



HUMAN PERFORMANCE ATTACHMENT
Commuter Bus Driver Post Crash Toxicology Report

Flushing, NY

HWY17MH015

(5 pages)



New York City Transit



Date 9/18/2017

To Dr. Alan Genser, Deputy Medical Director, Occupational Health Services

From Ramon A. Paz, Manager, Surface Transit Investigations, OSS

Re POST ACCIDENT/INCIDENT DRUG AND ALCOHOL TESTS RESULTS

A post accident/incident drug and alcohol test were performed on the employee listed below, please provide the Office of System Safety with the results.

Date of Testing: 9/18/2017

Employee's Name: D. Bryon

Pass/Payroll Number: 110017

Social Security Number: XX-XX- [REDACTED]

Date of Accident/Incident: 9/18/2017

Type of Accident/Incident: Fatal Injury

cc: file

OSS# 2500 , PSTB # 2500

Rap/rap
Postdrugtest.doc

COMPLETE
9/20/17/16

Lab Visit Details



Employee Drug Pool

Record 18 of 18



New Save Delete Cancel List

Created Date 09/19/2017

| | |
|---|---|
| Sample ID 1258023 Employee XXXXXXXXXX Department <input type="text" value="3000"/> Buses Division <input type="text" value="3800"/> Queens Division RC <input type="text" value="3822"/> Service Availability-Casey Ste Location <input type="text" value="000"/> Authority <input type="text" value="TA"/> NYC Transit Authority Job Position <input type="text" value="TA325"/> Bus Operator (Rev Veh)TWU L100 Test Date <input type="text" value="09/18/2017"/> Test Time <input type="text" value="12:59 pm"/> Temp. Out of Range <input type="checkbox"/> Adult/Substituted <input type="checkbox"/> Direct Observation <input type="checkbox"/> Stat Chem <input checked="" type="checkbox"/> Reported Positive? <input type="checkbox"/> MRO Verified Positive? <input type="checkbox"/> Vendor Account # <input type="text" value="10171757"/> | Testing Pool <input type="text"/> Chain Cust# <input type="text" value="6872093"/> Test Group <input type="text" value="FT"/> <input type="text" value="FTA"/> Lab Type <input type="text" value="URINE"/> Test Group/Type <input type="text" value="PA-FTA"/> <input type="text" value="Post-Accid"/> Disposition <input type="text" value="OK"/> <input type="text" value="OK"/> DISPOSITION MODIFICATION STAMP Modified Date 09/20/2017 Modified Time 10:55 am Modified By MEDGATE Medications <input type="text"/> MAC <input type="text" value="MAC9"/> <input type="text" value="MAC9"/> COMMENTS <div style="border: 1px solid black; height: 100px;"></div> |
|---|---|

| | | | |
|---|--|--|---|
| Tour Start Time <input type="text" value="03:54 am"/> | Arrival Time <input type="text" value="12:44 pm"/> | G46 Time <input type="text" value="12:30 pm"/> | Depart Time <input type="text" value="01:02 pm"/> |
|---|--|--|---|

| | |
|--|--|
| Contact Person <input type="text"/> Contact Date <input type="text"/> Contact Time <input type="text"/> Retest Ordered <input type="checkbox"/> Retest Date <input type="text"/> Retest Results <input type="text"/> Retest Lab <input type="text"/> | MODIFICATION STAMP Modified Date 09/20/2017 Modified Time 10:55 am Modified By MEDGATE |
|--|--|

Batteries New

| Battery | Lab | Results Reported Date |
|---------------------|-------|-----------------------|
| DOT DRUG PANEL W/TS | QUEST | 09/19/2017 |

Drug Sample Batteries



New Save Delete Cancel Close

Created Date 09/19/2017

Employee: [REDACTED]

