the donor above, pursuant to this accident, using FRA authority?  Yes  No

Quest Diagnostics  
 1777 Montreal Circle  
 Tucker Ga 30084  
 678-408-1100

Case No.	1893
ID. No.	
Emp Name:	Assistant Conductor 1
Date	4/6/16 11:30AM
Access No.	951316V

FRA Post Accident

LABORATORY DISCREPANCY CHECKLIST

DISCREPANCY CODES

1. Shipping box errors

- 1 Specimens first shipped to another laboratory
- 2 Specimens did not arrive in FRA standard box
- 4 Box not sealed or seals broken
- 5 Employer/MRO/collector/employee copies of forms 73 or 74 received at laboratory
- 6 Other:

2. Form 73 errors

- 1 Form 73 missing
- 2 Name and Address of collection facility missing
- 3 Name of employee not listed on form 73
- 4 Collection site not listed
- 5 Breath alcohol marked yes but test documentation not included
- 6 FORM 73 WAS NOT INCLUDED WITH SAMPLES.

*Copy of form 73 received from FRA BB4/12/16*

3. Form 74 errors

- 1 Any Form 74 missing \*\*\*\*
- 2 Employee ID number or SSN missing
- 3 Employee name missing
- 4 Urine/blood collection date missing
- 5 Urine/blood collection time missing
- 6 Urine specimen temperature not annotated
- 7 Urine or Blood collector failed to sign (circle one or both)\*\*\*\*
- 8 Employee initials/signature missing in Step 4/no medical justification\*\*\*\*
- 9 Signature/name missing in chain of custody (Step 5)
- 10 Transfer errors in chain of custody (Step 5)
- 11 Chain of custody incomplete (Step 5)
- 12 Step 6 (medication) not annotated
- 13 Breath alcohol marked yes but test document not included
- 14 Specimens collected more than 4 hrs after accident
- 15 COMMENTS: COLLECTOR'S NAME MISSING ON FORM 74, STEP 3

*Printed BB4/12/16*

4. Kit errors

- 1 Kit box not sealed
- 2 Urine or blood specimens not sealed\*\*\*
- 3 Initials on seal do not match initials on form (i.e., not the same individual)\*\*\*
- 4 Urine specimen leaked
- 5 Insufficient urine volume per senior scientist\*\*\*\*
- 6 Single urine specimen only
- 7 Blood specimen leaked/tube broken
- 8 Insufficient blood specimen - less than 5 ml in primary or 10 ml total\*\*\*\*
- 9 Blood not collected in grey top tube
- 10 Specimen number on Form 74 does not match specimen number on bottles or tubes\*\*\*\*
- 11 Donor initials on Form 74 do not match specimen initials on specimen bottle or tube\*\*\*\*
- Other:

5. FATALITIES

- 1 Specimens shipped in standard FRA post accident kit
- 2 No tissue specimens received
- 3 Specimens not sealed/labeled
- 4 Other:

\*\* Notify Gerald Powers prior to processing whenever there are red discrepancies. Do Not test until authorized  
 Upon discovery of presumptive positive review discrepancy checklist with FRA as soon as possible  
 \*\* For all other discrepancies, proceed with testing and notify FRA per standard procedures

Completed By: JOSEPHINE P. GREEN

Signature:

*[Redacted Signature]* 4/6/16

Form Date: 03/25/2013

Version: D





**Quest  
Diagnostics**

1777 Montraal Circle, Tucker, GA 30084 800-729-8436

**FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT  
FORENSIC TOXICOLOGY REPORT**

**REFERENCE INFORMATION**

RAILROAD: AMTRAK  
 ACCIDENT: CHESTER,PA 4/3/2016 7:55AM  
 FRA CASE: 1893  
 EMPLOYEE: Assistant Conductor 1  
 SPECIMEN SET ID NO:

**SPECIMEN(S) TESTED**

URINE: LAB ACCESSION # 951316V  
 BLOOD: LAB ACCESSION # 951316V

**LABORATORY TESTING INFORMATION**

Drug	Urine	Blood
<b>Sedating Antihistamines</b>		
Brompheniramine	NEGATIVE	*
Chlorpheniramine	NEGATIVE	*
Diphenhydramine	NEGATIVE	*
Doxylamine	NEGATIVE	*
Pheniramine	NEGATIVE	*

\* Testing Not Performed

**TESTING PERFORMANCE EXPLANATION**

Testing of specimens was in accordance with the FRA Post-Accident Testing Program. Additional descriptive information of testing procedures are summarized on the attachment "Summary of Analyses Performed on Specimens for Toxicology under FRA Post Accident Program" (Revised 07/07/2015), which is an integral part of this report.

**SPECIMEN DISPOSITION**

Negative specimens will be retained by Quest Diagnostics, for no less than six months from the report date. Positive specimens will be retained for not less than two years.

**RESULTS**

**NO DRUGS WERE IDENTIFIED**

**CERTIFICATION**

I certify that I am a laboratory certifying official at Quest Diagnostics, and the results identified above were correctly determined in accordance with the FRA Post-Accident Testing Program.

[Redacted Signature]  
 Brian A. Brunelli, Certifying Scientist

*4/15/16*  
 Date



Quest  
Diagnostics

1777 Montreal Circle, Tucker, GA 30084 800-729-6436

FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT  
FORENSIC TOXICOLOGY REPORT

REFERENCE INFORMATION

RAILROAD: AMTRAK  
ACCIDENT: CHESTER, PA 4/3/2016 7:55AM  
FRA CASE: 1893  
EMPLOYEE: Assistant Conductor 1  
SPECIMEN SET ID NO:

SPECIMEN(S) TESTED

URINE: LAB ACCESSION # 951316V  
BLOOD: LAB ACCESSION # 951316V

LABORATORY TESTING INFORMATION

Drug	Urine	Drug	Blood
Amphetamines	NEGATIVE	Amphetamine	*
Barbiturates	NEGATIVE	Barbiturates	*
Benzodiazepines	NEGATIVE	Benzodiazepines	*
Cannabinoids	NEGATIVE	Cannabinoids	*
Cocaine	NEGATIVE	Cocaine	*
MDMA/MDA	NEGATIVE	MDMA/MDA	*
Methadone	NEGATIVE	Methamphetamine	*
Opiates/Opioids	NEGATIVE	Methadone	*
Phencyclidine	NEGATIVE	Opiates/Opioids	*
Tramadol	NEGATIVE	Phencyclidine	*
Ethyl Alcohol	*	Tramadol	*
		Ethyl Alcohol	NEGATIVE

\* Testing Not Performed

TESTING PERFORMANCE EXPLANATION

Testing of specimens was in accordance with the FRA Post-Accident Testing Program. Additional descriptive information of testing procedures are summarized on the attachment "Summary of Analyses Performed on Specimens for Toxicology under FRA Post Accident Program" (Revised 07/07/2015), which is an integral part of this report.

SPECIMEN DISPOSITION

Negative specimens will be retained by Quest Diagnostics, for no less than six months from the report date. Positive specimens will be retained for not less than two years.

RESULTS

NO DRUGS & NO ALCOHOL IDENTIFIED

CERTIFICATION

I certify that I am a laboratory certifying official at Quest Diagnostics, and the results identified above were correctly determined in accordance with the FRA Post-Accident Testing Program.

Brian A. Brunelli, Certifying Scientist

4/25/16  
Date



# ACCIDENT INFORMATION REQUIRED FOR POST-ACCIDENT TOXICOLOGICAL TESTING (49 CFR PART 219)

NOTE: This form must be completed by the Railroad Representative present at the collection facility.

1. Name of Reporting Railroad <b>Amtrak</b>	2. Name(s) of Other Railroads Involved in Accident <b>none</b>
3. Date of Accident (month /day/year) <b>4/3/16</b>	4. Time of Accident <b>1</b> Hr : <b>55</b> Min <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
5. Locations of Accident (City and State) <b>Chester PA</b>	6. Nearest Railroad Station <b>Philadelphia</b>

7. Event which Qualifies Accident for Mandatory Post-Accident Testing (one must be checked)

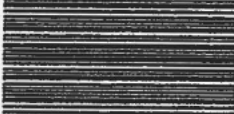
NOTE: All accident events (not incidents) must meet the railroad property damage reporting threshold.

MAJOR TRAIN ACCIDENT:  Fatality **(2 employees)**  
 \$1,000,000 damage or more (to railroad property)  
 Release of hazardous material (and evacuation)  
 Release of hazardous material (and reportable injury from )

IMPACT ACCIDENT:  Reportable Injury  
 Damage of \$150,000 or more (to railroad property)

PASSENGER TRAIN ACCIDENT:  Reportable injury to any person in the accident

TRAIN INCIDENT:  Fatality to on-duty railroad employee

  
**1893**

8. Name and Address of Collection Facility <b>Chester Crozier 1 Medical Center Blvd Upland, PA 19013</b>	9. Telephone Number of Collection Facility <b>(610) 447-2000</b>
---	---

10. Employee(s) Whose Samples are Contained in this Shipping Box.

NOTE: A sample set identification number is pre-printed on FRA Form 6180.74 and differs for each person.

