DCA-06-FR-004

Norfolk Southern Rear-end Collision Derailment

Train No. 226 & Train No. 22R

Lincoln, AL

January 18, 2006

Interview of NS's Medical Review Officer (System)

60 pages, including cover & errata sheets

UNITED STATES OF AMERICA

NATIONAL TRANSPORTATION SAFETY BOARD

OFFICE OF ADMINISTRATIVE LAW JUDGES

Investigation of:	
NORFOLK SOUTHERN REAR-END COLLISION LINCOLN, AL JANUARY 18, 2006	Docket No.: DCA-06-FR-004

Interview of: CHARLES RAY PRIBLE, M.D.

Norfolk Southern Corporate Headquarters
Norfolk, VA

Wednesday,
June 21, 2006

The above-captioned matter convened, pursuant to notice.

BEFORE: RICHARD A. HIPSKIND
Investigator-in-Charge

APPEARANCES:

RICK NARVELL
Human Performance Investigator
National Transportation Safety Board
Washington, DC

TIM BENTLEY
Assistant General Attorney
Norfolk Southern Corporation

I N D E X

I N T E R V I E W

MR. HIPSKIND: My name is Richard Hipskind. I am the investigator in charge for NTSB for Accident Number DCA-06-FR-004, which occurred on January 18, 2006, near Lincoln, Alabama. This accident was a rear end collision of two Norfolk Southern Trains.

We are here today on June 21, 2006, at Norfolk Southern's Corporate Headquarters in Norfolk, Virginia, to conduct an interview with NS's Medical Review Officer, Dr. Prible. To ensure an accurate account of our conversation with him, the conversation is being recorded.

Before we begin, I want to remind everyone to speak clearly and loudly enough for the recorder. So with that, let us begin with the introductions, and I'll begin, and then we can proceed to my left, and if each person will give their name, the spelling of their last name and your title and who you represent.

And with that, again my name is Richard Hipskind. You spell my last name H-i-p-s-k-i-n-d. And I am the Investigator-in-Charge for NTSB.

And Rick.

MR. NARVELL: Yes. Rick Narvell, N-a-r-v-e double l. And my title is Human Performance Investigator for the NTSB in Washington, DC.

MR. PRIBLE: I'm Charles Ray Prible, M.D., Director

of Medical Services for Norfolk Southern Corporation in Norfolk.

MR. BENTLEY: I'm Tim Bentley, B-e-n-t-l-e-y. I'm an Assistant General Attorney at Norfolk Southern Corporation.

MR. HIPSKIND: Okay, thanks Dr. Prible and Tim.

And, Dr. Prible, before we get going here, for the purposes of our conversation here, do you mind if we address you as Ray?

MR. PRIBLE: No, that's fine.

MR. HIPSKIND: Okay. Thank you for that. And let me hand off the initial discussion with Ray. Rick, if you'll kind of take over and begin the dialogue on behalf of the --

INTERVIEW OF DR. CHARLES RAY PRIBLE

BY MR. NARVELL:

Q. Hi, Dr. Prible. What was Norfolk Southern's policy on the use of prescription and over-the-counter medications for all -- when I say all, that's hourly service and non-hourly service employees at the time of the Lincoln accident?

A. Well, it's been a longstanding practice that employees that are in safety sensitive positions are instructed to report their use or change in prescription drugs to their supervisor, who either the supervisor or the employee directly will contact the Medical Department and obtain approval for taking that medicine and working. That's been -- I mean I've been with the company for 12 years, and that was a well-

grounded practice before I ever came to work here. As far as specific policy instructions, there's none that is that specific. However, there is a rule that requires an employee to disclose any injuries or illness. We would interpret that even to be treatment of injuries or illnesses to supervision, so that we're aware of any change in their health or medical condition.

Q. Okay. And was this applied to all employees or just hourly service safety-sensitive employees?

A. Well, the Rule Book really applies to everyone. I think it's a general rule.

Q. Okay. Does Norfolk Southern require their employees to inform their physician of their duties?

A. We have never issued a directive to my knowledge that to tell employees to do that. We do issue letters to employees when we discover that they are taking medication that addresses that issue, particularly prescription drugs. The physician needs to be aware of the job duties and that they can -- and then respond back to us that they know the job duties and can safely take the medication in the prescribed dosage in work, and I think that's in compliance with 219.103, is what we look for.

Q. Okay. But there's no specific company policies, is that, is that --

A. I don't believe so.

Q. Okay, all right. Well the next question was, if so, and if mediations or other treatment is prescribed, does Norfolk Southern require employees to get their physicians' assessment of how those medications or treatment will affect their ability?

A. Well, like I said, if, if we're aware of it, we would entertain that dialog with the employee, and then they would have to do that or would be expected to do it.

Q. Okay. And then again another follow-up with this, and I'll just go ahead and ask it. If such an assessment is performed, is the employee required to provide this to Norfolk Southern?

A. Well, we certainly would instruct him to provide any appropriate medical records related to a particular condition. Say they were injured off the job, for us to do a proper assessment, we often instruct employees to provide those things, but it would be a case-by-case determination.

Q. Okay. Do you become involved, and if so, to what extent when an employee has been prescribed medications and/or treatment by a physician?

A. Only if we get a call concerning that matter. As I explained earlier, the longstanding practice of people calling in in response to instructions. Or if we find out about it on a physical. Say someone goes for a periodic examination and they disclose that they're on medication X, Y or Z; or if they

have a drug screen for another reason and part of that disclosure involves telling us what medications they're on, if any of those medications are cause for concern on our part, then we would instruct the employee to provide us something from the doctor concerning that.

Q. Okay. So this would be record information from their personal physician?

A. Right.

Q. Okay, and then you would make an assessment based on that?

A. We'd made a fitness for duty assessment; and, if necessary, discuss the matter with the treating doctor to see if there were some alternative medication that they could use and safely use, if we had a problem with what they were taking.

Q. Okay.

A. We see that sometimes in the use of narcotics. Somebody with chronic pain problems. Because if, if we have a, a policy or a prohibition -- pretty much we don't allow people to take narcotics and work in safety-sensitive jobs.

Q. Okay.

A. And when that's the case, then we usually try and work with the doctor to find out if there's some alternative that would allow them to safely work.

Q. For example like Oxycodone or Hydrocodone, something like that?

A. Right.

Q. Okay. Has a physician ever contacted you to inform you about medication use or medical condition of an employee?

A. We get calls from physicians' offices all the time about various medical conditions. Often it's in response to our request seeking information about a condition that's been disclosed to us. Very infrequently do we get a call, an unsolicited call from a doctor volunteering information.

Q. That's -- there's -- that's the operative word I was looking for, unsolicited.

A. Right.

Q. And that's infrequently?

A. Very infrequently.

Q. Okay. Do you think it would be useful to have that information from a physician about an employee?

A. Certainly. At least it would give us the opportunity to review it and determine if we do or do not have an issue regarding fitness for duty.

