



Motor Carrier Attachment 22:
Accident Driver In-Service Training
Baltimore, MD; 11/1/2016
HWY17MH007
(56 pages)

**IN-SERVICE
INFORMATION**

**BALTIMORE CITY
PUBLIC SCHOOLS**

**BALTIMORE CITY PUBLIC SCHOOLS
OFFICE OF PUPIL TRANSPORTATION
SAFETY OFFICE
(School Bus Drivers)**

Contractor: Reliable Transportation Name: Glenn R. Chappell

Social Security Number: [REDACTED] Date of Birth: [REDACTED]

Driver's License #: [REDACTED] Lic. Expires: [REDACTED] 18

License Class: A Endorsement: TPNS

Driving Experience: 24 yrs (School Bus) All motor vehicles: 35

Home Address: [REDACTED]

Previous Address: [REDACTED]

(Less than 5 years): _____

Previous Employer: AAA Fordable Trans

Address: 46 S. Franklington Zip: 21205

.....
**OFFICE USE ONLY
DO NOT WRITE BELOW THIS LINE**

TRAINING: Pre-Service In-Service Retraining DDC (Circle One)
Date(s) of Training: [REDACTED] 7/7/16 (Retest) July 7
Time of Class Attendance: 8 am/pm until 3 am/pm
Number of Classroom Hours: 7.5 Number of Behind the Wheel Hours: 1
Instructors: 1) [REDACTED] 2) _____ 3) _____

- | | | |
|--|--|------------------|
| Federal, State & Local Guidelines | Pre-Trip/Preventative Maintenance | S.T.A.R.T.S |
| School Bus Drivers Duties & Responsibilities | CDL Fundamentals | Bus Evacuation |
| Drug & Alcohol Compliance | Railroad and Bridge Safety | The Smith System |
| Pupil /Passenger Management | Accident & Emergency Procedures | |
| First Aid | Transporting Students with Special Needs | |
| Md. Child Abuse & Neglect | Transporting Oxygen Dependent Students | |
| Bullying & Boundaries | Bloodborne Pathogens | |

BCPS
IN-SERVICE

SCHOOL BUS DRIVER
RECEIPT FOR INSTRUCTION

The following CORE UNITS are considered to be the minimum instruction for School Vehicle Drivers which has been received prior to re-certification for transport with Baltimore City Public Schools. Drivers are to initial in the appropriate space provided next to each unit listed below:

- (A) COMAR 13A.06.07, Eligibility, Disqualifying Factors & Training Requirements
- (B) BCPSS Local Regulations & Guidelines School Bus Driver Role & Responsibilities
- (C) Pre-Trip and Preventive Maintenance
- (D) Driving Fundamentals
- (E) Pupil Passenger Management and Discipline
- (F) Railroad and Bridge Crossing Procedures
- (G) Accidents and Emergencies
- (H) Bus Evacuation Procedures
- (I) First Aid, Good Samaritan
- (J) O.S.H.A. 29 CFR 1910.1030 (Universal Precaution)
- (K) Maryland Child Abuse/Neglect Reporting Procedures
- (L) Transporting Students with Special Needs/Oxygen
- (M) D.O.T. 49 CFR parts 40 & 382 (Drug and Alcohol Compliance)
- (N) S.T.A.R.T.S (Safe Timely and Reliable Transportation Service)
- (O) Bullying
- (P) Boundaries
- (Q) The Smith System

All units listed above included educational materials distributed to each driver.
(Bus Drivers signature required below)

I Glenn Chappell DO ACKNOWLEDGE THAT I HAVE RECEIVED THE REQUIRED TRAINING IN THE CORE UNITS FOR IN-SERVICE CLASSES AND HAVE RECEIVED THE SCHOOL BUS PERSONNEL PROCEDURES MANUAL ON THIS DATE 6-28-16

PRINTED NAME: Glenn Chappell EMPLOYER Reliable Trans

INSTRUCTORS [Redacted]

SCORE	GRADE
	76

IN-SERVICE DRIVER

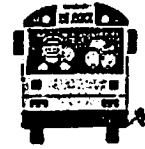
Name: Glenn Chappell Company: Reliable Trans

Date: 6/28/16

Completely blacken the circle to chose your answer

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1. (A) (B) (C) (D) (E) (F)
 2. (A) (B) (C) (D) (E) (F)
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 23. (A) (B) (C) (D) (E) (F)
 24. (A) (B) (C) (D) (E) (F)
 25. (A) (B) (C) (D) (E) (F)

BALTIMORE CITY PUBLIC SCHOOLS



OFFICE OF PUPIL TRANSPORTATION SAFETY AND TRAINING

(Initial boxes that apply to your specific assignment. If not place an N/A for non-applicable.)

1. Received a copy of the Transportation Personnel Training Manual.
2. Instructed on the installation, proper use of car seats and harnesses, and provided the opportunity to practice.
3. Received instructions on lift operation/wheelchair handling and tie-downs and provided the opportunity to practice.
4. Trained to process accident reports, incident reports, child abuse forms, bullying forms, attendance and absentee sheets, undeliverable child reports and equipment request paperwork as related to my job.
5. Trained to use a fire extinguisher properly and to evacuate the school bus.
6. Trained to handle a medical emergency on the school bus.
7. Trained to stop the school bus in the event of an emergency.
8. Received paperwork on procedures for manual operation of a wheelchair lift in the event of an emergency or loss of power.
9. Provided written policies concerning distracted driving, right turns on red and the use of cellular devices.
10. Trained and given the opportunity to ask questions or have questions clarified, from all materials or information presented and received during this training.

Signature: _____ Date: _____ Company: _____

Glenn Wappel

MOTOR VEHICLE ACCIDENT

WITNESS

NAME Billy Jean	PHONE 410-234-5789	PRINT OR TYPE (USE BLACK OR BLUE INK ONLY)		
ADDRESS 6783 Honeycomb Circle	MONTH DATE 2/14/16	TIME: <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 9:15	DAY OF WEEK Tuesday	
NAME John J. Doe	PHONE 410) 313-2122	PLACE WHERE ACCIDENT OCCURRED Baltimore city		
ADDRESS 1210 E. 20th St.	STREET, HIGHWAY, NEAREST INTERSECTION WHERE ACCIDENT OCCURRED Raven Rd. + Oriole Blvd			
NAME	PHONE	WEATHER CONDITION SUNNY		
ADDRESS	NUMBER OF VEHICLES INVOLVED 2	INVESTIGATED BY POLICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PEDESTRIAN INVOLVED	

IMPORTANT

TELEPHONE NUMBERS

THIS REPORT MUST BE SIGNED BY THE DRIVER AND SUPERVISOR AND TURNED INTO 1210 E. 20TH STREET WITHIN 24HRS FOLLOWING THE ACCIDENT

410-396-7440

VEHICLE NO 1

VEHICLE NO 2

DRIVER LICENSE NUMBER D 123456-789-012	SOCIAL SECURITY NUMBER	DRIVER LICENSE NUMBER R-777-888-999	EXPIRES 05/05/16	STATE Maryland
SEX Male	DATE OF BIRTH 9	HOME PHONE 410-313-2121	SEX Female	DATE OF BIRTH 4/10/77
DRIVERS FIRST NAME John	MIDDLE NAME James	LAST NAME Doe	DRIVERS FIRST NAME ONA	MIDDLE NAME Beeta
LAST NAME Doe	LAST NAME Rush			
DRIVERS ADDRESS 1210 E 20th Street		DRIVERS ADDRESS 201 N. EAST AVENUE		
CITY Balto;	STATE Md	ZIP CODE 21218	CITY Baltimore	STATE Md.
AGENCY NAME Baltimore city Public School	NAME OF EMPLOYER IN a Flash messenger service			
BUREAU NAME Dept of Trans	PHONE NUMBER 410-222-1144	POINT OF IMPACT ON VEHICLE front bumper		EXTENT OF DAMAGE <input type="checkbox"/> SLIGHT <input checked="" type="checkbox"/> HEAVY
POINT OF IMPACT ON VEHICLE	EXTENT OF DAMAGE		TAG NO 3ABC56	STATE Md
YEAR 15	MAKE Bluebird	MODEL Bluebird	YEAR 2013	YEAR 09
VEHICLE TAG NUMBER 834966	STATE Md	BUS-VEHICLE-CAB NUMBER 8888	OWNERS FIRST NAME IN a Flash Messenger Service	
YEAR 15	MAKE Bluebird	MODEL Bluebird	OWNERS ADDRESS 62010 Reisters town Rd.	
OWNER	OTHER-SPECI	CITY Baltimore	STATE Maryland	
INSURANCE COMPANY/CONTACT PERSON	PHONE NUMBER	INSURANCE COMPANY Geico Insurance Co		PHONE NUMBER
INSURANCE POLICY NUMBER	INSURANCE POLICY NUMBER 9876543 Md			