NAME OF EMPLOYEE	JOB TITLE (engineer, conductor, etc.)	TRAIN DESIGNATION	SAMPLE SET IDENTIFICATION NUMBER
[REDACTED]	<b>Conductor</b>	<b>DC</b>	<b>311 734 (0052012)</b>
	<b>Dispatcher</b>	<b>DC</b>	<b>311 735 (00010048)</b>

11. Name of Medical Review Officer <b>Randy Barnett, DO</b>	12. Address of Medical Review Officer <b>2837 Southampton Rd Phila, PA 19154 Telephone: (800) 624-3784</b>
--	---

13. Name of Railroad Representative <b>Deborah Jowers</b>	14. Address of Railroad Representative <b>405 King St Wilmington DE 19801 Telephone: (302) 644-0248</b>
--	--

15. Signature of Railroad Representative <b>[REDACTED]</b>	16. Date (month/day/year) <b>4/2/16</b>	17. Was a breath alcohol test conducted pursuant to the above accident under FRA Authority? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--

FEDERAL RAILROAD ADMINISTRATION

POST-ACCIDENT TESTING BLOOD/URINE CUSTODY FORM (49 CFR 219)

NOTE: This form must be completed in accordance with instructions provided for the employee and the collectors. If more than one collector provides service chain of custody for the blood and urine specimens, as applicable.

951919U  
 Quest Diagnostics  
 1777 Montreal Circle  
 Floor 2  
 Tucker, GA 30084

Separate instructions are available upon request for proper documentation of the testing process.

Date (Mo/Day/Yr) 4/3/16	Name of Employing Railroad Amtrak	Form Number (Pre-printed) 311734
----------------------------	--------------------------------------	-------------------------------------

STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS

Name Print (last, first, mi) Conductor	Employee Identification Number or Social Security Number
Home Address	City State Zip Code Telephone Number

STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN

Name of Collector Print (last, first, mi) Bobo, U A GPN	Date (Mo/Day/Yr) 04/03/16	Time of Collection 16:32	AM PM
Remarks:			

I certify the blood specimen was presented to me by the person named in Step 1. The specimen (in two blood tubes) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me.

Signature of Collector: [Signature] 4/3/16

STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN

Name of Collector Print (last, first, mi) Bobo, U A GPN	Date (Mo/Day/Yr) 04/03/16	Time of Collection 16:36	AM PM
Temperature of specimen was read within 4 minutes <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Temperature was within range of 32°-38°C/80°-100°F <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If not, actual temperature was _____°	
Remarks:			

I certify the urine specimen was presented to me by the person named in Step 1. The specimen (in two bottles) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me.

Signature of Collector: [Signature] 4/3/16

STEP 4. COMPLETED BY EMPLOYEE

I certify the information I have given in Step 1 is correct and that I provided the specimens described in Steps 2 and 3; that each specimen is in a container which has the above sample set identification numbers recorded on the tamper-evident seals; that I have not adulterated the urine specimen in any manner; that each container has a tamper-evident seal that was applied by the collector in my presence; and I have placed my initials on each label. (SIGN AFTER ALL SPECIMENS ARE SEALED.)

EXAMPLE OF MY INITIALS [Initials] Signature of Employee: [Signature]

STEP 5. COMPLETED BY THE PERSON TAKING POSSESSION OF SPECIMENS FOR SHIPMENT

I certify that I took possession of the sealed specimens with the sample set identification number as printed above from the blood and urine collectors, maintained custody of the specimens, packaged and sealed them into the kit box, placed the kit into the transport box, and prepared the three-kit transport box for shipment.

Received Blood	Received Urine	Signature	Date
		[Signature]	4/3/16

Name (print): Deborah Jowers

Released specimens to:  
 • Overnight courier service (name) FedEx OR  
 • Railroad representative (name) \_\_\_\_\_ for delivery to overnight courier service (name if known) \_\_\_\_\_

STEP 6. COMPLETED BY MEDICAL FACILITY/PHYSICIAN

Describe any medication, solution, transfusion, anesthetic, or other treatment the employee received after the accident that might affect toxicological analyses. None	Was a breath alcohol test conducted on the donor above, pursuant to this accident, using FRA authority? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Quest Diagnostics  
 1777 Montreal Circle  
 Tucker Ga 30084  
 678-406-1100

Case No.	1893
ID. No.	
Emp Name:	Conductor
Date	4/8/16 11:30AM
Access No.	961319V

FRA Post Accident

LABORATORY DISCREPANCY CHECKLIST

DISCREPANCY CODES

1. Shipping box errors

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | 1 | Specimens first shipped to another laboratory                                   |
| <input type="checkbox"/> | 2 | Specimens did not arrive in FRA standard box                                    |
| <input type="checkbox"/> | 4 | Box not sealed or seals broken  |
| <input type="checkbox"/> | 5 | Employer/MRO/collector/employee copies of forms 73 or 74 received at laboratory |
| <input type="checkbox"/> | 6 | Other:  |

2. Form 73 errors

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | 1 | Form 73 missing   |
| <input type="checkbox"/> | 2 | Name and Address of collection facility missing               |
| <input type="checkbox"/> | 3 | Name of employee not listed on form 73                        |
| <input type="checkbox"/> | 4 | Collection site not listed                                    |
| <input type="checkbox"/> | 5 | Breath alcohol marked yes but test documentation not included |
| <input type="checkbox"/> | 6 |   |

3. Form 74 errors

- |                                     |    |  |
|-------------------------------------|----|--|
| <input type="checkbox"/>            | 1  | Any Form 74 missing ****   |
| <input type="checkbox"/>            | 2  | Employee ID number or SSN missing  |
| <input type="checkbox"/>            | 3  | Employee name missing  |
| <input type="checkbox"/>            | 4  | Urine/blood collection date missing  |
| <input type="checkbox"/>            | 5  | Urine/blood collection time missing  |
| <input type="checkbox"/>            | 6  | Urine specimen temperature not annotated                                   |
| <input type="checkbox"/>            | 7  | Urine or Blood collector failed to sign (circle one or both)****           |
| <input type="checkbox"/>            | 8  | Employee initials/signature missing in Step 4/no medical justification**** |
| <input type="checkbox"/>            | 9  | Signature/name missing in chain of custody (Step 5)                        |
| <input type="checkbox"/>            | 10 | Transfer errors in chain of custody (Step 5)                               |
| <input type="checkbox"/>            | 11 | Chain of custody incomplete (Step 5)                                       |
| <input type="checkbox"/>            | 12 | Step 6 (medication) not annotated  |
| <input type="checkbox"/>            | 13 | Breath alcohol marked yes but test document not included                   |
| <input checked="" type="checkbox"/> | 14 | Specimens collected more than 4 hrs after accident                         |
| <input type="checkbox"/>            | 15 | COMMENTS:  |

4. Kit errors

- |                          |    |   |
|--------------------------|----|---|
| <input type="checkbox"/> | 1  | Kit box not sealed  |
| <input type="checkbox"/> | 2  | Urine or blood specimens not sealed***  |
| <input type="checkbox"/> | 3  | Initials on seal do not match initials on form (i.e., not the same individual)***       |
| <input type="checkbox"/> | 4  | Urine specimen leaked   |
| <input type="checkbox"/> | 5  | Insufficient urine volume per senior scientist****                                      |
| <input type="checkbox"/> | 6  | Single urine specimen only  |
| <input type="checkbox"/> | 7  | Blood specimen leaked/tube broken   |
| <input type="checkbox"/> | 8  | Insufficient blood specimen - less than 5 ml in primary or 10 ml total****              |
| <input type="checkbox"/> | 9  | Blood not collected in grey top tube  |
| <input type="checkbox"/> | 10 | Specimen number on Form 74 does not match specimen number on bottles or tubes****       |
| <input type="checkbox"/> | 11 | Donor initials on Form 74 do not match specimen initials on specimen bottle or tube**** |
| <input type="checkbox"/> |    | Other:  |

5. FATALITIES

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | 1 | Specimens shipped in standard FRA post accident kit |
| <input type="checkbox"/> | 2 | No tissue specimens received                        |
| <input type="checkbox"/> | 3 | Specimens not sealed/labeled                        |
| <input type="checkbox"/> | 4 | Other:  |

\*\* Notify Gerald Powers prior to processing whenever there are red discrepancies. Do Not test until authorized  
 Upon discovery of presumptive positive review discrepancy checklist with FRA as soon as possible  
 \*\* For all other discrepancies, proceed with testing and notify FRA per standard procedures

Completed By: JOSEPHINE P. GREEN

Form Date: 03/25/2013

Signature:

[Redacted Signature]

4/6/16

Version: D



Quest  
Diagnostics

1777 Montreal Circle, Tucker, GA 30084 800-729-8436

FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT  
FORENSIC TOXICOLOGY REPORT

REFERENCE INFORMATION

RAILROAD: AMTRAK  
ACCIDENT: CHESTER,PA 4/3/2016 7:55AM  
FRA CASE: 1893  
EMPLOYEE: [REDACTED]  
SPECIMEN SET ID NO: Conductor

SPECIMEN(S) TESTED

URINE: LAB ACCESSION # 951319V  
BLOOD: LAB ACCESSION # 951319V

LABORATORY TESTING INFORMATION

Drug	Urine	Blood
<b>Sedating Antihistamines</b>		
Brompheniramine	NEGATIVE	*
Chlorpheniramine	NEGATIVE	*
Diphenhydramine	NEGATIVE	*
Doxylamine	NEGATIVE	*
Pheniramine	NEGATIVE	*

\* Testing Not Performed

TESTING PERFORMANCE EXPLANATION

Testing of specimens was in accordance with the FRA Post-Accident Testing Program. Additional descriptive information of testing procedures are summarized on the attachment "Summary of Analyses Performed on Specimens for Toxicology under FRA Post Accident Program" (Revised 07/07/2015), which is an Integral part of this report.

