

**ATTACHMENT #13**

**COACH USA\COMMUNITY COACH INC.  
DRIVER QUALIFICATION FILE**

**(93 Pages)**

# Community Coach/Coach USA

## DRIVER QUALIFICATION FILE ASSEMBLY FORMAT

### Left Side Driver Qualification File

#### Documents:

1. Certificate of Violations/Annual Review of Driving Records (391.25)
2. Motor Vehicle Report of Driving History (Date Received)
3. Physical Examination of Drivers (Long Form) (Date of Examination)
4. Medical Determination from Liva/Nassetta
5. Copy of Pre-Employment Controlled Substance Test Results (MRO)

#### Completion Date:

5/07  
5-10-06  
5-17-06  
5-17-06  
DA!

#### Pocket Cards:

Note: Photocopy the below cards and give originals to driver

1. State Drivers License Expiration Date
2. Medical Examiner's Certificate Expiration Date
3. Company Qualification Card Expiration Date
4. Social Security Card (Date Received)
5. I.N.S. Card Expiration Date (Where Required)

12-14-07  
5-17-07  
/  
on file  
/

#### Note:

1. Driver's must be issued and carry the Medical Examiner's Certificate at all times while driving.
2. 3 Years of documents must be retained in each drivers qualification file. Driver Qualification files shall be retained for terminated employees for a period of 3 years after termination.
3. All documents must be completed within 30 days of employment

# COACH USA INC EMPLOYEE BENEFIT PROGRAM

Wednesday, September 06, 2006

EMPLOYEE NUMBER  
WORK LOCATION 1040U  
CURRENT EFFECTIVE DATE 09/01/2006

OPHADELL JR WILLIAMS

BROOKLYN NY 11207

## YOUR BENEFIT CONFIRMATION STATEMENT

This statement summarizes the benefits for which you have enrolled for this Plan Year. Please review this information carefully. If this benefit summary does not reflect the benefits that you elected, or if you discover any errors, please contact your Benefit Administrator.

· **MEDICAL PLAN AND COVERAGE TIER**

· · Horizon Blue PPO Low Plan A - Employee Only

· **DENTAL PLAN AND COVERAGE TIER**

· · Guardian PPO Plan - Employee Only

· **SUPPLEMENTAL LONG TERM DISABILITY**

· · Declined

· **UNIVERSAL LIFE INSURANCE**

· · Declined

· **BASIC LIFE INSURANCE / AD&D VOLUME**

· · \$23000.00

Basic Life Insurance reduces 35% at age 65 and reduces 50% at age 70

Basic AD&D Insurance reduces 50% at age 75

· **BASIC LONG TERM DISABILITY**

· · Enrolled

### BENEFICIARY DESIGNATIONS FOR LIFE INSURANCE LISTED ABOVE

<u>Williams, Holly</u>	<u>wife</u>	<u>50%</u>
Last Name, First Name, MI.....	Social Security #..... Relationship.....	Date of Birth..... % of Benefits
<u>Williams Olivia</u>	<u>daughter</u>	<u>50%</u>
Last Name, First Name, MI.....	Social Security #..... Relationship.....	Date of Birth..... % of Benefits

I understand I cannot change my choices for the current year unless I have a change in family status. I authorize the Company to reduce my gross salary in the amount equal to the required contributions for the benefits I have elected. This document serves as an agreement for such reduction.

Employee's Signature..... 9/8/06 ..... Date Signed

021

## **ENROLLMENT DISCLOSURE AGREEMENT**

(Required by the Health Insurance Portability and Accountability Act of 1996 - HIPAA)

### **PRE-EXISTING CONDITIONS EXCLUSION PERIODS & CREDITABLE COVERAGE**

For participants who enroll within 30 days of first becoming eligible for the Coach USA plan, there are no pre-existing condition limitations.

If you do not enroll within 30 days of first becoming eligible or you are not enrolling as the result of a Status Change or during a Special Enrollment Period as allowed by HIPAA, you must wait until the next Open Enrollment Period.

### **SPECIAL ENROLLMENT RIGHTS**

It is my understanding that even if I am declining to enroll in my employer's Health Plan at this time, I (and any eligible Dependents) may have Special Enrollment rights in the event that:

1. I (and my eligible Dependent) lose other coverage; and/or
2. I acquire New Dependents.

### **SPECIAL ENROLLMENT PERIOD - LOSS OF COVERAGE**

In the event I am declining to enroll in the Health Plan offered by my Employer due to having other coverage, I (and my eligible Dependents) may be subject to a Special Enrollment Period if I notify my Employer within thirty (30) days after the loss of other sources of coverage.

End

[Click Here to Return to Your Benefit Menu](#)

John Reddan

09/06/2006 01:41 PM

To: Andrea DeNuto/COACH@COACH  
cc: Emma Magazine/COACH@COACH, Loretta Kimen/COACH@COACH  
Subject: Ophadell Williams, company code 1040U, benefits  
eligible, effective September 1, 2006

Andrea, benefits as follows:

- "P" line employee
- Medical coverage, core plan, employee only
- Dental coverage, PPO plan, employee only
- Weekly deduction \$38.00

# COACH USA INC EMPLOYEE BENEFIT PROGRAM

Wednesday, September 06, 2006

OPHADRI J. DR. WITH MS  
LAWRENCE NY 11207

EMPLOYEE NUMBER  
WORK LOCATION 1040U  
CURRENT EFFECTIVE DATE 09/01/2006

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• **MEDICAL PLAN AND COVERAGE TIER**  
• • Horizon Blue PPO Low Plan A - Employee Only

• **DENTAL PLAN AND COVERAGE TIER**  
• • Guardian PPO Plan - Employee Only

• **SUPPLEMENTAL LONG TERM DISABILITY**  
• • Declined

• **UNIVERSAL LIFE INSURANCE**  
• • Declined

• **BASIC LIFE INSURANCE / AD&D VOLUME**  
• • \$23000.00  
Basic Life Insurance reduces 35% at age 65 and reduces 50% at age 70  
Basic AD&D Insurance reduces 50% at age 75

• **BASIC LONG TERM DISABILITY**  
• • Enrolled

### BENEFICIARY DESIGNATIONS FOR LIFE INSURANCE LISTED ABOVE

\_\_\_\_\_  
Last Name, First Name, MI.....Social Security #..... Relationship.....Date of Birth.....% of Benefits

\_\_\_\_\_  
Last Name, First Name, MI.....Social Security #..... Relationship.....Date of Birth.....% of Benefits

I understand I cannot change my choices for the current year unless I have a change in family status. I authorize the Company to reduce my gross salary in the amount equal to the required contributions for the benefits I have elected. This document serves as an agreement for such reduction.

\_\_\_\_\_  
Employee's Signature.....Date Signed

**ENROLLMENT DISCLOSURE AGREEMENT**

(Required by the Health Insurance Portability and Accountability Act of 1996 - HIPAA)

**PRE-EXISTING CONDITIONS EXCLUSION PERIODS & CREDITABLE COVERAGE**

For participants who enroll within 30 days of first becoming eligible for the Coach USA plan, there are no pre-existing condition limitations.

If you do not enroll within 30 days of first becoming eligible or you are not enrolling as the result of a Status Change or during a Special Enrollment Period as allowed by HIPAA, you must wait until the next Open Enrollment Period.

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It is my understanding that even if I am declining to enroll in my employer's Health Plan at this time, I (and any eligible Dependents) may have Special Enrollment rights in the event that:

1. I (and my eligible Dependent) lose other coverage; and/or
2. I acquire New Dependents.

**SPECIAL ENROLLMENT PERIOD - LOSS OF COVERAGE**

In the event I am declining to enroll in the Health Plan offered by my Employer due to having other coverage, I (and my eligible Dependents) may be subject to a Special Enrollment Period if I notify my Employer within thirty (30) days after the loss of other sources of coverage.

End

[Click Here to Return to Your Benefit Menu](#)



COMMUNITY CLASS # 53

# COACH USA

## TRAINING SCHOOL

### ADA CLASSROOM TRAINING

I Ophadell Williams JR, Have attended ADA classroom training with COACH USA. I have received information, which I understand must be followed according to regulations of ADA. I also understand that I am not permitted to disregard the D. O. T. Regulations to accommodate the needs of any passenger.

I agree and understand I am to follow the regulations as they have been explained to me.

Signature \_\_\_\_\_

Date 6/1/06

Witness By \_\_\_\_\_

Date 6/1/06





# COACH USA

## TRAINING SCHOOL

Hour of Service and Recapping

### ACKNOWLEDGEMENT

I Ophadell Williams JR have received training on proper hours of service and driver log including recap preparation and requirements. I have had instruction on written and verbal reporting requirements.

#### Three Maximum Limits

- 1. A maximum of 10 hours driving time per day
- 2. A maximum of 15 hour driving and on duty not driving
- 3. A maximum of 70 Hours in 8 consecutive day

A minimum of 8 consecutive hours off duty

- 1. Logs must be filled out every day
- 2. Must be in the drivers own hand writing
- 3. Must be filled out in black or blue ink

Ophadell Williams JR  
(Print Name)

(Driver Signature)  
6/2/06  
Date

\_\_\_\_\_  
(Witness by)  
\_\_\_\_\_  
Date

9



COACH USA

TRAINING INSTITUTE

SEXUAL HARASSMENT

**Acknowledgement**

**My signature certifies that I have received and read the “No Tolerance Stance on Sexual Harassment” memo that has been Issued to all Coach USA family of companies and employees.**

**Print Full Name** Ophadell Williams Jr

**Signature** \_\_\_\_\_

**Date** 5/26/06



# COACH USA

## TRAINING SCHOOL

### Accident / Incident Reporting Training

I have received training on proper accident & incident reporting Procedures. I have had instruction on written and verbal reporting Requirements. I must verbally report all accidents, incidents, Passenger injuries etc **IMMEDIATELY**. I am to complete a written Report at the end of my shift or by the next calendar day and hand It in to a supervisor. I understand that failure to report any Accident or incident **IMMEDIATELY** is cause for disciplinary action Up to and including termination.

Name Ophadell Williams JR

Date 5 / 26 / 06

Witness [Signature]

COMMUNITY  
CLASS # 53



## COACH USA TRAINING SCHOOL

I Ophadell Williams JR, **HAVE COMPLETED THE COACH USA HEIGHT CLEARANCE AWARENESS. I HAVE BEEN INSTRUCTED ON WHAT TO LOOK FOR AND IN CASE OF AN EMERGENCY TO PULL OVER IMMEDIATELY AND DIAL 911. I WILL BE FOCUSED BY LOOKING AHEAD AND GETTING THE BIG PICTURE FOR ANY AND ALL HAZARDOUS SITUATIONS.**

**SIGNATURE :** \_\_\_\_\_

**DATE :** 6/2/06

CLASS # 53



# COACH USA

## TRAINING SCHOOL

349 First Street  
Elizabeth, NJ 07206

# OPERATION SECURE TRANSPORT

I Ophadiel Williams JR have received training and reference material on the proper procedure of vehicle security inspection and check sheet for Walk around and out side inspection of luggage and engine compartment And the bus interior including rest room and driver area for suspicious item or packages that could be threat.

Name \_\_\_\_\_

Date 5/25/06

Witness \_\_\_\_\_

Date 5/25/06





Coach USA

#53

Company Name: Community

Name: ophadell Williams

DATE: 5/25/06

# COACH USA TRAINING SCHOOL TRAINING OUTLINE 20 DAY NON-C.D.L. DRIVERS

## DAY # 1

### I. Introduction

- A. Outline of training expectation for the week
  - B. Coach Commitment Training
  - C. Safety & Security Training
  - E. Professional Driver Video
  - F. Outline General Work Rules
- |                   |       |                     |
|-------------------|-------|---------------------|
| Approved By _____ | _____ | Date <u>5-25-06</u> |
| Approved By _____ | _____ | Date _____          |
| Approved By _____ | _____ | Date _____          |
| Approved By _____ | _____ | Date _____          |
| Approved By _____ | _____ | Date _____          |

## DAY # 2

### 2. Company Rules and Regulations

- A. Review Harassment Policy
  - B. Review Safety Policy
  - C. Drug & Alcohol Training
  - D. Video Drug & Alcohol
  - E. Accident Reporting Procedures
  - F. Entry Level Driver Training
- |                   |       |                      |
|-------------------|-------|----------------------|
| Approved By _____ | _____ | Date <u>5/26/06</u>  |
| Approved By _____ | _____ | Date <u>05/26/06</u> |
| Approved By _____ | _____ | Date <u>05/26/06</u> |
| Approved By _____ | _____ | Date <u>5/26/06</u>  |
| Approved By _____ | _____ | Date <u>5/26/06</u>  |
| Approved By _____ | _____ | Date <u>05/26/06</u> |

**DAY # 3**

**3. Hours of Service**

A. Video (Log Training)

Approved By \_\_\_\_\_ Date 5/30/06

B. Logs

Approved By \_\_\_\_\_ Date 5/30/06

C. Recapping

Approved By \_\_\_\_\_ Date 5/30/06

D. Video( Driver Fatigue)

Approved By \_\_\_\_\_ Date 5/30/06

**DAY # 4**

**4. Preparing to Drive**

A. Breakdown / Emergency Procedures

Approved By \_\_\_\_\_ Date 5/31/06

B. Map Reading

Approved By \_\_\_\_\_ Date 5/31/06

C. Video Special Driving Conditions (Weather)

Approved By \_\_\_\_\_ Date 5/31/06

D. Video (Space Management)

Approved By \_\_\_\_\_ Date 5/31/06

E. D.V.I.R. Training (Driver Vehicle Training)

Approved By \_\_\_\_\_ Date 5/31/06

F. Pre & Post Trip Inspections

Approved By \_\_\_\_\_ Date 5/31/06

**Day # 5**

**5. A.D.A. Training (Accommodating Special Needs)**

A. Video (Special Needs)

Approved By \_\_\_\_\_ Date 06/1/06

B. Lift Operation Procedure

Approved By \_\_\_\_\_ Date 06/1/06



**6. Defensive Driving**

A. Bloodborne Pathogens Awareness

Approved By \_\_\_\_\_

Date 6/02/06

B. Video (Passing & Lane Changing)

Approved By \_\_\_\_\_

Date 6/02/06

C. Video (Backing)

Approved By \_\_\_\_\_

Date 6/02/06

D. Video (Intersections)

Approved By \_\_\_\_\_

Date 6/02/06

E. Video (Pedestrian Awareness)

Approved By \_\_\_\_\_

Date 6/02/06

F. Motorcoach Comprehensive Exam

Approved By \_\_\_\_\_

Date 6/02/06

G. Smith System

Approved By \_\_\_\_\_

Date 6/02/06

**7. Basic Driving Development (Skill Course) Non-C.D.L. Only**

A. Log & Recap Exam

Approved By \_\_\_\_\_

Date 6/2/06

B. D.V.I.R. Review

Approved By \_\_\_\_\_

Date 6/2/06

C. Review of Classroom Training

Approved By \_\_\_\_\_

Date 6/2/06

E. Classroom Training Begins

Approved By \_\_\_\_\_

Date 06/05/06

**8. Preparing to Drive**

A. D.V.I.R.'s Review

Approved By \_\_\_\_\_

Date 06/05/06

B. Vehicle Damage Reports

Approved By \_\_\_\_\_

Date 6/05/06

C. Log Review and Hours Of Service

Approved By \_\_\_\_\_

Date 6/05/06

**Day #9 Through #13**

**9. C.D.L. Test Overview**

A. Air Brake Test

Approved By \_\_\_\_\_ Date 06/06/06

B. Pre-Trip Inspection Interior

Approved By \_\_\_\_\_ Date 06/06/06

C. Pre-Trip Inspection Exterior

Approved By \_\_\_\_\_ Date 06/06/06

D. Bus Information

Approved By \_\_\_\_\_ Date 06/06/06

**Day #14 Through #15**

**10. C.D.L. Test Overview**

A. Skills Course

Approved By \_\_\_\_\_ Date 06/07/06

B. Alley Dock

Approved By \_\_\_\_\_ Date 06/07/06

C. Left Turns

Approved By \_\_\_\_\_ Date 06/07/06

D. Right Turns

Approved By \_\_\_\_\_ Date 06/07/06

E. Parallel Parking

Approved By \_\_\_\_\_ Date 06/07/06

F. Serpentine

Approved By \_\_\_\_\_ Date 06/07/06

**Day # 16**

**11. C.D.L. Test Overview**

A. Skills Course

Approved By \_\_\_\_\_ Date 06/08/06

B. Air Brake Test

Approved By \_\_\_\_\_ Date 06/08/06

C. Pre-Trip Inspection Interior

Approved By \_\_\_\_\_ Date 06/08/06

D. Pre-Trip Inspection Exterior

Approved By \_\_\_\_\_ Date 06/08/06

Day # 17

**12. C.D.L. Test Overview**

A. Skills Course

Approved By \_\_\_\_\_

Date 07/05/06

B. Ally Dock

Approved By \_\_\_\_\_

Date 07/05/06

C. Right Turns

Approved By \_\_\_\_\_

Date 07/05/06

D. Parallel Parking

Approved By \_\_\_\_\_

Date 07/05/06

Day # 18

**13. Road Course**

A. Railroad Crossing

Approved By \_\_\_\_\_

Date 07/06/06

B. Bus Stops

Approved By \_\_\_\_\_

Date 07/06/06

C. Turns

Approved By \_\_\_\_\_

Date 07/06/06

D. Following Distance

Approved By \_\_\_\_\_

Date 07/06/06

E. Mirrors

Approved By \_\_\_\_\_

Date 07/06/06

F. Space Management

Approved By \_\_\_\_\_

Date 07/06/06

Day # 19

**14. Road Course**

A. Railroad Crossing

Approved By \_\_\_\_\_

Date 07/06/06

B. Bus Stops

Approved By \_\_\_\_\_

Date 07/06/06

C. Turns

Approved By \_\_\_\_\_

Date 07/06/06

D. Following Distance

Approved By \_\_\_\_\_

Date 07/06/06

E. Mirrors

Approved By \_\_\_\_\_

Date 07/06/06

F. Space Management

Approved By \_\_\_\_\_

Date 07/06/06

**A. Skills Course**

Approved By [Signature]

Date 7/05/06

**B. Parallel Parking**

Approved By \_\_\_\_\_

Date 7/05/06

Complete Review

Approved By [Signature]

Date 7/20/06

**Completed All Aspects Of The COACH USA Training School Program**

Approved By [Signature]

Date 7/20/06

# COACH USA TRAINING SCHOOL TRAINING

DESTINATION	Start Driving Time		Finish Driving Time		DATE	APPROVED BY
	From		TO			
New Jersey Turnpike Comments	/	AM PM	/	AM PM	7/30/06	<i>[Signature]</i>
Garden State Parkway Comment		AM PM		AM PM		
Route 21 Comment		AM PM		AM PM		
Route 3 Comment	/	AM PM	/	AM PM	7/7/06	<i>[Signature]</i>
Route 1 & 9 Comment	/	AM PM	/	AM PM	7/7/06	<i>[Signature]</i>
Route 22 Comment		AM PM		AM PM		
Route 280 Comment		AM PM		AM PM		
Port Authority Comment	/	AM PM	/	AM PM	7/08/06	<i>[Signature]</i>
Lincoln Tunnel Route 95 Comment	/	AM PM	/	AM PM	7/08/06	<i>[Signature]</i>
Route 287 Comment		AM PM		AM PM		
Elizabeth Comment		AM PM		AM PM		

<u>DESTINATION</u>	<u>Start Driving Time</u> From	<u>Finish Driving Time</u> TO	<u>DATE</u>	<u>APPROVED BY</u>
Jersey Gardens Mall Comment	_____ AM PM	_____ AM PM	_____	_____
Jersey City Comment	_____ AM PM	_____ AM PM	07/10/06	<i>[Signature]</i>
Route 78 Comment	_____ AM PM	_____ AM PM	_____	_____
Route 17 Comment	_____ AM PM	_____ AM PM	7/19/06	_____
Route 46 Comment	_____ AM PM	_____ AM PM	_____	_____
Route 4 Comment	_____ AM PM	_____ AM PM	_____	_____
NEWARK Comment	_____ AM PM	_____ AM PM	_____	_____
Holland Tunnel Comment	_____ AM PM	_____ AM PM	_____	_____
Route 80 Comment	_____ AM PM	_____ AM PM	7/19/06	_____
NewYork City Comment	_____ AM PM	_____ AM PM	_____	_____
Hoboken Comment	_____ AM PM	_____ AM PM	7/10/06	<i>[Signature]</i>

CLASS # 53



# EVACUATION PROCEDURE

I Ophadell Williams Jr have received training and Instruction  
On the Emergency Evacuation Procedure for bus operator in case  
Of Fire, Smoke or Flat Tire, failure to follow these safety  
Procedures will jeopardize your safety as well as the safety of the  
Passengers and could lead to the destruction of the vehicle.

