US. Department

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

Pedard Relirond Administration NOTE: This form must be	completed by the Raling	pad Representative present at the	collection facility.
1. Name of Reporting Railroad		2. Name(s) of Other Railroads Involv	ed in Accident
3. Date of Accident (month /day/year)		4. Time of Accident	-: 50 PAM [] PM
5. Locettons of Accident (City and State)		8. Nearest Railroad Station	ra
7. Event which Qualifies Accident for Mandatory	Post-Accident Testing (one	must be checked)	
NOTE: All accident events (not incidents) m	nust meet the railroad prope	rty damage reporting threshold.	
MAJOR TRAIN ACCIDENT:	. Release of hazardous m	raileoad employ nore (to railroad property) saterial (and evacuation) saterial (and reportable injury from pro-	ee)
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 railros	ad employee	1893
8. Name and Address of Collection Facility		9. Telephone Number of Co	flection Facility
reduced Center Bull Upland, PA	9013		
10. Employee(s) Whose Samples are Contained Is	n this Shipping Box.		
NOTE: A sample set Identification number is	pre-printed on FRA Form 6	3180.74 and differs for each person.	
	JOB TITLE engineer, conductor, etc.)	TRAIN DESIGNATION	SAMPLE SET IDENTIFICATION NUMBER 311730
11. Name of Medical Review Officer		12. Address of Medical Review Office	
Ramby Garnett, 60		2637 Softh Philaph 1916 Telephone:	proposon Rd
13. Name of Railroad Representative		14. Address of Railroad Representation 405 Kung Silvers Silver	DE 19801
15-Signature of Bailroad Representative	16. Date (month/day	/year) 17. Was a program according to	
	4/2/10	pursuant to the above ac	cident under Yes

FEDERAL RAILROAD ADMINISTRATION

POST-ACCIDENT TESTING BLOOD/URINE CUSTOD

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



951304U

3M (49 CFR 219)

parate instructions are available on to properly documenting the

	Quest Diagnostics	
Date (Mo/Day/Yr) Name of Employing Railroad AMUTAK	1777 Montreal Circle Floor 2 Tucker,GA 38884	umber (Pre-printed) 311736
STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS	,	•
Name Print (last, first, ml) Train Engineer Employee Ide	entification Number or Social	l Security Number
Home Address City State	Zip Code	Telephone Number
STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN		
Name of Collector Print (last, first, ml) Pagurelc, Fodel, V	Date (Mo/Day/Yr) Y / 3 // C	Time of Collection AM PM
2 mg Morphine		
I certify the blood specimen was presented to me by the person named in Step 1. The specime as printed above and was collected, labeled, and sealed according to the Federal Railroad Adr	en (in two blood tubes) bears	the sample set identification number
as printed above and was conceined, labelled, and could according to the vector ham electron	Timion cargity or ground ground pro	gada mo. y
	Signature of C	Collector
STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN		
Name of Collector Print (last, first, ml)	Date (Mo/Day/Yr) 4/3/16	Time of Collection AM PM
Temperature of specimen was read Temperature was within range of	170710	If not, actual
within 4 minutes YES NO 32°-38°C/90°-100°F	YES NO	temperature was°
Remarks:		•
I-certify the urine specimen was presented to me by the person named in Step 1. The specim printed above and was collected, labeled, and sealed according to the Federal Railroad Admin		
7-50	Signature of C	Collector
STEP 4. COMPLETED BY EMPLOYEE	U ·	
I certify the Information I have given in Step 1 is correct and that I provided the specimens described in the specimens describe	ribed in Steps 2 and 3: that o	each specimen is in a container which
has the above sample set identification numbers recorded on the tamper-evident seals; that I has container has a tamper-evident seal that was applied by the collector in my presence; and I has SPECIMENS ARE SEALED.)	ave not adulterated the urige	specimen in any manner; that each
EXAMPLE OF MY INITIALS	Signature of E	mployee
STEP 5. COMPLETED BY THE PERSON TAKING POSSESSION OF SPECIF	MENS FOR SHIPMENT	
I certify that I took possession of the sealed specimens with the sample set identification number maintained custody of the specimens, packaged and sealed them into the kit box, placed the box for shipment.		
Received Blood Received Urine		1 0 10
Name (print) Sig	relature	75/10 Date
Released specimens to:	O	
Overnight courier service (name) OR Railroad representative (name) for delivery to overnight cour	rier 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.		phol test conducted Yes

đ

∠No

accident, using FRA authority?

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

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

	FRA Post Accide	nt LABORATORY DISCREPANCY CHECKLIST
		DISCREPANCY CODES
1.	Shipping box erro	
	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
		Other
	6	
2.	Form 73 errors	
۵.	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
		COLLECTOR DID NOT INCLUDE DATE OF ACCIDENT ON FORM 73
	X 6	
3.	Form 74 errors	
J .	Long-record	Any Form 74 mission 2419
	1 2	Any Form 74 missing **** Employee ID number or SSN missing
	3	
	4	Employee name missing Urine/blood collection date missing
	5	Urine/blood collection time missing
	В	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
	X 14	Specimens collected more than 4 hrs after accident
	15	COMMENTS
	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:
	FATALITIES	
5.		Consistence objected in about and EDA control to U.S.
	1 2	Specimens shipped in standard FRA post accident kit
	2 3	No tissue specimens received
	4	Specimens not sealed/labeled Other:
	Upon discover	owers prior to processing whenever there are red discrepancies. Do Not test until authorized of presumptive positive review discrepancy checklist with FRA as soon as possible
	For all other di	screpancies, proceed with testing and notity FRA per standard procedures

Completed By: Signature:

JOSEPHINE P

Form Date: 03/25/2013

Version: D

4/10/16



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

LABORATORY TESTING INFORMATION

Drug

Urine

Blood

Sedating Antihistamines

Brompheniramine	NEGATIVE	
Chlorpheniramine	NEGATIVE	
Diphenhydramine	NEGATIVE	
Doxylamine	NEGATIVE	
Pheniramine	NEGATIVE	

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

^{*} Testing Not Performed



FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT FORENSIC TOXICOLOGY REPORT

REFERENCE INFORMATION

RAILROAD:

AMTRAK

ACCIDENT:

CHESTER,PA

4/3/2016

7:55AM

FRA CASE:

1893

EMPLOYEE:

1893

Train Engineer

SPECIMEN SET ID NO: 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	•	
Oplates/Oploids	POSITIVE	Methadone	•	
Phencycildine	NEGATIVE	Oplates/Oploids		
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 ERA Post-Accident Testing Program.

