



**County of Humboldt
Eureka, California
Ambulance Service Permit Renewal Application**

Pursuant to Humboldt County Code, Title V, Division 5
Emergency Medical Services System

Applicant - DO NOT FILL OUT THIS SECTION	
Date Received:	3/22/17 B
Application Fee of \$196.00 Received:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Proof of Liability Insurance Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Resumes Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Applicants – Please completely fill out this section and provide all requested information/verifications:

Level of Service: Basic Life Support Advanced Life Support

Non-Emergency Transport (check all that apply)

Ambulance Service Full Name:	City Ambulance of Eureka Inc		
Name of Contact Person:	Rene Ford		
Mailing Address:	135 W 7th St	City/Zip Code	Eureka 95501
Physical Address:	'	City	
Telephone/Fax Numbers	7074454907 7074425903	E-Mail	rfordecityambulance.com



County of Humboldt
Eureka, California

Owner Name	Fred Sundquist Jr				
Address	40 Spruce St	City/Zip Code	Eureka 95503		
Phone Number	7074965369	Fax Number	707425903	E-Mail	fred@cityambulance.ca



**County of Humboldt
Eureka, California**

VEHICLES:

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant requests permission from the Permit Officer to operate the following ambulance vehicles:

	Year	Model/Make	Vehicle Identification Number	License Plate #	Length of Time In Use (Include current mileage shown on odometer)	State or Federal Aviation Agency License Number	Description of Color Scheme, Insignia Name, Monogram, or Distinguishing Characteristics
1.							
2.							
3.							
4.							
5.							



**County of Humboldt
Eureka, California**

	Year	Model/Make	Vehicle Identification Number	License Plate #	Length of Time In Use (Include current mileage shown on odometer)	State or Federal Aviation Agency License Number	Description of Color Scheme, Insignia Name, Monogram, or Distinguishing Characteristics
6.							
7.							
8.							
9.							
10.							



**County of Humboldt
Eureka, California**

- Attach a copy, or provide a description, of Applicant's policy or program for maintenance of vehicles.
- Attach a list, or provide a description of, Applicant's radio communication equipment.
- Attach evidence of **currently valid California Highway Patrol inspection report** for each ground ambulance vehicle listed in the application.
- Applicant certifies that it has reviewed and meets the requirements set forth in Humboldt County Code, Title V, Division 5, Sections 551-5 (Standards for Ambulance Service Permit) and 551-9 (Standards for Ambulance Equipment and Operations).
- Attach copies, or provide descriptions of the following:
- Applicant's quality management practices and policy;
 - Staffing and hiring policies;
 - Organizational chart of management staff;
 - Resume of the training, orientation program, and experience of the Applicant in the transportation and care of patients; and
 - Knowledge of and/or involvement in the Humboldt County Emergency Medical Services system.
- Attach legible copies of current California Driver's License for each employee listed above.
- Provide copies of EMT certification and/or Paramedic licensure cards.
- Applicant certifies that the individuals listed above are qualified, duly licensed and/or certified drivers, attendants, and attendant-drivers, and said individuals are currently compliant with any and all applicable training, licensing, and permitting requirements set forth by local, state, and federal law and regulations.



**County of Humboldt
Eureka, California**

SERVICE AREA:

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant requests permission to allow its ambulances to provide service in the following zone(s):

Zone	Northern Boundary	Eastern Boundary	Southern Boundary	Western Boundary	Indicate Zone(s) by Placing "X"
Zone 1 North	Humboldt County Line	Redwood Creek Bridge Highway 299 and School House Peak on Bald Hills Road	Indianola Cutoff (includes intersections with Hwy 101 & Old Arcata Rd and up to 1699 block of Peninsula Drive (in Manila))	Pacific Ocean	
Zone 2 East	Humboldt County Line	Humboldt County Line	Redwood Creek Bridge Hwy 299	School House Peak on Bald Hills Road	
Zone 3 Central	Indianola Cutoff (includes intersections with Hwy 101 & Old Arcata Rd and up to 1700 block of Peninsula Drive (in Manila))	Showers Pass	Hookton Road & Hwy 101	Pacific Ocean	X



**County of Humboldt
Eureka, California**

Zone	Northern Boundary	Eastern Boundary	Southern Boundary	Western Boundary	Indicate Zone(s) by Placing "X"
Zone 4 South – Fortuna Sub-Zone	Hookton Road & Hwy 101	Showers Pass Humboldt County Line	Dyerville Bridge & Hwy 101 & Alderpoint Blocksburg Road 7 miles South of SR 36	Pacific Ocean	X
Zone 4 South – Garberville Sub-Zone	Dyerville Bridge & Hwy 101 & Alderpoint Blocksburg Road 7 miles South of SR 36	Humboldt County Line	Mattole/ Ettersburg Road at Ettersburg Bridge Humboldt County Line	Pacific Ocean	X

AMBULANCE SERVICE RATES:

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant must submit a completed Rates & Schedule of charges. Upon the approval by the Board of Supervisors, these rates must remain effective and may not be amended except with the consent of, or by the order of the Board of Supervisors.

Rates & Schedule attached

INSURANCE:

Current proof-of-insurance certificates, indicating compliance with the requirement listed below, must be included with this application:

- A. CONTRACT SHALL NOT BE EXECUTED BY COUNTY and the CONTRACTOR is not entitled to any rights, unless certificates of insurances, or other sufficient proof that the following provisions have been complied with, and such certificate(s) are filed with the Clerk of the Humboldt County Board of Supervisors.



**County of Humboldt
Eureka, California**

- B. CONTRACTOR shall and shall require any of its subcontractors to take out and maintain, throughout the period of this Agreement and any extended term thereof, the following policies of insurance placed with the insurers authorized to do business in California and with a current A.M. Best rating of no less than A:VII or its equivalent against injury/death to persons or damage to property which may arise from or in connection with the activities hereunder of CONTRACTOR, its agents, officers, directors, employees, licensees, invitees, assignees or subcontractors:
1. Comprehensive or Commercial General Liability Insurance at least as broad as Insurance Services Office Commercial General Liability coverage (occurrence form CG 0001), in an amount of Two Million Dollars (\$2,000,000) per occurrence for any one (1) incident, including, personal injury, death and property damage. If a general aggregate limit is used, either the general aggregate limit shall apply separately to this project or the general aggregate shall be twice the required occurrence limit.
 2. Automobile/Motor liability insurance with a limit of liability of not less than One Million Dollars (\$1,000,000) combined single limit coverage. Such insurance shall include coverage of all "owned", "hired", and "non-owned" vehicles or coverage for "any auto."
 3. Workers Compensation as required by the Labor Code of the State of California, with Statutory Limits, and Employers Liability Insurance with limit of no less than One Million Dollars (\$1,000,000) per accident for bodily injury or disease. Said policy shall contain or be endorsed to contain a waiver of subrogation against COUNTY, its officers, officials, agents, representatives, volunteers, and employees. In all cases the above insurance shall include Employers Liability coverage with limits of not less than One Million Dollars (\$1,000,000) per accident for bodily injury and disease.

4. Insurance Notices must be sent to:

County of Humboldt
Attention: Risk Management
825 5th Street, Room 131
Eureka, CA 95501



**County of Humboldt
Eureka, California**

5. The Comprehensive General Liability shall provide that the COUNTY, its officers, officials, employees, representatives, agents, and volunteers, are covered as additional insured for liability arising out of the operations performed by or on behalf of CONSULTANT. The coverage shall contain no special limitations on the scope of protection afforded to the County, its officers, officials, employees, and volunteers. Said policy shall also contain a provision stating that such coverage:
- Includes contractual liability.
 - Does not contain exclusions as to loss or damage to property caused by explosion or resulting from collapse of buildings or structures or property underground commonly referred to "XCU Hazards".
 - Is primary insurance as regards to County of Humboldt.
 - Does not contain a pro-rata, excess only, and/or escape clause.
 - Contains a cross liability, severability of interest or separation of insureds clause.

