



**Motor Carrier Attachment 9:**

**MRO Reports**

**Baltimore, MD; 11/1/2016**

**HWY17MH007**

**(9 pages)**

## Donne, Carol CD

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**From:** Warren, Kimberly  
**Sent:** Friday, January 20, 2017 3:47 PM  
**To:** Bhola-Bird, Devika; Donne, Carol CD  
**Cc:** Maccarelli, Angela  
**Subject:** RE: NTSB- Glenn Chappell Records  
**Attachments:** Read: NTSB- Glenn Chappell Records

**Importance:** High

All-

What is the ETA regarding production of the records in question? Thank you.

Sincerely,

**Kimberly Warren, MBA**  
Corporate Paralegal

**Concentra**  
972-725-6625 (p) | 972-387-1938 (f)  
5080 Spectrum Drive  
Suite 1200W  
Addison, Texas 75001

**Concentra.com**

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**From:** Warren, Kimberly  
**Sent:** Tuesday, January 10, 2017 3:29 PM  
**To:** Bhola-Bird, Devika <[REDACTED]>; Hanley, Margaret <[REDACTED]>; Brown, Laurianne <[REDACTED]>; Moran, Jennifer JM <[REDACTED]>; Donne, Carol CD <[REDACTED]>  
**Cc:** Maccarelli, Angela <[REDACTED]>

**Subject:** NTSB- Glenn Chappell Records

**Importance:** High

All-

At your earliest convenience, please retrieve and provide me with the entirety of the records in connection with the referenced patient and service dates. Call/Contact me for any questions/concerns. Thank you all!

| System ID  | Visit ID  | Visit Date            | Patient ID | Patient Name    | DOB | SSN | Gender | Location Name               |
|------------|-----------|-----------------------|------------|-----------------|-----|-----|--------|-----------------------------|
| OccuSource | 183528402 | 6/16/2007 11:41:27 AM | 180012441  | Chappell, Glenn |     |     | M      | 32112-MD-Rosedale           |
| OccuSource | 183897864 | 6/17/2008 5:14:53 PM  | 180012441  | Chappell, Glenn |     |     | M      | 32112-MD-Rosedale           |
| OccuSource | 183949022 | 8/7/2008 3:30:07 PM   | 180012441  | Chappell, Glenn |     |     | M      | 32112-MD-Rosedale           |
| OccuSource | 183973379 | 9/2/2008 1:12:17 PM   | 180012441  | Chappell, Glenn |     |     | M      | 32112-MD-Rosedale           |
| OccuSource | 184107771 | 2/3/2009 10:09:15 AM  | 180012441  | Chappell, Glenn |     |     | M      | 32112-MD-Rosedale           |
| OccuSource | 184193180 | 5/11/2009 12:22:57 PM | 180012441  | Chappell, Glenn |     |     | M      | 32112-MD-Rosedale           |
| OccuSource | 184748465 | 1/12/2011 12:31:09 PM | 180012441  | Chappell, Glenn |     |     | M      | 32112-MD-Rosedale           |
| OccuSource | 184977027 | 9/7/2011 7:13:03 PM   | 180012441  | Chappell, Glenn |     |     | M      | 32111-MD-Arbutus            |
| OccuSource | 185009323 | 10/10/2011 1:06:20 PM | 180012441  | Chappell, Glenn |     |     | M      | 32111-MD-Arbutus            |
| OccuSource | 185015320 | 10/14/2011 4:39:04 PM | 180012441  | Chappell, Glenn |     |     | M      | 32111-MD-Arbutus            |
| OccuSource | 185045361 | 11/15/2011 8:20:21 AM | 180012441  | Chappell, Glenn |     |     | M      | 32112-MD-Rosedale           |
| OccuSource | 185117873 | 2/7/2012 3:18:31 PM   | 180012441  | Chappell, Glenn |     |     | M      | 32112-MD-Rosedale           |
| OccuSource | 185123921 | 2/14/2012 10:02:23 AM | 180012441  | Chappell, Glenn |     |     | M      | 32112-MD-Rosedale           |
| OccuSource | 185142446 | 3/2/2012 6:47:29 PM   | 180012441  | Chappell, Glenn |     |     | M      | 32112-MD-Rosedale           |
| OccuSource | 185185832 | 4/16/2012 5:59:43 PM  | 180012441  | Chappell, Glenn |     |     | M      | 32112-MD-Rosedale           |
| OccuSource | 185469307 | 2/12/2013 11:47:16 AM | 180012441  | Chappell, Glenn |     |     | M      | 32114-MD-Downtown Baltimore |
| OccuSource | 185494803 | 3/11/2013 9:59:22 AM  | 180012441  | Chappell, Glenn |     |     | M      | 32112-MD-Rosedale           |

