

COPIED

Posted

Form Approved: O.M.B. No. 2127-0008



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
TO REPORT VEHICLE SAFETY DEFECT
1-888-DASH-2-DOT
1-888-327-4238
INTERNET: <http://www.nhtsa.dot.gov>

RECEIVED AGENCY USE ONLY
Date Received: FEB -7 AM 10:52
OFFICE OF DEFECTS INVESTIGATION
Reference No. 550742

OWNER INFORMATION (Type or Print)

Daytime Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 1/1

VEHICLE INFORMATION

TIME OF CRASH

Vehicle Ident. No. (VIN) (17 Digits) 1HYRBAAN2XA0B6916	(Located at bottom of windshield on driver's side)	Vehicle Make GENSLIS	Vehicle Model 18 3503	Vehicle Year 1999	Current Odometer Reading 26111
Purchased Date 08/13/1999	Dealer's Name KINGHOR SUPPLY	Engine Size (CID/CC/L) 466	<input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City	State	Zip Code	No. Cylinders 6	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drivetrain <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut. <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Other BUS
					Body Style 72 AS. <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other SCHOOL

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s):	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

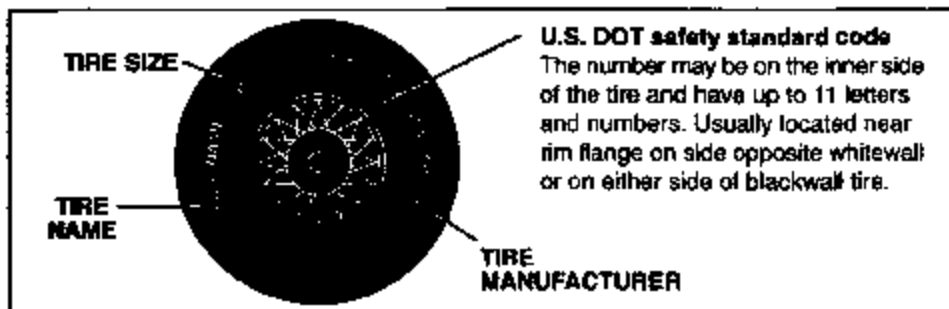
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number Persons Injured 1 POSSIBLE/ENR	Number of Fatalities NONE	Estimated Property Damage \$ 15,500.00	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

To report defective or failed tires provide the following: DOT Number, Tire Manufacturer, Tire Name, Tire Size (include all numbers and letters).
Note: This information not required for normal operation tires.

DOT	Manufacturer	Tire Name	Complete Tire Size
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The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

JAN 8 2000 ROAD CONDITION: ASPHALT - DRY WEATHER CONDITIONS: SUN - CLEAR - 58°F
AT APPROX 1200 SCHOOL BUS #241 TRAVELING EAST DENVER BLVD AT 35 MPH PASSED THEM
INTERC. LUCAS CREEK RD 35MI AT INTERC. OLD COURTHOUSE WAY TURNED FROM RED TO GRN.
ALL TRAFFIC CLEARED INTERC. IMMEDIATELY APPLIED FOOT BRAKE NO RESULTS. PEDAL FELT
HARD AS A ROCK DID NOT MOVE. BUS #241 @ 23 MPH; G BUS LEANS FROM LEFT SEATED
VEHICLE: GRABBED STEERING WHEEL PRYING FOOT HARDER AGAINST BRAKE NO RESULTS
GLANCED AT DASH AIR PRESSURE GAGE (30 PSI) - NO INDICATION BRAKES WERE BE-
ING APPLIED. SECONDS LATER SCHOOL BUS #241 CRASHED INTO GRAY FORD TAURUS
WAGON; PUSHED INTO A SILVER SATURN; PUSHED INTO SAME TYPE OF GRN AUTOMOBILE.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



