



**Motor Carrier Attachment 23:**  
**BCPS Crash File for Accident Driver**  
**Baltimore, MD; 11/1/2016**  
**HWY17MH007**  
(49 pages)

# **ACCIDENT INFORMATION**

9-8-11

Pos ~~Missed~~ Call Chopped

1132

Sub Stephanie Muhamud

6 students

\* Driver did not see body

Aide did not see route

~~mother called~~

called called mother then  
mother called her @

\* 5:30 a call was not

reported

Aide reported accident

\* PS said late & No one in DOT

\* close to 6pm PS

space / or motor

side, called + add PS.

that driver not following route  
route

Approx of 5 minutes (St Chris Am)

Driver <sup>lost</sup> suspended until  
investigation

[REDACTED]

9-22-11

Spw Chuppell

(1) Regular air absent & person about 45 minutes late

(2) C. Duffin started on 9/6/11

(3) Regular air has paperwork

(4) On 9/6 child dropped off OK  
Duffin had paperwork done  
~~to~~ did not

(5) Accident -  
Duffin driving air car, was told to  
turn car down Winwood St.  
they recanted

(6) Father usually met bus at  
corner

(7) After hit car, started knocking on  
door & gave information to neighbor

(8) Claims called & spoke with  
father, & advised her of accident  
immediately after it happened

(9) said, father told him after he  
spoke with me he can come  
back to work

(10) Patricia L. Ryan that man would be  
done out of order - agreed with C.C. corporation

Report Number:  
BSPDA178000K

State of Maryland Motor Vehicle Crash Report

Reporting Agency:  
BALTIMORE CITY  
SCHOOL POLICE

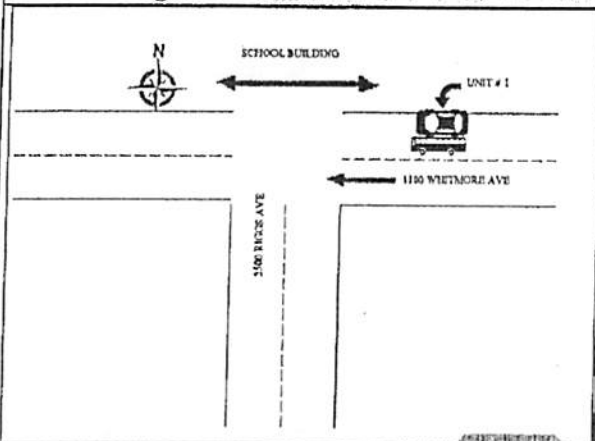
Case Information:

Report Type: **Property Damage Crash** County: **Baltimore City** Municipality: **N/A**  
Local Case No.: **7150910615** Local Codes: Crash Date: **9/23/2015**  
Investigating Officer: **OFF T. Gross - A178** Crash Time: **04:00 PM**  Photos Taken

Location:

GPS X-Coordinates: **-76.6581827402115** GPS Y-Coordinates: **39.3005150474183**  
Main Road: **E LAFAYETTE AVE** Route #: **MD25**  
Intersecting Road: **E LAFAYETTE AVE (BACK)** Intersecting Route #: **MU4030**  
Mile Point: **0** Mile Point Direction: **N** Distance: **15 F** Distance Direction: **N**

Accident Diagram:



Narrative:

UNIT # 1 WAS PARKED UNOCCUPIED IN THE 100 BLOCK OF WHITMORE AVE WHEN IT WAS STRUCK ON THE DRIVERS SIDE BY AN UNKNOWN VEHICLE. UNIT # 1 SUSTAINED DAMAGED TO THE DRIVERS SIDE OF THE VEHICLE AND THE MIRROR WAS KNOCKED OFF. THE DRIVERS SIDE DOOR OF UNIT# 1 COULD NOT BE OPENED.

A NOTE WAS LEFT ON THE WINDSHIELD OF UNIT # 1 STATING THAT SCHOOL BUS # 1876 (RELIABLE TRANSPORTATION) HAD HIT THE VEHICLE.

INVESTIGATION STILL ON GOING

Crash Type:

Collision Type: **Same Direction Left Turn**  
Harmful Event One: **Parked Vehicle** Harmful Event Two: **Other Vehicle**  
Fixed Object Struck: **N/A** School Bus Involved: **Unknown**  
Const./Maint. Zone: **No** Const./Maint. Loc.:  
Workers Present: Const./Maint. Closure:

Road/Area:

Lane No.: **1** Lane Dir.: **E** Lane Type:  
No. of Lanes: **1** Rd. Alignment: **Straight** Rd. Grade: **Hill Crest**  
Rd. Division: **Two-Way, Not Divided** Traffic Control: **No Controls**  
Intersection: **N/A** Inter. Area:  
Junction: **Non Intersection**

Conditions:

Road Condition: **No Defects** Contrib - Road: **N/A**  
Weather: **Clear** Contrib - Environment: **N/A**  
Surface Condition: **Dry** Light: **Daylight**

NO FOLDER IN USE

GLW  
COLUMA CHAPTER 22



sent back

check  
in folder  
on truck

BUS NO IS 1876  
AAA Affordable BUS CO  
1800-945-9000

41035208

Tuller  
BusCo.

10:45 AM on 9/23

ME - day NW

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

CITY OF BALTIMORE CENTRAL BUREAU 100 HOLLIDAY STREET BALTIMORE, MARYLAND 21202	INVESTIGATION	MOTOR VEHICLE ACCIDENT REPORT
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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	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	DAY OF WEEK
9	23	15	10:10		Wednesday
LOCATION OF ACCIDENT			POLICE REPORT NO.		
PLACE WHERE ACCIDENT OCCURRED (CITY, TOWN, ETC.)					
1100 Whiteford, Balto, Md.					
STREET, HIGHWAY, NEAREST INTERSECTION WHERE ACCIDENT OCCURRED					
Calverton M. School					
WEATHER CONDITIONS:					
NUMBER OF VEHICLES INVOLVED		INVESTIGATED BY POLICE		<input type="checkbox"/> PEDESTRIAN INVOLVED	
ONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

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: 410-396-3100

DRIVER'S SIGNATURE	DATE
<i>Glenn Ronie Chappell</i>	9/23/15
SUPERVISOR'S SIGNATURE	DATE

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

YOUR VEHICLE NO. 1	DRIVER LICENSE NUMBER	CITY PERMIT NUMBER
	<i>M</i>	
	DRIVER'S FIRST NAME	MIDDLE NAME
	<i>Glenn Ronie Chappell</i>	
	DRIVER'S ADDRESS	ACCT. TESTING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	<i>Baltimore, Md 21239</i>	
	STATE	COUNTY
	ZIP CODE	
	AGENCY NAME	
	CITY OF BALTIMORE	
BUREAU NAME	BUSINESS PHONE	
POINT OF IMPACT ON VEHICLE	EXTENT OF DAMAGE	
<i>Rear right side</i>	<input checked="" type="checkbox"/> SLIGHT <input type="checkbox"/> HEAVY	
VEHICLE TAG NUMBER	FLEET OR SHOP NUMBER	
<i>19469H MD</i>	<i>1876</i>	
YEAR, MAKE AND MODEL	SERIAL NUMBER OF VEHICLE	
<i>2015 Int'l Bus</i>	<i>4DRBUA1P9FB0267</i>	
OWNER	OTHER - SPECIFY	
MAYOR & CITY COUNCIL		
CITY OF BALTIMORE		

VEHICLE NO. 2	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		
	<i>Left front door + fender</i>	<input checked="" type="checkbox"/> SLIGHT <input type="checkbox"/> HEAVY		
	TAG NUMBER	STATE	YEAR	YEAR, MAKE AND MODEL
	<i>md 05</i>	<i>md</i>	<i>05</i>	<i>Chevy</i>
OWNER'S FIRST NAME	MIDDLE NAME	LAST NAME		
OWNER'S ADDRESS			DAY PHONE #	
OWNER'S INSURANCE COMPANY			POLICY NUMBER	



**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 20<sup>th</sup> St. no later than 24 hours after the accident.

Contractor/Company Name: AAA Affordable Trans  
 Date of Accident: 9-23-15 Time: 10:10 AM  
 Location: Side Calverton School  
 Posted Speed Limit: 25 MPH  
 Total Number of Lanes on Roadway or Street: 2  
 Citation Issued ( Circle one ) Yes  No   
 Vehicle #. 1876 Tag # \_\_\_\_\_  
 Bus Body Make: School bus  
 Bus Chassis Make: \_\_\_\_\_  
 Was Driver Tested ? (Circle all that apply)  
 Alcohol \_\_\_\_\_ Drug \_\_\_\_\_

I, Name of Driver Glenn R. Chappell (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 24

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

Address of School(s) Calverton Elem/Middle Telephone# (s) \_\_\_\_\_

Bus seating capacity: 60 Approximate speed of your vehicle 2 MPH

Student/Passenger List

Date of Accident: 9/23/15

Bus Number: 1876

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

**CDL** Class Commercial  
 Endors: A Driver's License *Maryland*  
 TPNS LIC # [REDACTED]

[REDACTED] **GLENN R CHAPPELL**  
 5502 SAGRA RD  
 BALTIMORE MD 21239

[REDACTED] BIRTH DATE: [REDACTED]  
 EXPIRES: [REDACTED] 2018  
 Sex M HT 5-11 WT 202  
 Restr M Type D2  
 Issue Date 09-08-2015

MEDICAL EXAMINER'S CERTIFICATE			
I certify that I have examined <u>Glenn R. Chappell</u> 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"/> wearing hearing aid <input type="checkbox"/> accompanied by a _____ waiver/exemption		<input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62) <input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE) <input type="checkbox"/> qualified by operation of 49 CFR 391.64	
<input checked="" type="checkbox"/> Non-commercial class C driver operating a CMV 10,001 to 26,000 lbs., Interstate (MD Motor Vehicle Law 2S-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	DATE
[REDACTED] PA-C EDWARD L. BIRD, PA-C		410-247-9595	08/31/2015
MEDICAL EXAMINER'S NAME (PRINT)		<input type="checkbox"/> MD <input type="checkbox"/> DO <input checked="" 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		NATIONAL IDENTIFICATION NUMBER	
[REDACTED]		0873867650	
SIGNATURE OF DRIVER		INTRASTATE ONLY	CDL
[REDACTED] Glenn R. Chappell		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS OF DRIVER		DRIVER'S LICENSE NO.	
[REDACTED] 21239		[REDACTED] MD	
MEDICAL CERTIFICATION EXPIRATION DATE		08/31/2016	

C3121001

MAJOR HAMM

THIS IS A REPORT OF A HIT AND RUN FROM YESTERDAY (09.23.15) AT PS# 75. THE VEHICLE THAT WAS HIT WAS A TEACHER CAR AND THIS NOTE WAS LEFT ON HER WINDSHIELD. I ALREADY TALK TO STEVE JAMES BY TELEPHONE AND EMAIL. HE IS GOING TO RESPOND TO YOUR OFFICE TODAY TO RETREIVE THIS INFORMATION ON THE YELOW BUS THAT IS POSSIBLY INVOLVED IN THE ACCIDENT. I TOLD HIM THAT I WOULD LEAVE IT WITH YOU SIR.