SUPERVISOR RESPONDED TO SCENE YES NO

SAFETY OFFICER RESPONDER TO SCENE YES NO

PHOTOS TAKEN YES NO

SEAT BELT IN USE YES NO

PCD IN DRIVERS POSSESSION YES NO

PCD IN USE YES NO

EMPLOYEE CHARGE _____ SUMMONS NO. _____

CHARGE _____ SUMMONS NO. _____

CHARGE _____ SUMMONS NO. _____

DATE OF TRIAL (MONTH/DAY/YEAR) _____ TIME OF TRIAL (AM/PM) _____

DRIVERS SIGNATURE _____ DATE _____

SAFETY OFFICER SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

DRIVERS LICENSE NUMBER		EXPIRES	STATE	DAMAGE TO PROPERTY	AMOUNT OF DAMAGES
SEX	DATE OF BIRTH	HOME PHONE NUMBER		DAMAGE PROPERTY OWNER'S NAME	
DRIVER'S FIRST NAME		MIDDLE NAME	LAST NAME	ADDRESS	
DRIVER'S ADDRESS				DESCRIBE ACCIDENT IN DETAIL BELOW- INDICATING ALL DAMAGE. INCLUDE ORIGIN AND DESTINATION	
CITY	STATE	COUNTRY	ZIPCODE	<p>Vehicle #1 was heading west on Raven Rd driving at 25 MPH then it was hit by vehicle #2 that ran the red light traveling in Oriole Blvd. Vehicle #1 was heading to Cookie Lyons School at 200 E. Dan St.</p>	
NAME OF EMPLOYER					
POINT OF IMPACT		EXTENT OF DAMAGE			
TAG NUMBER	STATE	YEAR	YEAR, MAKE AND MODEL		
OWNERS FIRST NAME		MIDDLE NAME	LAST NAME		
OWNERS ADDRESS					
OWNERS INSURANCE COMPANY		OWNERS POLICY NUMBER			
PERSONS KILLED OR INJURED					
FIRST NAME		MIDDLE NAME	LAST NAME		
ADDRESS					
<input type="checkbox"/> KILLED	<input type="checkbox"/> DRIVER	NO. OF VEHICLE	<input type="checkbox"/> PEDESTRIAN	<p>INDICATE ON DIAGRAM POSITION OF VEHICLES INVOLVED SHOWING DIRECTION OF TRAVEL</p> <p>INDICATE NORTH BY ARROW</p>	
<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER				
AGE	SEX	NATURE OF INJURY	REMOVED FROM SCENE		
<input type="checkbox"/> AMBULANCE	<input type="checkbox"/> PERSONAL CAR				
FIRST NAME		MIDDLE	LAST NAME		
ADDRESS					
<input type="checkbox"/> KILLED	<input type="checkbox"/> DRIVER	NO. OF VEHICLE	<input type="checkbox"/> PEDESTRIAN		
<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER				
AGE	SEX	NATURE OF INJURY	REMOVED FROM THE SCENE		
FIRST NAME		MIDDLE	LAST NAME		
ADDRESS					
<input type="checkbox"/> KILLED	<input type="checkbox"/> DRIVER	NO. OF VEHICLE	<input type="checkbox"/> PEDESTRIAN	<p>INDICATE ON DIAGRAM POSITION OF VEHICLES INVOLVED SHOWING DIRECTION OF TRAVEL</p> <p>INDICATE NORTH BY ARROW</p>	
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AGE	SEX	NATURE OF INJURY	REMOVED FROM THE SCENE		
<input type="checkbox"/> AMBULANCE	<input type="checkbox"/> PERSONAL CAR				
FIRST NAME		MIDDLE	LAST NAME		
ADDRESS					
<input type="checkbox"/> KILLED	<input type="checkbox"/> DRIVER	NO. OF VEHICLE	<input type="checkbox"/> PEDESTRIAN		
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FIRST NAME		MIDDLE	LAST NAME		
ADDRESS					
<input type="checkbox"/> KILLED	<input type="checkbox"/> DRIVER	NO. OF VEHICLE	<input type="checkbox"/> PEDESTRIAN		
<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER				
AGE	SEX	NATURE OF INJURY	REMOVED FROM THE SCENE		
FIRST NAME		MIDDLE	LAST NAME		
ADDRESS					

Training Document for Project Only

SCORE	GRADE
	100

IN-SERVICE DRIVER

Name: Glenn R. Chappell Company: Reliable Trans
Date: 7/7/16

Completely blacken the circle to chose your answer

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1. (A) (B) (C) (D) (E) (F)
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BALTIMORE CITY PUBLIC SCHOOL SYSTEM
DEPARTMENT OF PUPIL TRANSPORTATION
SAFETY OFFICE

(School Bus Drivers)

Contractor: AAA Affordable b45 Name: Glenn R. Chappell

Social Security Number: [REDACTED] Date of Birth: [REDACTED]

Driver's License #: [REDACTED] Lic. Expires: [REDACTED] - 18

License Class: A Endorsement: T, P, N, S

Driving Experience: 35 (School Bus) All motor vehicles: 44

Home Address: 5502 Sagca Rd

Previous Address: _____

(Less than 5 years); _____

Previous Employer: Bob's Transportation

Address: 7980 Tarbay dr. Zip: 21044

OFFICE USE ONLY
DO NOT WRITE BELOW THIS LINE

TRAINING: Pre-Service In-Service (Circle One)

Date(s) of Training 6/24/14

Classroom Hours: 5 Behind the Wheel Hours: 1

Instructors: 1) [REDACTED] 2) _____ 3) _____

- Federal, State & Local Guidelines
- School Bus Drivers Duties & Responsibilities
- Drug & Alcohol Compliance
- Pupil /Passenger Management
- First Aid
- Md. Child Abuse & Neglect
- Bullying & Boundaries

- Pre-Trip/Preventative Maintenance
- CDL Fundamentals
- Railroad and Bridge Safety
- Accident & Emergency Procedures
- Transporting Students with Special Needs
- Transporting Oxygen Dependant Students
- Bloodbourne Pathogens

- S.T.A.R.T.S
- Bus Evacuation
- Smith System

BCPSS
INSERVICE

SCHOOL BUS DRIVER
RECEIPT FOR INSTRUCTION

The following CORE UNITS are considered to be the minimum instruction for School Vehicle Drivers which has been received prior to re-certification for transport with the Baltimore City Public School System. Drivers are to initial in the appropriate space provided next to each unit listed below:

- G (A) COMAR 13A.06.07, Eligibility, Disqualifying Factors & Training Requirements
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- G (D) Driving Fundamentals
- G (E) Pupil Passenger Management and Discipline
- G (F) Railroad and Bridge Crossing Procedures
- G (G) Accidents and Emergencies
- G (H) Bus Evacuation Procedures
- G (I) First Aid, Good Samaritan
- G (J) O.S.H.A. 29 CFR 1910.1030 (Universal Precaution)
- G (K) Maryland Child Abuse/Neglect Reporting Procedures
- G (L) Transporting Students with Special Needs/Oxygen
- G (M) D.O.T. 49 CFR parts 40 & 382 (Drug and Alcohol Compliance)
- G (N) S.T.A.R.T.S (Safe Timely and Reliable Transportation Service)
- G (O) Bullying
- G (P) Boundaries
- G (Q) The Smith System

ALL Units listed above included educational materials distributed to each driver.
(Bus Drivers signature required below)

I Glenn R. Chappell DO ACKNOWLEDGE THAT I HAVE RECEIVED THE REQUIRED TRAINING IN THE CORE UNITS FOR PRE-SERVICE CLASSES AND HAVE RECEIVED THE SCHOOL BUS PERSONNEL PROCRDURES MANUEL ON THIS DATE 6-24-14

PRINTED NAME: Glenn R. Chappell EMPLOYER AAA Fordable

INSTRUCTORS [Redacted]



Drivers License # [REDACTED]

Company Name: AAA Forlable

2014-2015 SCHOOL BUS DRIVERS EXAMINATION

The following are a variety of questions and demonstrations. You must make 80% or you will be required to return at which time you will be re-trained and re-tested. You cannot fail BTW.

The test scoring is as follows: 15-Multiple choice/true false = 2 points. 10- Fill in the blanks/what's the procedure = 3 points. 5. Demonstration segments = 5 points each they are bus evacuation, wheelchair tie down/car seats/restraints, how to manage a behavioral issue and medical emergencies and use of equipment = 25 points. Behind the Wheel=15 points

Multiple Choice/True-False

1. Operating a school vehicle safely requires the drivers full attention at all times. This means while the bus is in motion the use of E are prohibited.
 - a. Cell phone (Bluetooth included or texting)
 - b. Headphones
 - c. 2-way radio
 - d. Mobile data Terminal
 - e. All the above

2. Drivers are not permitted to create new or additional stops or deviate from the route provided by City Schools Office of Transportation without the approval in writing from the Director or Routing Manager
 True or False

3. All individuals are legally and morally responsible to report suspected child abuse.
 True or False

4. When filling out an accident report once the bus staff has ensure that their passengers are alright what is the most three important things the driver should write down about the other vehicle even if the police are en-route, the person is trying to leave or they know they will get a police report.
 - a. Tag number of other vehicle
 - b. Make, Model and color of other vehicle

- c. Number of passengers inside and any visible damage
 d. All of the above
5. Driving a school bus is very different from driving your personal vehicle. In addition to its size it is equip with mirrors to help you see areas of the bus where someone could be hurt or killed
 The types of mirrors on your bus are:
 a. Cosmetic, rearview, flat, convey
 b. Convey, crossside, flat, rearview
 c. Flat, convex, rearview, crossover
 d. None of the above
6. Drivers seem to take railroad crossing for granted. As trainers we have observed many drivers not in the proper lanes, using their hazards or opening their service door and drivers window. The Commercial driver's manual will punish drivers from 60 days to 1 year loss of their CDL for failure to adhere to this policy multiple times within three years.
 True or False
7. A driver has two preventable accidents involving appreciable damage in any 24 month period may not be re-employed to operate a school vehicle for _____ years
 a. 2 years
 b. 5 years
 c. 3. years
 d. 1 year
8. Name the three most common method of bus evacuation.
 a. emergency window, roof hatch, doors
 b. front door, rear door, both doors
 c. front door, rear door, roof hatch
 d. emergency exits, doors, hatches
10. You can become infected by cutting yourself on glass, metal or anything that has been contaminated with infected blood or infected body fluids.
 true or false
11. The definition of a child who is intellectually limited is:
 a. one who bangs his head against the window
 b. one whose actual age is 12 but mental age is 8
 c. one who cannot talk
 d. none of the above

12. No driver shall report for duty or remain on duty in a safety-sensitive function while having an alcohol concentration of _____ or greater.

- a. 0.02
- b. 0.04
- c. 0.06
- d. 0.08

13. A local school system may not permit an individual to operate a school vehicle if criminal charges are pending against that individual for a crime involving:

- a. child abuse and neglect
- b. contributing to the delinquency of a minor
- c. moral turpitude if the offence bears on the fitness to transport
- d. driving under the influence

e. all the above

14. During the overview of the bus the driver is checking the buses general condition. at that time the driver might find:

- a. fresh puddles of oil
- b. damage to the bus
- c. bus leaning to one side
- d. leaking fuel

e. all the above

15. Corporal punishment involves the deliberate striking, paddling or the application of an object or body part against the body of a student, or any other physical punishment used as a corrective measure against a student. There are times when a driver may legally touch a student and they are:

- a. intervening in fights
- b. preventing accidental injury
- c. providing appropriate care
- d. protecting oneself, the individual and others from harm

e. all the above

TOTAL _____

Fill in the blanks/ what's the procedure

1. The driver shall assume the responsibility for loading and unloading passengers. Drivers will wait no longer than 3 minutes past the assigned pick-up time for students. Tardiness has a negative impact on route scheduling.
2. A school vehicle driver who fails to report an accident as soon as reasonably practicable following an accident is disqualified from operating a school vehicle permanently
3. The school bus should come to a complete stop no less than 15 and no more than 50 feet from the first railroad track when checking for an approaching train.
4. Bridges that have a weight limit of 13 tons or greater are safe to cross with a school bus.
5. Activate hazard lights 200 feet from the first railroad track
6. When a seizure last longer than 5 minutes, one seizure immediately follows another or the person does not resume normal breathing after the seizure ends, 911 should be called.
7. Professionals must report orally as soon as reasonably possible and in writing within 48 hours of the suspicion of child abuse or neglect.
8. Many special need students are upset by disturbance in their routine.
9. No driver shall report for duty or remain on duty in a safety-sensitive function while having an alcohol concentration of .02 or greater or use drugs on City School buses.
10. Ensuring that your credentials and certifications are current and available at all times is the driver + aid job.

TOTAL _____

DEMONSTRATION SHEET

1. BUS EVACUATIONS yes

2. WHEEL CHAIR TIE-DOWN yes

3. CAR SEATS/HARNESSES yes

4. HOW TO HANDLE MEDICAL EMERGENCY yes

5. HANDLING BEHAVIORAL ISSUES yes

TOTAL _____

GREAT KIDS GREAT SCHOOLS



1. Glenn Chappell currently employed by AAAFordable

Transportation as a driver was given in-service/pre-service training on

6-24-14. I was trained to operate the wheel chair lift by power and

manually. I also received instructions in installing car seats, booster seats and harnesses



as well as the proper procedures for tying down wheel chairs. I was given the

opportunity to practice the techniques and allowed to ask any questions about areas of

confusion. My signature acknowledges my understanding of the information provided.

