



**Human Performance Attachment – Truck Driver Drug Test Results**

**Teutopolis, IL**

**HWY23MH017**

(4 pages)

# **ATTACHMENT 2**

- **Custody & Control Copy 4**
- **MRO Results – Verified Negative March 27, 2023**
- **Post Accident – Note to the file. The crash occurred on Friday September 29, 2023 at 8:41 PM CDT. Driver was transported to Saint Anthonys Hospital in Effingham, IL where a breathing tube and catheter were inserted. The driver was immediately transferred to the Burn Unit at Memorial Hospital in Springfield, IL. and a urine sample was not able to be obtained.**
- **Discussion Point Note to File – There were no fatalities involving the loss of human life as a result of the accident. There were 5 fatalities and 5 injuries after the accident as a result of the failure of the package resulting in the leakage of anhydrous ammonia into the environment.**

10506704

0781145

SPECIMEN ID NO.

10506704  
0781145

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

LAB ACCESSION NO.

**A. Employer Name, Address, I.D. No.**

PROTECTOR TRUCK PARTS  
BOX BLDG 1000  
1532 E. HWY 100  
GRIMSTON IL 60142  
PH: 217-234-2024 FAX:

**B. MRO Name, Address, Phone No. and Fax No.**

TRIP FAYON DO  
4550 ROCKWELL AVE  
MORTON IL 60130  
PH: 217-434-5777 FAX: 217-434-5777

**C. Donor SSN, Employee I.D., or CDL State and No.**

TD 00115 21019 556

**D. Specify Testing Authority:**  HHS  NRC **Specify DOT Agency:**  FMCSA  FAA  FRA  FTA  PHMSA  USCG

**E. Reason for Test:**  Pre-employment  Random  Reasonable Suspicion/Cause  Post Accident  Return to Duty  Follow-up  Other (specify)

**F. Drug Tests to be Performed:**  THC, COC, PCP, OPI, AMP  THC & COC Only  Other (specify)

**G. Collection Site Name:** Mobile Office  
**Address:** 1532 E HWY 100  
**City, State and Zip:** GRIMSTON IL 60142

**Collection Site Code:** \_\_\_\_\_ **Collector Contact Info:**  
**Phone:** 217 262 3417  
**Fax:** 217 262 3417  
**Other:** \_\_\_\_\_

**STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate)**  URINE  ORAL FLUID

**Collection:**  Split  Single  None Provided, Enter Remark.

**URINE: Collector reads urine temperature within 4 minutes. Temperature between 80° and 100° F?**  Yes  No, Enter Remark  Observed, Enter Remark

**ORAL FLUID: Split Type:**  Serial  Concurrent  Subdivided **Each Device Within Expiration Date?**  Yes  No  Volume Indicator(s) Observed

**REMARKS:**

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

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

\_\_\_\_\_  
Signature of Collector  
(Print) Collector's Name (First, MI, Last) \_\_\_\_\_ Date (Mo./Day/Yr.) \_\_\_\_\_ Time of Collection \_\_\_\_\_ AM PM

**SPECIMEN BOTTLE(S) / TUBE(S) RELEASED TO:**

Quest Diagnostics Courier  
 FedEx  
 Other

Name of Delivery Service

**STEP 5: COMPLETED BY DONOR**

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle / tube used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

\_\_\_\_\_  
Signature of Donor  
(PRINT) Donor's Name (First, MI, Last) Jacob W Bloomer Date (Mo./Day/Yr.) 03/24/23  
Email address \_\_\_\_\_ Daytime Phone No. \_\_\_\_\_ Evening Phone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Mo. Day Yr.

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

**STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN**  URINE  ORAL FLUID

In accordance with applicable federal requirements, my verification is:

NEGATIVE  POSITIVE for: \_\_\_\_\_  
 DILUTE  
 REFUSAL TO TEST because - check reason(s) below:  TEST CANCELLED  
 ADULTERATED (adulterant/reason): \_\_\_\_\_  
 SUBSTITUTED  
 OTHER \_\_\_\_\_

**REMARKS:** \_\_\_\_\_  
 \_\_\_\_\_  
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) \_\_\_\_\_ Date (Mo./Day/Yr.) \_\_\_\_\_

**STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN**

In accordance with applicable federal requirements, my verification for split specimen (if tested) is:

RECONFIRMED for: \_\_\_\_\_  TEST CANCELLED  
 FAILED TO RECONFIRM for: \_\_\_\_\_  
**REMARKS:** \_\_\_\_\_  
 \_\_\_\_\_  
Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) \_\_\_\_\_ Date (Mo./Day/Yr.) \_\_\_\_\_



### Drug Screen Results Letter

To: Lane Van Ingen  
Prairieland Transport LTD/TSS  
27540 World Ct.  
Daphne, AL 36526

Name:	Jacob Bloemker	
Patient ID:	IL- [REDACTED]	
Collection Date & Time:	03/24/2023	14:22
Specimen ID #:	0751145	
Drug Test Profile:	DOT/ Federal Drug Screen	Federally Regulated
Drugs Tested For:	6-Acetylmorphine Amphetamines Cannabinoids Cocaine Methylenedioxymethamphetamine (MDMA) Opiates - Codeine/Morphine Opiates - Hydrocodone/Hydromorphone Oxycodone/Oxymorphone Phencyclidine (PCP)	
Collection Site & Phone:	Bonetti Clinic 1363 W Evergreen Effingham, IL 62401 217-342-3417	
Collector:	Rachel Reynolds	
Laboratory:	Quest Diagnostics 10101 Renner Blvd Lenexa, KS 66700	
Test Reason:	Pre-employment	
Result:	<b>Negative</b>	
MRO Verified On:	03/27/2023	
Date CCF Received:	03/24/2023	

*Terry W. Taylor*  
[REDACTED]

Terry W. Taylor, MD  
Medical Review Officer

3/27/2023

Date of Review and Verification