

**NATIONAL TRANSPORTATION SAFETY BOARD**

Office of Aviation Safety  
Washington, D.C. 20594

**Attachment 10 - Flight Crew Information**

**OPERATIONS/HUMAN PERFORMANCE SUPPORT TO  
THE U.S. ACCREDITED REPRESENTATIVE**

**DCA10RA092**

## Contents

A. CAPTAIN LAMPE.....	3
B. FIRST OFFICER MATT BELL.....	16
C. UPS6 CREW INSTRUCTORS .....	29
D. UPS6 CREW SCHEDULES.....	30

**A. Captain Lampe**

Crewmember Profile

Page 1 of 1

KAREN KOPPLE | Log Out | Help | UPS Store | My UPS Store

**UPS Flight Operations**

Home | Crew Applications | Flight Ops Admin | Jumpstats

**Crewmember Profile**

Name (Last, First):

Gen ID:



Lampe, Douglas Edward		ID#: 0555306	SSN#: 282-64-6474
ACP: James Paines			
Domicile: ANC	Fleet: 74Y	Seat: CPT	
DOB: [REDACTED]	DOH: 7/10/1995	Seniority: [REDACTED]	
Current Gateway: CGN		Ops Center: SDF	
Address [REDACTED]			
Telephone [REDACTED]		Pager/PIN [REDACTED]	
Primary Email Address [REDACTED]			
Secondary Email Address [REDACTED]			
SMS Mobile Text Address [REDACTED]			
Last Location Arr 2122z On 09/03/10		Modified By Depart	

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Technical Questions or Feedback? Contact: [www.ups.com](http://www.ups.com)

**Per 49 USC 831.6 –  
Confidential Commercial  
Information**

<http://flightops.inside.ups.com/FltOpsAdmin/AdminServices/CrewInfo/CrewStats/crewstats.asp?sta...> 9/3/2010



United Parcel Service  
Glenlake Parkway, NE  
Atlanta, Georgia 30328



September 17, 2002

Gateway Manager/Airport Badging Office  
FLT - Airline Flight Crews

Re: Fingerprint-based FBI Criminal History Records Check Certification Letter  
Case # 02X22486

In accordance with the Transportation Security Act, UPS has conducted the appropriate Fingerprint based Criminal History Records Check required to grant unescorted access to the following individual:

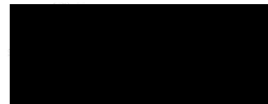
**Douglas Lampe**



SIDA3 FLT  
22/20

UPS has determined that this individual meets all of the requirements of the regulations and there were no disqualifying offenses. This individual is eligible for a badge permitting unescorted access.

Sincerely,



United Parcel Service

Per 49 USC 831.6 --  
Confidential Commercial  
Information

36 USC 980

(2)





United Parcel Service

Region 22 District 20 Emp I.D. [redacted]  
Badge Type SID43 Airport Location Code FLT  
Social Security Number [redacted]

### United Parcel Service Fingerprint Application

Have you ever been convicted or found not guilty by reason of insanity of any crimes listed below in the previous ten years?

- |  |                              |  |
|--|------------------------------|--|
| 1. Forgery of certificates, false marking of aircraft, and other aircraft registration violations (49 U.S.C. 46306)  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Interference with air navigation (49 U.S.C. 46308)  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Improper transportation of a hazardous material (49 U.S.C. 46312)   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Aircraft piracy (49 U.S.C. 46502)   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5. Interference with flight crewmembers or flight attendants (49 U.S.C. 46504)   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 6. Commission of certain crimes aboard an aircraft (49 U.S.C. 46506)   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 7. Carrying a weapon or explosive aboard an aircraft (49 U.S.C. 46505)   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 8. Conveying false information and threats (49 U.S.C. 46507)   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 9. Aircraft piracy outside the special aircraft jurisdiction of the United States (49 U.S.C. 46502b)   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 10. Lighting violations involving transporting controlled substances (49 U.S.C. 46315)   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 11. Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements (49 U.S.C. 46314) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 12. Destruction of an aircraft or aircraft facility (18 U.S.C. 32)   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 13. Murder   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 14. Assault with intent to murder  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 15. Espionage  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 16. Sedition   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 17. Kidnapping or hostage taking   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 18. Treason  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 19. Rape or aggravated sexual abuse  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 20. Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 21. Extortion  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 22. Armed or felony unarmed robbery  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 23. Distribution of, or intent to distribute, a controlled substance   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 24. Felony Arson   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 25. Felony involving a threat  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 26. Felony involving:  |                              |  |
| (i) Willful destruction of property  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (ii) Importation or manufacture of a controlled substance  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (iii) Burglary   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (iv) Theft   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (v) Dishonesty, fraud, or misrepresentation  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (vi) Possession or distribution of stolen property   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (vii) Aggravated assault   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (viii) Bribery   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (ix) Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one (1) year   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 27. Violence at international airports (18 U.S.C. 37)  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 28. Conspiracy or attempt to commit any of the criminal acts listed in this paragraph  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

The information I have provided on this application is true, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement on this application is punishable by fine and imprisonment or both under Title 18 of the United States Code.

I have not been convicted of any disqualifying crimes listed above in the previous ten years. I understand that if I am subsequently convicted of any of the enumerated crimes above, it is my responsibility to notify the Company of such conviction within 24 hours of the conviction/airport approved identification media within 24 hours.

PRINT NAME Doug Lampe SIGNATURE [Signature] DATE 9-11-02

#### I.D. Verification

List two forms of identification verified (one of which must have been issued by a government authority and at least one must include a photograph of the individual, e.g., State Driver's License, U.S. Passport, etc.):

- DATE VERIFIED 9/11/02
- VERIFIED BY Judy Juler
- U.S. Passport [redacted]
  - Ky. Driver License (PHOTO)



Per 49 USC 831.6 --  
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Information

016129111 6/02 W

(4)



**HONESTY IN EMPLOYMENT**

As an employee of United Parcel Service, it is essential that you thoroughly understand how highly we regard honesty from all employees, so much so, that honesty is a company policy.

**THE UPS POLICY BOOK STATES:**

"WE INSIST UPON INTEGRITY IN OUR PEOPLE. We present our company honestly to employees and, in turn, expect them to be honest with us.

"We expect honesty from our people in their handling of money, merchandise, and property with which they are entrusted. We insist on integrity in the preparation and approval of all reports.

"We expect our people to be honest with respect to intangible things as well in the time, effort, and full performance of their jobs; in fair play in dealing with others; and in the acknowledgement of mistakes or other shortcomings.

"The great majority of our people are of high moral character. However, when we do discover a dishonest person in our organization, we deal with that individual quickly and firmly. For our company to be known for its integrity, each one of us must meet high standards."

**CONSEQUENCES OF DISHONESTY**

DISHONESTY WILL result in immediate dismissal and possible criminal prosecution.

Since many of the packages you will handle move between states, theft of these shipments is a felony violation investigated by the FBI and other law enforcement agencies. If convicted, the maximum penalty for thefts involving interstate commerce is 10 year imprisonment and/or a fine of \$5,000.00.

In addition to theft, there are other types of dishonesty such as: tampering, or the misuse or theft of intellectual properties, privileged information, overgoods, or monies handled by our employees. (NOTE: Any and all money you receive each day, must be properly accounted for and turned in at the end of your work shift that same day.)

**EFFECTS OF A FELONY**

A felony is a class of crime more severe than a misdemeanor, and is punishable by imprisonment, a fine, or both. A felony conviction results in a permanent mark on a person's record which may never be removed. This record may cause an individual to suffer severe consequences, and may also cause them to be disadvantaged in other subsequent life pursuits.

**OTHER INFORMATION**

WE EXPECT all employees to report acts of dishonesty. In an effort to prevent thefts, we have instituted a reward of up to \$5,000.00, payable to UPS employees, for information leading to the arrest and conviction of any employee who has stolen merchandise or other valuables from our company.

I have read the above information and I understand the UPS policy that reflects their high regard for honesty. I understand my obligations to maintain personal honesty and prevent the dishonesty of others.