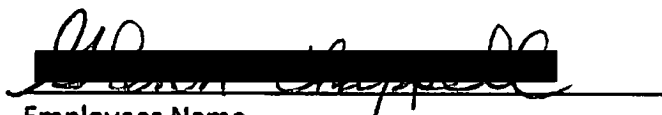
Glenn Chappell
Employees Name

6-24-14
Date



Trainers

GREAT KIDS
GREAT SCHOOLS

I, Glenn Chappell currently employed by AAA Fordable
Transportation as a driver was given in-service/pre-service training on
the proper procedure of how to fill out accident paperwork, what information is
necessary, the reporting of the accident and the submission of the paperwork in person
to the Baltimore City Public Schools Transportation Safety Office at 1210 E. 20th Street
within 24 hours following the accident excluding weekends.


Employees Name

6-24-14
Date


Trainers

GREAT KIDS GREAT SCHOOLS

[Redacted]

1. Glenn Chappell currently employed by AAAffordable
Transportation as a driver was given in-service/pre-service training on
the proper procedures on handling a medical emergency on the school bus. I have been
instructed on the signs to look for to alert me if a student is having a seizure as well as
proper notification procedures.

Glenn Chappell
Employees Name

6-24-14
Date

[Redacted]
Trainers



DRIVER PERFORMANCE EVALUATION FORM

Driver Name: Glenn Chappell Date: 6-24-14

Valid License Yes No Bus # _____

~~Valid DOT card Yes No~~ Company: _____

Evaluator's Name _____

Type of evaluation (On board observation) _____

Starting Mileage _____ Ending Mileage _____ Total _____

Standard	Poor (0 points)	Fair (1 point)	Good (3 points)	Excellent (5 points)
Conducts Pre-Trip/Post Trip				
Proper Use of Two-Way Radio				
Starts Motor Properly				
Understands gauges and instrument panel				
Proper Backing Procedure				
Speed				
Stops at controlled intersections				
Steering Wheel Hand Position				
Uses Balance Steering				
Personal Attitude				
Keeps Bus On Straight Path				
Road Courtesy				
Traffic Merging				
Signals Before Turning				

Left Turns				
Prepares for turn in advance				
Uses square turn maneuver				
Right Turns				
Understand Proper Braking Techniques				
Stops Smoothly				
Uses warning lights according to law				
Implements crossing policies properly				
Obeys Signs and Signals				
Maintains Proper Distance				
Safe loading/unloading procedure				
Knows accident reporting				
Uses Proper Parking Procedures				
Railroad Crossing (follows procedures)				
Wears Seat Belt				
Overall knowledge of bus operation				
Subtotal				

Grand Total: _____

Recommendations

Signature of Supervisor/Evaluator _____ Date _____

To score, insert point score per evaluation. To get subtotal, add points in each column. Add subtotals for grand total. (The highest possible score is 150.)

Scores below 90 require driver retaining.

DRIVER'S VEHICLE INSPECTION REPORT - BUS/MOTOR COACH

AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS

Ply 1 - Original
Ply 2 - Copy

Company: AAA Affordable Transportation Vehicle No.: _____

Location: _____ Date of Post-Trip: _____

Driver: Glenn Chappell Ending Mileage: _____

Prt - Pre-Trip
Pot - Post-Trip
RR - Requires Repair

Starting Mileage: _____

Total Mileage: _____

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

Prt	Pot	RR	Prt	Pot	RR	Prt	Pot	RR			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluid Leaks Under Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleanliness of Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Directional Lights
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loose Wires, Hose Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parking Brake and Service Brakes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Belts in Engine Compartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Door & Buzzer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clutch
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oil Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Headlights & 4-Way Flashers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steering
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiator Coolant Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Front - Lights, Flashers & Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheelchair Lift
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Battery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right Front Tire, Rim & Wheel Assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special Service Door
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transmission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Front of Bus - Windshield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door Warning Mechanism
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unusual Engine Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Front Tire, Rim & Wheel Assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Posted Decals - Warning
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gauges & Warning Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stop Arm (School Bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Control Mechanism
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift Operation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Side of Bus - Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Protective Padding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fans & Defrosters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Side - Lights & Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manual Pump Handle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wipers & Washers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Rear Tires, Rims & Wheel Assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stop Arm Control (Warning Control)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rear of Bus - Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inside & Outside Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rear of Bus - Lights, Flashers & Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brake Pedal & Warning Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tail Pipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operation of Service Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right Rear Tires, Rims & Wheel Assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right Side of Bus - Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right Side - Lights & Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entrance Steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver's Seat & Belt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Remarks: _____

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY
 ABOVE DEFECTS CORRECTED
 ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

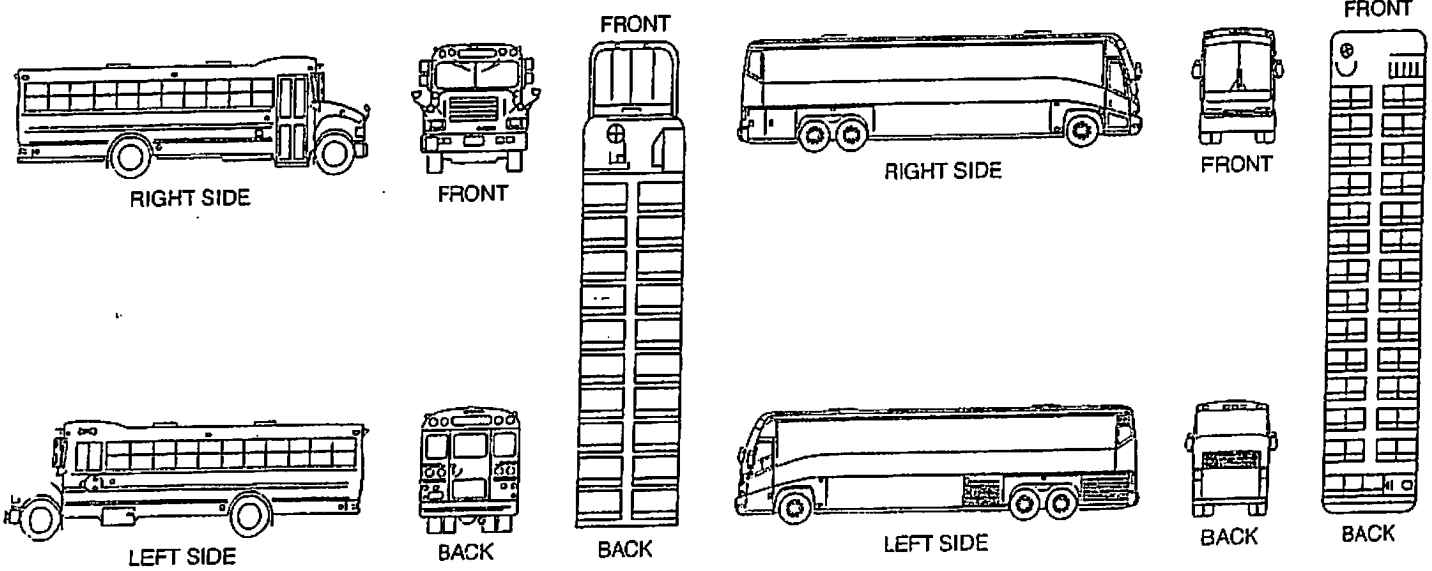
MECHANIC'S SIGNATURE: _____ DATE: _____

DRIVER'S SIGNATURE: _____ DATE: _____

DRIVER'S SIGNATURE UPON COMPLETION OF POST-TRIP

MARK CLEARLY ALL DAMAGE OR DEFICIENCIES FOUND BY THE FOLLOWING SYMBOL:

C = CUT B = BRUISE H = HOLE D = DENT BR = BROKEN M = MISSING S = SCRATCH P = PATCHED

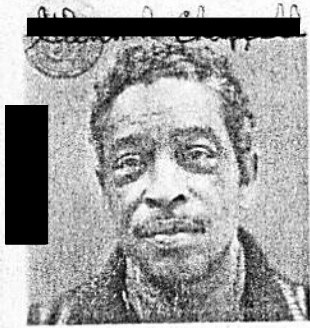


CDL Class Commercial Driver's License *Maryland*

Endors: TPNS LIC #: [REDACTED]

[REDACTED] GLENN R CHAPPELL
[REDACTED]
BALTIMORE MD 21239
[REDACTED]

BIRTH DATE: [REDACTED]
EXPIRES: [REDACTED]-2018
Sex: M HT: 5-11 WT: 202
Restr: M Type: D1
Issue Date: 11-22-2013 [REDACTED]



PHYSICAL EXAMINER'S CERTIFICATE

I certify that I have examined * Glenn R. Chappell in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties I find this person is qualified, and, if applicable, only when:

- wearing corrective lenses
 - wearing hearing aid
 - accompanied by a _____ waiver/exemption
 - driving within an exempt intracity zone (49 CFR 391.62)
 - accompanied by a Skill Performance Evaluation Certificate (SPE)
 - qualified by operation of 49 CFR 391.64
- 1-commercial class C driver operating a CMV 10,001 to 26,000 lbs., interstate (MD Motor Vehicle Law 25-111(vi))

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER [REDACTED]		TELEPHONE 410-247-9595	DATE 2-3-2014	
MEDICAL EXAMINER'S NAME (PRINT) RHONDA RICHARDS, MD		<input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Other Practitioner	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE [REDACTED] MD		NATIONAL REGISTRY NO. 5195545959		
SIGNATURE OF DRIVER [REDACTED]	INTRASTATE ONLY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CDL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE NO. [REDACTED]	STATE Md
ADDRESS OF DRIVER [REDACTED]		Baltimore md 21239		
MEDICAL CERTIFICATION EXPIRATION DATE 2-3-2015				

BALTIMORE CITY PUBLIC SCHOOL SYSTEM
DEPARTMENT OF PUPIL TRANSPORTATION
SAFETY OFFICE

(School Bus Drivers)

Contractor: City wide Name: Glenn Chappell

Social Security Number: [REDACTED] Date of Birth: [REDACTED]

Driver's License #: [REDACTED] Lic. Expires: [REDACTED] 18

License Class: A Endorsement: TPNS

Driving Experience: 25 years (School Bus) All motor vehicles: 42 years

Home Address: [REDACTED]

Previous Address: Same

(Less than 5 years): _____

Previous Employer: _____

Address: _____ Zip: _____

OFFICE USE ONLY
DO NOT WRITE BELOW THIS LINE!