Anyone failing to follow these procedures will be subject to  
Disciplinary action, up to and including termination

Name Ophadell Williams Jr

Signature [Signature] Date 5/31/06

Witness By [Signature] Date 5/31/06

IN THE MATTER OF  
CHARGES AGAINST  
OPERATOR

O. Williams

ATTENDANCE VIOLATION  
A Written Warning

January 29, 2007

NATURE OF CHARGES: **Book-Offs.**

**FINDING OF FACTS**

According to the AGREEMENT between the United Transportation Union, Local 759 and Community Coach, Inc. Effective September 1, 2003 through August 31, 2008. Article 9- Book-Offs.

ARTICLE 9-

1. Only seven (7) books-offs will be permitted during any twelve (12) month period.
2. **At the sixth (6) books-offs within a twelve (12) month period a written warning will be issued.**
3. At the seventh (7) book-offs with in a twelve (12) month period a final written warning will be issued
4. At the eight (8) books-offs in a twelve (12) month period the operator will be discharge.

Driver called on 1-26-07 to book-off a am shift on 1-26-07. Based on your record of a twelve (12) month period, you have six (6) book-offs.

**DISCIPLINE ADMINISTERED**

This letter will serve as a written warning and will be placed in employee's file.

1-29-07

Date

~~Jon Nguyen~~  
Hearing Officer

cc: Union Reps- J. Champagne  
L. Rodrigo

(24)



# COMMUNITY COACH / COACH USA ATTENDANCE REPORT

*entire*

Williams  
Employee's Name (print)

1-26-07  
Date of Absence

- Regular Driver
- Regular Driver Day Off or Overtime
- Extra Driver
- Extra Driver Day off or Overtime

<p>Report Time</p> <p><u>am / pm 11:23</u></p> <p>am / pm _____</p> <p>am / pm _____</p> <p>am / pm _____</p>	<p>Assignment</p> <p>Run <u>41</u></p> <p>X-Trip _____</p> <p>Charter _____</p> <p>Show-up _____</p>
---	--

Employee reported in person / by phone at 8:30 am / pm  
( Circle one ) ( time )

1-26-07  
Date of Report

Indicate who called and reason given: Williams called said his mother is sick

Indicate instructions given to employee: \_\_\_\_\_

Miss  
 Book-off

\_\_\_\_\_  
Signature of supervisor / employee filing report

**DO NOT WRITE BELOW THIS LINE**

For Use By Management Personnel Only

REGULAR WORK DAY	1	2	3	4	5
DAY OFF OR OVERTIME	1	2	3	4	5
REGULAR WORK DAY	6	7	8	9	10
DAY OFF OR OVERTIME	6		8		

COMMENTS: \_\_\_\_\_

ENTERED  
12-13-06

# COMMUNITY COACH / COACH USA ATTENDANCE REPORT

Williams  
Employee's Name (print)

12-12-06  
Date of Absence

		Report Time	Assignment
<input checked="" type="checkbox"/>	Regular Driver	<u>am/pm 11:02</u>	Rm <u>40</u>
<input type="checkbox"/>	Regular Driver Day Off or Overtime	am/pm _____	X-Trip _____
<input type="checkbox"/>	Extra Driver	am/pm _____	Charter _____
<input type="checkbox"/>	Extra Driver Day off or Overtime	am/pm _____	Show-up _____

Employee reported in person / by phone at 6:00 am pm  
(Circle one) (time)

12-12-06  
Date of Report

Indicate who called and reason given: Williams call he can not come in today

Indicate instructions given to employee: \_\_\_\_\_

Miss  
Book-off

Signature of supervisor / employee filing report

**DO NOT WRITE BELOW THIS LINE**

For Use By Management Personnel Only

REGULAR WORK DAY	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
DAY OFF OR OVERTIME	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
REGULAR WORK DAY	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
DAY OFF OR OVERTIME	<u>6</u>		<u>8</u>		

COMMENTS: \_\_\_\_\_

# COMMUNITY COACH / COACH USA ATTENDANCE REPORT

O Williams

10-24-06

Employee's Name (print)

Date of Absence

- Regular Driver
- Regular Driver Day Off or Overtime
- Extra Driver
- Extra Driver Day off or Overtime

Report Time  
 am / pm 11:02  
 \_\_\_\_\_  
 am / pm \_\_\_\_\_  
 \_\_\_\_\_  
 am / pm \_\_\_\_\_

Assignment  
 Run 40  
 X-Trip \_\_\_\_\_  
 Charter \_\_\_\_\_  
 Show-up \_\_\_\_\_

Employee reported in person / by phone at 9:00  am / pm  
 (Circle one) (time)

10-24-06  
 Date of Report

Indicate who called and reason given: Williams call said he in the hospital with his child

Indicate instructions given to employee:

- Miss
- Book-off

Signature of supervisor / employee filing report

**DO NOT WRITE BELOW THIS LINE**

For Use By Management Personnel Only

REGULAR WORK DAY	1	2	3	4	5
DAY OFF OR OVERTIME	1	2	3	4	5
REGULAR WORK DAY	6	7	8	9	10
DAY OFF OR OVERTIME	6		8		

COMMENTS:

ENT

# COMMUNITY COACH / COACH USA ATTENDANCE REPORT

William

11-11-06

Employee's Name (print)

Date of Absence

- Regular Driver
- Regular Driver Day Off or Overtime
- Extra Driver
- Extra Driver Day off or Overtime

Report Time

Assignment

am/pm 1125

Rm 29

am/pm

X-Trip

am/pm

Charter

am/pm

Show-up

Employee reported in person (by phone) at 12:00 am/pm  
(Circle one) (time)

11-09-06

Date of Report

Indicate who called and reason given:

Williams had said he will not be in  
because Grandmother death

Indicate instructions given to employee:

Miss

Book-off

Signature of supervisor / employee filing report

DO NOT WRITE BELOW THIS LINE

For Use By Management Personnel Only

REGULAR WORK DAY	1	2	3	4	5
DAY OFF OR OVERTIME	1	2	3	4	5
REGULAR WORK DAY	6	7	8	9	10
DAY OFF OR OVERTIME	6		8		

COMMENTS:

ENT

# COMMUNITY COACH / COACH USA ATTENDANCE REPORT

O Williams

11-3-06

Employee's Name (print)

Date of Absence

- Regular Driver
- Regular Driver Day Off or Overtime
- Extra Driver
- Extra Driver Day off or Overtime

Report Time	Assignment
<input checked="" type="radio"/> am / pm <u>11:23</u>	Run <u>41</u>
<input type="radio"/> am / pm	X-Trip
<input type="radio"/> am / pm	Charter
<input type="radio"/> am / pm	Show-up

Employee reported in person / by phone at 9:00  am / pm  
(Circle one) (time)

11-3-06  
Date of Report

Indicate who called and reason given: Williams Call said his Doctor Put him out of work until Saturday 11-4-06

Indicate instructions given to employee:

Miss  
 Book-off

Signature of supervisor / employee filing report

**DO NOT WRITE BELOW THIS LINE**

For Use By Management Personnel Only

REGULAR WORK DAY	1	2	3	4	5
DAY OFF OR OVERTIME	1	2	3	4	5
REGULAR WORK DAY	6	7	8	9	10
DAY OFF OR OVERTIME	6		8		

COMMENTS:

# COMMUNITY COACH / COACH USA ATTENDANCE REPORT

*ENT*

O. WILLIAMS

11-29-06

Employee's Name (print)

Date of Absence

<input checked="" type="checkbox"/> Regular Driver <input type="checkbox"/> Regular Driver Day Off or Overtime <input type="checkbox"/> Extra Driver <input type="checkbox"/> Extra Driver Day off or Overtime	Report Time	Assignment
	am / pm <u>1102</u>	Run # <u>40 / 748</u>
	am / pm _____	X-Trip _____
	am / pm _____	Charter _____
	am / pm _____	Show-up _____

Employee reported in person / by phone at 0905 (am) / pm  
 ( Circle one ) ( time )

11-28

Date of Report

Indicate who called and reason given: DRIVER CALLED TO BOOK-OFF; SAID  
His DAUGHTER IS IN HOSPITAL & HE NEEDS TO BE THERE

Indicate instructions given to employee: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Miss  
 Book-off

\_\_\_\_\_  
 Signature of supervisor / employee filing report

**DO NOT WRITE BELOW THIS LINE**

For Use By Management Personnel Only

REGULAR WORK DAY	1	2	3	4	5
DAY OFF OR OVERTIME	1	2	3	4	5
REGULAR WORK DAY	6	7	8	9	10
DAY OFF OR OVERTIME	6		8		

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(32)

# COMMUNITY COACH / COACH USA ATTENDANCE REPORT

*EMT*

Williams

Employee's Name (print)

10-31-06

Date of Absence

- Regular Driver
- Regular Driver Day Off or Overtime
- Extra Driver
- Extra Driver Day off or Overtime

Report Time	Assignment
<u>am</u> pm <u>11:02</u>	Rm <u>40</u>
am / pm	X-Trip
am / pm	Charter
am / pm	Show-up

Employee reported in person / by phone at 7:20 am / pm  
(Circle one) (time)

10-31-06

Date of Report

Indicate who called and reason given: Williams call said he was sick he will not be in

Indicate instructions given to employee:

- Miss
- Book-off

\_\_\_\_\_  
Signature of supervisor / employee filing report

**DO NOT WRITE BELOW THIS LINE**

For Use By Management Personnel Only

REGULAR WORK DAY	1	2	3	4	5
DAY OFF OR OVERTIME	1	2	3	4	5
REGULAR WORK DAY	6	7	8	9	10
DAY OFF OR OVERTIME	6		8		

COMMENTS:

(2)

ENT

# COMMUNITY COACH / COACH USA ATTENDANCE REPORT

O Williams  
Employee's Name (print)

11-1-06  
Date of Absence

<input checked="" type="checkbox"/> Regular Driver <input type="checkbox"/> Regular Driver Day Off or Overtime <input type="checkbox"/> Extra Driver <input type="checkbox"/> Extra Driver Day off or Overtime	Report Time	Assignment
	<u>am</u> pm <u>11:02</u>	Run <u>40</u>
	am / pm	X-Trip
	am / pm	Charter
	am / pm	Show-up

Employee reported in person / by phone at 7:10 am pm  
( Circle one ) ( time )

11-1-06  
Date of Report

Indicate who called and reason given: Williams wife call said Williams  
is still sick

Indicate instructions given to employee:

Miss  
 Book-off

\_\_\_\_\_  
Signature of supervisor / employee filing report

**DO NOT WRITE BELOW THIS LINE**

For Use By Management Personnel Only

REGULAR WORK DAY	1	2	3	4	5
DAY OFF OR OVERTIME	1	2	3	4	5
REGULAR WORK DAY	6	7	8	9	10
DAY OFF OR OVERTIME	6		8		

COMMENTS:

32



*Ent. Training  
probationary period*

# COMMUNITY COACH / COACH USA ATTENDANCE REPORT

Orphadell Williams

Employee's Name (print)

7/25/06

Date of Absence

- Regular Driver
- Regular Driver Day Off or Overtime
- Extra Driver
- Extra Driver Day off or Overtime

Report Time	Assignment
am / pm	Run
am / pm	X-Trip
am / pm	Charter
<u>am</u> / pm <u>5:00</u>	Show-up <i>Training</i>

Employee reported in person / by phone at 6:07 am pm  
( Circle one ) ( time )

7/25/06

Date of Report

Indicate who called and reason given: Car Caught on Fire on 17<sup>th</sup> North  
by Home Depot Lodi.

Indicate instructions given to employee: \_\_\_\_\_

- Miss
- Book-off

Signature of supervisor / employee filing report

**DO NOT WRITE BELOW THIS LINE**

For Use By Management Personnel Only

REGULAR WORK DAY	1	2	3	4	5
DAY OFF OR OVERTIME	1	2	3	4	5
REGULAR WORK DAY	6	7	8	9	10
DAY OFF OR OVERTIME	6		8		

COMMENTS: \_\_\_\_\_



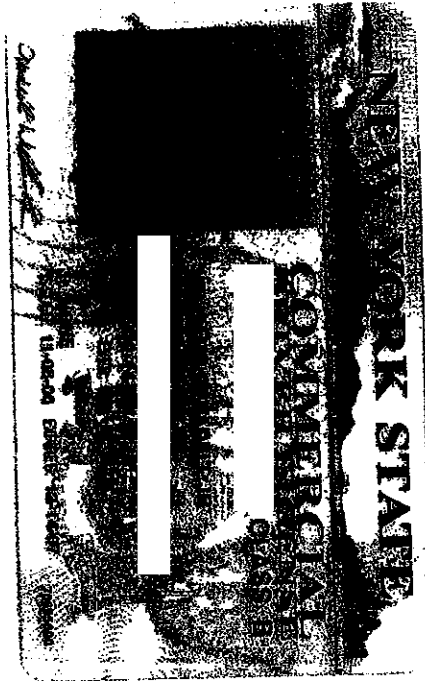
DRIVER QUALIFICATION FILE CHECKLIST

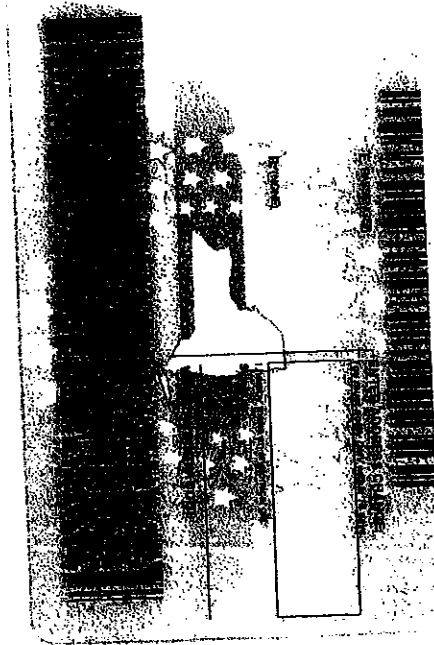
DRIVER NAME Williams, Ophadell SSN

LOCATION Paramus

1.  Driver Application for Employment (391.21)
2.  Verification of Previous Employment (391.23)
3.  Driver's Road Test (391.31)
4.  Certificate of Road Test (391.31)
5.  Medical Examiner's Certificate (391.43)
6.  Motor Vehicle Driving Record (391.23) (pre-hire, then every 6 months)
7.  Single Driver's License Certification
8.  Certification for Air Brake Inspection (if applicable)
9.  Copy of CDL, CDL Permit or Driver's License (current)
10.  Results of Pre-Employment Drug Screen (all types of test results must be maintained in DQF (e.g., random, post-accident, etc.))
11.  Applicant Authorization to Release Past Drug and Alcohol Test Results (Form DOT-2)
12.  Employer's Request for Past Drug and Alcohol Test Results (Form DOT-4)
13.  Previous Employer Report of Drug and Alcohol Test Results (DOT-5)
14.  Annual Driver's Certification of Violations (391.27) (not applicable to new hires)
15.  Annual Review of Driver's MVR from the appropriate state agency (391.25) (not applicable to new hires)
16.  Signed Acknowledgment of Receipt of Copy of Federal Motor Carrier Safety Regulations Book
17.  Receipt of Substance Abuse Policy and Training. Forms to be completed: Training Sign-Up Sheet, Receipt of Policy and Release & Consent Statement
18.  Copy of Social Security Card and Completed I-9 Form
19.  Satisfactory completion of the Coach USA Model Training Curriculum

37





066

36

**Organ Donation**

- I have applied to be an organ donor.
- I am currently registered with NYS DOH as an organ donor.

**Changing Address?**

If you change your residence, cross out the old address on the front of this document, and write in your new address. You must notify DMV of your new address within 10 days, using DMV Form MV-232, which is also available to download from the DMV web site, at [www.nysdmv.com](http://www.nysdmv.com).

