

**NEW YORK STATE DEPARTMENT OF MOTOR
VEHICLES BUS DRIVER CERTIFICATION
(15 PAGES)**



STATE OF NEW YORK
DEPARTMENT OF MOTOR VEHICLES

THE GOVERNOR NELSON A. ROCKWELL, 120 EMPIRE STATE PLAZA, ALBANY, NEW YORK 12242

PATRICIA B. ADDUCI
Commissioner

September 25, 1987

[]

Kinnicutt Bus Inc
222 Van Rensselaer Blvd
Menands, NY 12204

[]

Re: William J. Treacy [REDACTED]

We are pleased to inform you that the above driver is qualified to drive a school bus in New York State.

This qualification is based on a review of the driver's record in accordance with Article 19-A of the Vehicle and Traffic Law.

The Bus Driver Certification Unit

[REDACTED SIGNATURE]

BS: sb



STATE OF NEW YORK
DEPARTMENT OF MOTOR VEHICLES

EMPIRE STATE PLAZA, ALBANY NY 12228

RICHARD E. JACKSON, JR.
Commissioner

12/11/96

KINNICUTT BUS INC

2 ELMWOOD ROAD
MENANDS, NY

12204

RE: TREACY, WILLIAM
SS#: [REDACTED]

We are pleased to inform you that the above driver is qualified to drive a school bus in New York State.

This qualification is based on a review of the driver's record in accordance with Article 19-A of the Vehicle and Traffic Law.

The Bus Driver Certification Unit

W. M. Tracy

TO WHOM IT MAY CONCERN:

I, Albert W. Steppent, have personally
known W. M. Tracy for several years
and can attest to his/her honesty and high moral
character.

~~Albert W. Steppent~~

~~_____~~

Witnessed July 12 1901

TO WHOM IT MAY CONCERN:

I, Jean Jones, have personally
known W.H. Treacy for several years
and can attest to his/ ~~her~~ honesty and high moral
character.

Jean Jones
Address: [REDACTED]
Manhasset N.Y.

TO WHOM IT MAY CONCERN:

I, Chief Justice K. J. ..., have personally
known: ... for several years
and can attest to his/ ~~her~~ honesty and high moral
character.

Chief Justice K. J. ...
Address: ...
...

APPLICATION FOR POSITION OF REGULAR OR SUBSTITUTE DRIVER

Name... William J. Treacy... *Date of Birth... [redacted]
Social Security No. [redacted]
Present Address... 12... [redacted]... NY... 12004
Last Previous Address...
1. Class of driver's license... B-P... State of Issuance... NY... date of such license 3/03

2. How many years have you driven? 57... Have you ever had an accident while driving the past five years which resulted in injuries to yourself or others? (Yes) (No) [checked]
If yes, describe extent of accident or accidents

3. Have you been convicted of moving traffic violations (reckless driving, etc.) or of any criminal act during the past three years? No
If yes, give:

Table with 3 columns: Date, Charge, Court & Location

4. Active driving experience: 57 Years
(Passenger bus or heavy truck) (Light truck or station wagon)
5. Do you use intoxicants? Seldom Never [checked]
6. Do you use drugs? Frequently Seldom Never [checked]
7. Have you ever had any convulsions or periods of unconsciousness? No
8. Are you presently employed? Yes... where? K.B.I.
9. List employment, in consecutive order for the past three years.

10. Have you ever attended a Bus Driver Training Course? N/A (Yes)
Other such courses (Yes) (No) If yes, give date, place and duration of each kind of course: 2-hr Refresher course every 10 mo.

11. Did you receive a certificate? N/A (Yes) (No)
Attach to this application form at least three (3) statements from three different persons who are not related to you either by blood or marriage pertaining to your moral character and reliability.

To the best of my knowledge and belief the answers to the above questions are true.