SPECIMEN DISPOSITION

Negative specimens will be retained by Quest Diagnostics, for no less than six months from the report date. Positive specimens will be retained for not less than two years.

RESULTS

NO DRUGS WERE IDENTIFIED

CERTIFICATION

I certify that I am a laboratory certifying official at Quest Diagnostics, and the results identified above were correctly determined in accordance with the FRA Post-Accident Testing Program.

[REDACTED]  
Brian A. Brunelli, Certifying Scientist

4/25/16  
Date



**Quest  
Diagnostics**

1777 Montreal Circle, Tucker, GA 30084 800-729-8436

**FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT  
FORENSIC TOXICOLOGY REPORT**

**REFERENCE INFORMATION**

**RAILROAD:** AMTRAK  
**ACCIDENT:** CHESTER, PA 4/3/2016 7:55AM  
**FRA CASE:** 1893  
**EMPLOYEE:** [REDACTED]  
**SPECIMEN SET ID NO:** Conductor

**SPECIMEN(S) TESTED**

**URINE:** LAB ACCESSION # 951319V  
**BLOOD:** LAB ACCESSION # 951319V

**LABORATORY TESTING INFORMATION**

Drug	Urine	Drug	Blood
Amphetamines	NEGATIVE	Amphetamine	*
Barbiturates	NEGATIVE	Barbiturates	*
Benzodiazepines	NEGATIVE	Benzodiazepines	*
Cannabinoids	NEGATIVE	Cannabinoids	*
Cocaine	NEGATIVE	Cocaine	*
MDMA/MDA	NEGATIVE	MDMA/MDA	*
Methadone	NEGATIVE	Methamphetamine	*
Opiates/Opioids	NEGATIVE	Methadone	*
Phencyclidine	NEGATIVE	Opiates/Opioids	*
Tramadol	NEGATIVE	Phencyclidine	*
Ethyl Alcohol	*	Tramadol	*
		Ethyl Alcohol	NEGATIVE

\* Testing Not Performed

**TESTING PERFORMANCE EXPLANATION**

Testing of specimens was in accordance with the FRA Post-Accident Testing Program. Additional descriptive information of testing procedures are summarized on the attachment "Summary of Analyses Performed on Specimens for Toxicology under FRA Post Accident Program" (Revised 07/07/2015), which is an integral part of this report.

**SPECIMEN DISPOSITION**

Negative specimens will be retained by Quest Diagnostics, for no less than six months from the report date. Positive specimens will be retained for not less than two years.

**RESULTS**

**NO DRUGS & NO ALCOHOL IDENTIFIED**

**CERTIFICATION**

I certify that I am a laboratory certifying official at Quest Diagnostics, and the results identified above were correctly determined in accordance with the FRA Post-Accident Testing Program.

[REDACTED]  
 Brian A. Brunelli, Certifying Scientist

4/15/16  
 Date

# FEDERAL RAILROAD ADMINISTRATION

## POST-ACCIDENT TESTING BLOOD/URINE CUSTODY

*NOTE: This form must be completed in accordance with instructions provided by the employee and the collectors. If more than one collector provides services, chain of custody for the blood and urine specimens, as applicable.*



**951320U**  
Quest Diagnostics  
1777 Montreal Circle  
Floor 2  
Tucker, GA 30084

**RM (49 CFR 219)**

Separate instructions are available on to properly documenting the

Date (Mo/Day/Yr) <u>4/13/16</u>	Name of Employing Railroad <u>Amtrak</u>	Number (Pre-printed) <b>311735</b>
------------------------------------	---	---------------------------------------

### STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS

Name Print (last, first, mi) <u>Day Dispatcher</u>	Employee Identification Number or Social Security Number [REDACTED]			
Home Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Telephone Number [REDACTED]

### STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN

Name of Collector Print (last, first, mi) <u>McAuney, Cynthia S.</u>	Date (Mo/Day/Yr) <u>4/13/16</u>	Time of Collection <u>1702</u>	AM PM
Remarks:			

I certify the blood specimen was presented to me by the person named in Step 1. The specimen (in two blood tubes) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me.

[REDACTED]  
Signature of Collector

### STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN

Name of Collector Print (last, first, mi) <u>McAuney, Cynthia S.</u>	Date (Mo/Day/Yr) <u>4/13/16</u>	Time of Collection <u>1708</u>	AM PM
Temperature of specimen was read within 4 minutes <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Temperature was within range of 32°-38°C/90°-100°F <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If not, actual temperature was _____°	
Remarks:			

I certify the urine specimen was presented to me by the person named in Step 1. The specimen (in two bottles) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me.

[REDACTED]  
Signature of Collector

### STEP 4. COMPLETED BY EMPLOYEE

I certify the information I have given in Step 1 is correct and that I provided the specimens described in Steps 2 and 3; that each specimen is in a container which has the above sample set identification numbers recorded on the tamper-evident seals; that I have not adulterated the urine specimen in any manner; that each container has a tamper-evident seal that was applied by the collector in my presence; and I have placed my initials on each label. (SIGN AFTER ALL SPECIMENS ARE SEALED.)

EXAMPLE OF MY INITIALS [REDACTED]

[REDACTED]  
Signature of Employee

### STEP 5. COMPLETED BY THE PERSON TAKING POSSESSION OF SPECIMENS FOR SHIPMENT

I certify that I took possession of the sealed specimens with the sample set identification number as printed above from the blood and urine collectors, maintained custody of the specimens, packaged and sealed them into the kit box, placed the kit into the transport box, and prepared the three-kit transport box for shipment.

Received Blood <input checked="" type="checkbox"/>	Received Urine <input checked="" type="checkbox"/>	Name (print) <u>Deborah Jowers</u>	Signature [REDACTED]	Date <u>4/3/16</u>
Released specimens to:				
<ul style="list-style-type: none"> <li>• Overnight courier service (name) <u>FedEx</u> <input type="checkbox"/> OR</li> <li>• Railroad representative (name) _____ for delivery to overnight courier service (name if known) _____</li> </ul>				

### STEP 6. COMPLETED BY MEDICAL FACILITY/PHYSICIAN

Describe any medication, solution, transfusion, anesthetic, or other treatment the employee received after the accident that might affect toxicological analyses.

none

Was a breath alcohol test conducted on the donor above, pursuant to this accident, using FRA authority?  Yes  No



Quest Diagnostics  
 1777 Montreal Circle  
 Tucker Ga 30084  
 678-406-1100

Case No.	1893
ID. No.	
Emp Name	Day Dispatcher
Date	4/8/16 11:30AM
Access No.	951320V

FRA Post Accident

LABORATORY DISCREPANCY CHECKLIST

DISCREPANCY CODES

1. Shipping box errors

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | 1 | Specimens first shipped to another laboratory                                   |
| <input type="checkbox"/> | 2 | Specimens did not arrive in FRA standard box                                    |
| <input type="checkbox"/> | 4 | Box not sealed or seals broken  |
| <input type="checkbox"/> | 5 | Employer/MRO/collector/employee copies of forms 73 or 74 received at laboratory |
| <input type="checkbox"/> | 6 | Other:  |

2. Form 73 errors

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | 1 | Form 73 missing   |
| <input type="checkbox"/> | 2 | Name and Address of collection facility missing               |
| <input type="checkbox"/> | 3 | Name of employee not listed on form 73                        |
| <input type="checkbox"/> | 4 | Collection site not listed                                    |
| <input type="checkbox"/> | 5 | Breath alcohol marked yes but test documentation not included |
| <input type="checkbox"/> | 6 |   |

3. Form 74 errors

- |                                     |    |  |
|-------------------------------------|----|--|
| <input type="checkbox"/>            | 1  | Any Form 74 missing ****   |
| <input type="checkbox"/>            | 2  | Employee ID number or SSN missing  |
| <input type="checkbox"/>            | 3  | Employee name missing  |
| <input type="checkbox"/>            | 4  | Urine/blood collection date missing  |
| <input type="checkbox"/>            | 5  | Urine/blood collection time missing  |
| <input type="checkbox"/>            | 6  | Urine specimen temperature not annotated                                   |
| <input type="checkbox"/>            | 7  | Urine or Blood collector failed to sign (circle one or both)****           |
| <input type="checkbox"/>            | 8  | Employee initials/signature missing in Step 4/no medical justification**** |
| <input type="checkbox"/>            | 9  | Signature/name missing in chain of custody (Step 5)                        |
| <input type="checkbox"/>            | 10 | Transfer errors in chain of custody (Step 5)                               |
| <input type="checkbox"/>            | 11 | Chain of custody incomplete (Step 5)                                       |
| <input type="checkbox"/>            | 12 | Step 6 (medication) not annotated  |
| <input type="checkbox"/>            | 13 | Breath alcohol marked yes but test document not included                   |
| <input checked="" type="checkbox"/> | 14 | Specimens collected more than 4 hrs after accident                         |
| <input type="checkbox"/>            | 15 | COMMENT:   |