POSTED

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT

DASH2DOT

and dial toll free at

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DOT AUTO SAFETY HOTLINE

**VEHICLE
OWNER'S
QUESTIONNAIRE**



U.S. Department of Transportation
National Highway Traffic Safety
Administration
<http://www.nhtsa.dot.gov/hotline>

NEWPORT NEWS POLICE DEPARTMENT

YOU ARE SUMMONED TO APPEAR IN THE (CITY OF /COUNTY OF) NEWPORT NEWS

CITY OF NEWPORT NEWS
 GENERAL DISTRICT COURT (TRAFFIC) 2800 WASHINGTON AVE.
 GENERAL DISTRICT COURT (CRIMINAL) 2800 WASHINGTON AVE.
 JUVENILE & DOMESTIC RELATIONS DISTRICT COURT
 2501 HARTINGTON AVENUE 22902-4307

ON 2-15-06 ADDRESS 12200th 1970 P.M.
 FOR VIOLATION OF STATE COUNTY CITY TOWN

LAW SECTION 46.2-852 26-8 DESCRIBE CHARGE
RECKLESS DRIVING - GENERAL

COMMERCIAL MOTOR VEHICLE HAZARDOUS MATERIALS
 I PROMISE TO APPEAR AT THE TIME AND PLACE SHOWN ABOVE
 SIGNING THIS SUMMONS IS NOT AN ADMISSION OF GUILT. I CERTIFY
 THAT MY CURRENT MAILING ADDRESS IS AS SHOWN BELOW.

YOU MUST APPEAR AT TRIAL (JUVENILES MUST APPEAR WITH PARENTS)
 LEGAL GUARDIAN
 YOU MAY ALSO COME TO COURT ONLY IF THIS BLOCK IS CHECKED AND
 ALL INSTRUCTIONS ON DEFENDANT'S COPY ARE FOLLOWED.

DATE 2/15/06
 PROCEDURE IF MOTORIST IS JUVENILE
 CAUSED BY UNDER 18 YEARS OF AGE, SIGNATURE MUST BE CO-INITIALED BY
 COUSIN OR PARENT OR LEGAL GUARDIAN IN PERSON AT THE COURT. IF THE
 IS MAILED TO THE COURT, PARENT'S OR LEGAL GUARDIAN'S SIGNATURE MUST
 BE INITIALED.

SIGNATURE _____
 CITY/TOWN _____ STATE _____ ZIP _____
 MAILING ADDRESS: SAME AS ABOVE AT RIGHT CHANGE FROM D.L.
 ONLY CALL IF MORE HELP IS NEEDED P. O. BOX/STREET CITY/TOWN STATE ZIP

DATE _____
 SIGNATURE _____
 IN AND SUBSCRIBED TO BEFORE ME THIS DAY _____
 JURY PUBLIC CLERK MAGISTRATE DATE _____

CITY/COUNTY _____ STATE _____
 MAILING ADDRESS: _____

PREPAYMENT IS MADE, ATTACH PAYMENT HERE
 6575057

NAME TRAVELLE BAR LAST 2011 MOBILE _____
 JURISDICTION OF OFFENSE 116 DATE OF OFFENSE 2-8-06 DAY OF WEEK SAT TIME 1:37 P.M.
 DIRECTION E ACCIDENT YES NO WEATHER CLD ROUTE NUMBER / STREET South Blvd 2100
 LOCATION OF OFFENSE 390 Black Boulevard
 ARREST DATE 2-8-06 ARREST LOCATION 390 Black Boulevard
 OFFICER [Redacted] CODE/BRANCH NO. _____