**Vehicle 1 ( [REDACTED] )**

**Basic Information**

Registration: [REDACTED] Tag State: MD Exp Year: VIN #: 1G1ZT58F47 [REDACTED]  
Year: 2007 Make: CHEVY Model: MALIBU Body Type: Passenger Car  
Insurer: AUTO LIABILITY Policy #: [REDACTED]  
Towed Vehicle: N/A

**At Fault/Citation(s)**

At Fault: Citation Issued: Citation Code:

**Owner**

First: KATHLEEN Middle: ELIZABETH Last: DUKE Home Phone: [REDACTED]  
Street: [REDACTED] Other Phone:  
City: BALTIMORE State: MD Zip: 21215

**Impact & Damage**

First Impact: Ten O'clock Areas Damaged: Ten O'clock, Nine O'clock, Eight O'clock  
Main Impact: Ten O'clock  
Most Harmful Event: N/A  
Damage Extent: Functional Fire:

**Circumstances**

Going Direction: Continuing Direction: Vehicle Movement: Parked Speed Limit: 25  
Left Scene: No Driverless Vehicle: Yes Emergency Vehicle: No  
Special Function: N/A

**Contrib. Circumstances Person:**

Driver Distracted By: Contrib. Circumstances Vehicle:

**Sequence of Events:**

**Towing**

Towed: Removed By: Removed To:

**END - Vehicle 1 ( [REDACTED] )**

**James, Steve A.**

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**From:** James, Steve A.  
**Sent:** Wednesday, September 23, 2015 8:06 PM  
**To:** Neal, Roberta; Hughes, Jacinta L; Matlock, Shawn; Scroggins, Keith; Hicks-Leeper, Cynthia; Hutt, Daniel A.; James, Steve A.  
**Cc:** James, Steve A.  
**Subject:** Reliable- accident

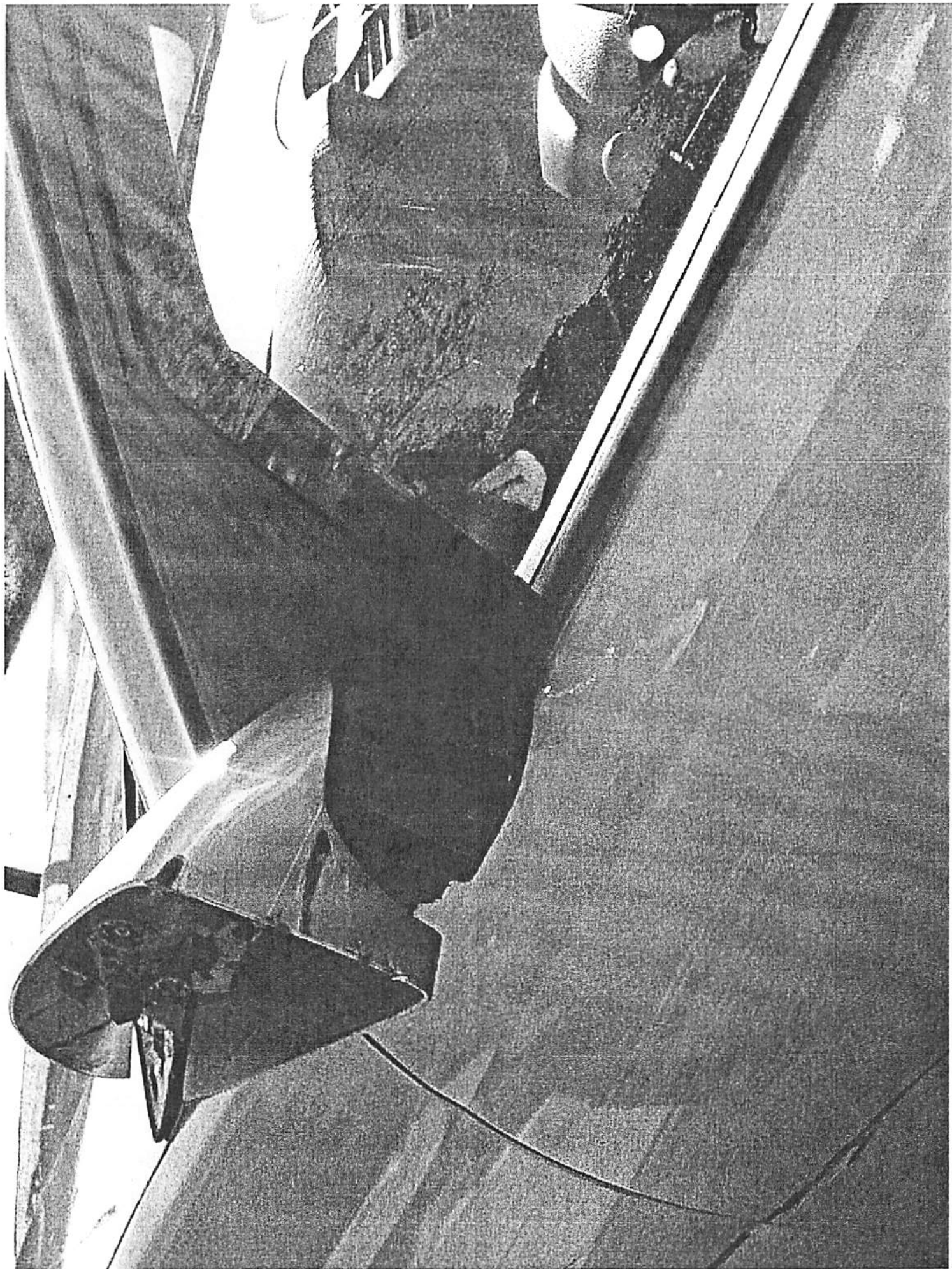
**Follow Up Flag:** Flag for follow up  
**Flag Status:** Flagged

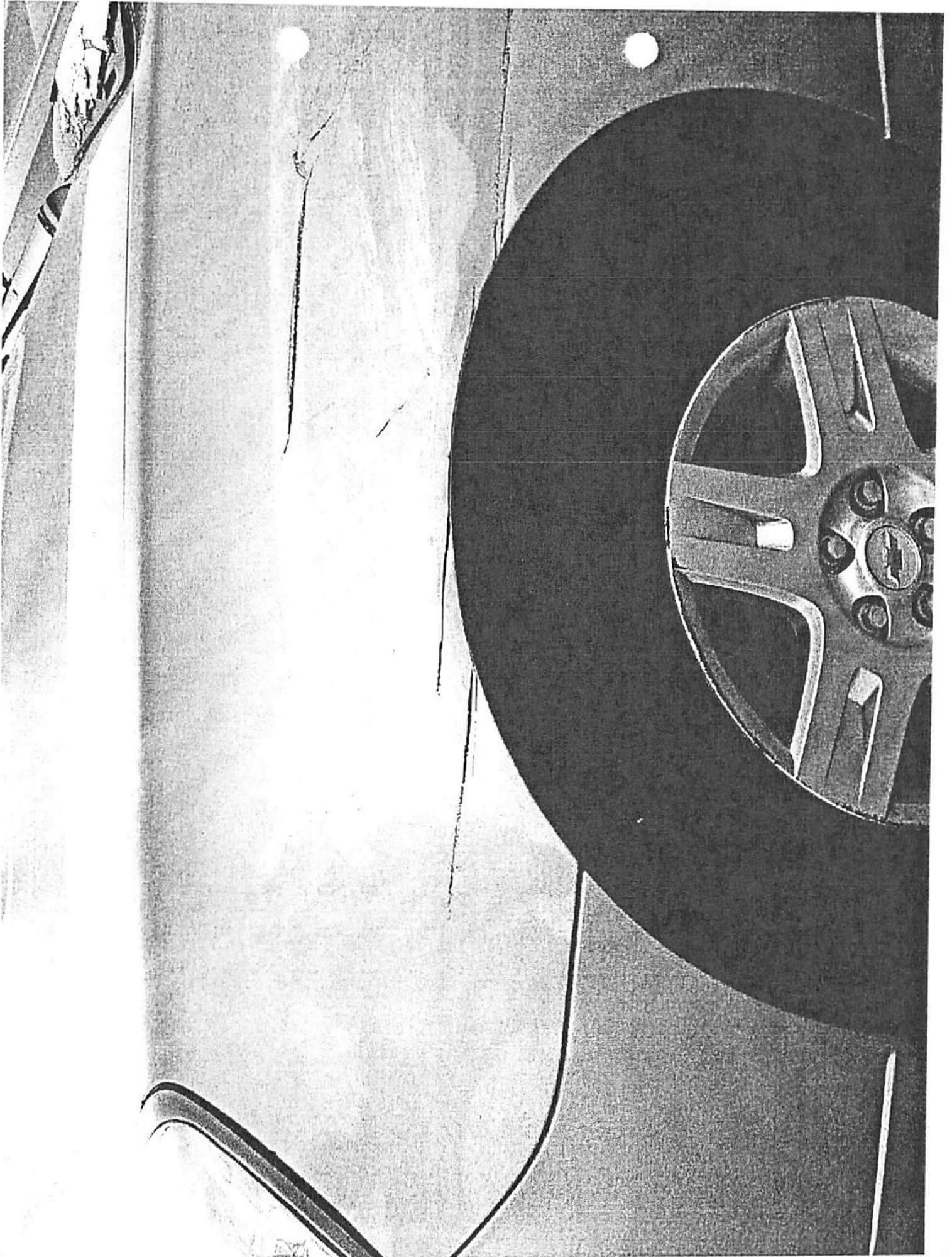
The below was sent to me via text from School Police Officer Tim Gross:

Just to advise you yellow bus # 1876 Reliable bus company. Hit a vehicle at Calverton Middle school. The bus stop and left a note on the vehicle but didn't call the police then left the scene