Date 9/1/99 Signature of Applicant [Signature]

I have reviewed the above application, the three character statements and the report of the physician pertaining to the above-named applicant for the position of bus driver for the year 1999/00 for School District No. [redacted]

Town of Colonie County of Albany
I hereby approve his (her) employment. [Signature]
Date 9/1/99 Supervisor of the carrier or other school official

If you knowingly make a false statement in this application, you shall be considered ineligible.
Notes Education Department requirements

Section 3B - DATA BASE (to be completed by the medical examiner)

BP 110/70 P 94 WT 216 HT 5'6 1/2

Visual Acuity (Snellen, in each eye) Right 20/40 Left 20/40 Corrective Lenses Yes No

Field of Vision (in degrees of horizontal meridian in each eye) Right normal degrees Left normal degrees Both normal degrees

Color Perception Test Pass Fail (Test Used _____)

Hearing Test Test Used compendium

Right Ear	Left Ear	Right Ear Average hearing loss in decibels	Left Ear Average hearing loss in decibels
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Uninanalysis Alb neg Sugar neg Cells neg

Other as indicated (list) _____

- Drug and Alcohol Screening
- EKG
- Serologies
- Chemistries
- Special Laboratory

Section 4 - PHYSICIAN'S CERTIFICATION (to be completed by the medical examiner)

New/Initial Certification Recertification Follow-Up

- Restrictions and/or follow-up:
- Qualified only when wearing corrective/contact lenses.
 - Qualified - Correction required every six months for diabetic condition.
 - Qualified only when wearing a hearing aid.
 - Qualified only by use of prosthetic devices or equipment modifications.
- Description/Type: _____

REMARKS:

I certify that I have examined William Treacy in accordance with the Commissioner's Regulations and with knowledge of the driver's duties. In accordance with Commissioner's Regulation 6.10, I find:

- The above named person is physically or medically qualified.
- The above named person is physically or medically qualified with Restrictions and/or Follow-up as detailed above
- The above named person IS NOT physically or medically qualified because _____

CARMEL V. HAAS MD (Print Name of Examining Physician, PA, or Nurse Practitioner) [Signature] (Signature of Examiner)

1000 ... (Address of Examining Physician, PA, or Nurse Practitioner) 7/15/07 (Date)

Physician must certify on form and certify that the individual who conducted the above examination was acting under direction and supervision of the physician.



New York State Department of Motor Vehicle
**CARRIER'S ANNUAL REVIEW OF EMPLOYEE'S
DRIVING RECORD UNDER ARTICLE 19-A**



SECTION 1 (to be completed by driver)

DRIVER CERTIFICATION

Driver's Last Name Treacy	First William	M.I. J	Date of Birth (Month/Day/Year)	Social Security Number
Street Address [REDACTED]			City Menands	State NY
Employer's/Carrier's Name Kinnicutt Bus Inc.			Street Address 2 Elmwood Dr.	City Menands
			State NY	Zip Code 12204

Were you involved in ANY motor vehicle accident(s) during the past year?

YES NO If YES, complete Section 2 below:

ACCIDENT INFORMATION (if additional space is needed, use the back of this form)

Date of Accident	Location City, State, Zip Code, County	Briefly describe property damage, type of vehicle involved and approximate dollar value of damage for each vehicle	Number of People Injured	Were there any fatalities? Indicate YES or NO

Were you convicted of ANY moving traffic violation(s) or any crime(s) during the past year?

YES NO If YES, complete Section 3 below:

RECORD OF CONVICTIONS (if additional space is needed, use the back of this form)

Date of Violation	Date of Conviction	Of What Charge Were You Convicted?	Court Location — City, State, Zip Code, Co.

DRIVER ACKNOWLEDGEMENT

To the best of my knowledge and belief, the information I have given above is true and correct.



 (Driver Signature)


 9/1/99
 (Date)

SECTION 2 (to be completed by carrier)


CARRIER CERTIFICATION

I have compared the information furnished by the driver with the driver's abstract or operating record. I have ascertained that the driver's abstract or operating record is correct and that the driver's abstract or operating record are listed on this form. I HAVE ATTACHED THE DRIVER'S ABSTRACT(S).

I have read the abstract or operating record and certify that this driver meets the standards for the position of driver of a motor vehicle under the provisions of Article 19-A, and is qualified to drive a bus.