07/10/95  
Date

[Redacted Signature]  
Employee's Signature

[Redacted Name]  
WITNESSED BY

016102 REV. 10/92 (2004 10/92)

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(5)



Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins

Print Name: Last <u>Lampe</u>	First <u>Dallas</u>	Middle Initial <u>E.</u>	Maiden Name
Address (Street Name and Number) [REDACTED]		Apt. #	Date of Birth (month/day/year) [REDACTED]
City <u>Maineville</u>	State <u>OH</u>	Zip Code <u>45039</u>	Social Security # [REDACTED]

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):  
 A citizen or national of the United States  
 A Lawful Permanent Resident (Alien # A \_\_\_\_\_)  
 An alien authorized to work until \_\_\_\_\_ (Alien # or Admission # \_\_\_\_\_)

Employee's Signature [REDACTED] Date (month/day/year) 7-10-95

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
 Address (Street Name and Number, City, State, Zip Code) \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: <u>Passport</u>				
Issuing authority: <u>USA</u>				
Document #: [REDACTED]				
Expiration Date (if any): <u>07/12/99</u>		<u>1/1</u>		
Document #: _____				
Expiration Date (if any): <u>1/1</u>				

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**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 7/11/95 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative [REDACTED]	Print Name <u>Barry Gorte</u>	Title <u>ESR</u>
Business or Organization Name <u>JPS 1400 N. HURSTBOURNE PKWY., LOUISVILLE, KY 40223</u>	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year) <u>7/11/95</u>

**Section 3. Updating and Reverification.** To be completed and signed by employer

A. New Name (if applicable) \_\_\_\_\_ B. Date of rehire (month/day/year) (if applicable) \_\_\_\_\_

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.  
 Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): 1/1

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

## LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C
<p>Documents that Establish Both Identity and Employment Eligibility</p>	<p>Documents that Establish Identity</p>	<p>Documents that Establish Employment</p>
<ol style="list-style-type: none"> <li>1. U.S. Passport (unexpired or expired)</li> <li>2. Certificate of U.S. Citizenship (<i>INS Form N-560 or N-561</i>)</li> <li>3. Certificate of Naturalization (<i>INS Form N-550 or N-570</i>)</li> <li>4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>INS Form I-94</i> indicating unexpired employment authorization</li> <li>5. Alien Registration Receipt Card with photograph (<i>INS Form I-151 or I-551</i>)</li> <li>6. Unexpired Temporary Resident Card (<i>INS Form I-688</i>)</li> <li>7. Unexpired Employment Authorization Card (<i>INS Form I-688A</i>)</li> <li>8. Unexpired Reentry Permit (<i>INS Form I-327</i>)</li> <li>9. Unexpired Refugee Travel Document (<i>INS Form I-571</i>)</li> <li>10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (<i>INS Form I-688B</i>)</li> </ol>	<p style="text-align: center;"><b>OR</b></p> <ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address</li> <li>2. ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<p style="text-align: center;"><b>AND</b></p> <ol style="list-style-type: none"> <li>1. U.S. social security card issued by the Social Security Administration (<i>social security card stating it is for employment</i>)</li> <li>2. Certification of Birth issued by the Department of State (<i>Form FS-DS-1350</i>)</li> <li>3. Original or certified birth certificate issued by state, county, municipal authority or outlying territory of the United States with official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (<i>INS Form I-197</i>)</li> <li>6. ID Card for use by a Native American Citizen in the United States (<i>INS Form I-17</i>)</li> <li>7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)</li> </ol>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers

Form I-9 (Rev. 11-21-91) N

Per 49 USC 831.6 -  
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Information





United Parcel Service

EMPLOYMENT APPLICATION  
(Use Black Ink Only)

OFFICE USE ONLY

R	P	D
L/PT	O/R	N/I

Region 22 District 20

FOR APPLICANT USE  FOR OFFICE USE

Social Security No. 282648474 Name (Last, First) LAMPIE DOUGLAI Middle Initial E

\*\*\*Applicant MUST SIGN last page of application\*\*\*

ADDRESS INFORMATION

PRESENT ADDRESS

Address 7848 HACKNEY CIRCLE Apt. #  Phone # (include area code) [REDACTED]  
City MAINEVILLE State OH ZIP 45039 Alternate Phone # (include area code) [REDACTED]

PERMANENT ADDRESS PREVIOUS ADDRESS

Address [REDACTED] Apt. # N/A Address [REDACTED] Apt. # N/A  
City, State Maineville, OH ZIP 45039 City, State Cincinnati, OH ZIP 45255

EMERGENCY CONTACT INFORMATION

Name (Last, First) LAMPIE WESLEY  
Address [REDACTED] Apt. #  Phone # (include area code) [REDACTED]  
City CINCINNATI State OH ZIP 45255 Alternate Phone # (include area code) [REDACTED]

GENERAL INFORMATION

Are you employed now?  Yes  No When can you begin work at United Parcel Service? Two weeks notice

Are you willing to work rotating shifts, nights, weekends and holidays?  Yes  No

Do you have any relatives employed by United Parcel Service or any UPS subsidiary?  Yes  No Name \_\_\_\_\_ Location \_\_\_\_\_

Have you ever completed an application for employment with United Parcel Service or any UPS subsidiary?  Yes  No When \_\_\_\_\_ Where \_\_\_\_\_

Have you ever been employed by United Parcel Service or any UPS subsidiary?  Yes  No When \_\_\_\_\_ Where \_\_\_\_\_ Position \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No NOTE: Disclosure of convictions does not automatically disqualify you from employment consideration.

If yes, give details \_\_\_\_\_

I am a U.S. Citizen or National of the U.S., an alien lawfully admitted for permanent residence, or an alien authorized to work in the U.S. for United Parcel Service.  Yes  No NOTE: Upon request, prior to commencement of employment, you must provide documents which establish your identity and authorization to work in the United States.

016120 10/92 (14500 6/93)

Per 49 USC 831.6 -  
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(7)

EDUCATION					
	NAME OF SCHOOL	ADDRESS (City, State, ZIP, Phone)	GRADUATED		COLLEGE MAJOR
			YES/ NO	TYPE OF DEGREE	
HIGH SCHOOL	Western Hills	Cincinnati, OH 45238 [REDACTED]	Yes	High School	[X]
COLLEGE	Embry-Riddle Aeronautical University	Daytona Beach, FL 32014 [REDACTED]	Yes	B.S. Aeronautical Science	Aeronautical Science
COLLEGE	University of Cincinnati	Cincinnati, OH 45267 (513) 558-1000	No	N/A	Took non- degree electives and transfer
COLLEGE		( )			These credits to Embry- Riddle.
TECHNICAL		( )			
BUSINESS OR OTHER		( )			

If you have attended college but did not graduate, how many credit hours have you completed towards a degree? Associate \_\_\_\_\_

List languages which you speak proficiently: N/A → Supervisory position with ERAU Air Force contract to

List languages which you read proficiently: N/A → Student Flight Instructor at Embry-Riddle, Bur

List any scholarships, academic honors or special achievements: National Deans List 1986-1987, Head Tutor

Extracurricular activities: Hi-Y President, E-RAU Golf Club President, Head Tutor - Aero. Scier  
Flight Instructor, Tennis Team-Captain, Soccer, Racquetball

U.S. MILITARY SERVICE	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Branch _____ Rank or Rating _____
Date of first induction _____	Date of last separation _____
Specialty _____	
Service Schools _____	

PERSONAL REFERENCES (other than relatives)		
NAME	ADDRESS (City, State, ZIP)	TELEP
Charles A. Stark	Richmond, VA <del>20360</del> 23060	(804) [REDACTED]
Robert Hasl	Louisville, KY 40223	(502) [REDACTED]

Per 49 USC 8316 -  
Confidential Comm  
Information



**PREVIOUS EMPLOYMENT**

List any special job skills you possess: Communication skills

SFC 1111

All time must be accounted for, whether employed or not. List the names of all your employers, beginning with the most recent. If there were periods of more than one month where you were self-employed or unemployed, list the name and address of person(s), other than relatives, who can verify your activities during this period(s). Military personnel: List the name and address of each permanent duty station. In the "position" column record your primary responsibilities and any collateral duties you were assigned.