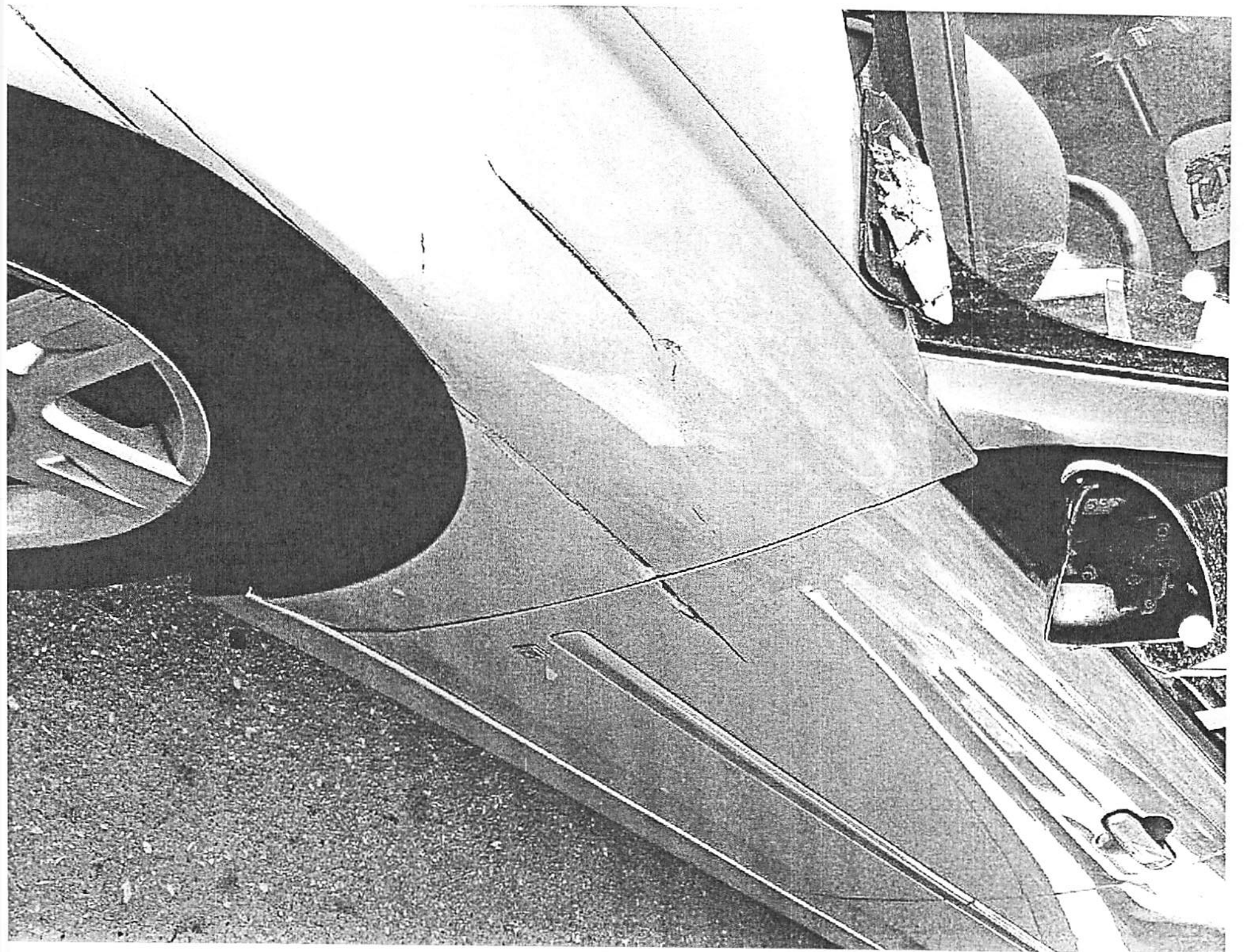
Officer Gross has the info from the parked vehicle that was hit, including the owners information, stating there was significant damage. He will leave the note left on the car with Major Hamm and I will pick it up in the morning. I will gather all the information regarding this matter prior to contacting Reliable.