Brian A. Brunelli, Certifying Scientist

Data

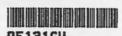
OMB No. 2130-0526

ACCUPENT INS	ORMATION REQUIRED FOR
LIA Department POST-ACCIDENT TOXICO	OLOGICAL TESTING (49 CFR PART 219)
Pedicinal Radiocal NOTE: This form must be completed by completed by completed by	the Falirpad Representative present at the collection facility,
1. Name of Reputing Religional	2. Name(e) of Other Finitosia involved in Accident
3. Teps of Reddent Intelligibles/year	4. Time of Anddorst 7 : 55 PAM PM
6. Logstons of Academ (City and Stide)	B. Meardet Figilized Station Philadelphia
\$1,000,000 dan Ficipase of haza Rélaise of haza IMPAÇT ACCHDENT: Redortable Injur	perol diginage reporting inneahold. On awky fou leased employees) mage-or innea for national property) marketel (and evacuation) marketel (and evacuation)
	try to tray person in the exceldent
Hannemann Unwerbuty 162 230 N Broads 202 10. Employees Whose Samples grantomatined in this Shipping Flox. NOTE, A sample set identification number is pre-pointed on FRA For JOB TITLE (enginesis, opinitization). ASSL CONO.	TRAIN DESIGNATION IDENTIFICATION NUMBER 310091808365
Pandy burned (50	28 37 Southampton Rol Philadelphia, PA 19157 Talaphonia, 1800, 624-3787
13. Name of Realtroad Representative Jowers	14. Address of Representative 405 King St Wilmungton, DE Talephane: 302 1 641-0 841
4	3 16 17. Whis a bresile alcohol test conducted pitrousen to the shows excited under FRA Authority? Yes No
Public leasering burden for this information collection is estimated to ever sources, gethering and maintaining the data needed, and completing and re-	ngs 10 ministrs per response, including the time for reviewing (astructions, searching existing data systeming the collection of information. Adopting to the Paperwork Reduction Act of 1996, a federal and to, not shall a person be existent for being by for billion to comply with a collection of

FEDERAL RAILROAD ADMINISTRATION

POST-ACCIDENT TESTING BLOOD/URINE CUSTOF

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



951316V

RM (49 CFR 219)

parate instructions are available ion to properly documenting the

Date (Mo/Day/Yr) 4 13 20/6	Name of Emp	loying Rail	road			agnostics strea! Circle A 30084	Jumber (Pre-printed) 310	91
STEP 1. COMPLETED BY	EMPLOYEE (DONOR)	PROVIDING SE	PECIMENS				
Name Print (last, first, mi) Assistant Conductor	1			Employee lo	dentification	Number or Soc	cial Security Number	
Home Address			City	Stat	я	Zip Code	Telephone Number	
STEP 2. COMPLETED BY	COLLECTOR	OF BLO	OD SPECIMEN		-			
Name of Collector Print (last firs	t, m) RN.				Date	(Mo/Day/Yr)	Time of Colle	影為
Reparte:	Mtrex	600	me 9.0	af	5-3	P		
I certify the blood specimen was as printed above and was collect	presented to me ed, labeled, and s	by the pers sealed acco	on pamed in Step 1 ording to the Federa	I. The specimal Beilroad Ad	en (in two	blood tubes) bea	ars the sample set identific provided me	ation number
				1000		Signa Jure o	1 Collector	
STEP 3. COMPLETED BY	COLLECTOR	OF URIN	IE SPECIMEN					
Name of Collector Print (last, firs	t, ml)		***		Date /	(Mo/Day/Yr)	Time of Colle	ction AM
Temperature of specimen was re within 4 minutes	7.4		Temperature was v 32°-38°C/90°-100°		YES	□NO	If not, actual temperature was	
Remarks:					/			
I certify the urine specimen was printed above and was collected,								on number as
,						Signature o	of Collector	
STEP 4. COMPLETED BY	EMPLOYEE				*		•	
I certify the Information I have given has the above sample set identificant and a tamper-evident of SPECIMENS ARE SEALED.) EXAMPLE	cation numbers re	ecorded on ied by the o	the tamper-evident	seals; that I i	have not ac	lulterated the uri	ne specimen in any mann ach lahel. (SIGM AFTER	er that each
STEP 5. COMPLETED BY	THE PERSON	TAKING	POSSESSION	OF SPECI	MENS F			
I certify that I took possession of maintained custody of the special box for shipment.	mens, packaged a	mens with	the sample set iden them into the kit bo	ntification num ex, placed the	aber as prin kit into the	ted above from transport box, a	the blood and urine collected the three-kit	tors, transport
Received Blood V Received	(print)	us		s	gnature		4,3, Date	16
Released specimens to: Overnight courier service Railroad representative		EX	OR for delivery t	o overnight cou	arler service	(name if known)		
STEP 6. COMPLETED BY	MEDICAL FA	CILITY/P	HYSICIAN					
Describe any medication, solution received after the accident that n				employee			icohol test conducted	Yels
MAYSOM						accident, using		∠ No

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

Case No.	1893			
ID. No.	Assistant Candratan 1			
Emp Name:	Assistant Conductor			
Date	4/6/16 11:30AM			
Access No.	951318V			

