



Motor Carrier Attachment – Accident Driver’s Post Crash DOT Tests

Biloxi, MS

HWY17MH010

(6 pages)



DOT Post-Accident

03/07/2017

Controlled Substance Test

Alcohol Test

From:



402 W County Rd D
St. Paul, MN 55112

03/07/2017 17:44

#001 P.003/003

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.
SRH DOT Echotaxis & Charlers
2007 DENNY AVE Arlington, TX 76017
800-224-9551

SPECIMEN ID NO. [REDACTED]
ACCESSION NO. [REDACTED]
B. MRO Name, Address, I.D. No. & Fax No.
GRHS CLINICS-PASCAGOULA
2819 DENNY AVE
PASCAGOULA, MS 39581
PH 762-762-3444 FX 228-762-3427

C. Donor SSN or Employee I.D. No. [REDACTED]
D. Specify Testing Authority: HHS NRC DOT - Specify DOT Agency: FMCSA FAA FRA FTA PHMSA USCG
E. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident Return to Duty Follow-up Other (specify) _____
F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify) _____
G. Collection Site Address:
SINGING RIVER HOSPITAL
2809 DENNY AVE PASCAGOULA MS 39581
Collector Phone No. [REDACTED] Collector Fax No. [REDACTED]

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.
Temperature between 90° and 100° F? Yes No, Enter Remark _____ Collection: Split Single None Provided, Enter Remark _____ Observed, Enter Remark _____

REMARKS: Observer - [REDACTED] RN

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.
X [Signature of Collector] Time of Collection 17:10 AM/PM [Signature of Donor] SPECIMEN BOTTLE(S) RELEASED TO:
Date (Mo./Day/Yr.) 03/07/2017 [Signature of MRO] Name of Delivery Service Transferring Specimen to Lab:
 FedEx Local Courier Other

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.
X [Signature of Donor] Louis Andrews Date of Birth 3/7/17
Daytime Phone No. [REDACTED] Evening Phone No. ()

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my verification is:
 NEGATIVE POSITIVE for: _____
 DILUTE
 REFUSAL TO TEST because - check reason(s) below:
 ADULTERATED (adulterant/reason): _____ TEST CANCELLED
 SUBSTITUTED
 OTHER: _____
REMARKS:
X [Signature of Medical Review Officer] (PRINT) Medical Review Officer's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my verification for the split specimen (if tested) is:
 RECONFIRMED for: _____ TEST CANCELLED
 FAILED TO RECONFIRM
REMARKS:
X [Signature of Medical Review Officer] (PRINT) Medical Review Officer's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

MS 10-00301-01

Form 15 (7/13) MS 013

ATTENTION:

[REDACTED]

ECHO Tours and Charters, LP-DOT
9314 W Jefferson Blvd , # 295
Dallas, TX 75211

Participant: Louis Ambrose Jr
Participant ID [REDACTED]

Results of DOT Controlled Substance Test

Record Status: Negative
Test Type: Post-Accident - DOT
Collection Date/Time: 03/07/2017 5:10 PM
Batch ID: [REDACTED]
Specimen ID: [REDACTED]
Date COC Received: 03/09/2017
Sample Type: Urine
Test Panel: 5-Substances

Laboratory: Med Tox
402 W County Rd D
St Paul, MN 55112
Collection Site: Singing River Hospital
2809 Denny Ave.
Pascagoula, MS 39581
Specimen Collector: [REDACTED]
DOT Admin(s): FMCSA

<u>Test Performed</u>	<u>Result</u>
Amphetamines	Negative
Marijuana(Cannabinoids)	Negative
Opiates	Negative

<u>Test Performed</u>	<u>Result</u>
Cocaine	Negative
Phencyclidine	Negative

This test was performed, recorded and reported in accordance with CFR 49 Part 40

[REDACTED SIGNATURE]

3/9/2017
Verification Date

#001 P.002/003
03/07/2017 17:43

U.S. Department of Transportation (DOT) Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

STEP 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Am Louis, Ambrose
(Print) (First, M.I., Last)

B: SSN or Employee ID No. [REDACTED]

C: Employer Name ECHO TOURS & Charters
Street 9314 W. Jefferson Blvd # 295
City, State, Zip Dallas TX 75211

DER Name and Telephone No. [REDACTED] 817,572-4114
DER Name DER Phone Number

D: Reason for Test: Random Reasonable Susps Post-Accident Return to Duty Follow-up Pre-employment

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.

Am Louis, Ambrose 3 7 17
Signature of Employee Date Month Day Year

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: BAT STT DEVICE: SALIVA BREATH* 15-Minute Wait: Yes No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to print.)
[REDACTED] 16:34 1635 .000

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Result

CONFIRMATION TEST: Results **MUST** be affixed to each copy of this form or printed directly onto the form.

REMARKS:

Singing River Hospital 2809 Denny Ave
Alcohol Technician's Company Company Street Address
Virginia R. Moseley Pascagoula MS 39581 228 809-5166
(PRINT) Alcohol Technician's Name (First, M.I., Last) Company City, State, Zip Phone Number

[REDACTED] 3 7 17
Signature of Alcohol Technician Date Month Day Year

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.

Signature of Employee _____ Date Month Day Year _____

Print Screening Results Here or Affix with
EVIDENCE

Singing River Hospital
Pascagoula MS
CMI, Inc.
Intoxilyzer [REDACTED]
Serial Number: [REDACTED]

Type of Test: DOT Combination
Reason for Test: Post Accident
Screening Test#: [REDACTED]
Date: 03/07/2017

Operator ID#: [REDACTED]
Operator Name: [REDACTED]
Operator Signature: [REDACTED]

Subject Company: ECHO TOURS
Subject ID#: 032156
Subject Name: LOUIS AMBROSE
Subject Signature: Am Louis, Ambrose

Sequence	Result	Time
Diagnosics	PASS	16:34
Test# 0217	.000	16:35

Test Is Negative
EVIDENCE

Print Additional Results Here or Affix With Tamper Evident Tape

Form DOT F 1380 (Rev. 5/2008)

EMI inc. 866-835-0690 • P/N 650528 • OMB No. 2105-0529

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

From:

ATTENTION:



ECHO Tours and Charters, LP-DOT
9314 W. Jefferson Blvd , # 295
Dallas, TX 75211

Participant Louis Ambrose Jr
Participant ID



Results of DOT Alcohol Test

Record Status: Negative
Test Type: Post-Accident - DOT
Collection Date/Time: 03/07/2017 4:34 PM
Batch ID:
Specimen ID:
Date COC Received: 03/08/2017
Sample Type: Breath
Test Panel: Alcohol

Collection Site: Singing River Hospital
2809 Denny Ave.
Pascagoula, MS 39581
Specimen Collector
DOT Admin(s): FMCSA

<u>Test Performed</u>	<u>Result</u>
Alcohol	Negative

This test was performed, recorded and reported in accordance with CFR 49 Part 40