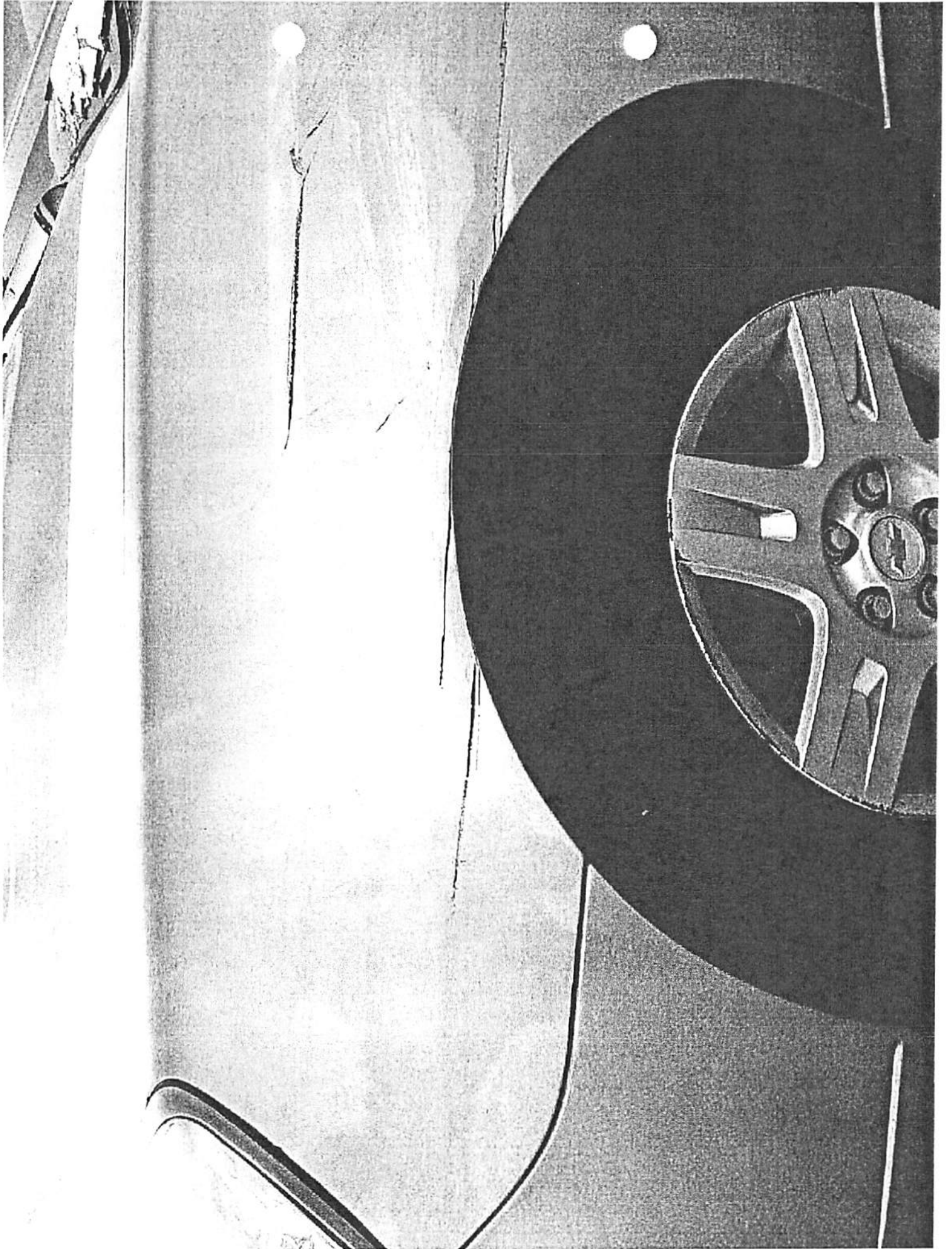
Sent from my iPhone

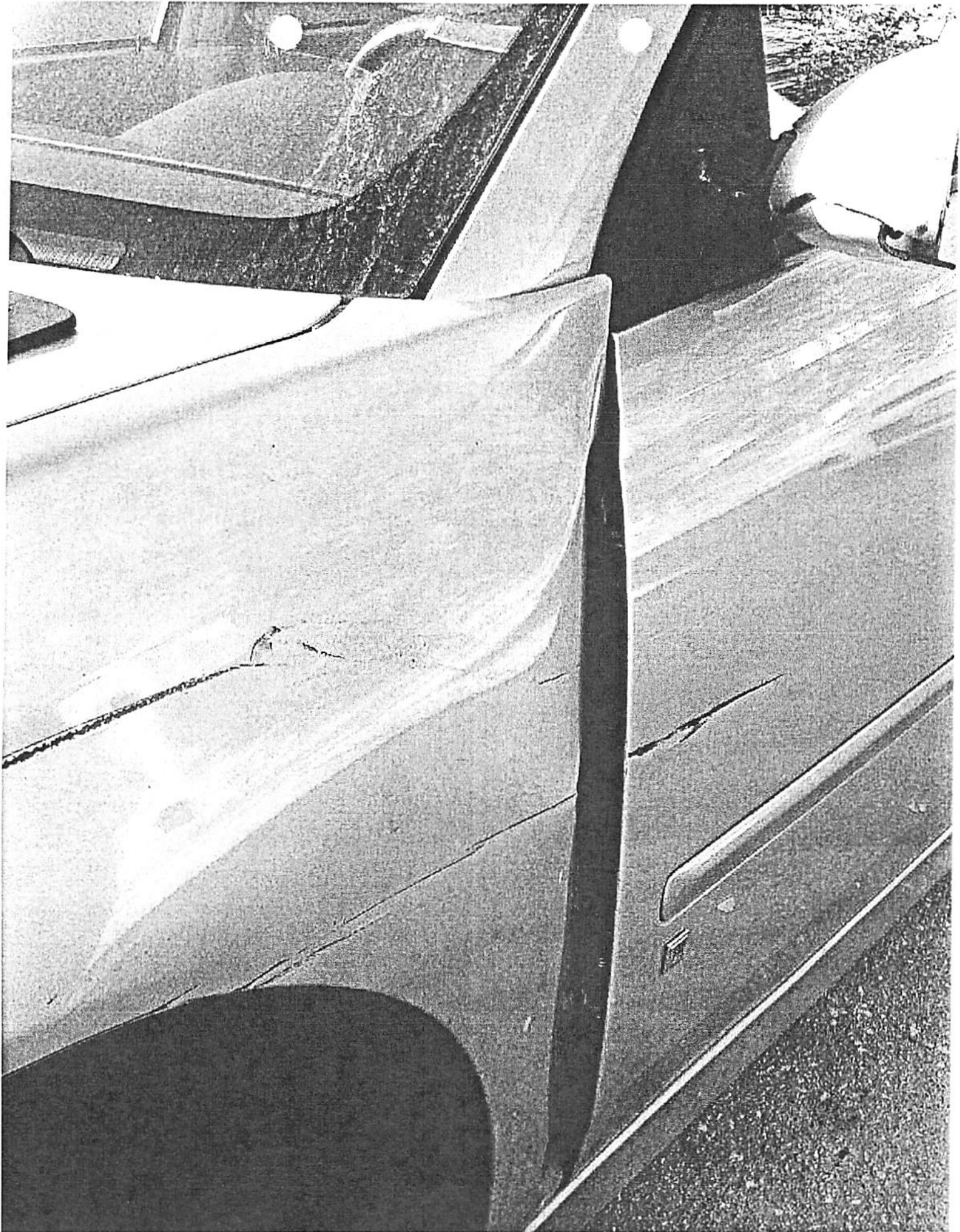


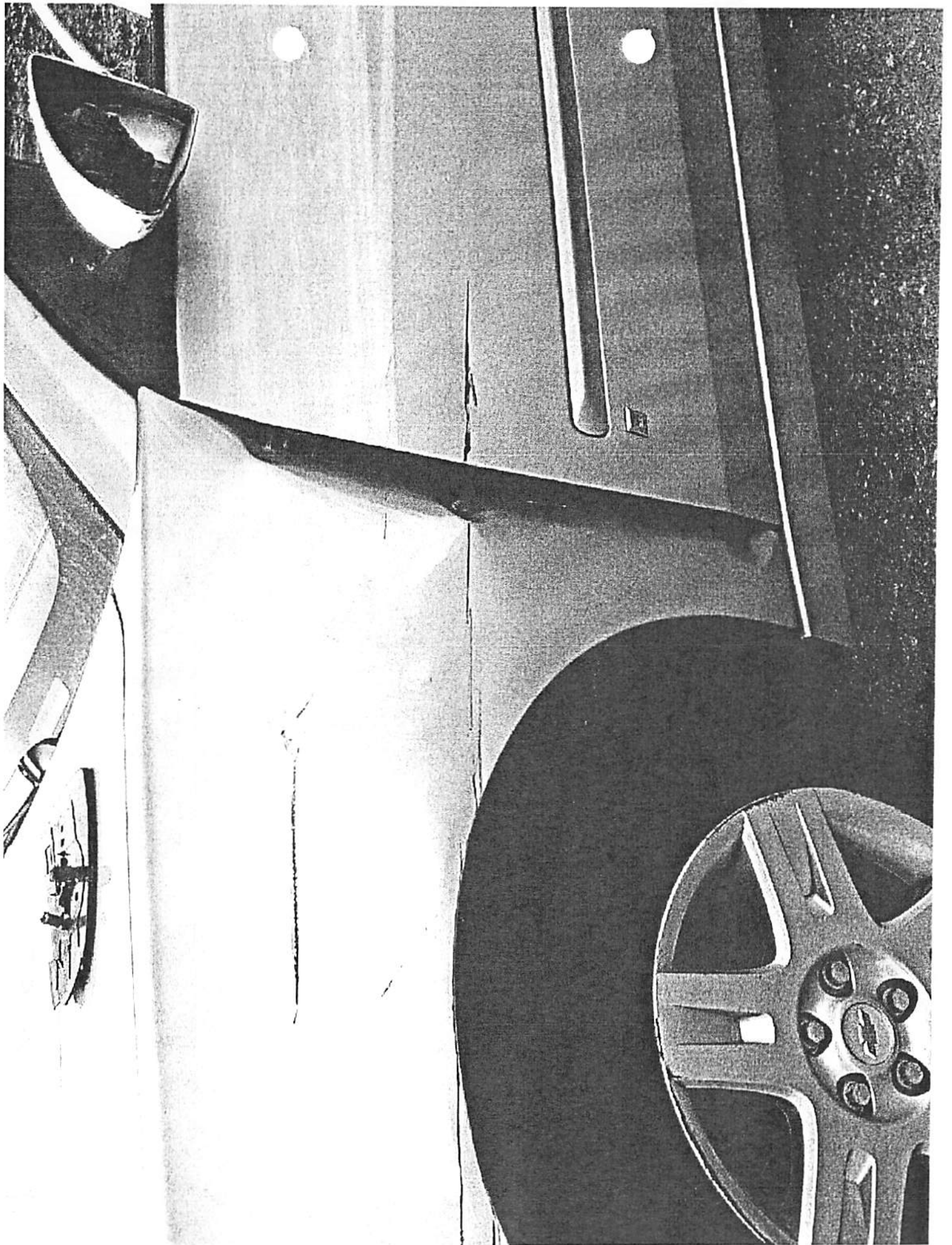


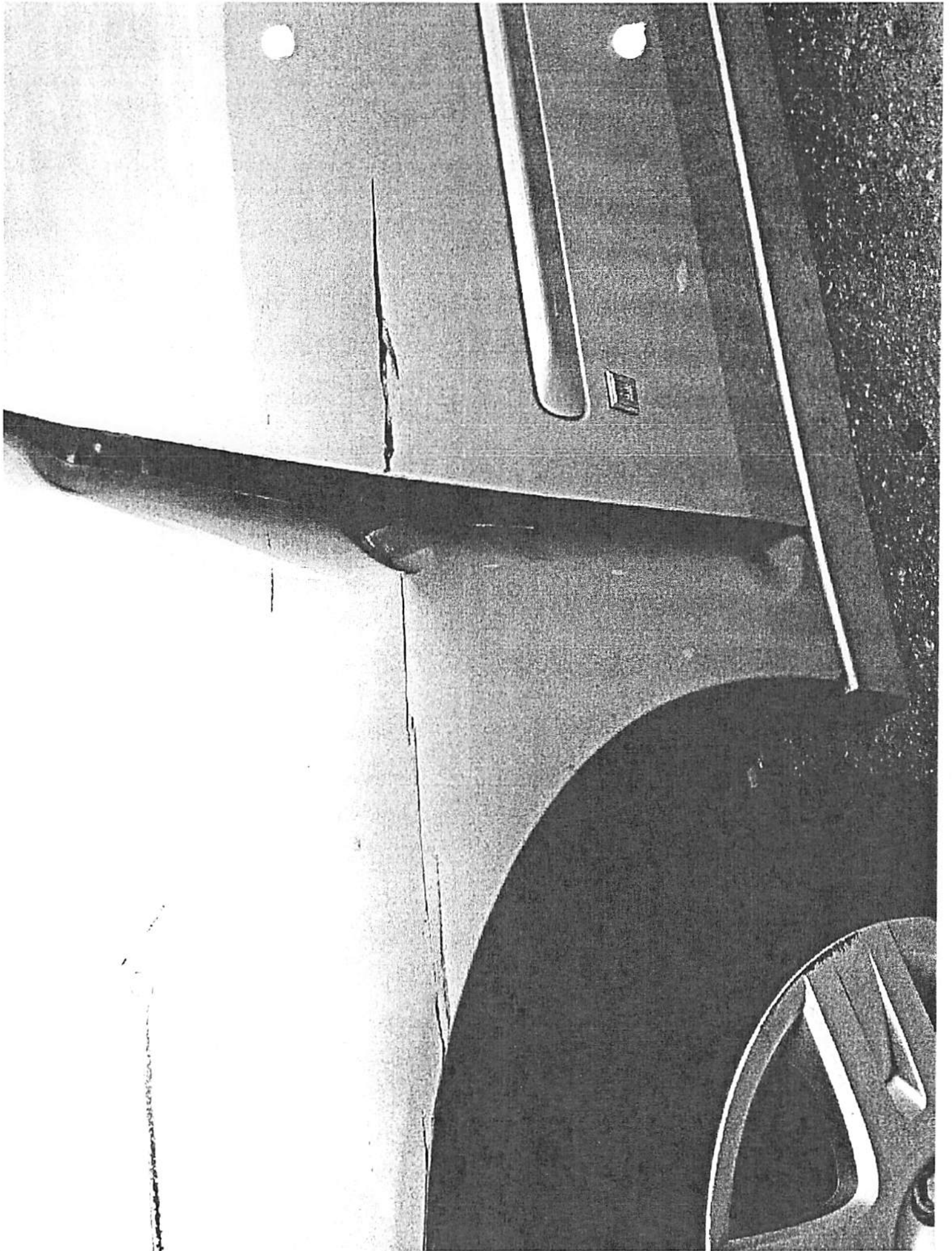














**James, Steve A.**

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**From:** James, Steve A.  
**Sent:** Friday, December 11, 2015 1:51 PM  
**To:** aaafordable@verizon.net; AAAFordable Customer Service - down load our app!  
(aaafordable@yahoo.com)  
**Cc:** Neal, Roberta; Holt, Gloria; Best, Michelle M.; James, Steve A.  
**Subject:** Glenn Chappell-return to work

As a result of the investigation into Mr. Chappell's accident on September 23, 2015 and after being reviewed by Acting Transportation Director, Robin Neal and Safety Supervisor, Steven A. James it has been determined, based on the findings, effective Monday, December 14, 2015 Mr. Chappell's suspension of certification is lifted and he may return to work as a certified driver for Baltimore City Schools. Please feel free to contact me if there are any questions or concerns.

Steven A. James  
Safety and Training Supervisor  
1210 E. 20<sup>th</sup> St.  
Baltimore, Md. 21218



Office: 410-396-7440  
Fax: 410-396-6086  
E-mail: [REDACTED]

## **Holt, Gloria**

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**From:** James, Steve A.  
**Sent:** Thursday, September 24, 2015 2:18 PM  
**To:** aaafordable@verizon.net; AAAFordable Customer Service - down load our app!  
(aaafordable@yahoo.com)  
**Cc:** Neal, Roberta; Hughes, Jacinta L; Hicks-Leeper, Cynthia; Hutt, Daniel A.; Holt, Gloria;  
Best, Michelle M.; James, Steve A.  
**Subject:** Glenn Chappell- Accident 9/23 bus 1876

Based on Mr. Chappell's failure to report an accident, as well as leaving the scene of an accident, his certification as a driver for City Schools is suspended, effective immediately. His future certification status will be determined pending the outcome of the investigation.



**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 □ A.M. □ 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: 410-396-3100

DRIVER'S SIGNATURE	DATE
<i>[Signature]</i>	3/02/12
SUPERVISOR'S SIGNATURE	DATE
<i>[Signature]</i>	3-02-12

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-501-10 FOR FURTHER DETAILS.

**VERY IMPORTANT - GIVE EXACT DATE AND HOUR OF ACCIDENT**

MONTH DATE YEAR TIME AM PM DAY OF WEEK  
03 - 02 12 4:06 PM Friday

LOCATION OF ACCIDENT POLICE REPORT NO.

PLACE WHERE ACCIDENT OCCURRED (CITY, TOWN, ETC.)  
410 S. Robinswood Baltimore  
STREET, HIGHWAY, NEAREST INTERSECTION WHERE ACCIDENT OCCURRED  
E Pulaski St

WEATHER CONDITIONS:

NUMBER OF VEHICLES INVOLVED 2 INVESTIGATED BY POLICE  YES  NO PEDESTRIAN INVOLVED

**YOUR VEHICLE NO. 1**

DRIVER LICENSE NUMBER [REDACTED] CITY PERMIT NUMBER [REDACTED]

SEX DATE OF BIRTH [REDACTED] HOME PHONE NUMBER [REDACTED]

DRIVER'S FIRST NAME MIDDLE NAME LAST NAME  
Glen Roie Chappell

DRIVER'S ADDRESS [REDACTED] COL  YES  NO POST  YES  NO ACCT. TESTING

CITY STATE COUNTY ZIP CODE  
Baltimore MD 21239

AGENCY NAME  
Baltimore City Transportation Dep

BUREAU NAME BUSINESS PHONE  
City Transportation 410-662-6106

POINT OF IMPACT ON VEHICLE EXTENT OF DAMAGE  
R. Middle Side of Bus SLIGHT  HEAVY

VEHICLE TAG NUMBER STATE YEAR FLEET OR SHOP NUMBER  
12C91H MD 12 1450

YEAR, MAKE AND MODEL SERIAL NUMBER OF VEHICLE  
03 FLEET BU 4DRBRAGM 23A 954974

OWNER MAYOR & CITY COUNCIL CITY OF BALTIMORE OTHER - SPECIFY

**YOUR VEHICLE NO. 2**

DRIVER LICENSE NUMBER [REDACTED] EXPIRES [REDACTED] STATE MD

SEX DATE OF BIRTH [REDACTED] HOME PHONE NUMBER [REDACTED]

DRIVER'S FIRST NAME MIDDLE NAME LAST NAME  
Kaleb Orellan

DRIVER'S ADDRESS [REDACTED]

CITY STATE COUNTY ZIP CODE  
Baltimore City

NAME OF EMPLOYER

POINT OF IMPACT ON VEHICLE EXTENT OF DAMAGE  
L. Mirrors SLIGHT  HEAVY

TAG NUMBER STATE YEAR YEAR, MAKE AND MODEL  
[REDACTED] MD [REDACTED] Breeze Plymouth

OWNER'S FIRST NAME MIDDLE NAME LAST NAME  
Kaleb Orellan

OWNER'S ADDRESS [REDACTED] DAY PHONE # [REDACTED]