TRAINING: Pre-Service In-service (Circle One)

Date(s) of Training: 7/22/13

Classroom Hours: 5 Behind the Wheel Hours: 1

INSTRUCTORS 1) [REDACTED] 2) [REDACTED]

3) [REDACTED]

FILE COPY

- FEDERAL, STATE & BCPS (City Schools) GUIDELINES
- | | | |
|---|---|--------------------------|
| School Bus Driver Duties & Responsibilities | CDL Fundamentals | Railroad & Bridge Safety |
| Drug & Alcohol Compliance | Accident and Emergency Procedures | |
| Pupil Passenger Management | Transporting Students w/ Special Needs | |
| First Aid | Transporting Oxygen Dependent Students | |
| Maryland Child Abuse & Neglect Reporting Procedures | Bloodborne Pathogens- Universal Precautions | |

BCPSS
IN-SERVICE

SCHOOL BUS DRIVER
RECEIPT FOR INSTRUCTION

The following CORE UNITS are considered to be the minimum instruction for School Vehicle Drivers which has been received prior to re-certification for transport with the Baltimore City Public School System. Drivers are to initial in the appropriate space provided next to each unit listed below:

- (A) COMAR 13A.06.07, Eligibility, Disqualifying Factors & Training Requirements
- (B) BCPSS Local Regulations & Guidelines School Bus Driver Role & Responsibilities
- (C) Pre-Trip and Preventive Maintenance
- (D) Driving Fundamentals
- (E) Pupil Passenger Management and Discipline
- (F) Railroad and Bridge Crossing Procedures
- (G) Accidents and Emergencies
- (H) Bus Evacuation Procedures
- (I) First Aid, Good Samaritan
- (J) O.S.H.A. 29 CFR 1910.1030 (Universal Precaution)
- (K) ~~Maryland Child Abuse/Neglect Reporting Procedures~~
- (L) Transporting Students with Special Needs/Oxygen
- (M) D.O.T. 49 CFR parts 40 & 382 (Drug and Alcohol Compliance)
- (N) S.T.A.R.T.S (Safe Timely and Reliable Transportation Service)
- (O) Bullying
- (P) Boundaries

ALL Units listed above included educational materials distributed to each driver.

(Bus Drivers signature required below)

I, Glenn Chappell DO ACKNOWLEDGE THAT I HAVE RECEIVED THE REQUIRED TRAINING IN THE CORE UNITS FOR IN-SERVICE CLASSES AND HAVE RECEIVED THE SCHOOL BUS PERSONNEL PROCEDURES MANUEL ON THIS DATE 7/22/13

PRINTED NAME: Glenn Chappell EMPLOYER City wide

INSTRUCTORS [Redacted] [Redacted]

[Redacted Signature]

CLASSWORK Date: 4/22/13

Name Glenn Chappell

Employer City Wide

WITNESS:

1	NAME	PHONE
	ADDRESS	
2	NAME	PHONE
	ADDRESS	
3	NAME	PHONE
	ADDRESS	

CITY EMPLOYEE - CHARGE	SUMMONS NO.			
CHARGE	SUMMONS NO.			
CHARGE	SUMMONS NO.			
DATE OF TRIAL	MONTH DAY YEAR	TIME OF TRIAL	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.

IMPORTANT

THIS REPORT MUST BE SIGNED BY THE CITY DRIVER AND SUPERVISOR AND MAILED TO CENTRAL BUREAU OF INVESTIGATION (C.B.I.) WITHIN 24 HOURS FOLLOWING THE ACCIDENT

BALTIMORE CITY LAW DEPARTMENT - C.B.I.
100 HOLLIDAY STREET BALTIMORE, MD 21202

TELEPHONE NUMBERS

C.B.I.: 410-396-3400; 410-396-3308

AFTER 4:30 - CALL ASSIGNED DUTY INVESTIGATOR: 410-396-3400

DRIVER'S SIGNATURE	DATE
<u>[Signature]</u>	<u>4/22/13</u>
SUPERVISOR'S SIGNATURE	DATE
<u>[Signature]</u>	<u>4/22/13</u>

COPY
 FWD

SAFETY DATA

- SUPERVISOR RESPONDED TO SCENE YES NO
- SAFETY OFFICER RESPONDED TO SCENE YES NO
- PHOTOS TAKEN YES NO
- SEAT BELT IN USE YES NO
- PCD IN CITY DRIVER POSSESSION YES NO
- PCD IN USE YES NO

SAFETY OFFICER'S SIGNATURE	DATE
<u>[Signature]</u>	<u>4/22/13</u>

CITY OF BALTIMORE CENTRAL BUREAU OF INVESTIGATION 100 HOLLIDAY STREET BALTIMORE, MARYLAND 21202	MOTOR VEHICLE ACCIDENT REPORT
--	----------------------------------

INSTRUCTIONS:
PRINT OR TYPE: PREPARE 4 COPIES AND FORWARD: 1 - CENTRAL BUREAU OF INVESTIGATION, 1 - DIVISION OF OCCUPATIONAL SAFETY, 1 - CENTRAL GARAGE, AND 1 - AGENCY FILE. SEE AM-501-10 FOR FURTHER DETAILS.

VERY IMPORTANT - GIVE EXACT DATE AND HOUR OF ACCIDENT					
MONTH	DATE	YEAR	TIME	AM/PM	DAY OF WEEK
2	14	2012	9:15	PM	Tuesday
LOCATION OF ACCIDENT			POLICE REPORT NO.		
PLACE WHERE ACCIDENT OCCURRED (CITY, TOWN, ETC.)					
Baltimore city					
STREET, HIGHWAY, NEAREST INTERSECTION WHERE ACCIDENT OCCURRED					
Raven Road - Orville Blvd					
WEATHER CONDITIONS:					
Clear					
NUMBER OF VEHICLES INVOLVED		INVESTIGATED BY POLICE		<input type="checkbox"/> PEDESTRIAN INVOLVED	
2		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			

DRIVER LICENSE NUMBER	CITY PERMIT NUMBER				
D-123-456789-012	3344				
SEX	DATE OF BIRTH	HOME PHONE NUMBER			
M	9/1/74	410/3132121			
DRIVER'S FIRST NAME		MIDDLE NAME	LAST NAME		
John		James	Doe		
DRIVER'S ADDRESS		CITY	STATE	COUNTY	ZIP CODE
1210 E. 20th St.		Baltimore	MD		21218
AGENCY NAME					
Baltimore city Public School					
BUREAU NAME		BUSINESS PHONE			
Ace Bus Co.		410/222-1144			
POINT OF IMPACT ON VEHICLE		EXTENT OF DAMAGE			
Right front bumper		<input checked="" type="checkbox"/> SLIGHT <input type="checkbox"/> HEAVY			
VEHICLE TAG NUMBER		STATE	YEAR	FLEET OR SHOP NUMBER	
834-12H		MD	2011	8888	
YEAR, MAKE AND MODEL		SERIAL NUMBER OF VEHICLE			
08 Bluebird bus		1HKJL56MNRK1			
OWNER		MAYOR & CITY COUNCIL		OTHER - SPECIFY	
		CITY OF BALTIMORE			

YOUR VEHICLE NO. 1

VEHICLE NO. 2

DRIVER LICENSE NUMBER	EXPIRES	STATE	
R-777-898-996-055	9/5/16	MD	
SEX	DATE OF BIRTH	HOME PHONE NUMBER	
F	5/5/76	410/235-1177	
DRIVER'S FIRST NAME		MIDDLE NAME	LAST NAME
Ona Beeta		Rush	
DRIVER'S ADDRESS			ZIP CODE
200 N EAST ave			21224
CITY	STATE	COUNTY	ZIP CODE
Baltimore, Md			21224
NAME OF EMPLOYER			
Ace Bus Co.			
POINT OF IMPACT ON VEHICLE		EXTENT OF DAMAGE	
Right Bumper		<input type="checkbox"/> SLIGHT <input checked="" type="checkbox"/> HEAVY	
TAG NUMBER	STATE	YEAR	YEAR, MAKE AND MODEL
3ABC56	MD	2013	9 Toyota Cor
OWNER'S FIRST NAME		MIDDLE NAME	LAST NAME
IN A Flash		Messenger Service	
OWNER'S ADDRESS		DAY PHONE #	
62010 Reisterstown Rd			
OWNER'S INSURANCE COMPANY		POLICY NUMBER	
GEICO Insurance		9876543 MD	

Training Document Do Not Write

VEHICLE NO. 3	DRIVER LICENSE NUMBER		EXPIRES	STATE	
	SEX	DATE OF BIRTH		HOME PHONE NUMBER	
	DRIVER'S FIRST NAME		MIDDLE NAME	LAST NAME	
	DRIVER'S ADDRESS				
	CITY	STATE	COUNTY	ZIP CODE	
	NAME OF EMPLOYER				
	POINT OF IMPACT ON VEHICLE		EXTENT OF DAMAGE <input type="checkbox"/> SLIGHT <input type="checkbox"/> HEAVY		
	TAG NUMBER	STATE	YEAR	YEAR, MAKE AND MODEL	
	OWNER'S FIRST NAME		MIDDLE NAME	LAST NAME	
	OWNER'S ADDRESS			DAY PHONE #	
OWNER'S INSURANCE COMPANY		POLICY NUMBER			

PROPERTY DAMAGE (OTHER THAN MOTOR VEHICLES)

DAMAGE TO PROPERTY	AMOUNT OF DAMAGES
DAMAGE PROPERTY OWNER'S NAME	
ADDRESS	

DESCRIBE ACCIDENT IN DETAIL BELOW - INDICATING ALL DAMAGE. INCLUDE ORIGIN AND DESTINATION

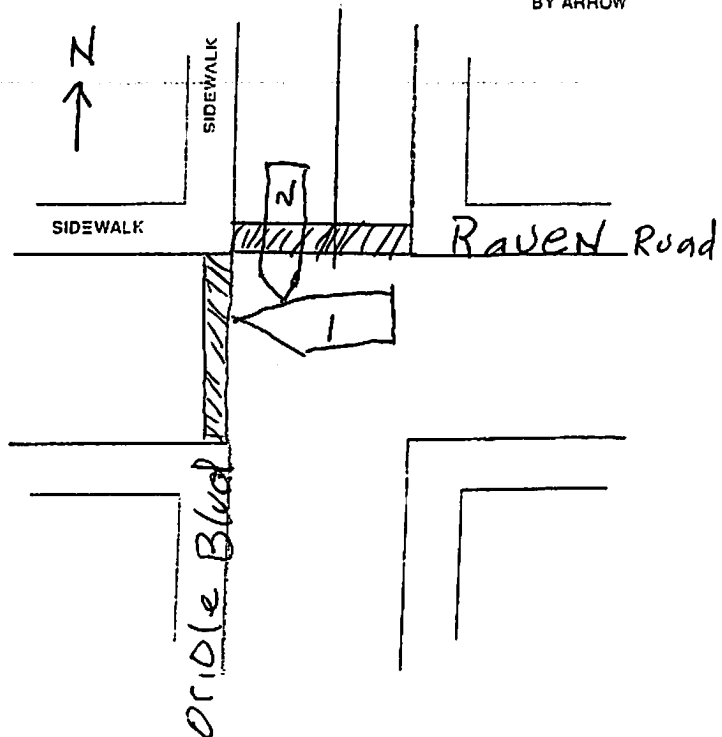
Vehicle #1 was headed west on Raven Road, was struck by vehicle #2. Running the red light going south on Oriole Boulevard. Police report #09-506789 Officer Mickey 410-396-0987 ILE District