Q. Okay. If you know, were the prescribing physicians aware of the three employees duties before the Lincoln accident?

A. I don't know. I know that after the accident they were.

Q. So post-accident yes?

A. Yes.

Q. Okay. Were you able to determine if the employees had a valid and legitimate reason to possess and use the respective medications?

A. In two of the three cases, yes. In the case of I believe it was Mr. Smith.

Q. Aaron Smith?

A. Right. Did not. I don't believe we discerned the specific reason that the drug had been prescribed. We simply instructed him that he couldn't take it within eight hours of reporting to work once we learned that he was on it. The other two we did have a letter from the physicians involved saying they could -- they were familiar with the job duties and could safely work and take the medicine. In fact, went so far as to say that some -- they've been on some of them for a lengthy period of time and were stable.

Q. Okay.

A. Had no known side effects from it, so --

Q. Let me kind of deviate here. I only have one more (indiscernible) script here, but while we're on it, I think this might be an appropriate place. Did you speak with all three of these post-accident in terms of their use of medications?

A. Yes, I did.

Q. Okay. What was Mr. Smith's response as to why he was on amphetamines?

(Off the record.)

(On the record.)

Q. Doc, we're going to go ahead and ask you when you contacted Mr. Cannon reference his post-accident drug information, what, what was told to you?

A. I conduct a fairly standard interview, an MRO interview with anyone who we have a laboratory reported positive test, and run through a whole litany of things. First off, I establish their identity through either employee ID number of Social Security number and then determine if they were satisfied with the collection process that was followed to make sure that there's no chain of custody issues. And then tell them the reason I'm calling is because they had a test, and the test was reported positive by the lab for a particular drug.

Q. Okay.

A. And then go into legitimate prescriptions that they might hold for it or any alternative explanation that they might offer, whether it's something in their diet, a trip to an emergency room where they could have been administered something, that kind of thing, anything else in their medical history that might be pertinent.

Q. Okay.

A. And then basically hear what they have to say and accept it at face value, and if it makes sense, then we can

either consider that as a reasonable explanation or require them to provide evidence of prescription drug use or something of that nature. Mr. Cannon admitted that he had taken Adderall anywhere from 30 to 50 milligrams per day for a year.

Q. What was the name of that medication?

A. Adderall. It's amphetamine salts.

Q. Can you spell it for me, please?

A. A-d-d-e-r-a-l-l.

Q. A-d-d-e-r-a-l. Okay.

A. It's a -- that's a brand name for amphetamine.

Q. A day for how long?

A. For approximately a year for a particular medical condition. And I instructed him that he would have to provide evidence of recent prescription from his doctor that would be valid for him. We don't accept family, spousal, household interchange of substances, so that would not be a reasonable explanation. That would, that would be -- result in us calling it a positive test.

Q. Okay.

A. And he said I'll get that and he furnished it.

Q. So he, he submitted documentation from his, his physician.

A. Well, it was from the pharmacy. He went to CVS and had the scripts faxed into us.

Q. Okay. And that, that explained for this particular

medical condition you referenced why he was taking this, correct?

A. Right.

Q. All right. And what was your final determination for Mr. Cannon's post-accident drug test --

A. I, I declared the test a negative test and referred the case to Dr. Lina, my associate, to review for a fitness for duty determination.

Q. And was there an adjudication on that?

A. Yes. She wrote the employee and the employee furnished the statement from his doctor, the reason why he was taking the medicine and that he was taking it and he knew the job requirements, and there was no problem.

Q. Okay. All right, so just reviewing here. You referred his, his case, if you will, his test to your associate, Doctor who?

A. Lina, L-i-n-a.

Q. L-i-n-a. Okay. And then she apparently wrote a letter to him requesting additional information?

A. Yes. We have a fairly standard letter that we send out.

Q. Okay. And then he in turn contacted apparently his physician and provided said documentation?

A. Yes.

Q. And do you know if his current status today -- is he

back to work or do you know?

A. I don't know that he missed work to my knowledge. He may have had other medical issues, but I certainly am not aware of them. I, you know, I pulled his medical file or looked at it just before I came here. I didn't see anything referencing work so.

Q. Okay.

MR. NARVELL: Okay, Dick, on this, on Mr. Cannon, have you got anything else at this point?

MR. HIPSKIND: No.

BY MR. HIPSKIND:

Q. Ray, just let me kind of distill this kind of to layman's terms, if you will. In reference to Jeremy Cannon, post-accident, you got notification of initially what we term as a positive, and Norfolk Southern looked into it through your office at your direction; and, long story short, you got enough documentation to satisfy yourself that he was taking the -- that the prescription, that the substance that came up as a positive was explained by his use of the prescription drug Adderall.

A. Yes.

Q. And, secondly, that you looked into whether he had a legitimate prescription to take that, and you found out that he did. He gave you some proof or evidence of that. And all of this process, the communication back and forth and the, the

documentation that you requested satisfied you to the extent that you changed his positive to a negative.

A. Yes.

Q. In other words, it was explainable and there was no suspicion of anything outside of your policy?

A. Correct.

Q. One of the last things --

MR. HIPSKIND: And forgive me, Rick.

BY MR. HIPSKIND:

Q. I just want to be sure that on the timing of this. And so I'm asking you a when question. When did Jeremy Cannon let you know that he was on this prescription drug? I mean did that occur before the accident or did much of this come to light after the accident?

A. It came to light after the accident. I went back and looked at his file and we had no record of this drug being taken when he was hired, and he was a fairly recent hire. It was not listed on the medications he was taking at that time. And that would be consistent with the doctor's note. He says he was diagnosed in June of '05 and placed on Adderall treatment at that time. That was the doctor's note to us.

Q. Okay. And in terms of your knowledge of your policy and what's written in the general rule, do you have any concern or should there be a concern about whether he fulfilled the intent and letter of that general rule?

A. Well, obviously he did not. At least we were not aware of his taking the medication until after the incident had occurred. Somebody with a condition such as his on the medication, just globally I can say I really don't have a big concern because the medication is a treatment, and in that case he's probably better off with it than he would be without it, and from that perspective. But did he fulfill the letter of the rule, no, he did not, or our unwritten policy or our practice.

Q. And again, I think you made a point of this with Rick that you can only know what you know if the employee has their doctor to notify you of whatever conversation they've had.

A. That's correct.

Q. And then also how they portray their duties and responsibilities to their personal physician.

A. True.

Q. Okay.

A. True.

MR. NARVELL: Or --

MR. HIPSKIND: This is Rick Narvell.

BY MR. NARVELL:

Q. Or if the, if the employee comes to you and says I am taking Substance A or B, then you would of course be aware of it like that?