 (Carrier Signature)



 (Carrier Signature)

TODAY'S DATE: 7/29/1999 TIME: 13:38:35
*RECORD EXPANSION FOR: TREACY, WILLIAM, J

TREACY, WILLIAM, J
MENANDS NY 12204
CLIENT ID#: [REDACTED]
DOB: [REDACTED] SEX: M
HEIGHT: 5-8 EYE COLOR: BROWN
COUNTY: ALBA
MI #: [REDACTED]

RESTRICTIONS: CORRECTIVE LENSES

LICENSE CLASS: CDL *B* STATUS: VALID EXPIRATION: [REDACTED]
CDL ENDORSEMENTS: PASSENGER
RESTRICTIONS: NONE
S19A STATUS: ACTIVE - SCHOOL QUALIFIED

***** ACTIVITY *****
CDL-B 02/20/1992 ENDORSEMENTS: PASSENGER
RESTRICTIONS: NONE

*** ENTER NEXT FUNCTION CODE NEXT *** (RECORD CONTINUED ON FOLLOWING PAGE)

***** ACCIDENTS *****
ACCIDENT DATE: 10/20/1997 PROPERTY DAMAGE COUNTY: ALBA CASE #: 97-594833
POLICE REPORT FILED

*** END OF RECORD ***

*** ENTER NEXT FUNCTION CODE NEXT ***



New York State Department of Motor Vehicles
REPORT ON ANNUAL DEFENSIVE DRIVING
PERFORMANCE FOR DRIVER UNDER ARTICLE 19A



INSTRUCTIONS TO CERTIFIED EXAMINER:

- Regular observation of a driver's defensive driving performance must be conducted while the driver is operating the vehicle with passengers.
- Driver's performance test may NOT be conducted on the same day as the biennial behind-the-wheel road test.
- Discuss performance with driver, complete rating, driver acknowledgement, and examiner certification.

SECTION 1 - DRIVER INFORMATION

Driver's Last Name <u>Treacy</u>	First <u>William</u>	M.I. <u>J.</u>	Date of Birth (Month/Day/Year) [REDACTED]	Social Security Number [REDACTED]
Street Address [REDACTED]			City <u>Menands</u>	State <u>NY</u>
Motorist/Client ID Number <u>0</u>			Zip Code <u>12204</u>	
Class of Driver's License <u>B</u>		Endorsements <u>P</u>	Restrictions <u>-</u>	Expiration Date [REDACTED]

SECTION 2 - CARRIER INFORMATION

Name of Carrier/Bus or School District <u>Kinnicut Bus, Inc.</u>	Federal ID Number <u>14-1631703</u>
Street Address <u>2 Elmwood Dr. Menands, NY 12204 (518) 438-0333</u>	City [REDACTED]
	State [REDACTED]
	Zip Code [REDACTED]

SECTION 3 - OBSERVATION (may be conducted inside or outside the vehicle)

	Satisfactory	Unsatisfactory		Satisfactory	Unsatisfactory
1. Observation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Observes Proper Following Distance ..	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Traffic Lane Use (include correct lane selection)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Procedures for Receiving and Transferring Passengers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Speed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Traffic Interaction	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Property Signals Intention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Knowledge of Emergency Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Knowledge of Operation of Safety Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Vehicle Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
7. Obeys Traffic Signs, Signals and Road Hazard Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

SECTION 4 - EXAMINER'S SUMMARY REPORT OF DRIVER'S PERFORMANCE

Date of Observation 9/3/99 Vehicle Driven — (specify- adult seating capacity, gross vehicle weight rating (GVWR) and plate #) #55 44 26,000 lbs BD2899 Observation Conduct Inside Outside

Comments: _____

SECTION 5 - DRIVER ACKNOWLEDGEMENT

I acknowledge discussion of my defensive driving performance on 9/2/99 by the examiner who observed and rated my performance
(Date)

[Signature] (Driver Signature) 9/1/99 (Date)

SECTION 6 - EXAMINER CERTIFICATION

I certify that the above report is, to the best of my knowledge, true and correct, that I personally observed the driver's defensive driving performance, and that I am duly licensed and qualified pursuant to the provisions of Article 19A of the New York State Vehicle and Traffic Law.