**Restrictions**

- |   |                           |
|---|---------------------------|
| A ACCEL LEFT OF BRAKE                                     | 02 TRUCK/TRLR COMBI/TRUCK |
| A1 TEMPORARY VISITOR                                      | NOT OVER 18,000 GVWR      |
| A2 LIMITED USE ENDING DATE<br>(for Graduated Jr. License) | P POWER BRAKES            |
| B CORRECTIVE LENSES                                       | Q POWER STEERING          |
| C MECHANICAL AID  | R BUILT-UP SEAT/PED/SHOE  |
| D PROSTHETIC DEVICE                                       | T CMV TRACTOR ONLY        |
| E AUTOMATIC TRANS   | U HAND OPERATED BRAKE     |
| F HEARING AID OR<br>FULL VIEW MIRROR                      | V FOOT OPER PARKING BRAKE |
| G DAYLIGHT DRIVING ONLY                                   | W NO VEH OVER 18,000 GVWR |
| H LIMITED TO EMPLOYMENT                                   | X FULL HAND CONTROL       |
| I LIMITED USE AUTO  | Y SHOULDER HARNESS USE    |
| I1 LIMTD USE MCY MAX 40 MPH                               | Z WHEEL SPINNER           |
| I2 LIMTD USE MCY MAX 30 MPH                               | 3 TELESCOPIC LENS         |
| I3 LIMTD USE MCY MAX 20 MPH                               | 4 TELESCOPIC LENS         |
| I4 THREE WHEEL MCY  | 5 NO LIMTD ACCESS RDS     |
| K CDL INTRASTATE ONLY                                     |                           |
| L NO AIR BRAKES   | <b>Endorsements</b>       |
| L1 NO AIR BRAKES CLASS A VEH                              | F FARM CLASS A VEHICLES   |
| L2 NO AIR BRAKS CLASS B VEH                               | G FARM CLASS B VEHICLES   |
| M PASS REST TO CLASS B VEH                                | H HAZARDOUS MATERIALS     |
| N PASS REST TO CLASS C VEH                                | M METAL COIL              |
| N1 ADULT SEATING CAP UNDER 15                             | N TANK VEHICLES           |
| N2 ADULT SEATING CAP UNDER 8                              | P PASSENGER               |
| O TRK/TRLR COMBI ONLY                                     | R RV OVER 28,000 LBS.     |
| 01 TRUCK/TRL COMBI/TRUCK                                  | T DOUBLES/TRIPLES         |
| NOT OVER 28,000 GVWR                                      | W TOW TRUCK               |
|   | X TANK AND HAZMAT         |
|   | Z HAZMAT/FARM VEH         |

NEW YORK STATE

COMMERCIAL  
DRIVER LICENSE  
CLASS B

ID:

WILLIAMS, ORHADELL, JR

BROOKLYN, NY 11207

SEX: M EYES: BR HT: 5-06

E: P

R: N2

ISSUED: 07-31-06 EXPIRES: 12-14-07

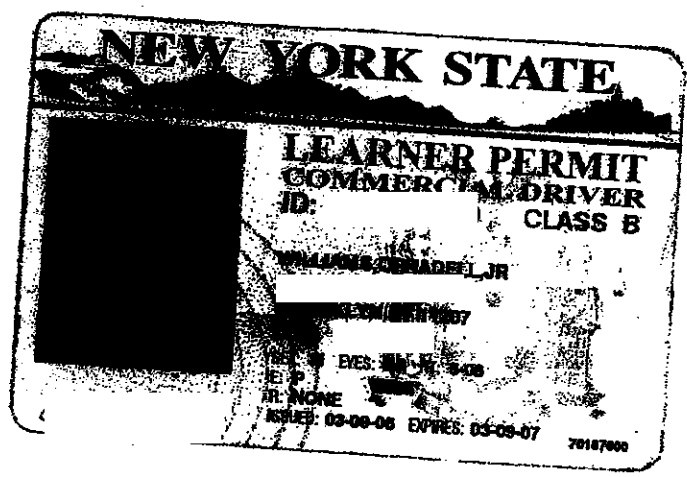
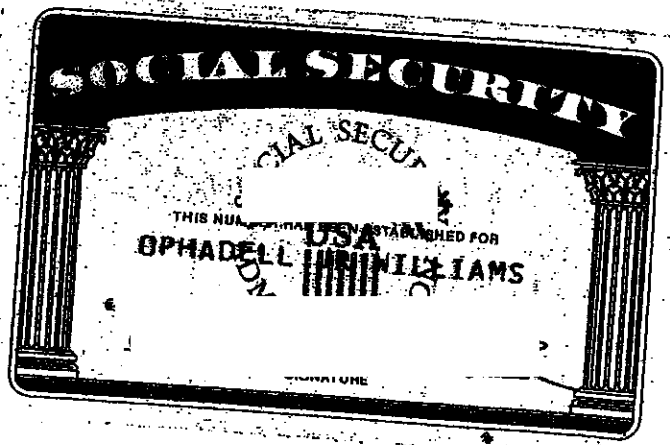
76330000



*Orhadel Williams, Jr.*

*License Inconvert  
No Restrictions / MV will Convert.  
See Permit &  
Copy of Paper License.*





*Copy of Lic Requested 7/27/06  
S.*



New York State Department of Motor Vehicles  
**COMMERCIAL DRIVER LICENSE — ROAD TEST EVALUATION**

Signature of Motorist: [Signature]  
 Date of Issue: \_\_\_\_\_  
 Motorist's Name: WILLIAM O'NEILL  
 License No.: 5196  
 Class of License: [Blank]

**A. INSPECTION**

1. Brakes	5
2. Lights	5
3. Horn	5
4. Windshield Wipers	5
5. Mirror	5
6. Tire	5
7. Steering	5
8. Clutch	5
9. Gear Shift	5
10. Back	10
11. Driver's Seat	10

**E. PARKING AND MANEUVERING**

1. Park	5
2. Falls to back up in correct lane of vehicle	15
3. Unacceptable maneuver	15
4. Unacceptable maneuver	15
5. Unacceptable maneuver	15
6. Unacceptable maneuver	5
7. Inadequate maneuver	10

**F. DRIVING IN TRAFFIC AND CITY DRIVING**

1. Falls to keep right	10
2. Improper lane of traffic	10
3. Improper lane change	10
4. Safe lane change for a vehicle	15
5. Safe lane change for a vehicle	15
6. Safe lane change for a vehicle	15
7. Poor judgment of traffic	10
8. When changing lanes, fails to	10
9. Fails to anticipate hazards of	10
10. Fails to anticipate hazards	10
11. Fails to anticipate hazards	10

**VEHICLE EQUIPMENT**

1. Factor 1 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
2. Factor 2 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
3. Factor 3 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
4. Factor 4 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
5. Factor 5 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
6. Factor 6 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
7. Factor 7 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
8. Factor 8 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
9. Factor 9 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
10. Factor 10 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
11. Factor 11 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
12. Factor 12 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
13. Factor 13 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
14. Factor 14 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
15. Factor 15 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
16. Factor 16 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
17. Factor 17 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
18. Factor 18 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
19. Factor 19 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
20. Factor 20 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>

**C. BEARING GEAR**

1. Gear	20
2. Gear	10
3. Gear	5

**G. GENERAL DRIVING SKILLS**

1. Repeated stalling	10
2. Poor engine control/acceleration	10
3. Poor steering control	10
4. Delayed/abrupt braking	10
5. Poor use of gears	10
6. Poor clutch control	10
7. Poor reaction to emergencies	10
8. Poor control of vehicle	10
9. Rolling on grade	10

**VEHICLE EQUIPMENT (Continued)**

1. Factor 21 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
2. Factor 22 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
3. Factor 23 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
4. Factor 24 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
5. Factor 25 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
6. Factor 26 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
7. Factor 27 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
8. Factor 28 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
9. Factor 29 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
10. Factor 30 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
11. Factor 31 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
12. Factor 32 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
13. Factor 33 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
14. Factor 34 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
15. Factor 35 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
16. Factor 36 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
17. Factor 37 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
18. Factor 38 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
19. Factor 39 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>
20. Factor 40 (1000 lbs. GVW) 1000 lbs.	<input type="checkbox"/>

**D. TRAFFIC INTERACTIONS AND OBSTACLES**

1. Poor judgment approaching intersection of curves	10
2. Falls to stop near center of intersection when waiting to turn left on green	10
3. Turns wide when right	5
4. Turns wide when left	5
5. Inadequate to traffic	10

**NEEDS SPECIAL PERMITS FOR LICENSING?**  
 Yes  No

**REASON FOR DISQUALIFICATION:**  
 None  
 License Violation  
 License Suspension  
 Additional Training Needed and/or License is not available

**COMMENTS:**

[Blank space for handwritten notes]

**TOTAL POINTS:** \_\_\_\_\_

When stamped, this document is a valid permit to drive.

Signature of Motorist: [Signature]  
 Date: 7/25/66

In Memory of

*Edward H. Berman, Sr.*

June 24, 1926 -- July 5, 2006

Services 11:20-00

Come unto me, all ye that  
labor and are heavy laden, and  
I will give you rest. Take my  
yoke upon you, and learn of  
me; for I am meek and lowly  
in heart; and ye shall find rest  
unto your souls. For my yoke  
is easy, and my burden is  
light.

Henry Parnell Evans, Inc.  
1504 Southwick Avenue, Brooklyn, New York  
11207  
(718) 238-7947 (718) 455-9181  
MR. JULEA A. BERRYET, FUNERAL DIRECTOR



160 S. Route 17 North  
Paramus, NJ 07652



Coach USA  
160 S. Route 17 North  
Paramus, NJ 07652

AUG 10 2006  
*Rec'd by [signature]*

*HR*

07652+2646-60 2017



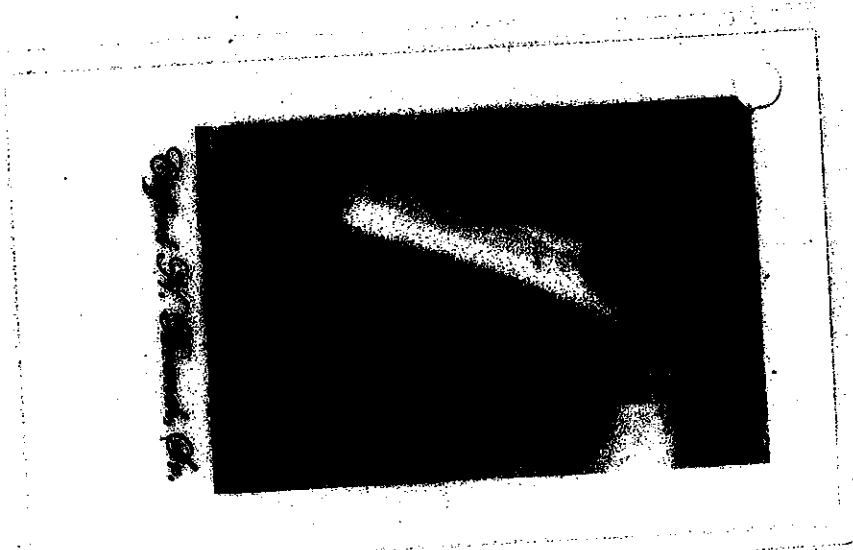
*(42)*

July 28, 2006

To Whom it may Concern

Clifford Branch N. Sr. Died on July 5, 2006  
wife Alice Branch

Rec'd  
No Pay.  
AUG 10 2006



(43)

Coach USA  
160 S. Route 17 North  
Paramus, NJ 07652



Northeast Region  
Training Institute

FOR VALUE RECEIVED, the undersigned Ophabell Williams SR (the "Borrower")  
Hereby promises to pay to the order of \_\_\_\_\_ a.k.a. Coach USA  
Corporation Coach USA under the laws of New Jersey having an office at  
160 S. Route 17 North (the "lender") the principal sum of two thousand four dollars:  
(\$2,400.00) in the City of NJ 07652

cause from his or her employment with the lender at anytime prior to \_\_\_\_\_  
Borrower hereby acknowledges that Separate and apart from employment with lender  
borrower is being provided with training classes and materials for purposes of obtaining a  
commercial driver license ("CDL") the value of which is \$2,400.00 the lender shall credit  
against the total amount due under the note and reduce the borrower total liability under the  
note in the amount of one hundred dollars (\$100.00) for each month of borrower's  
employment with lender and shall adjust the borrower's total obligation under the note  
accordingly

Borrower further recognizes that this promissory note does not effect the at-will nature of  
the borrower's employment with the lender. Both the lender and the borrower are free to  
cease the employment relationship at anytime and for any reason. In the event borrower's  
employment is terminated for any reason, borrower shall continue to be permitted to attend  
the above-mentioned training classes at the borrower's own expense and shall be required to  
pay for the entire course (\$2,400.00) or pro-rated amount) upon the borrower's voluntarily  
resignation and/or termination for cause, the lender may exercise all of the right and  
remedies available at law, including but not limited to the right to declare this note to be  
immediate due and payable. if any term or provision of this note shall be held invalid illegal  
or unenforceable, the validity of all other terms and provisions thereof shall in no way be  
affected thereby. In WITNESS WHEREOF, the borrower has executed and delivered  
this note as of the date first above written.

Agreed to and accepted:

Trainee Signature \_\_\_\_\_

Date 4/27/06

Signature \_\_\_\_\_

160 S. Route 17 North

Date \_\_\_\_\_

MAY 23 2006

Paramus, NJ 07652  
Coach USA Representative

(44)

**AUGUST 24TH, 2006**

**OPHADELL WILLIAMS, you are now eligible for "Healthcare Benefits"  
"ENROLLMENT DURING THE MONTH OF SEPTEMBER, 2006 ONLY". Please  
come to Human Resources for information.**

**Emma Magazine,  
Human Resources**

**OPHADELL WILLIAMS :**

076

(45)

# Seniority List : Transportation( Passaic Line) Full-Time

#	Driver Name	Seniority
1	HALL, MICHELLE ✓	09/01/03
2	ORTIZ, ANTONIO ✓	09/01/03
3	ACOSTA, CARLOS ✓	09/01/03
4	RODRIGUEZ, MARCO ✓	09/01/03
5	RODRIGUEZ, KIM ✓	09/01/03
6	LOPEZ, CHRIS ✓	09/01/03
7	DENOSE, ROSEMOND ✓	09/01/03
8	FABIAN, VICTOR ✓	09/01/03
9	CABRERA, ANA ✓	09/01/03
10	CHAMPAGNE, JAMES ✓	09/01/03
11	ROMAN, JOSE ✓	09/01/03
12	MERLY, NANCY ✓	09/01/03
13	RAMADAN, ABDELBAKI ✓	09/01/03
14	HENDLEY, BAXTER ✓	09/01/03
15	RODRIGO, LACERY ✓	09/01/03
16	DERVISHI, GAZMEND ✓	09/01/03
17	HERNANDEZ, MARIA ✓	09/01/03
18	JOSEPH, ALPHEUS ✓	09/01/03
19	BUNN, LILLIE ✓	09/01/03
20	OSUBA, JOSE ✓	09/01/03
21	DIXON, STANLEY ✓	09/01/03
22	RODRIGUEZ, ELIGIO ✓	09/08/03
23	RAMOS, ROQUE ✓	10/24/03
24	FRANCIS, DESMOND ✓	01/12/04
25	SHEPPARD, LAVERNE ✓	04/12/04
26	DEWITT, JASON ✓	06/14/04
27	GARCIA, ALONZO ✓	08/05/04
28	BRIGNOL, GEORGE ✓	10/01/04
29	BARDALES, JUAN ✓	10/14/04
30	SINGLETON, GARY ✓	12/13/04

#	Driver Name	Seniority
31	TOLEDO, ELVIDO ✓	01/10/05
32	BISONO, IGNACIO ✓	02/25/05
33	ARECES, HUGO ✓	05/25/05
34	FIELDS, TONY ✓	05/31/05
35	JOHNSON, EDWARD ✓	06/10/05
36	OROZCO, OSCAR ✓	08/22/05
37	CLEAVES, REGGIE ✓	08/24/05
38	DICKSON, COREY ✓	09/22/05
39	VICTOR, ROBINSON ✓	10/24/05
40	KHATER, HISHAM ✓	12/12/05
41	KODIA, OUELEKO ✓	12/12/05
42	HASSAN, ADEL ✓	01/19/06
43	FRIAS, FRANCISCO ✓	09/06/05
44	ALFARO, ANTHONY ✓	02/28/06
45	GREENE, DAPHNE ✓	03/23/06
46	BEDIAKO, EDWARD ✓	05/24/06
47	DUNCAN, EURYDICE ✓	05/25/06
48	CASTILLO, O ✓	06/10/06
49	HERNANDEZ, CARLOS ✓	06/26/06
50	CROWELL, ARTHUR ✓	06/29/06
51	BOYKINS, DARLENE ✓	07/10/06
52	BEASLEY, TODD ✓	07/12/06
53	FRAZIER, RICHARDEAN ✓	07/18/06
54	SANTANDER, MIKE ✓	07/18/06
55	WILLIAMS, OPHADELL ✓	07/24/06
56	THORNTON, LAVANT ✓	07/24/06
57	SAUNDERS, KEITH ✓	07/26/06
58	WEBB, KEVIN ✓	8/14/2006
59	WEBSTER, DANIEL ✓	8/21/2006
60	RUALES, EDGAR ✓	8/21/2006
61		

*HC 8/24*  
*HC 8/24*  
*8/24*

*Garfield Thompson*  
*Ophadell Williams*

New York State Department of Motor Vehicles  
**COMMERCIAL DRIVER LICENSE — ROAD TEST EVALUATION**

Class of License	Current Restrictions	Signature of Examinee	Date of Exam
Class of License	Current Restrictions	Signature of Examinee	Date of Exam
Examiner's Name	Examiner's Number	Full Name (Print)	Test Date
3975	1951	WILLIAMS, ORVILLE, JR	July 9, 1966

**A. PRE-TRIP INSPECTION**

1. Brake lights	5
2. Signal lights	5
3. Headlights	5
4. Four-way Flashers	5
5. Horn	5
6. Wipers	5
7. Mirrors	5
8. Tires/steer	5
9. Suspension system	5
10. Steering system	5
11. Exhaust system	5
12. Safety equipment	5
13. Oil level	5
14. Cooling system (A)	5
15. Emergency exit (Bus)	5
16. Pressure in tires (Truck)	5

**B. BRAKE SYSTEMS**

1. Brake check	10
2. Warning device check (if)	10

**C. LEAVING CURB**

1. Do not obstruct	10
2. Yield to all (less than 90 mph)	20
3. Fail to observe	10
4. Fail to signal	5

**D. TURNING INTERSECTIONS AND CURVES**

1. Poor judgment at approaching intersection or curve: <input type="checkbox"/> Speed <input type="checkbox"/> Timing <input type="checkbox"/> Stopping <input type="checkbox"/> Observing <input type="checkbox"/> Signaling <input type="checkbox"/> Shifting	10
2. Fails to stop near center of intersection when waiting to turn left on green	10
3. Turns wide when right	5
4. Turns wide when left	5
5. Inattentive to traffic: <input type="checkbox"/> Signs <input type="checkbox"/> Signals <input type="checkbox"/> Lane markings	10