A. Yes.

Q. In that fashion.

A. Yes. Or if they had an intervening physical or something where it was disclosed and we became aware of it in that fashion.

Q. Okay. I guess my question is -- I think we'll move on from Mr. Cannon to the next person here. Did he or did he not fulfill the policy requirements for medication use for Norfolk Southern?

A. No, he would not have done that.

Q. Okay. And he should have?

A. Yes.

Q. Okay. Very well. That's all for Mr. Cannon at this point. The same kinds of questions, we'll move on to Mr. Smith, Aaron Smith.

A. Put that away so I don't get it confused.

Q. I'll start off with this question. Did he inform or were you aware of his use of the medication that appeared in his drug screen before the accident?

A. No, we were not aware of it.

Q. Okay, so all right. When, when did you find -- when did you speak with him? Do you have a, a time that you spoke with him? And I guess I assume the same type of process occurred.

A. Yes. I spoke with him February 3, 2006, at 4:35 in the afternoon.

Q. And was it a similar interview?
A. Similar interview, right.
Q. Okay.
A. That's a -- actually, it's a form, kind of a checklist we follow so we're sure to do it consistently.
Q. Sure.
A. And asked the same questions, gave the same disclosure, and he reported that he had taken Restoril.
Q. Can you spell that for me, please?
A. R-e-s-t-o-r-i-l.
Q. R-e-s-t-o-r-i-l?
A. Right. Sunday or Monday evening. At the time I could have told you what that relationship was to the incident, but I don't know now, so.
Q. Okay. R-e-s-t-o-r-i-l?
A. Restoril, yes.
Q. What, what class of drug is that, Doc?
A. It's a benzodiazepine.
Q. Okay.
A. I can spell that if you like.
Q. No, I, I'm familiar with that.
A. Okay.
Q. Okay. Go ahead. I'm sorry.
A. That's all right. It's a, it's a benzodiazepine. It's a sleeping medication.

Q. Similar to Valium. It's same class family type --
A. Same family of drugs.
Q. Right.
A. Little shorter acting than Valium and --
Q. Okay.
A. -- shorter half-life.
Q. Now again I think I just asked this but he -- was he -- would he have been required to inform your, your shop of this prior to the accident?
A. Technically no, if he were not taking it while he was working. I mean he could be at home and take the medication and may be one of those situations where it's none of the company's business if he does not come to work under its influence.
Q. Got you, okay, all right.
A. If he were taking it inappropriately or using it on, you know, while he was around work then, yes, he would be violating the rule.
Q. Did you happen to speak with his physician?
A. No, I did not.
Q. Okay. And do you know when this was prescribed? I guess this would be per Mr. Smith, correct? Since you didn't talk to his doctor.
A. Well, his -- he did furnish a prescription so --
Q. Okay.

A. -- his prescription, it looks like originally was filled on 11/28/05.

Q. Okay.

A. And he got another refill on 1/21, but that was after the incident.

Q. Sure. So the original was latter part of November of last year?

A. Right. He got 30 of them.

Q. Okay. What's the milligrams on that?

A. 15 milligrams.

Q. Okay. Doc, were you in your other conversation with Mr. Smith, were you aware that he had been off duty at any time prior to this accident? If so, could you provide details?

A. He did not tell me that, however, when the test results all came in, and there were like seven of them, I just, I quickly went and reviewed each person's medical file to see if there were any issues surrounding any medications that these folks were taking.

Q. Right.

A. And I looked in his file, and I noted that he had been out of service. You said for an ankle fracture or something. I, I don't recollect that, but I do think it was for some problem of that nature, but -- at the time he had his physical he did list a number of meds, but none of them were pain medication nor Restoril.

Q. Okay. We know now that he was per his results he was positive for temazepam?

A. Yes.

Q. Okay. Is that consistent with his stated use of Restoril?

A. Yes.

Q. Okay.

A. Restoril is a brand name; temazepam is the generic.

Q. When was his last physical prior to this accident?

A. He had a return -- he returned to work 1/13/06. And I'm sorry I didn't print off the physical that he had done, but it was somewhere around the 13th. It would have been prior to the 13th.

Q. And this is his return to work?

A. Correct.

Q. Okay. And at that time Restoril was not listed on there, is that correct?

A. He did not disclose that, no.

Q. So he's got it filled back roughly two months prior to this accident and not listed on his, on his medical form, correct?

A. Right.

Q. Now should it have been on there?

A. If he were currently taking it, yes. There's a box that says list medications currently taken.

Q. Okay.

A. Colon, and then there's a blank and you're supposed to fill it in. Whether he interpreted currently taken to mean that I didn't take it today or --

Q. Right.

A. -- I didn't take it the day of the exam or that kind of thing I -- certainly could be open to interpretation, I suppose.

Q. Okay.

A. He did not disclose it as I would have expected him to.

Q. And this will be my last question at this point for Mr. Smith. What was your final determination of his, his FRA post-accident test?

A. I ruled that it was a medically negative test.

Q. Is that the same as a negative? When you use the qualifying term medically, is that the same, same animal, same thing?

A. That's just simply to distinguish it from a laboratory positive. When we get it from the lab, those are unconfirmed positive tests. The MRO really has the final say-so on whether a test ultimately is positive or negative.

Q. Okay.

A. And if, if you can accept legitimate prescription use and it's all verified, then you can verify the test as

negative.

Q. Which was his case here? That was your final determination?

A. Right.

Q. Is there any other documentation records that you received from him reference this matter?

A. No. Like I told you, we wrote to him and told him he couldn't take the Restoril within eight hours of working or while at work, but other than that, that was on our end, not his.

Q. And last but not least.

A. Uh-huh.

BY MR. HIPSKIND:

Q. Let me ask a couple of questions about Mr. Smith. Ray, I just want to kind of decode all this for my understanding.

A. Okay.

Q. Is -- and what we talked about with Jeremy, basically he was taking some meds and maybe you were not aware of it. In fact, you said well I -- we weren't aware of it, but his -- in terms of his post-accident tox test you changed a positive to the negative because it was explainable. In other words, in Jeremy's case, what he was taking made sense based on again the evidence that he provided in terms of prescription and your understanding of why he was taking it.

A. Yes.

Q. Okay. Should I think about Mr. Smith's case, the engineer on 226, should I think of him in the same light that there was a drug that he was taking that showed up on the tox test that in like fashion like in Jeremy's case it was explainable and, and hence you reclassified the positive to a negative?

A. Yes, mechanism is exactly the same.

Q. Okay. And then in terms of were you aware about the pain medication and did his being off duty coming in for a physical or, or to be seen by somebody and then, you know, whatever they have to do before they come back to work, did all of that go according to your policy?