|            |           |                       |           |                 |            |   |                             |
|------------|-----------|-----------------------|-----------|-----------------|------------|---|-----------------------------|
| OccuSource | 185559719 | 5/13/2013 12:06:25 PM | 180012441 | Chappell, Glenn | [REDACTED] | M | 32114-MD-Downtown Baltimore |
| OccuSource | 185623339 | 7/15/2013 10:59:39 AM | 180012441 | Chappell, Glenn | [REDACTED] | M | 32112-MD-Rosedale           |
| OccuSource | 185629222 | 7/19/2013 1:11:31 PM  | 180012441 | Chappell, Glenn | [REDACTED] | M | 32111-MD-Arbutus            |
| OccuSource | 185706406 | 10/3/2013 4:45:37 PM  | 180012441 | Chappell, Glenn | [REDACTED] | M | 32114-MD-Downtown Baltimore |
| OccuSource | 185813812 | 2/3/2014 9:53:19 AM   | 180012441 | Chappell, Glenn | [REDACTED] | M | 32111-MD-Arbutus            |
| OccuSource | 185813821 | 2/3/2014 10:00:02 AM  | 180012441 | Chappell, Glenn | [REDACTED] | M | 32111-MD-Arbutus            |
| OccuSource | 186143709 | 1/13/2015 10:11:43 AM | 180012441 | Chappell, Glenn | [REDACTED] | M | 32112-MD-Rosedale           |
| OccuSource | 186168275 | 2/9/2015 10:43:40 AM  | 180012441 | Chappell, Glenn | [REDACTED] | M | 32111-MD-Arbutus            |
| OccuSource | 186305772 | 6/25/2015 12:43:35 PM | 180012441 | Chappell, Glenn | [REDACTED] | M | 32112-MD-Rosedale           |
| OccuSource | 186371851 | 8/31/2015 9:45:17 AM  | 180012441 | Chappell, Glenn | [REDACTED] | M | 32111-MD-Arbutus            |
| OccuSource | 186396554 | 9/24/2015 12:04:59 PM | 180012441 | Chappell, Glenn | [REDACTED] | M | 32111-MD-Arbutus            |
| OccuSource | 186518924 | 2/8/2016 10:35:57 AM  | 180012441 | Chappell, Glenn | [REDACTED] | M | 32111-MD-Arbutus            |
| OccuSource | 186581342 | 4/11/2016 10:00:23 AM | 180012441 | Chappell, Glenn | [REDACTED] | M | 32121-MD-Jessup             |
| OccuSource | 186617786 | 5/17/2016 10:31:06 AM | 180012441 | Chappell, Glenn | [REDACTED] | M | 32111-MD-Arbutus            |
| OccuSource | 186651571 | 6/20/2016 10:49:48 AM | 180012441 | Chappell, Glenn | [REDACTED] | M | 32123-MD-Dundalk            |
| OccuSource | 186680938 | 7/19/2016 6:05:55 PM  | 180012441 | Chappell, Glenn | [REDACTED] | M | 32112-MD-Rosedale           |

Sincerely,

**Kimberly Warren, MBA**  
Corporate Paralegal

**Concentra**

[REDACTED] (p) | 972-387-1938 (f)  
5080 Spectrum Drive  
Suite 1200W  
Addison, Texas 75001

**Concentra.com**

Service ID: 186651571  
X-ray Number:

Concentra Medical Centers (MD)  
1833 Portal Street Baltimore, MD 21224  
Phone: (410) 633-3600 Fax: (410) 633-3604

Service Date: 06/20/2016  
Case Date: 06/20/2016

### Non-Injury Flowsheet

Patient has Archived Data

Patient: Chappell, Glenn R.  
SSN: [REDACTED]  
Age: 67 DOB: [REDACTED]  
Address: [REDACTED]  
BALTIMORE, MD 21239  
Home: [REDACTED]  
Work: [REDACTED] Ext.:

Employer: Reliable Professional Service  
Employer Location: Reliable Professional Service  
Address: 2310 Chesapeake Ave  
Dundalk, MD 21224012  
Auth. by:  
Contact: Patricia Sutton  
Phone: (410) 355-2080 Ext.:  
Contact: Patricia Sutton  
Role: Primary Contact  
Phone: (410) 355-2080 Ext.:  
Fax: (410) 355-2081