**NEETS STANDARDS FOR LICENSING?**  
 Yes  No

**REASON FOR DISQUALIFICATION:**

Accident  
 Serious Violation  
 Dangerous Action  
 Additional Training Needed and/or More Than 50 Points

**E. PARKING AND BACKING**

1. Fails to signal	5
2. Fails to leave adequate clear space of vehicle when backing	15
3. Unable to park properly	15
4. Unable to back straight	15
5. Excessive use of tire	5
6. Excessive use of gear: <input type="checkbox"/> Backing <input type="checkbox"/> Parking	5
7. Inadequate observation	10

**F. DRIVING IN TRAFFIC/GENERAL DRIVING**

1. Fails to keep right	10
2. Improper lane of traffic	10
3. Fails to observe	10
4. Speed excessive for conditions: <input type="checkbox"/> Traffic <input type="checkbox"/> Road <input type="checkbox"/> Weather	15
5. Too near impediment	15
6. Fails to yield right-of-way to: <input type="checkbox"/> Pedestrians <input type="checkbox"/> Other	15
7. Poor judgment in traffic: <input type="checkbox"/> Priority <input type="checkbox"/> Caution <input type="checkbox"/> Clearing <input type="checkbox"/> Other	10
8. When changing lanes, fails to: <input type="checkbox"/> Observe <input type="checkbox"/> Signal <input type="checkbox"/> Use caution	10
9. Fails to anticipate actions of: <input type="checkbox"/> Pedestrians <input type="checkbox"/> Other	10
10. Fails to anticipate hazards	10
11. Fails to identify road hazards	10

**G. GENERAL DRIVING SKILLS**

1. Repeated stalling	10
2. Poor engine control/acceleration	10
3. Poor steering control: <input type="checkbox"/> Turning <input type="checkbox"/> Straight driving <input type="checkbox"/> Maneuvers	10
4. Delayed/abrupt braking	10
5. Poor use of gears: <input type="checkbox"/> Automatic <input type="checkbox"/> Standard	10
6. Poor clutch control	10
7. Poor reaction to emergencies	10
8. Railroad Tracks: <input type="checkbox"/> Observing <input type="checkbox"/> Shifting <input type="checkbox"/> Stopping	10
9. Rolling on grade	10

**COMMENTS:**

**RESTRICTIONS:**

<input type="checkbox"/> Motor/Trailer (greater than 10,000 lbs. GV)
<input type="checkbox"/> Truck/Trailer (greater than 20,000 lbs. GV and more than 10,000 lbs. GV)
<input type="checkbox"/> Truck does not exceed 20,000 lbs. GV
<input type="checkbox"/> Truck does not exceed 10,000 lbs. GV
<input type="checkbox"/> Motor Only (M)
<input type="checkbox"/> Bus — 20,000 lbs. GV more (B)
<input type="checkbox"/> Bus — 10,000 lbs. GV, 20,000 lbs. (C)
<input type="checkbox"/> Bus — 10,000 lbs. GV less (C)
<input type="checkbox"/> Bus — Actual seating capacity 8 through 14
<input type="checkbox"/> School Bus — 20,000 lbs. GV more (J)
<input type="checkbox"/> School Bus — 20,000 lbs. GV less (J)
<input type="checkbox"/> Truck — 20,000 lbs. GV more (B)
<input type="checkbox"/> Truck — 20,000 lbs. GV less (C)
<input type="checkbox"/> Non-GDL C (10,000 - 20,000 lbs. GV) (cannot have 15 or 16 seats)
<input type="checkbox"/> Farm Vehicle — A
<input type="checkbox"/> Farm Vehicle — B
<input checked="" type="checkbox"/> Air Brakes (Yes)
<input type="checkbox"/> No Air Brakes (A)
<input type="checkbox"/> No Air Brakes (B)
<input type="checkbox"/> No Air Brakes Any Vehicle

**TOTAL POINTS:**

When stamped, this document is a valid interim license.

BP  
7.25.66



New York State Department of Motor Vehicles  
**COMMERCIAL DRIVER LICENSE — ROAD TEST EVALUATION**

<b>Class</b>	<b>Current Registration</b>	<b>Signature of Motorist</b>	<b>Date of Test</b>
<b>Class</b>	<b>Current Registration</b>	<b>Class Identification No.</b>	
<b>Plate</b>	<b>Plate</b>	<b>Full Name</b>	<b>Test Date</b>
3113	Vc	DILLIANS, ORVILLE, JR	7-25-06
		19 BNL	

**A. PRE-TRIP INSPECTION**

1. Brake lights	5
2. Signal lights	5
3. Headlights	5
4. Four-way Flashers	5
5. Horn	5
6. Wipers	5
7. Mirrors	5
8. Tires/hood	5
9. Suspension system	5
10. Braking system	5
11. Exhaust system	5
12. Safety equipment	5
13. Clutch	5
14. Clutch pedal (B)	5
15. Clutch pedal (Bus)	5
16. Clutch pedal (D/A)	6

**B. MIRRORS**

1. Side check	10
2. Rear view device check (B)	10

**C. BRAKING SKILLS**

1. Stopping	10
2. Stopping on (less than 90 mph)	20
3. Stopping	10
4. Stop wheel	5

**D. TURNING AT INTERSECTIONS AND CURVES**

1. Poor judgment at approaching intersection or curve	10
<input type="checkbox"/> Speed <input type="checkbox"/> Turning	
<input type="checkbox"/> Stopping <input type="checkbox"/> Observing	
2. Falls to stay near center of intersection when waiting to turn left on green	10
3. Turns wide stop right	5
4. Turns wide stop left	5
5. Inattentive to traffic	10
<input type="checkbox"/> Signs <input type="checkbox"/> Signals	
<input type="checkbox"/> Lane markings	

**E. PARKING AND BACKING**

1. Fails to enter	5
2. Fails to leave adequate clearance of vehicle when backing	15
3. Unable to park properly	15
4. Unable to back straight	15
5. Excessive use of clutch	5
6. Excessive use of gear	5
7. Inadequately observation	10

**F. DRIVING IN TRAFFIC AND/OR DRIVING**

1. Fails to keep right	10
2. Improper lane of travel	10
3. Excessive use of horn	10
4. Speed excessive for conditions	15
<input type="checkbox"/> Speed <input type="checkbox"/> Road <input type="checkbox"/> Other	
5. Top of head in traffic	15
6. Fails to yield right-of-way to:	15
<input type="checkbox"/> Pedestrians <input type="checkbox"/> Other	
7. Poor judgment in traffic	10
<input type="checkbox"/> Entering <input type="checkbox"/> Exiting	
<input type="checkbox"/> Overtaking <input type="checkbox"/> Other	
8. When changing lanes, fails to:	10
<input type="checkbox"/> Observe <input type="checkbox"/> Signal <input type="checkbox"/> Use caution	
9. Fails to anticipate actions of:	10
<input type="checkbox"/> Pedestrians <input type="checkbox"/> Other	
10. Fails to anticipate hazards	10
11. Fails to identify road hazards	10

**G. GENERAL DRIVING SKILLS**

1. Repeated stalling	10
2. Poor engine control/acceleration	10
3. Poor steering control	10
<input type="checkbox"/> Turning <input type="checkbox"/> Straight driving	
4. Delayed/abrupt braking	10
5. Poor use of gears	10
<input type="checkbox"/> Automatic <input type="checkbox"/> Standard	
6. Poor clutch control	10
7. Poor reaction to emergencies	10
8. Railroad Tracks	15
<input type="checkbox"/> Observing <input type="checkbox"/> Slowing <input type="checkbox"/> Stopping	
9. Rolling on grade	10

**RESTRICTIONS**

<input type="checkbox"/> Tractor/Trailer greater than 10,000 lbs. (B)
<input type="checkbox"/> Tractor/Trailer greater than 20,000 lbs. and trailer more than 10,000 lbs. (B)
<input type="checkbox"/> Tractor does not exceed 20,000 lbs. (B)
<input type="checkbox"/> Tractor does not exceed 15,000 lbs. (B)
<input type="checkbox"/> Tractor Only (B)
<input type="checkbox"/> Bus — 20,000 lbs. or more (B)
<input type="checkbox"/> Bus — 15,000 lbs. and 20,000 lbs. (C)
<input type="checkbox"/> Bus — 10,000 lbs. or less (D)
<input type="checkbox"/> Bus — 10,000 lbs. or less (D)
<input type="checkbox"/> School Bus — 20,000 lbs. or more (B)
<input type="checkbox"/> School Bus — 20,000 lbs. or more (B)
<input type="checkbox"/> Truck — 20,000 lbs. or more (B)
<input type="checkbox"/> Truck — 20,000 lbs. or less (C)
<input type="checkbox"/> Non-CDE C (15,000 - 20,000 lbs. (cannot have more than 1 EB or 1 SB)
<input type="checkbox"/> Farm Vehicle — A
<input type="checkbox"/> Farm Vehicle — B
<input type="checkbox"/> Air Brakes (Yes)
<input type="checkbox"/> No Air Brakes (A)
<input type="checkbox"/> No Air Brakes (B)
<input type="checkbox"/> No Air Brakes Any Vehicle

**MEETS STANDARDS FOR LICENSING?**  
 Yes    No

**REASON FOR DISQUALIFICATION:**

Accident

Criminal Violation

Dangerous Action

Additional Training Needed and/or More Than 30 Points

**COMMENTS:**

079

(98)

**TOTAL POINTS:**

When stamped, this document is a valid permit to drive.

BP 019  
7-25-06



**COMMUNITY BUS LINES/COACH USA  
PERSONNEL ACTION FORM**

DATE: 5/25/06

NAME: Williams JR. Ophadell  
Last First MI

ADDRESS: Appt 2-A  
Brooklyn, n y, 11207

<u>EMPLOYMENT</u>	<u>ACTION</u>	<u>ASSIGNMENT</u>
FULL TIME <input checked="" type="checkbox"/>	L.O.A. _____	DATE OF HIRE <u>5/25/06</u>
PART TIME _____	TRANSFER _____	EFFECT DATE _____
TEMPORARY _____	PROMOTION _____	JOB TITLE <u>Driver/Training</u>
NEW HIRE <input checked="" type="checkbox"/>	INCREASE _____	DEPT/DIVISION <u>Comm</u> <u>bu44</u>
REHIRE _____	DECREASE _____	SALARY <u>\$6.15 hrs</u>
UNION <input checked="" type="checkbox"/> NON-UNION _____	TITLE CHANGE _____	FROM _____
REINSTATEMENT _____	NAME CHANGE _____	TO _____
LOCATION <u>Paramus/Elizabeth</u>		

REMARKS In Classroom Driving Training Elizabeth

Department Head \_\_\_\_\_  
Human Resources \_\_\_\_\_  
Finance \_\_\_\_\_  
President/VP \_\_\_\_\_

# Community Coach/Coach USA

## DRIVER QUALIFICATION FILE ASSEMBLY FORMAT

### Right Side Driver Qualification File

#### Documents:

1. Federal Motor Carrier Safety Regulations Book Acknowledgement
2. Drivers Application For Employment
3. Certificate of Compliance with Driver's License Requirements
4. Authorization to Obtain Driving Record
5. Pre-Employment Motor Vehicle Report (391.23)(DO NOT REMOVE)
6. Request for Information from Previous Employer (391.23)
7. Driver's Road Test-w/Certificate of Road Test (391.31)(391.35)
8. Drivers Statement of on Duty-Hours (395.8) (1)(2)
9. Employment Eligibility Verification (I-9) photocopy

#### Completion Date:

04/27/06

04/27/06

04/27/06

04/27/06

04/27/06

05/11/06

7/21/06

04/27/06

04/27/06

#### Note:

1. All documents must be requested and completed within 30 days of employment
2. Previous employer information must be completed within 14 days of employment

(3)



**Coach USA, Inc.**  
**NetClaim Auto Liability**

The Network Inc.

Report# 20070118692 / TNW# 701110477

Page 1 of 3

Client Information

**Name:** COMMUNITY COACH  
S0040  
**Address:** 160 SOUTH ROUTE 17 NORTH  
PARAMUS, NJ 07652  
**Business Phone:** (973) 473-5000

Caller Information

**Name:** JO-ANN SNYDER  
**Job Title:** HR ASSISTANT  
**Business Phone:** (201) 225-7500 7050  
**Home Phone:**  
**Address:**

Incident Information

**Occurred:** 01/09/2007 4:00 pm  
**Employer Notified:** 01/09/2007 4:01 pm  
**Location:** CITY HALL PATERSON  
PATERSON, NJ 07501  
**Description:** Community/WILLIAMS/NJ- Bus back up ,then stop,SUV hit right side of bus.

Involved Parties

Involvement:

**Name:** OPHADELL WILLIAMS  
**Address:** BROOKLYN, NY 11207  
**County:** KINGS  
**Work Phone:** (201) 225-7500  
**Date of Birth:**  
**Social Security Num:**  
**Drivers License Num:**  
**Citation Received:** NONE  
**Relation to Insured:** EMPLOYEE  
**Medical Prov Name:**  
**Med Prov Address:**  
**Med Prov Phone:**  
**Medical Transport:**  
**Injury Description:** Not Provided/NOC/Insufficient Data - Not Provided/NOC/Insuffici

Involvement:

**Name:** UNKNOWN UNKNOWN  
**Address:** UNKNOWN  
UNKNOWN  
**County:**  
**Work Phone:**  
**Date of Birth:**  
**Social Security Num:**  
**Drivers License Num:** UNKNOWN  
**Citation Received:** UNKNOWN  
**Relation to Insured:** UNKNOWN  
**Medical Prov Name:**  
**Med Prov Address:**  
**Med Prov Phone:**  
**Medical Transport:**  
**Injury Description:** Not Provided/NOC/Insufficient Data - Not Provided/NOC/Insuffici

Witnesses and Passengers

Report Information

**Report Number:** 20070118692  
**Report Created:** 01/11/2007 8:54 am

Insurance Information

**Policy Number:** D007A00067  
**Insurer Name:** Discover Property & Casualty Insurance  
Company  
**Address:**  
**Insurer Phone:**  
**Policy Dates:** 05/01/2006 to 05/01/2007  
**FEIN:**

Authorities

**Reference Num:** UNKNOWN  
**Title:** PATERSON POLICE DEPT.  
**Phone:**

**Country:** USA  
**Home Phone:**  
**Date of Death:**  
**State:** NY

**Hospital Name:**  
**Hospital Address:**  
**Hospital Phone:**

**Country:** USA  
**Home Phone:**  
**Date of Death:**  
**State:**

**Hospital Name:**  
**Hospital Address:**  
**Hospital Phone:**

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**Coach USA, Inc.**  
**NetClaim Auto Liability**

The Network Inc.

Report# 20070118882 / TNW# 701110477

Page 2 of 3

**Name:** SHARON LOUVINIA  
**Address:**  
**Home Phone:** **Business Phone:**

**Name:** RICHARD SCOTT  
**Address:**  
**Home Phone:** **Business Phone:**

**Name:** KELLY DE MARCO  
**Address:**  
**Home Phone:** **Business Phone:**

**Name:** SANDRA NAVEDO  
**Address:**  
**Home Phone:** **Business Phone:**

**Name:** JUAN AGUSTIN CALDERON  
**Address:**  
**Home Phone:** **Business Phone:**

**Vehicle**

**Insured Vehicle**

<b>Type:</b>	Transit Bus	<b>Location:</b>	COMMUNITY COACH
<b>Make:</b>	NOVA	<b>Address:</b>	160 SOUTH ROUTE 17 NORTH - PARAMUS - NJ 07652
<b>Manufacture Date:</b>	1/1/1999	<b>Owner Same As Driver:</b>	No
<b>Model:</b>	T80206	<b>Owner's Name:</b>	COMMUNITY COACH
<b>Body Type:</b>	NOVA	<b>Address:</b>	160 SOUTH ROUTE 17 NORTH - PARAMUS - NJ 07652
<b>Color:</b>	WHITE/BLACK	<b>Business Phone:</b>	(973) 473-5000
<b>Tag:</b>	OXX-1116	<b>Residence Phone:</b>	(973) 473-5000
<b>State:</b>	NJ	<b>Part:</b>	9999 - Not Provided/NOC/Insufficient Data
<b>VIN:</b>	834103	<b>Cause:</b>	9999 - Not Provided/NOC/Insufficient Data
<b>VEH/Asset/Fleet #:</b>	1153	<b>Result:</b>	9999 - Not Provided/NOC/Insufficient Data
<b>Estimated Damage:</b>	\$0.00	<b>Insurance Carrier:</b>	DISCOVER PROPERTY & CASUALTY INSL
<b>Towed:</b>	No	<b>Policy ID:</b>	D007A00067
<b>Damage Description:</b>	Scratches on the bill boards.		

**Third Party Vehicle**

<b>Type:</b>	Personal Car	<b>Location:</b>	UNKNOWN
<b>Make:</b>	UNKNOWN	<b>Address:</b>	UNKNOWN - UNKNOWN
<b>Manufacture Date:</b>		<b>Owner Same As Driver:</b>	Yes
<b>Model:</b>	UNKNOWN	<b>Owner's Name:</b>	UNKNOWN UNKNOWN
<b>Body Type:</b>	SUV	<b>Address:</b>	UNKNOWN - UNKNOWN
<b>Color:</b>	GRAY	<b>Business Phone:</b>	
<b>Tag:</b>	UNKNOWN	<b>Residence Phone:</b>	
<b>State:</b>		<b>Part:</b>	9999 - Not Provided/NOC/Insufficient Data
<b>VIN:</b>	UNKNOWN	<b>Cause:</b>	9999 - Not Provided/NOC/Insufficient Data
<b>VEH/Asset/Fleet #:</b>	UNKNOWN	<b>Result:</b>	9999 - Not Provided/NOC/Insufficient Data
<b>Estimated Damage:</b>	\$0.00	<b>Insurance Carrier:</b>	UNKNOWN
<b>Towed:</b>	No	<b>Policy ID:</b>	UNKNOWN
<b>Damage Description:</b>	Unknown		

**Supplementals**

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006

**Coach USA, Inc.**  
**NetClaim Auto Liability**

The Network Inc.

Report# 20070118892 / TNW# 701110477

Page 3 of 3

Revenue Type	Transit
DOT Reportable?	NO
OSHA Recordable?	NO
Accident Site	Commerical Area
Light Conditions	Daylight
Weather	Clear
Coach Route	
Collision Type	Other
What is your email address	

**Notes**

Notes/Additional Comments

NEED POLICE REPORT.