A. It did. I was not aware of the pain medication. He did not disclose that. It didn't come up during the physical. And, you know, based on that, I would have no reason to believe he was on pain medication the time he had a physical. He may have taken all he was off with the injury, but he must have stopped it before the physical because he didn't disclose it. Either that or he intentionally withheld the information from us.

Q. Okay, and then just to be clear, just to kind of answer the when question. Did everything go according to policy with Mr. Smith on what you should have known that he was taking prior to his return to work? In other words, he was up

front and he told you the things that he was taking?

A. Well, he did not disclose the Restoril that he obviously had been taking based n the prescription prior to the physical that he had. Had he disclosed that, we would have followed it up with the same letter we sent him now, and that's you can't take it within eight hours of marking up for service or while at work. Our action would have been the same either way, but we missed that opportunity to so instruct him because we didn't know about the drug's presence or his use of it.

Q. Okay. Thank you.

MR. HIPSKIND: Rick, back to you.

MR. NARVELL: Okay.

BY MR. NARVELL:

Q. Doc, last but not least is it Levet (ph.).

A. Yes.

Q. Ms. Levet?

A. Uh-huh.

Q. We'll go through the same, same scenario --

A. Right.

Q. -- with this young lady. We'll start off with were you aware of -- she had a number of things in her system at the time of. Were you aware of these medication usages?

A. No, I was not aware of them.

Q. None of them?

A. None of them.

Q. Should she have per policy, rule, regulation, whatever, I guess policy, should she have informed you of these medications?

A. Yes, she should have.

Q. Okay. And then you contacted her. What was, what was conveyed to you?

A. She disclosed that she was taking both --

(Tape 1, Side A ends.)

(Tape 1, Side B begins.)

Q. -- our third and final individual after this accident that, that tested positive under FRA protocol and that is Ms. Levet. You've indicated earlier that prior to this incident you were not aware of her taking any of these medications, correct?

A. Correct.

Q. And per the policy that she should have informed your, your office of the use of these medications?

A. That's correct.

Q. Okay. When you contacted her to discuss her results, what, what was conveyed to you?

A. She reported that she was taking Adderall.

Q. Can you spell that, please?

A. A-d-d-e-r-a-l-l.

Q. Was that the --

A. Same as the other one, yes.

Q. A-d-d-r-e-l?

A. A-d-d-e-r-a-l-l.

Q. Okay. And then what was the dosage?

A. 25 milligrams, one tablet when she gets up in the morning. She's been on it for two or three years.

Q. Okay.

A. And the -- and she was taking Valium, 5 milligrams p.r.n., or as needed, but she did not take it on the day of the incident, and she reported that she did not take it at work or before coming to work.

Q. Wait a minute. She said she did not?

A. She didn't take it on the day of the incident.

Q. Or at work?

A. Right, and knew not to take it at work or before coming to work. She kind of -- she understood what our expectations were, let's put it that way, as far as the use of Valium.

Q. Well, okay, let me, let me ask this question then. From a purely clinical perspective, how would it be explained that she's got diazepam in her blood?

A. It has a fairly long half-life. For example, the Restoril we talked about earlier, the half-life on that's 8 to 10 hours.

Q. Okay.

A. Valium, I'd have -- I could probably look it up right

quick, if you don't mind.

Q. Sure.

A. I knew I brought my PDR for some reason. Figured we'd be talking about --

UNIDENTIFIED SPEAKER: I've got one in my office. They get bigger every year.

UNIDENTIFIED SPEAKER: They do.

THE WITNESS: But they also take drugs out of it too. You know, one you go in you expect to find and it's not there. Okay.

(Pause.)

THE WITNESS: I looked up Valium in the PDR, and I don't find a quoted half-life, but it is significantly longer than say Restoril or one of the other short acting -- shorter acting benzodiazepines.

BY MR. NARVELL:

Q. Okay. Based on the results of the blood particularly, Doc, would there be any reason for you to call into question her, her statement that she did not take it on the day of the accident or at work?

A. I really have no way of knowing that.

Q. Was there any indication of when she did last take it? Was that in her notes to you?

A. No, she did not tell me that. I don't believe I inquired about that specifically.

Q. Okay. So she's telling -- just to wrap up on this section here. She's indicated to you she did not take it on the day of the incident or when she arrived at work, is that correct?

A. Correct.

Q. But obviously she had taken it some time at some point?

A. At some point, and depending on what the threshold on the test is at the lab, I'm not sure exactly how to interpret the blood level that they, that they give. It could be a very small amount, it could be a large amount, but there is no -- I'm not aware of a dose response curve for the drug so --

Q. Okay, which gets to the guest mate.

A. Right.

Q. Okay. So we don't have a guesstimate?

A. No.

Q. Okay. All right. Was -- did you request that she provide documentation with respect to her, her medication usage?

A. Yes. She, she had had this filled via mail order pharmacy, which is available to our contract employees as well as non-contract, and furnished us the online verification of her prescriptions.

Q. Okay. Do you know when it was last prescribed? Or, I'm sorry, initially prescribed.

A. Can't tell you when it was initially prescribed. I see --

Q. We're talking about the Valium.

A. Oh, the Valium.

Q. I'm sorry. We've got two drugs for her.

A. We do have two drugs. Date on here? This says 1/13/06, but that would have been after the incident.

MR. HIPSKIND: Ray, let me jump in there.

MR. NARVELL: Yes.

MR. HIPSKIND: The incident was on January 18th, so --

THE WITNESS: Oh, I'm sorry. So this was before the incident.

MR. HIPSKIND: Right.

THE WITNESS: This, this prescription was for 1/13/06.

BY MR. NARVELL:

Q. So about five days before?

A. Right. She had at least had it refilled, if not filled. I can't tell because it's the CVS pharmacy sheet.

Q. So the initial prescription was 1/13?

A. Right.

Q. And the Adderall I have up here -- two to three years prior, but if you have a specific date, fine.

A. The date, I see two dates here. She got one on

October 24th, '05, with no refills. I don't think they'll refill that anyway, so it comes through as a new prescription.

Q. Okay.

A. And then she got it filled again on January 30th, '06, which is obviously after the accident. It was for 90 tablets each time.

Q. 90 tablets, and they were 25 milligrams, correct?

A. 25 milligrams. So it appears she's -- at least based on her fills taking them in accordance with the instructions.

Q. Okay. Did her physician contact you or did you contact him or her?

A. Dr. Lina, when she got the case on referral from me for fitness for duty, wrote a letter saying that her condition has been well controlled. She hasn't had any symptoms. I did note that she takes diazepam on an occasional basis. It's my understanding that Norfolk Southern guidelines prohibit the use of diazepam either within six hours of reporting for duty or while on duty. It's my belief she can comply with these guidelines, and I know of no instance where she did not comply in the past. And Dr. Lina and I talked about it, and then he, he actually called or she called and confirmed with the doctor his understanding of the sensitive nature of Ms. Levet's position as a train dispatcher.