			Access No.
		FRA Post Accide	
			DISCREPANCY CODES
1.		hipping box en	rors
		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
			Other:
	•	6	
2.	F	orm 73 errors	
	X	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
			FORM 73 WAS NOT INCLUDED WITH SAMPLES COP 7 OT
	A	6	Collection site not listed Breath alcohol marked yes but test documentation not included FORM 73 WAS NOT INCLUDED WITH SAMPLES. — COPT of FRA BBYIDILY from FRA BBYIDILY
3.	F	orm 74 errors	
٥.			Any Form 74 missing ****
		1	Employee ID number or SSN missing
		2	
			Employee name missing
	-	5	Urine/blood collection date missing
		6	Urine/blood collection time missing 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
	-	.7	COMMENTS: COLLECTOR'S NAME MISSING ON FORM 74, STEP 3
	X	15	A . D
			Principally Mariant
			BRALL
4.		it 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.	F	ATALITIES	
	-	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:

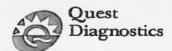
Signature:

JOSEPHINE P. GREEN

4/6/16

Form Date: 03/25/2013

Version: D



FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT FORENSIC TOXICOLOGY REPORT

REFERENCE INFOR RAILROAD: ACCIDENT: FRA CASE: EMPLOYEE: SPECIMEN SET ID NO:	AMTRAK CHESTER,PA 1893 Assistant Cor	ductor 1	<i>4/3/2</i> 016	7:55AM	
SPECIMEN(S) TEST	ED				
URINE:	LAB ACCESSION #	951316V			
BLOOD:	LAB ACCESSION #	951316V			
LABORATORY TES	TING INFORMATION				
Drug			Urine	Blood	
Sedating Antihistamine					
	Brompheniramine		NEGATIVE		
	Chlorpheniramine		NEGATIVE	•	
	Diphenhydramine		NEGATIVE		
	Doxylamine		NEGATIVE	•	
	Pheniramine		NEGATIVE		

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

^{*} Testing Not Performed



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 1

SPECIMEN(S) TESTED

URINE:

LAB ACCESSION #

951316V 951316V

BLOOD: LAB ACCESSION #

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	•
Oplates/Oploids	NEGATIVE	Methadone	•
Phencyclidine	NEGATIVE	Oplates/Oploids	•
Tramadoi	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

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ACCIDENT INFORMATION REQUIRED FOR

Paderal Rollmand NOTE: This form must be co	OXICOLOGIC	AL TESTING (49 Cl	FR PART 219) a collection facility.
1. Name of Reporting Railroad Amura		2. Name(s) of Other Railroads Invo	
3. Date of Accident (month /day/year))	4. Time of Accident	- : 65 PAM [] PM
5. Locations of Accident (City and State)		6. Nearest Railroad Station	el phia
7. Event which Qualifies Accident for Mandatory Pos	st-Accident Testing (one m	ust be checked)	
NOTE: All accident events (not incidents) must			
MAJOR TRAIN ACCIDENT:	Fetality (2 2mg	loyces)	
V	\$1,000,000 damage or me	ore (to railroad property)	
	Release of hazardous ma	terial (and evacuation)	
	Release of hazardous ma	terial (and reportable Injury from)	
		The second second	
	Reportable Injury	nore (to railroad property)	
PASSENGER TRAIN ACCIDENT:	Reportable injury to any p	erson in the accident	1893
TRAIN INCIDENT: —— 8. Name and Address of Collection Facility	Fatality to on-duty railroad	f employee 9. Telephone Number of C	
Co		80.74 and differs for each person. TRAIN DESIGNATION BC	SAMPLE SET IDENTIFICATION NUMBER 3 11 734 0060000000000000000000000000000000000
11. Name of Medical Review Officer Randy Barnett, 18		12. Address of Medical Review Office 2837 South Phylo, H 191, Telephone: (M) 106	nampton Rd. 194-3784
13. Name of Railroad Representative		14. Address of Railroad Represent	ative
beborah Jowers		405 king 5 Wilmungton	E 10801
15. Stanature of Railroad Representative	16 Date (m. 114)	ARCA / SP	-0248
13, Signature di nantoko neoresentative	16. Date (month/day/	year) 17. Was a breath alcohol te pursuant to the above a FRA Authority?	Noc

FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT TESTING BLOOD/URINE CUST(FORM (49 CFR 219) NOTE: This form must be completed in accordance with instructions provided Separate instructions are available ention to properly documenting the for the employee and the collectors. If more than one collector provides servic chain of custody for the blood and urine specimens, as applicable. Quest Diagnostics 1777 Montreal Circle on Number (Pre-printed) Name of Employing Railroad Date (Mo/Day/Yr) Tucker, GA 30084 STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS Name Print (last, first, mi) . Employee Identification Number or Social Security Number Conductor Home Address City State Zip Code Telephone Number STEP 2, COMPLETED BY COLLECTOR OF BLOOD SPECIMEN Date (Mo/Day/Yr) Time of Collection Name of Collector Print (last, first, mi) 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 STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIMEN Date (Mo/Day/Yr) Time of Collection Name of Collector Brint (last, first, mi) AM PM Temperature of specimen was read Temperature was within range of If not, actual 32°-38°C/90°-100°F within 4 minutes temperature was YES NO. NO 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 Collecto 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 of each label. (SIGN AFTER ALI 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 Name (print) Released specimens to: Overnight courier service (name) Railroad representative (name) for delivery to overnight courier service (name if known). STEP 6. COMPLETED BY MEDICAL FACILITY/PHYSICIAN

FRA F 6180.74 (Rev 3.12)

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

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

Case No.	1893
ID. No.	Conductor
Emp Name:	Collductor
Date	4/6/16 11:30AM
Access No.	951319V

1.	Ship	plng box err	ors
1		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
			Other:
		6	
2.	For	n 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	
3.	For	m 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 7	Urine specimen temperature not annotated 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
	X	14	Specimens collected more than 4 hrs after accident
		15	COMMENTS:
		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
	1	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.	FA	FALITIES	
		1	Specimens shipped in standard FRA post accident kit
	-	2	No tissue specimens received
		3	Specimens not sealed/labeled
		4	Other:
	** NO	titu Gerald I	Powers prior to processing whenever there are red discrepancies. Do Not test until authorized

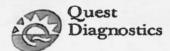
4/6/16

Completed By: Signature:

JOSEPHINE P. GREEN

Form Date: 03/25/2013

Version: D



FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT FORENSIC TOXICOLOGY REPORT

REFERENCE INFO RAILROAD: ACCIDENT: FRA CASE:	RMATION AMTRAK CHESTER,PA 1893		4/3/2016	7:55AM	
EMPLOYEE: SPECIMEN SET ID NO:					
SPECIMEN(S) TES	TED				
URINE:	LAB ACCESSION #	951319V			
BLOOD:	LAB ACCESSION #	951319V			
LABORATORY TES	STING INFORMATION				
Drug			Urine	Blood	
Sedating Antihistamine	18				
	Brompheniramine		NEGATIVE		
	Dieniphormonimo		HEGHIVE		
	Chlorpheniramine		NEGATIVE		
	Chlorpheniramine		NEGATIVE		

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

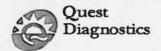
NO DRUGS WERE IDENTIFIED

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

^{*} Testing Not Performed



FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT FORENSIC TOXICOLOGY REPORT

REFERENCE INFORMATION

RAILROAD:

AMTRAK

ACCIDENT:

CHESTER,PA

4/3/2016

7:55AM

FRA CASE:

1893

EMPLOYEE:

Conductor

SPECIMEN SET ID NO:

SPECIMEN(S) TESTED

LAB ACCESSION#

951319V

URINE: BLOOD:

LAB ACCESSION #

951319V

LABORATORY TESTING INFORMATION

Drug	Urine	Drug	Blood	
Amphetamines	NEGATIVE	Amphetamine		
Barbiturates	NEGATIVE	Barbiturates		
Benzodiazepines	NEGATIVE	Benzodiazeplnes		
Cannabinoids	NEGATIVE	Cannabinoids	•	
Cocaine	NEGATIVE	Cocaine		
MDMA/MDA	NEGATIVE	MDMA/MDA	•	
Methadone	NEGATIVE	Methamphetamine		
Opiates/Opioids	NEGATIVE	Methadone		
Phencyclidine	NEGATIVE	Oplates/Oploids	•	
Tramadol	NEGATIVE	Phencyclidine		
Ethyl Alcohol	•	Tramadoi	•	
		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

FEDERAL RAILROAD ADMINISTRATION

POST-ACCIDENT TESTING BLOOD/URINE CUSTOD

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



951320V

accident, using FRA authority?

RM (49 CFR 219)

parate instructions are available on to properly documenting the

Date (Mo/Day/Yr) Name of Employing Railroad MM+Tak	Quest Diagnostics 1777 Montreal Circle Floor 2 Tucker, GA 30084 Quest Diagnostics umber (Pre-printed) 311735
STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING	SPECIMENS
Name Print (last, first, ml) Day Dispatcher	Employee Identification Number or Social Security Number
Home Address 2 1 City	State . Zip Code Telephone Number
STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIM	EN
Name of Collector Print (last, first, mi) MCHlinney (Vn/mu) 5, Remarks:	Date (Mo/Day/Yr) Time of Collection AM PM
•	•
I certify the blood specimen was presented to me by the person named in St as printed above and was collected, labeled, and sealed according to the Fe	ep 1. The specimen (in two blood tubes) bears the sample set identification number
as printed above and viae concerns, nabove, and estated according to the re-	Tall of Adjulation of Managaria Provided Inc.
	Signature of Collector
STEP 3. COMPLETED BY COLLECTOR OF URINE SPECIME	N .
Name of Collector Print (last, first, rpl)	Date (Mg/Day/Yr) Time of Collection AM
Temperature of specimen was read Temperature w	as within range of If not, actual
within 4 minutes YES NO 32°-38°C/90°-1	
Remarks:	
	tep 1. The specimen (in two bottles) bears the sample set identification number as
printed above and was collected, labeled, and sealed according to the Feder	al Railroad Administration's instructions provided me.
	Signature of Collector
	J Signature of Collector /
STEP 4. COMPLETED BY EMPLOYEE	
has the above sample set identification numbers recorded on the tamper-evid container has a tamper-evident seal that was applied by the collector in my p SPECIMENS ARE SEALED.)	
EXAMPLE OF MY INITIALS	Signature of Employee
STEP 5. COMPLETED BY THE PERSON TAKING POSSESSI	ON OF SPECIMENS FOR SHIPMENT
i certify that I took possession of the sealed specimens with the sample set maintained custody of the specimens, packaged and sealed them into the kilbox for shipment.	identification number as printed above from the blood and urine collectors, it box, placed the kit into the transport box, and prepared the three-kit transport
Received Blood Received Urine	
Duewan Jowes	4,3,10
Name (print)	Signature Date
Released specimens to: Overnight courier service (name)	
	ery to overnight courier service (name if known)
STEP 6. COMPLETED BY MEDICAL FACILITY/PHYSICIAN	
Describe any medication, solution, transfusion, anesthetic, or other treatment	t the employee
received after the accident that might affect toxicological analyses.	Was a breath alcohol test conducted Yes
10 600	on the donor above, pursuant to this accident, using FRA authority?

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

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

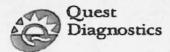
	1 2	Specimens first shipped to another laboratory
		Specimens did not arrive in FRA standard box
	4	Box not sealed or seals broken
	5	Employer/MRO/collector/employee copies of forms 73 or 74 received at laboratory
1		Other:
-	6	
Form	73 еггоге	
-	1	Form 73 missing
-	2	Name and Address of collection facility missing
-	3	Name of employee not listed on form 73
-	5	Collection site not listed
-		Breath alcohol marked yes but test documentation not included
1	6	
Form	74 errors	
7	1	Any Form 74 missing ****
	2	Employee ID number or SSN missing
1	3	Employee name missing
]	4	Urine/biood collection date missing
	5	Urine/bicod collection time missing .
	6	Urine specimen temperature not annotated
4	7	Urine or Blood collector failed to sign (circle one or both)****
4	8	Employee initials/signature missing in Step 4/no medical justification****
4	9	Signature/name missing in chain of custody (Step 5)
-	10 11	Transfer errors in chain of custody (Step 5) Chain of custody incomplete (Step 5)
-	12	Chain of custody incomplete (Step 5)
-	13	Step 6 (medication) not annotated Breath alcohol marked yes but test document not included
-	14	Specimens collected more than 4 hrs after accident
1		COMMENT:
1	15	
Kit e	TOTS	
-	1	Kit box not sealed
-	2	Unne or blood specimens not sealed***
1	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 7	Single urine specimen only 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
1	10	Specimen number on Form 74 does not match specimen number on bottles or tubes****
1	11	Donor initials on Form 74 do not match specimen initials on specimen bottle or tube*****
		Other:
FATA	LITIES	
7	1	Specimens shipped in standard FRA post accident kit
	2	No tissue specimens received
	3	Specimens not sealed/labeled
	4	Other:

Completed By:

Signature:

JOSEPHINE P. GREEN

Form Date: 03/25/2013 Version: D



FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT FORENSIC TOXICOLOGY REPORT

REFERENCE INFORMATION RAILROAD: **AMTRAK** 4/3/2016 7:55AM ACCIDENT: CHESTER.PA 1893 FRA CASE: EMPLOYEE: Day Dispatcher SPECIMEN SET ID NO: SPECIMEN(S) TESTED 951320V URINE: LAB ACCESSION # 951320V BLOOD: LAB ACCESSION # LABORATORY TESTING INFORMATION Urine Blood Drug **Sedating Antihistamines** Brompheniramine **NEGATIVE NEGATIVE** Chlorpheniramine **NEGATIVE** Diphenhydramine Doxylamine NEGATIVE

NEGATIVE

TESTING PERFORMANCE EXPLANATION

Pheniramine

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

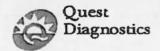
NO DRUGS WERE IDENTIFIED

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

^{*} Testing Not Performed



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: BLOOD: LAB ACCESSION#

951320V

LAB ACCESSION#

951320V

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	
Oplates/Oploids	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 cartify 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

U.S. Department POST-ACCIDENT TOXICOLOGI	ATION REQUIRED FOR CAL TESTING (49 CFR PART 219) Ded Representative present at the collection facility.
Administration	2. Name(s) of Other Railroads Involved in Accident
1. Name of Reporting Reliroad A whrouk	NoNe
3. Date of Accident (month/day/year) 3 3 16	4. Time of Accident 8 : Min PM
5. Locations of Accident (City and State) Cornwell HTS , PA	6. Nearest Railroad Station Cornwell
Release of hazardous ma	age reporting threshold. acre (to railroad property) alarial (and evacuation) aterial (and reportable injury from product more (to railroad property) person in the accident
TRAIN INCIDENT: Fatality to on-duty railros	d employee 1893
8. Name and Address of Collection Feditive Medite Urgant Care 330 Wurdst, NY. NY. NY 1003k 10. Employee(s) Whose Samples are Contained in this Shipping Box. NOTE: A sample set identification number is pre-printed on FRA Form 6180.7 JOB TITLE (engineer, conductor, etc.) Assistant Conductor 2	
11. Name of Medical Review Officer 13. Name of Railroad Representative	12. Address of Medical Review Officer Telephone: () 14. Address of Railroad Representative
Peter J. Gueriens	Telephone: (
15. Date (month/d	lay/year) 17. Was a breath alcohol test conducted pursuant to the above accident under FRA Authority? 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 Ava., N.W., Washington, D.C. 20590.



FEDERAL RAILROAD ADMINISTRATION KITH8424

POST-ACCIDENT TESTING BLOOD/URINE CUSTO'

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

Describe any medication, solution, transfusion, anesthetic, or other treatment the employee

received after the accident that might affect toxicological analyses.



7RM (49 CFR 219) sparate instructions are available ition to properly documenting the

Yes

Was a breath alcohol test conducted on the donor above, pursuant to this accident, using FRA authority?

chain of custody for the blood and urine specimens, as applicable. Quest Diagnostics 1777 Montreal Circle Date (Mo/Day/Yr) Name of Employing Railroad Number (Pre-printed) /u Tucker, GA 30084 STEP 1. COMPLETED BY EMPLOYEE (DONOR) PROVIDING SPECIMENS Employee Identification Number or Social Security Number Name Print (last, first, mi) Assistant Conductor 2 City State Zip Code Telephone Number STEP 2. COMPLETED BY COLLECTOR OF BLOOD SPECIMEN Date (Mo/Day/Yr) Time of Collection Name of Collector Print (last, first, ml) 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) Time of Collection MARMORIOS Temperature of specimen was read Temperature was within range of If not, actual within 4 minutes 32°-38°C/90°-100°F temperature was MYES NO 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 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 J Everiero
Name (print)
Fed Ex 4 14/16 Signature Released specimens to: Overnight courier service (name) Railroad representative (name) for delivery to overnight courier service (name if known) _ STEP 6. COMPLETED BY MEDICAL FACILITY/PHYSICIAN

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

	Shipping box en	ors
0.00	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
		Other:
	8	
	Form 73 errors	
	1 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
	1 .	MRO'S NAME ADDRESS, AND TELEPHONE NUMBER NOT LISTED ON FORM 73, AREA 11 &12. TIME OF
X] 6	ACCIDENT IS MISSING ON FORM 72, AREA 4. WRONG SAMPLE ID NUMBER ON FORM 73, AREA 10.
		33 08-11/2/17
	Form 74 errors	BALLAN
	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 falled 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
<u> </u>	14	Specimens collected more than 4 hrs after accident
	15	
	Kit errors	
	1 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)***
	1 4	Urine specimen leaked
-	5	Insufficient urine volume per senior scientist****
	6	Single urine specimen only
-	7	Blood specimen leaked/tube broken
	1 8	Insufficient blood specimen - less than 5 ml in primary or 10 ml total****
	9	Blood not collected in grey top tube
	1 10	Specimen number on Form 74 does not match specimen number on bottles or tubes****
	1 11	Donor initials on Form 74 do not match specimen initials on specimen bottle or tube****
		Other:
	FATALITIES	
1] 1	Specimens shipped in standard FRA post accident kit
	2	No tissue specimens received
	3	Specimens not sealed/labeled

