



**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:	6/13/19
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:

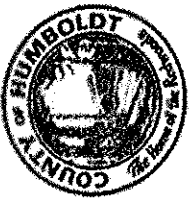
Level of Service:  Basic Life Support  Advanced Life Support  
 Non-Emergency Transport (check all that apply)

Ambulance Service Full Name:	Arcata-Mad River Ambulance		
Name of Contact Person:	Doug Boileau		
Mailing Address:	220 F Street	City/Zip Code	Arcata, CA 95521
Physical Address:	same	City	same
Telephone/Fax Numbers	707-822-3353 707-822-9628 fax	E-Mail	amra@norcalsafety.com



**County of Humboldt**  
Eureka, California

<b>Owner Name</b>	Reach Medical Holdings LLC				
<b>Address</b>	4933 Bailey Loop		<b>City/Zip Code</b>	McClellan, CA 95652	
	<b>Phone Number</b>	916-921-4000	<b>Fax Number</b>	916-921-4099	<b>E-Mail</b>
					Karen.Graham@REACHAIR.com



**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. 2015	Chevrolet 3500	1GB3G2CL9F1168057	AMRA 31	2.5 years 100,158	2150- 14168	Blue/White
2. 2014	Chevrolet 3500	1GB3G2CLOE1161769	AMRA 30	3.5 years 109845	2150- 13564	Blue/White
3. 2012	Chevrolet 3500	1GB3G2CLXC1105786	AMRA 29	5.5 years 174,215	2150- 12495	Blue/White
4. 2018	Chevrolet 3500	1GB3GRCG4J1264859	27680L2	9 months 15,813	2150- 15660	Blue/White
5. 1998	Ford E4500	1FDXE40FSWHA44187	03105P2	1 month 134,610	2150- pending	Blue/White



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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.							



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**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.



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**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):

<b>Zone</b>	<b>Northern Boundary</b>	<b>Eastern Boundary</b>	<b>Southern Boundary</b>	<b>Western Boundary</b>	<b>Indicate Zone(s) by Placing "X"</b>
<b>Zone 1 North</b>	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	X
<b>Zone 2 East</b>	Humboldt County Line	Humboldt County Line	Redwood Creek Bridge Hwy 299	School House Peak on Bald Hills Road	
<b>Zone 3 Central</b>	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	



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

**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



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**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.
  
- 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





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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 5<sup>th</sup> Street, Room 131  
Eureka, CA 95501

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:

- a. Includes contractual liability.
- b. 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".
- c. Is primary insurance as regards to County of Humboldt.
- d. Does not contain a pro-rata, excess only, and/or escape clause.
- e. 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.




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(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

I, hereby attest that, Arcata-Mad River Ambulance, (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.

<b>Signature of Applicant:</b>	
<b>Printed Name and Title</b>	Douglas J. Boileau, Regional Director of Operations
<b>Date:</b>	June 3, 2019

**Required Paperwork Checklist**

Application complete



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**Eureka, California**

- 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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/13/2019

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).

<b>PRODUCER</b> Woodruff-Sawyer & Co. 717 - 17th Street, Suite 1540 Denver CO 80202		<b>CONTACT NAME:</b> Jessica Littell <b>PHONE (A/C, No, Ext):</b> 720-593-5404 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> GMRequest@woodruffssawyer.com	
<b>INSURED</b> Arcata Mad River Ambulance LLC 220 F Street Arcata, CA 95521		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> ACE American Insurance Company 22667 <b>INSURER B:</b> Indemnity Insurance Company of North America 43575 <b>INSURER C:</b> ACE Fire Underwriters Insurance Company 20702 <b>INSURER D:</b> Lloyds of London - Beazley <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 1250574328

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.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR 250,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		XSLG7123745A	3/31/2019	3/31/2020	EACH OCCURRENCE \$ 2,750,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000** PERSONAL & ADV INJURY \$ 2,750,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMPIOP AGG \$ 2,750,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		ISAH25277090	3/31/2019	3/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 10,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
A B C A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WLRC65896187 WLRC65896229 SCFC65896266 WCUC65896308	3/31/2019 3/31/2019 3/31/2019 3/31/2019	3/31/2020 3/31/2020 3/31/2020 3/31/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Medical Professional Liability Claims Made		W1B173190401	3/31/2019	3/31/2020	EA OCC/GEN AGG 10,000,000 SIR 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 \*\$1,000,000 SIR APPLIES TO EXCESS WC POLICY NO. WCUC65896308 \*\*Medical Expense coverage falls within the SIR

Attn: Risk Management/Insurance Department.

**CERTIFICATE HOLDER****CANCELLATION**

Humboldt County Public Health Branch  
 529 "I" Street  
 Eureka, CA 95501

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



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

CHP Certificate/Permit Number: **2150- 14168**

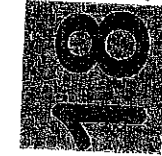
INITIAL  
 REPLACEMENT  
 DUPLICATE  
 RENEWAL

VEHICLE YEAR AND MAKE: **15 CHEVROLET 3500**

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

NAME AND MAILING ADDRESS

**ARCATA-MAD RIVER AMBULANCE, LLC**  
220 F STREET  
ARCATA, CA 95521-



ISSUED: **12/1/2018** EXPIRES: **11/30/2019**

EMERGENCY AMBULANCE CERTIFICATE  
 AUTHORIZED EMERGENCY VEHICLE PERMIT\*

VEHICLE LICENSE NO. **AMRA 31**

VIN: **1GB3G2CL9F1168057**

CHP AREA: 125

AREA:

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

CHP Certificate/Permit Number: **2150- 15660**

INITIAL  
 REPLACEMENT  
 DUPLICATE  
 RENEWAL

VEHICLE YEAR AND MAKE: **18 CHEVROLET 3500**

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

NAME AND MAILING ADDRESS

**ARCATA-MAD RIVER AMBULANCE, LLC**  
220 F STREET  
ARCATA, CA 95521-



ISSUED: **12/1/2018** EXPIRES: **11/30/2019**

EMERGENCY AMBULANCE CERTIFICATE  
 AUTHORIZED EMERGENCY VEHICLE PERMIT\*

VEHICLE LICENSE NO. **27680L2**

VIN: **1GB3GRCG4J1264859**

CHP AREA: 125

AREA:

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

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP AREA: 125

CHP Certificate/Permit Number: 2150- 13564

ISSUED: 12/1/2018 EXPIRES: 11/30/2019 AREA:

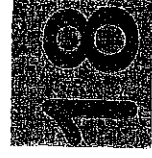
INITIAL  
 REPLACEMENT  
 DUPLICATE  
 RENEWAL  
 EMERGENCY AMBULANCE CERTIFICATE  
 AUTHORIZED EMERGENCY VEHICLE PERMIT\*  
 ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 14 CHEVROLET 3500 VEHICLE LICENSE NO. AMRA 30 VIN: 1GB3G2CL0E1161769

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

NAME AND MAILING ADDRESS

ARCATA-MAD RIVER AMBULANCE, LLC  
220 F STREET  
ARCATA, CA 95521-



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

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP AREA: 125

CHP Certificate/Permit Number: 2150- 12495

ISSUED: 12/1/2018 EXPIRES: 11/30/2019 AREA:

INITIAL  
 REPLACEMENT  
 DUPLICATE  
 RENEWAL  
 EMERGENCY AMBULANCE CERTIFICATE  
 AUTHORIZED EMERGENCY VEHICLE PERMIT\*  
 ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 12 CHEVROLET 3500 VEHICLE LICENSE NO. AMRA 29 VIN: 1GB3G2CLXC1105786

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

NAME AND MAILING ADDRESS

ARCATA-MAD RIVER AMBULANCE, LLC  
220 F STREET  
ARCATA, CA 95521-



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.



**Arcata-Mad River  
Ambulance LLC**

220 F Street Arcata, CA 95521  
 Business (707) 822-3353 FAX: (707)822-9628  
 24 Hour Dispatch: (707)822-4166

Rates - Arcata-Mad River Ambulance LLC

	Current rates	*Proposed rates
ALS/BLS Base Rate for all emergency responses	\$1,495.00	\$2,088.00
Mileage – ALS/BLS per mile	21.95	38.50
Oxygen	70.00	80.00
Night Call 1900-0700	100.00	100.00
BLS Non-Emergency Base Rate	450.00	600.00
ALS-2 Base Rate	1,710.00	2,360.00
SCT	1,710.00	3,000.00
Standby time per 15 minutes	45.00	60.00
Cardiac Monitor (incl. in base except for Medi-Cal)	50.00	50.00
Isolette	100.00	100.00
Spinal Immobilization	100.00	130.00
Extrication/Off Road Rescue	115.00	150.00
Emergency Response Fee	200.00	250.00

\* - on consent calendar for approval at the June 25, 2019 Board of Supervisors meeting.

## Maintenance Policy- Ambulances

All in service ambulances are to be inspected by the on-duty crews each day using the vehicle check out form. This daily inspection includes assessing tire status, engine oil and coolant levels and a visual inspection for any obvious defects.

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Any defect, fluid leakage, or other concern will be recorded on a maintenance memo and conveyed to maintenance manager. The maintenance memo shall include the vehicle number, odometer reading, a description of the problem, and anything done to correct the problem. If any condition has been previously noted on a maintenance form, but has not been corrected, another maintenance form shall be completed (unless a notice has been distributed via email detailing the expected resolution of the problem and the operational status of the unit involved).

If any deficiency is noted that effects the operational status or safety of the vehicle, management shall be notified immediately and the vehicle placed out of service.

An email will be distributed to all field personnel any time a vehicle is removed from service or if a problem persists but in the estimation of management and the involved mechanics does not affect the operational status of the unit. An email notice will go out when a vehicle is returned to service or a known issue is resolved.

An oil change and safety inspection performed by a qualified mechanic will be performed every 3,000 miles.

For units based in Arcata, the service provider is Rock Solid Repair and Lube at 510 K Street Arcata, 707-822-6380.

For units based in McKinleyville the service provider will be Central Ave Service, 2787 Central Ave. McKinleyville, 707-839-8337.

In addition to oil changes, all vehicles will follow the maintenance schedule recommended by the manufacturer at the mileage intervals specified. The service providers listed above will track and record the maintenance performed and recommend additional maintenance as indicated. For vehicles covered under a manufacturer's warranty, repairs will be scheduled through the applicable dealership.



## Radio Communication Equipment

Each ambulance is equipped as follows:

VHF – 160 channel programmable radio. Each radio is programmed with a wide variety of channels allowing for direct communication with law enforcement, fire, and various other agencies.

UHF – MedNet programmable radio. The mednet radio is programmed for communication with all surrounding receiving hospital facilities.

Repeater – in vehicle UHF to VHF repeater

### Hand held radios

On-duty personnel carry a Kenwood portable VHF radio with 32 channels programmed like the mobile radios and with the addition of an in-vehicle repeater channel which allows for direct communication with the base hospital from outside the ambulance. The company maintains 10 of these portable radios.

The company maintains a VHF repeater located at Mad River Community Hospital, and VHF radios at our stations in McKinleyville and Arcata. The company also maintains a base radio on Mt. Pierce which is linked via microwave to the Cal Fire Command Center in Fortuna.

All radio equipped has been supplied by RWS Services. A copy of the specific radio equipment purchased is attached.

Selection 1 For Part TK  
 Completed 00/00/00 thru 03/07/16 Invoiced 00/00/00 thru 00/00/00 Due 00/00/00 thru 00/00/00  
 For Customers thru Group thru Truck thru One Customer Sequence