Attach Certificate of Liability Insurance naming County of Humboldt certificate holder.

ADDITIONAL INFORMATION:

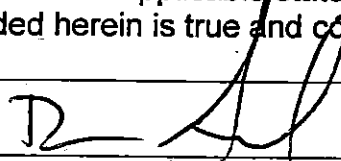
Please provide, in writing and attach, a description of the facts relied on by the Applicant in asserting that the public health, safety, welfare, convenience and necessity warrant the granting of the ambulance service permit.

(Information may include the ability of the Applicant to provide ambulance service within established response times for the type of vehicle operated, twenty-four (24) hours per day, seven (7) days per week, year-round; per-approval by North Coast EMS as an Advanced Life Support Provider; familiarity with Humboldt County; prior or additional relevant experience, etc.).

Additional Information statement attached



**County of Humboldt
Eureka, California**

I, hereby attest that, <u>City Ambulance</u> (name of ambulance company) has obtained all licenses required by law and is in compliance with standards for providing emergency and/or non-emergency medical services as outlined in the Humboldt County Code, Title V, Division 5, Emergency Medical System, the policies established by North Coast EMS, and all other applicable state and federal law and regulations. All information provided herein is true and complete as of the date listed below.	
Signature of Applicant:	
Printed Name and Title	Renee Ford CFO.
Date:	3/21/17

Required Paperwork Checklist

- Application complete
- Certificate of Automobile and liability coverage
- Verification that each vehicle listed in application has been certified by the California Highway Patrol and/or the Health Officer pursuant to County Ordinance Section 551-9
- Certificate of Workers Compensation Insurance compensation coverage
- Proposed Rates & Schedule of Charges
- All requested documentation of Applicant's policies and programs (as set forth in the application) are attached and complete
- Application fee or proof of payment of application fee

Vehicle Maintenance

Routine maintenance is performed at regularly scheduled intervals to ensure optimal safety, performance, efficiency, and reliability of assigned vehicles. Preventive maintenance is performed by the fleet mechanic, who will document any repairs and ensure all repairs are done before returning the vehicle to service.

Pre-Trip Inspections

Specific procedures are outlined in policy and monitored to ensure that all ambulances are inspected daily, prior to the vehicle being put into service. Ambulance crews use the unit specified by the rotation schedule. The ambulance's mechanical functions are inspected by a crew member according to the daily checklist, making note of any discrepancies. Any minor repairs that can safely be done by a crew member are done during checkout. Repairs requiring special equipment or expertise are recorded on a Vehicle Needs Attention form or a Vehicle Out of Service form.

CHP Inspections

The CHP conducts inspections of the ambulance fleet annually.

City Ambulance of Eureka, Inc.
 135 W. 7th Street
 Eureka, CA 95501
 (707) 445-4907

CAE Radio Communication Equipment Inventory January 2016

Dispatch Equip.	VHF model #	Serial #	UHF model #	Serial #	Device model #	Serial #
POWER SUPPLY	DURA COMM				DURA COMM	UNK
POWER UNIT					P-600-13.8	2571
POWER UNIT					P-600-13.8	2572
POWER AMP					1506RNS	C2567
POWER AMP					4512RNS	C2568
POWER AMP					1506RNS	B9024
POWER STRIP	TRIPP-LITE					
VHF RADIO	TK780H	60400507				
VHF RADIO	TK790	B1400406				
VHF RADIO	TK790	B32300285				
UHF RADIO			TK890	B1400078		
UHF RADIO			TK890H	B0500031		
SCANNER	UNIDEN				BC56XLT	8507714
Portables	VHF model #	Serial #	UHF model #	Serial #	Device model #	Serial #
Eureka						
VHF	TK 272 G	90601005				
VHF	TK 272 G	90600201				
VHF	TK 272 G	90600918				
VHF	TK 272 G	90600916				
VHF	TK 272 G	90600366				
VHF	TK 272 G	90600369				
VHF	TK 272 G	90600920				
VHF	TK 272 G	90600003				
VHF C1 a	NX 200 K	B0400220				
VHF C1 b	NX 200 K	B0400222				
VHF C2 a	NX 200 K	B0400221				
VHF C2 b	NX 200 K	B0400218				
UHF			TX 372 G	40200805		
UHF 200			NX 300 K	B0401398		
UHF			TK 372 G	40101267		
UHF			TK 372 G	70200332		
UHF			TK 372 G	30301119		
UHF			TK 372 G	70200333		
Portables	VHF model #	Serial #	UHF model #	Serial #	Device model #	Serial #
Fortuna						
UHF FTA 1a			NX 300 K	B0500134		
UHF FTA 1b			NX 300 K	B0500135		
UHF FTA 2a			NX 300 K	B0500127		
UHF FTA 2b			NX 300 K	B0401397		
VHF	TK 272G					
VHF	TK 272G	90601001				
VHF	TK 272G	90600919				
Pager					Motorola Minitor V	136WHE2736
Base Scanner					Colt Z28	D5001405
Charging Unit	ACDC	6-IV-683				
Garberville						
UHF			NK 200 K	B0500133		
UHF			NK 200 K	B0500131		
VHF	TK 372 G	90600004				
VHF	TK 372 G					

City Ambulance of Eureka, Inc.

135 W. 7th Street

Eureka, CA 95501

(707) 445-4907

Ambulance	VHF model #	Serial #	UHF model #	Serial #	Repeater #	Serial #
Suburban	TK 790	40900016	TK 890	40800038		
33	TK 7160 H	70900957	TK 890	1100007	SVR 200 U	543915
35	TK 7150	0010083	TK 890	70800148	SVR 200 U	547909
37	TK 760 HG	40400617	TK 890	00700174	SVR 200 U	550172
NO UNIT	TK 760 HG	31001017	TK 890	50601567	SVR 200 U	549067
NO UNIT			TK 890	31001017	SVR 200 U	543915
39	TK 760 HG	00700157	TK 890	0800004	SVR 200 U	550173
40	TK 760 HG	50302424	TK 890	4120309	SVR 200 U	551403
41	TK 7150	00100093	TK 890	91100241	SVR 200 U	544891
42	TK 760 HG	50302422	TK 890	9600054	SVR 200 U	544892
43	TK 7150	70900929	TK 890	70800147	SVR 200 U	543916
44	TK 760 HG	7070093	TK 890	70700093	SVR 200 U	543914
G2	TK 762 H	00500052	XXXXXXXXXX	XXXXXXXXXX		
DSMU 130	TK 5710		TK 5810			
Taxi	VHF model #	Serial #				
0	TK 762 HG	UNK				
2	TK 7360 HV	B2602073				
3	TK 780 H	60600496				
4	TK 7160 H	80800876				
7	TK 762 HG	30603068				
8	TK 780 H	60400508				
Mini Vans	VHF model #	Serial #				
13	TK 738 OHV	B3502267				
14	TK 762 HG	30603069				
Big Van	VHF model #	Serial #				
17	TK 762 HG	30700446				
18	TK 780 H	60400538				
19	UNK	UNK				
21	TK 762 HG	30700447				
W/C/M/B	VHF model #	Serial #				
50	TK 762 HG	CANT SEE				
53	TK 7360 HV	B3400733				
54	TK 7360 HV	B3502775				
57	TK 762 HG	30700447				
58	TK 780 H	60400540				
61	TK 762 HG	30700451				
71	TK 780 H	60900056				
72	TK 780 H	60400588				
75	TK 762 HG	UNK				
76	UNK	UNK				
77	UNK	UNK				
Shuttle	VHF model #	Serial #				
81	TK 780 H	60400539				
82	TK 8150	00900006				
83	TK 762 HG	30700449				