**Additional Escalation Criteria**

Does this claim meet any escalation criteria below?

NO

(57)

007

2007011869D



**Coach USA**

**First Report**

**Accident/Incident Report  
Form**

Primer Reporte

Circle All That Apply:      Property      Bodily Injury      Subrogation

Company: COMMUNITY

**YOU MUST COMPLETE ALL SECTIONS (5 pages)**  
Tienes que completar toda las secciones (5 paginas)

Driver's Name Ophardell Williams JR  
Nombre De Chofer \_\_\_\_\_

Social Security # \_\_\_\_\_ License \_\_\_\_\_  
# \_\_\_\_\_  
Seguro Social \_\_\_\_\_ Licencia \_\_\_\_\_

Bus # 1153      Accident Date 1/9/07      Time 4:00 AM (PM)  
Autobus      Fecha de Accidente      Hora

Describe the damage to the bus No damages Just scratches  
Describe el dano al autobus On the bill boards

Location of Accident At the corner of Main & Presidential Blvd.  
Donde ocurrio el accidente

Were the police called Yes  No \_\_\_\_\_  
Llamaron al la Policia SI No      Police Report # \_\_\_\_\_  
# del reporte de policia

Police agency reporting to scene District Paterson Police Department  
Agencia de Policia que reporto al Accidente

Weather Conditions:  Clear      Cloudy      Fog      Rain      Snow      Ice  
Tiempo      Claro      Nublado      Niebla      Lluvia      Nieve      Hielo

Lighting: Dawn      Daylight       Dusk      Dark  
Alumbramiento Amanecer Dia Anochecer Noche

Road Surface  Dry      Wet      Muddy      Snow Covered      Icy  
Superficie de la Carretera Seco Mojado Fango Nevoso Hielo

Road Description:  Straight      Curve      Level      Hill      Paved      Gravel  
Descripcion del Superficie Derecho Curva Nivel Cuesta Pavimento Empedrado

Traffic Controls: None      Stop Sign       Traffic Light      Yield Sign  
Senales de Trafico Ninguno Pare Semaforo Ceda

# Passengers on Bus 15      # of Witness cards secured Just got the info  
# de Pasajeros en el autobus      # de Tarjetas de Testigo asegurado from the passengers.

20070118692

**INFORMATION ABOUT OTHER VEHICLE**

Información sobre el otro vehículo

Owner's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Nombre del Dueño \_\_\_\_\_ Teléfono \_\_\_\_\_

Owner's Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Dirección del Dueño \_\_\_\_\_ Teléfono del trabajo \_\_\_\_\_

Driver's Name (If Different) \_\_\_\_\_  
Nombre del Chofer (Si es diferente) \_\_\_\_\_

Driver's Address (If Different) \_\_\_\_\_  
Dirección del Chofer (Si es diferente) \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_  
# De Licencia de Conducir \_\_\_\_\_ Estado \_\_\_\_\_ Expiración \_\_\_\_\_

Vehicle Plate # \_\_\_\_\_ Yr/Make Model \_\_\_\_\_  
# de Tabilla \_\_\_\_\_ Año y Modelo \_\_\_\_\_

Damage to Vehicle \_\_\_\_\_  
Daño al vehículo \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Compañía de Seguro \_\_\_\_\_ # de Póliza \_\_\_\_\_

**INFORMATION ABOUT INJURED PARTIES**

Información sobre los Heridos

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Nombre \_\_\_\_\_ Teléfono \_\_\_\_\_

Address \_\_\_\_\_  
Dirección \_\_\_\_\_

Type of Injury \_\_\_\_\_ Name of Hospital \_\_\_\_\_  
Tipo de Herida \_\_\_\_\_ Nombre del Hospital \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Nombre \_\_\_\_\_ Teléfono \_\_\_\_\_

Address \_\_\_\_\_  
Dirección \_\_\_\_\_

Type of Injury \_\_\_\_\_ Name of Hospital \_\_\_\_\_  
Tipo de Herida \_\_\_\_\_ Nombre del Hospital \_\_\_\_\_



PLEASE DESCRIBE THE ACCIDENT IN YOUR OWN WORDS  
DESCRIBA EL ACCIDENTE EN SUS PROPIAS PALABRAS

\*\*\*\*\*

I just left City Hall going towards Willowbrook Mall  
I made the right turn onto Main. The turning  
LANE is on my left. The officer start pushing the  
~~car~~ cars and bus out of that LANE, to go  
straight down Main Ave or St. I was moving back  
to my right LANE when this Grey SUV is trying  
to come in the same LANE. At this time I  
stop the bus and the Grey SUV ~~run~~ run's  
in to my right side of the bus. I called  
the police and they made a report.

No Medical Attention was need from the  
passengers nor the ~~people~~ two women in the  
Grey SUV,

Date and Time Report Completed by Driver 1/9/07 7:46 P.M.  
Fecha y Hora este reporte fue completado por el Chofer

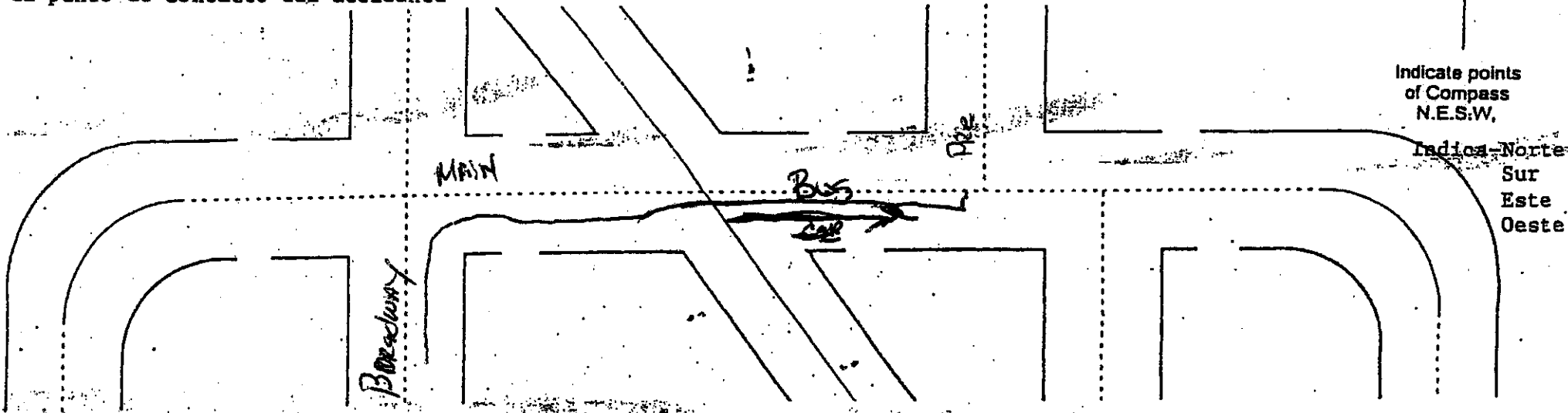
Date and Time reported to Dispatch as soon as it happen 1/9/07 at 4:00PM  
Fecha Y Tiempo el accidente fue reportado al Despache

Employees Signature \_\_\_\_\_  
Firma de Empleado (Chofer)

Dispatcher's Signature \_\_\_\_\_  
Firma de Despache

Date, Time and Method Reported to Sedgwick  
Fecha, hora y metodo que el accidente fue reportado a Sedgwick

Complete the following diagram showing direction & position of automobiles or property involved, designating clearly point of contact.  
 Complete el diagrama señalando la dirección y posición de automóviles o propiedad afectados—senala claramente el punto de contacto del accidente

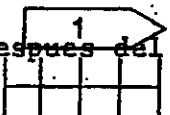


**INSTRUCTIONS**

**GIVE STREET NAMES, DIRECTIONS AND LOCATIONS OF OBJECTS INVOLVED**

Instrucciones

Indica nombres de calles, direcciones y locales de objetos afectadas

- 1) Number each vehicle and show direction of travel by arrow  
 Dale un numero a cada vehiculo y indica su direccion
- 2) Use solid line to show path of vehicle before accident  
 Use linea solida para indicar camino del vehiculo antes del accidente Y una punteada para despues del accidente
- 3) Show motorcycle or bicycle by  $\rightarrow \circ \cdot \circ$   
 Indica motocicleta o bicicleta asi
- (4) Show pedestrian by  $\rightarrow \circ$   
 indica peaton asi
- (5) Show railroad by   
 Indica tren asi

20070118609

(20070118672)

Operator Ophardt Williams Jr

Autobus Bus# 1153

Fecha Date 1/19/07

Inspection: Pre/Post Trip

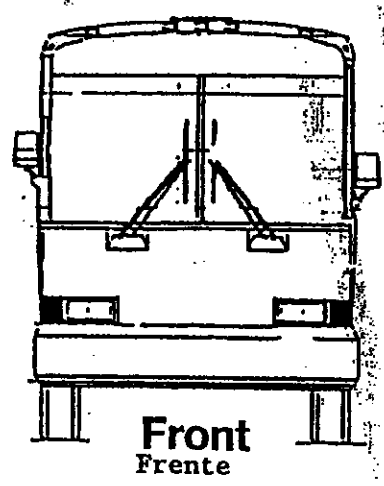
Accident/Incident

Accidente/Incidente

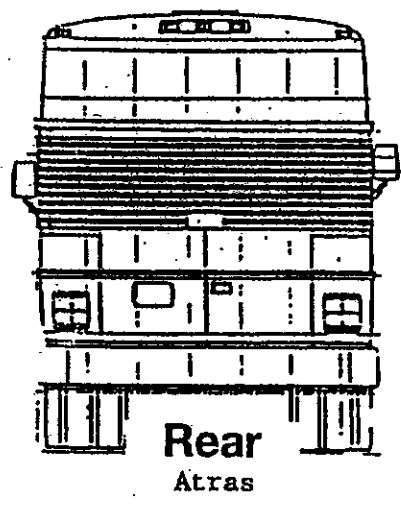
Circle Area of Damage

(Circle One)

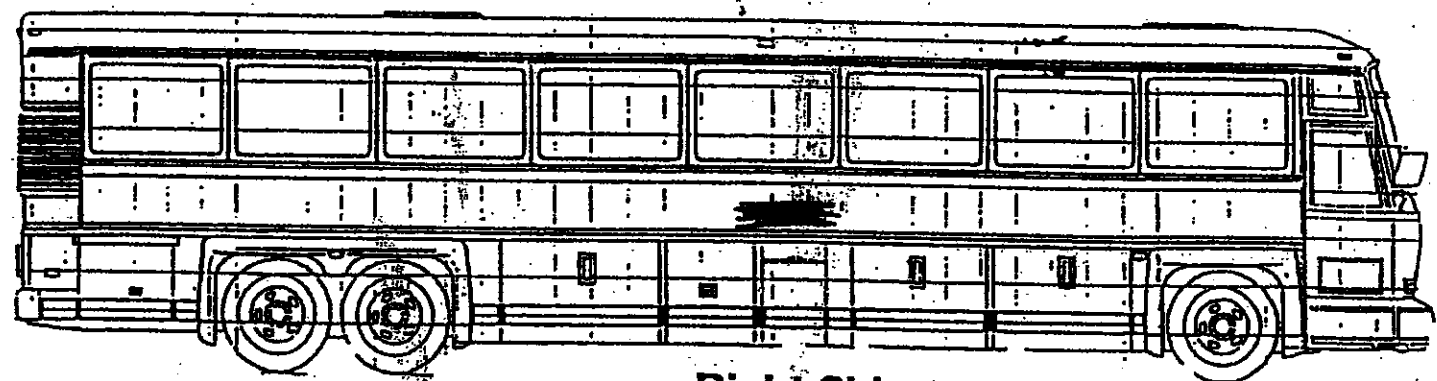
Indica area del dano al vehiculo



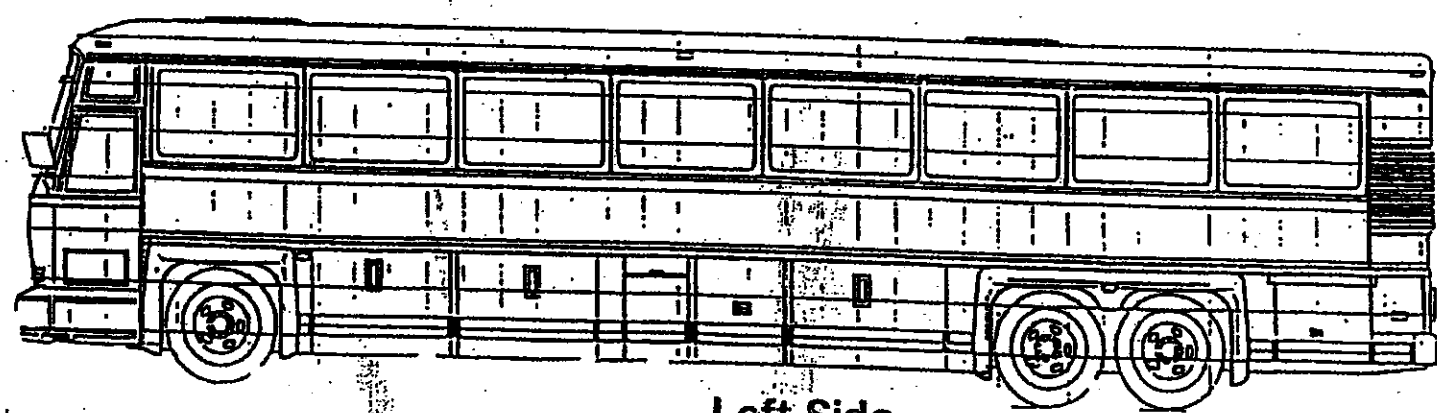
Front  
Frente



Rear  
Atras



Right Side  
Lado Derecho



Left Side  
Lado Izquierdo

SLACU 1/20/07

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# COMMUNITY COACH- COACH USA EMPLOYEE INCIDENT REPORT

This report is to be used for the following only: Passenger falls, complaints, witnessing of accidents not involving your vehicle, or if you receive a traffic violation. Do not use this form for motor vehicle accidents in which you are involved.

Report Date: 6 121 106

Incident Date: 6 121 106

Driver Name: OPHADIL WILLIAMS

Bus #: 27206

Route/Line: \_\_\_\_\_

Time of Incident: 9:01 AM/PM

Location of Incident: WAYNE HILLS HS

Describe the incident fully, listing names/addresses of witnesses, etc. Use other side if necessary.

Because of the rain condition ~~all~~ all six buses  
were late to WAYNE HILLS HS because of police stopping  
us at the bottom of Hamburg and RATER RD. I called  
the school and spoke to ~~the~~ a MR. MARROZITA OR a  
MR. SAHINO who was in the main office and told them  
the buses were late due to the ~~rain~~ rain condition as well  
as the officer stopping us. He said it was OK.

Signature: \_\_\_\_\_



# Bus Company

(Please read the instructions attached to this form.)

Social Security No. \_\_\_\_\_

Name Ophadell Williams Jr

During the past two years, did you work for any period of time for a DOT regulated employer? Yes  No   
If yes, please CLEARLY print the name and address of the employer below. USE ONE FORM FOR EACH DOT EMPLOYER DURING THE PREVIOUS TWO YEARS, IF APPLICABLE.

(Date) 1/25/07

Coach USA Northeast Region

1605 Route 17 N.

Paramus NJ 07652  
(Employer Address)

Dear Employer:

Ophadell Williams Jr (Applicant Name), SS No. \_\_\_\_\_

has applied to

MTA Bus Company for employment in a position covered by the U.S. Department of Transportation as safety sensitive. Safety sensitive functions include but are not limited to: operation of revenue service vehicles including when not in revenue service; operation of non-revenue service vehicles that require drivers to hold CDLs; dispatch or control revenue service vehicles; maintain revenue service vehicles or equipment used in revenue service except for contractors to Section 18 transit agencies; and provide security and carry a firearm. In accordance with the provisions of federal law, 49 CFR Part 40, Section 40.25, we are requesting that you release FTA regulated drug and alcohol testing information to this agency covering any period during two years prior to the date of this letter. In addition, MTA Bus Company specifically requests:

- 1) alcohol test results of 0.04 alcohol concentration or greater; N/A
- 2) verified positive drug tests; N/A
- 3) refusals to test; N/A
- 4) other violations of FTA or DOT Drug and Alcohol Testing rules; and N/A
- 5) as appropriate, documentation of the successful completion of DOT return to duty requirements including follow up tests.

It is the MTA Bus Company's understanding that you are a DOT regulated employer and that this applicant has/had been employed by you during the past two years.

Below please find a release granting consent signed by the above applicant. Please mail or fax the information back to:

MTA New York City Transit  
 Office of Human Resources  
 Occupational Health Services, Drug Reporting Unit  
 180 Livingston Street, Room 4026  
 Brooklyn, NY 11201  
 Fax (347) 643-8186

Thank you for your anticipated cooperation in this matter.

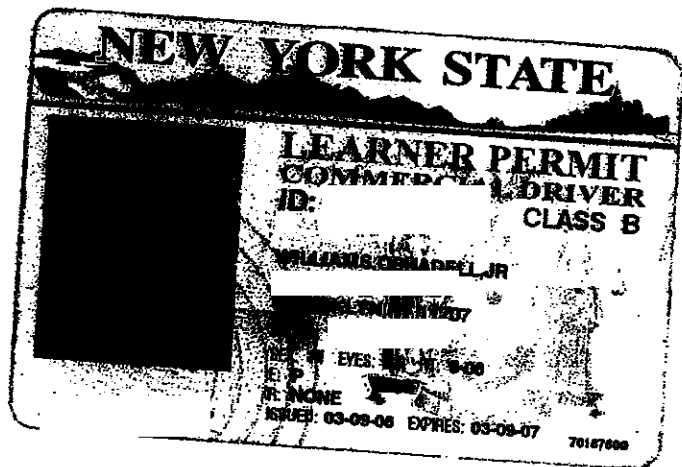
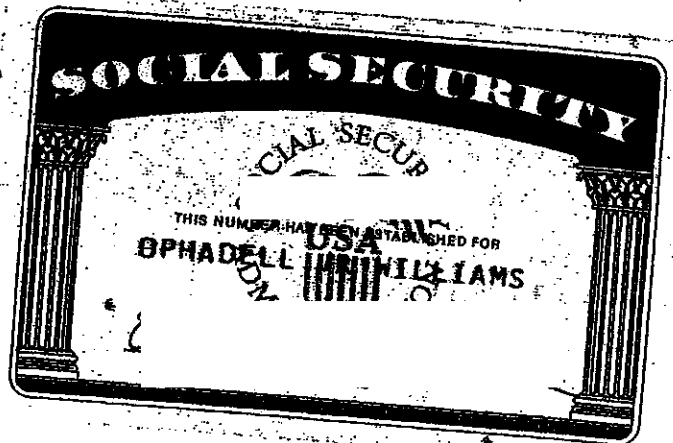
I hereby grant my current and prior employer identified above, permission to release drug and alcohol testing information related to FTA covered drug and alcohol testing program to MTA Bus Company for any part of the two year period prior to the date of this letter. This includes questions one through five as requested above. I understand that continued employment is contingent on the findings of the USDOT employer verification and further misrepresentation may result in a denial of my employment application, or, if currently an employee, appropriate disciplinary action.