Part Number	Part Description	Invoice No.	Date	Quantity	Serial Number
ATA AMBULANCE					
1 F STREET ARCATA, CA 95521					
Phone # 707-822-3353					
190BK9BMDH	RADIO, DUAL HEAD 40 WATT 160 CH BASIC FRONT	16908	12/08/00	1.00	10300012
172GK1SK	RADIO, VHF 32 CHANNEL 5 WATT	18334	08/30/01	1.00	30302635
172GK1SK	RADIO, VHF 32 CHANNEL 5 WATT	18334	08/30/01	1.00	30203017
172GK1SK	RADIO, VHF 32 CHANNEL 5 WATT	18334	08/30/01	1.00	30302252
172GK1SK	RADIO, VHF 32 CHANNEL 5 WATT	18334	08/30/01	1.00	30401475
160HG	RADIO, VHF 128 CH 50 WATT ALPHA DISPLAY	18888	12/06/01	1.00	30301133
190BK	RADIO, UHF 450-470 RF DECK ONLY	23576	12/31/03	1.00	41200183
150	RADIO, KENWOOD VHF 160 CH 50 WATT	23576	12/31/03	1.00	50100127
172GK1SK	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR	26853	05/09/05	1.00	61102695
172GK1SK	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR	27987	11/09/05	1.00	70600119
172GK1SK	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR	28920	03/23/06	1.00	70901051
1750	BASE/REPEATER KENWOOD 50 WATT	29900	12/11/06	1.00	
150	RADIO, KENWOOD VHF 160 CH 50 WATT	30750	10/17/07	1.00	90300079
1150	RADIO, UHF 128 CH 45 WATT	30750	10/17/07	1.00	90600034
190BK	RADIO, UHF 450-470 RF DECK ONLY	32799	10/22/09	1.00	90900140
150	RADIO, KENWOOD VHF 160 CH 50 WATT	32799	10/22/09	1.00	A9400017
172GK1SK	RADIO, PORTABLE 32 CH 4 WATT UHF	32936	12/28/09	1.00	A9A00101
180HK	RADIO, 50 WATT 512 CH	33786	10/12/10	1.00	70500265
160HG	RADIO, VHF 128 CH 50 WATT (USED)	33786	10/12/10	-1.00	30301133
190BK	RADIO, UHF 450-470 RF DECK ONLY	35835	05/22/12	1.00	B1B00049
150	RADIO, KENWOOD VHF 160 CH 50 WATT	35835	05/22/12	1.00	00100074
150	RADIO, KENWOOD VHF 160 CH 50 WATT	35878	06/06/12	1.00	B1900003
1360HVK	RADIO, VHF 128 CH 50 WATT	36821	02/19/13	1.00	SNB2602087
1360HVK	RADIO, VHF 128 CH 50 WATT	36821	02/19/13	1.00	SNB2602086
190BK	RADIO, UHF 450-470 RF DECK ONLY	38789	09/25/14	1.00	B4700032
180HK	RADIO, 50 WATT 512 CH	38789	09/25/14	1.00	B4400387
1312K	RADIO, VHF 128 CH 5 WATT PORTABLE	39964	10/07/15	1.00	B5810064
1312K	RADIO, VHF 128 CH 5 WATT PORTABLE	39964	10/07/15	1.00	B5810142
1312K	RADIO, VHF 128 CH 5 WATT PORTABLE	39964	10/07/15	1.00	B5810012
1312K	RADIO, VHF 128 CH 5 WATT PORTABLE	39964	10/07/15	1.00	B5810013
180HK	RADIO, 50 WATT 512 CH	40167	12/21/15	1.00	B5300213
190BK	RADIO, UHF 450-470 RF DECK ONLY	40167	12/21/15	1.00	B5A00020
***** Total Customer Sales *****				30.00	
***** Grand Total Sales *****				30.00	

## **Quality Management practices and policies**

Arcata-Mad River Ambulance maintains a continuous quality improvement program and makes quarterly reports to the North Coast EMS agency addressing personnel, equipment and supplies, facilities, pre-hospital care reporting, public education and risk management. All patient care reports are peer reviewed for adherence to company developed standards on a rotational basis.

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## **Staffing and hiring policies**

The hiring of field personnel requires the completion of an on-line application, verification of current certification/license as a paramedic or EMT, a driving record evidenced by CA DMV motor vehicle report which meets company and insurance standards, a current Ambulance Driver's Certificate, and CPR card. The company is a federal equal opportunity employer.

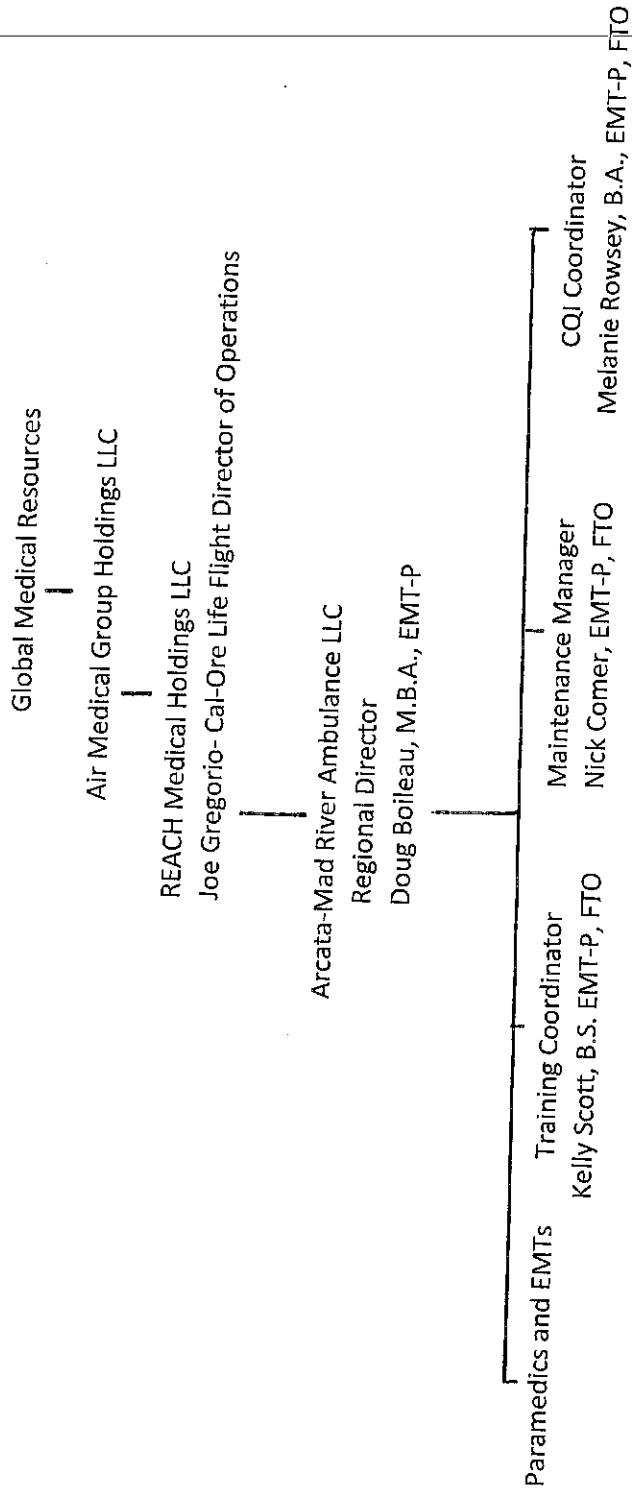
All new employees complete a minimum 72 hour orientation and training program with on-duty crews. Successful completion of that program is verified by completion of an orientation checklist. For paramedic new hires, the North Coast EMS required accreditation checklist is included in the above training. Employees are required to complete a wide variety of training classes within 3 months of hire.