Unit #	Year	Make	Model	VIN	License	Mileage
C35	2007	Ford	E350	1FDSS34P87DA85325	8L89574	222,077
C40	2009	Dodge	Sprinter	WDOPE7ACX95420518	50807F1	219,085
C41	2009	Dodge	Sprinter	WDOPE7AC895419447	50808F1	206,973
C42	2012	Ford	E350	1FDSS3ES2CDB21183	90904K1	148,081
C43	2013	Ford	E350	1FDSS3ES6DDA75178	43081N1	127,946
C44	2013	Ford	E350	1FDSS3ES4DDB32171	43292N1	118,601
C45	2014	Ford	V10	1FDSS3EL3EDB14383	05987R1	36,290
C46	2014	Ford	E350	1FDSS3EL0EDB14423	60385X1	30,289
C47	2012	Ford	E350	1FDSS3EL6CDB06775	55466A1	87,500
C48	2016	Ford	Transit	1FDYR2CMXGKB55944	57538B2	10,464



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

#35

CHP AREA: 125

CHP Certificate/Permit Number: **17896- 10325**

ISSUED: **3/12/2017**

EXPIRES: **3/11/2018**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR AND MAKE: **07 FORD**

VEHICLE LICENSE NO. **8L89574**

VIN: **1FDSS34P87DA85325**

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
135 WEST 7TH STREET
EUREKA, CA 95501-0229**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
11150

COMPANY NAME AND ADDRESS
ARCH Insurance Company

POLICY NUMBER
MAPK07859903

EFFECTIVE DATE EXPIRATION DATE
04/01/16 04/01/17

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2007 FORD TYPE II 1FDSS34P87DA85325 #C35

AGENCY/COMPANY ISSUING CARD
**Der Manouel Ins & Fin Svcs Inc
Lyn FauntLeRoy
P.O. Box 28906
Fresno, CA 93729-8906**

INSURED
 **City Ambulance of Eureka Inc.
135 West 7th Street
Eureka, CA 95501**

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT #35
CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: 17896- 10325

ISSUED: 3/12/2016

EXPIRES: 3/11/2017

AREA:

- INITIAL DUPLICATE
 REPLACEMENT RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

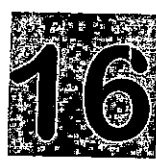
VEHICLE YEAR AND MAKE: 07 FORD

VEHICLE LICENSE NO. 8L89574

VIN: 1FDSS34P87DA85325

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
135 WEST 7TH STREET
EUREKA, CA 95501-0229**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.



California Highway Patrol
2485 Sonoma Street
Redding, CA 96001
Phone: (530) 242-4300
Internationally Accredited Agency CHP407F/343A

Report Number: CA1707701553
Inspection Date: 03/01/2017
Start: 11:54 AM PD End: 12:05 PM PD
Inspection Level: V - Terminal
HM Inspection Type: None

CITY AMBULANCE OF EUREKA INC

135 W 7TH ST
EUREKA, CA, 95501

USDOT: 2650577

MC/MX#:

State#: 203495

Location: 135 W 7TH STREET

Highway:

County: HUMBOLDT

Phone#: (707)445-4907

Fax#:

Driver:

License#:

Date of Birth:

CoDriver:

License#:

Date of Birth:

State:

State:

Milepost: Shipper: N/A

Origin: EUREKA,CA

Destination: EUREKA,CA

Bill of Lading: N/A

Cargo: EMPTY

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate, Equipment ID, VIN, GVWR, CVSA Existing, CVSA #. Row 1: 1, VN, FORD, 2007, CA, 8L89574, 35, 1FDSS34P87DA85325, 9400

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber. Rows: Axle # 1, 2; Right N/A, N/A; Left N/A, N/A; Chamber HYDR, HYDR

VIOLATIONS

Table with columns: Section, Type, Unit, OOS, Citation #, Verify Crash, Violations Discovered. Row 1: 1232(A) CCR /016, S, 1, N, N, N, Steering system violation--393.209(d): R/S TIEROD END WORN SHOWS NON-ROTATIONALMOVEMENT AT BALL JOINT

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks: No data for special checks

State Information:

Beat/Sub Area: 859; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 41

Pursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispach. Violations marked out of service must be corrected before the vehicle is operated on the highway: For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures. DO NOT RETURN THIS FORM TO THE CALIFORNIA HIGHWAY PATROL.

Report Prepared By:

M. Schmitcke

Badge #:

17077

Copy Received By:

X _____ X _____

35





STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

#40

CHP AREA: 125

CHP Certificate/Permit Number: **17896-12484**

ISSUED: **3/12/2017**

EXPIRES: **3/11/2018**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

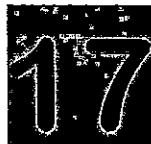
VEHICLE YEAR AND MAKE: **09 DODGE SPRINTER**

VEHICLE LICENSE NO. **50807F1**

VIN: **WD0PE7ACX95420518**

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
135 WEST 7TH STREET
EUREKA, CA 95501-0229**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
11150

COMPANY NAME AND ADDRESS
ARCH Insurance Company

POLICY NUMBER
MAPK07859903

EFFECTIVE DATE EXPIRATION DATE
04/01/16 04/01/17

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR MAKE/MODEL
2009 Dodge Type II

VEHICLE IDENTIFICATION NUMBER
WDOPE7ACX95420518 #C40

AGENCY/COMPANY ISSUING CARD
**Der Manuel Ins & Fin Svcs Inc
Lyn FauntLeRoy
P.O. Box 28906
Fresno, CA 93729-8906**

INSURED

**City Ambulance of Eureka Inc.
135 West 7th Street
Eureka, CA 95501**

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 CA (2004/07)

© ACORD CORPORATION 2004



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT #40
CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: 17896-12484

ISSUED: 3/12/2016

EXPIRES: 3/11/2017

AREA:

- INITIAL
 REPLACEMENT

- DUPLICATE
 RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 09 DODGE SPRINTER

VEHICLE LICENSE NO. 50807F1

VIN: WDOPE7ACX95420518

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS

**CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
135 WEST 7TH STREET
EUREKA, CA 95501-0229**

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California Highway Patrol
2485 Sonoma Street
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Phone: (530) 242-4300
Internationally Accredited Agency CHP407F/343A

Report Number: CA1707701554
Inspection Date: 03/01/2017
Start: 11:54 AM PD End: 12:09 PM PD
Inspection Level: V - Terminal
HM Inspection Type: None

CITY AMBULANCE OF EUREKA INC

135 W 7TH ST
EUREKA, CA, 95501

USDOT: 2650577

MC/MX#:

State#: 203495

Location: 135 W 7TH STREET

Highway:

County: HUMBOLDT

Phone#: (707)445-4907

Fax#:

Driver:

License#:

Date of Birth:

CoDriver:

License#:

Date of Birth:

State:

State:

Milepost: Shipper: N/A

Origin: EUREKA,CA

Destination: EUREKA,CA

Bill of Lading: N/A

Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GWR	CVSA Existing	CVSA #
1	VN	DODGE	2009	CA	50807F1	40	WD0PE7ACX95420518	8550		

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS: No violations were discovered

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks: No data for special checks

State Information:

Beat/Sub Area: 859; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 41

Report Prepared By:

M. Schmitcke

Badge #:

17077

Copy Received By:

X _____ X _____

40





California Highway Patrol
2485 Sonoma Street
Redding, CA 96001
Phone: (530) 242-4300
Internationally Accredited Agency CHP407F/343A