4. Kit errors

- |                          |    |  |
|--------------------------|----|--|
| <input type="checkbox"/> | 1  | Kit box not sealed   |
| <input type="checkbox"/> | 2  | Urine or blood specimens not sealed***   |
| <input type="checkbox"/> | 3  | Initials on seal do not match initials on form (i.e., not the same individual)***        |
| <input type="checkbox"/> | 4  | Urine specimen leaked  |
| <input type="checkbox"/> | 5  | Insufficient urine volume per senior scientist****                                       |
| <input type="checkbox"/> | 6  | Single urine specimen only   |
| <input type="checkbox"/> | 7  | Blood specimen leaked/tube broken  |
| <input type="checkbox"/> | 8  | Insufficient blood specimen - less than 5 ml in primary or 10 ml total****               |
| <input type="checkbox"/> | 9  | Blood not collected in gray top tube   |
| <input type="checkbox"/> | 10 | Specimen number on Form 74 does not match specimen number on bottles or tubes****        |
| <input type="checkbox"/> | 11 | Donor initials on Form 74 do not match specimen initials on specimen bottle or tube***** |
| <input type="checkbox"/> |    | Other:   |

5. FATALITIES

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | 1 | Specimens shipped in standard FRA post accident kit |
| <input type="checkbox"/> | 2 | No tissue specimens received                        |
| <input type="checkbox"/> | 3 | Specimens not sealed/labeled                        |
| <input type="checkbox"/> | 4 | Other:  |

\*\* Notify Gerald Powers prior to processing whenever there are red discrepancies. Do Not test until authorized  
 Upon discovery of presumptive positive review discrepancy checklist with FRA as soon as possible  
 \*\* For all other discrepancies, proceed with testing and notify FRA per standard procedures

Completed By: JOSEPHINE P. GREEN

Signature:

4/10/16

Form Date: 03/25/2013

Version: D



**Quest  
Diagnostics**

1777 Montreal Circle, Tucker, GA 30084 800-729-8436

**FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT  
FORENSIC TOXICOLOGY REPORT**

**REFERENCE INFORMATION**

RAILROAD: AMTRAK  
 ACCIDENT: CHESTER, PA 4/3/2016 7:55AM  
 FRA CASE: 1893  
 EMPLOYEE: [REDACTED]  
 SPECIMEN SET ID NO: Day Dispatcher

**SPECIMEN(S) TESTED**

URINE: LAB ACCESSION # 951320V  
 BLOOD: LAB ACCESSION # 951320V

**LABORATORY TESTING INFORMATION**

Drug	Urine	Blood
<b>Sedating Antihistamines</b>		
Brompheniramine	NEGATIVE	*
Chlorpheniramine	NEGATIVE	*
Diphenhydramine	NEGATIVE	*
Doxylamine	NEGATIVE	*
Pheniramine	NEGATIVE	*

\* Testing Not Performed

**TESTING PERFORMANCE EXPLANATION**

Testing of specimens was in accordance with the FRA Post-Accident Testing Program. Additional descriptive information of testing procedures are summarized on the attachment "Summary of Analyses Performed on Specimens for Toxicology under FRA Post Accident Program" (Revised 07/07/2015), which is an integral part of this report.

**SPECIMEN DISPOSITION**

Negative specimens will be retained by Quest Diagnostics, for no less than six months from the report date. Positive specimens will be retained for not less than two years.

**RESULTS**

**NO DRUGS WERE IDENTIFIED**

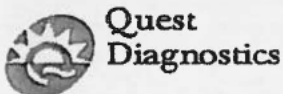
**CERTIFICATION**

I certify that I am a laboratory certifying official at Quest Diagnostics, and the results identified above were correctly determined in accordance with the FRA Post-Accident Testing Program.

[REDACTED]

Brian A. Brunelli, Certifying Scientist

4/25/16  
Date



1777 Montreal Circle, Tucker, GA 30084 800-729-8438

FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT FORENSIC TOXICOLOGY REPORT

REFERENCE INFORMATION

RAILROAD: AMTRAK
ACCIDENT: CHESTER,PA 4/3/2016 7:55AM
FRA CASE: 1893
EMPLOYEE: Day Dispatcher
SPECIMEN SET ID NO:

SPECIMEN(S) TESTED

URINE: LAB ACCESSION # 951320V
BLOOD: LAB ACCESSION # 951320V

LABORATORY TESTING INFORMATION

Table with 4 columns: Drug, Urine, Drug, Blood. Lists various substances like Amphetamines, Barbiturates, Benzodiazepines, etc., with their respective test results (NEGATIVE or \*).

\* Testing Not Performed

TESTING PERFORMANCE EXPLANATION

Testing of specimens was in accordance with the FRA Post-Accident Testing Program. Additional descriptive information of testing procedures are summarized on the attachment "Summary of Analyses Performed on Specimens for Toxicology under FRA Post Accident Program" (Revised 07/07/2015), which is an integral part of this report.

SPECIMEN DISPOSITION

Negative specimens will be retained by Quest Diagnostics, for no less than six months from the report date. Positive specimens will be retained for not less than two years.

RESULTS

NO DRUGS & NO ALCOHOL IDENTIFIED

CERTIFICATION

I certify that I am a laboratory certifying official at Quest Diagnostics, and the results identified above were correctly determined in accordance with the FRA Post-Accident Testing Program.

Brian A. Brunelli, Certifying Scientist

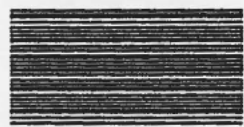
4/25/16 Date



**ACCIDENT INFORMATION REQUIRED FOR  
POST-ACCIDENT TOXICOLOGICAL TESTING (49 CFR PART 219)**

NOTE: This form must be completed by the Railroad Representative present at the collection facility.

1. Name of Reporting Railroad <b>Amtrak</b>	2. Name(s) of Other Railroads Involved in Accident <b>NONE</b>								
3. Date of Accident (month/day/year) <b>3/3/16</b>	4. Time of Accident <b>8</b> : <b>45</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM Hr Min								
5. Locations of Accident (City and State) <b>Cornwall HTS, PA</b>	6. Nearest Railroad Station <b>Cornwall</b>								
7. Event which Qualifies Accident for Mandatory Post-Accident Testing (one must be checked) NOTE: All accident events (not incidents) must meet the railroad property damage reporting threshold.									
<table style="width:100%; border: none;"> <tr> <td style="width:30%;">MAJOR TRAIN ACCIDENT:</td> <td style="width:70%;"> <input type="checkbox"/> Fatality  <input type="checkbox"/> \$1,000,000 damage or more (to railroad property)  <input type="checkbox"/> Release of hazardous material (and evacuation)  <input type="checkbox"/> Release of hazardous material (and reportable injury from product)                 </td> </tr> <tr> <td>IMPACT ACCIDENT:</td> <td> <input type="checkbox"/> Reportable Injury  <input type="checkbox"/> Damage of \$150,000 or more (to railroad property)                 </td> </tr> <tr> <td>PASSENGER TRAIN ACCIDENT:</td> <td><input type="checkbox"/> Reportable injury to any person in the accident</td> </tr> <tr> <td>TRAIN INCIDENT:</td> <td><input checked="" type="checkbox"/> Fatality to on-duty railroad employee</td> </tr> </table>		MAJOR TRAIN ACCIDENT:	<input type="checkbox"/> Fatality <input type="checkbox"/> \$1,000,000 damage or more (to railroad property) <input type="checkbox"/> Release of hazardous material (and evacuation) <input type="checkbox"/> Release of hazardous material (and reportable injury from product)	IMPACT ACCIDENT:	<input type="checkbox"/> Reportable Injury <input type="checkbox"/> Damage of \$150,000 or more (to railroad property)	PASSENGER TRAIN ACCIDENT:	<input type="checkbox"/> Reportable injury to any person in the accident	TRAIN INCIDENT:	<input checked="" type="checkbox"/> Fatality to on-duty railroad employee
MAJOR TRAIN ACCIDENT:	<input type="checkbox"/> Fatality <input type="checkbox"/> \$1,000,000 damage or more (to railroad property) <input type="checkbox"/> Release of hazardous material (and evacuation) <input type="checkbox"/> Release of hazardous material (and reportable injury from product)								
IMPACT ACCIDENT:	<input type="checkbox"/> Reportable Injury <input type="checkbox"/> Damage of \$150,000 or more (to railroad property)								
PASSENGER TRAIN ACCIDENT:	<input type="checkbox"/> Reportable injury to any person in the accident								
TRAIN INCIDENT:	<input checked="" type="checkbox"/> Fatality to on-duty railroad employee								



**1893**

8. Name and Address of Collection Facility <b>Medirite Urgent Care 330 W 42nd St, NY, NY 10036</b>	8. Telephone Number of Collection Facility <b>212-695-4444 '646' 861-0101 FAX</b>
---	--

10. Employee(s) Whose Samples are Contained in this Shipping Box.  
NOTE: A sample set identification number is pre-printed on FRA Form 6180.74 and differs for each person.

NAME OF EMPLOYEE	JOB TITLE (engineer, conductor, etc.)	TRAIN DESIGNATION	SAMPLE SET IDENTIFICATION NUMBER
Assistant	Conductor 2	AM 89	8424

11. Name of Medical Review Officer	12. Address of Medical Review Officer
	Telephone: (     )

13. Name of Railroad Representative <b>Peter J. Gueriero</b>	14. Address of Railroad Representative
	Telephone: (     )

15. Signature of Railroad Representative	16. Date (month/day/year) <b>4/4/16</b>	17. Was a breath alcohol test conducted pursuant to the above accident under FRA Authority? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---

Public reporting burden for this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 2130-0526. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1120 Vermont Ave., N.W., Washington, D.C. 20590.