All emergency response units are staffed 24/7 at the Advanced Life Support level by a two person crew consisting of at least one paramedic and one EMT. Crews staffed by two paramedics are common.

**Organization Chart of Management Staff** – Please see attached organization chart.

**Experience of the applicant/knowledge or involvement in the Humboldt County EMS System** – Please see attached resume

Arcata-Mad River Ambulance LLC  
Organization Chart



## **Douglas J. Boileau**

P.O. Box 172  
Willow Creek, CA 95573  
530-629-4699  
e-mail: [amra@norcalsafety.com](mailto:amra@norcalsafety.com)

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### **SUMMARY OF QUALIFICATIONS**

- 36 years of experience in Emergency Medical Services
- 33 years of experience in EMS education.
- Program Director for accredited paramedic education training program.
- Developed curriculum for community college based paramedic program and several EMS Continuing Education Programs.
- Primary consultant on state grant supported programs in the areas of disaster planning, multi-casualty incident response, and injury prevention.
- Recognized M.B.A. prepared leader in the business and health care community.

### **EXPERIENCE**

Regional Director, Arcata-Mad River Ambulance LLC 12/01/17 to present

Chief Executive Officer, Arcata-Mad River Ambulance, Inc. 4/01/2012-11/30/2017

In addition to duties outlined below, provide strategic planning and direction to the activities of Arcata-Mad River Ambulance and the Northern California Safety Consortium, an industrial safety training and compliance subsidiary.

General Manager, Arcata-Mad River Ambulance, Inc. 10/1990- 4/01/2012

Manage all operational and business aspects of an ambulance company providing emergency and non emergency service to three cities and the unincorporated area of northwestern Humboldt County, CA. Recruit, hire, train, supervise and evaluate emergency medical technicians and paramedics in the performance of their duties. Supervise office personnel in accounts receivable/payable, negotiate contracts, and prepare county, state, and federal reports.

Paramedic Program Director and Instructor  
College of the Redwoods. 2008 – present.  
Humboldt County Office of Education, ROP 1992-2008

Develop curriculum, arrange facilities and equipment, recruit, train and supervise instructional staff. Maintain student records and prepare attendance reports. Develop

course materials and evaluation instruments. Prepare annual and progress reports for accreditation organizations. Arrange agreements with clinical training sites and directly supervise field internships.

## **EDUCATION**

Master of Business Administration, Humboldt State University, Arcata, CA. December 1990.

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B.S. Forest Science Business Finance, special concentration Native American Studies, Humboldt State University, Arcata, CA. June 1985.

Emergency Medical Technician – Paramedic, North Coast EMS, Eureka, CA. October 1991.

Emergency Medical Technician II, College of the Redwoods, Eureka, CA. August 1984.

Emergency Medical Technician 1, College of the Redwoods, Eureka, CA May, 1982.

## **RELATED EXPERIENCE**

California Vocational Designated Subject Credential – EMT Training. 1991- Present.

American Heart Association (AHA) Regional Faculty 1998 – 2008.

National Association of EMS Educators Charter Member

AHA CPR Instructor 1981- present.

California Community College Credential 1985 – 1988.

Chair, Humboldt County Emergency Medical Care Committee (EMCC).

Chair, Humboldt County Medical Advisory Committee

California Paramedic License #P00363

Paramedic Field Training Officer 1995 – present

## **COMMUNITY INVOLVEMENT/RECOGNITION**

Named “EMS Educator of the Year” State of California, 2009

Recipient North Coast EMS “Star of Life” Award 1990 and 2004

Arcata Chamber of Commerce Business Leader of the Year 1998

Parish Finance Council chair

Santa Rosa Diocese Finance Council member

Trustee Catholic Community Foundation

Board Member and Past President - Rotary Club of Arcata

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
CHP 299 (Rev. 10-18) OPI 061

INSPECTION		
<input checked="" type="checkbox"/> INITIAL	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> COMPLIANCE
LEGAL BUSINESS NAME	COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL
ARCATA-MAD RIVER AMBULANCE	2150	1998 Ford E450
SERVICE ADDRESS (number and street)		VEHICLE IDENTIFICATION NUMBER (VIN)
220 F STREET		1FDXE40F5WHA44187
(city, state, and zip code)		VEHICLE LICENSE PLATE NUMBER AND STATE
ARCATA, CA 95521		03105P2 CA
		VEHICLE CERTIFICATE NUMBER

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	✓		14. Reflectors	✓	
2. Identification certificate (annuals/compliance only)		✓	15. Glass	✓	
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers	✓	
4. Headlamps	✓		17. Defroster	✓	
5. Beam selector/indicator	✓		18. Mirrors	✓	
6. Headlamp flasher (if equipped)	✓		19. Horn	✓	
7. Steady red warning lamp	✓		20. Siren	✓	
8. Turn signals	✓		21. Seat belts	✓	
9. Clearance/sidemarkers lamps (if required)	✓		22. Fire extinguisher (minimum 4B:C)	✓	
10. Stoplamps	✓		23. Portable light	✓	
11. Taillamps	✓		24. Spare tire; jack and tools	✓	
12. License plate lamp	✓		25. Maps of coverage areas or equivalent	✓	
13. Backup lamps	✓		26. Door latches operable from inside and outside	✓	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	✓		14. Emesis basin or disposable bags, and covered waste container	✓	
2. Securement straps for patient and cot/stretcher	✓		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	✓	
3. Ankle and wrist restraints. Soft ties are acceptable.	✓		16. Two devices or material to restrict movement	✓	
4. Sheets, pillow cases, blankets, towels, pillows (2)	✓		17. (2) liters saline solution or a gallon potable water	✓	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	✓		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	✓	
6. Rigid or pneumatic splints (4)	✓		19. Blood pressure cuff, manometer, stethoscope	✓	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	✓		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	✓	
8. Oxygen and regulators, portability required	✓		21. Bedpan or fracture pan	✓	
9. Sterile bandage compresses (4 - 3" x 3")	✓		22. Urinal	✓	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	✓		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)	✓	
11. Adhesive tape (2 rolls - 1", 2", or 3")	✓				
12. Bandage shears	✓				
13. Universal dressings (2 - 10" x 30" or larger)	✓				

**REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE**

CALL RECORDS		YES	NO	PERSONNEL RECORDS		YES	NO
1. Location of records, retained for 3 years				14. Employment date			
2. Date, time, location, and identity of call taker				15. Copy of driver license			
3. Name of requesting person or agency				16. Copy of ambulance driver certificate			
4. Unit ID, personnel dispatched, and record of red light/siren use				17. Copy of medical exam certificate			
5. Explanation of failure to dispatch				18. Copy of EMT certificate or medical license			
6. Dispatch time, scene arrival time, and departure time				19. Work experience summary			
7. Destination of patient; arrival time				20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions			
8. Name or other identifier of patient transported				21. Personnel enrolled in the DMV Pull Notice System			
COMPANY INSPECTION		YES	NO				
9. Company principals verified							
10. One or more ambulances available 24 hours							
11. Fees posted/current							
12. Financial responsibility							
13. 24-hour direct telephone service							

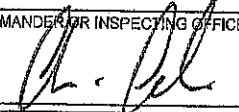
VEHICLE INSURANCE CARRIER'S NAME <b>ACE AMERICAN INSURANCE CO</b>	POLICY NUMBER <b>1SAH25277090</b>	POLICY EXPIRATION DATE <b>03/31/2020</b>
REMARKS <b>#33 ADDITION TO FLEET</b>		

**LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE**

*I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.*

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE

**TEMPORARY OPERATING AUTHORIZATION:** This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

SIGNATURE OF COMMANDER OR INSPECTING OFFICER 	ID NUMBER <b>15341</b>	LOCATION CODE <b>125</b>	DATE <b>05/09/2019</b>
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California Highway Patrol  
2485 Sonoma Street  
Redding, CA 96001  
Phone: (530) 242-4300  
Internationally Accredited Agency CHP407F/343A

Report Number: CA1707703834  
Inspection Date: 05/09/2019  
Start: 9:04 AM PD End: 9:22 AM PD  
Inspection Level: V - Terminal  
HM Inspection Type: None

ARCATA MAD RIVER AMBULANCE  
220 F STREET  
ARCATA, CA, 95521

Driver:  
License#: State:

USDOT: Phone#:  
MC/MX#: Fax#:  
State#:

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

Location: 255 E SAMOA BLVD  
Highway:  
County: HUMBOLDT

Milepost: Shipper: N/A  
Origin: ARCATA,CA  
Destination: ARCATA,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	1998	CA	03105P2	33	1FDXE40F5WHA44187	14050		

**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: Badge #:  
M. Schmitcke 17077

Copy Received By:

X

X



STATE OF CALIFORNIA  
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
 CHP 299 (Rev. 10-18) OPI 061

INSPECTION  
 INITIAL     ANNUAL     COMPLIANCE

LEGAL BUSINESS NAME <b>ARCATA-MAD RIVER AMBULANCE</b>	COMPANY LICENSE NUMBER <b>2150</b>	VEHICLE YEAR, MAKE, AND MODEL
SERVICE ADDRESS (number and street) <b>220 F STREET</b>		VEHICLE IDENTIFICATION NUMBER (VIN)
(city, state, and zip code) <b>ARCATA, CA 95521</b>		VEHICLE LICENSE PLATE NUMBER AND STATE
		VEHICLE CERTIFICATE NUMBER

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates			14. Reflectors		
2. Identification certificate (annuals/compliance only)			15. Glass		
3. Ambulance identification sign (visible from 50+ feet)			16. Windshield wipers		
4. Headlamps			17. Defroster		
5. Beam selector/indicator			18. Mirrors		
6. Headlamp flasher (if equipped)			19. Horn		
7. Steady red warning lamp			20. Siren		
8. Turn signals			21. Seat belts		
9. Clearance/sidemarkers lamps (if required)			22. Fire extinguisher (minimum 4B:C)		
10. Stoplamps			23. Portable light		
11. Taillamps			24. Spare tire; jack and tools		
12. License plate lamp			25. Maps of coverage areas or equivalent		
13. Backup lamps			26. Door latches operable from inside and outside		

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher			14. Emesis basin or disposable bags, and covered waste container		
2. Securement straps for patient and cot/stretcher			15. Portable suctioning apparatus (Squeeze syringes not sufficient)		
3. Ankle and wrist restraints. Soft ties are acceptable.			16. Two devices or material to restrict movement		
4. Sheets, pillow cases, blankets, towels, pillows (2)			17. (2) liters saline solution or a gallon potable water		
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant			18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device		
6. Rigid or pneumatic splints (4)			19. Blood pressure cuff, manometer, stethoscope		
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes			20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)		
8. Oxygen and regulators, portability required			21. Bedpan or fracture pan		
9. Sterile bandage compresses (4 - 3" x 3")			22. Urinal		
10. Soft rolled bandages (6 - 2", 3", 4", or 6")			23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)		
11. Adhesive tape (2 rolls - 1", 2", or 3")					
12. Bandage shears					
13. Universal dressings (2 - 10" x 30" or larger)					

EMERSON ALL  
 11/8/2018

STATE OF CALIFORNIA  
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
 CHP 299 (Rev. 10-18) OPI 061

INSPECTION  
 INITIAL     ANNUAL     COMPLIANCE

LEGAL BUSINESS NAME <b>ARCATA-MAD RIVER AMBULANCE</b>	COMPANY LICENSE NUMBER <b>2150</b>	VEHICLE YEAR, MAKE, AND MODEL <b>2012 CHEV 3500</b>
SERVICE ADDRESS (number and street) <b>220 F STREET</b>		VEHICLE IDENTIFICATION NUMBER (VIN) <b>1GB3G2CLXC1105786</b>
(city, state, and zip code) <b>ARCATA, CA 95521</b>		VEHICLE LICENSE PLATE NUMBER AND STATE <b>ARMA29 CA</b>
		VEHICLE CERTIFICATE NUMBER <b>12495</b>

