



Motor Carrier Attachment 25:
AAAffordable Accident Driver DQ File
Baltimore, MD; 11/1/2016
HWY17MH007
(20 pages)

Driver Qualification • Alcohol & Drug Testing and Driver Investigation History File

For Department of Transportation Compliance

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- Record of Violations/ Annual Review Certificate
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- Certification of Road Test Pocket Card
- Driver Qualification and ID Certificate
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- Drug Test Results
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- Federal Drug Testing Custody and Control Form
- Safety Performance History Records Request
- Previous Employee Safety

Christae, ~~Glenn~~ Glenn
DRIVER'S NAME

8.19.2016
5.5.2014
DATE OF HIRE

This file includes information required to be maintained in a secure location with controlled access in accordance with the Federal Department of Transportation, Code of Federal Regulations, Sections 382.401, 40.333, and 391.53.

RECORD RETENTION

4.4.2016

Driver Qualification Records:

1. Application for Employment (Section 391.21). Retain until 3 years after employment with motor carrier ceases.
2. State agencies' responses concerning the driver's 3-year driving record pursuant to Section 391.23. Retain until 3 years after employment with motor carrier ceases.
3. The Record of Road Test form and Certificate of Road Test (Section 391.31(g)). NOTE: In lieu of the road test and certificate, a copy of the commercial driver's license or certificate may be acceptable as equivalent to the driver's road test (Section 391.33). Retain until 3 years after employment with motor carrier ceases.
4. Driver's Medical Examiner's Certificate (Section 391.43(h)). May be removed after 3 years from execution date.
5. State agencies' responses concerning the driver's annual driving record pursuant to Section 391.25. May be removed after 3 years from execution date.
6. Certification of Violations / Review of Driving Record (Sections 391.25 and 391.27). May be removed after 3 years from execution date.
7. A letter granting a waiver of a physical disqualification (Section 391.49). May be removed after 3 years from execution date.
8. Medical Examiner's National Registry Verification pursuant to Section 391.23(m). May be removed 3 years from execution date.

Alcohol & Drug Testing Records:

1. Previous Pre-Employment Employee Alcohol and Drug Test Statement (Section 40.25(j)). Retain per company policy.
2. Alcohol and Drug Records Request (Sections 40.329, 40.331). Retain per company policy.
3. Alcohol and Drug Employee's Certified Receipt (Section 382.601(d)). Retain until 2 years after driver ceases to perform regulated function.
4. Alcohol and/or Controlled Substance Test Notification (Section 382.113). Retain per company policy.
5. Drug Test Results (Section 40.163). Retain for 5 years if result indicates a violation, or 1 year if negative or canceled.
6. Observed Behavior Reasonable Suspicion Record (Section 382.307). Retain for 2 years.
7. U.S. DOT Alcohol Testing Form (Section 40.225). Retain for 5 years if result indicates a violation, or 1 year if negative or canceled.
8. Federal Drug Testing Custody and Control Form (Section 40.45). Retain for 5 years if result indicates a violation, or 1 year if negative or canceled.

Driver Investigation History Records:

1. Safety Performance History Records Request (Section 391.23). Retain until 3 years after employment with motor carrier ceases.
2. Previous Employee Safety Performance History (Section 391.23). Retain until 3 years after employment with motor carrier ceases.



J. J. Keller
& Associates, Inc.®

Since 1953

Christae Mappell

14.75

AAAFORDABLE TRANSPORTATION

Employment Application



APPLICANT INFORMATION

Last Name Chappell First Glenn M.I. R Date 1/28/14
 Street Address [Redacted] Apartment/Unit #
 City Baltimore State Maryland ZIP 21239
 Phone [Redacted] E-mail Address
 Date Available 1/29/14 Social Security No. Desired Salary 14.50 Hourly
 Position Applied for School bus driver
 Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
 Have you ever worked for this company? YES NO If so, when?
 Have you ever been convicted of a felony? YES NO If yes, explain

EDUCATION

High School Carver Voc-Tech H.S. Address Bentley and Pressman Sts
 From 9/70 To 6/74 Did you graduate? YES NO Degree
 College None Address
 From To Did you graduate? YES NO Degree
 Other Address
 From To Did you graduate? YES NO Degree

REFERENCES

Please list three professional references.