Report Number: CA1707701547
Inspection Date: 03/01/2017
Start: 9:45 AM PD End: 10:03 AM PD
Inspection Level: V - Terminal
HM Inspection Type: None

CITY AMBULANCE OF EUREKA INC

135 W 7TH ST
EUREKA, CA, 95501

USDOT: 2650577

MC/MX#:

State#: 203495

Location: 135 W 7TH STREET

Highway:

County: HUMBOLDT

Phone#: (707)445-4907

Fax#:

Driver:

License#:

Date of Birth:

CoDriver:

License#:

Date of Birth:

State:

State:

Milepost: Shipper: N/A

Origin: EUREKA,CA

Destination: EUREKA,CA

Bill of Lading: N/A

Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA Existing	CVSA #
1	VN	DODGE	2009	CA	50807F1	40	WD0PE7ACX95420518	8550		

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS

Section	Type	Unit	OOS	Citation #	VerifyCrash	Violations Discovered
1232(A) CCR /004	S	1	N		N N	Wheel fastener violation--393.205(c): X1L MISSING FASTENER

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks: No data for special checks

State Information:

Beat/Sub Area: 859; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 41

Pursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispach. Violations marked out of service must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures. DO NOT RETURN THIS FORM TO THE CALIFORNIA HIGHWAY PATROL.

Report Prepared By:

M. Schmitcke

Badge #:

17077

Copy Received By:

X _____ X _____

40





STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT #41
CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: 17896- 12355

ISSUED: 3/12/2017

EXPIRES: 3/11/2018

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR AND MAKE: 09 DODGE SPRINTER

VEHICLE LICENSE NO. 50808F1

VIN: WD0PE7AC895419447

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS



CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
135 WEST 7TH STREET
EUREKA, CA 95501-0229

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
11150

COMPANY NAME AND ADDRESS
ARCH Insurance Company

POLICY NUMBER
MAPK07859903

EFFECTIVE DATE EXPIRATION DATE
04/01/16 04/01/17

THIS POLICY MEETS THE REQUIREMENTS OF 18056 OF THE CALIFORNIA VEHICLE CODE

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2009 Dodge Type II WD0PE7AC895419447 #C41

AGENCY/COMPANY ISSUING CARD
**Der Manouel Ins & Fin Svcs Inc
Lyn FauntLeRoy
P.O. Box 28906
Fresno, CA 93729-8906**

INSURED
**City Ambulance of Eureka Inc.
135 West 7th Street
Eureka, CA 95501**

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT *41*
CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: 17896- 12355

ISSUED: 3/12/2016

EXPIRES: 3/11/2017

AREA:

- INITIAL DUPLICATE
 REPLACEMENT RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: **09 DODGE SPRINTER**

VEHICLE LICENSE NO. **50808F1**

VIN: **WD0PE7AC895419447**

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS

**CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
135 WEST 7TH STREET
EUREKA, CA 95501-0229**



PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.



California Highway Patrol
 2485 Sonoma Street
 Redding, CA 96001
 Phone: (530) 242-4300
 Internationally Accredited Agency CHP407F/343A

Report Number: CA1707701549
 Inspection Date: 03/01/2017
 Start: 10:32 AM PD End: 10:42 AM PD
 Inspection Level: V - Terminal
 HM Inspection Type: None

CITY AMBULANCE OF EUREKA INC

135 W 7TH ST
 EUREKA, CA, 95501

USDOT: 2650577

MC/MX#:

State#: 203495

Location: 135 W 7TH STREET

Highway:

County: HUMBOLDT

Phone#: (707)445-4907

Fax#:

Driver:

License#:

Date of Birth:

CoDriver:

License#:

Date of Birth:

State:

State:

Milepost: Shipper: N/A

Origin: EUREKA, CA

Destination: EUREKA, CA

Bill of Lading: N/A

Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GWR	CVSA Existing	CVSA #
1	VN	DODGE	2009	CA	50808F1	41	WD0PE7AC895419447	8550		

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS: No violations were discovered

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks: No data for special checks

State Information:

Beat/Sub Area: 859; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 41

Report Prepared By:

M. Schmitcke

Badge #:

17077

Copy Received By:

X _____ X _____

#41





STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

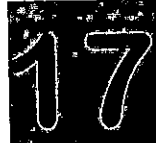
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

#42

CHP Certificate/Permit Number: 17896-12921		ISSUED: 3/12/2017	EXPIRES: 3/11/2018	CHP AREA: 125
<input type="checkbox"/> INITIAL <input type="checkbox"/> REPLACEMENT		<input type="checkbox"/> DUPLICATE <input checked="" type="checkbox"/> RENEWAL	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE <input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*	<input type="checkbox"/> ARMORED CAR CERTIFICATE AREA:
VEHICLE YEAR AND MAKE: 12 FORD E 350		VEHICLE LICENSE NO: 90904K1		VIN: 1FDSS3ES2CDB21183
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for				

NAME AND MAILING ADDRESS



CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
135 WEST 7TH STREET
EUREKA, CA 95501-0229

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
11150

COMPANY NAME AND ADDRESS
ARCH Insurance Company

POLICY NUMBER
MAPK07859903

EFFECTIVE DATE EXPIRATION DATE
04/01/16 04/01/17

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2012 FORD E350 1FDSS3ES2CDB21183 #C42

AGENCY/COMPANY ISSUING CARD
**Der Manouel Ins & Fin Svcs Inc
Lyn FauntLeRoy
P.O. Box 28906
Fresno, CA 93729-8906**

INSURED
 **City Ambulance of Eureka Inc.
135 West 7th Street
Eureka, CA 95501**

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT #A2
CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **17896- 12921**

ISSUED: **3/12/2016**

EXPIRES: **3/11/2017**

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

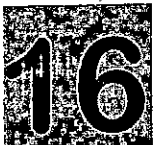
VEHICLE YEAR AND MAKE: **12 FORD E 350**

VEHICLE LICENSE NO. **90904K1**

VIN: **1FDSS3ES2CDB21183**

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
135 WEST 7TH STREET
EUREKA, CA 95501-0229**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.



California Highway Patrol
2485 Sonoma Street
Redding, CA 96001
Phone: (530) 242-4300
Internationally Accredited Agency CHP407F/343A

Report Number: CA1707701551
Inspection Date: 03/01/2017
Start: 11:12 AM PD End: 11:23 AM PD
Inspection Level: V - Terminal
HM Inspection Type: None

CITY AMBULANCE OF EUREKA INC
135 W 7TH ST
EUREKA, CA, 95501
USDOT: 2650577
MC/MX#:
State#: 203495
Location: 135 W 7TH STREET
Highway:
County: HUMBOLDT

Phone#: (707)445-4907
Fax#:

Driver:
License#:
Date of Birth:
CoDriver:
License#:
Date of Birth:
Milepost:
Origin: EUREKA,CA
Destination: EUREKA,CA
Shipper: N/A
Bill of Lading: N/A
Cargo: EMPTY
State:
State:

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA Existing	CVSA #
1	VN	FORD	2012	CA	90904K1	42	1FDSS3ES2CDB21183	9500		

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS:No violations were discovered

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks: No data for special checks

State Information:

Beat/Sub Area: 859; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 41

Report Prepared By:
M. Schmitcke

Badge #:
17077

Copy Received By:

X _____ X _____

#42





STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

#43

CHP AREA: 125

CHP Certificate/Permit Number: 17896- 13202

ISSUED: 3/12/2017

EXPIRES: 3/11/2018

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 13 FORD E 350

VEHICLE LICENSE NO. 43081N1

VIN: 1FDSS3ES6DDA75178

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS



CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
135 WEST 7TH STREET
EUREKA, CA 95501-0229