Applicant \_\_\_\_\_

Date 1/25/07

MTA Bus Company is an agency of the Metropolitan Transportation Authority, State of New York  
Peter S. Kalikow, Chairman

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# REQUEST FOR INFORMATION From Previous Employer

I hereby authorize you to release the following information to Coach USA for the purposes of investigation (Prospective Employer) as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date 4/20/06 Applicant's Signature \_\_\_\_\_

Copy

**NAME AND ADDRESS OF PREVIOUS EMPLOYER:**

Clifford M. Branch  
1504 Bushwick Ave  
Brooklyn, NY 11207  
Att: Mr. Branch

THIS FORM WAS (check appropriate box)

- Mailed, Date 5/11/06
- Faxed, Date \_\_\_\_\_
- Received by Phone, Date \_\_\_\_\_

*2nd reg. 7-24-06*

Name of Person Contacted Mr. Branch

Dear Sir/Madam:

The below named individual has made application to this company for a position as Bus Driver and states that he/she was employed by you as Bus & Coach from (m/y) 4/7/89 to (m/y) Present.

We appreciate your time in completing, in confidence, the information requested below. Enclosed in a business reply envelope for your convenience. Thank you for your courtesy.

**160 S. Route 17 North  
Paramus, NY 07652**

Sincerely,

*HR.*

**AUG 10 2006**  
*Rec'd no ref.*

Name of Applicant: Ophadell Williams Jr Social Security No.: \_\_\_\_\_

1. Employed from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_ as \_\_\_\_\_ at wage or salary of \_\_\_\_\_.
2. Did he/she drive motor vehicle for you? \_\_\_\_\_, Straight Truck? \_\_\_\_\_, Tractor-Semitrailer? \_\_\_\_\_, Bus? \_\_\_\_\_, Other (Specify) \_\_\_\_\_.
3. Was he/she a safe and efficient driver? \_\_\_\_\_
4. Reason for leaving your employ: Discharged \_\_\_\_\_; Lay Off \_\_\_\_\_; Military Duty \_\_\_\_\_.
5. Was his/her general conduct satisfactory? \_\_\_\_\_
6. Please advise history of past driving record if available \_\_\_\_\_

*Please fill-out & Return Thank you*



# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

**SIDE 1**

**SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) Ophedell Williams \_\_\_\_\_  
First, M.I., Last Social Security Number \_\_\_\_\_  
 \_\_\_\_\_  
Date of Birth

Hereby authorize:

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
 Street: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from \_\_\_\_\_  
(date of employment application)

To:  
 Prospective Employer: Community Coach USA, Inc.  
 Attention: Gym Magazine Telephone: 201 225 7000 x 7536  
 Street: 160 Rte 17N  
 City, State, Zip: Paramus, N.J. 07652

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: \_\_\_\_\_  
 Prospective employer's confidential email address: \_\_\_\_\_

Applicant's Signature

**JUL 24 2006**  
Date

*REC 8/10/06  
no ref.*

This information is being requested in compliance with §40.25 and §391.23.

**SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER**

**ACCIDENT HISTORY**

The applicant named above is employed by us.  Yes  No

Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

1. Did he/she drive motor vehicle for you?  Yes  No  If yes, what type? Straight Truck  Tractor-Semitrailer  Bus   
 Cargo Tank  Doubles/Triples  Other (Specify) \_\_\_\_\_

2. Reason for leaving your employ? Discharged  Resignation  Layoff  Military Duty

If there is no safety performance history to report, check here  sign below and return.

**ACCIDENTS:** Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here  if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any other remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PREVIOUS EMPLOYER REMOVE CARBON BEFORE COMPLETING SIDE 2  
 ORIGINAL PROSPECTIVE EMPLOYER**

*(65)*



# EMPLOYEE DRIVING HISTORY

The person named below has applied for a job with us. To comply with Section 509-m of the New York State Vehicle and Traffic Law, please complete the boxes below and answer questions 1 - 4, to the best of your knowledge. The requested information should cover the period of time that this person worked for you:

Employee's Name <i>Opthardt Williams JR</i>	
Employee's Title	Employee's Dates of Service
Type of Vehicle(s) Driven by Employee	No. of Miles Per Week Driven by Employee
Name of Motor Carrier (Employer)	

1) Was the employee convicted of a driving-related offense, that is, a violation of the Vehicle and Traffic Law?

Yes

No

If "Yes", please specify the date, location and description of each conviction.

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2) Was the employee involved in an accident that had to be reported to an appropriate state agency?

Yes

No

If "Yes", please specify the date, location and, if possible, description of each accident.

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Q file

class 53'



### Employee Receipt of Training

I, Ophadell Williams JR acknowledge receipt of the Coach  
(print name) **Coach USA**

USA, \_\_\_\_\_ 160 S. Route 17 North  
(name and address of location) **Paramus, NJ 07652**

Entry-Level Driver Training supplement. I have been trained, as required by this supplement and understand the Federal Motor Carrier Safety Administration's (FMCSA) four critical topics that every Commercial Motor Vehicle (CMV) driver should be familiar with: Driver Qualification, Hours of Service, Driver Wellness, and Whistleblower Protection.

\_\_\_\_\_  
(employee signature) 5/31/06  
(date)

I certify Ophadell Williams JR has completed training in driver qualification  
(printed name of entry-level driver)

requirements set forth in the FMCSR for entry-level driver training in accordance with 49 CFR, 380.503.

### ROBERT BATTLE

\_\_\_\_\_  
(trainer's printed name) Robert Battle  
\_\_\_\_\_  
(trainer's signature) 5/31/06  
(date training conducted)

This is in accordance with the Federal Motor Carrier Safety Administration's Subpart E, section 380.500 - 513.

LB



## BUS Driver JOB DESCRIPTION

OPERATE A BUS in a safe manner in all weather and traffic conditions.  
Handling all passengers courteously and following all company and traffic rules and regulations.

### DUTIES AND RESPONSIBILITIES

Operate a bus in a safe manner, carrying passengers in all types of weather and traffic and subject to working both day and night hour over a seven day period.

Follow time schedules.

Follow written and oral instructions.

Inspect bus and report any defects on "defect card" provided.

Answer questions from passengers regarding transfer points, destinations.

Conduct and submit written reports on passenger counts, as required

All charters be well dressed, use common sense, be courteous, clean bus & be on time.

Charter all trips going to destinations and returning with maps etc.

Submit written reports on all accidents & incidents occurring as required.

Attend all training and safety seminars offered.

### QUALIFICATIONS

Knowledge of all traffic rules and regulations

Able to pass DOT physical for safe operation of bus.

Must be able to pass basic math, map reading, and telling time test.

Must be able to communicate with passengers in English.

Must be able to write reports of activities in English.

If you can comply with the above duties & qualification please sign below.

4/27/06  
Date

App 17 call 333

## DRIVER'S RECEIPT

This issue of the FMCSR Pocketbook includes all revisions issued on or before August 10, 2004.

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK. In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Parts 40, 382, 383, 387, 390-396, Title 49 of the Code of Federal Regulations, as contained therein.

REMOVABLE PAGE - PULL BOLDLY FROM TOP RIGHT CORNER

Ophadzell Williams Jr 4/27/06  
DRIVER'S SIGNATURE                      DATE

COMPANY  
**Coach USA**  
**180 S. Route 17 North**  
**Paramus, NJ 07652**

COMPANY SUPERVISOR'S SIGNATURE

9/04

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place it in the driver's qualification file.

-1-

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**DRIVER STATEMENT OF ON-DUTY TIME**  
(For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) Ophadell Williams Jr  
 Social Security Number \_\_\_\_\_  
 Driver's License: State NY Number \_\_\_\_\_  
 Type of License COMMERCIAL DRIVER Issuing State New York State  
 Class B Endorsement(s) P Restriction(s) None

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE	0	0	0	0	0	0	0	TOTAL HOURS
HOURS WORKED								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

Time \_\_\_\_\_ A.M. / P.M. On \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
 Driver's Signature \_\_\_\_\_ Date MAY 23 2006

**DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK**

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any nonmotor carrier entity.

Are you currently working for another employer? (check one)  
 Yes  No  
 At this time do you intend to work for another employer while still employed by this company?  
 Yes  No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Witness: \_\_\_\_\_ Date 4/27/06  
 Company Representative Coach USA Date MAY 23 2006  
160 S. Route 17 North  
Paramus, NJ 07652



### Employee Receipt of Training

I, Ophadell Williams JR acknowledge receipt of the Coach  
(print name)

USA, \_\_\_\_\_  
(name and address of location)

Entry-Level Driver Training supplement. I have been trained, as required by this supplement and understand the Federal Motor Carrier Safety Administration's (FMCSA) four critical topics that every Commercial Motor Vehicle (CMV) driver should be familiar with: Driver Qualification, Hours of Service, Driver Wellness, and Whistleblower Protection.

\_\_\_\_\_  
(employee signature) 4/27/06  
(date)

I certify \_\_\_\_\_ has completed training in driver qualification  
(printed name of entry-level driver)  
requirements set forth in the FMCSR for entry-level driver training in accordance with 49 CFR, 380.503.

\_\_\_\_\_  
(trainer's printed name)  
\_\_\_\_\_  
(trainer's signature) \_\_\_\_\_  
(date training conducted)

This is in accordance with the Federal Motor Carrier Safety Administration's Subpart E, section 380.500 - 513.





Applicants Name Ophadell Williams Jr SS Number \_\_\_\_\_  
Please Print

Complete the following questions. Answer each question to the best of your knowledge. Please circle appropriate answer.

1. Can you pass a physical examination in accordance with the Federal Motor Carrier Safety Regulations?  Y  N
2. Do you have satisfactory job references, (i.e. responsible job performance in the past)?  Y  N
3. Are you capable of handling stressful situations which may arise out of dissatisfaction on the part of the riding public?  Y  N
4. Are you willing to adhere to the Company Uniform policy and maintain good grooming habits?  Y  N
5. Can you perform job functions such as:
  - a) Reading schedules and instructional bulletins/information, traffic condition warning signs?  Y  N
  - b) Preparation of arithmetic reports such as pay claims, hours of service, miles driven?  Y  N
  - c) Complete accident reports and bus inspection reports?  Y  N
6. Have you ever been cited for driving under the influence of illegal drugs or alcohol in the past ten years in:
  - a) Commercial Vehicles (i.e. Truck, Bus)?  Y  N  N *OW*
  - b) In any other of vehicle?  Y  N
7. Do you have any felony conviction(s) related to alcohol, drugs or other?  
If yes explain \_\_\_\_\_
8. What year were you first licensed to drive? \_\_\_\_\_  
Class or type of licensed: \_\_\_\_\_ State issued: N.Y.S.
9. What year were you first licensed to drive a bus or truck? \_\_\_\_\_

I certify that the answers given herein are true and complete to the best of my knowledge.

Applicant's Signature

4/27/06  
Date

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MOTOR VEHICLES DRIVER'S

Northeast Regional Headquarters

CERTIFICATION OF COMPLIANCE WITH DRIVER'S LICENSE REQUIREMENTS

MOTOR VEHICLES INSTRUCTIONS: The requirements of Part 383 apply to every driver who operates in intrastate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 passengers, or transports hazardous materials that require placarding.

The requirements of Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 passengers, or transports hazardous materials that require placarding.

DRIVER'S REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements are in effect as of July 1, 1987. They are as follow:

- 1) POSSESS ONLY ONE OPERATOR'S LICENSE: You as a commercial vehicle driver may not possess more than one motor vehicle operator's license.

If you have more than one operator's license, keep the license from your state of residence and return the addition licenses to the state that issued them. DESTROYING a license does not close the record in the state that issued it. You must notify the state if a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by the state.

- 2) NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION: Section 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your operator's license. In addition, Section 383.31 requires that any time you violate a state local traffic law (other than parking), you must report it within 30 days to; 1) your employing motor carrier, and 2) the state that issued your licensed (of the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

The operator's license is the only one I possess:

Operator's License Num. \_\_\_\_\_ Issuing State: NY Exp. Date: 03/09/07  
DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

Driver's Name (Printed): Ophadell Williams JR

Signature: \_\_\_\_\_

Date 4/27/06

ISA

APPLICANTS: Fill in the section that applies. Section 1 or 2

1. FULL TIME APPLICANT (FMCSR Part 395; Hour of Service of Driver rules apply)

Date: 4/27/06

I, L. Phadell Williams understand that I am applying for the position of a full-time bus operator for International Bus Service. If qualified and accepted as an employee I understand that I will be required to be available to work any shift during any day of the week.

Signed: \_\_\_\_\_  
4/27/06

2. PART TIME APPLICANT (FMCSR Part 395; Hours of Service of Driver's rules apply)

Date: \_\_\_\_\_

I, \_\_\_\_\_ understand that I am applying for the position of a part time bus operator for International Bus Service. If qualified and accepted as an employee I understand that (check one box that applies, A or B)

A)  I will be available and will commit to work the following hours and/or days, if these hours/days are available. (Be as specific as possible)

- MONDAY \_\_\_\_\_
- TUESDAY \_\_\_\_\_
- WEDNESDAY \_\_\_\_\_
- THURSDAY \_\_\_\_\_
- FRIDAY \_\_\_\_\_
- SATURDAY \_\_\_\_\_
- SUNDAY \_\_\_\_\_

OR

B)  I am available for any hours needed.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_



### REQUEST FOR CHECK FOR DRIVER'S RECORD

I hereby authorize the following information to be released to Community Coach USA for the purpose of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

\_\_\_\_\_  
Applicant's Signature

4/27/06  
Date

1. In accordance with provisions of section 604 and 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.

2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with section 615(a) of the Fair Credit Reporting Act.

\_\_\_\_\_  
(Signature of Requester)

\_\_\_\_\_  
(Date)

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following named person has made application with our company for the position of Motorcoach Operator. As in accordance with section 391.23 Federal Department of Transportation, Regulations please furnish the undersigned with the applicant's driving record for the past three- (3) years.

NAME OF APPLICANT: Ophadell Williams JR

ADDRESS: Brooklyn, NY 11207

FORMER ADDRESS: \_\_\_\_\_

DATE OF BIRTH: 12/14/70

SOCIAL SECURITY NUMBER: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

REQUESTED BY \_\_\_\_\_

\_\_\_\_\_  
COMPANY'S OFFICIAL PRINT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
COMPANY'S OFFICIAL'S SIGNATURE

Coach USA  
160 S. Route 17 North  
Paramus, NJ 07652

(76)

**Coach USA**  
**Verification Release**

I hereby authorize, without liability, any person or organization, including but not limited to any educational institution, training facility or any institution whose name I have given as a reference, or by whom I have been previously employed, to furnish Coach USA (company) any information they may have concerning my job performance, reasons for leaving employment, and all information concerning my employment or training to give such information to other companies and carriers requesting such information. I hereby release all such persons and organizations from any claims for damages of any kind, which may occur to me by reasons of furnishing such information. I hereby authorize any law enforcement agency or court of record to furnish Coach USA information concerning Motor Vehicle Record, or any felony or misdemeanor of which I have been convicted.

Under the authority granted me by 49 CFR, Parts 40 and 382, I hereby authorize and require my previous and/or current employers specifically listed as well as any other person or company provided by me in writing or by verbal interview by whom I was employed or to whom I applied for employment in the two year period preceding the date of this application to release the date, type of test and result of all drug and alcohol test taken by me, including the date and type of test for any refusals by me to take a drug or alcohol test, to the Human Resources Manager processing my application with Coach USA. If I tested positive on any controlled substance test, had an alcohol test with a concentration of 0.04 or greater, or refused to take any drug or alcohol test. I authorize this release by whatever means is most expedient and agree to hold harmless any past employer or any person or company I applied with as well as their employees, agents, or representatives from all liability or damage that may arise from the release of the information specifically authorized here.

Applicant Rights (pursuant to 49 CFR Part 391.23 (i) effective October 29, 2004: I understand that I have the right to review information provided by my previous employers, to have errors corrected by the previous employers and re-sent to Coach USA once corrected, and to have a rebuttal statement attached to any alleged erroneous information should my previous employer and I not agree on the accuracy of the information. I further understand that the information provided by me will be used in making employment determinations and that my previous employers will be contacted for the purpose of investigating my safety performance history information as required by paragraphs (d) and (e) of 49 CFR Part 391.23. Request to review previous employer information must be in writing.