	a. COMPANY NAME b. STREET c. CITY, STATE, ZIP	COMPANY TELEPHONE NUMBER Including area code	EMPLOYED		POSITION	SALARY	NAME OF SUPERVISOR	SPECIFIC REASON(S) FOR LEAVING		
			FROM	TO						
			MO	YR	MO	YR				
1	a. USAir, Inc. b. 2345 Crystal Dr. c. Arlington, VA 22227	(800) 722-5961	7	89	8	91	F/O	8500/mo	Bill Barr	Job Security Concerns/ Furloughed 8/91
2	a. Airborne Express b. 145 Hunter Dr. c. Wilmington, OH 45177	(800) 736-3973	8	91	10	92	F/O	38,000	Don Welchance	Renewed Hopes at USAir
3	a. Business Express b. 14 Aviation Ave. c. Portsmouth, NH 03801	(603) 334-4000	4	88	7	89	F/O	18,000	Mike Doran	Hired at USAir
4	a. Mall Airways b. Albany County Airport c. Albany, NY 12221	Out of Business	9	87	4	88	Capt.	18,000	Keroy Schmetter	Hired at Busi. Express
5	a. Embry-Riddle Aero. Univ. b. 600 Clyde Morris Blvd. c. Daytona Beach, FL 32014	(904) 226-6000	6	86	9	87	Flight Instructor	1221/hr.	Paul M'Duffey	Hired at Mall Airways
6	a. Eagle Flight Center b. 1624 Aviation Center Pkway. c. Daytona Beach, FL 32014	Changed Name, Moved, or Out of Busi?	9	85	6	86	Flights Instructor	15.00/hr.	Vic Johnson	Hired at Embry-Riddle
7	a. McHenry Carry Out b. 3222 McHenry Ave. c. Cincinnati, OH 45211	Out of Busi. Owners # 15: (606) 331-2691	5	84	8	85	Clerk	3.50/hr.	John Moore	Moved back to Florida to Finish Degree
8	a. Post-Glover Medical Products b. 21 Kenton Lands Rd. c. Erlanger, KY	Out of Busi. Call Wes Lampe (606) 572-4354 to Verify	Summers	80	to	84	Assembly & Shipping	5.00/hr	Wes Lampe	Summer Job

\*If more space is required, please notify the interviewer.

Are there any employers whom you **DO NOT** wish us to contact? No

Have you ever been discharged by a previous employer?  Yes  No If yes, when? \_\_\_/\_\_\_/\_\_\_

Give details: \_\_\_\_\_

Have you collected Unemployment Compensation within the last five years?  Yes  No

Number of weeks collected: \_\_\_\_\_ When? \_\_\_\_\_

**Per 49 USC 831.6 -- Confidential Commercial Information**

Why are you applying for a position at United Parcel Service? My search for employment at a company with a bright future is why I am applying for a pilot UPS. I believe UPS is the company where I can pursue my goals as well as contribute to UPS' well-being.

**APPLICATION AGREEMENT**

In completing and signing this application for employment, and any supplements to this application, I understand that misrepresentation is cause for cancellation of this application or separation from the COMPANY's service if I am employed. I agree that the COMPANY may respect if my employment is terminated because of the falsity of statements made by me on this application.

I understand further that information concerning my past record will be sought from my previous employers and other sources an all liability or damages those individuals, corporations, or organizations who provide such information. I understand any such information the exclusive property of the COMPANY.

I also understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract with the COMPANY and myself or to provide any other benefit. I understand that employment with the COMPANY is an employment-at-will by the COMPANY. I shall be an employee-at-will, unless different terms are agreed to in writing by an officer of the COMPANY for that purpose. I also agree that as an employee-at-will I have the right to terminate my employment without cause and without the COMPANY also has the right.

I consent to taking such medical examinations that may be required by the COMPANY as a condition of my employment. I understand that such examinations is conditional upon the results of such medical examinations.

This certifies that this application was completed by me, or at my direction, and that all entries on it and information in it are true and correct.

APPLICANT'S SIGNATURE [Redacted] Date           

United Parcel Service will provide reasonable accommodation during the employment process, as well as on the job, if such an accommodation is requested by an applicant or employee. UPS invites applicants with disabilities to voluntarily identify themselves and discuss the accommodation.

FOR OFFICE USE ONLY		
Interviewer <u>[Redacted]</u>	Date <u>04, 12, 95</u>	Location <u>SDF</u>
Interviewer <u>[Redacted]</u>	Date <u>04, 13, 95</u>	Location <u>SDF</u>
Interviewer <u>[Redacted]</u>	Date <u>04, 13, 95</u>	Location <u>SDF</u>
Interviewer _____	Date <u>  /  /  </u>	Location _____
Interviewer _____	Date <u>  /  /  </u>	Location _____
Interviewer _____	Date <u>  /  /  </u>	Location _____
Interviewer _____	Date <u>  /  /  </u>	Location _____
Interviewer _____	Date <u>  /  /  </u>	Location _____
Employment Approved By <u>[Redacted]</u>	Date <u>7, 29, 96</u>	
Payroll Center _____	Job Classification _____	DOE



United Parcel Service of America, Inc.

Per 49 USC 831.6 - Confidential Commercial Information



Lampe  
Last Name

Day  
First Name

22  
Region

20  
District

\_\_\_\_\_  
Social Security Number

**DISCLOSURE TO APPLICANT**

IN ACCORDANCE WITH 15 U.S.C. 1681b(b)(2)(A)

This disclosure is for the purpose of informing you that we may obtain a report for verification of your employment history and driving record, and obtain a copy of your criminal background report. Any information contained in said report(s) will be used solely for employment purposes.

**APPLICANT'S AUTHORIZATION**

IN ACCORDANCE WITH 15 U.S.C. 1681b(b)(2)(A)

I, Day Lampe, acknowledge that I have read and understand the "Disclosure to Applicant in Accordance with 15 U.S.C. 1681b(b)(2)(A)" provided to me on this day and do hereby authorize my prospective employer to obtain a report for verification of my employment history and driving record, and to obtain a copy of my criminal background report. It is my understanding that any information contained in said report(s) will be used solely for employment purposes.

SIGNATURE: \_\_\_\_\_

DATE: 9-1-02



Per 49 USC 831.6 --  
Confidential Commercial  
Information



015129103 7/01 XM WA (REV 7/01)

DATE: 9/13/02

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT  
INVESTIGATIONS SERVICE

RESULT: 55

\*\*\*\*\* CASE CLOSING TRANSMITTAL \*\*\*\*\*

CLOSED: 09/13/2002

CASE #: 02X22486 TYPE/SERVICE: SAC - 35

EXTRA COVERAGE:

NAME: LAMPE, DOUGLAS EDWARD

SSN: [REDACTED] DOB: [REDACTED] POSITION:

SON: 646F  
D/TRANSPORTATION  
FEDERAL AVIATION ADMINISTRATION  
UNITED PARCEL SERVICES AIRLINES  
ATTN GARY WHEELER  
55 GLENLAKE PKWY. NE, BLDG.3 FLOOR 3  
ATLANTA, GA 30328

\*\*\*\*\* MAIL TO \*\*\*\*\*  
\* SOI: TD26  
\* D/TRANSPORTATION  
\* FEDERAL AVIATION ADMINISTRATION  
\* OFFICE OF CIVIL AVIATION SECURITY  
\* ACO200/RM 312  
\* 800 INDEPENDENCE AVE, SW  
\* WASHINGTON, DC 20591  
\*\*\*\*\*

AGENCY DATA:

OPM ADJUDICATION: NO ISSUES

THE ITEM INFORMATION SUMMARIZED BELOW, AND ANY REPORTS OF INVESTIGATION, INQUIRY FORMS AND/OR OTHER ATTACHMENTS WITH THIS TRANSMITTAL, COMPLETE THE INVESTIGATION REQUESTED ON THE PERSON IDENTIFIED ABOVE.