INSURANCE COMPANY POLICY NUMBER

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
<i>None</i>	
DAMAGE PROPERTY OWNER'S NAME	
ADDRESS	

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

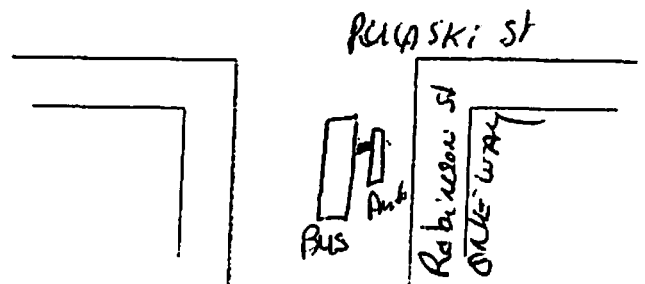
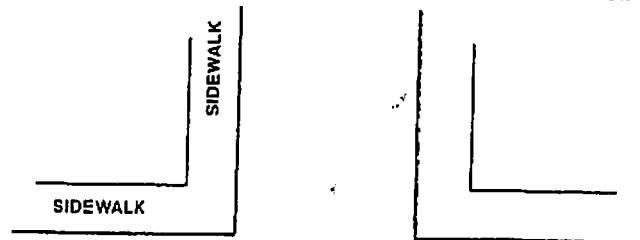
*Let the  
I ~~was~~ ~~hit~~ ~~by~~ ~~so~~ Kid off at  
410 S. Robinson St  
When i pull off Side of the  
bus SCRAPE His l. Front mirror.  
it pull the mirror forward. And  
the mirror came back into place  
the mirror was broken before I  
Hit the mirror because he had  
the mirror tape up with brown tape*

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

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"/> INJURED	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> PEDESTRIAN	<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"/> INJURED	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> PEDESTRIAN	<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"/> INJURED	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> PEDESTRIAN	<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"/> INJURED	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> OTHER VEHICLE
AGE	SEX	NATURE OF INJURY	REMOVED FROM SCENE <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PERSONAL CAR	

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 20<sup>th</sup> St no later than 24 hours after the accident.

Contractor/Company Name: C&T  
 Date of Accident: 3-02-12 Time: 4:06 PM  
 Location: 410 S ROBINSON ST  
 Posted Speed Limit: MPH No Posted Sign  
 Total Number of Lanes on Roadway or Street: ONE  
 Citation Issued: (Circle one) (Yes) No  
 Vehicle # 1450 Tag # 12691H  
 Bus Body Make: INTL BU  
 Bus Chassis Make: America Transportation Corp  
 Was Driver Tested? (Circle all that apply)  
 Alcohol  Drug

I. Name of Driver Glenn R. Chappell (Circle One) Regular or Substitute  
 Years of experience as a school bus driver: 32  
 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: 1

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>N/A</u>		

Address of School(s)

1300 Garsuch Ave

Telephone # (s)

443-984-2685

Bus seating capacity 66

Approximate speed of your vehicle 1 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. Yes (No)

If no, explain I NOTIFY MY OFFICE No Kids was on the bus  
Police Report # \_\_\_\_\_ Claim# \_\_\_\_\_

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

Additional Information: Kaleb O'Reilly OWNER OF Vehicle  
NO (2) - Could not SPEAK ENGLISH

VI. Driver's Signature: [Signature]  
Supervisor's Signature: [Signature] Date: 3-02-12

Student/Passenger List

Date of Accident: 3-02-12

Bus Number: 1450

1.	Dolores Wilson (Bus Attendant)
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	



# 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:

- 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 (SPE)
- qualified by operation of 49 CFR 391.64

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 301-787-XXXX	DATE 02/14/12
MEDICAL EXAMINER'S NAME (PRINT) <b>Rashid, Gill M.D</b>	<input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor	<input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE [REDACTED] MD	DRIVER'S LICENSE NO. [REDACTED]	STATE • MD
SIGNATURE OF DRIVER <u>Glenn R Chappell</u>	ADDRESS OF DRIVER [REDACTED]	
MEDICAL CERTIFICATE EXPIRATION DATE 05/14/12		

Class Commercial  
CDL A Driver's License Maryland

Endors: TPNS  
LIC #: [REDACTED]

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

BIRTH DATE: [REDACTED]  
EXPIRES: [REDACTED] 2013  
Sex: M HT 5-11 WT 202  
Restr M Type NG  
Issue Date 10-21-2008

**C & T Transportation INC**  
2552 Woodbrook Avenue  
Mailing Address:  
P.O. BOX 33484  
Baltimore, MD 21218-0403

**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: 410-396-3100

*Glenn Chappell*  
DRIVER'S SIGNATURE DATE 10/14/11

*[Signature]*  
SUPERVISOR'S SIGNATURE DATE 10/14/11

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 NA
- PCD IN USE  YES  NO NA

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-501-10 FOR FURTHER DETAILS.

**VERY IMPORTANT - GIVE EXACT DATE AND HOUR OF ACCIDENT**

MONTH DATE YEAR TIME AM PM DAY OF WEEK  
10 14 2011 6:45 PM Friday

LOCATION OF ACCIDENT POLICE REPORT NO.  
Baltimore MD 11856465  
Clifton @ Denison

PLACE WHERE ACCIDENT OCCURRED (CITY, TOWN, ETC.)  
STREET, HIGHWAY, NEAREST INTERSECTION WHERE ACCIDENT OCCURRED

WEATHER CONDITIONS: Clear

NUMBER OF VEHICLES INVOLVED INVESTIGATED BY POLICE  YES  NO  PEDESTRIAN INVOLVED

YOUR VEHICLE NO. 1

DRIVER LICENSE NUMBER CITY PERMIT NUMBER

SEX DATE OF BIRTH HOME PHONE NUMBER  
M [Redacted]

DRIVER'S FIRST NAME MIDDLE NAME LAST NAME  
Glen Chappell

DRIVER'S ADDRESS CDL  YES  NO POST  YES  NO ACCT. TESTING  
[Redacted] STATE COUNTY ZIP CODE  
Columbia MD 21044

AGENCY NAME

BUREAU NAME BUSINESS PHONE  
410-662-3389

POINT OF IMPACT ON VEHICLE EXTENT OF DAMAGE  
Front Right  SLIGHT  HEAVY

VEHICLE TAG NUMBER STATE YEAR FLEET OR SHOP NUMBER  
169-164 MD

YEAR, MAKE AND MODEL SERIAL NUMBER OF VEHICLE  
2000 Int'l Bluebird 1HVBBA8M6YH348057

OWNER MAYOR & CITY COUNCIL CITY OF BALTIMORE OTHER - SPECIFY  
Barber Transportation

VEHICLE NO. 2

DRIVER LICENSE NUMBER EXPIRES STATE  
NA NA NA

SEX DATE OF BIRTH HOME PHONE NUMBER  
NA NA

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  
Driverside door fender  SLIGHT  HEAVY

TAG NUMBER STATE YEAR YEAR, MAKE AND MODEL  
[Redacted] MD 2004 2004 Dodge Neon

OWNER'S FIRST NAME MIDDLE NAME LAST NAME  
Carla Maria Robinson

OWNER'S ADDRESS DAY PHONE #

OWNER'S INSURANCE COMPANY POLICY NUMBER  
Geico



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	

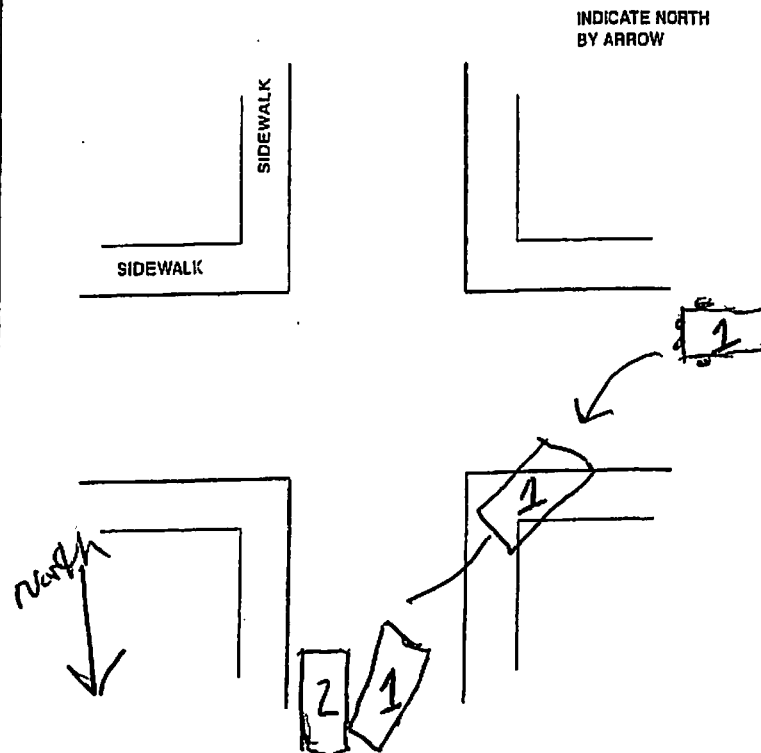
DESCRIBE ACCIDENT IN DETAIL BELOW - INDICATING ALL DAMAGE. INCLUDE ORIGIN AND DESTINATION