Ophadell Williams Jr.  
Name (Printed)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

4/27/06  
Date

Please return via Fax ASAP to 908-994-9355

Office

# RECORD OF ROAD TEST

Driver's Name Ophadell Williams JR Address BROOKLYN N.Y. 11207

License No. \_\_\_\_\_ State N.Y. Equipment Driven: Truck \_\_\_\_\_ Trailer 7/21/06

Checked From \_\_\_\_\_ To \_\_\_\_\_ Date 7/21/06

For those items that apply, checkmark (✓) if driver's performance is satisfactory, mark with an X if driver's performance is unsatisfactory. Explain unsatisfactory items under Remarks

### PART 1 - PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT

- Checks general condition approaching unit
- Looks for leakage of coolants, fuel, lubricants
- Checks under hood - oil, water, general condition of engine compartment, steering
- Checks around unit - tires, lights, trailer hookap, brakes and light lines, body, doors, horn, windshield wipers
- Tests brake action, tractor protection valve, and parking (hand) brakes
- Checks horn, windshield wipers, mirrors, emergency equipment; reflectors, flares, fuses, tire chains (if necessary), fire extinguisher
- Checks instruments for normal readings
- Checks dashboard warning lights for proper functioning
- Cleans windshield, windows, mirrors, lights, reflectors
- Reviews and signs previous report

### PART 2 - COUPLING AND UNCOUPLING

- Lines up units
- Connects glad hands to trailer to apply trailer brakes before coupling
- Connects glad hands and light line properly
- Couples without difficulty
- Raises landing gear fully after coupling
- Visually checks king pin assembly to be certain of proper coupling
- Checks coupling by applying hand valve or tractor-protection valve (trailer air supply valve) and gently applying pressure by trying to pull away from trailer
- Assure that surface will support trailer before uncoupling

### PART 3 - PLACING VEHICLE IN MOTION AND USE OF CONTROLS

- #### A. ENGINE
- Places transmission in neutral before starting engine
  - Starts engine without difficulty
  - Allows proper warm-up
  - Understands gauges on instrument panel
  - Maintains proper engine speed (rpm) while driving
  - Does not abuse motor

### B. CLUTCH AND TRANSMISSION

- Starts loaded unit smoothly
- Uses clutch properly
- Times gearshifts properly
- Shifts gears smoothly
- Uses proper gear sequence

#### C. BRAKES

- Knows proper use of tractor protection valve
- Understands low air warning
- Tests service brakes
- Builds full air pressure before moving

#### D. STEERING

- Controls steering wheel
- Good driving posture and good grip on wheel

#### E. LIGHTS

- Knows lighting regulations
- Uses proper headlight beam
- Dim lights when meeting or following other traffic
- Adjusts speed to range of headlights
- Proper use of auxiliary lights

### PART 4 - BACKING AND PARKING

#### A. BACKING

- Gets out and checks before backing
- Looks back as well as uses mirror
- Gets out and rechecks conditions on long back
- Avoids backing from blind side
- Signals when backing
- Controls speed and direction properly while backing

#### B. PARKING (City)

- Does not hit nearby vehicles or stationary objects
- Parks proper distance from curb
- Sets parking brake, puts in gear, chocks wheels, shuts off motor
- Checks traffic conditions and signals when pulling out from parked position
- Parks in legal and safe location

#### C. PARKING (Road)

- Parks off pavement
- Avoids parking on soft shoulder
- Uses emergency warning signals when required
- Secures unit properly

13F 622 (Rev. 11/00)

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**PART 5 - SLOWING AND STOPPING**

- Uses gears properly ascending
- Gears down properly descending
- Stops and restarts without rolling back
- Tests brakes before descending grades
- Uses brakes properly on grades
- Uses mirrors to check traffic to rear
- Signals following traffic
- Avoids sudden stops
- Stops smoothly without excessive fanning
- Stops before crossing sidewalk when coming out of driveway or alley
- Stops clear of pedestrian crosswalks

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**F. SPEED**

- Speed consistent with basic ability
- Adjusts speed properly to road, weather, traffic conditions, legal limits
- Slows down for rough roads
- Slows down in advance of curves, intersections, etc.
- Maintains consistent speed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. COURTESY AND SAFETY**

- Uses defensive driving techniques
- Yields right-of-way for safety
- Goes ahead when given right-of-way by others

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 6 - OPERATING IN TRAFFIC PASSING AND TURNING**

**A. TURNING**

- Signals intention to turn well in advance
- Gets into proper lane well in advance of turn
- Checks traffic conditions and turns only when intersection is clear
- Restricts traffic from passing on right when preparing to complete right hand turn
- Completes turn promptly and safely and does not impede other traffic

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. TRAFFIC SIGNS AND SIGNALS**

- Approaches signal prepared to stop if necessary
- Obeys traffic signal
- Uses good judgment on yellow light
- Starts smoothly on green
- Notifies and heads traffic signs
- Obeys "Stop" signs

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. INTERSECTIONS**

- Adjusts speed to permit stopping if necessary
- Checks for cross traffic regardless of traffic controls
- Yields right-of-way for safety

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. GRADE CROSSINGS**

- Adjusts speed to conditions
- Makes safe stop, if required
- Selects proper gear and does not shift gears while crossing
- Knows and understands federal and state rules governing grade crossing

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. PASSING**

- Passes with sufficient clear space ahead
- Does not pass in unsafe location: hill, curve, intersection
- Signals change of lanes
- Warns driver being passed
- Pulls out and back with certainty
- Does not tailgate
- Does not block traffic with slow pass
- Allows enough room when returning to right lane

\_\_\_\_\_  
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\_\_\_\_\_

**PART 7 - MISCELLANEOUS**

**A. GENERAL DRIVING ABILITY AND HABITS**

- Consistently alert and attentive
- Adjusts driving to meet changing conditions
- Performs routine functions without taking eyes from road
- Checks instruments regularly while driving
- Willing to take instructions and suggestions
- Adequate self-confidence in driving
- Is not easily angered
- Positive attitude
- Good personal appearance, manner, cleanliness
- Good physical stamina

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**B. HANDLING OF FREIGHT**

- Checks freight properly
- Handles and loads freight properly
- Handles bills properly
- Breaks down load as required

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. RULES AND REGULATIONS**

- Knowledge of company rules
- Knowledge of regulations: federal, state, local
- Knowledge of special truck routes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. USE OF SPECIAL EQUIPMENT (Specify)**

\_\_\_\_\_  
\_\_\_\_\_

REMARKS:

GENERAL PERFORMANCE: Satisfactory \_\_\_\_\_ Needs Training \_\_\_\_\_ Unsatisfactory \_\_\_\_\_  
 QUALIFIED FOR: Truck \_\_\_\_\_ Tractor \_\_\_\_\_  
 \_\_\_\_\_ (Specify) \_\_\_\_\_

**CERTIFICATION OF ROAD TEST**

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete the following certification in duplicate. The original of the signed road test form and the original of the Certification of Road Test shall be retained in the driver qualification file of the person who was examined, and duplicate copies provided to the person examined. Section 391.31 (e)(1)(2) of the Federal Motor Carrier Safety Regulations

Driver's Name OPHARILL WILLIAMS JR Type of Power Unit \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Type of Trailer(s) \_\_\_\_\_  
 Operator's or Chauffeur's Lic. No. \_\_\_\_\_ State NY If Passenger Carrier, Type of Bus MISC  
 This is to certify that the above named carrier was given a road test under my supervision on 7/21/02 consisting of approximately 20 miles of driving.  
 It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.  
 Signature of examiner \_\_\_\_\_ Organization Coach USA Training School  
 Title \_\_\_\_\_ Address of \_\_\_\_\_ 79

**ARTICLE 19A BUS DRIVER ADD/DROP NOTICE**

Please complete **COLUMN A** for any bus driver who has been **REHIRED OR REINSTATED WITH YOUR COMPANY**. Complete **COLUMN B** for any bus driver who has left service with your company for any reason, or who is on a leave of absence which will prevent you from keeping that driver's 19-A records up to date. **Do not submit** this form for employees you regularly lay off and rehire on a seasonal basis.

*Please type or print the following information:*

COMPANY NAME AND DBA <b>Coach USA</b>	FEDERAL IDENTIFICATION NUMBER
COMPANY ADDRESS <b>100 S. Route 17 North Paramus, NJ 07652</b>	NAME OF CARRIER REPRESENTATIVE <i>Emma Maguire</i>
TELEPHONE NUMBER	SIGNATURE OF CARRIER REPRESENTATIVE <i>[Signature]</i> DATE <b>8/22/06</b>

<p align="center"><b>COLUMN A - ADDS</b></p> <p><i>Complete one box for each driver who has been rehired or reinstated with your company.</i></p>	<p align="center"><b>COLUMN B - DROPS</b></p> <p><i>Complete one box for each driver who has left service or who is on a leave of absence from your company.</i></p>
---	--

DRIVER'S LAST NAME <i>Williams Jr.</i> FIRST <i>Aphadell</i> M.I.	DRIVER'S LAST NAME FIRST M.I.	
SOC	SOCIAL SECURITY NUMBER	
MOTORIST/CLIENT ID NUMBER (from driver license)	MOTORIST/CLIENT ID NUMBER (from driver license)	
DATE	DATE OF BIRTH	
EFFECTIVE DATE DRIVER REHIRED/REINSTATED	DATE DRIVER LEFT EMPLOYMENT	EFFECTIVE DATE OF LEAVE OF ABSENCE
DRIVER'S LAST NAME FIRST M.I.	DRIVER'S LAST NAME FIRST M.I.	
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER	
MOTORIST/CLIENT ID NUMBER (from driver license)	MOTORIST/CLIENT ID NUMBER (from driver license)	
DATE OF BIRTH	DATE OF BIRTH	
EFFECTIVE DATE DRIVER REHIRED/REINSTATED	DATE DRIVER LEFT EMPLOYMENT	EFFECTIVE DATE OF LEAVE OF ABSENCE
DRIVER'S LAST NAME FIRST M.I.	DRIVER'S LAST NAME FIRST M.I.	
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER	
MOTORIST/CLIENT ID NUMBER (from driver license)	MOTORIST/CLIENT ID NUMBER (from driver license)	
DATE OF BIRTH	DATE OF BIRTH	
EFFECTIVE DATE DRIVER REHIRED/REINSTATED	DATE DRIVER LEFT EMPLOYMENT	EFFECTIVE DATE OF LEAVE OF ABSENCE
DRIVER'S LAST NAME FIRST M.I.	DRIVER'S LAST NAME FIRST M.I.	
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER	
MOTORIST/CLIENT ID NUMBER (from driver license)	MOTORIST/CLIENT ID NUMBER (from driver license)	
DATE OF BIRTH	DATE OF BIRTH	
EFFECTIVE DATE DRIVER REHIRED/REINSTATED	DATE DRIVER LEFT EMPLOYMENT	EFFECTIVE DATE OF LEAVE OF ABSENCE

**PLEASE MAIL THE ORIGINAL COMPLETED COPY OF THIS FORM TO: New York State Department of Motor Vehicles, Bus Driver Certification Unit, 6 Empire State Plaza Rm 220C, Albany New York 12228. In addition, you are required to keep a copy of completed form DS-885 in your drivers' 19-A file.**

**THE BUS DRIVER CERTIFICATION UNIT MUST RECEIVE THIS FORM WITHIN 10 DAYS OF THE DATE A DRIVER LEAVES SERVICE OR IS REHIRED OR REINSTATED WITH YOUR COMPANY.**





# New York State Department of Motor Vehicles ARTICLE 19A BUS DRIVER APPLICATION



(Complete all parts of this form. Please print or type.)

Send original to Bus Driver Certification Unit, keep a copy in your driver 19A file.)

CARRIER INFORMATION				DRIVER INFORMATION			
Federal Employer Identification Number		Company Name <b>COACH USA, INC.</b>		Social Security Number		Name (Last) <b>Williams Jr Ophadell</b>	
1b.a.		Address (No. and Street) <b>160 S ROUTE 17 North</b>		Date of Birth		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
City <b>PARAMUS</b>		State <b>N.J.</b>		Zip Code <b>07652</b>		City <b>BROOKLYN</b>	
County <b>BERGEN</b>		Telephone Number <b>1 (201) 225-7500</b>		County		State <b>N.Y.</b>	
Name of Article 19-A Contact Person <b>Jon Nguyen</b>		Title <b>GENERAL MGR.</b>		License Class <b>BP</b>		State of Issuance <b>N.Y.</b>	
Is this employer/carer a School Bus Carrier? <b>No</b>				License Expiration Date <b>03 09 07</b>		Motorist/Client ID #	

### ADDITIONAL DRIVER INFORMATION

List your employment, accident, and conviction history and answer the questions below. If necessary, attach additional pages.

- Have you qualified as a school bus driver under ARTICLE 19-A?  Yes  No If yes, give month and year of qualification \_\_\_\_\_
- Are you a certified ARTICLE 19-A examiner?  Yes  No  
If yes, give certificate number \_\_\_\_\_ and expiration date \_\_\_\_\_

### EMPLOYMENT (Start with your most recent employment and include work history for the past 3 years):

Employer Name and Address	What were the date(s) of your employment? (From - To)	Your job title
<b>Mr. Clifford N Branch Sr F.H.</b>	<b>June 1988 to Present</b>	<b>Driver and Caretaker</b>
<b>1504 Bushwick Ave</b>		
<b>Brooklyn N.Y. 11207</b>		

### ACCIDENTS (Start with your most recent accident, include accidents within the past 3 years):

Date of Accident	Location (City, State, Zip Code, County)	Was there personal injury or property damage? If YES, state dollar amount of damage to each vehicle, and the number of people injured.	What type of vehicle were you driving?
	<b>NA</b>	<b>NA</b>	<b>NA</b>

### CONVICTIONS (Start with your most recent conviction, include criminal convictions within the past 10 years):

Date of Violation	Location (City, State, Zip Code, County)	Date of Conviction	Of what charge were you convicted?	If a vehicle was involved, what type of vehicle were you driving?
	<b>NA</b>	<b>NA</b>	<b>NA</b>	

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DRIVER AFFIRMATION: To the best of my knowledge, the information I have given on this application is true.

Signature of Driver

Date

7/24/06

EMPLOYER CERTIFICATION: This application has been reviewed together with the driver abstract and medical examination (form DS-874) and the applicant is hereby classified as a "conditional driver" as defined in Section 6.2(r) and in accordance with the requirements of Sections 6.3 and 6.4 of the regulations of the Commissioner of Motor Vehicles. Final approval of employment is subject to the applicant meeting the requirements of Article 19-A of the New York State Vehicle and Traffic Law. The above applicant is to begin driving on 8-18-06



**STATE OF NEW YORK  
DEPARTMENT OF MOTOR VEHICLES**

NANCY A. NAPLES  
Commissioner

6 EMPIRE STATE PLAZA, ALBANY, NY 12228

Date: 09/13/06

COMMUNITY COACH INC.  
Attention: NASHAT HARB  
160S RTE 17N  
PARAMUS, NJ 07652

SEP 15 2006

Re: WILLIAMS, OPHADELL, JR

Dear Article 19-A Motor Carrier/Affiliate:

The driver named above has been or will be disqualified from driving any motor vehicle defined as a bus in Article 19-A of the Vehicle and Traffic Law for the reason below. This disqualification is required under the terms of Article 19-A of the Vehicle and Traffic Law. The date of disqualification is the effective date noted below:

REASON: DRIVER HAS A STOP ON HIS/HER LICENSE                      EFFECTIVE DATE: 09/27/06  
ORDER/TICKET NUMBER: A0609120000

If the disqualification is for a stop on the driver license (that is, the license has been suspended or revoked), the driver must contact the DMV unit that has the authority to clear the stop. For assistance in determining the appropriate DMV unit, call 1-800-DIAL-DMV from area codes 516, 631, 845, 914; call 1-212-645-5550 from the New York City Metropolitan area, or call 1-800-CALL-DMV from all other New York State area codes.

If the disqualification is for an expired driver license, the driver must renew his/her driver license at any NYS DMV office. For information on any other disqualification reason, call Driver Program Regulation (DPR) Customer Service Bureau at (518) 473-9455 between 9 A.M. and 4:15 P.M., Monday through Friday.

After the clearance of the driver license stop shows on the DMV driver license record, or the driver has renewed his/her driver license, the carrier must then contact the DPR Customer Service Bureau to re-qualify the driver under Article 19-A. The carrier and driver will receive a re-qualification letter when this step has been completed. Faxes are not acceptable for clearing driver license suspensions or revocations, or for clearing a disqualification due to excessive point accumulation.

If you have any other questions about this letter, please call DPR Customer Service Bureau at (518) 473-9455.

Driver Program Regulation  
Customer Service

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**STATE OF NEW YORK  
DEPARTMENT OF MOTOR VEHICLES**

NANCY A. NAPLES  
Commissioner

6 EMPIRE STATE PLAZA, ALBANY, NY 12228

DATE: 11/20/06

COMMUNITY COACH INC.  
ATTENTION: NASHAT HARB  
160S RTE 17N  
PARAMUS, NJ 07652

NOV 29 2006

RE: OPHADELL J WILLIAMS,

We have received information allowing us to requalify the driver named above in New York State at this time.

This requalification is based on a review of this driver's driving record in accordance with Article 19-A of the Vehicle and Traffic Law.

Sincerely yours,

Division of Driver Program Regulation  
Customer Service

c.c. Driver  
c.c. All Associated Contracts



**STATE OF NEW YORK  
DEPARTMENT OF MOTOR VEHICLES**

**NANCY A. NAPLES**  
Commissioner

6 EMPIRE STATE PLAZA, ALBANY, NY 12228

Date: 09/01/06

**COMMUNITY COACH INC.  
Attention: NASHAT HARB  
160S RTE 17N  
PARAMUS, NJ 07652**

**BUS DRIVER CERTIFICATION UNIT ADD/DROP ACKNOWLEDGMENT REPORT**

The following bus drivers have been added to your roster:

<b>GREGORY, ALONZO R</b>	<b>ADDED 09/01/06</b>
<b>WILLIAMS, OPHADELL J</b>	<b>ADDED 09/01/06</b>

The following bus drivers have been dropped from your roster:

<b>HUME, KEITH</b>	<b>DROPPED 09/01/06</b>
<b>KHATER, HISHAM</b>	<b>DROPPED 09/01/06</b>

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Jon Nguyen

02/02/2007 01:25 PM

To: Andrea DeNuto/COACH@COACH, Peter  
Aguerra/hq/US/COACH@COACH  
cc: John Reddan/COACH@COACH, Emma Magazine/COACH@COACH,  
Beatriz Amadiz/hq/US/COACH@COACH  
Subject: New hires & Resignation

Andrea,

Please add William Gonzales and Terry Lucien Volney to the P-line fulltime effective 2-2-07.  
William (P-Line) is changing his status from fulltime to part-time effective 2-2-07.