OCCUPANT INFORMATION

1	FIRST NAME			MIDDLE	LAST NAME		
	ADDRESS						
	<input type="checkbox"/> KILLED	<input type="checkbox"/> NO INJURY	<input type="checkbox"/> DRIVER	NO. OF VEHICLE	<input type="checkbox"/> PEDESTRIAN		
	<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER		<input type="checkbox"/> OTHER VEHICLE			
AGE	SEX	NATURE OF INJURY		REMOVED FROM SCENE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PERSONAL CAR			
2	FIRST NAME			MIDDLE	LAST NAME		
	ADDRESS						
	<input type="checkbox"/> KILLED	<input type="checkbox"/> NO INJURY	<input type="checkbox"/> DRIVER	NO. OF VEHICLE	<input type="checkbox"/> PEDESTRIAN		
	<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER		<input type="checkbox"/> OTHER VEHICLE			
AGE	SEX	NATURE OF INJURY		REMOVED FROM SCENE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PERSONAL CAR			
3	FIRST NAME			MIDDLE	LAST NAME		
	ADDRESS						
	<input type="checkbox"/> KILLED	<input type="checkbox"/> NO INJURY	<input type="checkbox"/> DRIVER	NO. OF VEHICLE	<input type="checkbox"/> PEDESTRIAN		
	<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER		<input type="checkbox"/> OTHER VEHICLE			
AGE	SEX	NATURE OF INJURY		REMOVED FROM SCENE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PERSONAL CAR			
4	FIRST NAME			MIDDLE	LAST NAME		
	ADDRESS						
	<input type="checkbox"/> KILLED	<input type="checkbox"/> NO INJURY	<input type="checkbox"/> DRIVER	NO. OF VEHICLE	<input type="checkbox"/> PEDESTRIAN		
	<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER		<input type="checkbox"/> OTHER VEHICLE			
AGE	SEX	NATURE OF INJURY		REMOVED FROM SCENE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PERSONAL CAR			

INDICATE ON DIAGRAM POSITION OF VEHICLES INVOLVED - SHOWING DIRECTION OF TRAVEL.

INDICATE NORTH BY ARROW



BALTIMORE CITY PUBLIC SCHOOL SYSTEM
Department of Pupil Transportation

Supplemental Accident Report

Directions: Complete each section of this report form. Hand carry the report to the Safety Office at 1210 East 20th St no later than 24 hours after the accident.

Contractor/Company Name: Ace Bus
 Date of Accident: 2/14/12 Time: 19:15 AM
 Location: Raven Rd. + Oriole Blvd.
 Posted-Speed Limit: 25 MPH
 Total Number of Lanes on Roadway or Street: 2
 Citation Issued: (Circle one) Yes
 Vehicle # 8888 Tag # 834-124
 MAKE: 08 Blue Bird
 MODEL: 1HKJL501N8K11JUC Bus
 Was Driver Tested? (Circle all that apply)
Alcohol Drug

I. Name of Driver John J. Doe (Circle One) Regular or Substitute
 Years of experience as a driver: 32
 Classroom Training: Date(s) Attended 5009 Pre-Service (Circle one) Yes No
2011 In-Service (Circle one) Yes No
 Card #: 3344

Hours of behind the wheel training this past year: 2

II. List the names of persons on the bus & Extent of any injury (use additional sheet if necessary).

Name	Age	Address	School	Extent of Injury

Address of School(s)

Telephone # (s)

24

Approximate speed of your vehicle 5 MPH

III. Circle the *condition of bus* at the time of the accident (circle one):

Stopped - Straight Ahead - Left Turn - Right Turn - Passing - Double Parked

Other (Explain): _____

Condition of the road at the time of the accident (circle as many as appropriate).

Dry - Icy - Wet - Muddy - Snow Packed - Road Under Repair - Holes

Other (Explain): _____

Light Condition (Circle One):

Dawn - Dark (Artificially Illuminated) - Daylight

Dusk - Dark (Artificially Illuminated)

Weather Conditions at the time of the accident (circle as many as appropriate):

Clear Rain(ing) Snow(ing) Smog/Smoke Sleet(ing) Fog

Other (Explain): _____

IV. Circle one: Loading / Unloading Zone

Where was the bus at the time of the accident (Circle one)

Approaching the zone - Leaving the zone - Stopped in the Zone - Not in Sight

Use of the bus at the time of the accident (Circle one) Regular Route Special Ed Use -
Field Trip (School Related)

Other (Explain): _____

V. Circle One

Did you notify the BCPSS Safety Office Immediately (396-7440) Yes No

Did you notify the school (s)? Yes No

Did you notify the parents of each student involved in the accident? Yes No

Local police were called to the scene of the accident. Yes No

If no, explain _____

Police Report # 095C 6789 Claim# _____

Were you wearing a seatbelt at the time of the accident? Yes No

Additional Information: _____

VI. Driver's Signature: John S. Doe
Supervisor's Signature _____ Date: _____

Student/Passenger List

Date of Accident: 2/14/12

Bus Number: 8888

1. NA
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.

Sample Motor Vehicle Report
Accident Report

09-09-2009 11:30 a.m. Wednesday

Baltimore City
Ravens Road and Oriole Blvd.
Weather Conditions? Sunny

(2) Vehicles Yes

Vehicle #1

D-123-321-234-543 111-11-1111
M 09-09-88 410-634-5789

John James Doe
1210 E. 20th Street CDL y/n
Baltimore, Maryland 21218 Post Accid. y/n
Baltimore City Public Schools
ACE Bus Company 410-111-2222
Right front bumper slight

000-99H MD 2011 7777
05 Bluebird Bus 1HKJL56MN8K11JVB

Vehicle #2

R-777-888-000-999 Exp. 013MD
M 09-10-79 410-111-1313

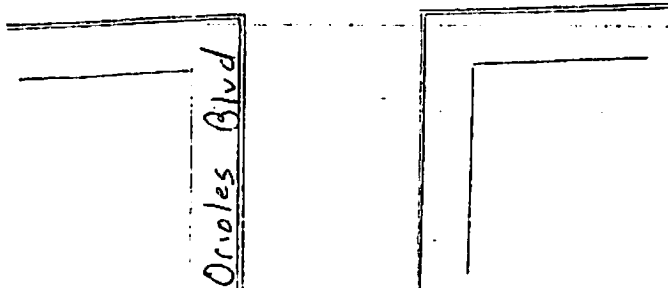
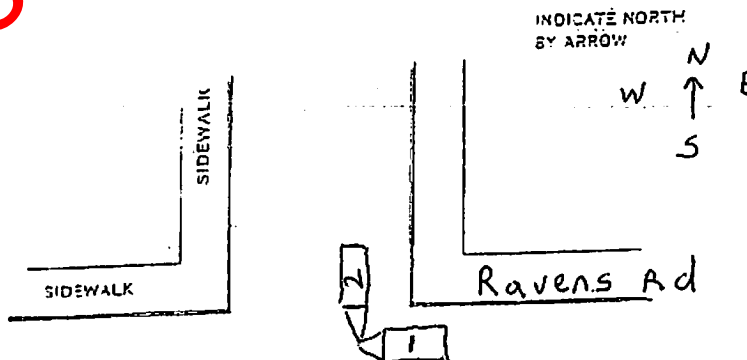
Harold James Rush
600 E. North Ave
Ellicott City MD 210754
Oriole Cake Bakery
Left front bumper slight
123466 MD 2011 04
Cherry Van
Oriole Cake Bakery
511 Balto. National Pike
410-789-1313
State Farm Insurance 8793642 MD

Accident Description Vehicle #1 headed "W" on Ravens Road was struck by vehicle #2
Box Running the red traffic signal headed "S" on Oriole Boulevard.

Police Report # 09-5C6789 Officer Mickey 410-396 2444
NE District

Complete Supplemental information for vehicle #1 plus details about other contributing factors.

INDICATE ON DIAGRAM POSITION OF VEHICLES INVOLVED—
SHOWING DIRECTION OF TRAVEL.



Training Document for Practice Only

In-Service Drivers Test

test score - do not mark in this box

Incorrect	<input type="radio"/> a	<input type="radio"/> b	<input checked="" type="radio"/> c	<input type="radio"/> d	<input type="radio"/> e
Incorrect	<input type="radio"/> a	<input type="radio"/> b	<input checked="" type="radio"/> c	<input type="radio"/> d	<input type="radio"/> e
Correct	<input type="radio"/> a	<input type="radio"/> b	<input checked="" type="radio"/> c	<input type="radio"/> d	<input type="radio"/> e

Name: Glenn Chappell

Teacher: S. James, C. Hicks-Leeper, D. Foster and D. Hutt

- | T F | T F | T F | T F |
|--|---|--|--|
| 1. <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input checked="" type="radio"/> e <input type="radio"/> f | 22. <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input checked="" type="radio"/> e <input type="radio"/> f | 43. <input checked="" type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e <input type="radio"/> f | 64. <input checked="" type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e <input type="radio"/> f |
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| T 4. <input checked="" type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e <input type="radio"/> f | 25. <input type="radio"/> a <input checked="" type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e <input type="radio"/> f | 46. <input checked="" type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e <input type="radio"/> f | 67. <input type="radio"/> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input checked="" type="radio"/> e <input type="radio"/> f |
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GREAT KIDS
GREAT SCHOOLS

I, Glenn Chappell have received training in all the areas
initialed on the receipt on this the 22 day of July
year 2013. I have been given the opportunity to ask questions and I
have a clear understanding of all areas of the prescribed training given by my
instructors.

[Redacted Signature]
Glenn Chappell
Name

7/22/13
Date

[Redacted Signature] [Redacted Signature]
James H. Hill [Redacted Signature]
Instructors

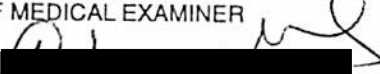
[Redacted Signature]
[Redacted Signature]
Instructors

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Chappell Glenn R in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- | | |
|--|--|
| <input type="checkbox"/> wearing corrective lenses | <input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62) |
| <input type="checkbox"/> wearing hearing aid | <input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE) |
| <input type="checkbox"/> accompanied by a _____ waiver/exemption | <input type="checkbox"/> qualified by operation of 49 CFR 391.64 |
| <input type="checkbox"/> Non-commercial class C driver operating a CMV 10,001 to 26,000 lbs., Intrastate (MD Motor Vehicle Law 25-111(vi)) | |

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER 	TELEPHONE 410-687-6462	DATE 7/15/13
MEDICAL EXAMINER'S NAME (PRINT) Darpan Porcheh	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input checked="" type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE [REDACTED] / MD		
SIGNATURE OF DRIVER Glenn R. Chappell	DRIVER'S LICENSE NO. [REDACTED]	STATE MD
ADDRESS OF DRIVER [REDACTED]		
MEDICAL CERTIFICATE EXPIRATION DATE 7/15/15		

BALTIMORE CITY PUBLIC SCHOOL SYSTEM
DEPARTMENT OF PUPIL TRANSPORTATION
SAFETY OFFICE

(School Bus Drivers)

Contractor: C.T. Name: Glenn R. Chappell

Social Security Number: [REDACTED] Date of Birth: [REDACTED]

Driver's License #: [REDACTED] Lic. Expires: [REDACTED] 13

License Class: A Endorsement:

Driving Experience: 41 (School Bus) All motor vehicles:

Home Address: [REDACTED] Columbia, MD

Previous Address: [REDACTED]

(Less than 5 years):

Previous Employer: Bob's Transportation

Address: [REDACTED] Zip: 21040

OFFICE USE ONLY
DO NOT WRITE BELOW THIS LINE!