THIS CASE HAS BEEN ELECTRONICALLY TRANSMITTED TO THE AGENCY

\*\*\*\*\* ITEM INFORMATION \*\*\*\*\*

ITM	TYPE	ITEM IDENTIFICATION/LOCATION	CM RESULTS
B01	FBIF		L NO RECORD

\*\*\*\*\* END CASE CLOSING TRANSMITTAL \*\*\*\*\*

Per 49 USC 831.6 --  
Confidential Commercial  
Information

(9)

● ●  
**RULES AND REGULATIONS CERTIFICATION**

**WELCOME TO UNITED PARCEL SERVICE AIR GROUP**

We have prepared this information in order to acquaint you with United Parcel Service. We hope it helps to establish a mutual understanding between you and the people with whom you will work.

Service is our business. Efficiency and courtesy to our customers as well as safe and pleasant working conditions for our employees are essential to our operations.

The following list of rules will help you to become acquainted with United Parcel Service:

- ABSENCE:** Notify your supervisor or manager in sufficient time to arrange for a replacement in case of an unavoidable absence.
- TARDY:** Notify your supervisor or manager by telephone as soon as possible whenever you are going to be late.
- LICENSE:** Report suspension or loss of driver's license to your supervisor immediately upon notification by the authorities.
- ACCIDENTS:** I understand that my responsibility is to immediately report to my supervisor or manager any vehicle accidents, personal injury or property damage.
- DRINKING/  
NARCOTICS:** Are prohibited on company time and premises! No employee can go on duty or remain on duty when under the influence of any alcoholic beverage, regardless of the alcoholic content or any narcotic. This applies to ALL employees.
- GAMBLING:** Is prohibited! On company time and premises.
- FIREARMS/  
WEAPONS:** Are prohibited on company premises.
- SMOKING:** Is permissible in DESIGNATED areas only.
- CHANGE OF  
ADDRESS:** Please notify your supervisor and Human Resources of any change to address or telephone number. This information is important for many records. It is sometimes necessary to communicate with an employee or their family while he/she is off duty. Also your supervisor must notify Human Resources of your change of address so that you and your family will continue to receive any UPS correspondence.

**YOU ARE DIRECTLY RESPONSIBLE FOR ALL EQUIPMENT ISSUED TO YOU SUCH AS UNIFORMS, LOCKERS, TOOLS, FLIGHT BAGS, IDENTIFICATION CARD, ETC.**

**I HAVE READ AND UNDERSTAND THESE RULES, AND REALIZE THAT ANY INFRACTION OF THEM IS GROUNDS FOR DISCIPLINARY ACTION AND/OR DISMISSAL.**

*Barry Lick*

(Supervisor Signature)

*[Redacted Signature]*

(Employee Signature/Date)

7-10-95

**Per 49 USC 831.6 --  
Confidential Commercial  
Information**


(10)

**B. First Officer Matt Bell**

Crewmember Profile

Page 1 of 1

KAREN KOPPLE | [Log Out](#) | [Help](#) | [UPSers](#) | [AirUPSers](#)



**Crewmember Profile**

Name (Last, First):  .   
 Gems ID:



Bell, Matthew Carl		ID#: 2020960	SSN#: 399-70-9614
ACP: Thomas Gummer			
Domicile: ANC	Fleet: 74Y	Seat: F/O	
DOB: [REDACTED]	DOH: 6/20/2006	Seniority: [REDACTED]	
Current Gateway: CGN Ops Center:			
<b>Address</b>			
[REDACTED] Sanford, FL 32771			
<b>Telephone</b>		<b>Pager/PIN</b>	
1 [REDACTED]			
<b>Primary Email Address</b>			
[REDACTED]			
<b>Secondary Email Address</b>			
[REDACTED]			
<b>SMS Mobile Text Address</b>			
[REDACTED]			
<b>Last Location</b>		<b>Modified By</b>	
Arr 2122z On 09/03/10		Depart	

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Trouble accessing this website? Click [here](#) for minimum system requirements.

Technical Questions or Feedback? Contact: [crewweb@ups.com](mailto:crewweb@ups.com)

**Per 49 USC 831.6 --  
Confidential Commercial  
Information**

<http://flightops.inside.ups.com/FltOpsAdmin/AdminServices/CrewInfo/CrewStats/crewstats.asp?sta...> 9/3/2010





**Agreement and Policy Acknowledgement**

I, Matthew Bell, acknowledge that I have read and understood the agreements and policies listed below. In addition, I had already agreed to these agreements and policies electronically during the employment process.

**APPLICANT'S Agreement**

I understand and acknowledge that nothing contained in this application, its supplement(s), or in any Company handbook, manual, rule, regulation, practice, or policy creates an employment contract, express or implied, between myself and the Company. I further understand that, in the event that I am offered a position at the Company, my employment shall be at will, unless otherwise provided pursuant to an applicable collective bargaining agreement. As such, I acknowledge that my employment may be terminated at any time, either by me or by the Company, with or without cause, and with or without prior notice.

I authorize the Company to verify employment references in connection with my application for employment and to re-verify those references subsequently as the Company deems appropriate. I hereby release from all liability or damages those individuals, corporations, or organizations who provide such information to the Company. I understand that any such information provided shall become the exclusive property of the Company.

Upon my hire and in consideration of my employment, I agree to comply with all applicable policies, rules, regulations, and procedures of the Company. I understand that my failure to comply with those policies, rules, regulations or procedures may lead to disciplinary action against me, up to and including termination of my employment.

As a condition of employment, I consent to taking a Department of Transportation medical examination and such future examinations if required by federal law and/or by the Company. I understand any offer of employment is conditional upon my successful completion of such medical examinations.

I acknowledge that I have received information about the minimum qualifications, starting pay rates, locations, shifts, operations, and operations within the locations which may consider my application.

This certifies that this application was completed by me or at my direction and that all entries on it and the information in it are true and complete to the best of my knowledge. I understand that any false or misleading statements, omissions, or failure on my part to fully answer any questions on this application may result in the rejection of my application for consideration of employment or my dismissal from employment, regardless of when such information is discovered.

**APPLICANT'S AUTHORIZATION**

IN ACCORDANCE WITH 15 U.S.C. 1681b(b)(2)(A)

I acknowledge that I have read and understand the "Disclosure to Applicant in Accordance with 15 U.S.C. 168b(b)(2)(A)" provided to me on this day and do hereby authorize my prospective employer to obtain a report for verification of my employment history, driving record, education history and to obtain a copy of my criminal background report. It is my understanding that any information contained in said report(s) will be used solely for employment purposes.

**Honesty in Employment**

I have read the above policy and I understand that this UPS policy reflects their high regard for honesty. I understand my obligations to maintain personal honesty and prevent the dishonesty of others.

**Professional Conduct And Anti-Harassment Policy**

I have carefully reviewed this policy and understand its contents. I agree to abide by this policy and understand that my conduct will be governed by this policy.

22                      20  
\_\_\_\_\_  
Region                      District  
Matthew Bell  
\_\_\_\_\_  
Print Name  
399-70-9614  
\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature                      06/20/06  
Date

Doc#7, APA 1.0



**Per 49 USC 831.6 --  
Confidential Commercial  
Information**



United Parcel Service  
Glenlake Parkway, NE  
Atlanta, Georgia 30328

404-828-4815

June 21, 2006

Gateway Manager/Airport Badging Office  
**FLT - Airline Flight Crews**

Re: Fingerprint-based FBI Criminal History Records Check Certification Letter  
**Case # ASCFP02456223**

In accordance with the Transportation Security Act, UPS has conducted the appropriate Fingerprint based Criminal History Records Check required to grant unescorted access to the following individual:

**Matthew Bell**

[REDACTED]

**SIDA3 FLT  
22/20**

Certified by Corporate Workforce Planning, UPS has determined that this individual meets all of the requirements of the regulations and there were no disqualifying offenses. This individual is eligible for a badge permitting unescorted access.

Sincerely,

[REDACTED]

United Parcel Service

**Per 49 USC 831.6 --  
Confidential Commercial  
Information**

36 USC 380

(2)



## UPS Professional Conduct and Anti-Harassment Policy

UPS is proud of its professional and congenial work environment and will take all necessary steps to ensure that our workplace remains pleasant for everyone. In order to maintain a positive work environment, all employees must treat each other with courtesy, consideration, and professionalism. The Company prohibits unprofessional and discourteous actions, even if those actions do not constitute unlawful harassment.