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
11150

COMPANY NAME AND ADDRESS
ARCH Insurance Company

POLICY NUMBER
MAPK07859903

EFFECTIVE DATE EXPIRATION DATE
04/01/16 04/01/17

THIS POLICY MEETS THE REQUIREMENTS OF 16058 OF THE CALIFORNIA VEHICLE CODE

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2013 FORD V10 1FDSS3ES6DDA75178 #C43

AGENCY/COMPANY ISSUING CARD
**Der Manouel Ins & Fin Svcs Inc
Lyn FauntLeRoy
P.O. Box 28906
Fresno, CA 93729-8906**

INSURED
 **City Ambulance of Eureka Inc.
135 West 7th Street
Eureka, CA 95501**

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT ²³

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: 17896- 13202

ISSUED: 3/12/2016

EXPIRES: 3/11/2017

AREA:

- INITIAL DUPLICATE
 REPLACEMENT RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 13 FORD E 350

VEHICLE LICENSE NO. 43081N1

VIN: 1FDSS3ES6DDA75178

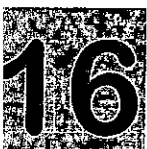
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS

**CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
135 WEST 7TH STREET
EUREKA, CA 95501-0229**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.





California Highway Patrol
2485 Sonoma Street
Redding, CA 96001
Phone: (530) 242-4300
Internationally Accredited Agency CHP407F/343A

Report Number: CA1707701545
Inspection Date: 03/01/2017
Start: 9:03 AM PD End: 9:22 AM PD
Inspection Level: V - Terminal
HM Inspection Type: None

CITY AMBULANCE OF EUREKA INC
135 W 7TH ST

EUREKA, CA, 95501

USDOT: 2650577

MC/MX#:

State#: 203495

Location: 135 W 7TH STREET

Highway:

County: HUMBOLDT

Phone#: (707)445-4907

Fax#:

Driver:

License#:

Date of Birth:

CoDriver:

License#:

Date of Birth:

State:

State:

Milepost: Shipper: N/A

Origin: EUREKA,CA

Destination: EUREKA,CA

Bill of Lading: N/A

Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA Existing	CVSA #
1	VN	FORD	2013	CA	43081N1	43	1FDSS3ES6DDA75178	9500		

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS: No violations were discovered

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks: No data for special checks

State Information:

Beat/Sub Area: 859; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 41

Report Prepared By:
M. Schmitcke

Badge #:
17077

Copy Received By:

X _____ X _____

#43





STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

#44

CHP Certificate/Permit Number: 17896-13344		ISSUED: 3/12/2017	EXPIRES: 3/11/2018	CHP AREA: 125
<input type="checkbox"/> INITIAL <input type="checkbox"/> REPLACEMENT		<input type="checkbox"/> DUPLICATE <input checked="" type="checkbox"/> RENEWAL	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE <input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*	<input type="checkbox"/> ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 13 FORD E 350		VEHICLE LICENSE NO. 43292N1		VIN: 1FDSS3ES4DDB32171

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS



CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
135 WEST 7TH STREET
EUREKA, CA 95501-0229

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
11150

COMPANY NAME AND ADDRESS
ARCH Insurance Company

POLICY NUMBER
MAPK07859903

EFFECTIVE DATE EXPIRATION DATE
04/01/16 04/01/17

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2013 FORD F350 1FDSS3ES4DDB32171 #44

AGENCY/COMPANY ISSUING CARD
**Der Manouel Ins & Fin Svcs Inc
Lyn FauntLeRoy
P.O. Box 28906
Fresno, CA 93729-8906**

INSURED
[
**City Ambulance of Eureka Inc.
135 West 7th Street
Eureka, CA 95501**
L

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.



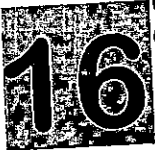
STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT #44
CHP 301 (REV 4-97) OPI 062

CHP Certificate/Permit Number: 17896- 13344		ISSUED: 3/12/2016	EXPIRES: 3/11/2017	CHP AREA: 125
<input type="checkbox"/> INITIAL	<input type="checkbox"/> DUPLICATE	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE		<input type="checkbox"/> ARMORED CAR CERTIFICATE
<input type="checkbox"/> REPLACEMENT	<input checked="" type="checkbox"/> RENEWAL	<input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*		AREA:
VEHICLE YEAR AND MAKE: 13 FORD E 350		VEHICLE LICENSE NO. 43292N1		VIN: 1FDSS3ES4DDB32171

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS

**CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBU
135 WEST 7TH STREET
EUREKA, CA 95501-0229**



PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.



California Highway Patrol
2485 Sonoma Street
Redding, CA 96001
Phone: (530) 242-4300
Internationally Accredited Agency CHP407F/343A

Report Number: CA1707701546
Inspection Date: 03/01/2017
Start: 9:27 AM PD End: 9:38 AM PD
Inspection Level: V - Terminal
HM Inspection Type: None

CITY AMBULANCE OF EUREKA INC

135 W 7TH ST
EUREKA, CA, 95501

USDOT: 2650577

MC/MX#:

State#: 203495

Location: 135 W 7TH STREET

Highway:

County: HUMBOLDT

Phone#: (707)445-4907

Fax#:

Driver:

License#:

Date of Birth:

CoDriver:

License#:

Date of Birth:

State:

State:

Milepost: Shipper: N/A

Origin: EUREKA, CA

Destination: EUREKA, CA

Bill of Lading: N/A

Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA Existing	CVSA #
1	VN	FORD	2013	CA	43292N1	44	1FDSS3ES4DDB32171	9500		

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS: No violations were discovered

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks: No data for special checks

State Information:

Beat/Sub Area: 859; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 41

Report Prepared By:

M. Schmitcke

Badge #:

17077

Copy Received By:

X _____ X _____

#44



CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: **11150** COMPANY NAME AND ADDRESS: **ARCH Insurance Company**

POLICY NUMBER: **MAPK07859903**

EFFECTIVE DATE: **04/01/16** EXPIRATION DATE: **04/01/17**

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR: **2014** MAKE/MODEL: **FORD Type II** VEHICLE IDENTIFICATION NUMBER: **1FDSS3EL3EDB14383 #45**

AGENCY/COMPANY ISSUING CARD:
Der Manouel Ins & Fin Svcs Inc
Lyn FauntLeRoy
P.O. Box 28906
Fresno, CA 93729-8906

INSURED: **City Ambulance of Eureka Inc.**
135 West 7th Street
Eureka, CA 95501

SEE IMPORTANT NOTICE ON REVERSE SIDE

Currently being fixed in LA unable to update. Will send over when it gets back to Eureka

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.