Full Name Mr Roger MASON Relationship owner
 Company Masons Deliver Service Phone [Redacted]
 Address [Redacted]
 Full Name Kim Brehm Relationship Retention specialist
 Company Cowan Phone [Redacted]
 Address [Redacted]
 Full Name Ainsley Christie Relationship owner
 Company Christie Trucking INC. Phone [Redacted]
 Address 4323 Lyonswood drive

PREVIOUS EMPLOYMENT

Company Triangle Trucking Co. Phone (410) 663 6170
Address 5501 O'Donnell St Supervisor Mike Leary
Job Title Tractor Trailer driver Starting Salary \$ 15⁰⁰ hourly Ending Salary \$ 15⁰⁰ hourly
Responsibilities Picking up and delivering freight
From 10/11 To 10/13 Reason for Leaving My wife didn't want me to run the Road.
May we contact your previous supervisor for a reference? YES NO

Company City wide bus Co. Phone (410) 685-9290
Address 2505 Aisquith St. Supervisor Mr. John
Job Title School bus driver Starting Salary \$ 14,50⁰⁰ hr Ending Salary \$ 14,50 hourly
Responsibilities Taking children to school than back home
From 6/09 To 5/10 Reason for Leaving moved to Columbia, Md.
May we contact your previous supervisor for a reference? YES NO

Company Marine freight Co Phone (410) 276-1700
Address 1601 S. Highland ave Supervisor John T. Sisul
Job Title Tr Tr driver Starting Salary \$ 15⁰⁰ hourly Ending Salary \$ 15⁰⁰ hourly
Responsibilities delivering containers
From 4/00 To 5/06 Reason for Leaving owner Solded his Tractors
May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch None From _____ To _____
Rank at Discharge _____ Type of Discharge _____
If other than honorable, explain _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature [Redacted]

Date 1/28/

Claim Number:

Concentra Medical Centers (MD)

Service Date: 02/09/2015

1419 Knecht Avenue Baltimore, MD 21227
Phone: (410) 247-9595 Fax: (410) 247-7553

Non-Injury Work Status Report

Patient: Chappell, Glenn R.

SSN: [REDACTED]

Address: [REDACTED]
BALTIMORE, MD 21239

Home: [REDACTED]

Work: [REDACTED] Ext.:

Employer Location: AAAfordable Transportation

Address: 46 S Franklinton Rd

Baltimore, MD 212232013

Auth. by:

Contact: Carol Williams

Role: Primary Contact

Phone: (443) 415-4942 Ext.:

Fax:

This Visit:

Time In: 10:29 am

Time Out: 12:48 pm

Visit Type: New

DOT Phys PrePl w/Reg UDS & BAT
DOT Physical PrePlacement

Result Status:

Able to perform essential functions
No medical restrictions

Remarks:

Concentra Medical Centers (MD)

1419 Knecht Avenue Baltimore, MD 21227
Phone: (410) 247-9595 Fax: (410) 247-7553

Date: 02/09/2015

Payment Receipt - Checkout

Patient: Chappell, Glenn R.
Employer: AAAfordable Transportati

Diagnosis:

Service Date	CPT Code	Service Performed	Payor Acct.	Qty.	Price	Extended Price
02/09/2015		DOT Physical PrePlacement		1	74.50	74.50

Patient Subtotal:	74.50
Non-Patient Subtotal:	0.00
Patient Tax:	0.00
Non- Patient Tax:	0.00

Current Amount Due:	\$74.50
Amount Collected:	\$74.50
Amount Refunded:	\$0.00
Received by verriekn	
Balance Due:	\$0.00

Case Acct.: 183864053

Please retain this receipt as your record of payment

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Glenn Chappell in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving rules, 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., Interstate (MD Motor Vehicle Law 25-111(v))
- 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 <u>Jennifer Aponte, PA-C</u>		TELEPHONE <u>410-247-9595</u>	DATE <u>2/9/15</u>
MEDICAL EXAMINER'S NAME (PRINT) JENNIFER APONTE, PA-C		<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 NO./ISSUING STATE [REDACTED] / MD		NATIONAL REGISTRY NO. <u>3131844468</u>	
SIGNATURE OF DRIVER <u>Glenn R. Chappell</u>		INTRASTATE ONLY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CDL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DRIVER'S LICENSE NO. [REDACTED] STATE <u>2-9-15</u>
MEDICAL CERTIFICATION EXPIRATION DATE <u>5/9/15</u>			