7

FEDERAL RAILROAD ADMINISTRATION

Kit #8424

POST-ACCIDENT TESTING BLOOD/URINE CUSTODY

FORM (49 CFR 219)

NOTE: This form must be completed in accordance with instructions provided by the employee and the collectors. If more than one collector provides services...

951321U Quest Diagnostics 1777 Montreal Circle Floor 2 Tucker, GA 30084

separate instructions are available in addition to properly documenting the

Date (Mo/Day/Yr) 4/4/16 Name of Employing Railroad AMTRAK Number (Pre-printed) 310070

STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS

Name Print (last, first, mi) Assistant Conductor 2 Employee Identification Number or Social Security Number [Redacted] Home Address [Redacted] City [Redacted] State [Redacted] Zip Code [Redacted] Telephone Number [Redacted]

STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN

Name of Collector Print (last, first, mi) Marmolejos, Michelle Date (Mo/Day/Yr) 4/4/16 Time of Collection 3:40 PM

I certify the blood specimen was presented to me by the person named in Step 1. The specimen (in two blood tubes) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me. Signature of Collector [Redacted]

STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN

Name of Collector Print (last, first, mi) Marmolejos, Michelle Date (Mo/Day/Yr) 4/4/16 Time of Collection 3:40 PM Temperature of specimen was read within 4 minutes YES NO Temperature was within range of 32°-38°C/90°-100°F YES NO If not, actual temperature was -

I certify the urine specimen was presented to me by the person named in Step 1. The specimen (in two bottles) bears the sample set identification number as printed above and was collected, labeled, and sealed according to the Federal Railroad Administration's instructions provided me. Signature of Collector [Redacted]

STEP 4. COMPLETED BY EMPLOYEE

I certify the information I have given in Step 1 is correct and that I provided the specimens described in Steps 2 and 3; that each specimen is in a container which has the above sample set identification numbers recorded on the tamper-evident seals; that I have not adulterated the urine specimen in any manner; that each container has a tamper-evident seal that was applied by the collector in my presence; and I have placed my initials on each label. (SIGN AFTER ALL SPECIMENS ARE SEALED.) EXAMPLE OF MY INITIALS [Redacted] Signature of Employee [Redacted]

STEP 5. COMPLETED BY THE PERSON TAKING POSSESSION OF SPECIMENS FOR SHIPMENT

I certify that I took possession of the sealed specimens with the sample set identification number as printed above from the blood and urine collectors, maintained custody of the specimens, packaged and sealed them into the kit box, placed the kit into the transport box, and prepared the three-kit transport box for shipment.

Received Blood X Received Urine X Name (print) Peter J Guerriero Signature [Redacted] Date 4/4/16

Released specimens to: Overnight courier service (name) FedEx OR Railroad representative (name) for delivery to overnight courier service (name if known)

STEP 6. COMPLETED BY MEDICAL FACILITY/PHYSICIAN

Describe any medication, solution, transfusion, anesthetic, or other treatment the employee received after the accident that might affect toxicological analyses. Was a breath alcohol test conducted on the donor above, pursuant to this accident, using FRA authority? Yes No

Quest Diagnostics  
 1777 Montreal Circle  
 Tucker Ga 30084  
 678-406-1100

Case No.	1893
ID. No.	Assistant
Emp Name	Conductor 2
Date	4/6/16 11:30AM
Access No.	951321V

FRA Post Accident

LABORATORY DISCREPANCY CHECKLIST

DISCREPANCY CODES

1. Shipping box errors

- 1 Specimens first shipped to another laboratory
- 2 Specimens did not arrive in FRA standard box
- 4 Box not sealed or seals broken
- 5 Employer/MRO/collector/employee copies of forms 73 or 74 received at laboratory
- 6 Other:

2. Form 73 errors

- 1 Form 73 missing
- 2 Name and Address of collection facility missing
- 3 Name of employee not listed on form 73
- 4 Collection site not listed
- 5 Breath alcohol marked yes but test documentation not included
- 6 MRO'S NAME, ADDRESS, AND TELEPHONE NUMBER NOT LISTED ON FORM 73, AREA 11 & 12. TIME OF ACCIDENT IS MISSING ON FORM 72, AREA 4. WRONG SAMPLE ID NUMBER ON FORM 73, AREA 10.

73  
*DS-4/12/16*

3. Form 74 errors

- 1 Any Form 74 missing \*\*\*\*
  - 2 Employee ID number or SSN missing
  - 3 Employee name missing
  - 4 Urine/blood collection date missing
  - 5 Urine/blood collection time missing
  - 6 Urine specimen temperature not annotated
  - 7 Urine or Blood collector failed to sign (circle one or both)\*\*\*\*
  - 8 Employee Initials/signature missing in Step 4/no medical justification\*\*\*\*
  - 9 Signature/name missing in chain of custody (Step 5)
  - 10 Transfer errors in chain of custody (Step 5)
  - 11 Chain of custody Incomplete (Step 5), ..
  - 12 Step 6 (medication) not annotated
  - 13 Breath alcohol marked yes but test document not included
  - 14 Specimens collected more than 4 hrs after accident
- 15**

4. Kit errors

- 1 Kit box not sealed
  - 2 Urine or blood specimens not sealed\*\*\*
  - 3 Initials on seal do not match initials on form (i.e., not the same individual)\*\*\*
  - 4 Urine specimen leaked
  - 5 Insufficient urine volume per senior scientist\*\*\*\*
  - 6 Single urine specimen only
  - 7 Blood specimen leaked/tube broken
  - 8 Insufficient blood specimen - less than 5 ml in primary or 10 ml total\*\*\*\*
  - 9 Blood not collected in grey top tube
  - 10 Specimen number on Form 74 does not match specimen number on bottles or tubes\*\*\*\*
  - 11 Donor initials on Form 74 do not match specimen initials on specimen bottle or tube\*\*\*\*\*
- Other:

5. FATALITIES

- 1 Specimens shipped in standard FRA post accident kit
- 2 No tissue specimens received
- 3 Specimens not sealed/labeled
- 4

\*\*\* Notify Gerald Powers prior to processing whenever there are red discrepancies. Do Not test until authorized Upon discovery of presumptive positive review discrepancy checklist with FRA as soon as possible  
 \*\* For all other discrepancies, proceed with testing and notify FRA per standard procedures

Completed By: JOSEPHINE R. GREEN

Signature:

*4/6/16*

Form Date: 03/25/2013

Version: D



**Quest  
Diagnostics**

1777 Montreal Circle, Tucker, GA 30084 800-729-6436

**FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT  
FORENSIC TOXICOLOGY REPORT**

**REFERENCE INFORMATION**

RAILROAD: AMTRAK  
 ACCIDENT: CHESTER, PA 4/3/2016 7:55AM  
 FRA CASE: 1893  
 EMPLOYEE: [REDACTED]  
 SPECIMEN SET ID NO: Assistant Conductor 2

**SPECIMEN(S) TESTED**

URINE: LAB ACCESSION # 951321V  
 BLOOD: LAB ACCESSION # 951321V

**LABORATORY TESTING INFORMATION**

Drug	Urine	Blood
<b>Sedating Antihistamines</b>		
Brompheniramine	NEGATIVE	*
Chlorpheniramine	NEGATIVE	*
Diphenhydramine	NEGATIVE	*
Doxylamine	NEGATIVE	*
Pheniramine	NEGATIVE	*

\* Testing Not Performed

**TESTING PERFORMANCE EXPLANATION**

Testing of specimens was in accordance with the FRA Post-Accident Testing Program. Additional descriptive information of testing procedures are summarized on the attachment "Summary of Analyses Performed on Specimens for Toxicology under FRA Post Accident Program" (Revised 07/07/2015), which is an integral part of this report.

**SPECIMEN DISPOSITION**

Negative specimens will be retained by Quest Diagnostics, for no less than six months from the report date. Positive specimens will be retained for not less than two years.

**RESULTS**

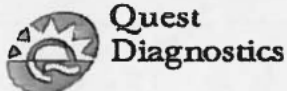
**NO DRUGS WERE IDENTIFIED**

**CERTIFICATION**

I certify that I am a laboratory certifying official at Quest Diagnostics, and the results identified above were correctly determined in accordance with the FRA Post-Accident Testing Program.

[REDACTED]  
 Brian A. Brunelli, Certifying Scientist

4/25/16  
 Date



1777 Montreal Circle, Tucker, GA 30084 800-729-6436

FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT FORENSIC TOXICOLOGY REPORT

REFERENCE INFORMATION

RAILROAD: AMTRAK
ACCIDENT: CHESTER, PA 4/3/2016 7:55AM
FRA CASE: 1893
EMPLOYEE:
SPECIMEN SET ID NO: Assistant Conductor 2

SPECIMEN(S) TESTED

URINE: LAB ACCESSION # 951321V
BLOOD: LAB ACCESSION # 951321V

LABORATORY TESTING INFORMATION

Table with columns: Drug, Urine, Drug, Blood. Lists various substances like Amphetamines, Barbiturates, Benzodiazepines, etc., with their respective test results (e.g., NEGATIVE, \*).