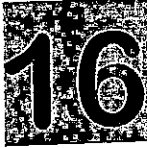
STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT #45
 CHP 301 (REV 4-97) OPI 062

CHP Certificate/Permit Number: 17896-13839	ISSUED: 3/12/2016	EXPIRES: 3/11/2017	CHP AREA: 125
<input type="checkbox"/> INITIAL <input type="checkbox"/> DUPLICATE <input checked="" type="checkbox"/> REPLACEMENT <input checked="" type="checkbox"/> RENEWAL	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE <input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*	<input type="checkbox"/> ARMORED CAR CERTIFICATE AREA:	
VEHICLE YEAR AND MAKE: 14 FORD E 350	VEHICLE LICENSE NO. 05987R1	VIN: 1FDSS3EL3EDB14383	

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) () for

NAME AND MAILING ADDRESS

CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
135 WEST 7TH STREET
EUREKA, CA 95501-0229



PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

#110

CHP Certificate/Permit Number: 17896-14040		ISSUED: 3/12/2017	EXPIRES: 3/11/2018	CHP AREA: 125
<input type="checkbox"/> INITIAL <input type="checkbox"/> DUPLICATE <input type="checkbox"/> REPLACEMENT <input checked="" type="checkbox"/> RENEWAL		<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE <input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*		<input type="checkbox"/> ARMORED CAR CERTIFICATE AREA:
VEHICLE YEAR AND MAKE: 14 FORD E 350		VEHICLE LICENSE NO. 60385X1		VIN: 1FDSS3EL0EDB14423

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS



CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
135 WEST 7TH STREET
EUREKA, CA 95501-0229

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
11150

COMPANY NAME AND ADDRESS
ARCH Insurance Company

POLICY NUMBER
MAPK07859903

EFFECTIVE DATE EXPIRATION DATE
04/01/16 04/01/17

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2014 Ford E350 1FDSS3EL0EDB14423 #C46

AGENCY/COMPANY ISSUING CARD
**Der Manouel Ins & Fin Svcs Inc
Lyn FauntLeRoy
P.O. Box 28906
Fresno, CA 93729-8906**

INSURED

**City Ambulance of Eureka Inc.
135 West 7th Street
Eureka, CA 95501**

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: 17896- 14040

ISSUED: 3/12/2016

EXPIRES: 3/11/2017

AREA:

- INITIAL DUPLICATE
 REPLACEMENT RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

#46

VEHICLE YEAR AND MAKE: **14 FORD E 350**

VEHICLE LICENSE NO. 60385X1

VIN: 1FDSS3EL0EDB14423

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS

**CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
135 WEST 7TH STREET
EUREKA, CA 95501-0229**



PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.



California Highway Patrol
2485 Sonoma Street
Redding, CA 96001
Phone: (530) 242-4300
Internationally Accredited Agency CHP407F/343A

Report Number: CA1707701548
Inspection Date: 03/01/2017
Start: 10:09 AM PD End: 10:26 AM PD
Inspection Level: V - Terminal
HM Inspection Type: None

CITY AMBULANCE OF EUREKA INC
135 W 7TH ST
EUREKA, CA, 95501
USDOT: 2650577
MC/MX#:
State#: 203495

Phone#: (707)445-4907
Fax#:

Driver:
License#:
Date of Birth:
CoDriver:
License#:
Date of Birth:
State:
State:

Location: 135 W 7TH STREET
Highway:
County: HUMBOLDT

Milepost:
Origin: EUREKA,CA
Destination: EUREKA,CA
Shipper: N/A

Bill of Lading: N/A
Cargo: EMPTY

VEHICLE IDENTIFICATION

Table with columns: Unit, Type, Make, Year, State, Plate, Equipment ID, VIN, GVWR, CVSA Existing, CVSA #. Row 1: 1, VN, FORD, 2014, CA, 60385X1, 46, 1FDSS3ELQEDB14423, 9500

BRAKE ADJUSTMENTS

Table with columns: Axle #, Right, Left, Chamber. Rows: Axle # 1, 2; Right N/A, N/A; Left N/A, N/A; Chamber HYDR, HYDR

VIOLATIONS: No violations were discovered

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks: No data for special checks.

State Information:

Beat/Sub Area: 859; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 41

Report Prepared By:
M. Schmitcke

Badge #:
17077

Copy Received By:

X _____ X _____

#40





STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

#47

CHP AREA: 630

CHP Certificate/Permit Number: 17896- 12706

ISSUED: 3/12/2017

EXPIRES: 3/11/2018

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 12 FORD E 350

VEHICLE LICENSE NO. 55466A1

VIN: 1FDSS3EL6CDB06775

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS



CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
135 WEST 7TH STREET
EUREKA, CA 95501-0229

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
11150

COMPANY NAME AND ADDRESS
ARCH Insurance Company

POLICY NUMBER
MAPK07859903

EFFECTIVE DATE EXPIRATION DATE
04/01/16 04/01/17

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR MAKE/MODEL
2012 FORD E350

VEHICLE IDENTIFICATION NUMBER
1FDSS3EL6CDB06775 #47

AGENCY/COMPANY ISSUING CARD
**Der Manuel Ins & Fin Svcs Inc
Lyn FauntLeRoy
P.O. Box 28906
Fresno, CA 93729-8906**

INSURED

**City Ambulance of Eureka Inc.
135 West 7th Street
Eureka, CA 95501**

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of insurance Company and policy number for each vehicle involved.



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

#47

CHP AREA: 630

CHP Certificate/Permit Number: 17896- 12706

ISSUED: 3/12/2016

EXPIRES: 3/11/2017

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 12 FORD E 350

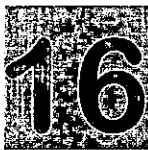
VEHICLE LICENSE NO. 55466A1

VIN: 1FDSS3EL6CDB06775

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS

**CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
135 WEST 7TH STREET
EUREKA, CA 95501-0229**



PROPERTY OF CALIFORNIA HIGHWAY PATROL

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California Highway Patrol
2485 Sonoma Street
Redding, CA 96001
Phone: (530) 242-4300
Internationally Accredited Agency CHP407F/343A

Report Number: CA1707701552
Inspection Date: 03/01/2017
Start: 11:30 AM PD End: 11:45 AM PD
Inspection Level: V - Terminal
HM Inspection Type: None

CITY AMBULANCE OF EUREKA INC

135 W 7TH ST
EUREKA, CA, 95501

USDOT: 2650577

MC/MX#:

State#: 203495

Location: 135 W 7TH STREET

Highway:

County: HUMBOLDT

Phone#: (707)445-4907

Fax#:

Driver:

License#:

Date of Birth:

CoDriver:

License#:

Date of Birth:

State:

State:

Milepost: Shipper: N/A

Origin: EUREKA,CA

Destination: EUREKA,CA

Bill of Lading: N/A

Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA Existing	CVSA #
1	VN	FORD	2012	CA	55466A1	47	1FDSS3EL6CDB06775	9500		

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS: No violations were discovered

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks: No data for special checks

State Information:

Beat/Sub Area: 859; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 41

Report Prepared By:

M. Schmitcke

Badge #:

17077

Copy Received By:

X _____ X _____

#47





STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

#48

CHP Certificate/Permit Number: 17896-14636		ISSUED: 3/12/2017	EXPIRES: 3/11/2018	CHP AREA: 125
<input type="checkbox"/> INITIAL <input type="checkbox"/> REPLACEMENT		<input type="checkbox"/> DUPLICATE <input checked="" type="checkbox"/> RENEWAL	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE <input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*	<input type="checkbox"/> ARMORED CAR CERTIFICATE AREA:
VEHICLE YEAR AND MAKE: 16 FORD TRANSIT		VEHICLE LICENSE NO. 57538B2		VIN: 1FDYR2CMXGKB55944

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) () for

NAME AND MAILING ADDRESS



CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
135 WEST 7TH STREET
EUREKA, CA 95501-0229

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CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
11150

COMPANY NAME AND ADDRESS
ARCH Insurance Company

POLICY NUMBER
MAPK07859903

EFFECTIVE DATE EXPIRATION DATE
10/27/16 04/01/17

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2016 FORD Transit 1FDYR2CMXGKB55944 #C48

AGENCY/COMPANY ISSUING CARD
**Der Manouel Ins & Fin Svcs Inc
Lyn FauntLeRoy
P.O. Box 28906
Fresno, CA 93729-8906**
INSURED