See Attached Report by  
Khrishtshawnda Calloway  
About what happened.  
~~~~~  
I had Picked up a child  
at 2203 Roslyn then went  
to the <sup>stop</sup> light at Garrison &  
CL. FTON and don't remember  
anything until the policeman  
told me that I had passed  
out. Shawn A. Chappell

OCCUPANT INFORMATION

|   |                             |     |                    |                                                                                                                                                                  |  |
|---|-----------------------------|-----|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 | FIRST NAME MIDDLE LAST NAME |     |                    | KILLED <input type="checkbox"/> NO INJURY <input type="checkbox"/> DRIVER <input type="checkbox"/> NO. OF VEHICLE <input type="checkbox"/> PEDESTRIAN            |  |
|   | Khrishtshawnda Calloway     |     |                    | <input checked="" type="checkbox"/> INJURED <input type="checkbox"/> PASSENGER 1 <input type="checkbox"/> OTHER VEHICLE                                          |  |
|   | AGE                         | SEX | NATURE OF INJURY   | REMOVED FROM SCENE                                                                                                                                               |  |
|   | 23                          | F   | Back/Shoulder/neck | <input type="checkbox"/> AMBULANCE <input type="checkbox"/> PERSONAL CAR                                                                                         |  |
| 2 | FIRST NAME MIDDLE LAST NAME |     |                    | KILLED <input type="checkbox"/> NO INJURY <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> NO. OF VEHICLE <input type="checkbox"/> PEDESTRIAN |  |
|   | [Redacted]                  |     |                    | <input type="checkbox"/> INJURED <input type="checkbox"/> PASSENGER 1 <input type="checkbox"/> OTHER VEHICLE                                                     |  |
|   | AGE                         | SEX | NATURE OF INJURY   | REMOVED FROM SCENE                                                                                                                                               |  |
|   |                             | M   | None Reported      | <input type="checkbox"/> AMBULANCE <input checked="" type="checkbox"/> PERSONAL CAR                                                                              |  |
| 3 | FIRST NAME MIDDLE LAST NAME |     |                    | KILLED <input type="checkbox"/> NO INJURY <input type="checkbox"/> DRIVER <input type="checkbox"/> NO. OF VEHICLE <input type="checkbox"/> PEDESTRIAN            |  |
|   | [Redacted]                  |     |                    | <input type="checkbox"/> INJURED <input type="checkbox"/> PASSENGER 1 <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 |     |                    | KILLED <input type="checkbox"/> NO INJURY <input type="checkbox"/> DRIVER <input type="checkbox"/> NO. OF VEHICLE <input type="checkbox"/> PEDESTRIAN            |  |
|   | [Redacted]                  |     |                    | <input type="checkbox"/> INJURED <input type="checkbox"/> PASSENGER 1 <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.



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 20<sup>th</sup> St no later than 24 hours after the accident.

Contractor/Company Name: Barber Transportation  
 Date of Accident: 10/14/11 Time: 6:30-6:45 am  
 Location: Clifton @ Denison  
 Posted Speed Limit: 30 MPH  
 Total Number of Lanes on Roadway or Street: 2  
 Citation Issued: (Circle one) Yes  No   
 Vehicle # 1467 Tag # 169-16H  
 Bus Body Make: International  
 Bus Chassis Make: Blue Bird  
 Was Driver Tested? (Circle all that apply)  
 Alcohol  Drug

I. Name of Driver Glen Chappell (Circle One) Regular or Substitute  
 Years of experience as a school bus driver: 11 years  
 Classroom Training: Date(s) Attended 8/11/11 Pre-Service (Circle one) Yes/No  
 In-Service (Circle one) Yes/No  
 Card #:

Hours of behind the wheel training this past year: 560

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>Kristshawnda Calloway</u> |     |         | <u>Aide</u> | <u>Back Neck stiff</u> |
|                              |     |         | <u>205</u>  | <u>No Injury</u>       |
|                              |     |         |             |                        |
|                              |     |         |             |                        |

Address of School(s) 7300 Mayor Ave Telephone # (s) \_\_\_\_\_

Bus seating capacity 12 Approximate speed of your vehicle 15 MPH

Student/Passenger List

Date of Accident: 10/14/11

Bus Number: 1467

|     |                        |         |
|-----|------------------------|---------|
| 1.  | Khristshawnda Calloway | Arde    |
| 2.  | [REDACTED]             | Student |
| 3.  |                        |         |
| 4.  |                        |         |
| 5.  |                        |         |
| 6.  |                        |         |
| 7.  |                        |         |
| 8.  |                        |         |
| 9.  |                        |         |
| 10. |                        |         |
| 11. |                        |         |
| 12. |                        |         |
| 13. |                        |         |
| 14. |                        |         |
| 15. |                        |         |
| 16. |                        |         |

Throwing Object  Fighting  Smoking  Destroying Property  Other \_\_\_\_\_

**Give Details of the Incident (use other side if, necessary)**

At approx 6:45am on Garrison and Clifton we pulled up at the light the light was red we stop, then the light change green. I told him "you can keep straight been that he was a new driver. Then proceed his feet on the accelerator, hands still on steering wheel everything seen fined to me, as he started turning left I yelled "keep straight keep straight". That when I realize he was going into the pole, After he hit the first pole i got up to protect the child by holding him. Then raning into 2 more poles jumping the curve and rained into a park car. I jerk hitting my back and neck on the seat, the second pole was bend and wires was knocked down. when the bus stop ~~is~~ as the driver "wat happen", he was woke and eyes was open, he turned around mumble some words barely understand what he was saying. When I look to my right i noticed that the front had crash into the park car, I turned around

Driver's Name: \_\_\_\_\_

Bus Attendant's Name: \_\_\_\_\_

Original-DPT

Canary-Contractor

Pink-Parent

Goldenrod-School

Throwing Object  Fighting  Smoking  Destroying Property  Other \_\_\_\_\_

**Give Details of the Incident (use other side if, necessary)**

and asked [redacted] "your you okay". I took his hand proceed out the back door of the bus, the child was shaking and very upset. I called ~~the~~ job spoke to pat explain to her what have happen, she stated call the police. The fire police was there and seen the whole thing, the fire police called the ambulance for the driver. I ask [redacted] the student to call his parent i had left my book on the bus with the numbers. Upon arriving of the parent he asked what happen and was his son okay. I suggested to the parent of [redacted] that he should go to the hospital because of the impact that we endure. The fire police suggested that I should go to the hospital.

Driver's Name: \_\_\_\_\_

Bus Attendant's Name: [redacted]

Original-DPT

Canary-Contractor

Pink-Parent

Goldenrod-School

WITNESSES:

|   |         |       |
|---|---------|-------|
| 1 | NAME    | PHONE |
|   | ADDRESS |       |
| 2 | NAME    | PHONE |
|   | ADDRESS |       |
| 3 | NAME    | PHONE |
|   | ADDRESS |       |

POLICE SUMMONSES ISSUED

|                |                      |                                                             |
|----------------|----------------------|-------------------------------------------------------------|
| 1              | CITY EMPLOYEE—CHARGE | SUMMONS NO.                                                 |
| 2              | CHARGE               | SUMMONS NO.                                                 |
| 3              | CHARGE               | SUMMONS NO.                                                 |
| DATE OF TRIAL  |                      | TIME OF TRIAL                                               |
| MONTH DAY YEAR |                      | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. |

**IMPORTANT**

YOU MUST NOTIFY C.B.I. OF THIS ACCIDENT AT THE FIRST OPPORTUNITY

TELEPHONE NUMBERS:  
 C.B.I. AUTO. LIABILITY SEC. .... 396-3308  
 CENTRAL BUREAU OF INVESTIGATION ..... 396-3400  
 AFTER 4:30 CALL C.B.I. DUTY MAN ..... 396-3100

THIS REPORT MUST BE SIGNED BY CITY DRIVER AND SUPERVISOR

|                    |          |
|--------------------|----------|
| DRIVER'S SIGNATURE | DATE     |
| <i>[Signature]</i> | 11/10/11 |

COPY FWD

SAFETY USE ONLY DATA CODING

|           |           |            |       |           |           |         |
|-----------|-----------|------------|-------|-----------|-----------|---------|
| TYPE ACC. | AGE DRIV. | LGTH. EMP. | WEATH | VEH. TYP. | SEAT BELT | DEFECTS |
|           |           |            |       |           |           |         |

AUTO LIABILITY DATA CODING

|           |        |           |     |      |
|-----------|--------|-----------|-----|------|
| CLAIM NO. | BUREAU | ADJ.      | CPD | CCMP |
|           |        |           |     |      |
| TIS(D)    | APPR.  | CLTS ITR. |     |      |
|           |        |           |     |      |

|        |        |        |        |        |
|--------|--------|--------|--------|--------|
| CLT #1 | CLT #2 | CLT #3 | CLT #4 | CLT #5 |
|        |        |        |        |        |

|                                                                                                         |                                  |
|---------------------------------------------------------------------------------------------------------|----------------------------------|
| CITY OF BALTIMORE<br>CENTRAL BUREAU OF INVESTIGATION<br>ROOM 31, CITY HALL<br>BALTIMORE, MARYLAND 21202 | MOTOR VEHICLE<br>ACCIDENT REPORT |
|---------------------------------------------------------------------------------------------------------|----------------------------------|

INSTRUCTIONS: PRINT OR TYPE ONLY PREPARE 4 COPIES. FORWARD 2 COPIES TO: CENTRAL BUREAU OF INVESTIGATION. FORWARD 1 COPY TO: OFFICE OF SAFETY. RETAIN 1 COPY FOR YOUR FILES. SEE THE ADMINISTRATIVE MANUAL FOR FURTHER DETAILS.

VERY IMPORTANT—GIVE EXACT DATE AND HOUR OF ACCIDENT

|       |     |      |      |                                                                    |             |
|-------|-----|------|------|--------------------------------------------------------------------|-------------|
| MONTH | DAY | YEAR | TIME | <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | DAY OF WEEK |
| 09    | 07  | 11   | 4:45 | PM                                                                 | Wednesday   |

LOCATION OF ACCIDENT

PLACE WHERE ACCIDENT OCCURRED (CITY, TOWN, ETC.)  
 Winwood Ct (Cherry Hill)  
 STREET, HIGHWAY, NEAREST INTERSECTION WHERE ACCIDENT OCCURRED

|                             |                        |                                                                     |                                              |
|-----------------------------|------------------------|---------------------------------------------------------------------|----------------------------------------------|
| NUMBER OF VEHICLES INVOLVED | INVESTIGATED BY POLICE | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> PEDESTRIAN INVOLVED |
| 2                           |                        |                                                                     |                                              |

YOUR VEHICLE NO. 1

|                            |                                                                           |                   |                      |
|----------------------------|---------------------------------------------------------------------------|-------------------|----------------------|