30211121



6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

Motor Vehicle Administration

05-20-2015

GLENN R CHAPPELL

HGT WGT RACE SEX BIRTH DATE PAGE

BALTIMORE MD 21239 5-11 202 1 M [REDACTED] 1 of 3

DRIVING PRIVILEGE STATUS: VALID
CURRENT CDL STATUS: VALID

LIC-CLASS	GLS-TY	TY D	DOC	ISSUE-DT	EXPIR-DT	ENDOR	RESTRICTION	SP-RESTR
CL-A CDL		D 1		11-22-13	[REDACTED] 18	TPNS	M	

THE RECORD REFLECTS ENTRIES FOR THE PAST 36 MONTHS

*** MEDICAL HISTORY ***

SELF CERT: NI STATUS: C ISSUED: 2013-07-15 EXPIRES: 2015-07-15
SPE START: SPE EXPIRES:
WAV START: WAV EXPIRES:
CERTIFICATION RESTRICTIONS:
JUR: MD REG: WE: LIC: [REDACTED]
FIRST: DERPEN SPECIALTY: PA PHONE: (410) 687-6462
MIDDLE:
LAST: PONLICH SUFFIX: TRUN:U UTRAN:U U

*** MEDICAL HISTORY ***

SELF CERT: NI STATUS: C ISSUED: 2013-07-15 EXPIRES: 2015-07-15
SPE START: SPE EXPIRES:
WAV START: WAV EXPIRES:
CERTIFICATION RESTRICTIONS:
JUR: MD REG: WE: LIC: [REDACTED]
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SPE START: SPE EXPIRES:
WAV START: WAV EXPIRES:
CERTIFICATION RESTRICTIONS:
JUR: MD REG: WE: LIC: [REDACTED]
FIRST: DERPEN SPECIALTY: PA PHONE: (410) 687-6462
MIDDLE:

MARYLAND AND FEDERAL LAW PROHIBITS UNAUTHORIZED
DISCLOSURE OF INFORMATION FROM MVA RECORDS.
VIOLATIONS OF THESE PROVISIONS IS A MISDEMEANOR
PUNISHABLE BY A FINE UP TO \$1000 DOLLARS.



6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

Motor Vehicle Administration

05-20-2015

GLENN R CHAPPELL

	HGT	WGT	RACE	SEX	BIRTH DATE	PAGE
BALTIMORE MD 21239	5-11	202	1	M	[REDACTED]	2 of 3

LAST: PONLICH SUFFIX: TRUN:U UTRAN:U U

*** MEDICAL HISTORY ***

SELF CERT: NI STATUS: C ISSUED: 2013-07-15 EXPIRES: 2015-07-15

SPE START: SPE EXPIRES:

WAV START: WAV EXPIRES:

CERTIFICATION RESTRICTIONS:

WE: LIC: [REDACTED]

JUR: MD REG: SPECIALTY: PA PHONE: (410) 687-6462

FIRST: DERPEN

MIDDLE:

LAST: PONLICH

SUFFIX: TRUN:U UTRAN:U U

*** MEDICAL HISTORY ***

SELF CERT: NI STATUS: C ISSUED: 2013-07-15 EXPIRES: 2015-07-15

SPE START: SPE EXPIRES:

WAV START: WAV EXPIRES:

CERTIFICATION RESTRICTIONS:

WE: LIC: [REDACTED]

JUR: MD REG: SPECIALTY: PA PHONE: (410) 687-6462

FIRST: DERPEN

MIDDLE:

LAST: PONLICH

SUFFIX: TRUN:U UTRAN:U U

*** MEDICAL HISTORY ***

SELF CERT: NI STATUS: C ISSUED: 2013-07-15 EXPIRES: 2015-07-15

SPE START: SPE EXPIRES:

WAV START: WAV EXPIRES:

CERTIFICATION RESTRICTIONS:

WE: LIC: [REDACTED]

JUR: MD REG: SPECIALTY: PA PHONE: (410) 687-6462

FIRST: DERPEN

MIDDLE:

LAST: PONLICH

SUFFIX: TRUN:U UTRAN:U U

*** MEDICAL HISTORY ***

SELF CERT: NI STATUS: C ISSUED: 2013-07-15 EXPIRES: 2015-07-15

SPE START: SPE EXPIRES:

WAV START: WAV EXPIRES:

CERTIFICATION RESTRICTIONS:

WE: LIC: [REDACTED]