In addition, harassment of any person or group of persons on the basis of race, sex, national origin, disability, sexual orientation, gender identity, veteran/military status, pregnancy, age or religion is a form of unlawful discrimination which is specifically prohibited in the UPS community and which may subject the Company and/or the individual harasser to liability. Accordingly, derogatory or other inappropriate remarks, slurs, threats or jokes will not be tolerated. Similarly, inappropriate visual and nonverbal objects or conduct are unacceptable and will not be tolerated. Likewise, inappropriate physical contact will not be allowed in our workplace. In other words, UPS will not tolerate harassment of any employee by anyone for any reason.

**Sexual harassment is one example of inappropriate harassing behavior. Specifically, sexual harassment, includes unwelcome sexual advances, requests for sexual favors, or any other visual, verbal or physical conduct of a sexual nature when:**

1. Submission to the conduct is made either implicitly or explicitly a condition of the individual's employment;
2. Submission to or rejection of the conduct is used as the basis for an employment decision affecting the harassed employee; or
3. The harassment has the purpose or effect of unreasonably interfering with the employee's work performance or creating an environment that is intimidating, hostile, or offensive to the employee.

**Each employee must exercise his or her own good judgment to avoid engaging in conduct that may be perceived by others as harassment. Generally, forms of harassment include, but are not limited to:**

1. Verbal: repeated sexual innuendos, racial or sexual epithets, derogatory slurs or remarks, off-color jokes, propositions, threats, or suggestive or insulting sounds;
2. Visual/Non-verbal: derogatory posters, cartoons, or drawings; suggestive objects or pictures; graphic commentaries; leering; or obscene gestures;
3. Physical: unwanted physical contact, including horseplay, touching, interference with an individual's normal work movement, or assault; and
4. Other: making or threatening reprisals as a result of a negative response to harassment.

Any employee who witnesses objectionable conduct or believes that he or she is subject to or may be subjected to objectionable conduct must report it immediately to a supervisor or manager, a Human Resources representative, the Human Resources manager, the Employee Relations manager, or the UPS Help Line. These reports may be made verbally or in writing. Do not allow an inappropriate situation to continue by not reporting it, regardless of who is creating that situation. No employee in this organization is exempt from this policy.

In response to such reports, UPS will conduct a prompt and thorough investigation. To the extent possible, investigations will be kept confidential among the employees concerned and those employees who need to be informed in order to complete the investigation. Any employee who brings such a report to the attention of the Company in good faith and/or provides information related to such a report will not be adversely affected or retaliated against. UPS will take immediate and appropriate corrective action whenever it determines that harassment has occurred. Any employee who violates this policy may be subject to termination or other disciplinary action.

I have carefully reviewed this policy and understand its contents. I agree to abide by this policy and understand that my conduct will be governed by this policy.

22	20	Matthew Bell		05/30/06
Region	District	Signature	SSN# or Employee ID	Date



EHP D0139

**Per 49 USC 831.6 --  
Confidential Commercial  
Information**

(3)



## Fingerprint Application Security Identification Display Areas (SIDA)

Last Name Bell First Name Matthew Middle Name Carl  
(Please Print Neatly)

Please list any and all Aliases/Nicknames (if any) None

Region 22 District 20 Social Security Number XXXXXXXXXX Airport Location Code: F C F Badge Type: SIDA3

Have you ever been convicted or found not guilty by reason of insanity of any crimes listed below in the previous ten years?

- |  |                              |  |
|--|------------------------------|--|
| 1. Forgery of certificates, false marking of aircraft, and other aircraft registration violations (49 U.S.C. 46306)  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Interference with air navigation (49 U.S.C. 46308)  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Improper transportation of a hazardous material (49 U.S.C. 46312)   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Aircraft piracy (49 U.S.C. 46502)   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5. Interference with flight crewmembers or flight attendants (49 U.S.C. 46504)   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 6. Commission of certain crimes aboard an aircraft (49 U.S.C. 46506)   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 7. Carrying a weapon or explosive aboard an aircraft (49 U.S.C. 46505)   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 8. Conveying false information and threats (49 U.S.C. 46507)   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 9. Aircraft piracy outside the special aircraft jurisdiction of the United States (49 U.S.C. 46502b)   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 10. Lighting violations involving transporting controlled substances (49 U.S.C. 46315)   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 11. Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements (49 U.S.C. 46314) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 12. Destruction of an aircraft or aircraft facility (18 U.S.C. 32)   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 13. Murder   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 14. Assault with intent to murder  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 15. Espionage  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 16. Sedition   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 17. Kidnapping or hostage taking   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 18. Treason  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 19. Rape or aggravated sexual abuse  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 20. Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 21. Extortion  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 22. Armed or felony unarmed robbery  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 23. Distribution of, or intent to distribute, a controlled substance   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 24. Felony Arson   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 25. Felony involving a threat  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 26. Felony involving:  |                              |  |
| (i) Willful destruction of property  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (ii) Importation or manufacture of a controlled substance  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (iii) Burglary   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (iv) Theft   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (v) Dishonesty, fraud, or misrepresentation  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (vi) Possession or distribution of stolen property   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (vii) Aggravated assault   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (viii) Bribery   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (ix) Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than one (1) year   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 27. Violence at international airports (18 U.S.C. 37)  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 28. Conspiracy or attempt to commit any of the criminal acts listed in this paragraph  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

The information I have provided on this application is true, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement on this application is punishable by fine and imprisonment or both under Title 18 of the United States Code.

I have not been convicted of any disqualifying crimes listed above in the previous ten years. I understand that if I am subsequently convicted of any of the enumerated crimes above, it is my responsibility to notify the Company of such conviction and surrender the airport-issued/airport approved identification media within 24 hours.

PRINT NAME Matthew Bell SIGNATURE XXXXXXXXXX DATE 01/23/06

### I.D. Verification

LIST TWO FORMS OF IDENTIFICATION VERIFIED (ONE OF WHICH MUST BE A PHOTO ID AND ONE MUST BE ISSUED BY A GOVERNMENT AUTHORITY. ACCEPTABLE ID ARE THE SAME AS REQUIRED FOR I-9 VERIFICATION ONLY. DO NOT ABBREVIATE THE ID SOURCE. EXAMPLE: GEORGIA DRIVERS LICENSE SHOULD BE WRITTEN "GEORGIA DRIVERS LICENSE #056655125").

DATE VERIFIED 06/23/06

VERIFIED BY: XXXXXXXXXX

1. U.S. social security card #399709614
2. Florida Driver's License #B400-543-72-011-0 (PHOTO I.D.)

Doc=2, FA 1.0

Per 49 USC 571.6  
Confidential Commercial







Region 22 District 20

Employee Social Security # 399-70-9614

# HONESTY IN EMPLOYMENT

As an employee of United Parcel Service, it is essential that you thoroughly understand how highly we regard honesty from all employees, so much so, that honesty is a company policy.

## THE UPS POLICY BOOK STATES:

"We Insist Upon Integrity in Our People. We understand that integrity is fundamental to how we run our business and essential to maintain compliance with our policies and legal requirements. Operating with integrity means we provide an atmosphere in which our people can perform their jobs in an ethical manner. We present our company honestly to employees and, in turn, expect them to be honest with us."

"We expect honesty from our people in all their duties, including their handling of money, merchandise, and property with which they are entrusted. We insist on integrity in the preparation and approval of all reports."

"We all expect our people to be honest in their assessment of themselves, such as the time and commitment they give to their job performance, the fairness they seek in their dealings with others, or the objectivity they use in evaluating their own contributions."

"The great majority of our people are of high moral character. However, when we do discover a dishonest person in our organization, we deal with that individual quickly and firmly. For our company to be known for its integrity, each of us must meet high standards."

## CONSEQUENCES OF DISHONESTY

DISHONESTY WILL result in immediate dismissal and possible criminal prosecution.

Since many of the packages you will handle move between states, theft of these shipments is a felony violation investigated by the FBI and other law enforcement agencies. If convicted, the maximum penalty for thefts involving interstate commerce is 10 year imprisonment and/or a fine of \$5,000.00.

In addition to theft, there are other types of dishonesty such as: tampering, or the misuse or theft of intellectual properties, privileged information, overgoods, or monies handled by our employee's. (Note: Any and all money you receive each day, must be properly accounted for and turned in at end of your work shift that same day.)