| DRIVER LICENSE NUMBER      | CITY PERMIT NUMBER                                                        |                   |                      |
| SEX                        | DATE OF BIRTH                                                             |                   |                      |
| HOME PHONE NUMBER          |                                                                           |                   |                      |
| DRIVER'S FIRST NAME        | MIDDLE NAME                                                               | LAST NAME         |                      |
| DR. Glenn Chappell         |                                                                           |                   |                      |
| CITY                       | STATE                                                                     | COUNTY            |                      |
| Balto.                     | MD                                                                        |                   |                      |
| AGENCY NAME                |                                                                           |                   |                      |
| BUREAU NAME                | BUSINESS PHONE                                                            |                   |                      |
|                            | 410355-2080                                                               |                   |                      |
| POINT OF IMPACT ON VEHICLE | EXTENT OF DAMAGE                                                          |                   |                      |
| Driver side                | <input checked="" type="checkbox"/> SLIGHT <input type="checkbox"/> HEAVY |                   |                      |
| VEHICLE TAG NUMBER         | STATE                                                                     | YEAR              | FLEET OR SHOP NUMBER |
| 006 404                    | MD                                                                        | 90                | 1132                 |
| YEAR, MAKE AND MODEL       | SERIAL NUMBER OF VEHICLE                                                  |                   |                      |
| 90 THOMAS / Bluebird       | MVABA PWH                                                                 |                   |                      |
| OWNER                      | MAYOR & CITY COUNCIL                                                      | CITY OF BALTIMORE |                      |
|                            | OTHER—SPECIFY                                                             | 54957             |                      |

YOUR VEHICLE NO. 2

|                            |                                                                |               |                      |
|----------------------------|----------------------------------------------------------------|---------------|----------------------|
| DRIVER LICENSE NUMBER      | EXPIRES                                                        | STATE         |                      |
| SEX                        | DATE OF BIRTH                                                  |               |                      |
| F                          |                                                                |               |                      |
| DRIVER'S FIRST NAME        | MIDDLE NAME                                                    | LAST NAME     |                      |
| Denise Baker               |                                                                |               |                      |
| CITY                       | STATE                                                          | ZIP CODE      |                      |
| Balto.                     | MD                                                             | 21225         |                      |
| 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            |                                                                |               |                      |
| OWNER'S INSURANCE COMPANY  |                                                                | POLICY NUMBER |                      |

# 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 20<sup>th</sup> St no later than 24 hours after the accident.

Contractor/Company Name: Reliable  
 Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_  
 Location: Winwood Ct (Cherry Hill)  
 Posted Speed Limit: 25 MPH  
 Total Number of Lanes on Roadway or Street: 1  
 Citation Issued: (Circle one) Yes No  
 Vehicle # \_\_\_\_\_ Tag # \_\_\_\_\_  
 Bus Body Make: THOMAS  
 Bus Chassis Make: Bluebird  
 Was Driver Tested? (Circle all that apply) Alcohol Drug ?

I. Name of Driver: Glenn Caspell (Circle One) Regular or Substitute  
 Years of experience as a school bus driver: 0  
 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: 10

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>Stephane Mahan</u><br><u>(Bus Aisle)</u> |     |         |        | <u>N/A</u>       |
|                                             |     |         |        |                  |
|                                             |     |         |        |                  |
|                                             |     |         |        |                  |

Address of School(s) \_\_\_\_\_ Telephone # (s) \_\_\_\_\_  
021 Hillon Elementary  
060 Gwyn Falls Elementary  
 Bus seating capacity 60 Approximate speed of your vehicle 5 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) Backing Up

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 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

Police Report # \_\_\_\_\_ Claim# \_\_\_\_\_

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

Additional Information:

VI. Driver's Signature  
Supervisor's Signature

*[Handwritten Signature]*

Date: 11/10/11



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<br><input checked="" 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                           |               |                                                                                               |                      |
| OWNER'S INSURANCE COMPANY                 |               |                                                                                               | POLICY NUMBER        |

PROPERTY DAMAGE (OTHER THAN MOTOR VEHICLES)

|                                                  |                   |
|--------------------------------------------------|-------------------|
| DAMAGE TO PROPERTY                               | AMOUNT OF DAMAGES |
| PASSENGER SIDE                                   |                   |
| REGISTERED PROPERTY OWNER'S NAME<br>Denise Baker |                   |
| ADDRESS                                          |                   |

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

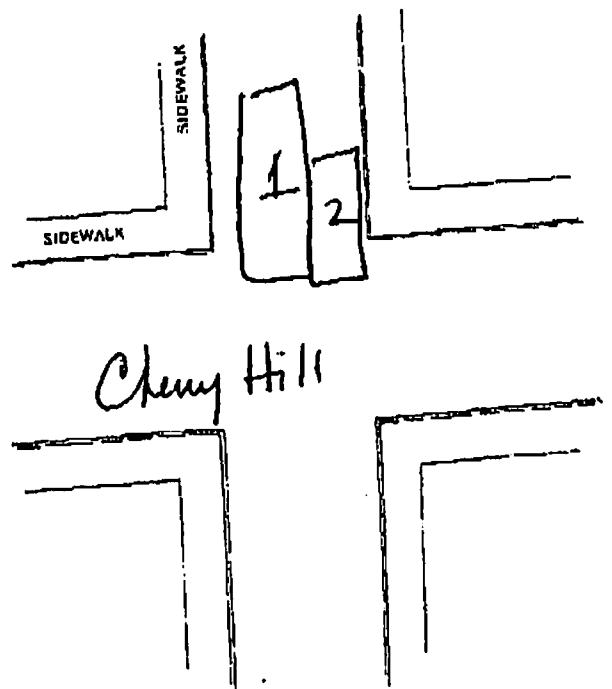
While backing up the bus from Wrenwood Ct (which is one way circle) Mr Chappell struck the car on the passenger side.

PERSONS KILLED OR INJURED

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

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

INDICATE NORTH BY ARROW



# Student/Passenger List

Date of Accident: \_\_\_\_\_

Bus Number: 1132

|     |     |
|-----|-----|
| 1.  |     |
| 2.  | N/A |
| 3.  |     |
| 4.  |     |
| 5.  |     |
| 6.  |     |
| 7.  |     |
| 8.  |     |
| 9.  |     |
| 10. |     |
| 11. |     |
| 12. |     |
| 13. |     |
| 14. |     |
| 15. |     |
| 16. |     |

FROM :

FAX NO. :4182259658

Nov. 04 2011 12:05PM P2

Date: 8/21/2011 10:05 AM  
 Estimate ID: [REDACTED]  
 Estimate Version: 0  
 Committed  
 Profile ID: MAIF

\*\*\*\*\*  
 NOTICE TO BODY SHOP:  
 UPON RECEIPT OF THIS ESTIMATE, BEFORE ORDERING ANY PARTS, PLEASE CHECK  
 VEHICLE FOR ADDITIONAL DAMAGE NOT LISTED ON THIS ESTIMATE.  
 IF A SUPPLEMENT IS NEEDED OR IF THERE ARE ANY PROBLEMS WITH THIS  
 ESTIMATE, PLEASE CALL 1-800-492-7120 AND ENTER THE EXTENSION NUMBER OF  
 THE PERSON LISTED AS "DAMAGE ASSESSED BY" (APPRAISER) LISTED BELOW AND  
 LEAVE A MESSAGE ON HIS/HER VOICE MAIL. THIS IS THE PERSON THAT WILL  
 GET BACK TO YOU.  
 \*\*\*\*\*

## MARYLAND AUTOMOBILE INSURANCE FUND

1750 FOREST DRIVE, ANNAPOLIS, MD 21401

NOTICE TO GARAGE: THIS IS AN ESTIMATE ONLY AND NOT AN AUTHORIZATION  
 TO REPAIR, NOR AN OFFER OR GUARANTEE OF PAYMENT.

Damage Assessed By: Brett Johnson x3518

Claim Rep: SUZANNE EATON [REDACTED]

Condition Code: Good  
 Date of Loss: 8/7/2011  
 Contact Date: 8/21/2011  
 Deductible: 250.00  
 Claim Paid: N  
 Policy No: GV09316

Type of Loss: Uninsured Motorist  
 Assign. Date: 8/21/2011

Claim Number: [REDACTED]

Insured: DENISE BAKER  
 Claimant: DENISE BAKER  
 Address: [REDACTED] BALTIMORE, MD 21226  
 Owner: DENISE BAKER  
 Address: [REDACTED] BALTIMORE, MD 21226

Mitchell Service: 819528

Description: 1997 Dodge Intrepid  
 Body Style: 4D Sed  
 VIN: 2B3HD46T6VH [REDACTED]  
 Mileage: 188,878  
 OEM/ALT: A  
 Color: RED  
 Options: POWER LOCK, POWER WINDOWS, POWER STEERING, MANUAL AIR CONDITION, CRUISE CONTROL  
 TILT STEERING COLUMN, FOG LIGHTS, TINTED GLASS, FRONT BUCKET SEATS  
 POWER HEATED EXTERIOR MIRRORS, POWER LIFTGATE/TRUNK

Vehicle Production Date: 5/97  
 Drive Train: 3.3L Inj 6 Cyl AO  
 License: 8ELV80 MD

Search Code: MARYLAND

Additional Equipment: FRT DRIVER/PASSENGER AIR BAG/AM/FM RADIO/WCD

| Line Item | Entry Number | Labor Type | Operation      | Line Item Description | Part Type/Part Number | Dollar Amount | Labor Units |
|-----------|--------------|------------|----------------|-----------------------|-----------------------|---------------|-------------|
| 1         | 100041       | BDY        | REMOVE/REPLACE | L Replace Fender      | Qual Recycled Part    | 128.00        | 2.3 #       |

ESTIMATE RECALL NUMBER: 09/21/2011 10:05:50 V040326.01

Mitchell Date Version: OEM: AUG\_11\_V

UltraMate Version: 7.0.433

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FROM :

FAX NO. :4102259658

Nov. 04 2011 12:05PM P3

Date: 8/21/2011 10:05 AM  
Estimate ID: V040326.01  
Estimate Version: 0  
Committed  
Profile ID: MAIF

|    |        |     |                |                                 |                   |        |        |
|----|--------|-----|----------------|---------------------------------|-------------------|--------|--------|
| 2  | AUTO   | REF | REFINISH       | L Fender Assy                   |                   |        | C 2.3  |
| 3  | AUTO   | REF | REFINISH       | L Add To Edge Fender            |                   |        | C 0.5  |
| 4  |        |     |                | RIPPLES AUTO PARTS-301-627-3639 |                   |        |        |
| 5  |        |     |                | Line Markup %25.00              |                   | 31.25  |        |
| 6  | 100107 | BDY | REMOVE/REPLACE | L Frt Replace Door Assy         | Qty Recycled Part | 280.00 | * 1.2  |
| 7  | AUTO   | REF | REFINISH       | L Frt Door Outside              |                   |        | C 1.9  |
| 8  | AUTO   | REF | REFINISH       | L Frt Add For Jamba & Interior  |                   |        | C 1.0  |
| 9  |        |     |                | Line Markup %25.00              |                   | 62.60  |        |
| 10 | 100117 | BDY | REMOVE/REPLACE | L Frt Door Mirror               | Qty Recycled Part | 75.00  | * 0.4  |
| 11 |        | BDY | REMOVE/INSTALL | L Frt Belt Moulding             |                   |        | 0.2 #  |
| 12 |        |     |                | Line Markup %25.00              |                   | 18.75  |        |
| 13 | 933012 |     | ADD'L COST     | HAZARDOUS WASTE DISPOSAL        |                   | 3.00   | *      |
| 14 | AUTO   | REF | ADD'L OPR      | Clear Coat                      |                   |        | 1.7    |
| 15 | 933008 | BDY | ADD'L OPR      | RESTORE CORROSION PROTECTION    |                   | 10.00  | * 0.5* |
| 16 | 933012 | REF | ADD'L OPR      | STRIPE                          |                   | 30.00  | *      |
| 17 | 933018 | REF | ADD'L OPR      | MASK FOR OVERSPRAY              |                   | 10.00  | *      |
| 18 |        |     |                | *** END OF ATG SECTION ***      |                   |        |        |