JUR: MD REG: SPECIALTY: PA PHONE: (410) 687-6462

FIRST: DERPEN

MIDDLE:

LAST: PONLICH

SUFFIX: TRUN:U UTRAN:U U

CDS2RESTORED: 080911 REASON: UNKNOWN

*** CDL DRIVER LICENSE HISTORY ***

*** CDL SUSPENSION/REVOCATION HISTORY ***

EFFECTIVE:	SUSPENSION	ALL	MD
081213			
RESTORED: 102213	UNKNOWN		
RESTORED: 061412	MISCELLANEOUS		
RESTORED: 061412	MISCELLANEOUS		
RESTORED: 061412	MISCELLANEOUS		
RESTORED: 061412	MISCELLANEOUS		

*** CDL ACCIDENT HISTORY ***

*** END CDL HISTORY ***

V/ADM DT	CONV DT	SUMMARY	DESCRIPTION	PTS
07-15-13			ADDRESS CHANGE	

MARYLAND AND FEDERAL LAW PROHIBITS UNAUTHORIZED DISCLOSURE OF INFORMATION FROM MVA RECORDS. VIOLATIONS OF THESE PROVISIONS IS A MISDEMEANOR PUNISHABLE BY A FINE UP TO \$1000 DOLLARS.



6601 Ritchie Highway, N.E.
 Glen Burnie, Maryland 21062

Motor Vehicle Administration

05-20-2015

██████████
 GLENN R CHAPPELL

██████████
 BALTIMORE

MD 21239

HGT WGT RACE SEX BIRTH DATE PAGE
 5-11 202 1 M ██████████ 3 of 3

06-13-12	2T20B7V		DIST COURT FAIL TO COMPLY- SUSPENSION WITHDRAWN
06-13-12	2T30B7V		DIST COURT FAIL TO COMPLY- SUSPENSION WITHDRAWN
06-13-12	2T40B7V		DIST COURT FAIL TO COMPLY- SUSPENSION WITHDRAWN
06-13-12	2T50B7V		DIST COURT FAIL TO COMPLY- SUSPENSION WITHDRAWN
07-17-13	26V0C58	6005	DIST COURT FAILURE TO COMPLY SUSPENSION LETTER MAILED
08-12-13	26V0C58	6005	DIST COURT FAIL TO COMPLY- SUSPENDED
10-21-13	26V0C58	6005	DIST COURT FAIL TO COMPLY- SUSPENSION WITHDRAWN
03-25-14	061218		DRIVERS LICENSE RECEIVED AT MVA FROM POSTAL AUTHORITY
10-06-14	12-03-14	06V0EJE	FAIL TO CARRY REG CARD IN VEH/ DISPLAY IT UPON DEMAND

RECORD END TOTAL CURRENT POINTS 00

MARYLAND AND FEDERAL LAW PROHIBITS UNAUTHORIZED
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 PUNISHABLE BY A FINE UP TO \$1000 DOLLARS.



Motor Vehicle Administration
8801 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

Your Receipt

Transaction Date	5/20/2015
Order Number	10403079
Confirmation Number	W4555C6C8B
Amount Billed	\$9.00
Cash Tendered	\$0.00
Cash Returned	\$0.00
Total Items	1

Transaction	Unit Price	Qty.	Total Price
Three-Year Non-Certified Driving Record for Soundex [REDACTED] printed from website.	\$9.00	1	\$9.00

For more information, please call the number (410) 768-7000 or email us at online@mdot.state.md.us. Thank you for using the Maryland eMVA website.

CDL

Endors:
TPNS

Class Commercial
A Driver's License

LIC #:

GLENN R CHAPPELL

BALTIMORE MD 21239

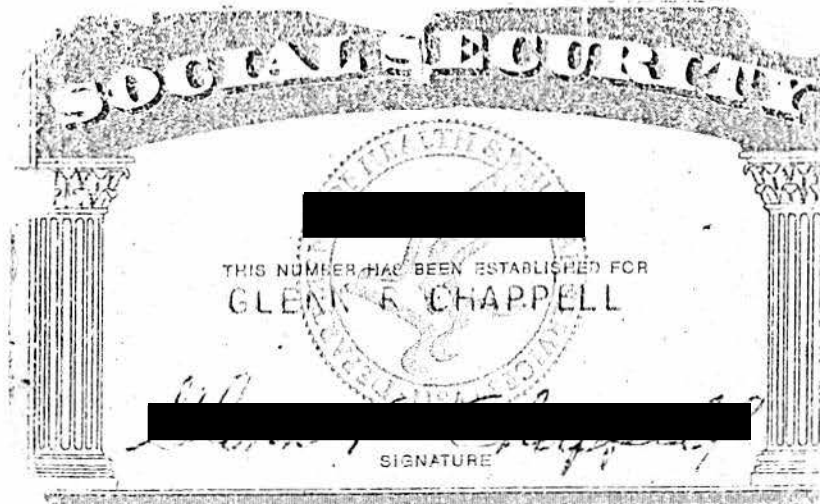
BIRTH DATE:

EXPIRES: 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 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., Interstate (MD Motor Vehicle Law 25-111(vi))
- driving within an exempt intrastate 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 <u>Edward L. Bird, PA-C</u>	TELEPHONE 410-247-9595	DATE 08/31/2015
--	---------------------------	--------------------

MEDICAL EXAMINER'S NAME (PRINT) EDWARD L. BIRD, PA-C	<input type="checkbox"/> MD <input checked="" 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 TYPE MD	NATIONAL IDENTIFICATION NUMBER 0873557650
--	--

SIGNATURE OF DRIVER <u>Glenn R. Chappell</u>	INTRASTATE ONLY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CDL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE NO. [REDACTED]	STATE MD
---	---	---	------------------------------------	-------------

ADDRESS OF DRIVER
[REDACTED] 21239

MEDICAL CERTIFICATION EXPIRATION DATE
08/31/2016

BALTIMORE CITY PUBLIC SCHOOL SYSTEM
 DEPARTMENT OF PUPIL TRANSPORTATION
 SAFETY OFFICE
 REQUEST FOR INFORMATION

DATE: 8-31-2015

TO: SAFETY OFFICE

CONTRACTOR: Aanforable

DRIVER MONITOR
 (CIRCLE or UNDERLINE ONE)

I would like you to check the file for Glen Chappell. The

Social security number is . Date of Birth . This

Person worked for AAAfordable transportation

-----DO NOT WRITE BELOW THIS LINE-----

TO: Aanforable

FROM: BCPSS/SAFETY OFFICE

The above person needs the following:

- _____ Physical (Driver) Expires _____ Expired _____
- _____ MVA Record (complete _____ 36 month _____)
- Expires _____ Expired _____
- _____ Copy of CDL with "P & S" endorsements
- _____ Pre-service
- _____ Certification Expires
- _____ Pre-employment drug test results (Must have actual Results to attend class).
- _____ Criminal Background Check (completed by B.C.P.S.S)
- _____ Social Security Card
- _____ Currently Certified Driver _____ Monitor _____

If you hire the above person **DO NOT forget to send in an Add/Delete form. **

**Must bring Social Security Card to Pre-service Class. **

**Criminal Background Check (must be completed in class.)

_____ MSDE database checked

Thank You,

 Name of person completing form

Date	Time	Type	Job #	Length	Speed	Station Name/Number	Pgs	Status
2015-08-31	11:45	SCAN	06983	0:51	26400	4103966086	5	OK -- V.34 AM31

AA Afordable Transp Monday, 2015-08-31 11:47 410 945 9013

Transmission Log

Concentra Medical Centers (MD)

1419 Knecht Avenue Baltimore, MD 21227
 Phone: (410) 247-9595 Fax: (410) 247-7553

Service Date: 08/31/2015
 Patient Name: Chappell, Glenn R.
 SSN: [REDACTED]

**Medical Examination Report
 FOR COMMERCIAL DRIVER FITNESS DETERMINATION**

6. LABORATORY AND OTHER TEST FINDINGS Numerical reading must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

URINE SPECIMEN	SP. GR	PROTEIN	BLOOD	SUGAR
	1.020	100	0	0

Other Testing (Describe and record)

7. PHYSICAL EXAMINATION Height 70 (in.) Weight 188 (lbs) BMI 27 Neck Circ 15.5 (in)

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See *Instructions To The Medical Examiner for guidance*.