\* Testing Not Performed

TESTING PERFORMANCE EXPLANATION

Testing of specimens was in accordance with the FRA Post-Accident Testing Program. Additional descriptive information of testing procedures are summarized on the attachment "Summary of Analyses Performed on Specimens for Toxicology under FRA Post Accident Program" (Revised 07/07/2015), which is an integral part of this report.

SPECIMEN DISPOSITION

Negative specimens will be retained by Quest Diagnostics, for no less than six months from the report date. Positive specimens will be retained for not less than two years.

RESULTS

NO DRUGS & NO ALCOHOL IDENTIFIED

CERTIFICATION

I certify that I am a laboratory certifying official at Quest Diagnostics, and the results identified above were correctly determined in accordance with the FRA Post-Accident Testing Program.

Brian A. Brunelli, Certifying Scientist

Handwritten signature and date: 4/25/16



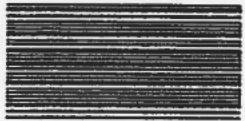


U.S. Department  
of Transportation  
Federal Railroad  
Administration

## ACCIDENT INFORMATION REQUIRED FOR POST-ACCIDENT TOXICOLOGICAL TESTING (49 CFR PART 219)

*NOTE: This form must be completed by the Railroad Representative present at the collection facility.*


1. Name of Reporting Railroad <b>Amtrak</b>	2. Name(s) of Other Railroads Involved in Accident <b>N/A</b>																				
3. Date of Accident (month/day/year) <b>4/3/16</b>	4. Time of Accident <b>7 : 49</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM Hr Min																				
5. Locations of Accident (City and State) <b>Trainer, PA 5m Chester, PA</b>	6. Nearest Railroad Station <b>Wilmington Station</b>																				
7. Event which Qualifies Accident for Mandatory Post-Accident Testing (one must be checked)  NOTE: All accident events (not incidents) must meet the railroad property damage reporting threshold.  MAJOR TRAIN ACCIDENT: <input checked="" type="checkbox"/> Fatality <input type="checkbox"/> \$1,000,000 damage of more (to railroad property) <input type="checkbox"/> Release of hazardous material (and evacuation) <input type="checkbox"/> Release of hazardous material (and reportable injury from p  IMPACT ACCIDENT: <input type="checkbox"/> Reportable Injury <input type="checkbox"/> Damage of \$150,000 or more (to railroad property)  PASSENGER TRAIN ACCIDENT: <input type="checkbox"/> Reportable injury to any person in the accident  TRAIN INCIDENT: <input type="checkbox"/> Fatality to on-duty railroad employee																					
8. Name and Address of Collection Facility <b>Delaware County Medical Examiner 340 North Middletown Rd. Lima, PA 19037</b>	9. Telephone Number of Collection Facility <b>[REDACTED]</b>																				
10. Employee(s) Whose Samples are Contained in this Shipping Box.  NOTE: A sample set identification number is pre-printed on FRA Form 6180.74 and differs for each person.  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">NAME OF EMPLOYEE</th> <th style="width: 25%;">JOB TITLE (engineer, conductor, etc.)</th> <th style="width: 25%;">TRAIN DESIGNATION</th> <th style="width: 25%;">SAMPLE SET IDENTIFICATION NUMBER</th> </tr> </thead> <tbody> <tr> <td><b>[REDACTED]</b></td> <td><b>Supervisor</b></td> <td><b>89</b></td> <td><b>900331</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME OF EMPLOYEE	JOB TITLE (engineer, conductor, etc.)	TRAIN DESIGNATION	SAMPLE SET IDENTIFICATION NUMBER	<b>[REDACTED]</b>	<b>Supervisor</b>	<b>89</b>	<b>900331</b>												
NAME OF EMPLOYEE	JOB TITLE (engineer, conductor, etc.)	TRAIN DESIGNATION	SAMPLE SET IDENTIFICATION NUMBER																		
<b>[REDACTED]</b>	<b>Supervisor</b>	<b>89</b>	<b>900331</b>																		
11. Name of Medical Review Officer <b>Dr. Benjamin Gerson Uari</b>	12. Address of Medical Review Officer <b>University Services 10551 DeCatur Road Ste 200 Philadelphia, PA 19154</b>  Telephone: <b>[REDACTED]</b>																				
13. Name of Railroad Representative <b>Lonnie McMillan</b>	14. Address of Railroad Representative <b>2955 Market St Philadelphia, PA 19104</b>  Telephone: <b>[REDACTED]</b>																				
15. Signature of Railroad Representative <b>[REDACTED]</b>	16. Date (month/day/year) <b>4/4/16</b>																				
17. Was a breath alcohol test conducted pursuant to the above accident under FRA Authority?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																					



**1893**

**FEDERAL RAILROAD ADMINISTRATION  
COLLECTION OF POST-MORTEM TOXICOLOGY SAMPLES  
REQUIRED BY 49 CFR PART 219**

Samples taken will be tested as part of the Federal Railroad Administration's determine cause of the rail accident. Samples are being harvested in accordance with law and consent is not required (49 CFR Part 219.11(f)). Collection instructions are in the Fatality Box.

  
**951332V**  
Quest Diagnostics  
1777 Montreal Circle  
Floor 2  
Tucker, GA 30084

Specimen ID:  
**900331**

<b>Railroad:</b> <u>Amtrak</u>	<b>Date of Accident:</b> <u>4/3/16</u>
<b>Deceased's Name (Print):</b> Supervisor <span style="background-color: black; color: black;">[REDACTED]</span>	<b>Date and Time Samples Taken:</b> <u>4/4/16 11:30 am</u>
<b>Name and Address of Submitting Agency/Facility:</b> <u>Delaware County Medical Examiner 340 North Middletown Rd Lima, PA 19037</u>	<b>Telephone:</b> <span style="background-color: black; color: black;">[REDACTED]</span>
<b>I certify that I collected the samples identified below under proper Custody and Control procedures and with accepted scientific standards of practice.</b>	
<u>FREDRIC N. HELLMAN, M.D., MBA</u> Print Name	<span style="background-color: black; color: black;">[REDACTED]</span> Signature <u>FHN</u>
<b>Please Harvest all of the Samples Below if Possible (in Order of Priority to FRA):</b>	
Whole Blood (20 mL)    Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Source of Blood <u>R/L chest cavity</u>
Urine (60 mL)    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Vitreous (All Available)    Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Liver (50 gr)    Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Brain (50 gr)    Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Kidney (50 gr)    Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>Optional Samples (if Two or More of the Above Samples are Not Available):</b>	
Bile, <u>Spleen</u> , <u>Lung</u> Yes <input checked="" type="checkbox"/> Specify _____	
<b>Other Samples of Interest if Vitreous or Urine are Not Available:</b>	
Spinal Fluid (All Available) <u>N/A</u> Yes <input type="checkbox"/>	Gastric Contents (60 mL) <u>N/A</u> Yes <input checked="" type="checkbox"/>
<b>Samples Released to (Courier Service):</b> <u>Fed Ex</u>	<b>Received at FRA Laboratory by:</b> Josephine P. Green <span style="background-color: black; color: black;">[REDACTED]</span> <u>4/6/16</u>
<b>Were there any signs of decomposition?:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please explain _____	
<b>Additional Remarks:</b> _____	

Quest Diagnostics  
 1777 Montreal Circle  
 Tucker Ga 30084  
 678-406-1100

Case No.	1893
ID. No.	
Emp Name	Supervisor
Date	4/6/16 11:30AM
Access No.	951332V

FRA Post Accident

LABORATORY DISCREPANCY CHECKLIST

DISCREPANCY CODES

1. Shipping box errors

- 1 Specimens first shipped to another laboratory
- 2 Specimens did not arrive in FRA standard box
- 4 Box not sealed or seals broken
- 5 Employer/MRO/collector/employee copies of forms 73 or 74 received at laboratory
- 6 Other:

2. Form 73 errors

- 1 Form 73 missing
- 2 Name and Address of collection facility missing
- 3 Name of employee not listed on form 73
- 4 Collection site not listed
- 5 Breath alcohol marked yes but test documentation not included
- 6 EXAMINER DID NOT INCLUDE INITIAL & DATE ON CORRECTED NAME OF MEDICAL REVIEW OFFICER FOR AREA 11.