| 19 | AUTO   |     | ADD'L COST     | Paint/Materials                 |                   | 162.40 | *      |

\* - Judgment Item  
# - Labor Note Applies  
C - Included in Clear Coat Calc

Remarks

OTE-APPROX REPAIR TIME=3 DAYS

Prior Damage:

FRT BUMPER-LFT SIDE;LFT REAR DOOR;LFT 1M;LFT FENDER LINER

Estimate Totals

| I. Labor Subtotals |       |       |                    |               | II. Part Replacement Summary |                                |        |
|--------------------|-------|-------|--------------------|---------------|------------------------------|--------------------------------|--------|
|                    | Units | Rate  | Add'l Labor Amount | Sublet Amount | Totals                       |                                | Amount |
| Body               | 4.8   | 40.00 | 10.00              | 0.00          | 194.00                       | Taxable Parts                  | 480.00 |
| Refinish           | 7.4   | 40.00 | 40.00              | 0.00          | 336.00                       | Parts Adjustments              | 112.50 |
|                    |       |       |                    |               |                              | Sales Tax @ 6.000%             | 33.75  |
|                    |       |       |                    |               | 530.00                       | Total Replacement Parts Amount | 686.25 |
| Non-Taxable Labor  |       |       |                    |               | 530.00                       |                                |        |
| Labor Summary      | 12.0  |       |                    |               | 530.00                       |                                |        |

ESTIMATE RECALL NUMBER: 08/21/2011 10:06:00 V040326.01

Mitchell Data Version: OEM: AUG\_11\_V

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UltraMate Version: 7.0.433

FROM :

FAX NO. :4102259658

Nov. 04 2011 12:05PM P4

Date: 9/21/2011 10:05 AM  
Estimate ID: V040326.01  
Estimate Version: 0  
Committed Profile ID: MAIF

|                        |          |        |                         |         |
|------------------------|----------|--------|-------------------------|---------|
| III. Additional Costs  |          | Amount | IV. Adjustments         | Amount  |
| Taxable Costs          |          | 102.40 | Insurance Deductible    | 200.00- |
| Sales Tax              | ⊙ 0.000% | 11.64  | Customer Responsibility | 200.00- |
| Non-Taxable Costs      |          | 3.00   |                         |         |
| Total Additional Costs |          | 206.04 |                         |         |

Paint Material Method: Rates  
Init Rate = 26.00 , Init Max Hours = 99.9, Addl Rate = 0.00

|      |                          |          |
|------|--------------------------|----------|
| I.   | Total Labor:             | 530.00   |
| II.  | Total Replacement Parts: | 598.25   |
| III. | Total Additional Costs:  | 206.04   |
|      | Gross Total:             | 1,333.19 |
| IV.  | Total Adjustments:       | 250.00-  |
|      | Net Total:               | 1,083.19 |

Point(s) of Impact

10 Left Front Side (P), 9 Left Side (S)

Insurance Co: Maryland Automobile Insurance Fund

Inspection Date: 9/21/2011

Vehicle Loc.: SECURITY DAC  
Address: 8830 BALTIMORE NATIONAL PIKE  
BALTIMORE, MD 21228  
Telephone: (410) 268-7043

NOTICE TO GARAGE: THIS IS AN ESTIMATE ONLY AND NOT AN AUTHORIZATION TO REPAIR, NOR AN OFFER OR GUARANTEE OF PAYMENT. APPLICABLE DEDUCTIBLE AND BETTERMENT, IF ANY, WILL BE DEDUCTED FROM ANY DRAFT PAYMENT MADE BY M.A.I.F. IT IS THE RESPONSIBILITY OF THE OWNER TO AUTHORIZE REPAIRS AND TO PAY ANY DIFFERENCES OR OTHERWISE UNINSURED DAMAGES. M.A.I.F. RESERVES THE RIGHT TO INSPECT ANY ADDITIONAL DAMAGES BEFORE AUTHORIZATION OF SUPPLEMENTAL CHARGES OF REPAIRS. CLEAR PAYMENT ARRANGEMENTS SHOULD BE MADE BEFORE THE VEHICLE LEAVES THE PREMISES.

\*\*\*\*\*

NOTICE TO VEHICLE OWNER:

THIS ESTIMATE HAS BEEN WRITTEN IN ACCORDANCE WITH EXISTING INDUSTRY STANDARDS. YOU MAY TAKE YOUR VEHICLE, FOR REPAIRS, TO ANY BODY SHOP YOU CHOOSE. IN THE EVENT THE SHOP OF YOUR CHOICE CHARGES MORE THAN THE AMOUNTS ALLOWED OR THERE ARE ANY CHARGES WHICH DO NOT COMPLY WITH MAIF POLICY, THE ADDITIONAL CHARGES WILL BE YOUR RESPONSIBILITY.

\*\*\*\*\*

ESTIMATE RECALL NUMBER: 09/21/2011 10:05:50 V040326.01  
Mitchell Data Version: OEM: AUG\_11\_V UltraMate is a Trademark of Mitchell International  
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FROM :

FAX NO. :4102259658

Nov. 04 2011 12:05PM P1

# Fax Cover Sheet

Pages: 4

Attention: Ms. Sutton From: DENISE BAKER

Fax: (410) 355-2081 Date: 10/04/11

Phone: (410) 800-0861 Phone: [REDACTED]

**Comments:**

RE: Incident @ 2816 Winwood Ct.  
Baltimore, MD  
21225

From the desk of...

1-9-11

**James, Steve A.**

---

**From:** James, Steve A.  
**Sent:** Thursday, September 08, 2011 1:11 PM  
**To:** Mackel, Avon G.  
**Cc:** James, Steve A.  
**Subject:** RE: Transportation

I spoke to Ms. Sutton at 7:15 a.m. today concerning the below incident involving student [REDACTED]. According to Ms. Sutton, the driver of the bus, Glenn Chappell, who has been the regular driver on this run since the beginning of the school year, for some unbeknownst reason ran the route out of the normal sequence. In addition the regular bus attendant was absent and there was a substitute. Ms. Sutton was not made aware of [REDACTED] still being on the bus until the parent called and she contacted the bus at approximately 5:45 p.m. on yesterday. At that time she was also informed by the bus attendant that the bus had been involved in an accident, but had not been given any notification by the bus driver. Based on the time and in order to more efficiently get the students taken home, two buses were dispatched to deliver the students home. [REDACTED] was placed on bus 1399 and taken home immediately. Based on the actions of the driver, by deviating from the assigned route and failing to notify his company of the accident (violating Federal, State and local policy), I advised Ms. Sutton that he, Glenn Chappell's certification as a driver or attendant with City Schools was suspended, effective immediately. I will be meeting with Ms. Sutton and the bus staff of bus 1132 on tomorrow (9/9/11) at 10 a.m. to continue the investigation into this matter. I will update after the meeting.

Steven A. James  
Safety and Training Manager  
Baltimore City Public Schools  
1210 E. 20th Street  
Baltimore, Md. 21218  
410-396-7440 (Phone)  
410-396-6086 (Fax)  
[REDACTED]

---

**From:** Mackel, Avon G.  
**Sent:** Thursday, September 08, 2011 6:58 AM  
**To:** Scroggins, Keith; Hoffman, Kimberly  
**Cc:** Edwards, Tisha S.; Lewis, Kim  
**Subject:** Re: Transportation

This is being investigated now.

---

**From:** Alonso, Andres  
**To:** Scroggins, Keith; Hoffman, Kimberly  
**Cc:** Edwards, Tisha S.; Lewis, Kim; Mackel, Avon G.  
**Sent:** Thu Sep 08 05:58:23 2011  
**Subject:** Fw: Transportation

---

**From:** eddie duffin <eddieduffin2005@yahoo.com>  
**To:** [REDACTED] us <[REDACTED].us>; Blake, Cindy; Teresa Buchheister [REDACTED]>;  
teresa buchheister <[REDACTED]>; Felder, Anthony S; Jones, Paula D.; Mc Queen, Nina Opal; Weidig, Evelyn J.  
**Cc:** Alonso, Andres; Edwards, Tamara  
**Sent:** Wed Sep 07 22:36:11 2011  
**Subject:** Fw: Transportation

Greetings All

I'm sending this email because I'm very disturb with the bus transportation service my child receives at Gwynns Falls Elementary'

This is the 2nd time this year that I had a problem with transportation.

While you all were home with your families getting ready for dinner, my child did not get home until 6:20pm due to irresponsible bus company.

Reliable Transportation did not even know my child was on the bus until my wife call my daughter on her cell phone.

My daughter [REDACTED] was on the bus in Cherry Hill and the aide and driver was not aware she was on the bus.

When my daughter got home at 6:20pm she said the bus hit a car and no one reported to me the bus was in an accident.

My wife spoke with the bus owner and she said she was sending two different bus to Chery Hill to get my daughter.

Something do not sound right, I do not understand why would they send 2 buses to Cherry Hill. Not unless the bus was in a accident and no one told me.

As you can see in my previous emails this is the second time I had a problem with this company.

The first time I had a problem with this company the bus never came to Gwynns Falls to pick up [REDACTED] she was left at the school until my wife pick her up.

I'm requesting an emergency IEP meeting to discuss these concerns.

If there is no other transportation available, I will be withdrawing [REDACTED] out of Gwynns Falls Elementary.

Principal Felder & Special Ed, How can my concerns be addressed.

Eddie Duffin

Violetville E. M. School

After School Director  
[REDACTED]

----- Forwarded Message -----

From: eddie duffin <[REDACTED]>

To: teresa buchheister <[REDACTED]>

Cc: "Blake, Cindy" <[REDACTED]>; Teresa Buchheister <[REDACTED]>;

"[REDACTED]" <[REDACTED].k12.md.us>; "[REDACTED]" <as[REDACTED]>

Sent: Thursday, September 1, 2011 12:31 PM

Subject: Re: Transportation

Thanks for your addressing my concerns, I spoke with Mr. Felder & Ms. Williams from school board transportation office. Mr. Felder ensured me that he will advocate for me to the transportation office.

I would like to make sure the school have a personnel out there to receive the students and to make sure my daughter get on the appropriate bus. Yesterday there were no one to receive [REDACTED] because the bus came late,

I arrived and [REDACTED] were not in Ms Carpenter class. When I went downstairs between 8:05 - 8:15 I meet [REDACTED] in the hall and thats when a school staff ask do we know were we going but there were no one outside to received the late bus that arrived.

I Thank you all for dressing my concerns.

I'm very pleased with the staff and the service that my daughter receive from Gywnns Falls but as a parent we look for safety when it comes to our love ones.

Eddie Duffin

Violetville E. M. School



After School Director  
443-506-4207

**From:** teresa buchheister <[REDACTED]>  
**To:** Eddie Duffin <[REDACTED]>  
**Cc:** "Blake, Cindy" <[REDACTED]>; Teresa Buchheister <[REDACTED]>; "asi" <[REDACTED]>  
**Sent:** Thursday, September 1, 2011 8:30 AM  
**Subject:** Re: Transportation

Mr. Duffin,

I saw [REDACTED] as she was exiting the building yesterday. She had just come down from classes. She was not in any danger at that time. She told me her bus number. I turned around, along with her, to look for the bus when I saw your beautiful wife. Your wife was in the process of talking to bus drivers. There is someone always looking and checking at the end of the day to make sure all children are on a bus, safely. If a child is confused or the bus left, we do not leave the child un-attended.

Yesterday, there was a young pre-k boy left behind. I was prepared to drive him home myself. I was able to call his grandmom and she was relieved that someone was assuring the little guys safety!. We do work hard here to help with transportation issues. Mrs. Jones, social worker, has been diligently working to make transportation run smoother and to "iron out" issues.

Thank you for being an involved and patient parent.

Teresa Buchheister

On Thu, Sep 1, 2011 at 7:52 AM, Eddie Duffin <[REDACTED]> wrote:

Greetings Everyone

I sending this email because I,m not happy with the safety of my child leaving school grounds and catching Baltimore City School Transportation at Gwynns Falls. My child [REDACTED] was left outside of the school and no bus pick her up yesterday. If my wife did not arrive when she did I don't know what would of happen. We as parents want to make sure our kids are safe when we are at work. If Gwynns Falls can not ensure the safety of my child and make sure she gets on the correct bus when leaving the school daily I will have no other choice but to withdrawal my child out of Gwynns Falls. I personally came to Gwynns Falls and spoke to Cindy Blake and Principle Felder concerning the transportation and I wanted to make sure someone will ensure the my child gets on the correct bus.

I will be in this morning concerning this issue.

Sent from my iPa