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	✓		14. Reflectors	✓	
2. Identification certificate (annuals/compliance only)	✓		15. Glass	✓	
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers	✓	
4. Headlamps	✓		17. Defroster	✓	
5. Beam selector/indicator	✓		18. Mirrors	✓	
6. Headlamp flasher (if equipped)	✓		19. Horn	✓	
7. Steady red warning lamp	✓		20. Siren	✓	
8. Turn signals	✓		21. Seat belts	✓	
9. Clearance/sidemarkers lamps (if required)	✓		22. Fire extinguisher (minimum 4B:C)	✓	
10. Stoplamps	✓		23. Portable light	✓	
11. Taillamps	✓		24. Spare tire; jack and tools	✓	
12. License plate lamp	✓		25. Maps of coverage areas or equivalent	✓	
13. Backup lamps	✓		26. Door latches operable from inside and outside	✓	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	✓		14. Emesis basin or disposable bags, and covered waste container	✓	
2. Securement straps for patient and cot/stretcher	✓		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	✓	
3. Ankle and wrist restraints. Soft ties are acceptable.	✓		16. Two devices or material to restrict movement	✓	
4. Sheets, pillow cases, blankets, towels, pillows (2)	✓		17. (2) liters saline solution or a gallon potable water	✓	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	✓		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	✓	
6. Rigid or pneumatic splints (4)	✓		19. Blood pressure cuff, manometer, stethoscope	✓	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	✓		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	✓	
8. Oxygen and regulators, portability required	✓		21. Bedpan or fracture pan	✓	
9. Sterile bandage compresses (4 - 3" x 3")	✓		22. Urinal	✓	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	✓		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)	✓	
11. Adhesive tape (2 rolls - 1", 2", or 3")	✓				
12. Bandage shears	✓				
13. Universal dressings (2 - 10" x 30" or larger)	✓				

**REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE**

CALL RECORDS			YES	NO	PERSONNEL RECORDS			YES	NO
1. Location of records, retained for 3 years					14. Employment date				
2. Date, time, location, and identity of call taker					15. Copy of driver license				
3. Name of requesting person or agency					16. Copy of ambulance driver certificate				
4. Unit ID, personnel dispatched, and record of red light/siren use					17. Copy of medical exam certificate				
5. Explanation of failure to dispatch					18. Copy of EMT certificate or medical license				
6. Dispatch time, scene arrival time, and departure time					19. Work experience summary				
7. Destination of patient; arrival time					20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions				
8. Name or other identifier of patient transported					21. Personnel enrolled in the DMV Pull Notice System				
COMPANY INSPECTION			YES	NO					
9. Company principals verified									
10. One or more ambulances available 24 hours									
11. Fees posted/current									
12. Financial responsibility									
13. 24-hour direct telephone service									

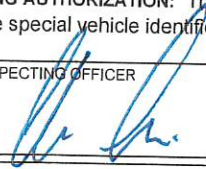
VEHICLE INSURANCE CARRIER'S NAME <b>ACE AMERICAN INSURANCE CO</b>	POLICY NUMBER <b>1SAH25150028</b>	POLICY EXPIRATION DATE <b>03/11/2019</b>
REMARKS <b>#29</b>		

**LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE**

*I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.*

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE
--	------

**TEMPORARY OPERATING AUTHORIZATION:** This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	DATE
	15341	125	11/08/2018

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
CHP 299 (Rev. 10-18) OPI 061

INSPECTION		
<input type="checkbox"/> INITIAL	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> COMPLIANCE

LEGAL BUSINESS NAME <b>ARCATA-MAD RIVER AMBULANCE</b>	COMPANY LICENSE NUMBER <b>2150</b>	VEHICLE YEAR, MAKE, AND MODEL <b>2014 CHEV 3500</b>
SERVICE ADDRESS (number and street) <b>220 F STREET</b>		VEHICLE IDENTIFICATION NUMBER (VIN) <b>1GB3G2CL0E1161769</b>
(city, state, and zip code) <b>ARCATA, CA 95521</b>		VEHICLE LICENSE PLATE NUMBER AND STATE <b>ARMA30-CA</b>
		VEHICLE CERTIFICATE NUMBER <b>13564</b>

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	✓		14. Reflectors	✓	
2. Identification certificate (annuals/compliance only)	✓		15. Glass	✓	
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers	✓	
4. Headlamps	✓		17. Defroster	✓	
5. Beam selector/indicator	✓		18. Mirrors	✓	
6. Headlamp flasher (if equipped)	✓		19. Horn	✓	
7. Steady red warning lamp	✓		20. Siren	✓	
8. Turn signals	✓		21. Seat belts	✓	
9. Clearance/sidemarkers lamps (if required)	✓		22. Fire extinguisher (minimum 4B:C)	✓	
10. Stoplamps	✓		23. Portable light	✓	
11. Taillamps	✓		24. Spare tire; jack and tools	✓	
12. License plate lamp	✓		25. Maps of coverage areas or equivalent	✓	
13. Backup lamps	✓		26. Door latches operable from inside and outside	✓	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	✓		14. Emesis basin or disposable bags, and covered waste container	✓	
2. Securement straps for patient and cot/stretcher	✓		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	✓	
3. Ankle and wrist restraints. Soft ties are acceptable.	✓		16. Two devices or material to restrict movement	✓	
4. Sheets, pillow cases, blankets, towels, pillows (2)	✓		17. (2) liters saline solution or a gallon potable water	✓	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	✓		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	✓	
6. Rigid or pneumatic splints (4)	✓		19. Blood pressure cuff, manometer, stethoscope	✓	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	✓		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	✓	
8. Oxygen and regulators, portability required	✓		21. Bedpan or fracture pan	✓	
9. Sterile bandage compresses (4 - 3" x 3")	✓		22. Urinal	✓	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	✓		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)	✓	
11. Adhesive tape (2 rolls - 1", 2", or 3")	✓				
12. Bandage shears	✓				
13. Universal dressings (2 - 10" x 30" or larger)	✓				

**REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE**

CALL RECORDS			YES	NO	PERSONNEL RECORDS			YES	NO
1. Location of records, retained for 3 years					14. Employment date				
2. Date, time, location, and identity of call taker					15. Copy of driver license				
3. Name of requesting person or agency					16. Copy of ambulance driver certificate				
4. Unit ID, personnel dispatched, and record of red light/siren use					17. Copy of medical exam certificate				
5. Explanation of failure to dispatch					18. Copy of EMT certificate or medical license				
6. Dispatch time, scene arrival time, and departure time					19. Work experience summary				
7. Destination of patient; arrival time					20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions				
8. Name or other identifier of patient transported					21. Personnel enrolled in the DMV Pull Notice System				
COMPANY INSPECTION			YES	NO					
9. Company principals verified									
10. One or more ambulances available 24 hours									
11. Fees posted/current									
12. Financial responsibility									
13. 24-hour direct telephone service									