Sample ID: **1258023** Sample Date: **09/18/2017**

Battery 745304 DOT DRUG PANEL WTS

Lab QUEST QUEST

Results Date 09/19/2017

Invoice Date

Invoice Price

Save Tests

| Test | Pos/Neg/Cancelled | Result | Units | Confirm Cutoff | Comments |
|--|---|----------|-------|----------------|--|
| AMPHETAMINES (500 ng/mL SCREEN) | P <input type="checkbox"/> N <input checked="" type="checkbox"/> C <input type="checkbox"/> | NEGATIVE | ng/mL | | |
| MDA-ANALOGUES | P <input type="checkbox"/> N <input checked="" type="checkbox"/> C <input type="checkbox"/> | NEGATIVE | ng/ml | | |
| COCAINE METABOLITES (150 ng/mL SCREEN) | P <input type="checkbox"/> N <input checked="" type="checkbox"/> C <input type="checkbox"/> | NEGATIVE | ng/mL | | |
| MARIJUANA METABOLITE | P <input type="checkbox"/> N <input checked="" type="checkbox"/> C <input type="checkbox"/> | NEGATIVE | ng/mL | | |
| OPIATES (2000 NG/ML SCREEN) | P <input type="checkbox"/> N <input checked="" type="checkbox"/> C <input type="checkbox"/> | NEGATIVE | ng/mL | | |
| 6-MONOACETYLMORPHINE (10 ng/mL SCREEN) | P <input type="checkbox"/> N <input checked="" type="checkbox"/> C <input type="checkbox"/> | NEGATIVE | ng/mL | | |
| PHENCYCLIDINE | P <input type="checkbox"/> N <input checked="" type="checkbox"/> C <input type="checkbox"/> | NEGATIVE | ng/mL | | |
| | P <input type="checkbox"/> N <input checked="" type="checkbox"/> C <input type="checkbox"/> | RAM | | | Specimen Validity Testing Performed According To |

Lab Visit Details



Employee Drug Pool

Record 17 of 18



New Save Delete Cancel List

Created Date 09/19/2017

| | | | | | |
|--------------------|--------------------------|--------------------------------|--------------------------------|-------------------|-----------|
| Sample ID | 1258022 | | Testing Pool | | |
| Employee | [REDACTED] | | Chain Cust# | 12937 | |
| Department | 3000 | Buses | Test Group | FT FTA | |
| Division | 3800 | Queens Division | Lab Type | ABT | |
| RC | 3822 | Service Availability-Casey Ste | Test Group/Type | PA-FTA Post-Accid | |
| Location | 000 | | Disposition | OK OK | |
| Authority | TA | NYC Transit Authority | DISPOSITION MODIFICATION STAMP | | |
| Job Position | TA325 | Bus Operator (Rev Veh)TWU L100 | Modified Date | 09/19/2017 | |
| Test Date | 09/18/2017 | Test Time | 12:47 pm | Modified Time | 09:16 am |
| Temp. Out of Range | <input type="checkbox"/> | Adult/Substituted | <input type="checkbox"/> | Modified By | MEDGATE |
| Direct Observation | <input type="checkbox"/> | Stat Chem | <input type="checkbox"/> | Medications | |
| Reported Positive? | <input type="checkbox"/> | MRO Verified Positive? | <input type="checkbox"/> | MAC | MAC9 MAC9 |
| Vendor Account # | | | COMMENTS | | |

| | | | | | | | |
|-----------------|----------|--------------|----------|----------|----------|-------------|----------|
| Tour Start Time | 03:54 am | Arrival Time | 12:44 pm | G46 Time | 12:30 pm | Depart Time | 01:02 pm |
|-----------------|----------|--------------|----------|----------|----------|-------------|----------|

| | | | | |
|----------------|--------------------------|--------------|---|--|
| Contact Person | | | MODIFICATION STAMP Modified Date Modified Time Modified By | |
| Contact Date | | Contact Time | | |
| Retest Ordered | <input type="checkbox"/> | Retest Date | | |
| Retest Results | | | | |
| Retest Lab | | | | |

Batteries New

| Battery | Lab | Results Reported Date |
|---------|------|-----------------------|
| BREATH | MAC9 | 09/18/2017 |