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: Signature: JOSEPHINE P GREEN

21/6/11/2

Form Date: 03/25/2013

Version: D



FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT FORENSIC TOXICOLOGY REPORT

REFERENCE INFOR	RMATION				
RAILROAD:	AMTRAK			1000	
ACCIDENT:	CHESTER,PA		4/3/2016	7:55AM	
FRA CASE:	1893				
EMPLOYEE: SPECIMEN SET ID NO:	Assistant Con	ductor 2			
SPECIMEN(S) TEST	ED				
URINE:	LAB ACCESSION#	951321V			
BLOOD:	LAB ACCESSION #	951321V			
LABORATORY TES	TING INFORMATION				
Drug			Urine	Blood	
Sedating Antihistamine					
	Brompheniramine		NEGATIVE		
	Chlorpheniramine		NEGATIVE		
	Diphenhydramine		NEGATIVE		
	Doxylamine		NEGATIVE		
	Pheniramine		NEGATIVE		

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

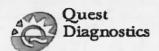
CERTIFICATION

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

4/35/15 Date

^{*} Testing Not Performed



FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT FORENSIC TOXICOLOGY REPORT

REFERENCE INFORMATION

RAILROAD:

MTRAK

ACCIDENT:

CHESTER.PA

4/3/2016

7:55AM

FRA CASE:

EMPLOYEE:

1893

Assistant Conductor 2

SPECIMEN SET ID NO:

URINE: BLOOD: LAB ACCESSION#

951321V

LAB ACCESSION #

951321V

LABORATORY TESTING INFORMATION

Drug	Urine	Drug	Blood
Amphetamines	NEGATIVE	Amphetamine	
Barbiturates	NEGATIVE	Barbiturates	•
Benzodiazepines	NEGATIVE	Benzodiazepines	
Cannabinoids	NEGATIVE	Cannabinoids	
Cocaine	NEGATIVE	Cocalne	
MDMA/MDA	NEGATIVE	MDMA/MDA	
Methadone	NEGATIVE	Methamphetamine	
Oplates/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



U.S. Department of licinsportation

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

Rederal Ruthood NOTE: This form must be completed by the Railin Administration	road Representative present at the collection facility.
Name of Reporting Railroad Antrak	2. Name(s) of Other Railroads Involved in Accident
3. Date of Accident (month/day/year) 4/3/16	4. Time of Accident Thr: 49 Min PM
5. Locations of Accident (City and State) Trainer A Jn (hester, PA)	6. Nearest Railroad Station Wilmin Aon Station
7. Event which Qualifies Accident for Mandatory Post-Accident Testing (one mandatory	^
NOTE: All accident events (not incidents) must meet the railroad proper	rty damage reporting threshold.
MAJOR TRAIN ACCIDENT: Fatality	
	nore (to railroad property)
Release of hazardous m	naterial (and evacuation)
Release of hazardous m	naterial (and reportable injury from p
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 railros	ad employee 1893
8. Name and Address of Collection Facility	9. Telephone Number of Collection Facility
Delaware County Medical Exam	iner
340 Worth Middletown Rd.	
Lima, PA 19037	
10. Employee(s) Whose Samples are Contained In this Shipping Box. NOTE: A sample set Identification number is pre-printed on FRA Form 6 JOB TITLE NAME OF EMPLOYEE (engineer, conductor, etc.) Supervisor	SAMPLE SET TRAIN DESIGNATION SAMPLE SET IDENTIFICATION NUMBER 900331
11. Name of Medical Review Officer	
	12. Address of Medical Review Officer
Dr. Benjamin Gerson	University Services 10551 Decatur Road Ste 200
- Uni	Philadelphia, PA 19154
13. Name of Railroad Representative	Telephone: 14. Address of Railroad Representative
Lonnie McMillan	2955 Market St
Emile Machillan	Philadelphia, PA 19104
	Telephone:
15. Signature of Railroad Representative 16. Date (month/day	
414116	//year) 17. Was a breath alcohol test conducted pursuant to the above accident under FRA Authority? YES

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 Raliroad Administration' determine cause of the rail accident. Samples are being harvested in accordiaw and consent is not required (49 CFR Part 219, 11 (f)). Collection instruct in the Fatality Box.

951332V Quest Diagnostics 1777 Montreal Circle Floor 2 Tucker, GA 30084 Specimen ID: 900331

Railroad:					Date	e of Accident:	1-1.
Nm	trak					4/	3/16
Deceased's Name (Print):					Dat	e and Time Sampl	les Taken:
Supervisor						4/4/16 1	:30 om
Name and Add Delauscre 340 North	ress of Submitting A County Medica n Middletown, P	A Exit とd し	y/Faci arrin	llty: vec ,PA	190	317	Telephone:
and with accep	tollected the sample sted scientific stands N. HELLIAN Print Name	ards o	f prac	tice.	v un	der proper Custoo	dy and Control procedures Signature / 123(
Diamen Harris		Dalas	. 14 10		- flan	Order of Delegiber	
Urine Vitreous Liver Brain Kidney Optional Sam Bile, Spleen Other Sample	(60 mL) (All Available) (50 gr) (50 gr) (50 gr) ples (If Two or More	Yes Yes Yes Yes Yes Of the Yes	Abov	No No No No No No are sai	mple cify	s are Not Availabl	NA
Samples Rele	ased to (Courier Ser	vice)	:		Re	ceived at FRA Lab Josephine P. Green	
	y signs of decompo explain					,	
Additional Re	marks:						