## EFFECTS OF A FELONY

A felony is a class of crime more severe than a misdemeanor, and is punishable by imprisonment, a fine, or both. A felony conviction results in a permanent mark on a person's record which may never be removed. This record may cause an individual to suffer severe consequences, and may also cause them to be disadvantaged in other subsequent life pursuits.

## OTHER INFORMATION

WE EXPECT all employees to report acts of dishonesty. In an effort to prevent thefts, we have instituted a reward of up to \$5,000.00, payable to UPS employees, for information leading to the arrest and conviction of any employee who has stolen merchandise or other valuables from our company.

I have read the above information and I understand the UPS policy that reflects their high regard for honesty. I understand my obligations to maintain personal honesty and prevent the dishonesty of others.

Matthew Bell  
Employee's Signature

05/30/06  
Date

WITNESSED BY

016XXXX 10/01 W



**Per 49 USC 831.6 --  
Confidential Commercial  
Information**

(5)

### Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

#### Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last Bell	First Matthew	Middle Initial C	Maiden Name None
Address (Street Name and Number) [REDACTED]		Apt. #	Date of Birth (month/day/year) [REDACTED]
City Sanford	State FL	Zip Code 32771	Social Security # [REDACTED]

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):  
 A citizen or national of the United States  
 A Lawful Permanent Resident (Alien # A \_\_\_\_\_)  
 An alien authorized to work until (Alien # or Admission #) \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____	Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____	
Date (month/day/year) _____	

#### Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: U.S. Passport				
Issuing authority: U.S. Government				
Document #: [REDACTED]				
Expiration Date (if any): 12/20/15				
Document #: _____				
Expiration Date (if any): ___/___/___				

**Per 49 USC 831.6 --  
Confidential Commercial  
Information**

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_/\_\_\_/\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative _____	Print Name _____	Title Employment Representative
Business or Organization Name UPS	Address (Street Name and Number, City, State, Zip Code) 802 GRADE LANE, LOUISVILLE, KY 40213	Date (month/day/year)

#### Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable) \_\_\_\_\_ B. Date of rehire (month/day/year) (if applicable) \_\_\_\_\_

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_/\_\_\_/\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

Doc=4a, EEV 1.0



(6)





OFFICE USE ONLY

REGION	DISTRICT	JOB CODE	DEPARTMENT ID	CANDIDATE STATUS CODE	REVISED STATUS CODE	STATUS CODE REVISION DATE
22	20	1305	27622	50	50	06/20/06

EMPLOYMENT APPLICATION

(Use Black Ink Only)

Social Security No. [REDACTED] First Name Matthew Middle Initial C Last Name/Suffix Bell

List any Aliases/Nicknames: None

ADDRESS INFORMATION

Address [REDACTED] Apt. # [REDACTED] Phone # (include area code) [REDACTED]  
 City Sanford State FL Zip Code 32771 Alternate Phone # (include area code) [REDACTED]

Current Address Since [REDACTED] E-Mail Address 4dabells@bellsouth.net

GENERAL INFORMATION

Are you employed now?  Yes  No When can you begin work? 01/23/06  
 Are you applying for part time work?  Yes  No How Long? MM/DD/YY  
 If yes, please indicate preferred work time frame(s). Check all that apply. Times are approximate.  
 3AM - 9AM  9AM - 3PM  3PM - 9PM  9PM - 3AM  
 Do you or have you ever had any relative(s) employed by UPS or any UPS subsidiary?  
 Yes  No If yes, state relationship(s) \_\_\_\_\_  
 Have you ever completed an application for employment at UPS or any UPS subsidiary?  
 Yes  No When \_\_\_\_\_ Where \_\_\_\_\_  
 Have you ever been employed by UPS or any UPS subsidiary?  
 Yes  No When \_\_\_\_\_ Where \_\_\_\_\_  
 Have you ever been assigned to work at UPS or any UPS subsidiary through a temporary agency?  
 Yes  No When \_\_\_\_\_ Where \_\_\_\_\_  
 Position \_\_\_\_\_  
 Agency \_\_\_\_\_  
 Are you under 18 years of age?  Yes  No If yes, date of birth \_\_\_\_\_  
 Have you ever been convicted of a felony?  Yes  No **NOTE: Disclosure of convictions does not automatically disqualify you from employment consideration.**  
 If yes, give details \_\_\_\_\_

I am a U.S. Citizen or National of the U.S., an alien lawfully admitted for permanent residence, or an alien authorized to work in the U.S. for this employer.  Yes  No  
**NOTE: Upon request, prior to commencement of employment, you must provide documents which establish your identity and authorization to work in the United States.**

U.S. MILITARY SERVICE

Yes  No Branch Marines Rank or Rating LCpl USMCR  
 Upon request, prior to commencement of employment, you must provide a copy of the form DD214.

D99-16, CA 1.0



Per 49 USC 831.6 -- Confidential Commercial Information

(7)

**APPLICATION AGREEMENT**

I understand and acknowledge that nothing contained in this application, its supplement(s), or in any Company handbook, manual, rule, regulation, practice, or policy creates an employment contract, express or implied, between myself and the Company. I further understand that, in the event that I am offered a position at the company, my employment shall be at will, unless otherwise provided pursuant to an applicable collective bargaining agreement. As such, I acknowledge that my employment may be terminated at any time, either by me or by the Company, with or without cause, and with or without prior notice.

I authorize the Company to verify employment references in connection with my application for employment and to re-verify those references subsequently as the Company deems appropriate. I hereby release from all liability or damages those individuals, corporations, or organizations who provide such lawful information to the Company. I understand that any such information provided shall become the exclusive property of the Company.

Upon my hire and in consideration of my employment, I agree to comply with all applicable policies, rules, regulations, and procedures of the Company. I understand that my failure to comply with those policies, rules, regulations or procedures may lead to disciplinary action against me, up to and including termination of my employment.

As a condition of employment, I consent to taking a Department of Transportation medical examination and such future examinations if required by federal law and/or by the Company. I understand any offer of employment is conditional upon my successful completion of such medical examinations.

I acknowledge that I have received information about the minimum qualifications, starting pay rates, locations, shifts, operations, and operations within the locations which may consider my application.

This certifies that this application was completed by me or at my direction and that all entries on it and the information in it are true and complete to the best of my knowledge. I understand that any false or misleading statements, omissions, or failure on my part to fully answer any questions on this application may result in the rejection of my application for consideration of employment or my dismissal from employment, regardless of when such information is discovered.

APPLICANT'S SIGNATURE Matthew Bell

Date 01/23/06

FOR OFFICE USE ONLY			
Interviewer <u>Paige Muessle</u>	Date <u>01/23/06</u>		
Interviewer _____	Date ____/____/____		
Employment Approved By <u>Paige Muessle</u>	Date <u>06/20/05</u>	DOE <u>06/20/05</u>	

**APPLICANT FLOW DATA**

(PLEASE PRINT CLEARLY AND FIRMLY)

As an Equal Opportunity Affirmative Action Employer, we are required to keep certain records concerning our applicants. This information is strictly confidential and will be used for record keeping purposes only. You are invited to identify your gender and race. Providing this information is strictly voluntary and will not affect your application for employment in any way.

Last Name (Suffix) Bell		First Matthew	MI	SSN # [REDACTED]
Gender (Only one choice) <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Race (Only one choice) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian American/Pacific Islander <input type="checkbox"/> Hawaiian/Other Pacific Island		<input type="checkbox"/> Black <input checked="" type="checkbox"/> White <input type="checkbox"/> Two or More	ZIP Code 32771 Student <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Chose not to voluntarily self disclose

**\*\*Please DO NOT WRITE below this line\*\***

Referral Source 2000	Job Code t.305	Dept. ID 27622	Candidate Status Code 50	<b>FT</b>
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Region 22	District 20	INTERVIEWER EMPLOYEE ID: 0555893	DATE 01/23/06
		INTERVIEWER NAME: <u>Paige Muessle</u>	

**Per 49 USC 831.6 --  
Confidential Commercial  
Information**

## PREVIOUS EMPLOYMENT SUPPLEMENT

### PREVIOUS EMPLOYMENT

All time must be accounted for, whether employed or not. List the names of all your employers, beginning with the most recent. If there were periods of more than one month where you were self-employed or unemployed, list the name and address of person(s), other than relatives, who can verify your activities during this period(s). **Military personnel:** List the name and address of each permanent duty station. In the "position" column record your primary responsibilities and any collateral duties you were assigned.