**City Ambulance of Eureka Inc.
135 West 7th Street
Eureka, CA 95501**

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

#48

CHP AREA: 125

CHP Certificate/Permit Number: 17896-14636

ISSUED: 11/9/2016

EXPIRES: 3/11/2017

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR AND MAKE: 16 FORD TRANSIT

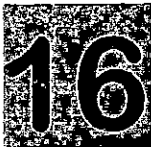
VEHICLE LICENSE NO. 57538B2

VIN: 1FDYR2CMXGKB55944

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS

**CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
135 WEST 7TH STREET
EUREKA, CA 95501-0229**



PROPERTY OF CALIFORNIA HIGHWAY PATROL

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California Highway Patrol
 2485 Sonoma Street
 Redding, CA 96001
 Phone: (530) 242-4300
 Internationally Accredited Agency CHP407F/343A

Report Number: CA1707701550
Inspection Date: 03/01/2017
Start: 10:50 AM PD **End:** 11:03 AM PD
Inspection Level: V - Terminal
HM Inspection Type: None

CITY AMBULANCE OF EUREKA INC

135 W 7TH ST
 EUREKA, CA, 95501

USDOT: 2650577

Phone#: (707)445-4907

MC/MX#:

Fax#:

State#: 203495

Location: 135 W 7TH STREET

Highway:

County: HUMBOLDT

Driver:

License#:

State:

Date of Birth:

CoDriver:

License#:

State:

Date of Birth:

Milepost: Shipper: N/A

Origin: EUREKA, CA

Destination: EUREKA, CA

Bill of Lading: N/A

Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA Existing	CVSA #
1	VN	FORD	2016	CA	57538B2	48	1FDYR2CMXGKB55944	9000		

BRAKE ADJUSTMENTS

Axle #	1	2
Right	N/A	N/A
Left	N/A	N/A
Chamber	HYDR	HYDR

VIOLATIONS: No violations were discovered

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks: No data for special checks

State Information:

Beat/Sub Area: 859; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 41

Report Prepared By:

M. Schmitcke

Badge #:

17077

Copy Received By:

X _____ X _____

48



Quality Management Practices and Policy

The Quality Management Program is overseen by the Chief Operating Officer and Quality Improvement Coordinator.

We direct staff to do self-reporting or reporting of another employee:

- A. When another crewmember, public safety person, or the public performed a special task deserving merit or did an outstanding job above and beyond what is expected.
- B. For any driving incident (violation, accident, etc.).
- C. When there is a negative confrontation or poor interaction with customers, the general public, or agency personnel.
- D. When an employee observes or participates in medical treatment that is contrary to policies or system protocols.
- E. When an employee feels that improper patient care was performed (either by mistake or negligence).
- F. For unusual occurrences that prevent an employee from following policies or procedures.

Additionally, a percentage of calls are reviewed each month by the Quality Improvement Coordinator and the Pre-Hospital Nurse Liaison under the Base Hospital/North Coast EMS-Quality Improvement contract. Select charts are reviewed in a group Field Care Audit (FCA) each month, which is led by the Pre-Hospital Medical Director for the Paramedic Base Hospital. North Coast EMS requires that every paramedic attend six FCAs in each two-year accreditation period.

An escalation procedure is in place for EMTs or Paramedics who perform at a level below expectations. The procedure consists of the following elements; however, some elements may be skipped for more egregious errors.

- 1. Discussion
- 2. Remediation
- 3. Probation
- 4. Dismissal (dismissal for patient care concerns must also be reported to the EMS Authority)



Staffing and Hiring Practices

Staffing

City Ambulance employs certified Paramedics and EMTs who are trained and qualified to provide comprehensive emergency medical services. Several members of our ambulance staff participate in a wide variety of community services and training.

Ongoing recruitment for paramedics and EMTs is done via online advertising (e.g. Craigslist, Calif. EMS web site), social media, local print media, local EMT course instructors' graduate recommendations, and employee recommendations.

Employment applications are reviewed for the required skills, training and licensures. Qualified candidates are scheduled for interviews with the ambulance supervisors. HR and/or an ambulance supervisor checks employment references of top ranking candidates. The best qualified and available candidates are hired as needed to ensure optimal coverage.

Hiring

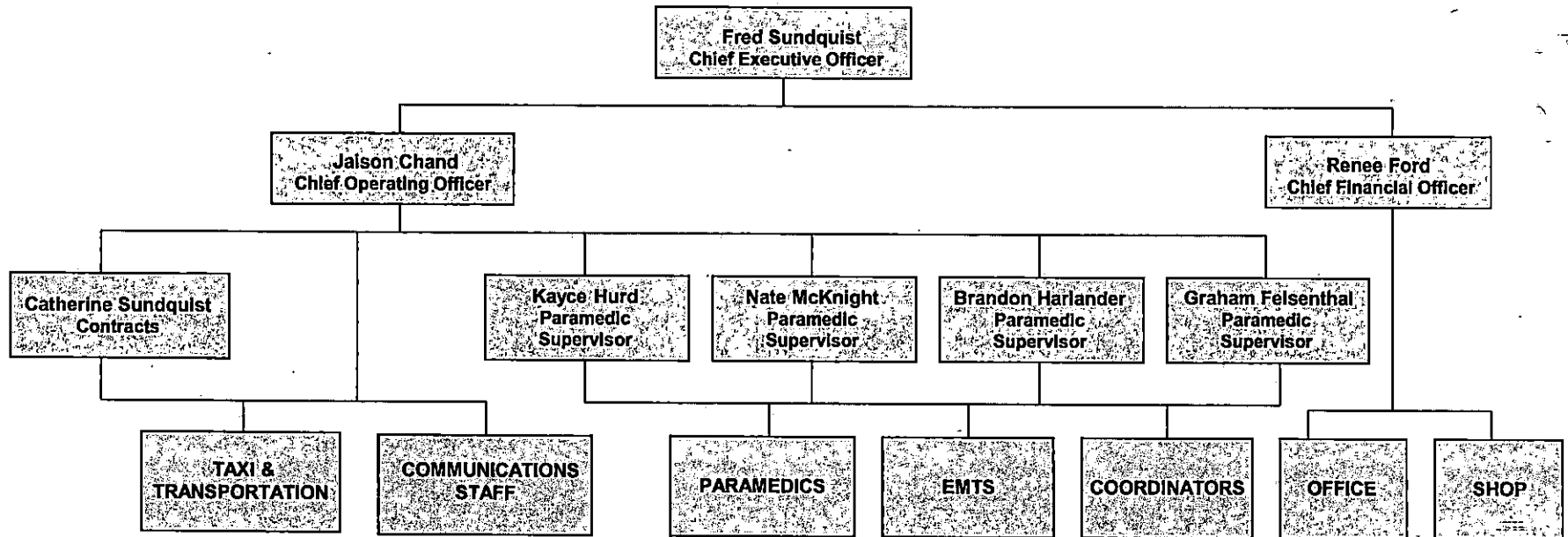
Once employment is offered and accepted, new employees are assigned a company email address and access to the company internet site, MYCAE. A Welcome Letter is emailed to the new hire with this information, and an HR Orientation is scheduled.

After logging on to MYCAE, new employees can access and print new hire forms, review the company handbook, safety manual, policies and procedures, training requirements, training calendar, schedules, company announcements, and much more. MYCAE is the hub of most of the company's information and communications for employees.

The HR Orientation consists of ensuring all new hire forms are complete; obtaining copies and verifying current status of licenses and certifications required for the job; obtaining copies of vaccination history and reports; and obtaining a current driver record and verifying eligibility for enrollment on the company vehicle insurance policies. New employees are given an overview of MYCAE, with the direction to continue reviewing and becoming familiar with the site, core policies and procedures, protocols, work practices and expectations.

City Ambulance of Eureka, Inc.