Q. Was he aware of that beforehand?

A. I'm not sure because the reason we had to follow-up

with him was it says I'm aware of the sensitivity of her job duties. I'm not exactly sure I know what that means, but that was his initial letter. She's on -- she was also on some other meds and said she's taking them without side effects, and I don't think they produce any impairment of function at work.

Q. Was it pre-accident?

A. Yes. The note was from -- no. The note was February 14th.

Q. Oh.

A. And was followed up with that other note that was more explicit, and then that's what Dr. Lina followed up with a call to him to make sure he understood what she did as a dispatcher.

Q. We're not sure -- you're not sure, excuse me, if, if he -- if her physician was aware of her duties before or after the 18th of January?

A. I'm not -- clearly, no. He was aware of them afterwards.

Q. After -- you're right, afterwards.

A. Before, I don't know. I do feel that she is fit for service while she is on the medication that I have prescribed.

Q. Okay.

MR. HIPSKIND: And, and Ray, what you just stated there you read from a letter from her physician in correspondence with your office?

MR. NARVELL: Yes.

BY MR. NARVELL:

Q. So he said that at this point he is aware of her duties. She's sensitized to them. He saw nothing that would cause him concern with respect to the medications that he prescribed.

A. Correct.

MR. HIPSKIND: Yeah, this is Dick Hipskind.

BY MR. HIPSKIND:

Q. Let me -- Ray, let me just again I want to do this recap on everything that we've said about, about Ms. Levet. Is this, is this another case where you -- in essence you're finding out more about what they're taking post-accident than what you were aware of prior to the accident?

A. Yes.

Q. I mean so there is that common thread between the three employees?

A. There's that common thread between these three, yes.

Q. Okay, but I also kind of want to see if I understand this. In each and every case, with all, with all three employees, it's your determination that what they were taking were not illicit drugs, but they were prescription medications for a legitimate use?

A. Correct.

Q. And, and in each and every case you're not detecting

any kind of an abuse of the medications that they're taking?

A. No. There was no evidence of that.

Q. And, and just to -- what they were taking and what they were prescribed was for legitimate conditions?

A. Yes.

Q. Okay. And just -- I noticed that you remarked a couple of times about your response to the employees on the medications they were taking that my term is you were giving them a medical advisory. Well, if you're taking this particular drug be it known that you should, you should not be taking that at work or 8 to 10 hours before work, things of that nature?

A. Correct.

Q. Well, do you make those kind of advisories or those kind of judgments about people taking medications on a case-by-case or is there any notification to the employees in general, look, here's some medications, and if you're taking them, don't be coming to work 8 to 10 hours? I just want to be clear how, how you go about that, that business and that, and that communication with the employees.

A. We go about that communication with the employees when we are aware of a medication that they're taking. Somehow it's brought to our attention, either through a call to us or a physical or we get medical reports in and related say to a claim where somebody's been injured on the job, and they

disclose in that information the presence of either a condition or a substance for that matter, and we follow-up on those. Each one is on a case-by-case basis because particularly the hour interval that somebody can't take it and work varies by medication. It depends on the half-life of the medicine and the potential for impairment while they are taking it. And there are too many variables that run into it. If somebody is taking something chronically and they've acclimated to the drug and you know the side effects really probably are non-existent or they've gotten used to them, that's a lot less concerning to me than somebody who just started on something yesterday. You know antidepressants can be sedating when you first start taking them, and you usually minimize it by taking them before you go to bed. But over time the advice is keep on it because you'll eventually get used to it, and that's true. After a few weeks you do get used to it, and you get the antidepressant effect as well.

Q. Okay.

A. Do we give out general information? No, because a lot of the things are case specific and vary by drug and vary by personal response. Let's face it, if you went through the PDR and picked out every drug that had a potential side effect of sedation, you'd probably eliminate two-thirds of them out of here of being taken while working.

Q. Well, Doc, I understand, and I appreciate the depth

of your answer there. Earlier you had mentioned that Ms. Levet had identified post -- again post-accident she had identified what she was taking, and I thought I heard you use the phrase, and she said she was on some other medications.

A. Yes.

Q. So my question to you is do you have a concern about interaction if the other medications are just, quote, unquote, other medications? Are you aware what the other medications were?

A. Oh, yes, we -- Dr. Lina in her fitness for duty assessment followed-up on those with the doctor and he addressed those for us. They were long-term medications as well, so it wasn't as though they had just gotten started, so.

Q. And again, to put it in layman's terms --

A. Uh-huh.

Q. -- you've checked this out and for the information that she provided in the quote, unquote, other medications, no issues and everything is explainable?

A. Yes.

MR. HIPSKIND: Okay, Rick, back to you.

BY MR. NARVELL:

Q. Were these other medications for I guess a medical -- some kind of medical -- for treatment for some, for some ailment?

A. Yes.

Q. Okay. And they're long-term?
A. Yes.
Q. Okay. All right. What was your final determination for Ms. Levet's post-accident FRA test?
A. I reviewed, reviewed the test and ruled it negative for both amphetamines and benzodiazepines based on legitimate prescriptions for both.
Q. So all three were ruled medically negative?
A. Right.
Q. Okay, all right. I'll get a -- that's all for the individuals. I had a few generic-type questions. I think my number 10 has been answered already, that was did the, did the three employees who testified positive notify the rail of use of their medications, and I think the answer was no. So we've asked and answered that one. Based on this, I don't want to say experience -- based on the results of the three of the individuals that were tested -- Doctor, this cause you any concern? And, if so, would you like to elaborate on that?
A. Well, I would certainly have hoped that our employees would be more disclosing about things that they've taken. You know, they all grow up with Rule G hanging over their head, and I think most of them are aware what will happen to them if they come to work impaired. You know, they're certainly subject to very rigorous enforcement of Rule G in this company, that's no secret. And they know their job is on the line, and I think

that motivates many of them to report the medications that they're on. Why these three did not, I don't -- I can't explain it. Yes, it is cause for concern.

Q. Okay. And --

A. Fortunately though in this case, I'm not sure that they contributed to what happened --

Q. Right.

A. -- in the incident, but certainly in a bigger picture, yes, it's cause for concern.

Q. Okay. Since Lincoln, since this incident, has anything changed with respect to -- policy, use of medication, so on and so forth, from your perspective?

A. No.

Q. Was there any -- for these three, was there any -- I'll use the term retraining? So if it happened again if -- let's say they were prescribed, I don't know, Medication Y for something -- or whatever --

A. All right.

Q. -- if that would happen today, is there any counseling provided them or training to say in the future you need to provide this information?

A. From the Medical Department, I can only say when I talked to Ms. Levet, I did tell her I had concern, you know, people working in a safety-sensitive position as hers and taking these medicines and we're unaware of it really caused me

a lot of difficulty.