TRAINING: Pre-Service In-service (Circle One)

Date(s) of Training: June 20, 2012

Classroom Hours: 5 Behind the Wheel Hours: 1

INSTRUCTORS: 1) [REDACTED] 2) [REDACTED]

3)

FEDERAL, STATE & BCPS (City Schools) GUIDELINES

- School Bus Driver Duties & Responsibilities
- Drug & Alcohol Compliance
- Pupil Passenger Management
- First Aid
- Maryland Child Abuse & Neglect Reporting Procedures

- CDL Fundamentals
- Railroad & Bridge Safety
- Accident and Emergency Procedures
- Transporting Students w/ Special Needs
- Transporting Oxygen Dependent Students
- Bloodborne Pathogens- Universal Precautions
- Bullying & Harassment

The following CORE UNITS are considered to be the minimum instruction for School Vehicle Drivers which has been received prior to re-certification for transport with the Baltimore City Public School System. Drivers are to initial in the appropriate space provided next to each unit listed below:

- (A) COMAR 13A.06.07, Eligibility, Disqualifying Factors & Training Requirements
- (B) BCPSS Local Regulations & Guidelines School Bus Driver Role & Responsibilities
- (C) Pre-Trip and Preventive Maintenance
- (D) Driving Fundamentals
- (E) Pupil Passenger Management and Discipline
- (F) Railroad and Bridge Crossing Procedures
- (G) Accidents and Emergencies
- (H) Bus Evacuation Procedures
- (I) First Aid, Good Samaritan
- (J) O.S.H.A. 29 CFR 1910.1030 (Universal Precaution)
- (K) ~~Maryland Child Abuse/Neglect Reporting Procedures~~
- (L) Transporting Students with Special Needs/Oxygen
- (M) D.O.T. 49 CFR parts 40 & 382 (Drug and Alcohol Compliance)
- (N) S.T.A.R.T.S (Safe Timely and Reliable Transportation Service)
- (O) Bullying
- (P) Boundaries

ALL Units listed above included educational materials distributed to each driver.

(Bus Drivers signature required below)

I, [Redacted] DO ACKNOWLEDGE THAT I HAVE RECEIVED THE REQUIRED TRAINING IN THE CORE UNITS FOR IN-SERVICE CLASSES AND HAVE RECEIVED THE SCHOOL BUS PERSONNEL PROCEDURES MANUAL ON THIS DATE 6/20/12

PRINTED NAME: Glenn R. Chappell EMPLOYER [Redacted]

INSTRUCTORS [Redacted] [Redacted]

WITNESS:

1	NAME	PHONE
	ADDRESS	
2	NAME	PHONE
	ADDRESS	
3	NAME	PHONE
	ADDRESS	

OFF. EMPLOYEE - CHARGE	SUMMONS NO.	
CHARGE	SUMMONS NO.	
CHARGE	SUMMONS NO.	
DATE OF MONTH DAY YEAR	TIME OF TRIAL	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

IMPORTANT

THIS REPORT MUST BE SIGNED BY THE CITY DRIVER AND SUPERVISOR AND MAILED TO CENTRAL BUREAU OF INVESTIGATION (C.B.I.) WITHIN 24 HOURS FOLLOWING THE ACCIDENT

BALTIMORE CITY LAW DEPARTMENT - C.B.I.
100 HOLLIDAY STREET BALTIMORE, MD 21202

TELEPHONE NUMBERS

C.B.I.: 410-396-3400; 410-396-3308
AFTER 4:30 - CALL ASSIGNED DUTY INVESTIGATOR: 410-396-1100

DRIVER'S SIGNATURE	DATE
John James Doe	6/6/12
SUPERVISOR'S SIGNATURE	DATE
Glenn R. Chap...	6/6/12

COPY
 FWD

SAFETY DATA

- SUPERVISOR RESPONDED TO SCENE YES NO
- SAFETY OFFICER RESPONDED TO SCENE YES NO
- PHOTOS TAKEN YES NO
- SEAT BELT IN USE YES NO
- PCD IN CITY DRIVER POSSESSION YES NO
- PCD IN USE YES NO

SAFETY OFFICER'S SIGNATURE _____ DATE _____

CITY OF BALTIMORE CENTRAL BUREAU OF INVESTIGATION 100 HOLLIDAY STREET BALTIMORE, MARYLAND 21202	MOTOR VEHICLE ACCIDENT REPORT
--	----------------------------------

INSTRUCTIONS:
PRINT OR TYPE PREPARE 4 COPIES AND FORWARD: 1 - CENTRAL BUREAU OF INVESTIGATION, 1 - DIVISION OF OCCUPATIONAL SAFETY, 1 - CENTRAL GARAGE, AND: 1 - AGENCY FILE. SEE AM-601-10 FOR FURTHER DETAILS.

VERY IMPORTANT - GIVE EXACT DATE AND HOUR OF ACCIDENT

MONTH	DATE	YEAR	TIME	<input type="checkbox"/> AM	DAY OF WEEK
6	9	2009	11:30	<input type="checkbox"/> PM	Wed

LOCATION OF ACCIDENT: Raven Rd & Oriole Blvd
POLICE REPORT NO.: 62110
PLACE WHERE ACCIDENT OCCURRED (CITY, TOWN, ETC.): Baltimore City
STREET, HIGHWAY, NEAREST INTERSECTION WHERE ACCIDENT OCCURRED: Baltimore City
WEATHER CONDITIONS: Rainy
NUMBER OF VEHICLES INVOLVED: 2
INVESTIGATED BY POLICE: YES NO
PEDESTRIAN INVOLVED: YES NO

YOUR VEHICLE NO. 1

DRIVER LICENSE NUMBER	CITY PERMIT NUMBER			
D-723-321-234548				
SEX	DATE OF BIRTH	HOME PHONE NUMBER		
	09-10-78	(410) 634-5780		
DRIVER'S FIRST NAME	MIDDLE NAME	LAST NAME		
John	James	Doe		
DRIVER'S ADDRESS	CITY	STATE	COUNTY	ZIP CODE
1310 E. 30th St	Baltimore	MD		21218
AGENCY NAME	BUREAU NAME	BUSINESS PHONE		
State Farm Insurance	Baltimore City Bus	(410) 111-2222		
POINT OF IMPACT ON VEHICLE	EXTENT OF DAMAGE			
Right Front bumper	<input checked="" type="checkbox"/> SLIGHT <input type="checkbox"/> HEAVY			
VEHICLE TAG NUMBER	STATE	YEAR	FLEET OR SHOP NUMBER	
000 99 KMB	MD	2011	1111	
YEAR, MAKE AND MODEL	SERIAL NUMBER OF VEHICLE			
Bluebird Bus	1HK1L56MNSK1			
OWNER	MAYOR & CITY COUNCIL	OTHER - SPECIFY		
	CITY OF BALTIMORE			

VEHICLE NO. 2

DRIVER LICENSE NUMBER	EXPIRES	STATE		
R 777888 000999	2013	MD		
SEX	DATE OF BIRTH	HOME PHONE NUMBER		
M	09-10-79	(410) 111-1313		
DRIVER'S FIRST NAME	MIDDLE NAME	LAST NAME		
Harold	James	Rush		
DRIVER'S ADDRESS	CITY	STATE	COUNTY	ZIP CODE
Ellicott City	MD			20754
NAME OF EMPLOYER	POINT OF IMPACT ON VEHICLE	EXTENT OF DAMAGE		
Oriole Cake Bakery	Left front bumper	<input checked="" type="checkbox"/> SLIGHT <input type="checkbox"/> HEAVY		
TAG NUMBER	STATE	YEAR	YEAR, MAKE AND MODEL	
123 466 M	MD	2011	Cheve Van	
OWNER'S FIRST NAME	MIDDLE NAME	LAST NAME		
Harold	James	Rush		
OWNER'S ADDRESS	DAY PHONE #			
600 E North ave				
OWNER'S INSURANCE COMPANY	POLICY NUMBER			
State Farm INS	09-566789			

PROPERTY DAMAGE (OTHER THAN MOTOR VEHICLES)

DAMAGE TO PROPERTY	AMOUNT OF DAMAGES
DAMAGE PROPERTY OWNER'S NAME	
ADDRESS	

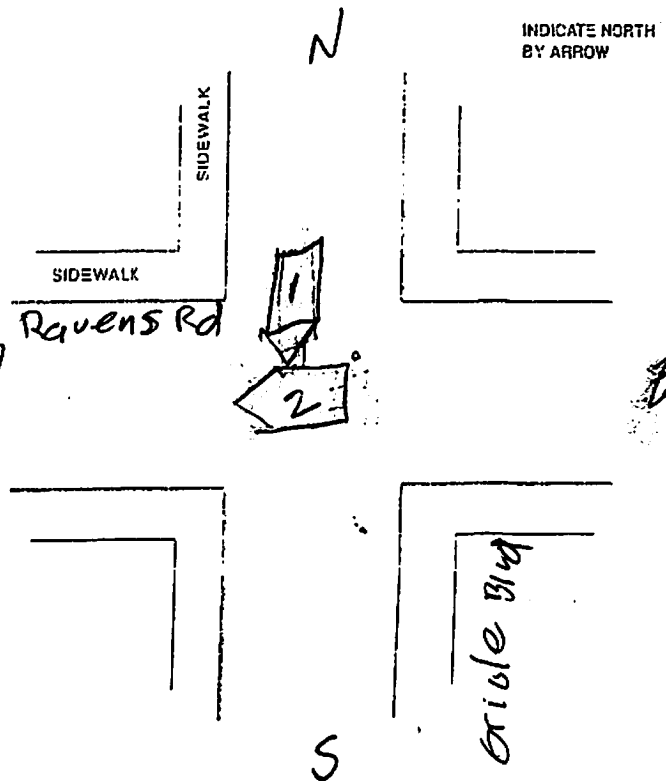
DESCRIBE ACCIDENT IN DETAIL BELOW - INDICATING ALL DAMAGE. INCLUDE ORIGIN AND DESTINATION

Vehicle #1 headed W on Ravens Road was struck by Vehicle #2 running the red traffic signal headed South on Oriole Boulevard

Police Report # 69-5C6789
NE District
Officer Mickey

410 3962444

INDICATE ON DIAGRAM POSITION OF VEHICLES INVOLVED - SHOWING DIRECTION OF TRAVEL.