City Ambulance * Fortuna Rescue Ambulance * Garberville Ambulance * City Cab * Humboldt Dial-A-Ride * CAE Transport



June 2016

TRAINING, ORIENTATION AND EXPERIENCE

New Employee Field Training Orientation

Newly hired employees are assigned a New Employee Trainer as their Primary Trainer. Paramedics are assigned to a Field Training Officer (FTO). FTOs are paramedics who are approved by NCEMS and City Ambulance to teach, monitor and evaluate students, EMTs, or accrediting paramedics. They are competent in methods of instruction and evaluation in both training and orientation, and are familiar with all policies of City Ambulance and NCEMS. City Ambulance FTOs are Kayce Hurd, Caleb Moody, Nathan McKnight, Virginia Plambeck and Foxi Keane.

Trainers provide daily evaluations of new employees' performance and ambulance driving. Trainers may be assisted by other on-duty staff in the new employees' training. The typical orientation is a minimum of 5 days spread over all 3 divisions: Eureka, Fortuna, and Garberville. Three days will be 6-8 hrs, and the fifth day is a 24-hr. shift. Additional shifts may be scheduled if needed. During the orientation period, new employees ride along with several different crews to observe patient care and transportation.

The following required training will occur during the orientation period and over the first 30 days of employment:

- Lift Test – training on proper gurney operation, followed by a practical test
- Fit Test – training on the procedure for using a respirator mask, followed by a practical test
- HIPAA, HazMat, Bloodborne Pathogens, and EMS Interact online training courses
- Clinical equipment and systems training
- Radio operations and use
- Gurney van training (wheelchair lift & power gurney)
- Policies and Procedures review
- Observation of and instruction from ambulance crews in the care, treatment, and safe transportation of patients according to EMS protocols and company policies.

City Ambulance operates under the regulations and guidelines of the North Coast EMS and the State Emergency Medical Services Authority, and has established policies and procedures to ensure compliance and quality in both operations and services. Ambulances are staffed by certified EMTs and Paramedics who are trained and qualified under state law, and who provide the full range of emergency medical services as outlined in Title V, Division 5 of the Humboldt County Code.

CITY AMBULANCE OF EUREKA, INC.
2017 Rate Schedule *Effective 3/21/2017*

DBA FORTUNA AND GARBERVILLE AMBULANCE

2015 AMBULANCE RATES

	EUREKA/FORTUNA
Emergency	\$1,760.00
Non-Emergency	\$600.00
Critical Care Transport	\$1,900.00
MILEAGE	\$21.75
OXYGEN	\$70.00
NIGHT (1900-0700)	\$90.00
ECG MONITOR	\$100.00
WAIT TIME	\$75.00 (15 MINS)
SERVICE CALL	\$200.00
SPINAL IMMOBILIZATION	\$150.00
EXTRICATION	\$250.00

ALS = All emergency responses where a Paramedic or EMT II level unit responds and all interfacility transfers which require a paramedic or EMT II in attendance.

BLS Emergency = All emergency responses where an EMT 1 level unit responds

BLS Non- Emergency = Non emergency calls or transfers requiring only EMT 1 level care



CITYAMB-01

KSHERBON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/27/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Der Manuel Insurance & Financial Services, Inc. 548 W Cromwell Ave Ste 101 Fresno, CA 93711
CONTACT NAME: Katie Sherbon, CISR
PHONE (A/C, No, Ext): (559) 447-4600 342 FAX (A/C, No): (559) 447-4586
E-MAIL ADDRESS: ksherbon@dmiq.com
INSURER(S) AFFORDING COVERAGE: INSURER A: ARCH Insurance Company NAIC #: 11150
INSURER B: Insurance Company of the West 27847

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER: COUNTY OF HUMBOLDT RISK MANAGEMENT DIVISION 825 5TH ST. EUREKA, CA 95501
CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: Katie Sherbon

ADDITIONAL INFORMATION STATEMENT:

City Ambulance of Eureka, Inc. (dba Fortuna Rescue Ambulance, Garberville Ambulance, Humboldt Dial-A-Ride, City CAB, CAE Transport) is a private family-owned corporation that has been providing ambulance service in Humboldt County for over 40 years. The family's roots in the ambulance service extend back to the 1960's, prior to incorporation in 1975. City Ambulance provides ambulance service to the majority of Humboldt County from Eureka to the Humboldt/ Mendocino County line and taxi service to the greater Eureka, Arcata and McKinleyville area.

City Ambulance has been the exclusive provider for all emergency calls and inter-facility transports in Zone 3 (Eureka Area) since 1975, and the provider of ambulance service in Zone 4 (Fortuna and Garberville) since 1989 (Garberville was briefly owned by another individual as Southern Humboldt Area Rescue, but City Ambulance resumed service in that area when he was unable to financially sustain the service).

Our ambulance staff consists of certified Paramedics and EMTs who are trained and qualified to provide comprehensive emergency medical services. Several members of our ambulance staff participate in a wide variety of community services and training. Our staff of EMTs, dispatchers and first responders are ready 24/7 to serve the community.

City Ambulance has some of the lowest ambulance transportation rates in the state, while providing competitive wages and the highest level of patient care. Our extended scope of paramedic practice is one of the most expansive in the state.

As a vital member of one of the most stable, efficient and progressive EMS systems in the State of California, City Ambulance operates in cooperation with the regulations and guidelines of the North Coast EMS and the State Emergency Medical Services Authority to support the mission of effective quality patient care and continuous quality improvement principals, in accordance with state laws. Policies and procedures have been established to ensure compliance and quality in both operations and services. Ambulances are kept in proper operating condition, inspected annually by the California Highway Patrol, and are staffed by certified EMTs and Paramedics who are trained and qualified under state law, accredited by North Coast EMS, and regularly participate in training and FCAs conducted by NCEMS.

**City Ambulance of Eureka, Inc.
Company Resume
Ambulance Service Permit**

City Ambulance of Eureka, Inc. (dba Fortuna Rescue Ambulance, Garberville Ambulance, Humboldt Dial-A-Ride, City CAB, CAE Transport) was incorporated in 1975 and has been in operation for over 40 years. City Ambulance provides ambulance service to the majority of Humboldt County from Eureka to the Humboldt/Mendocino County line and taxi service to the greater Eureka, Arcata and McKinleyville area.

Our Ambulance Supervisors are Duty Paramedics with several years of EMS experience as well as being certified trainers. Our ambulance staff consists of certified Paramedics and EMTs who are trained and qualified to provide comprehensive emergency medical services. Several members of our ambulance staff participate in a wide variety of community services and training. Our staff of EMTs, dispatchers and first responders are ready 24/7 to serve the community.

City Ambulance operates in cooperation with the regulations and guidelines of the North Coast EMS and the State Emergency Medical Services Authority, and has established policies and procedures to ensure compliance and quality in both operations and services. Ambulances are kept in proper operating condition, inspected annually by the California Highway Patrol, and are staffed by certified EMTs and Paramedics who are trained and qualified under state law, and who provide the full range of emergency medical services as outlined in Title V, Division 5 of the Humboldt County Code.

As a vital member of the county's EMS system, City Ambulance works closely with North Coast EMS to support the mission of effective quality patient care and continuous quality improvement principles, in accordance with state laws. Our Ambulance personnel are accredited by North Coast EMS, and regularly participate in training and FCAs conducted by NCEMS.



March 10, 2017

County of Humboldt
825 Fifth Street
Eureka, CA 95501

To Whom It May Concern:

I certify that City Ambulance of Eureka, Inc. has reviewed and meets the requirements set forth in Humboldt County Code, Title V, Division 5, Sections 551-5 (Standards for Ambulance Service Permit) and 551-9 (Standards for Ambulance Equipment and Operations).

Sincerely,

A handwritten signature in black ink, appearing to read "R. Ford". The signature is written in a cursive, flowing style.

Renee Ford
Chief Financial Officer