VEHICLE INSURANCE CARRIER'S NAME <b>ACE AMERICAN INSURANCE CO</b>	POLICY NUMBER <b>1SAH25150028</b>	POLICY EXPIRATION DATE <b>03/11/2019</b>
REMARKS <b>#30</b>		

**LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE**

*I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.*

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE
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**TEMPORARY OPERATING AUTHORIZATION:** This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

SIGNATURE OF COMMANDER OR INSPECTING OFFICER 	ID NUMBER <b>15341</b>	LOCATION CODE <b>125</b>	DATE <b>11/08/2018</b>
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STATE OF CALIFORNIA  
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
 CHP 299 (Rev. 10-18) OPI 061

INSPECTION  
 INITIAL     ANNUAL     COMPLIANCE

LEGAL BUSINESS NAME <b>ARCATA-MAD RIVER AMBULANCE</b>	COMPANY LICENSE NUMBER <b>2150</b>	VEHICLE YEAR, MAKE, AND MODEL <b>2015 CHEV MEDIX</b>
SERVICE ADDRESS (number and street) <b>220 F STREET</b>		VEHICLE IDENTIFICATION NUMBER (VIN) <b>1GB3G2CL9F1168057</b>
(city, state, and zip code) <b>ARCATA, CA 95521</b>		VEHICLE LICENSE PLATE NUMBER AND STATE <b>ARMA31 CA</b>
		VEHICLE CERTIFICATE NUMBER <b>14168</b>

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	✓		14. Reflectors	✓	
2. Identification certificate (annuals/compliance only)	✓		15. Glass	✓	
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers	✓	
4. Headlamps	✓		17. Defroster	✓	
5. Beam selector/indicator	✓		18. Mirrors	✓	
6. Headlamp flasher (if equipped)	✓		19. Horn	✓	
7. Steady red warning lamp	✓		20. Siren	✓	
8. Turn signals	✓		21. Seat belts	✓	
9. Clearance/sidemarkers lamps (if required)	✓		22. Fire extinguisher (minimum 4B:C)	✓	
10. Stoplamps	✓		23. Portable light	✓	
11. Taillamps	✓		24. Spare tire; jack and tools	✓	
12. License plate lamp	✓		25. Maps of coverage areas or equivalent	✓	
13. Backup lamps	✓		26. Door latches operable from inside and outside	✓	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	✓		14. Emesis basin or disposable bags, and covered waste container	✓	
2. Securement straps for patient and cot/stretcher	✓		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	✓	
3. Ankle and wrist restraints. Soft ties are acceptable.	✓		16. Two devices or material to restrict movement	✓	
4. Sheets, pillow cases, blankets, towels, pillows (2)	✓		17. (2) liters saline solution or a gallon potable water	✓	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	✓		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	✓	
6. Rigid or pneumatic splints (4)	✓		19. Blood pressure cuff, manometer, stethoscope	✓	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	✓		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	✓	
8. Oxygen and regulators, portability required	✓		21. Bedpan or fracture pan	✓	
9. Sterile bandage compresses (4 - 3" x 3")	✓		22. Urinal	✓	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	✓		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)	✓	
11. Adhesive tape (2 rolls - 1", 2", or 3")	✓				
12. Bandage shears	✓				
13. Universal dressings (2 - 10" x 30" or larger)	✓				

**REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE**

CALL RECORDS			YES	NO	PERSONNEL RECORDS			YES	NO
1. Location of records, retained for 3 years					14. Employment date				
2. Date, time, location, and identity of call taker					15. Copy of driver license				
3. Name of requesting person or agency					16. Copy of ambulance driver certificate				
4. Unit ID, personnel dispatched, and record of red light/siren use					17. Copy of medical exam certificate				
5. Explanation of failure to dispatch					18. Copy of EMT certificate or medical license				
6. Dispatch time, scene arrival time, and departure time					19. Work experience summary				
7. Destination of patient; arrival time					20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions				
8. Name or other identifier of patient transported					21. Personnel enrolled in the DMV Pull Notice System				
COMPANY INSPECTION			YES	NO					
9. Company principals verified									
10. One or more ambulances available 24 hours									
11. Fees posted/current									
12. Financial responsibility									
13. 24-hour direct telephone service									


VEHICLE INSURANCE CARRIER'S NAME <b>ACE AMERICAN INSURANCE CO</b>	POLICY NUMBER <b>1SAH25150028</b>	POLICY EXPIRATION DATE <b>03/11/2019</b>
REMARKS <b>#31</b>		

**LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE**

*I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.*

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE
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**TEMPORARY OPERATING AUTHORIZATION:** This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	DATE
	15341	125	11/08/2018



STATE OF CALIFORNIA  
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
 CHP 299 (Rev. 10-18) OPI 061

INSPECTION  
 INITIAL  ANNUAL  COMPLIANCE

LEGAL BUSINESS NAME <b>ARCATA-MAD RIVER AMBULANCE</b>	COMPANY LICENSE NUMBER <b>2150</b>	VEHICLE YEAR, MAKE, AND MODEL <b>2018 CHEV 3500</b>
SERVICE ADDRESS (number and street) <b>220 F STREET</b>		VEHICLE IDENTIFICATION NUMBER (VIN) <b>1GB3GRCG4J1264859</b>
(city, state, and zip code) <b>ARCATA, CA 95521</b>		VEHICLE LICENSE PLATE NUMBER AND STATE <b>27680L2 CA</b>
		VEHICLE CERTIFICATE NUMBER <b>15660</b>