PRETRIAL WAIVER AND PREPAYMENT INSTRUCTIONS

1. CALCULATE THE AMOUNT OWED FROM PREPAYABLE FINES AND FEES SCHEDULE F. GIVEN A COPY OF THAT SCHEDULE BY THE ARRESTING OFFICER, OTHERWISE:
- A. PROMPTLY CALL THE TELEPHONE NUMBER LISTED ABOVE ON THE BACK OF THIS COPY.
- B. IF YOU HEAR A PRE-RECORDED MESSAGE, LISTEN TO THE ENTIRE MESSAGE. OTHERWISE, TELL THE PERSON ANSWERING THE TELEPHONE THAT YOU WISH TO WAIVE TRIAL AND "PREPAY" THE FINE AND COSTS. STATE THE EXACT CHARGE DESCRIPTION AND LAW SECTION NUMBER (IF ANY) WRITTEN ON THE SUMMONS. DISTRICT COURTS ACCEPT PERSONAL CHECKS AND CREDIT CARDS BUT, IF YOU WISH TO PAY BY CREDIT CARD, YOU SHOULD ASK THE COURT WHICH TYPE OF CREDIT CARD IT ACCEPTS.
- C. WRITE DOWN THE AMOUNT TO BE PAID AND ANY SPECIAL INSTRUCTIONS.
2. SIGN AND DATE THE WAIVER OF TRIAL ON THIS SUMMONS. ALSO COMPLETE "PROCEDURE IF MOTORIST IS A JUVENILE" IF YOU ARE CHARGED WITH A MOTOR VEHICLE OFFENSE AND ARE UNDER AGE 18.
3. PROMPTLY MAIL OR DELIVER TO THE COURT THIS SUMMONS WITH PAYMENT ATTACHED. PAYMENT MUST BE RECEIVED BY THE COURT BEFORE THE TRIAL DATE. TIMELY DELIVERY BY MAILS AT THE SENDER'S RISK.

READ NOTICE ON REVERSE SIDE.

DEFENDANT'S COPY - PAGE 3

SEE ATTACHED
STATEMENT WRITTEN
SUNDAY 1/19/00

NEWPORT NEWS PUBLIC SCHOOLS
PUPIL TRANSPORTATION DEPARTMENT
12098 Jefferson Avenue, Newport News, VA 23606

ACCIDENT REPORT

TODAY'S DATE	<u>1/11/00</u>	TIME	<u>2:00 PM</u>	ACCIDENT DATE	<u>JAN 8 2000</u>
DRIVER'S NAME	[REDACTED]				
DRIVER'S AGE	[REDACTED]	DRIVING EXPERIENCE	<u>36</u>	BUS DRIVING EXPERIENCE	<u>5</u>

BUS NO.	<u>241</u>	or VEHICLE NO.	_____	SCHOOL	_____
TYPE OF RUN/ROUTE NO.	<u>M-42 SA1</u>	TIME OF DAY:	_____	A.M.	<u>12:35</u> P.M.
LOCATION OF ACCIDENT	<u>390 Block DENNICH BLVD</u>				

Circle ONE OF THE FOLLOWING:

DAY OF WEEK: MON TUES WED THURS FRI SAT SUN

SURFACE CONDITION: DRY WET SNOW ICE MUDDY/OILY

OTHER: _____

TYPE ROAD SURFACE: ASPHALT CONCRETE GRAVEL DIRT

OTHER: _____

WEATHER: CLEAR CLOUDY FOG MIST RAINING SNOWING

SLEETING: SMOKE-DUST

SPEED: 0 5 10 15 20 25 30 35 40 45 50 55 _____

SPEED LIMIT: 0 5 10 15 20 25 30 35 40 45 50 55 _____

TYPE OF LOCATION: BUSINESS RESIDENTIAL SCHOOL OPEN

WAS DRIVER WEARING A SEAT BELT? YES NO

WAS BUS LOADED? YES NO

LIST OF NAMES: _____

JAN 9, 2000
SUNDAY

STATEMENT OF ACCIDENT

DRIVER SCHOOL BUS #241 DANA L. TRUELLE

DATE OF ACCIDENT: JAN. 8 2000 APPROX. 1235 PM

ROAD CONDITIONS: ASPHALT DRY


WEATHER CONDITIONS: TEMPERATURE 58°F SUNNY CLEAR

ON JAN 8 2000 AT 1230 PM BUS #241, NEWPORT NEWS PUBLIC SCHOOL DEPARTED DENBIGH HIGH SCHOOL TRAVELING EAST ON DENBIGH BLVD. APPROX. SPEED 33 MPH. TRAFFIC LIGHT @ LOCUS CREEK INTERSECTION WAS GREEN, PROCEEDED THROUGH LIGHT TOWARDS INTERSECTION @ OLD COURTHOUSE WAY, SIGNAL AT OLD COURTHOUSE WAY HAD JUST TURNED GREEN AS TWO VEHICLES TURN RIGHT OFF DOUBGH BLVD. BUS #241 NOW TRAVELING APPROX. 30 MPH. BUS #241 CONTINUED THROUGH THE INTERSECTION @ OLD COURTHOUSE WAY ~~ON~~ GREEN SIGNAL.

AS BUS 241 CAME TO ALMOST-A-BANK, I NOTICED THE TRAFFIC SIGNAL AT WARWICK BLVD AND DENBIGH WAS RED. I WAS TRAVELING IN THE RIGHT LANE; COULD SEE VEHICLES STOPPED AT LIGHT; BACK TOWARDS ME ABOUT HALF BLOCK. IMMEDIATELY APPLIED MY FOOT BRAKE; WITH NO RESULTS; BUS TRAVELING APPROX. 23 MPH (LOCATION 6 BUS LENGTHS FROM LAST STOPPED VEHICLE ON DENBIGH BLVD) RIGHT LANE. I APPLIED EVEN MORE FOOT PRESSURE TO THE BRAKES, THE REAR DID NOT MOVE! FELT HARD AS A ROCK; GLANCED AT AIR PRESSURE GAGES ON DASH PANEL READ 130 LBS. NOTE: NO INDICATION I WAS TRYING TO BRAKE: I GRABBED THE STEERING WHEEL WITH BOTH HANDS AND USE IT TO ^{PRY} ~~PRY~~ MY FOOT EVEN HARDER ON THE BRAKE. STILL NO RESULTS. BUS ONE BUS LENGTH FROM CONTACT, SECONDS LATER BUS 241 REAR ENDED A GRAY FORD TEXAS WAGON PUSHING IT INTO A SILVER STAUDEN PUSHING IN INTO SOME TYPE GREEN AUTOMOBILE. APPROX 12:36 PM I HANGED TO RADIO DISTANCE THE BRAKES HAD FAILED AND I HAD REAR ENDED 3 VEHICLES ON DOUBGH BLVD.

Jan. 10, 2000

On Saturday January 8, 2000 I was outside
ABZ RENTALS Helping a CUSTOMER when I noticed
the light at the intersection of Wrenwick & Debbigh
blvd go to GREEN, traffic started moving then stopped.
I noticed a school bus moving at a low rate of speed,
did not hear any acceleration noises from the bus.
The bus rolled into the REAR END of a station wagon,
the station wagon then rear ended a silver saturn
which hit the rear end of a green car. I went over
to the scene and asked if everyone was ok. The lady in the green
car was crying and hyper ventilating very little damage to vehicle, lady in
silver car complained of neck pain, the 3 in the station wagon were ok.



FEBRUARY 4, 2000

US DEPT OF TRANSPORTATION
NATIONAL HIGHWAY SAFETY ADM.
DOT AUTO SAFETY HOTLINE, NSA 10-1
400 7TH STREET, SW
WASHINGTON, DC 20590

ATTN: INVESTIGATOR

IN REFERENCE TO THE CALL I MADE TO AUTO SAFETY HOTLINE ON JAN. 8, 2000 SPEAKING TO RITA, TO INQUIRE ABOUT HOW TO REPORT OPERATIONAL MALFUNCTIONS ON SCHOOL BUS #241 AIR BRAKE ABS SYSTEM WHICH OCCURRED JAN 8, 2000 SATURDAY AT APPROXIMATELY 1236 PM.