VEHICLE NO. 3

DRIVER LICENSE NUMBER	EXPIRES	STATE
SEX	DATE OF BIRTH	HOME PHONE NUMBER
DRIVER'S FIRST NAME	MIDDLE NAME	LAST NAME
DRIVER'S ADDRESS		
CITY	STATE	COUNTY
ZIP CODE		
EMPLOYER'S NAME		
POINT OF IMPACT ON VEHICLE	EXTENT OF DAMAGE <input type="checkbox"/> SLIGHT, <input type="checkbox"/> HEAVY	
TAG NUMBER	STATE	YEAR
YEAR, MAKE AND MODEL		
OWNER'S FIRST NAME	MIDDLE NAME	LAST NAME
OWNER'S ADDRESS		DAY PHONE #
OWNER'S INSURANCE COMPANY		POLICY NUMBER

OCCUPANT INFORMATION

1	FIRST NAME	MIDDLE	LAST NAME
	ADDRESS		
	<input type="checkbox"/> KILLED	<input type="checkbox"/> NO INJURY	<input type="checkbox"/> DRIVER
	<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> OTHER VEHICLE
AGE	SEX	NATURE OF INJURY	REMOVED FROM SCENE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PERSONAL CAR
2	FIRST NAME	MIDDLE	LAST NAME
	ADDRESS		
	<input type="checkbox"/> KILLED	<input type="checkbox"/> NO INJURY	<input type="checkbox"/> DRIVER
	<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> OTHER VEHICLE
AGE	SEX	NATURE OF INJURY	REMOVED FROM SCENE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PERSONAL CAR
3	FIRST NAME	MIDDLE	LAST NAME
	ADDRESS		
	<input type="checkbox"/> KILLED	<input type="checkbox"/> NO INJURY	<input type="checkbox"/> DRIVER
	<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> OTHER VEHICLE
AGE	SEX	NATURE OF INJURY	REMOVED FROM SCENE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PERSONAL CAR

BALTIMORE CITY PUBLIC SCHOOL SYSTEM

Department of Pupil Transportation

Supplemental Accident Report

Directions: Complete each section of this report form. Hand-carry the report to the Safety Office at 1210 East 20th St no later than 24 hours after the accident.

Contractor/Company Name: Baltimore City
 Date of Accident: 09-09-2009
 Location: Ravens Road and Oriole Blvd
 Posted Speed Limit: 30 MPH
 Total Number of Lanes on Roadway or Street: Single
 Citation Issued: (Circle one) Yes No
 Vehicle # 2 Tag # 006-991
 Bus Body Make: Bluebird
 Bus Chassis Make: H. B.
 Was Driver Tested? (Circle all that apply)
 Alcohol Drug

I. Name of Driver: John Jane Doe (Circle one) Regular or Substitute
 Years of experience as a school bus driver: _____
 Classroom Training: Date(s) Attended _____ Pre-Service (Circle one) Yes/No
 _____ In-Service (Circle one) Yes/No
 Card #: _____

Hours of behind the wheel training this past year: _____

II. List the names of persons on the bus and extent of any injury (use additional sheet if necessary).

Name	Age	Address	School	Extent of Injury
<u>No Students</u>				

Address of School(s)

Telephone # (s)

Charles Carroll of Carroton

Bus seating capacity 60

Approximate speed of your vehicle 25 MPH

III. Circle the condition of the bus at the time of the accident (circle one):

Stopped - Straight Ahead - Left Turn - Right Turn - Passing - Double Parked

Other (Explain):

Condition of the road at the time of the accident (circle as many as appropriate)

Dry - Icy - Wet - Muddy - Snow Packed - Road Under Repair - Holes

Other (Explain):

Light Condition (Circle One):

Dawn - Dark (Artificially Illuminated) - Daylight

Dusk - Dark (Artificially Illuminated)

Weather Conditions at the time of the accident (circle as many as appropriate):

Clear - Rain(ing) - Snow(ing) - Smog/Smoke - Sleet(ing) - Fog

Other (Explain):

IV. Circle one: Loading / Unloading Zone

Where was the bus at the time of the accident (Circle one)

Approaching the zone - Leaving the zone - Stopped in the Zone - Not in Sight

Use of the bus at the time of the accident (Circle one): Regular Route - Special Ed Use -

Field Trip (School Related)

Other (Explain):

V. Circle One

Did you notify the BCPSS Safety Office Immediately (396-7445-40-42)? Yes No

Did you notify the school (s)? Yes No

Did you notify the parents of each student involved in the accident? Yes No

Local police were called to the scene of the accident.

If no, explain NO Students on Board

Police Report # 09-526789 Claim#

Were you wearing a seatbelt at the time of the accident? Yes No

Additional Information:

VI. Driver's Signature: John I. doe

Supervisor's Signature: Glenn R. Chappell

Date: 9/9/09

III. Circle the condition of the bus at the time of the accident (circle one):

Stopped - Straight Ahead - Left Turn - Right Turn - Passing - Double Parked

Other (Explain):

Condition of the road at the time of the accident (circle as many as appropriate)

Dry - Jay - Wet - Muddy - Snow Packed - Road Under Repair - Holes

Other (Explain):

Light Condition (Circle One):

Dawn - Dark (Artificially Illuminated) - Daylight

Dusk - Dark (Artificially Illuminated)

Weather Conditions at the time of the accident (circle as many as appropriate):

Clear - Rain(ing) - Snow(ing) - Smog/Smoke - Sleet(ing) - Fog

Other (Explain):

IV. Circle one: Loading / Unloading Zone

Where was the bus at the time of the accident (Circle one)

Approaching the zone - Leaving the zone - Stopped in the Zone - Not in Sight

Use of the bus at the time of the accident (Circle one): Regular Route - Special Ed Use -

Field Trip (School Related)

Other (Explain):

V. Circle One

Did you notify the BCPSS Safety Office Immediately (396-7445-40-42)? Yes No

Did you notify the school(s)? Yes No

Did you notify the parents of each student involved in the accident? Yes No

Local police were called to the scene of the accident.

And explain NO Students on Board

Police Report # 09-566789 Claim# _____

Were you wearing a seatbelt at the time of the accident? Yes No

Additional Information: _____

VI. Driver's Signature: John J. doe Date: 9/9/09
Supervisor's Signature: _____

Student/Passenger List

Date of Accident: 9/9/09

Bus Number: 7777

1.	
2.	
3.	
4.	
5.	No Students
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	



DRIVER CLASSROOM PERFORMANCE EVALUATION

Pre Trip

There are 7 steps of the CDL Pre Trip match the steps with things you would find in each step;

- | | | |
|---|----------|--------------------------|
| 1. Vehicle overview | <u>C</u> | a. Brakes not working |
| 2. Check engine compartment | <u>E</u> | b. Seats torn |
| 3. Turn off engine and inspect inside Bus | <u>b</u> | c. Oil leak |
| 4. Walk around inspection | <u>F</u> | d. Headlight not working |
| 5. Check signal lights | <u>D</u> | e. Bus won't start |
| 6. Start engine and check brake system | <u>A</u> | f. Amber light bulb out |

Proper Use of Two-Way Radio

- | | | |
|-----------|-------------------|-------------------|
| 8. 10-4 | <u>C</u> | a. in-service |
| 9. 10-8 | <u>IN SERVICE</u> | b. location |
| 10. 10-7 | <u>D</u> | c. acknowledge |
| 11. 10-20 | <u>B</u> | d. out of service |

Understands gauges and instrument panels

12. Air gauge LOST Air
13. Oil pressure gauge oil is low or high
14. Temperature gauge maybe run hot
15. Gas gauge LOW ON FUEL

Knows proper backing procedure (Give a brief description of how)

NO backing unless in EMERGENCY

Knows railroad crossing procedure

16. You must stop your bus between . **a**
- a. 15 to 50 feet before a railroad crossing
 - b. 5 to 10 feet before a railroad crossing
 - c. 20 to 25 feet before a railroad crossing

Uses warning lights/8ways accordingly

17. When approaching a school bus stop you should activate your overhead amber lights how far from the bus stop?

- a.** 100 ft.
- b. 200 ft.
- c. 300 ft.

18. Immediately after stopping you should:

- a.** Open entrance door slightly to activate the stop arms and overhead red warning lights.
- b. Tell the children to stand back until you are ready for them to load.
- c. Get the children onto the bus as quickly as possible.

Wears seat belt

19. A school bus driver doesn't have to wear a seat belt at all times.

- a. True
- b.** False

General Knowledge

20. What is one of the more dangerous procedures a school bus driver must undertake?

- a.** Driving in traffic.
- b. Loading and unloading.
- c. Driving in the rain.

21. If you are being tailgated, the best thing to do is:

- a.** Move to the right lane and let vehicle pass, if possible.
- b. Speed up.
- c. Maintain your speed.
- d. Brake quickly.

22. The traffic signal turns green signaling you to proceed; you should:

- a. Look left and right before proceeding.
- b. Tap horn lightly to let others know you are moving forward.
- c. Accelerate immediately so you do not hold up traffic behind you.
- d. None of the above.

23. A solid yellow line on your side means:

- a. You may pass with caution.
- b. You may pass on the right.
- c. Reduce speed.
- d. You may not pass.

24. This intersection has a stop sign, a stop line, and a crosswalk. Where should you stop your vehicle?

- a. At the corner
- b. At the crosswalk.
- c. At the stop sign.
- d. At the stop line.

25. On a road with two or more lanes traveling in the same direction, the driver should:

- a. Drive in any lane.
- b. Drive in the left lane.
- c. Stay in the right lane except to pass.
- d. None of the above.

26. Accident Reporting Procedures

1. All accidents must be reported to the dispatcher and the police must be called
2. The driver of the school bus is required to obtain information from the other party or parties but if not possible identify the vehicles involved by writing down the tag number, type of vehicle, make, model and color. It is not acceptable to put SEE POLICE REPORT in the box for other vehicle information.
3. The driver will report for a drug and alcohol test after the accident.
4. The completed report will be brought to 20th street by the driver with his or her license and D.O.T card and copy of paperwork from drug and alcohol screening the day following the accident unless the driver is hospitalized or otherwise incapacitated.

True

or

False

SIGNS



This sign at the top of the entrance ramp to 95 North from Howard St would mean what to you as a bus driver?

I am to give the right away
to the other cars or car.



If this sign had 8T-12T and 16T would it be safe to cross with your bus and why? How do you know?

If my bus is 13 tons I cannot
cross.



If you are traveling on a two lane highway and you see this sign posted what does it mean?

that the lane is closing

I, [Redacted Name] certify that I have received the combination of classroom, video and school bus training required for the one hour behind the wheel requirements given by the below name instructors on 6/20/12. I am currently employed as a bus driver with C.T Transportation

Instructors: _____

BALTIMORE CITY
PUBLIC SCHOOLS

MEMO

To: All Transportation Staff

From: Steven A. James

Date: June 20, 2011

Re: School Bus Personnel Procedures Manual

I acknowledge receipt of the Baltimore City Schools, School Bus Personnel Procedures Manual. I have read and understand all policies and regulations contained therein and agree to be in compliance.