3. Form 74 errors

- 1 Any Form 74 missing \*\*\*\*
- 2 Employee ID number or SSN missing
- 3 Employee name missing
- 4 Urine/blood collection date missing
- 5 Urine/blood collection time missing
- 6 Urine specimen temperature not annotated
- 7 Urine or Blood collector failed to sign (circle one or both)\*\*\*\*
- 8 Employee initials/signature missing in Step 4/no medical justification\*\*\*\*
- 9 Signature/name missing in chain of custody (Step 5)
- 10 Transfer errors in chain of custody (Step 5)
- 11 Chain of custody incomplete (Step 5)
- 12 Step 8 (medication) not annotated
- 13 Breath alcohol marked yes but test document not included
- 14 Specimens collected more than 4 hrs after accident
- 15

4. Kit errors

- 1 Kit box not sealed
- 2 Urine or blood specimens not sealed\*\*\*
- 3 Initials on seal do not match initials on form (i.e., not the same individual)\*\*\*
- 4 Urine specimen leaked
- 5 Insufficient urine volume per senior scientist\*\*\*\*
- 6 Single urine specimen only
- 7 Blood specimen leaked/tube broken
- 8 Insufficient blood specimen - less than 5 ml in primary or 10 ml total\*\*\*\*
- 9 Blood not collected in grey top tube
- 10 Specimen number on Form 74 does not match specimen number on bottles or tubes\*\*\*\*
- 11 Donor initials on Form 74 do not match specimen initials on specimen bottle or tube\*\*\*\*\*
- Other:

5. FATALITIES

- 1 Specimens shipped in standard FRA post accident kit
- 2 No tissue specimens received
- 3 Specimens not sealed/labeled
- 4 Other: EXAMINER DID NOT INCLUDE INITIAL & DATE ON CORRECTION AREA FOR GASTRIC CONTENTS ON FORM 75

\*\* Notify Gerald Powers prior to processing whenever there are red discrepancies. Do Not test until authorized  
 Upon discovery of presumptive positive review discrepancy checklist with FRA as soon as possible  
 \*\* For all other discrepancies, proceed with testing and notify FRA per standard procedures

Completed By: JOSEPHINE P. GREEN

Signature:

 4/6/16

Form Date: 03/25/2013

Version: D



**Quest  
Diagnostics**

1777 Montreal Circle, Tucker, GA 30084 800-729-8436

**FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT  
FORENSIC TOXICOLOGY REPORT**

**REFERENCE INFORMATION**

RAILROAD: AMTRAK  
 ACCIDENT: CHESTER, PA 4/3/2016 7:55AM  
 FRA CASE: 1893  
 EMPLOYEE: [REDACTED]  
 SPECIMEN SET ID NO: Supervisor

**SPECIMEN(S) TESTED**

URINE: LAB ACCESSION # NO URINE RECEIVED  
 BLOOD: LAB ACCESSION # 951332V  
 SAMPLE RECEIVED BUT NOT TESTED: LIVER, BRAIN, KIDNEY, SPLEEN, LUNG, VITREOUS

**LABORATORY TESTING INFORMATION**

Drug	Urine	FATALITY	Blood
------	-------	----------	-------

**Sedating Antihistamines**

Brompheniramine	*	NEGATIVE	
Chlorpheniramine	*	NEGATIVE	
Diphenhydramine	*	NEGATIVE	
Doxylamine	*	NEGATIVE	
Pheniramine	*	NEGATIVE	

\* NO URINE RECEIVED

**TESTING PERFORMANCE EXPLANATION**

Testing of specimens was in accordance with the FRA Post-Accident Testing Program. Additional descriptive information of testing procedures are summarized on the attachment "Summary of Analyses Performed on Specimens for Toxicology under FRA Post Accident Program" (Revised 07/07/2015), which is an integral part of this report.

**SPECIMEN DISPOSITION**

Negative specimens will be retained by Quest Diagnostics, for no less than six months from the report date. Positive specimens will be retained for not less than two years.

**RESULTS**

**NO DRUGS WERE IDENTIFIED**

**CERTIFICATION**

I certify that I am a laboratory certifying official at Quest Diagnostics, and the results identified above were correctly determined in accordance with the FRA Post-Accident Testing Program.

[REDACTED]  
 Brian A. Brunelli, Certifying Scientist

*4/5/16*  
 Date



Quest  
Diagnostics

1777 Montreal Circle, Tucker, GA 30084 800-729-6436

FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT  
FORENSIC TOXICOLOGY REPORT

REFERENCE INFORMATION

RAILROAD: AMTRAK  
ACCIDENT: CHESTER, PA 4/3/2016 7:55AM  
FRA CASE: 1893  
EMPLOYEE: Supervisor  
SPECIMEN SET ID NO:

SPECIMEN(S) TESTED

URINE: LAB ACCESSION # NO URINE RECEIVED  
BLOOD: LAB ACCESSION # 951332V  
SAMPLE RECEIVED BUT NOT TESTED: LIVER, BRAIN, KIDNEY, SPLEEN, LUNG, VITREOUS

LABORATORY TESTING INFORMATION

Drug	Urine	Drug	FATALITY
			Blood
Amphetamines	*	Amphetamine	NEGATIVE
Barbiturates	*	Barbiturates	NEGATIVE
Benzodiazepines	*	Benzodiazepines	NEGATIVE
Cannabinoids	*	Cannabinoids	NEGATIVE
Cocaine	*	Cocaine	NEGATIVE
MDMA/MDA	*	MDMA/MDA	NEGATIVE
Methodone	*	Methamphetamine	NEGATIVE
Opiates/Opioids	*	Methodone	NEGATIVE
Phencyclidine	*	Opiates/Opioids	POSITIVE
Tramadol	*	Phencyclidine	NEGATIVE
Ethyl Alcohol	*	Tramadol	NEGATIVE
		Ethyl Alcohol	NEGATIVE

\* NO URINE RECEIVED

TESTING PERFORMANCE EXPLANATION

Testing of specimens was in accordance with the FRA Post-Accident Testing Program. Additional descriptive information of testing procedures are summarized on the attachment "Summary of Analyses Performed on Specimens for Toxicology under FRA Post Accident Program" (Revised 07/07/2015), which is an integral part of this report.

SPECIMEN DISPOSITION

Negative specimens will be retained by Quest Diagnostics, for no less than six months from the report date. Positive specimens will be retained for not less than two years.

RESULTS

BLOOD: MORPHINE=34.5 ng/mL, OXYCODONE=8.1 ng/mL

CERTIFICATION

I certify that I am a laboratory certifying official at Quest Diagnostics, and the results identified above were correctly determined in accordance with the FRA Post-Accident Testing Program.

Brian A. Brunelli, Certifying Scientist

7/25/16  
Date



U.S. Department  
of Transportation  
Federal Railroad  
Administration

## ACCIDENT INFORMATION REQUIRED FOR POST-ACCIDENT TOXICOLOGICAL TESTING (49 CFR PART 219)

*NOTE: This form must be completed by the Railroad Representative present at the collection facility.*

1. Name of Reporting Railroad <span style="font-size: 1.5em; font-family: cursive;">Amtrak</span>	2. Name(s) of Other Railroads Involved in Accident <span style="font-size: 1.5em; font-family: cursive;">N/A</span>
3. Date of Accident (month/day/year) <span style="font-size: 1.5em; font-family: cursive;">4/3/16</span>	4. Time of Accident <span style="font-size: 1.5em; font-family: cursive;">7 : 49</span> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <small>Hr Min</small>
5. Locations of Accident (City and State) <span style="font-size: 1.5em; font-family: cursive;">Chester, PA</span>	6. Nearest Railroad Station <span style="font-size: 1.5em; font-family: cursive;">Wilmington Station</span>

7. Event which Qualifies Accident for Mandatory Post-Accident Testing (one must be checked)

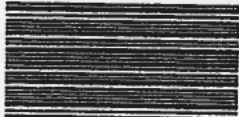
NOTE: All accident events (not incidents) must meet the railroad property damage reporting threshold.

MAJOR TRAIN ACCIDENT:  Fatality  
 \$1,000,000 damage of more (to railroad property)  
 Release of hazardous material (and evacuation)  
 Release of hazardous material (and reportable injury from

IMPACT ACCIDENT:  Reportable Injury  
 Damage of \$150,000 or more (to railroad property)

PASSENGER TRAIN ACCIDENT:  Reportable Injury to any person in the accident

TRAIN INCIDENT:  Fatality to on-duty railroad employee

  
1893

8. Name and Address of Collection Facility <span style="font-size: 1.2em; font-family: cursive;">Delaware County Medical Examiner 340 North Middletown Rd. Lima, PA 19037</span>	9. Telephone Number of Collection Facility <div style="background-color: black; width: 100%; height: 20px;"></div>
---	---

10. Employee(s) Whose Samples are Contained in this Shipping Box.

NOTE: A sample set identification number is pre-printed on FRA Form 8180.74 and differs for each person.

NAME OF EMPLOYEE	JOB TITLE <small>(engineer, conductor, etc.)</small>	TRAIN DESIGNATION	SAMPLE SET IDENTIFICATION NUMBER
<div style="background-color: black; width: 100%; height: 20px;"></div>	<span style="font-size: 1.2em; font-family: cursive;">Backhoe operator/Trackman</span>	<span style="font-size: 1.5em; font-family: cursive;">88</span>	<span style="font-size: 1.5em; font-family: cursive;">900392</span>

11. Name of Medical Review Officer <span style="font-size: 1.5em; font-family: cursive;">Dr. Benjamin Gerson</span>	12. Address of Medical Review Officer <span style="font-size: 1.2em; font-family: cursive;">University Services 10551 Delatur Rd. Ste 200 Philadelphia, PA 19154</span> Telephone: <div style="background-color: black; width: 100%; height: 15px;"></div>
--	--


13. Name of Railroad Representative <span style="font-size: 1.2em; font-family: cursive;">Lonnie McMillan Jr.</span>	14. Address of Railroad Representative <span style="font-size: 1.2em; font-family: cursive;">2955 Market St. Philadelphia, PA 19104</span> Telephone: <div style="background-color: black; width: 100%; height: 15px;"></div>
---	---

15. Signature of Railroad Representative <div style="background-color: black; width: 100%; height: 20px;"></div>	16. Date (month/day/year) <span style="font-size: 1.5em; font-family: cursive;">4/4/16</span>	17. Was a breath alcohol test conducted pursuant to the above accident under FRA Authority? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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**FEDERAL RAILROAD ADMINISTRATION  
COLLECTION OF POST-MORTEM TOXICOLOGY SAMPLES  
REQUIRED BY 49 CFR PART 219**

Samples taken will be tested as part of the Federal Railroad Administration determine cause of the rail accident. Samples are being harvested in accordance with law and consent is not required (49 CFR Part 219. 11 (f)). Collection instructions are in the Fatality Box.