Q. Right.

A. And, you know, at least we need to be aware of it. You know, yeah, maybe it's the right thing to do that you can take these things and work, but we're not aware. So I kind of chastised her in my discussion a bit.

Q. Okay.

A. Beyond that, no. We, we didn't, we didn't have any discussion. And quite frankly when I was, when I was doing Mr. -- was it Smith, the fellow with -- yeah, the Restoril --

Q. Yes.

A. -- I didn't make note that he did not disclose that at the physical because at the time I was not aware that he had a prescription that predated the physical.

Q. Okay.

A. So --

Q. That leads to another question I'd like -- wasn't in here, but on your internal medical forms, there is, there is a -- I think I know the answer, but is there a, a section that says you have to disclose medications and dosage and specifics, et cetera?

A. Yes.

Q. Okay. That's standard on your medical forms?

A. Yes, it is.

MR. NARVELL: That's all I have at the moment for

Dr. Prible.

MR. HIPSKIND: Okay. I want to go back.

BY MR. HIPSKIND:

Q. We've been talking -- Ray, we've been talking about NS's policy, and I think we would be remiss if we didn't ask you to read the specific rule that we've kind of been addressing here throughout our conversation. So could you do that for us, please?

A. Sure.

Q. And if you'll identify where you're reading from and the rule and then just kind of read it into the record here.

A. Actually, we actually discussed a couple of rules. I might read Rule G.

Q. Well, let me rephrase my --

A. Okay.

Q. -- direction here. Please enter or read whatever you feel pertinent.

A. Okay.

Q. To our discussion.

A. All right. Rule G states an employee who reports for duty under the influence of alcohol of other intoxicant, cannabis in any form, an amphetamine, a narcotic drug, a hallucinogenic drug, any controlled substances as defined by federal law or a derivative or combination of any of these or who uses any of the foregoing while on duty will be dismissed.

Possession of any of the foregoing while on duty or possession, use or being under the influence of any of the foregoing while on company property or occupying facilities provided by the company is prohibited. Rule N, and I certainly won't read the entire Rule N because it has a number of paragraphs, but the pertinent one that we cite as affecting disclosure states, an employee who sustains an off-duty personal injury or illness adversely affecting his ability to perform his regularly assigned duties must inform his supervisor of the injury slash illness before reporting for his next shift or tour of duty. And then it says, if an employee at any time obtains medical attention or marks off for a non-duty injury or occupational illness, he must promptly notify his supervisor. And extending that would obviously be the treatment for any of those conditions.

Q. So it's just the two rules?

A. Yes.

Q. Okay. We talked just a moment ago. I'm going to follow-up. We talked about your form, medical form has a section for prescriptions. Does that also address OTC, over-the-counter meds or just prescriptions?

A. It says any medication. I don't think it really specifies prescription medication. I'd have to look at our form to be absolutely certain, but I don't believe we distinguish it.

Q. Okay.

A. I would say most people do not put over-the-counter things down there when they do list drugs though. I see that very infrequently.

Q. Okay. I may want just to confirm that if you had a chance at some point.

A. Sure. I don't think I printed off the physical on any of these people.

Q. If you don't have it now, it may be just a follow-up.

(Off the record.)

(On the record.)

BY MR. NARVELL:

Q. Doc, I'm going to go ahead and -- this is Rick Narvell. I'm going to go ahead and follow-up with you on the specific language on your medical form to ascertain if, if the medical medication use section also includes the words over-the-counter or OTC.

A. Sure. I can actually when we're done here, I can go down and get one and bring it up to you, if you'd like.

Q. That would be --

A. A blank one, if you like.

Q. Sure, that would be perfect. Great. Thank you.

A. Okay.

BY MR. HIPSKIND:

Q. Okay, back to me. This is Dick Hipskind. Ray, I

want to talk about the, the impact of these couple of rules that you read. I don't want to focus on Rule G. I want to focus on Rule N and the paragraph that you read. Earlier you had when we were looking up the half-life of Valium, you looked in the Physician's Desk Reference, and you made a comment that kind of struck me that you said, well, you know, probably two-thirds of these medications in the PDR have a sedating effect. And what that got me to think about is, well, you know, with the aging of America people do take prescription drugs kind of routinely. We're taking more of them not less of them. If employees fully engage and disclose, you mentioned maybe a concern about disclosure. If employees fully engage that paragraph you read about, Rule N, and they are disclosing, does that sword kind of cut both ways? And by that I mean, yes, they're complying more with Rule N, but does that -- could that create a manpower shortage because you need to then tell the employees, well look, get well, but we can't use you and because you work in a safety-sensitive position? And, if that's the case, and I want you to think about it before you answer, if that's the case, I mean do you get people from the operational point of view say, well wait a minute, I've got to have, I've got to have warm bodies out here. I've got to have people to run the train? I'm not trying to pain you in a box there, but could you kind of respond to that?

A. Well, I think you have to remember that what I said

if you, if you look in the PDR, probably many of the medications in here have a potential side effect of sedation. That doesn't mean they're all going to be sedating, and the risk is relative on each one, and the probability varies by drug. So I don't think that just because a lot of them list sedation that people actually experience it. If you look say at some of the newer antihistamines, the ones they call non-sedating antihistamines, if you look it up, they list one of the side effects as sedation. So it's like, well, no, that's supposedly one of the benefits of the drug. So let me preface my remarks by saying that. I'm, I'm not -- I'm less concerned about not having enough people to work because of the medication they're on than I am not having the people to be able to handle the volume of work that would come our way by such disclosure. In other words, if we've got everybody calling in with every medication they've ever taken whether it's over-the-counter, we couldn't handle it. That concerns me more than looking at the cases we do get an investigating the drug and making a case-by-case decision on each one. And I think under the ADA we would be wrong to have a blanket rule that said you can't take this and work. And I that's why 2.19 has a provision about prescription drug use and the doctor understanding the safety sensitive nature of the duties and making a good faith judgment that they can work and safely take the medication. My, my personal feeling is there ought to be

more onus on the employee to take responsibility for the medication they take, and it needs to be with the prescribing physician. I don't think it belongs to the railroad. Yes, we are a party in this, there's no question, but I think the personal doctor needs to have a more active role in knowing what somebody is taking and the nature of the work that they're doing. Because we are in an unusual industry. Let's face it. You know transportation and a couple other nuclear and a few others have extremely safety sensitive positions, and so we're different. We're not like the guy running Home Depot or something like that. So it is a different environment. But I think for that reason, I think the personal physician has got to take a more active role in the person's care and understanding the relationship with his occupation. But like I said, my concern is having the staff to be able to -- and medical to be able to police something like that. Not so much that we're going to pull everybody out of service and we can't run the railroad.