BODY SYSTEM	CHECK FOR:	YES	NO	BODY SYSTEM	CHECK FOR:	YES	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.		<input checked="" type="checkbox"/>	7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		<input checked="" type="checkbox"/>
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, aphakia, glaucoma, macular degeneration and refer to a specialist if appropriate.		<input checked="" type="checkbox"/>	8. Vascular	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		<input checked="" type="checkbox"/>
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrum.		<input checked="" type="checkbox"/>	9. Genito-urinary	Hernias.		<input checked="" type="checkbox"/>
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.		<input checked="" type="checkbox"/>	10. Extremities - Limb	Loss or impairment of leg, foot, toe, arm, hand, finger. Impaired. Driver may be subject to SPE certificate if otherwise qualified.		<input checked="" type="checkbox"/>
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.		<input checked="" type="checkbox"/>	11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		<input checked="" type="checkbox"/>
6. Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or atypical rales, impaired respiratory function, dyspnea, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or xray of chest.		<input checked="" type="checkbox"/>	12. Neurological	Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.		<input checked="" type="checkbox"/>

* COMMENTS: (explain all YES answers):

Note certification status here. See *Instructions to the Medical Examiner for guidance*.

- Meets standards in 49 CFR 391.41; qualifies for 2 year certificate
 - Does not meet standards
 - Meets standards, but periodic evaluation required.
- Due to Hypertension / Diabetes driver qualified only for:
- 3 months
 - 6 months
 - 1 year
 - Other _____

- Wearing corrective lenses
- Wearing hearing aid
- Accompanied by a _____ waiver/exemption. Driver must present exemption at time of certification. Exemption explanation (if Other) _____
- Skill Performance Evaluation (SPE) Certificate
- Driving within an exempt intracity zone. (See 49 CFR 391.62)
- Qualified by operation of 49 CFR 391.64

Address 1419 Knecht Avenue Baltimore, MD 21227
 Telephone Number (410)247-9595

If meets standards, complete a Medical Examiner's Certificate according to 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

SIGNATURE OF MEDICAL EXAMINER <u>[Signature]</u> PA-C	MEDICAL CERTIFICATE EXPIRATION DATE <u>08/31/2016</u>	<input type="checkbox"/> Intrastate Only
MEDICAL EXAMINER'S NAME (PRINT) EDWARD L. BIRD, PA-C	<input type="checkbox"/> MD <input checked="" type="checkbox"/> Physician Assistant <input type="checkbox"/> Chiropractor	<input type="checkbox"/> DO <input type="checkbox"/> Advance Practice Nurse <input type="checkbox"/> Other Practitioner
MED EXAMINER'S LICENSE OR CERT NO / ISSUING STATE <u>[REDACTED] / MD</u>	NATIONAL REGISTRY NO. 6873867650	

Update to previously transmitted exam **UPDATES / FOLLOW UP**

DATE	COMMENT	MED EXAM CERT EXPIRATION DATE	EXAMINER



Motor Vehicle Administration

GLENN R CHAPPELL

09-03-2015

HGT	WGT	RACE	SEX	BIRTH DATE	PAGE
5-11	202	1	M		3 of 6

RESTORED: 030411	FINANCIAL RESPONSIBILITY				
EFFECTIVE: 051209	SUSPENSION	ALL		MD	
RESTORED: 070210	FINANCIAL RESPONSIBILITY				
EFFECTIVE: 050905	SUSPENSION	ALL		MD	
RESTORED: 061705	MISCELLANEOUS				
EFFECTIVE: 062801	SUSPENSION	ALL			
RESTORED: 110801	UNKNOWN/NOT AVAILABLE				
EFFECTIVE: 071098	SUSPENSION	ALL		MD	
RESTORED: 071398	UNKNOWN				