1	a. COMPANY NAME b. STREET c. CITY, STATE, ZIP	COMPANY'S TELEPHONE NUMBER <small>Including area code</small>	EMPLOYED				POSITION	SALARY	NAME OF SUPERVISOR	SPECIFIC REASON(S) FOR LEAVING
			FROM		TO					
			MO	YR	MO	YR				
	a. UMBC Campus Bookstore b. 195 Garfield Avenue c. Eau Claire, WI 54701	7158364524	04	1995	04	1996	Shipping and Receiving Clerk	5.75/hr	Candice Haug	Offered Position at hospital related to Major
2	a. b. c.									
3	a. b. c.									
4	a. b. c.									
5	a. b. c.									
6	a. b. c.									
7	a. b. c.									
8	a. b. c.									
9	a. b. c.									
10	a. b. c.									

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EDUCATION						
	NAME OF SCHOOL	ADDRESS (City, State, ZIP)	GRADUATED		COLLEGE MAJOR	GPA
			YES/NO	TYPE OF DEGREE		
HIGH SCHOOL	North Senior High School	Eau Claire, WI 54701	yes	HS	X	2.7
		7158396227				
COLLEGE (Undergrad)	Univ Wisc Eau Claire	Eau Claire, WI 54701	yes	Bachelors Degree	Biology	2.19
		7158362637				
COLLEGE (Graduate)	Delta Connection Academy	Sanford, FL 32773	yes	Technical or Vocational	Aviation	3.5
		4073307020				
TECHNICAL, BUSINESS OR OTHER				Technical or Vocational		

CLASS SCHEDULE: Mon. to Tue. to Wed. to Thu. to Fri. to.

If you have attended college but did not graduate, how many credit hours have you completed towards a degree? Associate \_\_\_ hrs Bachelor \_\_\_ hrs Other \_\_\_ hrs

PREVIOUS EMPLOYMENT									
All time must be accounted for, whether employed or not. List the names of all your employers, beginning with the most recent. If there were periods of more than one month where you were self-employed or unemployed, list the name and address of person(s), other than relatives, who can verify your activities during this period(s). <b>Military personnel: List the name and address of each permanent duty station. In the "position" column record your primary responsibilities and any collateral duties you were assigned.</b>									
<b>Applicants for Part Time Positions: List below your previous two employers, beginning with the most recent.</b>									
	a COMPANY NAME b STREET NUMBER / NAME c CITY, STATE, ZIP	COMPANY'S TELEPHONE NUMBER <small>Including area code</small>	EMPLOYED		POSITION	SALARY	NAME OF SUPERVISOR	SPECIFIC REASON(S) FOR LEAVING	
			FROM MO YR	TO MO YR					
1	a Chautauqua Airlines (Republic)	3174846000	10/2002	current	Captain	62.51/hr	Bart Woodridge or Mike Lee Chief pilots	NA	
	b 8909 Purdue Road Suite 300								
	c Indianapolis, IN 46268								
2	a Delta Connection Academy	4073307020	02/2001	current	CRJ Simulator Instructor Pomer CFZ	50.00/hr	Chuck Healy	NA	
	b 2700 Fligt Line Avenue								
	c Sanford, FL 32773								
3	a US Marine Corps Reserve	7158320505	12/1997	05/2001	LCPL Infantryman and Recruiter Aide TAD	1800.00/mo	Gunnery SGT. Doug Furuseth	Relocation	
	b 1417 South Hastings Way								
	c Eau Claire, WI 54701								
4	a Traffic Signing and Marking (Mega)	7158354040	05/1999	12/1999	Laborer	28.00/hr	Tom Schultz	Relocated to Florida	
	b 1703 Western Avenue								
	c Eau Claire, WI 54703								
5	a Andy's Custom Concrete	7159629199	06/1997	11/1997	Concrete Laborer	11.00/hr	Andy DeMoe	seasonal	
	b North 7401 State Road 40								
	c Colfax, WI 54730								
6	a Luther Mayo Hospital	7158383111	04/1996	06/1997	Pilebotomist	7.73/hr	Randy Harelstad	Summer Construction Job Better pay	
	b 121 Whipple Street								
	c Eau Claire, WI 54703								

If more space is required, please notify the interviewer.

Have you ever been discharged by a previous employer?  Yes  No If yes, when? \_\_\_\_\_

Why are you applying for this position? Career Advancement / Opportunity of a Lifetime

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## PREVIOUS EMPLOYMENT SUPPLEMENT

### PREVIOUS EMPLOYMENT

All time must be accounted for, whether employed or not. List the names of all your employers, beginning with the most recent. If there were periods of more than one month where you were self-employed or unemployed, list the name and address of person(s), other than relatives, who can verify your activities during this period(s). **Military personnel:** List the name and address of each permanent duty station. In the "position" column record your primary responsibilities and any collateral duties you were assigned.

	a. COMPANY NAME b. STREET c. CITY, STATE, ZIP	COMPANY'S TELEPHONE NUMBER <small>Including area code</small>	EMPLOYED		POSITION	SALARY	NAME OF SUPERVISOR	SPECIFIC REASON(S) FOR LEAVING
			FROM MO YR	TO MO YR				
1	a. UMBC Campus Bookstore b. 195 Garfield Avenue c. Eau Claire, WI 54701	7158364524	04/1995	04/1996	Shipping and Receiving Clerk	5.75/hr	Candice Haug	Offered Position at hospital related to Major
2	a. b. c.							
3	a. b. c.							
4	a. b. c.							
5	a. b. c.							
6	a. b. c.							
7	a. b. c.							
8	a. b. c.							
9	a. b. c.							
10	a. b. c.							

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**Matthew C. Bell**

Sanford, Florida 32771

**Objective:** To obtain a First Officer position with Chautauqua Airlines.

**Certificates**

**And Ratings:** Commercial Pilot (#██████████) ASEL / AMEL / Instrument  
 ATP Written (Score: 95%)  
 Certified Flight Instructor (#399709614CFI) ASEL / AMEL / Instrument  
 FAA Medical Certificate First Class: No Restrictions  
 Restricted Radiotelephone Operator Permit #██████████  
 Valid United States Passport #██████████

**Flight Time:**

<b>Total Time: 1644 HRS</b>		<b>Multi-Engine: 640</b>			
Single Engine	1004	Instrument (total)	142	Simulator	28
Complex	981	Actual Instrument	68	Night	108
Multi-Engine	640	Cross Country	116	PIC	1590

**Education:**

Comair Aviation Academy, Sanford, Florida.  
 Professional Pilot Course / Private Pilot through MEI ( 14 CFR Part 141).  
  
 University of Wisconsin-Eau Claire, Eau Claire, Wisconsin  
 Bachelor's of Science Degree in Biology. Graduated December 1997

**Employment:**

- 2/01 to Present **Flight Instructor**, Comair Aviation Academy, Sanford, Florida.
- Instructed students in Private, Instrument, Commercial ASEL, AMEL and Flight Instructor AMEL courses.
- Line Check Pilot / Section Leader, Promoted 6/01**
- Conduct stage checks and End-of-Course flight tests for certification of airmen.
  - Administer employee standardization and evaluation flights in C-152, C-172, C-172RG and PA-44 aircraft.
  - Lead employee orientation and transition into complex aircraft in the Commercial Pilot course.
- 1/00 to 1/01 **Student**, Comair Aviation Academy, Sanford, Florida.
- 6/99 to 1/00 **Traffic Control Laborer**, TSM Company, Eau Claire, Wisconsin.
- Implemented traffic control measures on state highway projects. (Seasonal)
- 12/97 to 6/99 **Recruiter Aide**, U.S. Marine Corps Recruiting Command, Eau Claire, Wisconsin.
- Mentored and provided guidance for the pool of new enlistees at my station.
  - Community liaison for school presentations and public events.
- 12/97 to 5/01 **Infantryman**, U.S. Marine Corps Reserves, Madison, Wisconsin.
- Managed all lower ranking Marines in my squad. Set goals/missions to be accomplished and ensured that they were carried out.
  - Discharged 05/2001

**Achievements:** 91% FAA pass rate as Certified Flight Instructor  
 Completed Phases I - IV of the FAA "Wings" Pilot Safety Awards Program.  
 Graduated from CFI Enhanced Safety Program /Orlando FSDO.  
 Received two meritorious promotions in the U.S. Marine Corps.