Previous Cases:

| Case Date  | Case Description                | Employer Location           | Market    | Center             | On-Line |
|------------|---------------------------------|-----------------------------|-----------|--------------------|---------|
| 05/17/2016 | Non-Injury: Reg UDS             | Y&L Transportation          | Baltimore | CMC - BAL-Arbutus  |         |
| 04/11/2016 | Non-Injury: DOT Phys PrePI w/Re | First Transit-52971-RTA     | Baltimore | CMC - BAL-Jessup   |         |
| 02/08/2016 | Non-Injury: Reg UDS Collect     | Baltimore City School/Bus C | Baltimore | CMC - BAL-Arbutus  |         |
| 09/24/2015 | Non-Injury: Reg UDS & BAT Post  | AAAfordable Transportation  | Baltimore | CMC - BAL-Arbutus  |         |
| 08/31/2015 | Non-Injury: DOT Phys PrePI w/Re | AAAfordable Transportation  | Baltimore | CMC - BAL-Arbutus  |         |
| 06/25/2015 | Non-Injury: DOT Phys PrePI w/Re | AAAfordable Transportation  | Baltimore | CMC - BAL-Rosedale |         |
| 02/09/2015 | Non-Injury: DOT Phys PrePI w/Re | AAAfordable Transportation  | Baltimore | CMC - BAL-Arbutus  |         |

NOTE: PATIENT HAS MEDICAL IMPLICATIONS:

Reasons:  
02/20/2012: Diabetes; 02/12/2013: Hypertension

Comments:

Issued 3 month card. 02/12/13 Elevated B/P 158/100,160/98 and DM - F/S 298 pt was given a 3 month card today. Cleared for 2 year card. 3 month card due to HTN.. 4/11/16

Employer Notes:

COD removed eff 03/03/16. Emp on COD eff 03/02/16. Location Notes:

UC Mention

CHECK-IN \_\_\_\_\_  
MA/RT \_\_\_\_\_  
MA/RT \_\_\_\_\_  
PROVIDER \_\_\_\_\_  
THERAPIST \_\_\_\_\_  
CHECK-OUT \_\_\_\_\_

Administrative Notes:

Mail copy of DOT card & Phys to Emp/PC. Email phys & card to PC Timothy Dixon medicalrecords@reliablebaltimore.com. Give DOT Card only to Pt.

DATE: 6/20/16  
Reported to: [REDACTED]  
Reported by: [REDACTED]  
 PHONE  MAIL  FAX Given to pt  
Fax confirmation rec'd:  YES  NO

| Non-Injury Flow             | Time     | Initials | Time      | Initials   |
|-----------------------------|----------|----------|-----------|------------|
| Sign-In                     | 10:35 am | _____    | 10:50     | [REDACTED] |
| Admit                       | 10:49 am | _____    |           |            |
| Service Pkg: DOT Recert     | Time     | Initials | Time      | Initials   |
| DOT Physical Recertificatio | _____    | _____    |           |            |
|                             |          |          | Check Out | _____      |

Chappell  
Glenn R.

|         |                |  |  |  |  |  |  |  |  |
|---------|----------------|--|--|--|--|--|--|--|--|
| 2:03:35 | Glenn Chappell |  |  |  |  |  |  |  |  |
|---------|----------------|--|--|--|--|--|--|--|--|

Service ID: 186651571  
X-ray Number:

**Concentra Medical Centers (MD)**  
1833 Portal Street Baltimore, MD 21224  
Phone: (410) 633-3600 Fax: (410) 633-3604

Service Date: 06/20/2016  
Case Date: 06/20/2016

### Non-Injury Flowsheet

Patient has Archived Data

Patient: Chappell, Glenn R.  
SSN: [REDACTED]  
Age: 67 DOB: [REDACTED]  
Address: [REDACTED]  
BALTIMORE, MD 21239  
Home: [REDACTED]  
Work: [REDACTED] Ext.:

Employer: Reliable Professional Service Contact: Patricia Sutton  
Phone: (410) 355-2080 Ext.:  
Employer Location: Reliable Professional Service Contact: Patricia Sutton  
Address: 2310 Chesapeake Ave Role: Primary Contact  
Dundalk, MD 212224012 Phone: (410) 355-2080 Ext.:  
Auth. by: Fax: (410) 355-2081

#### Examination Results

No Status Required  
 Recommend Further Evaluation [REDACTED]

#### Medical Evaluation Results

Medical Evaluation Within Normal Limits  
 Medical Evaluation NOT Within Normal Limits [REDACTED]  
 Not Applicable

#### Medical Restrictions

Medical Restrictions [REDACTED]  
 No Medical Restrictions

#### Pending Results

Pending Results [REDACTED]  
 Pending Medical Hold [REDACTED]  
 Pending Medical Records  
 Pending Process Completion  
 No Pending