*** CDL ACCIDENT HISTORY ***

*** END CDL HISTORY ***

V/ADM DT	CONV DT	SUMMARY	DESCRIPTION	PTS
07-15-13			ADDRESS CHANGE	
09-02-04			SOUNDEX CHANGE	
10-17-93	01-18-94	N524688	OP MV WHILE OPERATOR/OCCUPANT NOT RESTRAINED BY SEATBELT	
07-18-95	10-13-95	VA 800GT95	C MISCELLANEOUS	
07-18-95	10-13-95	VA 32195	C OP MV WHILE OPERATOR/OCCUPANT NOT RESTRAINED BY SEATBELT	
07-18-95	10-13-95	VA 32195	C MOTOR CARRIER OPERATOR FAIL TO COMPLY WITH RULES/REGULATIONS	
01-06-98	05-06-98	U429886	FAIL TO CARRY REG CARD IN VEH/ DISPLAY IT UPON DEMAND	
06-19-98		PENNSYLVANIA	RECIPROCITY-FAILURE TO COMPLY SUSPENSION LETTER MAILED	
07-10-98		PENNSYLVANIA	SUSPENDED-VIOLATED RECIPROCITY AGREEMENT	
07-13-98		071098 PA SLW	RECIPROCITY SUSPENSION WITHDRAWN	
09-11-98	10-30-98	VA-153GT9804531	C FAILURE TO OBEY TRAFFIC SIGN	
09-11-98	10-30-98	VA-153GT9804531	C DRIVING WHILE LICENSE REVOKED	
07-21-99	11-24-99	V443612	FAILURE TO ATTACH PLATES TO FRONT AND REAR OF VEHICLE	
05-14-01		PENNSYLVANIA	RECIPROCITY-FAILURE TO COMPLY SUSPENSION LETTER MAILED	
03-09-01	05-18-01	AH66815	FAIL TO OBEY INSTRUCTIONS OF TRAFFIC CONTROL DEVICE (MV)	01*
06-28-01		PENNSYLVANIA	SUSPENDED-VIOLATED RECIPROCITY AGREEMENT	
11-08-01		PA 062801 MPL	RECIPROCITY SUSPENSION WITHDRAWN	
04-11-03			SOCIAL SECURITY VERIFICATION REQUEST LETTER MAILED	
10-15-03		BZ77644 6005	DISTRICT COURT FAIL TO APPEAR SUSPENSION LETTER MAILED	
11-10-03		BZ77644 6005	DISTRICT COURT-FAIL TO APPEAR SUSPENDED	
02-24-04		BZ77644 6005	DISTRICT COURT FAIL TO APPEAR SUSPENSION WITHDRAWN	
06-16-03	02-24-04	BZ77644	OP MV WHILE OPERATOR/OCCUPANT NOT RESTRAINED BY SEATBELT	

MARYLAND AND FEDERAL LAW PROHIBITS UNAUTHORIZED DISCLOSURE OF INFORMATION FROM MVA RECORDS. VIOLATIONS OF THESE PROVISIONS IS A MISDEMEANOR PUNISHABLE BY A FINE UP TO \$1000 DOLLARS.



6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

Motor Vehicle Administration

09-03-2015

GLENN R CHAPPELL

BALTIMORE

MD 21239

HGT WGT RACE SEX BIRTH DATE PAGE
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DATE	DESCRIPTION	STATUS	REASON
04-20-04	07AR071802 A/A	DRIVER LICENSE RECEIVED AT MVA AND DESTROYED	
07-26-04	02AR071997 A/A	DRIVER LICENSE RECEIVED AT MVA AND DESTROYED	
09-01-04		SOCIAL SECURITY VERIFICATION RECEIVED AND VERIFIED	
12-07-04	C30980020979 01	NOTICE OF SUSPENSION MAILED	
12-27-04	C30980020979 01	CHILD SUPPORT NON-COMPLIANCE SUSPENDED FOR CHILD SUPPORT NON-COMPLIANCE	
04-15-05	CZ71253 6005	DISTRICT COURT FAIL TO APPEAR	
05-09-05	CZ71253 6005	SUSPENSION LETTER MAILED	
06-17-05	CZ71253	DISTRICT COURT-FAIL TO APPEAR	
06-20-05	C30980020979 01	SUSPENDED	
11-06-04	06-17-05 CZ71250	DISTRICT COURT FAIL TO APPEAR	
11-15-07	EV62911 6335	SUSPENSION WITHDRAWN	
11-15-07	EV62912 6335	SUSPENSION WITHDRAWN FOR CHILD SUPPORT NON-COMPLIANCE	
12-10-07	EV62911 6335	OP MV WHILE OPERATOR/OCCUPANT NOT RESTRAINED BY SEATBELT	
12-10-07	EV62912 6335	DISTRICT COURT FAIL TO APPEAR	
01-14-08	EV62911 6335	SUSPENSION LETTER MAILED	
01-14-08	EV62912 6335	DISTRICT COURT-FAIL TO APPEAR	
06-20-07	01-14-08 EV62911	SUSPENDED	
06-20-07	01-14-08 EV62912	DISTRICT COURT-FAIL TO APPEAR	
08-22-08		SUSPENDED	
10-21-08	MD12A R 062807	DISTRICT COURT-FAIL TO APPEAR	
04-20-09	50023760	SUSPENDED	
05-12-09	50023760	DRIVER LICENSE RECEIVED AT MVA AND DESTROYED	
05-12-09	50023760	JUDGEMENT INSURANCE SUSPENSION NOTICE MAILED	
11-05-09	03-29-10 FY15306	JUDGMENT-DRIVER LICENSE AND VEHICLE TAGS SUSPENDED	
07-02-10	50023760	RESTORATION FEE DUE-FINANCIAL RESPONSIBILITY	
01-06-11	50023760	OP MV WHILE OPERATOR/OCCUPANT NOT RESTRAINED BY SEATBELT	
01-27-11	50023760	JUDGMENT-INSTALLMENT AGREEMENT DR LIC AND VEHICLE TAG SUS WDN	
		JUDGEMENT INSURANCE SUSPENSION NOTICE MAILED	
		DEFAULTED IN JUDGMENT PAYMENTS	
		LICENSE AND VEH TAGS SUSPENDED	