Q. And, and do you have enough staff to look after -- and what I'm getting at to look after fully engaging Rule G and Rule N, and to add to that in, in an ideal world where the employees do fully embrace the rule and you're getting more disclosure? I mean does that have an inundating effect if that happens?

A. Well, it could if we said, well, you've got to tell

us everything you're taking. If the system is working right and people are having periodics either every three years or every year depending on their age in those safety-sensitive positions, if they're truly having their periodics and they're telling us what they're on, and we can investigate those as they come in and respond accordingly, I think we're going to get a lot fewer of them calling in or sending stuff in to us or the other. The other would just be changes, any changes in their condition or changes in their medication they would be reporting. You know, the ideal situation is you give a physical to everybody every year, which is probably unnecessary. That's why we've gone to an age-based system. But the downfall of that is you've got three years between each physical. So things do change in those three years, and then you have to throw it on to the employees to tell us what's changed for us to know it.

Q. When, Doc, when you were reading Rule N the pertinent paragraph, there was a phrase in there that says adversely affects. And my question is kind of a simple one. Is that left to the employee for them to ascertain whether that applies to them? In other words, I'm an employee and I'm taking these couple of prescriptions. Am I left as the one to say, you know, I really don't think these are adversely affecting me so I feel okay about maybe not telling my physician.

A. I think you could interpret it both ways. I mean the

supervisor, if he's looking to enforce the rule and observe something saying, you know, let's not maybe use the medication unless -- say he's limping in the yard. Well, it appears your condition is adversely affecting your ability to perform. The employee may not realize it or recognize it, but the supervisor did. And I guess in the case of medication, if they observe the employee stumbling because they're intoxicated because of some medication they're taking, and the employee still doesn't recognize it, then we have an issue. So I would say it has to be on both ends. It's going to have to be the employee knowing and the company recognizing. So the two have to meet some place.

(Tape 1, Side B ends.)

(Tape 2, Side A begins.)

MR. HIPSKIND: In concluding, I just want to again thank you for your input with the questions that I've had and increasing our understanding of, of how this is all supposed to work.

Rick, I know you've got a couple more things that you want to ask the good doctor.

MR. NARVELL: Yes. And -- that's correct.

BY MR. NARVELL:

Q. Doc, after you received the results from FRA, from the FRA Drug and Alcohol Program Coordinator, did you have discussions with him; and, if so, could you just briefly

characterize the nature of those discussions?

A. Well, Mark called me from the lab where he happened to be coincidentally making a, an inspection trip, and indicated that the lab resources were available, if I had any questions about any of the test results. And we spoke specifically about the Restoril result. I, I asked if there were any way of knowing the timing of the medication given the level in the blood, and the scientist who was present during the conversation indicated they didn't really have any dose response information concerning that particular drug.

Q. Okay.

A. I as trying to see if we could get an idea when it was taken relative to the accident, but they really didn't have any, any graphs or any tomograms or anything like that available to tell me where that dose fell.

Q. Okay.

A. Would have fallen. There are so many variables. There's body mass and metabolic rate and everything that falls into that that they couldn't, they couldn't really be helpful, and that was really it.

Q. Okay.

A. The only other correspondence I had was the formal response that I have to send to the FRA when I notify them that I'm downgrading the positive to a negative, and I followed the same format in each of the, the three employees when I sent

that off.

Q. Okay. And just to clarify. Your -- you essentially wear two hats. You're the MRO and you're the Medical Director, is that correct?

A. Right.

Q. Okay.

A. I ask though -- generally I do MRO work. I kind of stay out of the clinical work as much as I can. My colleague, Dr. Lina, does that. And so if I do get a, a case where there are medications involved and there's a fitness for duty issue, I usually try and lateral them to her, and she will often bring those kinds of questions to me if she's the MRO. So we're not putting ourselves in the position of wearing both hats while we're doing that, doing that job.

MR. NARVELL: I believe that's all I have, Dick.

MR. HIPSKIND: Okay. Thanks, Rick.

I've got -- I'm going to try and make this fairly quick, but I want to tie up a loose end in my mind.

BY MR. HIPSKIND:

Q. Can you give me kind of a ballpark figure how many employees -- when we're talking about these issues about reporting, I thought you said earlier it applies to all employees. And, if that's the case, how many employees are we talking about that work for NS?

A. Roughly 30,000 employees.

Q. Okay. And how many of these 30,000, and let's talk on an annual basis. In a year's time, how many employees are contacted and basically your office says to them, look, we've received information either through an annual physical or a every three-year physical or you're off duty coming back to duty, and the bottom line is you notify them that they can't continue in their safety-sensitive position. So of the 30,000 in a, in a year's time, how many do you have to let them know that they can't continue and you have to do something else?

A. We don't pull many people out of service because of the medication issue. If we do, it's primarily they're narcotics that we become aware of. Either they've tested positive or they're trying to come back to work from an on-duty injury and the doctor's got them on Lortabs and MS patches or Fentanyl patches or something like that, and it's just not consistent with them coming back to work safely, at least in our opinion. We don't pull a lot of them out of there. I would say a handful, and that's, that's just a guess. As far as sending letters to them saying, you know, giving them the advisory as you spoke, we spoke about earlier about saying you can't take it while you're working, that kind of thing, we do that a lot. We do that every day because we see them on physicals. I can't give you a number. I can tell you how many physicals we do in a year, if I can go down and get some statistics, but I couldn't give you a quantity.

Q. If we need those statistics, we may do that in a follow-up, but what I'm hearing is 30,000 employees. You try to keep a lid on things, but a handful of cases where you end up pulling somebody out of service or whatever, and again you find out about those either from post-accident tox tests or people coming back to work that aren't ready to come back. In other words, the medications aren't out of their system. So really kind of the thing I was trying to drive to is just across the boards you just don't let people work who aren't ready to work or who have drugs in their system that are potentially causing impairment.

A. Correct.

Q. Is that the case?

A. Yes.

Q. Okay. That's -- I think that's all I've got. And in every discussion we have with interviewees, we like to set aside some time. Is there anything where you have a question for us or anything on the, the issues or the content of what we've talked about that you want to comment on that maybe we haven't asked you in terms of transportation safety improvement or just how you think things would be better?

A. I think I've pretty much expressed that. My biggest concern is getting the employee and the personal physician to accept a larger role or ultimate responsibility really for the issue of drugs and working on the front end. We're here on the

back end, and it really needs to happen on the front end. If there's a way to make it happen, a way to impress the physicians in the community, whether it be through the employees or you know through some sort of a rulemaking or I don't know what it would take. I'm -- you know, that's not my area of expertise, but at least draw some attention to the importance of the role they play in this whole thing. That's just one person and one doctor, let alone the people who are seeing three or four doctors for different conditions and you hope they talk between themselves or the other knows what the other is doing, and often times that's not the case. I know personally I'm being treated by several physicians for a couple of medical conditions, and I know they communicate back and forth in writing, because I'm often asked is your doctor still so and so, and, yes, and they send them a report so they know what's going on. But I don't know that that's universal out in the medical community.