Specimen ID:  
**900392**

  
**951339U**  
Quest Diagnostics  
1777 Montreal Circle  
Floor 2  
Tucker, GA 30084

<b>Railroad:</b> <u>Amtrak</u>	<b>Date of Accident:</b> <u>4/3/16</u>
<b>Deceased's Name (Print):</b> <u>Backhoe Operator</u>	<b>Date and Time Samples Taken:</b> <u>4/4/16 4:00 pm</u>
<b>Name and Address of Submitting Agency/Facility:</b> <u>Delaware County Medical Examiner 340 North Middletown Rd Lima, PA 19037</u>	<b>Telephone:</b> <u>[REDACTED]</u>
I certify that I collected the samples identified below under proper Custody and Control procedures and with accepted scientific standards of practice. <u>FREDRIC N HELLMAN, M.D., MBA</u> <u>[REDACTED]</u> Print Name Signature	
<b>Please Harvest all of the Samples Below if Possible (In Order of Priority to FRA):</b>	
Whole Blood (20 mL) Yes <input type="checkbox"/> No <input type="checkbox"/> Source of Blood _____	
Urine (60 mL) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Vitreous (All Available) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Liver (50 gr) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Brain (50 gr) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Kidney (50 gr) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>Optional Samples (If Two or More of the Above Samples are Not Available):</b>	
Bile, Spleen, <u>Lung</u> Yes <input checked="" type="checkbox"/> Specify <u>Lung</u>	
<b>Other Samples of Interest if Vitreous or Urine are Not Available:</b>	
Spinal Fluid (All Available) Yes <input type="checkbox"/>	Gastric Contents (60 mL) Yes <input type="checkbox"/>
<b>Samples Released to (Courier Service) :</b>	<b>Received at FRA Laboratory by:</b> Josephine P. Green <u>[REDACTED]</u> <u>4/6/16</u>
<b>Were there any signs of decomposition?:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please explain _____	
<b>Additional Remarks:</b> <u>Spinal Cord</u> _____	

Quest Diagnostics  
 1777 Montreal Circle  
 Tucker Ga 30084  
 678-408-1100

Case No.	1893
ID. No.	
Emp Name	Backhoe Operator
Date	4/8/16 11:30AM
Access No.	981339V

FRA Post Accident

LABORATORY DISCREPANCY CHECKLIST

DISCREPANCY CODES

1. Shipping box errors

- 1 Specimens first shipped to another laboratory
- 2 Specimens did not arrive in FRA standard box
- 4 Box not sealed or seals broken
- 5 Employer/MRO/collector/employee copies of forms 73 or 74 received at laboratory
- 6 Other:

2. Form 73 errors

- 1 Form 73 missing
- 2 Name and Address of collection facility missing
- 3 Name of employee not listed on form 73
- 4 Collection site not listed
- 5 Breath alcohol marked yes but test documentation not included
- 6 BREATH ALCOHOL TEST WAS NOT CHECKED ON FORM 73  
*- write over in step 12 2/24/14*

3. Form 74 errors <sup>75</sup> (2/24/14)

- 1 Any Form 74 missing \*\*\*\*
- 2 Employee ID number or SSN missing
- 3 Employee name missing
- 4 Urine/blood collection date missing
- 5 Urine/blood collection time missing
- 6 Urine specimen temperature not annotated
- 7 Urine or Blood collector failed to sign (circle one or both)\*\*\*\*
- 8 Employee initials/signature missing in Step 4/no medical justification\*\*\*\*
- 9 Signature/name missing in chain of custody (Step 5)
- 10 Transfer errors in chain of custody (Step 5)
- 11 Chain of custody incomplete (Step 5)
- 12 Step 6 (medication) not annotated
- 13 Breath alcohol marked yes but test document not included
- 14 Specimens collected more than 4 hrs after accident
- 15 *- Courier Service name not indicated on form 2/24/14*

4. Kit errors

- 1 Kit box not sealed
- 2 Urine or blood specimens not sealed\*\*\*
- 3 Initials on seal do not match initials on form (i.e., not the same individual)\*\*\*
- 4 Urine specimen leaked
- 5 Insufficient urine volume per senior scientist\*\*\*\*
- 6 Single urine specimen only
- 7 Blood specimen leaked/tube broken
- 8 Insufficient blood specimen - less than 5 ml in primary or 10 ml total\*\*\*\*
- 9 Blood not collected in grey top tube
- 10 Specimen number on Form 74 does not match specimen number on bottles or tubes\*\*\*\*
- 11 Donor initials on Form 74 do not match specimen initials on specimen bottle or tube\*\*\*\*
- Other:

5. FATALITIES

- 1 Specimens shipped in standard FRA post accident kit
- 2 No tissue specimens received
- 3 Specimens not sealed/labeled
- 4 NAME OF COURIER IS NOT INCLUDED ON FORM 75

\*\* Notify Gerald Powers prior to processing whenever there are red discrepancies. Do Not test until authorized  
 Upon discovery of presumptive positive review discrepancy checklist with FRA as soon as possible  
 \*\* For all other discrepancies, proceed with testing and notify FRA per standard procedures





**Quest  
Diagnostics**

1777 Montreal Circle, Tucker, GA 30084 800-729-6436

**FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT  
FORENSIC TOXICOLOGY REPORT**

**REFERENCE INFORMATION**

RAILROAD: AMTRAK  
 ACCIDENT: CHESTER, PA 4/3/2016 7:55AM  
 FRA CASE: 1893  
 EMPLOYEE: Backhoe Operator  
 SPECIMEN SET ID NO:

**SPECIMEN(S) TESTED**

URINE: LAB ACCESSION # 951339V  
 BLOOD: LAB ACCESSION # NO BLOOD RECEIVED  
 VITREOUS: LAB ACCESSION # 951339V  
 SAMPLES RECEIVED BUT NOT TESTED: KIDNEY, LUNG, SPINAL CORD FATALITY

**LABORATORY TESTING INFORMATION**

Drug	Urine	VITREOUS
<b>Sedating Antihistamines</b>		
Brompheniramine	NEGATIVE	*
Chlorpheniramine	NEGATIVE	*
Diphenhydramine	NEGATIVE	*
Doxylamine	NEGATIVE	*
Pheniramine	NEGATIVE	*

\* Testing Not Performed

**TESTING PERFORMANCE EXPLANATION**

Testing of specimens was in accordance with the FRA Post-Accident Testing Program. Additional descriptive information of testing procedures are summarized on the attachment "Summary of Analyses Performed on Specimens for Toxicology under FRA Post Accident Program" (Revised 07/07/2015), which is an integral part of this report.

**SPECIMEN DISPOSITION**

Negative specimens will be retained by Quest Diagnostics, for no less than six months from the report date. Positive specimens will be retained for not less than two years.

**RESULTS**

**NO DRUGS WERE IDENTIFIED**

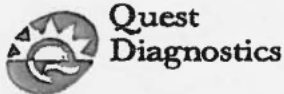
**CERTIFICATION**

I certify that I am a laboratory certifying official at Quest Diagnostics, and the results identified above were correctly determined in accordance with the FRA Post-Accident Testing Program.

[Redacted Signature]

Brian A. Brunell, Certifying Scientist

4/05/16  
Date



1777 Montreal Circle, Tucker, GA 30084 800-729-6436

FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT FORENSIC TOXICOLOGY REPORT

REFERENCE INFORMATION

RAILROAD: AMTRAK
ACCIDENT: CHESTER, PA 4/3/2016 7:55AM
FRA CASE: 1893
EMPLOYEE: Backhoe Operator
SPECIMEN SET ID NO:

SPECIMEN(S) TESTED

URINE: LAB ACCESSION # 951339V
BLOOD: LAB ACCESSION # NO BLOOD RECEIVED
VITREOUS: LAB ACCESSION # 951339V

SAMPLES RECEIVED BUT NOT TESTED: KIDNEY, LUNG, SPINAL CORD

FATALITY

LABORATORY TESTING INFORMATION

Table with 4 columns: Drug, Urine, Drug, VITREOUS. Lists various substances like Amphetamines, Cocaine, and Ethyl Alcohol with their respective test results.

\* Testing Not Performed

TESTING PERFORMANCE EXPLANATION

Testing of specimens was in accordance with the FRA Post-Accident Testing Program. Additional descriptive information of testing procedures are summarized on the attachment 'Summary of Analyses Performed on Specimens for Toxicology under FRA Post Accident Program' (Revised 07/07/2015), which is an integral part of this report.

SPECIMEN DISPOSITION

Negative specimens will be retained by Quest Diagnostics, for no less than six months from the report date. Positive specimens will be retained for not less than two years.

RESULTS

URINE: BENZOYLECGONINE=32639 ng/mL, COCAINE=2039 ng/mL
VITREOUS: BENZOYLECGONINE=328.3 ng/mL, COCAINE=SPECIMEN VOLUME
INSUFFICIENT TO COMPLETE TESTING

CERTIFICATION

I certify that I am a laboratory certifying official at Quest Diagnostics, and the results identified above were correctly determined in accordance with the FRA Post-Accident Testing Program.

[Redacted signature]

Brian A. Brunelli, Certifying Scientist

4/13/16
Date