6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

Motor Vehicle Administration

09-03-2015

██████████
GLENN R CHAPPELL

██████████
BALTIMORE

MD 21239

HGT	WGT	RACE	SEX	BIRTH DATE	PAGE
5-11	202	1	M	██████████	6 of 6

01-19-12 06-13-12 2T50B7V

FAIL TO NOTIFY MVA IN 30 DAYS
OF CHANGE OF NAME/ADDRESS

07-17-13 26V0C58 6005

DIST COURT FAILURE TO COMPLY
SUSPENSION LETTER MAILED

08-12-13 26V0C58 6005

DIST COURT FAIL TO COMPLY-
SUSPENDED

10-21-13 26V0C58 6005

DIST COURT FAIL TO COMPLY-
SUSPENSION WITHDRAWN

03-25-14 061218

DRIVERS LICENSE RECEIVED AT
MVA FROM POSTAL AUTHORITY

10-06-14 12-03-14 06V0EJF

FAIL TO CARRY REG CARD IN VEH/
DISPLAY IT UPON DEMAND

RECORD END TOTAL CURRENT POINTS 00

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Chappell Glenn 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(v))
- 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 <u>[Signature]</u>		TELEPHONE 410-687-6462	DATE 7/15/13
MEDICAL EXAMINER'S NAME (PRINT) Dorpein Porckh		<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 <u>[Signature]</u>		DRIVER'S LICENSE NO. [Redacted]	STATE MD
ADDRESS OF DRIVER [Redacted]			
MEDICAL CERTIFICATE EXPIRATION DATE 7/15/15			

CH131001

State of Maryland
Department of Public Safety and Correctional Services



G. Lawrence Franklin
Deputy Secretary
Ronald C. Brothers
Chief Info. Officer
C. Kevin Combs
Deputy Chief Info. Officer
Carole Shelton
Director

085060109411-5



Martin O'Malley
Governor
Anthony G. Brown
Lt. Governor
Gary D. Maynard
Secretary

Information Technology and Communications Division

Criminal Justice Information System - Central Repository
Post Office Box 32708 - Pikesville, Maryland - 21282-2708
Main No: 410-764-4501 - Toll Free: 1-888-795-0011

www.dpccs.state.md.us

To: BALTIMORE CITY PUBLIC SCHOOLS SYSTEM DEPARTMENT
DONALD SWIFT
200 EAST NORTH AVENUE, ROOM 409H
OF TRANSPORTATION
BALTIMORE, MD 21202

Received : 9/2/2008
Reference: 085060109411

Originally printed: 9/3/2008

September 5, 2008


Your request for a criminal history record check has been conducted. Information from the Federal Bureau of Investigation (FBI) based upon the fingerprint supported identification information indicated below, has been reviewed.

Name: GLENN R CHAPPELL


Sex: M

Race: B

Date of Birth: [REDACTED]

 The covered individual has not received the following dispositions for a crime or attempted crime of those listed on the attached sheet:

conviction
probation before judgment
not criminally responsible

 The covered individual is not the subject of any pending charges of a crime or attempted crime of those listed on the attached sheet.

The Maryland Criminal Justice Information System is operated under the authority of the Secretary of the Department of Public Safety and Correctional Services and does not contain data prior to 1978.

Carole Shelton

Carole Shelton, Director
Criminal Justice Information Systems
Central Repository

C+T
DRIVER