Glenn R. Chappell

Printed name

[Redacted Signature]

Signature

6/20/12

Date

Drivers/ Attendants Yearly In-Service Training

Instructors: C. Moore, C. Hicks-Leeper and D. Foster

Name: Glenn R Chappell Date: 6/20/12

Company: C.T Transportation Position: Driver

- | | T | F | | T | F | | | | |
|-----|----------------------------------|----------------------------------|----------------------------------|-----|----------------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------|
| 1. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | 26. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | 27. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | 28. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 4. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | 29. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | 30. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | 31. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | 32. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | 33. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | 34. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | 35. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 11. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | 36. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 12. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | 37. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | 38. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | 39. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 15. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | 40. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | 41. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 17. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | 42. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | 43. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | 44. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | 45. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 21. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | 46. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | 47. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 23. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | 48. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | 49. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | 50. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

BALTIMORE CITY PUBLIC SCHOOL SYSTEM
DEPARTMENT OF PUPIL TRANSPORTATION
SAFETY OFFICE
(School Bus Drivers)

95%

Initial
Receipt

Contractor: Reliable P. Services Name: Glenn R. Chappell

Social Security Number: [REDACTED] Date of Birth: [REDACTED]

Driver's License # [REDACTED] Expires: 6/12/13

License Class: A Endorsement: TPNS Learner's Permit Issue Date: _____
(30 Day Limit after training)

Driving Experience: 154 years (School Bus) All motor vehicles: _____

Home Address: _____

Previous Address: _____

(Less than 5 years): _____

Previous Employer: _____

Address: _____ Zip: _____

OFFICE USE ONLY
DO NOT WRITE BELOW THIS LINE!

Type of Training:
Pre-Service In-Service DDC (Circle one)

Date(s) of Training: August 11 2011

Number of Classroom Hours: 5
900 a.m. p.m. until 200 a.m. p.m.
_____ a.m. p.m. until _____ a.m. p.m.

Instructor(s): [REDACTED]

- Content:
- FEDERAL, STATE & LOCAL
 - School Bus Driver Duties & Responsibilities
 - Driving Fundamental Railroad & bridge Crossings
 - Pupil Passenger Management & Occupant Protection
 - Transporting Students w/Disabilities
 - Bloodborne Pathogens - Universal Precautions
 - MD Child Abuse Neglect Reporting Procedures & MD Family Law
 - Accident Emerg. Procedures

First aid
CDL - pre Trip

BCPSS
IN-SERVICE

SCHOOL BUS DRIVER
RECEIPT FOR INSTRUCTION

The following CORE UNITS are considered to be the minimum instruction for School Vehicle Drivers which has been received prior to re-certification for transport with the Baltimore City Public School System. Drivers are to initial in the appropriate space provided next to each unit listed below:

- (A) COMAR 13A.06.07, Eligibility, Disqualifying Factors & Training Requirements
- (B) BCPSS Local Regulations & Guidelines School Bus Driver Role & Responsibilities
- (C) Pre-Trip and Preventive Maintenance
- (D) Driving Fundamentals
- (E) Pupil Passenger Management and Discipline
- (F) Railroad and Bridge Crossing Procedures
- (G) Accidents and Emergencies
- (H) Bus Evacuation Procedures
- (I) First Aid, Good Samaritan
- (J) O.S.H.A. 29 CFR 1910.1030 (Universal Precaution)
- (K) Maryland Child Abuse/Neglect Reporting Procedures
- (L) Transporting Students with Special Needs
- (M) D.O.T. 49 CFR parts 40 & 382 (Drug and Alcohol Compliance)

ALL Units listed above included educational materials distributed to each driver.

(Bus Drivers signature required below)

I, [Signature] DO ACKNOWLEDGE THAT I HAVE RECEIVED THE REQUIRED TRAINING IN THE CORE UNITS IN ~~THE~~ IN-SERVICE CLASSES COMPLETED ON THIS DATE 8/11/14 IN IN

PRINTED NAME: Glenn E. Chappell EMPLOYER Reliable P.S.

INSTRUCTORS [Signature]

Drivers/ Attendants Yearly In-Service Training

Instructors: C. Moore, C. Hicks-Leeper and D. Foster

Name: Glenn R. Chappell Date: 8/11/11

Company: Reliable P. Services Position: Driver

- 1. (A) (B) (C) (D) (E)
- 2. (A) (B) (C) (D) (E)
- 3. (A) (B) (C) (D) (E)
- 4. (A) (B) (C) (D) (E)
- 5. (A) (B) (C) (D) (E)
- 6. (A) (B) (C) (D) (E)
- 7. (A) (B) (C) (D) (E)

- 8. (A) (B) (C) (D) (E)
- 9. (A) (B) (C) (D) (E)
- 10. (A) (B) (C) (D) (E)
- 11. (A) (B) (C) (D) (E)
- 12. (A) (B) (C) (D) (E)
- 13. (A) (B) (C) (D) (E)
- 14. (A) (B) (C) (D) (E)
- 15. (A) (B) (C) (D) (E)
- 16. (A) (B) (C) (D) (E)
- 17. (A) (B) (C) (D) (E)
- 18. (A) (B) (C) (D) (E)
- 19. (A) (B) (C) (D) (E)
- 20. (A) (B) (C) (D) (E)

BALTIMORE CITY PUBLIC SCHOOLS


MEMO

To: All Transportation Staff
From: Steven A. James
Date: June 20, 2011
Re: School Bus Personnel Procedures Manual

I acknowledge receipt of the Baltimore City Schools, School Bus Personnel Procedures Manual. I have read and understand all policies and regulations contained therein and agree to be in compliance.

Glenn R. Chappell

Printed name


Glenn R. Chappell

Signature

8/11/11

Date

GREAT KIDS
GREAT SCHOOLS


MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Glenn R. Chappell in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- | | |
|---|--|
| <input type="checkbox"/> wearing corrective lenses | <input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62) |
| <input type="checkbox"/> wearing hearing aid | <input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE) |
| <input type="checkbox"/> accompanied by a _____ waiver/exemption | <input type="checkbox"/> qualified by operation of 49 CFR 391.64 |
| <input type="checkbox"/> Non-commercial class C driver operating a CMV 10,001 to 26,000 lbs.,
Intrastate (MD Motor Vehicle Law 25-111(vi)) | |

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <i>[Redacted]</i>	TELEPHONE 410-687-6462	DATE 11/2/11
MEDICAL EXAMINER'S NAME (PRINT) <i>[Redacted]</i>	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input checked="" type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE <i>[Redacted] MD</i>		
SIGNATURE OF DRIVER <i>Glenn R. Chappell</i>	DRIVER'S LICENSE NO. <i>[Redacted]</i>	STATE MD
ADDRESS OF DRIVER <i>[Redacted]</i>		
MEDICAL CERTIFICATE EXPIRATION DATE 11/2/13		



CDL
Endors:
TPNS

Class Commercial
A Driver's License

LIC # *[Redacted]*

GLENN R CHAPPELL

BALTIMORE MD 21239

BIRTH DATE: *[Redacted]*

EXPIRES: 2013

Sex: M HT: 5-11 WT: 202

Restr: M Type: NG

Issue Date: 10-21-2008



C212100T

BALTIMORE CITY PUBLIC SCHOOL SYSTEM
Department of Pupil Transportation & General Services
Safety Office

(School Bus Drivers)

Contractor: City wide Name: Glenn R. Chappell

Driver License #: [REDACTED] Social Security #: [REDACTED]

License Class A
/Endorsement: T-P-N-S Lic. Expires: [REDACTED] 13 Birth date: [REDACTED]

Learner's Permit (Pre-Service Only) Issue Date: _____ (30 Day Limit after training)

Driving Experience: All Motor Vehicles: School Bus ONLY: _____

Home Address: [REDACTED] Zip: 21239

Previous Address: [REDACTED] Zip: 21202

Telephone #: [REDACTED]

Previous Employer: CT Transportation

Address: A. Squith and 25th Sts

Did you operate a commercial vehicle for the previous employer? yes

OFFICE USE ONLY
DO NOT WRITE BELOW THIS LINE!

Training: Pre-Service In-Service DDC (Circle One)

Date(s) of Training: June 23, 2009

Number of Classroom Hours: _____ Behind-the-Wheel Hours
9³⁰ a.m. p.m. until 2³⁰ a.m. p.m. _____ a.m. p.m. until _____ a.m. p.m.
_____ a.m. p.m. until _____ a.m. p.m. _____ a.m. p.m. until _____ a.m. p.m.

Instructors: [REDACTED] [REDACTED] [REDACTED]

Comments: FEDERAL, STATE & LOCAL School Bus Driver Duties & Responsibilities Driving Fundamental Railroad & bridge Crossings
Pupil Passenger Management & Occupant Protection Transporting Students w/Disabilities CDL Pre-Trip
MD Child Abuse Neglect Reporting Procedures & MD Family Law Accident Emerg. Procedures First Aid
Bloodborne Pathogens - Universal Precautions

RC

BCPSS
IN-SERVICE

SCHOOL BUS DRIVER
RECEIPT FOR INSTRUCTION

The following CORE UNITS are considered to be the minimum instruction for School Vehicle Drivers which has been received prior to re-certification for transport with the Baltimore City Public School System. Drivers are to initial in the appropriate space provided next to each unit listed below:

- (A) COMAR 13A.06.07, Eligibility, Disqualifying Factors & Training Requirements
- (B) BCPSS Local Regulations & Guidelines School Bus Driver Role & Responsibilities
- (C) Pre-Trip and Preventive Maintenance
- (D) Driving Fundamentals
- (E) Pupil Passenger Management and Discipline
- (F) Railroad and Bridge Crossing Procedures
- (G) Accidents and Emergencies
- (H) Bus Evacuation Procedures
- (I) First Aid, Good Samaritan
- (J) O.S.H.A. 29 CFR 1910.1030 (Universal Precaution)
- (K) Maryland Child Abuse/Neglect Reporting Procedures
- (L) Transporting Students with Special Needs *Oxygen*
- (M) D.O.T. 49 CFR parts 40 & 382 (Drug and Alcohol Compliance)

ALL Units listed above included educational materials distributed to each driver.

(Bus Drivers signature required below)

I, *Glenn R. Chappell* DO ACKNOWLEDGE THAT I HAVE RECEIVED THE REQUIRED TRAINING IN THE CORE UNITS IN PRE-SERVICE CLASSES COMPLETED ON THIS DATE *6/23/09*

PRINTED NAME: *Glenn R. Chappell* EMPLOYER *City wide*

INSTRUCTORS *[Redacted]*

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Glenn R. Chappell in accordance with Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find person is qualified; and, if applicable, only when:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a _____ waiver/exemption
- Non-commercial class C driver operating a CMV 10,001 to 26,000 lbs., Intrastate (MD Motor Vehicle Law 25-111(vi))
- driving within an exempt intracity zone (49 CFR 391.62)
- accompanied by a Skill Performance Evaluation Certificate (PE)
- qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination for any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINEE <u>[Redacted]</u>		TELEPHONE 410-687-6462	DATE 8/15/10
MEDICAL EXAMINER'S NAME (PRINT) Donal M. Billig, M.D.		<input checked="" type="checkbox"/> MD	<input type="checkbox"/> DO <input type="checkbox"/> Chiropractor
MEDICAL EXAMINER'S LICENSE OR CERTIFICATION NUMBER [Redacted]		ISSUING STATE MD	<input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse
SIGNATURE <u>[Redacted]</u>	POWER OF ATTORNEY NO. [Redacted]	STATE MD	
ADDRESS [Redacted]			
MEDICAL CERTIFICATE EXPIRATION DATE 8/15/10			