Howard J. Kinnicut
Name of State Examiner



ARTICLE 19 BIENNIAL BEHIND THE WHEEL DAD TEST



Driver's Last Name Treacy	First William	M.I. J.	Date of Birth (Mo./Day/Yr.) [Redacted]	Test Date (Mo./Day/Yr.) 9/3/19	
Driver's Signature (Sign name in full) <i>William J. Treacy</i>			Social Security Number [Redacted]		
Motorist/Client Identification Number [Redacted]		License Class B-P	Expiration Date (Mo./Day/Yr.) [Redacted]		
Type of Vehicle (Adult seating capacity, GVWR) 44 26000 lbs			Vehicle Plate Number BD2899		

NOTE: THIS TEST MAY NOT BE CONDUCTED ON THE SAME DAY AS THE ANNUAL DEFENSIVE DRIVING PERFORMANCE TEST. If the driver fails the test, he/she is disqualified from driving under Article 19A. He/she may make a request to the carrier for a reexamination.

TESTING: Examiner will circle the point value of those skills not properly performed. Driver is disqualified if 30 or more points are circled or any DISQUALIFICATION (DQ) item is circled, or any two 10-point items are marked.


I. PRE-TRIP TEST	Point Value	EN-ROUTE (Continued)	Point Value
A. Failed to check wheels, tires	5	L. Fails to use proper steering control	5
B. Failed to check validation of required vehicle stickers	5	M. Fails to use proper braking	5
C. Failed to check lights	5	N. Fails to use proper acceleration	5
D. Failed to check horn, heater, defroster	5	O. Fails to use proper speed for conditions	DQ
E. Failed to check emergency equipment: fire extinguisher, spare electric fuses, and emergency reflectors	5	P. Fails to anticipate hazards	5
F. Seats: Passenger entry and emergency exits	5	Q. Fails to yield right of way	DQ
G. Failed to check all gauges	5	R. Fails to use proper lane/s	10
H. Failed to check and adjust all mirrors	5	S. Fails to properly use transmission	5
I. Fails to check air brakes	5	T. Fails to observe traffic control devices	DQ
J. Fails to properly use seat belt	5	IV. PARKING AND BACKING	
K. Failed to perform 50 ft. brake test	10	A. Fails to leave the vehicle to check rear before backing (no observer)	10
II. DEPARTING		B. Fails to observe (backing)	DQ
A. Fails to signal	5	C. Unable to park	DQ
B. Failed to observe	10	D. Fails to properly position the vehicle	5
C. Failed to use caution	10	E. Stops too far away from or hits curb	5
III. EN-ROUTE		F. Excessive maneuvers in parking	5
A. Fails to properly signal	5	V. SIMULATED PROCEDURES FOR RECEIVING/DISCHARGING PASSENGERS	
B. Fails to observe	10	A. Fails to use caution at approaching/departing, receiving/discharging points	DQ
C. Fails to make proper turns	10	B. Fails to properly activate warning lights/devices (where applicable)	DQ
D. Fails to use proper judgment approaching/at intersection; speed, turning, stopping, observing, etc.	10	C. Lacks knowledge of proper crossing procedures as required by NYS Education Department (where applicable)	DQ
E. Fails to make proper lane changes; signals, observes, procedure	5	D. Fails to observe pedestrians/passengers or other hazards at receiving and discharge points (if applicable)	DQ
F. Fails to regularly check mirrors while driving	5		
G. Fails to stop properly at RR crossing	DQ		
H. Fails to use proper clutch/engine control	5		
I. Fails to use proper judgment in traffic	10		
J. Fails to keep proper following distance-Knows the "following distance rule"	DQ		
K. Fails to use proper speed - impedes traffic	5		

SCORING:
 Total Points Value Circled Above _____
 Disqualification (DQ) Circled Above YES NO

RESULTS:
 PASSED
 DISQUALIFIED (Disqualification)
 Two 10-point items
 Test Score
 Accident: _____

CERTIFIED EXAMINER'S COMMENTS:

SCHOOL BUS DRIVER PHYSICAL PERFORMANCE TEST

DRIVERS LAST NAME TRACY		FIRST NAME WILLIAM JAMES		M.I. 		DRIVERS SIGNATURE 	
STREET ADDRESS [REDACTED]		CITY ALBANY		STATE NY		COUNTY ALBANY	
ZIP CODE 		19-A CARRIER KINNICHTI		VEHICLE TYPE LARGE		TEST LOCATION KINNICHTI	
MOTOR ST. NO. NUMBER [REDACTED]		LICENSE CLASS/ENDORSEMENTS/RESTRICTIONS B-P-					

INSTRUCTOR: SEE PT 901 FOR COMPLETE GUIDELINES FOR THIS TEST. CIRCLE 'PASS' OR 'FAIL' FOR EACH STANDARD. ENTER TIME FOR TIMED STANDARDS. IF TIMED TEST IS NOT COMPLETED ENTER 'DNC' (DID NOT COMPLETE) and STOP THE TEST.