Q. So your input would be maybe to get the word out there more in the public for people to engage the, the front end of these rules their intent in that process. And, if they do that, then that allows your division, your medical review to engage and then to address any issues if there are any/

A. Right. And if, you know, the message that I like to give to the employees is, look, if your doctor's got any questions, give us a call. We'll be happy to talk about it.

Because most of the time the physicians don't have a clue what the employees do when they come to work. They work for the railroad. They might know that. But we find that out a lot when we're looking at job duties. You know, people will release somebody for a medical condition back to work, and we'll -- this guy can't do this job. He's got such and such and there's no way. He obviously hasn't explained it to the doctor very well or the doctor believes what he wants to believe. I think there are doctors out there who think a conductor loads bags on a -- and takes tickets on a passenger train, you know. Not many of those conductors around, but there are more freight conductors than there are passenger conductors, I think.

Q. Yes, sir.

A. But I think that's the concept people have. So there's a lot of education to be done. I think the other message probably would be that employees need to take a greater role if they're going to be in the drugstore buying stuff off the shelf. They ought to read the packages. You usually have to skip over a whole lot of warnings until you get to the instructions. The instructions usually is one little line at the, at the bottom. Meanwhile you've got to read through don't run hazardous machinery and don't drive a car, and then you get to the instructions. Well, they had to have read it, you know, it's -- and if they don't, shame on them, and they, they should

be, and they ought to be talking to their doctor about them, especially if they're on other prescription drugs. There could be an interaction.

Q. Is some of what we're talking about here to some degree a matter of education between the company and the employee on this issue? And, if it is, can you maybe just elaborate briefly how that is accomplished or if it's being addressed?

A. Well, periodically we do some articles and things like that and different publications. It's been quite awhile since we've done anything on drugs, and where it's probably timely that we do. We have some other media now that we didn't use to have, and that's the Internet. And we can certainly post those things, you know, post some advice and things like that I think would be useful.

MR. HIPSKIND: Okay, Rick, I'll toss it back to you for one time.

MR. NARVELL: I'm all done at this point and no further questions.

MR. HIPSKIND: Well, I think we've pretty much covered everything that we wanted to, and I really appreciate that, that we were able to do this and have a discussion and not kind of turn it into an intense interview. So again I appreciate all your input in furthering our understanding on the events post-accident to the, to the Lincoln incident. And

with that, I think we'll end the conversation.

Thanks again, Doc.

(Whereupon, the interview of Dr. Charles Ray Prible was concluded.)

CERTIFICATE

This is to certify that the attached proceeding before the

NATIONAL TRANSPORTATION SAFETY BOARD

IN THE MATTER OF: Norfolk Southern Rear-End Collision
Lincoln, AL
January 18, 2006
Interview of Charles Ray Prible, MD

DOCKET NUMBER: DCA-06-FR-004

PLACE: Norfolk, VA

DATE: June 21, 2006

was held according to the record, and that this is the original, complete, true and accurate transcript which has been compared to the recording accomplished at the hearing.

_____
Katherine Motley
Transcriber

I, Charles Ray Pribble, MD, have read the foregoing pages of a copy of my testimony given in the case of the collision/derailment of NS Train Nos. 226A117 & 22RA116 on January 18, 2006, at about 4:17 p.m. (CST) in Lincoln, AL, and these pages constitute a true and accurate transcription of same with the exception of the following amendments, additions, deletions or corrections:

PAGE NO:	LINE NO:	CHANGE AND REASON FOR CHANGE
14	6	delete "so" UNNECESSARY WORD
19	16	add "duty" following "ON" WORD missing
24	18	Change "All" to "while" Wrong word
29	13	"guest mate" should be "guesstimate" Wrong Word
31	13	replace Comma with A period. RUN ON
31	13	insert "Her doctor" before "wrote" for sense
31	14	insert "66" before "has" start quote
31	20	insert "99" after "past" END quote
31	22	"Lavett's" instead of "Levet's" spelling error
32	1	insert "66" before "I'm" start quote
32	2	insert "99" after "duties." ENDS quote
32	3	insert "66" before "She" begins quote

Under penalties of perjury, I declare that I have read my statements and that it is true and correct subject to any changes in the form or substance entered here.

Date: 17 August 2006 Witness: [redacted]

I, Charles Ray Pribble, MD, have read the foregoing pages of a copy of my testimony given in the case of the collision/derailment of NS Train Nos. 226A117 & 22RA116 on January 18, 2006, at about 4:17 p.m. (CST) in Lincoln, AL, and these pages constitute a true and accurate transcription of same with the exception of the following amendments, additions, deletions or corrections:

PAGE NO:	LINE NO:	CHANGE AND REASON FOR CHANGE
32	5	insert "" after "work," ends quote
25	3	"n" should be "ON"
32	20	insert "66" before "I" begins quote
32	21	insert "" after "prescribed." ends quote
36	13	delete "so" at end of sentence. Unnecessary word
40	20	insert "66" before "AN employee" quote starts
41	4	insert "" after "prohibited." quote ends
41	7	insert "66" before "AN employee" quote starts
41	11	insert "" after "duty." quote ends
41	11	insert "66" before "if" quote starts
41	14	insert "" after "supervisor," quote ends
43	23	"pain" should be "paint" wrong word

Under penalties of perjury, I declare that I have read my statements and that it is true and correct subject to any changes in the form or substance entered here.

Date: 17 August 2006 Witness: [redacted]

I, Charles Ray Pribble, MD, have read the foregoing pages of a copy of my testimony given in the case of the collision/derailment of NS Train Nos. 226A117 & 22RA116 on January 18, 2006, at about 4:17 p.m. (CST) in Lincoln, AL, and these pages constitute a true and accurate transcription of same with the exception of the following amendments, additions, deletions or corrections:

PAGE NO:	LINE NO:	CHANGE AND REASON FOR CHANGE
44	18	"AN" should be "AND" Wrong word
44	21	delete "I" UNNECESSARY word
45	8	insert "," After "other" for sense
48	2	"Mark" should be "LAMAR"
48	12	"As" should be "WAS"
48	14	"tomograms" should be "NOMOGRAMS"
49	7	"I Ask though" should be "I do both"
50	11	"they're" should be "their"
53	6	"We'll" should be "well"
General Note:		"Ms. LAVett" is misspelled throughout document AND should be corrected.

Under penalties of perjury, I declare that I have read my statements and that it is true and correct subject to any changes in the form or substance entered here.

Date: 17 August 2006 Witness: [redacted]