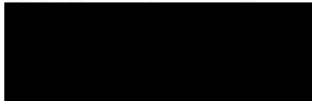
## D. UPS6 Crew Schedules

To: Mike Betson  
Fr: Rob Buchanan  
Re: Lampe/Bell information  
Dt: 9/7/10

The 2 schedules below encompass Captain Lampe and First Officer Bell's schedules 2 weeks prior to the accident. They flew the same schedule/trips during this period:

1. Cpt Lampe had 441:43 hours off (18 days) before starting a trip on 8/26 that ended on 8/28 (see yellow below).  
He then had 30:24 off before starting the current trip on 8/30 which ended with the accident on 9/3 (see green below).
2. F/O Bell had 459:15 hours off (19 days) before starting a trip on 8/26 that ended on 8/28 (see yellow highlight).  
He then had 30:24 off before starting the current trip on 8/30 which ended with the accident on 9/3 (see green below).
3. The schedules below identify the crewmembers that Cpt. Lampe and F/O Bell flew with prior to the accident. Both Lampe and Bell most recently flew with the same crewmember, ANC 747-400 F/O George Freeman III, id #0554993 (see bold blue highlight below). During flight 63/28Aug HKG-ANC, Lampe operated as Cpt, Freeman III was the F/O and Bell was the Relief Officer.

F/O Freeman is currently on days off and does not start his next trip until Wednesday 9/15. The following is his contact information as listed in CMS:



Prior to operating flight 63/28Aug, Lampe and Bell operated flight 64/26Aug ANC-INC. During this flight segment Lampe operated as Cpt, ANC 747-400 F/O Dick Irwin id # 1012536 (bold below) and Bell was the Relief Officer.

F/O Irwin is currently on days off until 9/22. The following is his contact information as listed in CMS:



4. Crew Logistics confirmed that both Lampe and Bell jumpseated, as scheduled on flight 62/30Aug ANC-HKG. While on layover in HKG for 47:44 hours (8/31 - 9/2), they stayed at: Hyatt Regency Hong Kong, Sha Tin. Address 18 Chak Cheung Street. Phone #85237231234.

Following the layover, Lampe and Bell operated 6/02Sep HKG-DXB.

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5. Crew Logistics confirmed that while on layover in DXB for 24:29 hours (9/2 - 9/3), both Lampe and Bell stayed at: Fairmont Dubai, Address Sheikz Zayed Road. Phone #011 971 4332 5555.

**0555300 DOUGLAS LAMPE**

Detail CM [REDACTED]													
Pair	PayCd	Flt/Dt	Cities	Cd	Schd	Out	In	Schd	Time	Pos-1	Pos-2	Pos-3	Reg
A70078K		63/7	HKGANC		1835	1954-0532-0420		9:38	0555300	3188819	1046848		R
8	RR[C]	48:00	SR=442:55	AR=441:43		ST=9:45	AT=9:38	SD=11:45	AD=12:57	TC=2/2			
TripSummary					TAPB=254:17			Trip Crossings=2					
A70113A		64/26	ANCICN		1715	1719-0125-0155		8:06	0555300	1012536	2020960		R
9	RR[C]	17:00	SR=20:10	AR=20:40		ST=8:40	AT=8:06	SD=10:40	AD=10:10	TC=1/2			
A70113C		7014/28	ICNHKG	DH 0005			0345	0:00	0555300	2020960		n/a	R
10	RR[C]	15:00	SR=15:00	AR=15:00		ST=0:00	AT=0:00	SD=5:40	AD=5:40				
DUTY—Late Show					1915			0555300					
A70078K		63/28	HKGANC		1835	2012-0611-0420		9:59	0555300	0554993	2020960		R
11	RR[C]	17:00	SR=32:15	AR=30:24		ST=9:45	AT=9:59	SD=9:35	AD=11:26	TC=2/2			
TripSummary					TAPB=62:56			Trip Crossings=2					
A700781		62/30	ANCHKG	DH 1435	1458	0156-0140		0:00	0555300	2020960		n/a	R
12	RR[C]	12:00	SR=48:00	AR=47:44		ST=0:00	AT=0:00	SD=13:05	AD=13:21	TC=1/2			
A70113H		6/2	HKGDXB		0340	0340-1131-1135		7:51	0555300	2020960		n/a	R
13	RR[C]	12:00	SR=24:25	AR=24:29		ST=7:55	AT=7:51	SD=9:55	AD=9:51				
A70113I		6/3	DXBCGN		1400	1442-2122+2040		6:40	0555300	2020960		n/a	R*
14	RR[C]	12:00	SR=106:05	AR=105:23		ST=6:40	AT=6:40	SD=8:40	AD=9:22				
A70113N		9999/8	SZXHKG	DG 0715			0915	0:00	0555300	2020960	3163538		R*
A70113N		9999/8	HKGANC	DH 1115			2100	0:00	0555300	2020960		n/a	R
15							ST=0:00	AT=0:00	SD=14:15	AD=14:15	TC=2/2		
TripSummary					TAPB=224:25			Trip Crossings=2					
ESC-Quit ENTER-Examine Riders Print *In Compliance*													

**2020960 MATT BELL**

Detail CM [REDACTED]													
Pair	PayCd	Flt/Dt	Cities	Cd	Schd	Out	In	Schd	Time	Pos-1	Pos-2	Pos-3	Reg
RSCP		0/7			0030			1230	0:00	n/a	2020960		Q
17	RR[C]	15:00	SR=459:15	AR=459:15		ST=0:00	AT=0:00	SD=0:00	AD=0:00				
A70113A		64/26	ANCICN		1715	1719-0125-0155		8:06	0555300	1012536	2020960		R
18	RR[C]	17:00	SR=20:10	AR=20:40		ST=8:40	AT=8:06	SD=10:40	AD=10:10	TC=1/2			
A70113C		7014/28	ICNHKG	DH 0005			0345	0:00	0555300	2020960		n/a	R
19	RR[C]	15:00	SR=15:00	AR=15:00		ST=0:00	AT=0:00	SD=5:40	AD=5:40				
DUTY—Late Show					1915			2020960					
A70078K		63/28	HKGANC		1835	2012-0611-0420		9:59	0555300	0554993	2020960		R
20	RR[C]	17:00	SR=32:15	AR=30:24		ST=9:45	AT=9:59	SD=9:35	AD=11:26	TC=2/2			
TripSummary					TAPB=62:56			Trip Crossings=2					
A700781		62/30	ANCHKG	DH 1435	1458	0156-0140		0:00	0555300	2020960		n/a	R
21	RR[C]	12:00	SR=48:00	AR=47:44		ST=0:00	AT=0:00	SD=13:05	AD=13:21	TC=1/2			
A70113H		6/2	HKGDXB		0340	0340-1131-1135		7:51	0555300	2020960		n/a	R
22	RR[C]	12:00	SR=24:25	AR=24:29		ST=7:55	AT=7:51	SD=9:55	AD=9:51				
A70113I		6/3	DXBCGN		1400	1442-2122+2040		6:40	0555300	2020960		n/a	R*
23	RR[C]	12:00	SR=106:05	AR=105:23		ST=6:40	AT=6:40	SD=8:40	AD=9:22				

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A70113N	9999/ 8 SZXHKG DG 0715	0915	0:00	0556348	2020960	3163538	R*	█
A70113N	9999/ 8 HKGANC DH 1115	2100	0:00	0555300	2020960	n/a	R	█
24		ST=0:00	AT=0:00	SD=14:15	AD=14:15	TC=2/2		█
TripSummary		TAFB=224:25				Trip Crossings=2		.