Thanks,

Jon

Receipt	New York State DMV
Business ID:	
Business Name:	COMMUNITY COACH INC.
Federal ID:	
Address:	160 S RTE 17 N PARAMUS , NJ 07652
Carrier Type:	SCHOOL & NON-SCHOOL
Contact Person:	SHARMINE ALMONTE
WARNING: YOU HAVE DISCONNECTED THE DRIVER PAST THE 10 DAY GRACE PERIOD	
Driver OPHADELL J WILLIAMS, Client ID:	was successfully disconnected on 12/01/2007 by user S19A10325

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# Earnings Statement

## Ophadell Williams Jr.

Brooklyn, NY 11207

Co	File #	Wk	Pay Date	Period End	Paid Dept	Paid Clock	Gross Pay	Net Pay	Check #	Chk/Vcr	Void
GU2	100053	49-1	12/08/2007	12/01/2007	125		92.85	84.06	00069087	Check	
GU2	100053	48-1	11/29/2007	11/24/2007	125		622.60	467.84	00068983	Check	
GU2	100053	47-1	11/21/2007	11/17/2007	125		637.15	477.96	00068881	Check	
GU2	100053	46-1	11/15/2007	11/10/2007	125		186.85	148.86	00068772	Check	
GU2	100053	45-1	11/08/2007	11/03/2007	125		84.15	57.02	00068668	Check	
GU2	100053	44-1	11/01/2007	10/27/2007	125		769.08	569.74	00068566	Check	
GU2	100053	43-1	10/25/2007	10/20/2007	125		450.57	347.14	00068460	Check	
GU2	100053	42-1	10/18/2007	10/13/2007	125		1,402.48	947.73	00068356	Check	
GU2	100053	41-1	10/11/2007	10/06/2007	125		778.81	576.17	00068242	Check	
GU2	100053	40-1	10/04/2007	09/29/2007	125		639.02	479.25	00068132	Check	
GU2	100053	39-1	09/27/2007	09/22/2007	125		502.85	383.99	00068012	Check	
GU2	100053	38-1	09/20/2007	09/15/2007	125		579.83	438.10	00067896	Check	
GU2	100053	37-1	09/13/2007	09/08/2007	125		596.79	449.87	00067759	Check	
GU2	100053	36-1	09/06/2007	09/01/2007	125		569.65	431.01	00067646	Check	
GU2	100053	35-1	08/30/2007	08/25/2007	125		843.60	614.78	00067537	Check	
GU2	100053	34-1	08/23/2007	08/18/2007	125		888.91	641.77	00067431	Check	
GU2	100053	33-1	08/16/2007	08/11/2007	125		529.55	402.83	00067320	Check	
GU2	100053	32-1	08/09/2007	08/04/2007	125		745.54	553.38	00067207	Check	
GU2	100053	31-1	08/02/2007	07/28/2007	125		905.21	651.48	00067096	Check	
GU2	100053	30-1	07/26/2007	07/21/2007	125		652.41	488.59	00066986	Check	
GU2	100053	29-1	07/19/2007	07/14/2007	125		745.12	553.07	00066870	Check	
GU2	100053	28-1	07/12/2007	07/07/2007	125		509.86	388.96	00066760	Check	
GU2	100053	27-1	07/05/2007	06/30/2007	125		498.96	381.26	00066654	Check	
GU2	100053	26-1	06/28/2007	06/23/2007	125		417.90	324.06	00066537	Check	
GU2	100053	25-1	06/21/2007	06/16/2007	125		919.32	659.87	00066420	Check	
GU2	100053	24-1	06/14/2007	06/09/2007	125		1,017.05	718.12	00066306	Check	
GU2	100053	23-1	06/07/2007	06/02/2007	125		629.64	472.74	00066193	Check	
GU2	100053	22-1	06/31/2007	05/26/2007	125		1,276.60	872.75	00066087	Check	
GU2	100053	21-1	06/24/2007	05/19/2007	125		808.89	592.90	00065981	Check	
GU2	100053	20-1	06/17/2007	05/12/2007	125		319.22	253.00	00065879	Check	
GU2	100053	14-1	04/06/2007	03/31/2007	125		927.64	664.84	00065253	Check	
GU2	100053	13-1	03/29/2007	03/24/2007	125		818.89	600.05	00065148	Check	
GU2	100053	12-1	03/22/2007	03/17/2007	125		1,008.89	713.25	00065042	Check	
GU2	100053	11-1	03/16/2007	03/10/2007	125		409.85	318.34	00064944	Check	

# Earnings Statement

## Ophadell Williams Jr.

Brooklyn, NY 11207

Co	File #	Wk	Pay Date	Period End	Paid Dept	Paid Clock	Gross Pay	Net Pay	Check #	Chk/Vcr	Void
GU2	100053	10-1	03/08/2007	03/03/2007	125		232.01	184.96	00064823	Check	
GU2	100053	09-1	03/01/2007	02/24/2007	125		237.07	198.99	00064721	Check	
GU2	100053	07-1	02/15/2007	02/10/2007	125		140.58	82.67	00064511	Check	
GU2	100053	06-1	02/08/2007	02/03/2007	120		385.88	283.60	00064397	Check	
GU2	100053	05-1	02/01/2007	01/27/2007	120		385.88	283.59	00064301	Check	
GU2	100053	04-1	01/26/2007	01/20/2007	120		377.01	277.24	00064195	Check	
GU2	100053	03-1	01/18/2007	01/13/2007	120		466.47	341.19	00064089	Check	
GU2	100053	02-1	01/11/2007	01/08/2007	120		687.77	496.39	00063997	Check	
GU2	100053	01-1	01/04/2007	12/30/2006	120		459.02	335.93	00063908	Check	
GU2	100053	52-1	12/28/2006	12/23/2006	120		609.38	441.18	00063811	Check	
GU2	100053	51-1	12/21/2006	12/16/2006	120		586.74	425.33	00063710	Check	
GU2	100053	50-1	12/14/2006	12/09/2006	120		719.87	518.04	00063694	Check	
GU2	100053	49-1	12/07/2006	12/02/2006	120		503.39	366.56	00063485	Check	
GU2	100053	48-1	11/30/2006	11/25/2006	120		696.92	485.06	00063374	Check	
GU2	100053	47-1	11/22/2006	11/18/2006	120		617.59	359.55	00063260	Check	
GU2	100053	46-1	11/16/2006	11/11/2006	120		452.37	313.49	00063142	Check	
GU2	100053	45-1	11/09/2006	11/04/2006	120		310.70	210.40	00063028	Check	
GU2	100053	44-1	11/02/2006	10/28/2006	120		667.23	490.66	00062916	Check	
GU2	100053	43-1	10/26/2006	10/21/2006	120		645.70	475.66	00062806	Check	
GU2	100053	42-1	10/19/2006	10/14/2006	120		965.52	680.13	00062691	Check	
GU2	100053	41-1	10/12/2006	10/07/2006	120		551.47	409.68	00062577	Check	
GU2	100053	40-1	10/05/2006	09/30/2006	120		352.86	268.12	00062466	Check	
GU2	100053	39-1	09/28/2006	09/23/2006	120		570.72	423.27	00062355	Check	
GU2	100053	38-1	09/21/2006	09/16/2006	120		577.27	417.22	00062222	Check	
GU2	100053	37-1	09/14/2006	09/09/2006	120		528.24	382.65	00062105	Check	
GU2	100053	36-1	09/07/2006	09/02/2006	120		572.72	440.85	00061991	Check	
GU2	100053	35-1	08/31/2006	08/26/2006	120		767.11	588.61	00061880	Check	
GU2	100053	34-1	08/24/2006	08/19/2006	120		741.55	570.84	00061758	Check	
GU2	100053	33-1	08/17/2006	08/12/2006	120		502.47	404.21	00061651	Check	
GU2	100053	32-1	08/10/2006	08/06/2006	120		408.99	336.75	00061535	Check	
GU2	100053	31-1	08/03/2006	07/29/2006	180		277.90	236.29	00061430	Check	
GU2	100053	30-1	07/27/2006	07/22/2006	180		172.20	153.01	00061318	Check	
GU2	100053	29-1	07/20/2006	07/16/2006	180		215.25	187.42	00061200	Check	
GU2	100053	28-1	07/13/2006	07/08/2006	180		172.20	153.01	00280089	Voucher	



**Earnings Statement**  
**Ophadell Williams Jr.**

**Brooklyn, NY 11207**

Co	File #	Wk	Pay Date	Period End	Paid Dept	Paid Clock	Gross Pay	Net Pay	Check #	Chk/Ver	Void
GU2	100053	27-1	07/06/2006	07/01/2006	180		215.25	187.42	00060970	Check	
GU2	100053	26-1	06/29/2006	06/24/2006	180		172.20	153.02	00060856	Check	
GU2	100053	25-1	06/22/2006	06/17/2006	180		215.25	187.42	00060739	Check	
GU2	100053	24-1	06/15/2006	06/10/2006	180		215.25	187.42	00060619	Check	
GU2	100053	23-1	06/08/2006	06/03/2006	180		172.20	153.02	00060506	Check	
GU2	100053	22-1	06/01/2006	05/27/2006	180		86.10	77.42	00060382	Check	

Earnings	Rate	Hours	Cumulative
Overtime		65.80	891.40
Gratuity		0.00	130.00
Birthday	10.65	8.00	85.20
Plne Reg Hrs	10.70	1,284.50	13,745.46
Training/school	6.15	266.00	1,635.90
Training	7.00	57.20	400.40
Charter	4,413.28	3.50	15,446.48
Holiday	10.65	32.00	340.80
Su Transit	10.76	37.20	400.42
Md Specialist	23.62	288.20	6,806.45
W/p Shuttle	10.78	22.70	244.81
Md Track	151.83	0.30	45.55
Breakdown	10.73	13.50	144.90

**Gross Pay** **14,000.00**

Deductions	Statutory	
	Federal Income Tax	-3,827.04
	Medicare	-571.93
	Social Security	-2,445.52
	21 SUI/SDI	-372.94
	NJ Worked in State Income Tax	-750.11
	NY Lived in State Income Tax	-715.01
	<b>Others</b>	
	Coach Medical	-874.00
	Union Insurance	-412.50
	Union	-475.06
	Checking 1	-153.02

**Net Pay** **12,599.00**



**EMPLOYMENT APPLICATION**  
 Answer All Parts Honestly - References Will Be Checked

**INSTRUCTIONS TO APPLICANT**

- Office Applicants Must Complete Sections I, II, III & V.
- Driver and Maintenance Applicants Must Complete Sections I, II, III, IV & V

**COACH USA**  
 IS AN EQUAL OPPORTUNITY EMPLOYER, WE ARE IN FULL ACCORD WITH ALL FEDERAL AND STATE LAWS WHICH PROHIBIT DISCRIMINATION DUE TO RACE, SEX, AGE, RELIGION AND NATIONAL ORIGIN.

Position Applied For Driver Date 4/29/06 Social Security Number \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  Employment Agency  Other \_\_\_\_\_

**SECTION I PERSONAL HISTORY**

Name - Last Williams Jr First Ophadell Middle \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Street \_\_\_\_\_ City Brooklyn State N.Y. Zip 11207

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are You Eligible to Work in the U.S.?  Yes  No If No, Type of Visa and Registration Number \_\_\_\_\_

Have you Filled out an Application Here Before?  Yes  No If yes, Give Date \_\_\_\_\_

Have you Worked for a Coach USA Co. before?  Yes  No If Yes, When? \_\_\_\_\_

May We Contact Your Present Employer  Yes  No

Are You Able to Work  Full Time or \_\_\_\_\_ Part Time?

**NAME OF EMERGENCY NOTIFIER**

Name Holly Williams Murphy Relationship Wife Phone No. \_\_\_\_\_

Street \_\_\_\_\_ City Brooklyn State N.Y. Zip 11233

What is your salary requirement? \$ 15 Per hr When Can You Begin Work? Now

**SECTION II EDUCATION**

Type of School	Name & Address	Graduate? Yes or No
High School		
College		
Other		

**EXPERIENCE AND QUALIFICATIONS FOR OFFICE APPLICANTS ONLY**

Check Skills You Possess	Years Experience	Check Skills You Possess	Years Experience
<input type="checkbox"/> TYPING (Show W.P.M.)		<input type="checkbox"/> TYPING (Show W.P.M.)	
<input type="checkbox"/> SHORTHAND (Show W.P.M.)		<input type="checkbox"/> SHORTHAND (Show W.P.M.)	
<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER	
<input type="checkbox"/>		<input type="checkbox"/>	

List Here any Special Courses or Training.

**REFERENCES**

Give the names of the persons and relations with previous employers, who know you well.

①	Name	Garfield Ashley	Occupation	OWN BUSINESS	Phone Number	(718) 526-9203
	Street Address	1500 Bushwick Ave	City	BROOKLYN	State	N.Y.
②	Name		Occupation		Phone Number	( )
	Street Address		City		State	Zip
③	Name		Occupation		Phone Number	( )
	Street Address		City		State	Zip

**MILITARY EXPERIENCE**

Have You Ever Served In The Armed Forces	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Branch	Dates From:	To:
Rank Held		Military Occupation		

**SECTION IV**

HEIGHT	WEIGHT	DATE OF BIRTH
5 Ft. 8 in.	210 Lbs	

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment or Model No.	Dates	Approx. # of Miles (Total)
BUS:		From: To:	
TRUCK (Or Combination):		From: To:	
OTHER:		From: To:	

Do You Own A Vehicle?  Yes  No - License Plate # & State

LIST ALL DRIVER LICENSES HELD	State	Operators-Chauffeurs or Special License No.	Class	Expiration Date
	NYS		B P	3-09-07

Have You Ever Been Convicted of a D.W.I. or D.U.I.?  No  Yes If Yes, Give Particulars \_\_\_\_\_

Has Your Driver's License Ever Been Suspended or Revoked in any State  No  Yes If Yes, Give All Information as to Where When & Why?  
NYS Child Support

Have You Ever Been Convicted of a Crime or Forfeited Bond or Collateral?  No  Yes If Yes, Explain \_\_\_\_\_

IN ACCORDANCE WITH LICENSING REGULATIONS, THE FOLLOWING INFORMATION IS REQUIRED

Date of Last Physical Exam	2006	Reason for Exam	X
Are you able to perform all of the tasks required by the job you are applying for?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

LIST ALL TRAFFIC VIOLATIONS FOR LAST 5 YEARS	Charge	Date	City and State	Disposition
	<i>N/A</i>			

ACCIDENT RECORD FOR LAST 5 YEARS	Date of Accident	Location of Accident	Type of Accident	Classification Office Use Only
	<i>N/A</i>			

**EXPERIENCE AND QUALIFICATIONS FOR MAINTENANCE APPLICANTS ONLY**

<input checked="" type="checkbox"/>	Check Skills You Possess	Years Experience	<input checked="" type="checkbox"/>	Check Skills You Possess	Years Experience
<input type="checkbox"/>	Differential Rebuilding		<input type="checkbox"/>	Electric Welder	
<input type="checkbox"/>	Transmission Rebuilding		<input type="checkbox"/>	Oxyacetylene Welder	
<input type="checkbox"/>	Body Work		<input type="checkbox"/>	Paint Spray Gun	
<input type="checkbox"/>	Air Conditioning		<input type="checkbox"/>	Air Suspension	
<input type="checkbox"/>	Electrical & Ignition Repair		<input type="checkbox"/>	Seat & Upholstery Repair	
<input type="checkbox"/>	Engine Rebuilding		<input type="checkbox"/>	Building Maintenance	
<input type="checkbox"/>	Diesel Injection		<input type="checkbox"/>	Air Brakes	
<input type="checkbox"/>	Other		<input type="checkbox"/>	Other	

Do You Own Tools?  No  Yes    Are You Able to Work Evenings or Nights?  No  Yes    Are You Able to Work Weekends?  No  Yes

**TO BE READ AND SIGNED BY ALL APPLICANTS**

It is the policy of Coach USA to operate and maintain its transportation system in a safe and efficient manner for its passengers and to provide a safe work environment for its employees.

Being under the influence of alcohol, or using illegal substances or drugs, including prescription drugs or other drugs which can inhibit perception or reaction time, is inconsistent with a safe transportation system. Therefore, being under the influence of alcohol or using, selling or possessing illegal substances / drugs is prohibited and will result in termination.

I certify that all the information furnished on this Application is true, complete, and correct. I understand and agree that any falsification, misrepresentation, misleading statement, or omission of fact on either this Application or during the pre-hire process will be sufficient reason for (1) my not being offered employment; or (2) dismissal at any time from the service of Coach USA (the "Company") if employed. I also understand and agree that employment may be subject to my taking a physical examination from the Company physician, and that in his/her opinion I must be physically and mentally able to perform the work for which I am applying or being considered with only reasonable accommodation made by the Company.

I authorize my former employees to provide the Company any information regarding my employment and medical records, including Alcohol and Controlled Substance Testing accordance with 382.405(f) and (h), 382.413 (a) (b) (d) (e) (f) (h), 382.401 (b) (1) (i) through (iii) and 382.115, and in addition to the above. I release all parties from any liability for any damages which may result from furnishing such information. I also agree to permit the Company to conduct substance abuse tests and any other background investigative procedures it deems appropriate with respect to my Application and in the event of hire, while employed. I also understand and agree that my employment and compensation is for no definite period and regardless of the time and manner of payment of my wages and salary, that I or the Company have the absolute power to terminate this relationship with or without cause, and without any previous notice. I also understand and agree that the Company has the right to unilaterally modify and/or terminate any policies, practices, procedures, and standards it has adopted or implemented, to the extent not limited by law. I acknowledge that no employee or representative other than designated by the Company in writing, has either the power or authority to enter in any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and signed by the Company's designated representative.

(Signature)

*4/27/06*

(Date)

**SECTION III - EMPLOYMENT HISTORY**

List Last Employer First, Account for employers back to 10 years. State if unemployed at any time.

①	Employer <u>Clifford N Branch</u> Phone # <u>718-574-3800</u>	Dates Employed		Type Of Work Performed <u>Driver a bus and car's</u>
	Street Address <u>1564 Bushwick Ave</u>	From	To	
	City, State, Zip <u>BROOKLYN N.Y. 11207</u>	<u>4/1/89</u>	<u>Present</u>	
	Job Title <u>Car-taker / Driver</u>	Hourly/Rate Salary		
	Supervisor <u>Mr. Branch</u>	Starting	Final	
	Reason For Leaving	<u>10 hr</u>	<u>19. hr</u>	
②	Employer _____ Phone # _____	Dates Employed		Type Of Work Performed
	Street Address _____	From	To	
	City, State, Zip _____			
	Job Title _____	Hourly/Rate Salary		
	Supervisor _____	Starting	Final	
	Reason For Leaving _____			
③	Employer _____ Phone # _____	Dates Employed		Type Of Work Performed
	Street Address _____	From	To	
	City, State, Zip _____			
	Job Title _____	Hourly/Rate Salary		
	Supervisor _____	Starting	Final	
	Reason For Leaving _____			
④	Employer _____ Phone # _____	Dates Employed		Type Of Work Performed
	Street Address _____	From	To	
	City, State, Zip _____			
	Job Title _____	Hourly/Rate Salary		
	Supervisor _____	Starting	Final	
	Reason For Leaving _____			

Have You Ever Been Bonded?  No  Yes If Yes, Where? \_\_\_\_\_

Have You Handled Money in a Past Position?  No  Yes If Yes, How Much Were Your Responsible For? Thousands

Have You Worked in Service to the Public?  No  Yes If Yes, What Position \_\_\_\_\_

Have You Ever Been Convicted of a Crime  No  Yes If Yes, Explain Will explain at interview  
(Conviction will not necessarily disqualify applicant from employment.) THANK YOU

		FLUENT	GOOD	FAIR
SPEAK	✓			
READ	✓			
WRITE	✓			