I WAS DRIVING THIS VEHICLE FROM THE TIME OF PURCHASE UNTILL THE ACCIDENT OF JAN. 8, 2000. I HAVE ENCLOSED COPIES OF ALL DOCUMENTS AND ACTIONS I HAVE TAKEN TO EXPDITE THE CORRECTION OF ENGINEERING DEFECTS OF THIS ABS AIR BRAKE SYSTEM. I HAVE SPOKEN TO FELLOW SCHOOL BUS DRIVERS WHO HAVE DRIVEN THIS SAME YEAR AND MODEL BUS. IN THEIR CONVERSATIONS, THESE DRIVER HAVE INDICATED NUMEROUS BRAKING PROBLEMS. EXAMPLES ARE: BUS #362 WHEN BRAKING VIOLENTLY, PULLS TO THE LEFT; BUS #2 AFTER COASTING A GOOD DISTANCE THE BRAKING SYSTEM IS EXTREMELY SLOW IN ACTIVATING; WHEN IT DOES; IT SEEMS TO PULL SLIGHTLY ON EACH WHEEL AS IT BRAKES EACH WHEEL SEPARATELY. IT SHOULD BE NOTED THAT BUS #241 HAD THE SAME SYMPTOMS AS BUS #362 & #2 BEFORE CHRISTMAS WHEN THE PMI WAS PERFORMED: THIS WAS REPORTED TO THE TRANSPORTATION SHOP.

BUS #241 BRAKE WERE APPLIED BY ME AT 23 MPH THE AIR BRAKE PRESSURE GAGE ON THE DASH INDICATED 130 PSI [THE HIGHEST IT HAS EVER READ] THE BRAKE PEDAL WAS UNMOVABLE AND THE BRAKE SYSTEM DID NOT RESPOND TO ANY AMOUNT PRESSURE.

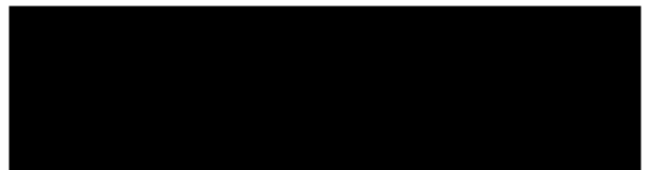
ENCLOSURES ARE AS FOLLOWS:

- VIRGINIA UNIFORM SUMMON'S 116575057 DATED 1/8/00 SAT
- ACCIDENT REPORT; STATEMENT NUPS P.P. TAN. DATED 1/9/00 SUN
- EYEWITNESS STATEMENT DATED 1/10/00 MON
- MONTHLY RECORD OF DAILY PRETRIP DATED JAN 2000
- RIVERSIDE HOSPITAL, SPECIMAN RECEIPT DATED 1/8/00 SAT
- LETTER TO NAVI-STAR INTERNATIONAL DATED JAN 31 2000
- CORRESPONDENCE BETWEEN:
 - NORFOLK FLEET TRUCK CNTR DATED JAN 19 2000
 - JOB TICKET # 2749
- REQUEST FOR RECALL INFORMATION DATED JAN 25, 2000
- DOT AUTO SAFETY HOTLINE HS-350 (REF 3-9B)

PARTIAL FILLED OUT BY DANA L. TRUVELLE (DRIVER BUS # 24)