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

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

	F	RA Post Accid	ent LABORATORY DISCREPANCY CHECKLIST
			DISCREPANCY CODES
1.	Sh	ipping box en	rons
		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
			Other:
		6	
2.	Fo	rm 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
			EXAMINER DID NOT INCLUDE INITIAL & DATE ON CORRECTED NAME OF MEDICAL REVIEW OFFICER FOR
	X	6	AREA 11.
3.	Fo	rm 74 errors	
		1	Any Form 74 missing ****
		2	Employee ID number or SSN missing
		3	Employee name missing
		4	Urine/blood collection date missing
	100	5	Urine/blood collection time missing
	100	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.	Ki	t errors	
		1	Kit box not sealed
		2	Urine or blood specimens not sealed***
	12.0	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.	F4	TALITIES	
-,			Specimens chinned in standard EDA next socident kit
		1 2	Specimens shipped in standard FRA post accident kit No tissue specimens received
		3	Specimens not sealed/labeled
		_	Other: EXAMINER DID NOT INCLUDE INITIAL & DATE ON CORRECTION AREA FOR GASTRIC CONTENTS ON
	X	4	FORM 75
	** No	otity Gerald I	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

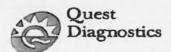
Completed By:

Signature:

JOSEPHINE P. GREEN

Form Date: 03/25/2013

Version: D



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:

Supervisor

SPECIMEN(S) TESTED

URINE:

Drug

LAB ACCESSION #

NO URINE RECEIVED

BLOOD:

LAB ACCESSION #

951332V

SAMPLE RECEIVED BUT NOT TESTED: LIVER, BRAIN, KIDNEY, SPLEEN, LUNG, VITREOUS

LABORATORY TESTING INFORMATION

FATALITY

Blood

Sedating Antihistamines

Brompheniramine		NEGATIVE
Chlorpheniramine		NEGATIVE
Diphenhydramine	•	NEGATIVE
Doxylamine	•	NEGATIVE
Pheniramine	•	NEGATIVE

Urine

* 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

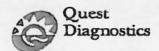
NO DRUGS WERE IDENTIFIED

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.

Brian A. Brunelli, Certifying Scientist

4/5/10



FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT FORENSIC TOXICOLOGY REPORT

4/3/2016

REFERENCE INFORMATION

RAILROAD:

AMTRAK

ACCIDENT:

CHESTER,PA

FRA CASE: 1893

EMPLOYEE:

SPECIMEN SET ID NO:

Supervisor

SPECIMEN(S) TESTED

URINE: BLOOD: LAB ACCESSION # LAB ACCESSION # NO URINE RECEIVED

951332V

SAMPLE RECEIVED BUT NOT TESTED: LIVER, BRAIN, KIDNEY, SPLEEN, LUNG, VITREOUS

LABORATORY TESTING INFORMATION

FA	T	AR I	-	v
-	ш	~		Ŧ.

7:55AM

EMBORMIONI TESTING	HLOKIIM I I MA	T/A	MENT
Drug	Urine	Drug	Blood
Amphetamines		Amphetamine	NEGATIVE
Barbiturates	•	Barbiturates	NEGATIVE
Benzodlazepines		Benzodiazepines	NEGATIVE
Cannabinoids	•	Cannabinoids	NEGATIVE
Cocaine		Cocaine	NEGATIVE
MDMA/MDA	•	MDMA/MDA	NEGATIVE
Methadone	• • • •	Methamphetamine	NEGATIVE
Opiates/Opioids	•	Methadone	NEGATIVE
Phencyclidine		Opiates/Oploids	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

U.S. Deportment of Transportation

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

Reduced Reliroard NOTE: This form must Administration	st be completed by the Railro	ad Representative present at	the collection facility.	
Name of Reporting Railroad Amtro	K	2. Name(s) of Other Reilroads I	nvolved in Accident	
3. Date of Accident (month/day/year) 43	116	4. Time of Accident	1 : 49 Hr Min MAM []PM	
5. Locations of Accident (City and State)		6. Nearest Railroad Station	indon Station	
7. Event which Qualifies Accident for Mandato	ry Post-Accident Testing (one mu	ust be checked)	0	
NOTE: All accident events (not incidents) must meet the railroad property	y damage reporting threshold.	·	
MAJOR TRAIN ACCIDENT:	✓ Fatality			
	\$1,000,000 damage of me	ore (to railroad property)		
	Release of hazardous ma	terial (and evacuation)		
	Release of hazardous ma	terial (and reportable injury from		
IMPACT ACCIDENT:	Reportable injury			
	Damage of \$150,000 or n	nore (to railroad property)		
PASSENGER TRAIN ACCIDENT: _	Reportable Injury to any p	erson in the accident	1000	
TRAIN INCIDENT: _	Fatality to on-duty railroad		1893	_
8. Name and Address of Collection Facility Delaware County Me 340 Worth Middle Lima, PA 1903	dial Examiner letour Rd.	9. Telephone Number of	of Collection Facility	
		48 E		
10. Employee(s) Whose Samples are Containe NOTE: A sample set identification number NAME OF EMPLOYEE	THE STORY ALTERS	80.74 and differs for each person TRAIN DESIGNATION	SAMPLE SET IDENTIFICATION NUMBER Q00392	
NOTE: A sample set identification number NAME OF EMPLOYEE 11. Name of Medical Review Officer	JOB TITLE (engineer, conductor, etc.)	TRAIN DESIGNATION TO SO THE PROPERTY OF THE P	SAMPLE SET IDENTIFICATION NUMBER Q00392	
NOTE: A sample set identification number NAME OF EMPLOYEE 11. Name of Medical Review Officer	JOB TITLE (engineer, conductor, etc.)	TRAIN DESIGNATION	SAMPLE SET IDENTIFICATION NUMBER Q00392 Officer ICOS RQ. Ste 200	
NOTE: A sample set identification number NAME OF EMPLOYEE 11. Name of Medical Review Officer	JOB TITLE (engineer, conductor, etc.) SOCKIDE OPERATOR (FOR	TRAIN DESIGNATION TO SE TO SE CONTROL OF CO	SAMPLE SET IDENTIFICATION NUMBER 900392 Officer 1005 Page 19154	
NOTE: A sample set identification number NAME OF EMPLOYEE 11. Name of Medical Review Officer Dr. Denjamin Ger 13. Name of Railroad Representative	JOB TITLE (engineer, conductor, etc.) SOCKIDE OPERATOR (FOR	TRAIN DESIGNATION 12. Address of Medical Review O UNIVERSITY SELVING Philadelphia Telephone 14. Address of Railroad Represer 2955 March Philadelphia Telephone:	SAMPLE SET IDENTIFICATION NUMBER Q00392 Inflicer ICUS PA 19154 Institute PA 19104 test conducted	

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 Raliroad Administratic determine cause of the rail accident. Samples are being harvested in accident and consent is not required (49 CFR Part 219, 11 (f)). Collection instrain the Fatality Box.