STANDARD #	STANDARD DESCRIPTION	TIME	PASS	FAIL
STANDARD #1	Bus Steps	27.1	<input checked="" type="radio"/>	<input type="radio"/>
STANDARD #2	Throttle/Brake	9.1	<input checked="" type="radio"/>	<input type="radio"/>
STANDARD #3	Brake/Clutch		<input checked="" type="radio"/>	<input type="radio"/>
STANDARD #4	Door		<input checked="" type="radio"/>	<input type="radio"/>
STANDARD #5	Hand Controls	ENTER NAME OF CONTROL FOR EACH SEGMENT OF THIS STANDARD		
RIGHT SIDE CONTROL #1	Lights	1.5	<input checked="" type="radio"/>	<input type="radio"/>
RIGHT SIDE CONTROL #2	Lights	1.2	<input checked="" type="radio"/>	<input type="radio"/>
LEFT SIDE CONTROL #1	FAN	1.3	<input checked="" type="radio"/>	<input type="radio"/>
LEFT SIDE CONTROL #2	FAN	1.2	<input checked="" type="radio"/>	<input type="radio"/>
STANDARD #6	Emergency Exit	16.6	<input checked="" type="radio"/>	<input type="radio"/>
STANDARD #7	Weight Drag	29	<input checked="" type="radio"/>	<input type="radio"/>

In accordance with the Commissioner's Regulation 156.3, and guideline PT 901, and with knowledge of his/her duties, I certify that the above named driver:

- IS qualified by the physical performance standards
- IS NOT qualified by the physical performance standards

SBDI # 7848 DATE 9/30/98

A SECOND COPY FOR THE STATE
 DEPARTMENT OF TRANSPORTATION
 MUST BE MAILED TO:

1. EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name (Print or Type) Last Treacy	First William	Middle D.	Birth Name
Address Street Name and Number [REDACTED]		City Menands, N.Y.	ZIP Code 12204
Date of Birth (Month Day Year) [REDACTED]		Social Security Number [REDACTED]	

I attest, under penalty of perjury, that I am (check a box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____).
- 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____ or Admission Number _____, expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature <i>[Handwritten Signature]</i>	Date (Month Day Year) 7-31-87
---------------------------------------------	-----------------------------------------

PREFERRED TRANSLATOR CERTIFICATION: (To be completed if prepared by person other than the employee. If this section is used, the preparer certifies, under penalty of perjury, that the above was prepared by the named individual and is based on all information on which the preparer has knowledge.)

Signature <i>[Handwritten Signature]</i>	Name (Print or Type) Howard S Kinnicutt
Address Street [REDACTED]	City State Zip Code Menands NY 12204

2. EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Examine one document from List A and check the appropriate box, **OR** examine one document from List B and one from List C and check the appropriate boxes. Provide the **Document Identification Number** and **Expiration Date** for the document checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	and	List C Documents that Establish Employment Eligibility
<input type="checkbox"/> 1. United States Passport <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired foreign passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with photograph Document Identification Expiration Date (if any)	<input checked="" type="checkbox"/> 1. A State-issued driver's license or a State-issued I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) _____ <input checked="" type="checkbox"/> 2. U.S. Military Card # [REDACTED] <input type="checkbox"/> 3. Other (Specify document and issuing authority) _____ Document Identification [REDACTED] Expiration Date (if any) [REDACTED]		<input checked="" type="checkbox"/> 1. Original Social Security Number Card (other than a card stating it is not valid for employment) <input type="checkbox"/> 2. A birth certificate issued by State, county, or municipal authority bearing a seal or other certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization (Specify form # _____) Document Identification _____ Expiration Date (if any)

I warrant that I have examined the documents presented by the above individual, that they are true, genuine, and so far as I am concerned, reliable.

Signature <i>[Handwritten Signature]</i>	Name (Print or Type) Howard S Kinnicutt
Address Street 500 Van Rensselaer Blvd, Catskill, NY, 12204	City State Zip Code Catskill NY 12204