I BELIEVE THE POTENTIAL FOR MORE PROPERTY DAMAGE
AND INJURY IS TOO GREAT TO DELAY ANY LONGER

RESPECTFULLY YOURS



Vehicle ID 000241

Type BUS

Make GENESIS

Model IS3503

Year 1999

Gvw 29500

Vin 1HVBGAAN2XA086916

Plate 32-946L

Plate state VA

Location

Function

Dept ID 2

Contact WILL DUPUY

Driver ID

Vendor ID

Purchase Price 49620.2900

Purchase Date 08/13/1998

Purchase PO

Fuel card

Inservice date 08/13/1998

Inactive Date / /

Account #

Account Name

	Type	Current	Lifetime	Life Expectancy		
Meter 1	Miles	25588	35660	0		
Meter 2		0	0	0	Meter 2 add to	N
Meter 3		0	0	0	Meter 3 add to	N

Lot Location

Trans Ser#

Pass. Capacity 72

Lift#

Warranty Expire / /

Retirement Date / /

Registration Renew / /

/ /

	Description	Capacity	Units
Fuel	DIESEL	60.0	GALLONS
Oil	MG-15-40	26.0	QUARTS
Coolant		0.0	
Transmission Fluid	DEX.II D-21460	28.0	QUARTS
		0.0	
		0.0	
		0.0	

Tire Size 11R22.5

Eng Size DT 466

Brake Type A

Trans Size A/T545

Capacity 72PASS

Model IS3503

Vendor Name KINGMOR SUPPLY



80109259

7143572
SPECIMEN ID NO.

-A

Newport News
Public Schools

LABORATORY ACCESSION NO

FORM ID: NDA709020

STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

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

EMERGENCY ROOM-RRMC 757-856-7000
RESULTS INFORM PROCESSOR
500 J CLYDE MORRIS BLVD
NEWPORT NEWS, VA 23601

B. MRO Name and Address

W SMITH CHANDLER, D.D.
RIVERSIDE BUSH HLTH SERV
12652 JEFFERSON AVE. STE C
NEWPORT NEWS, VA 23602

C. Donor SSN or Employee I.D. No.

D. Reason for Test: Pre-employment Random Reasonable suspicion/cause Post Accident

Return to Duty Follow-up Other (specify)

E. Test to be performed: THC, Cocaine, PCP, Opiates and Amphetamines

Only THC and Cocaine

7643 X NIDA 5 DRUG PANEL
25304 NIDA 5 DRUG PANEL

STEP 2: TO BE COMPLETED BY COLLECTOR - Specimen temperature must be read within 4 minutes of collection.

Specimen temperature within range: Yes, 90° - 100°F/32° - 38°C No, Record specimen temperature here

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: SEE BELOW

STEP 5: TO BE COMPLETED BY COLLECTOR - RETURN TO COPY 1

COLLECTION SITE LOCATION:

Emergency Room - RRMC

(757) 856-7000

SPLIT SPECIMEN
COLLECTION

500 J. Clyde Morris Blvd.

Newport News VA 23601

YES NO

REMARKS:

I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification on Copy 4 of this form, that it bears the same specimen identification number as that set forth above, and that it has been collected, labeled and sealed as in accordance with applicable Federal requirements.

Colleen Cunningham

(PRINT) Collector's Name (First, MI, Last)

[Signature]

Signature of Collector

1/8/00

Date (Mo./Day/Yr.)

1445 AM
1445 PM

STEP 6: TO BE INITIATED BY THE COLLECTOR AND COMPLETED AS NECESSARY THEREAFTER

DATE MO. DAY YR.	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
1/8/00	DONOR - NO SIGNATURE	Signature: [Signature] Name: Colleen Cunningham	PROVIDE SPECIMEN FOR TESTING
1/8/00	Signature: [Signature] Name: Colleen Cunningham	Signature: [Signature] Name: TO COURIER	SKBL
1/1	Signature: [Signature] Name: [Name]	Signature: [Signature] Name: [Name]	
1/1	Signature: [Signature] Name: [Name]	Signature: [Signature] Name: [Name]	

STEP 4: TO BE COMPLETED BY THE DONOR

Daytime Phone No. [Redacted]

Evening Phone No. [Redacted]

Date of Birth

7/19/44
Mo Day Yr.