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Medical Implications

|                                                    |                                                                     |                                                          |
|----------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Cardiovascular            | <input type="checkbox"/> Physical Impairment                        | <input type="checkbox"/> Vision                          |
| <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Seizures                                   | <input type="checkbox"/> Unverified Medical Information  |
| <input type="checkbox"/> Hearing                   | <input type="checkbox"/> Sleep Disorder - Sleep Evaluation Negative | <input type="checkbox"/> Unresolved Medical Hold         |
| <input type="checkbox"/> Hypertension              | <input type="checkbox"/> Sleep Disorder - Sleep Evaluation Positive | <input type="checkbox"/> Certification less than 2 years |
| <input type="checkbox"/> Medications               | <input type="checkbox"/> Sleep Disorder - Sleep Referral Made       |                                                          |
| <input type="checkbox"/> Myocardial Infarction     | <input type="checkbox"/> Sleep Disorder - Treatment with PAP        |                                                          |
| <input type="checkbox"/> Other (Comments Required) |                                                                     |                                                          |

Medication Allergy(s) (Comments Required)  
\_\_\_\_\_  
\_\_\_\_\_

# Concentra™

(Patient Must Present Photo ID at Time of Service)

## Authorization for Examination or Treatment

Patient Name: Glenn Chappell Social Security Number: [REDACTED]

Employer: Reliable Transportation Date of Birth: [REDACTED]  
2340 Chesapeake Ave  
Baltimore, MD 21222

Street Address: [REDACTED] Location Number: \_\_\_\_\_

Temporary Staffing Agency: \_\_\_\_\_

### Work Related

Injury  Illness

Date of Injury: \_\_\_\_\_

### Substance Abuse Testing\* (check all that apply)

Regulated drug screen  Breath alcohol

Collection only  Hair collect

Non-regulated drug screen  Rapid drug screen  Human Performance Evaluation\*

Other: \_\_\_\_\_  HAZMAT  Medical Surveillance

### Type of Substance Abuse Testing

Preplacement  Reasonable cause

Post-accident  Random

Follow-up

### Physical Examination

Preplacement  Baseline  Annual  Exit

### DOT Physical Examination

Preplacement  Recertification

### Special Examination

Asbestos  Respirator  Audiogram

Human Performance Evaluation\*

HAZMAT  Medical Surveillance

Other: \_\_\_\_\_

### Billing (check if applicable)

Employee to pay charges

Special instructions/comments: \_\_\_\_\_

Please Fax Results

Fax # 410 928-4910

★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Authorized by: [Signature]

Title: Owner

Phone: 410 355-7080

Date: 6/29/16

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at [www.concentra.com](http://www.concentra.com))

Concentra Internal Addendum – 5875A

**Concentra Medical Centers**

**Service Date:** 06/20/2016

1833 Portal Street Baltimore, MD 21224

**Patient Name:** Chappell, Glenn R

Phone: (410)-633-3600 Fax: (410)-633-3604

**SSN:** [REDACTED]

**ADDITIONAL DRIVER HEALTH HISTORY REVIEW** (to be filled out by the medical examiner)

BMI: \_\_\_\_\_ Neck Circumference: \_\_\_\_\_

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Medical Examiner Name: Jarrett M. Wise, PA-C

Medical Examiner Signature: [REDACTED]

Revision Date: 09-23-2015



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U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

**Medical Examiner's Certificate**  
(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: Chappell, First Name: 6100 73 in accordance with (please check only one):

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 (check all that apply) OR

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses     Accompanied by a \_\_\_\_\_ waiver/exemption     Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

Wearing hearing aid     Accompanied by a Skill Performance Evaluation (SPE) Certificate     Qualified by operation of 49 CFR 391.64 (Federal)

Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date  
6/20/2017

Medical Examiner's Signature: [Signature]

Medical Examiner's Telephone Number: 410.633.3600    Date Certificate Signed: 6/20/2016

Medical Examiner's Name (please print or type): Jarrett Wise, PA-C

MD     Physician Assistant     Advanced Practice Nurse

DO     Chiropractor     Other Practitioner (specify) \_\_\_\_\_

Medical Examiner's State License, Certificate, or Registration Number: [Redacted]

Issuing State: MD    National Registry Number: 5427926492

Driver's Signature: [Signature]    Driver's License Number: [Redacted]    Issuing State/Province: Maryland

Driver's Address: [Redacted]    City: Balto    State/Province: md    Zip Code: 21234    CLP/CDL Applicant/Holder

Street Address: [Redacted]    City: Balto    State/Province: md    Zip Code: 21234     Yes     No