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	✓		14. Reflectors	✓	
2. Identification certificate (annuals/compliance only)	✓		15. Glass	✓	
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers	✓	
4. Headlamps	✓		17. Defroster	✓	
5. Beam selector/indicator	✓		18. Mirrors	✓	
6. Headlamp flasher (if equipped)	✓		19. Horn	✓	
7. Steady red warning lamp	✓		20. Siren	✓	
8. Turn signals	✓		21. Seat belts	✓	
9. Clearance/sidemarkers lamps (if required)	✓		22. Fire extinguisher (minimum 4B:C)	✓	
10. Stoplamps	✓		23. Portable light	✓	
11. Taillamps	✓		24. Spare tire; jack and tools	✓	
12. License plate lamp	✓		25. Maps of coverage areas or equivalent	✓	
13. Backup lamps	✓		26. Door latches operable from inside and outside	✓	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	✓		14. Emesis basin or disposable bags, and covered waste container	✓	
2. Securement straps for patient and cot/stretcher	✓		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	✓	
3. Ankle and wrist restraints. Soft ties are acceptable.	✓		16. Two devices or material to restrict movement	✓	
4. Sheets, pillow cases, blankets, towels, pillows (2)	✓		17. (2) liters saline solution or a gallon potable water	✓	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	✓		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	✓	
6. Rigid or pneumatic splints (4)	✓		19. Blood pressure cuff, manometer, stethoscope	✓	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	✓		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	✓	
8. Oxygen and regulators, portability required	✓		21. Bedpan or fracture pan	✓	
9. Sterile bandage compresses (4 - 3" x 3")	✓		22. Urinal	✓	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	✓		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)	✓	
11. Adhesive tape (2 rolls - 1", 2", or 3")	✓				
12. Bandage shears	✓				
13. Universal dressings (2 - 10" x 30" or larger)	✓				

**REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE**

CALL RECORDS		YES	NO	PERSONNEL RECORDS		YES	NO
1. Location of records, retained for 3 years				14. Employment date			
2. Date, time, location, and identity of call taker				15. Copy of driver license			
3. Name of requesting person or agency				16. Copy of ambulance driver certificate			
4. Unit ID, personnel dispatched, and record of red light/siren use				17. Copy of medical exam certificate			
5. Explanation of failure to dispatch				18. Copy of EMT certificate or medical license			
6. Dispatch time, scene arrival time, and departure time				19. Work experience summary			
7. Destination of patient; arrival time				20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions			
8. Name or other identifier of patient transported				21. Personnel enrolled in the DMV Pull Notice System			
COMPANY INSPECTION		YES	NO				
9. Company principals verified							
10. One or more ambulances available 24 hours							
11. Fees posted/current							
12. Financial responsibility							
13. 24-hour direct telephone service							

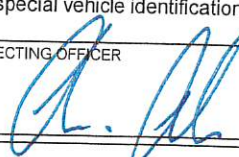
VEHICLE INSURANCE CARRIER'S NAME <b>ACE AMERICAN INSURANCE CO</b>	POLICY NUMBER <b>1SAH25150028</b>	POLICY EXPIRATION DATE <b>03/11/2019</b>
REMARKS <b>#32</b>		

**LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE**

*I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.*

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE
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**TEMPORARY OPERATING AUTHORIZATION:** This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

SIGNATURE OF COMMANDER OR INSPECTING OFFICER 	ID NUMBER <b>15341</b>	LOCATION CODE <b>125</b>	DATE <b>11/08/2018</b>
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DESTROY PREVIOUS EDITIONS

## CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

**22667**

COMPANY NAME AND ADDRESS

**ACE American Insurance Company  
Dept. CH 10678  
Palatine, IL 60055-0678**

POLICY NUMBER

**ISAH25277090**

EFFECTIVE DATE      EXPIRATION DATE

**03/31/2019      03/31/2020****THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE**

YEAR

**1998**

MAKE/MODEL

**Ford E450**

VEHICLE IDENTIFICATION NUMBER

**1FDXE40FSWHA44187**

AGENCY/COMPANY ISSUING CARD

**Woodruff-Sawyer & Co.  
717 - 17th Street, Suite 1540  
Denver, CO 80202**

INSURED

 **Arcata Mad River Ambulance  
220 F Street  
Arcata, CA 95521**

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.

## OREGON INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER  
22667

COMPANY

ACE American Insurance Company



COMMERCIAL



PERSONAL

POLICY NUMBER  
ISAH25277090EFFECTIVE DATE  
03/31/2019EXPIRATION DATE  
03/31/2020YEAR MAKE/MODEL  
2018 Chevrolet G3500 Medlx Type IIIVEHICLE IDENTIFICATION NUMBER  
1GB3GRCG4J1264859AGENCY/COMPANY ISSUING CARD  
Woodruff-Sawyer & Co.  
717 - 17th Street, Suite 1540  
Denver, CO 80202INSURED 

(800) 675-4467

Arcata Mad River Ambulance  
220 F Street  
Arcata, CA 95521

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

**CALIFORNIA INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER

**22667**

COMPANY NAME AND ADDRESS

**ACE American Insurance Company  
Dept. CH 10678  
Palatine, IL 60055-0678**

POLICY NUMBER

**ISAH25277090**

EFFECTIVE DATE      EXPIRATION DATE

**03/31/2019      03/31/2020****THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE**

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

**2015      Chevrolet Express 3500****1GB3G2CL9F1168057**

AGENCY/COMPANY ISSUING CARD

**Woodruff-Sawyer & Co.  
717 - 17th Street, Suite 1540  
Denver, CO 80202**

INSURED

 **Arcata Mad River Ambulance  
220 F Street  
Arcata, CA 95521**

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.

**CALIFORNIA INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER

**22667**

COMPANY NAME AND ADDRESS

**ACE American Insurance Company  
Dept. CH 10678  
Palatine, IL 60055-0678**

POLICY NUMBER

**ISAH25277090**

EFFECTIVE DATE

**03/31/2019**

EXPIRATION DATE

**03/31/2020****THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE**

YEAR

**2012**

MAKE/MODEL

**Chevrolet Express 3500**

VEHICLE IDENTIFICATION NUMBER

**1GB3G2CLXC1105786**

AGENCY/COMPANY ISSUING CARD

**Woodruff-Sawyer & Co.  
717 - 17th Street, Suite 1540  
Denver, CO 80202**

INSURED

 **Arcata Mad River Ambulance  
220 F Street  
Arcata, CA 95521**

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.

**CALIFORNIA INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER

**22667**

COMPANY NAME AND ADDRESS

**ACE American Insurance Company  
Dept. CH 10678  
Palatine, IL 60055-0678**

POLICY NUMBER

**ISAH25277090**

EFFECTIVE DATE      EXPIRATION DATE

**03/31/2019      03/31/2020**

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

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

**2014      Chevrolet Express 3500****1GB3G2CL0E1161769**

AGENCY/COMPANY ISSUING CARD

**Woodruff-Sawyer & Co.  
717 - 17th Street, Suite 1540  
Denver, CO 80202**

INSURED

 **Arcata Mad River Ambulance  
220 F Street  
Arcata, CA 95521**

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.