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

[Redacted]
(PRINT) Donor's Name (First, MI, Last)

1/08/00
Date (Mo./Day/Yr.)

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will 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 as a "memory jogger." 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 LIST ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 8: TO BE COMPLETED BY THE MEDICAL REVIEW OFFICER

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable Federal requirements. My determination/verification is:

Negative Positive Test Not Performed Test Cancelled

REMARKS

(PRINT) Medical Review Officer's Name (First, MI, Last)

Signature of Medical Review Officer

Date (Mo./Day/Yr.)

COPY 5 - GIVE TO DONOR - DO NOT SEND TO LABORATORY

JANUARY 31 2000

NAVI-STAR INTERNATIONAL TRANSPORTATION CORP.
P.O. BOX 10088
FORT WAYNE, INDIANA 46850

ATTN: MR. BRYAN CARLSON

IN REFERENCE TO OUR TELEPHONE CONVERSATION OF
JANUARY 25, 2000 AT 1:45 PM, I AM SENDING YOU COPIES OF ALL
THE INFORMATION I HAVE AVAILABLE WITH RESPECTS TO THE SCHOOL
BUS ACCIDENT INVOLVING BUS #241 NEWPORT NEWS PUBLIC
SCHOOLS, WHICH OCCURRED ON JANUARY 8 2000 SATURDAY
AT APPROXIMATELY 12:36 PM ON DENBIGH BLVD. 390 BLOCK.

IN THIS ACCIDENT THE BRAKES WERE APPLIED BY
ME, THE DRIVER OF THIS BUS AT APPROXIMATELY 23 MPH.
THE BRAKE PEDAL WAS UNMOVEABLE AND THE BRAKE
SYSTEM DID NOT RESPOND AT ALL.

ENCLOSURES ARE AS FOLLOWS:

VIRGINIA UNIFORM SUMMONS 116575057	DATED 1/8/00 (SAT)
ACCIDENT REPORT; STATEMENT NNPS PUBL TRANS,	DATED 1/9/00 (SUN)
EYEWITNESS STATEMENT	DATED 1/10/00 (MON)
MONTHLY RECORD OF DAILY PRE-TRIP	DATED JAN 2000
RIVERSIDE HOSPITAL, SPECIMAN RECEIPT	DATED 1/8/00 (SAT)
SCHOOL BUS #241 SPEC. DATA. SHEET	

DOT AUTO SAFETY HOTLINE HS-FORM 350 (REV-3-98)
PARTIAL FILLED OUT BY DRIVER DANA L. TRUBELLE

IF I CAN ASSIST YOU IN YOUR INVESTIGATION,
I WILL MAKE MYSELF AVAILABLE AT YOUR REQUEST.

RESPECTFULLY YOURS

CODE NPID KEY 1 XA000010

KEY 2

PAGE 01 LOC 0

VIN 1HVBGAAN2XAD50916 MODEL: GA305 FE BUS PC# 600725008
SELL LOC 000-000156 ORDER # 378008B BUILT 08/24/1998 DRIP 07/25/1998

STATUS DTU MI/KM WRTY START DTE ACCOUNT # CLAIMS MI/KM DATE
DTU 1123M 08/13/1998

***** LAST CLAIM *****
No Warranty Claims Filed

*** RECALLS *** ***** WARRANTY COVERAGE / SERVICE CONTRACTS *****
99514 PLOY # DESCRIPTION END DATE E-MI/KM

CUSTOMER:

FLTN

F2-WPIE F3-CNDI F4-WPIF F6-WPIH F8-WPEP
INQUIRY COMPLETE

F10-WR MENU F11-TK MENU
U00JMV11 01/25/00 13:03:38

ATTN. ANN BAILEY

The only Recall is 99514, which
is for a reprogram of the ECM Duramag
and overhaul of the engine. No Brake
Recalls are on this bus. If you need
any more info. Please call me

Jantzen
312-836-2666