951339U Quest Diagnostics 1777 Montreal Circle Floor 2 Tucker, Ga 30084 Specimen ID: 900392

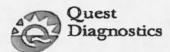
Rallroad:	Mtrak		Date of Acc	eldent: 4/3/14	
Deceased's Na Backhoe (Date and T	ime Samples Take	_
	ress of Submitting			-0	ephone:
777 001	4n Middletou		WI II I	1037	
and with accep	ted scientific stan	dards of practice		per Custody and	Control procedures
FREDRIC	N HELLMAN	M.D., MBA			
	Print Name	(1.5)		Sig	nature
Please Harves	t all of the Sample	s Below If Possit	le (In Order	of Priority to FRA):
Whole Blood	(20 mL)	Yes D No	☐ Source	of Blood	
Urine	(60 mL)	Yes 12 No		120	
Vitreous	(All Available)	Yes 🗹 No			
Liver	(50 gr)	Yes - No			
Brain	(50 gr)	Yes 🗀 No			
Kidney	(50 gr)	Yes M No			
Optional Sami	ples (If Two or Mor	e of the Above Si	amples are N	ot Available):	
Bile, Spleen L	· ·	Yes 🗹 Sp			
Other Sample	s of Interest If Vitre	ous or Urine are	Not Available	e:	
Spinal Fluid (Al	li Available)	Yes □ Ga	stric Contents	(60 mL)	Yes □
Samples Release	ased to (Courier S	ervice):	Received a Josephine	at FRA Laborator	4/6/16
Were there an	y signs of decomp	osition:? Yes	□ No Ş	4	
If yes, please e	explain				
Additional Rea	marks: Spinal	Cord —			

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

Case No.	1893
ID. No.	Backhoe Operator
Emp Name	Backhoe Operator
Date	4/6/16 11:30AM
Access No.	951339V

		Access No. 951339V
	FRA Post Accide	int LABORATORY DISCREPANCY CHECKLIST
		DISCREPANCY CODES
	***************	,
1.	Shipping box err	
	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 Other:
	6'	Caren.
	L	
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 BREATH ALCOHOL TEST WAS NOT CHECKED ON FORM 73
	X 6	- mige - one in 39 by 17 BER 1017
	175	" Miles and I am To de La Transfer
3.	Form 74 errors	23 w/1211h
٠.	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 12	Chain of custody incomplete (Step 5) Step 6 (medication) not annotated
	13	Brooth plantal marked use but that document not included
	14	Specimens collected more than 4 hrs after accident
		Specimens collected more than 4 hrs after accident Courter Secures no me not indicated on form Abylott
	15	- Contrat Salard assert
4.	Kit errors	
	1	Kit box not sealed
	2 3	Urine or blood specimens not sealed***
	H ;	Initials on seal do not match initials on form (i.e., not the same individual)*** 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
	X 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



FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT FORENSIC TOXICOLOGY REPORT

REFERENCE INFOR	MATION					
RAILROAD:	AMTRAK					
ACCIDENT:	CHESTER,PA 1893 Backhoe Operator		4/3/2016		7:55AM	
FRA CASE:						
EMPLOYEE: SPECIMEN SET ID NO:						
SPECIMEN(S) TEST	ED					
URINE:	LAB ACCESSION#	951339V				
BLOOD:	LAB ACCESSION#	NO BLOOD	RECEIVED			
VITREOUS:	LAB ACCESSION#	951339V				
	JT NOT TESTED:KIDNEY,	Lung, Spinal	CORD	FATALITY		
LABORATORY TEST	TING INFORMATION					
Drug			Urine		VITREOUS	
Sedating Antihistamines						
	Brompheniramine		NEGATIVE			
	Chlorpheniramine		NEGATIVE			
	Diphenhydramine		NEGATIVE		*	

NEGATIVE NEGATIVE

TESTING PERFORMANCE EXPLANATION

Doxylamine

Pheniramine

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

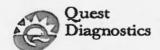
NO DRUGS WERE IDENTIFIED

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

^{*} Testing Not Performed



FEDERAL RAILROAD ADMINISTRATION POST-ACCIDENT FORENSIC TOXICOLOGY REPORT

4/3/2016

REFERENCE INFORMATION

RAILROAD:

AMTRAK

ACCIDENT:

CHESTER, PA

FRA CASE: **EMPLOYEE:**

SPECIMEN SET ID NO:

Backhoe Operator

SPECIMEN(S) TESTED

URINE:

LAB ACCESSION#

951339V

951339V

BLOOD:

LAB ACCESSION #

NO BLOOD RECEIVED

VITREOUS: LAB ACCESSION # SAMPLES RECEIVED BUT NOT TESTED:KIDNEY, LUNG, SPINAL CORD

FATALITY

7:55AM

I AROPATORY TESTING INCORMATION

Drug	Urine	Drug	VITREOUS
Amphetamines	NEGATIVE	Amphetamine	
Barbiturates	NEGATIVE	Barbiturates	•
Benzodiazepines	NEGATIVE	Benzodiazepines	
Cannabinoids	NEGATIVE	Cannabinoids	
Cocaine	POSITIVE	Cocaine	POSITIVE
MDMA/MDA	NEGATIVE	MDMA/MDA	• 10
Methadone	NEGATIVE	Methamphetamine	•
Oplates/Opioids	NEGATIVE	Methadone	
Phencyclidine	NEGATIVE	Opiates/Oploids	• 010
Tramadol	NEGATIVE	Phencyclidine	
Ethyi Alcohol	•	Tramadol	
		Ethyi 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: 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.

Brian A. Brunelli, Certifying Scientist