



UNITED STATES MARINE CORPS  
MARINE CORPS AIR STATION  
BOX 99100  
YUMA, ARIZONA 85369-9100

StaO 5100.12  
DOSS  
31 MAY 2002

STATION ORDER 5100.12

From: Commanding Officer  
To: Distribution List

Subj: ARRIVE ALIVE PROGRAM FOR MARINE CORPS AIR STATION YUMA

Encl: (1) Participating Transportation Service (PTS) and  
Business Cards  
(2) PTS Billing Statement

1. Purpose. To provide policy and guidance for participation in the Marine Corps Air Station Yuma, (MCAS Yuma) Arrive Alive Program (AAP).
2. Background. The AAP allows stranded or impaired military members within the Yuma & Winterhaven, CA. local limits (San Luis, Somerton, Foothills, YPG), a method to arrive safely back to the installation, 16th Street Housing, or their local residence. The Yuma community participating transportation services, i.e. local taxi companies, will provide the service. Having all units aboard the installation support the AAP will ensure that this program is implemented and successfully utilized in accordance with all orders, regulations, and laws. The use of an AAP is not to scrutinize or promote any particular off-duty activity, but rather as a service in the best interest of the safety and welfare of a stranded or impaired service member. Members utilizing this program should not be in fear of reprimand, so long as this program is utilized as intended and not abused.
3. Applicability. The provisions of this order are applicable to all military personnel assigned for duty at MCAS Yuma only.
4. Policy. All commands are to notify their military personnel of the MCAS Yuma AAP. Similar programs that are contractually written with local transportation services are not legally authorized.
5. Discussion. Participation in the AAP by MCAS Yuma service members is strictly voluntary but highly encouraged in the interests of their safety. As a last resort, service members who are unable to reach local command assistance, lack funds or are in need of emergency transportation can contact a PTS listed in enclosure (1).
6. Directions for use. The process for using the AAP is as follows:
  - a. Upon pick up and initiation of the service, the driver of the PTS and service member shall fill out the appropriate PTS's billing statement, see enclosure (2). Service members can vouch the billing statement with a valid military I.D. Card. The service

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member must verify the information with a signature and return the bill to the driver. The driver will retain the original (white) copy, and the service member will obtain and retain the duplicate (yellow) copy.

b. The PTS will provide a copy of the billing statement to MCCA. The billing invoice may be transmitted via FAX, U.S. Mail, or be delivered in person. (MCCA fax number is 344-5592. Mailing address is: MCCA, MCAS Box 99119, Yuma, AZ 85369-9119. For delivery in person, MCCA is located in building 633 aboard MCAS Yuma.) MCCA will then make payment on behalf of the service member.

c. MCCA will then contact the service member for reimbursement, payable to: "Marine Corps Community Services (MCCA)". If payment is not received within thirty calendar days (The first day is the day after the use of the PTS service, MCCA will contact the service member's command in order to encourage command support in seeking reimbursement for the commercial services rendered by the PTS to the service member. If payment is not received by the end of sixty days, from the day after PTS service is rendered, MCCA will "pay adjust" the PTS payable plus \$25 handling fee from the service member's military pay.

d. Failure of the service member to reimburse the "MCCA", for the services received from the PTS may make the service member subject to administrative or disciplinary action by their command for failure to pay a just debt. Use of this program is a temporary extension of credit to the service member and should be treated accordingly.

## 7. Action

### a. Director, Safety Department

(1) Serve as the installation coordinator for the AAP.

(2) Notify and identify local community transportation services willing to participate in the AAP. Maintain a current list of PTS participants; see enclosure (1), and a current form of their billing statement. See enclosure (2).

(3) Monitor installation activities to ensure the program is being properly administered.

(4) Monitor each billing statement for proper use.

Notify the unit activity in case the AAP is abused for unauthorized rides not listed in paragraph 7.d.(3).

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(5) Establish award recognition for participating commands.

b. Director, Marine Corps Community Services (MCCS)

(1) Maintain accounting for each command's use of The "Arrive Alive Program" and provide monthly status reports to Station Safety and each command.

(2) Provide AAP payment to PTS's on behalf of the service member.

(3) Establish and provide a past due billing statement, dated for the next military pay date, to the service member.

(4) Notify the service member's command in thirty calendar days, if payment has not been received.

(5) Include AAP bill payment close out for each service member on check out from the station.

c. Commands

(1) Incorporate and promote the AAP to fit command requirements.

(2) Brief all personnel and ensure they are provided an opportunity to participate in the AAP.

(3) Provide all personnel with an "Arrive Alive" business card, see enclosure (1).

(4) Ensure all personnel have not incurred debt with MCCS upon checkout (PCS/EAS).

(5) Take appropriate action for service members identified as misusing the AAP with unauthorized rides not listed in paragraph 7.d.(3).

d. Individual Service Members

(1) Receive a brief on the AAP and how to participate.

(2) Ensure an "Arrive Alive" business card is obtained.

(3) Be aware that the program is valid only for a safe return to one of the following locations.

(a) MCAS, Yuma (Main side).

(b) 16<sup>th</sup> Street Military Housing.

(c) Local Yuma (San Luis, Somerton, Foothills, YPG) and Winterhaven, CA. residences.

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(4) Present a valid military identification (I.D.) card to a PTS driver upon pick up and immediately notify them that you're an "Arrive Alive" participant. Ensure the driver immediately returns the I.D. card after obtaining the information required to complete their portion of the authorized billing statement. See enclosure (2).

(5) Verify the information entered on the PTS billing statement, add any desired gratuity, total the bill, and sign. Bill to: "MCCS, Arrive Alive Fund, MCAS Box 99119, Yuma, AZ 85369-9119".

(6) Reimburse the cost of the fare through MCCS as soon as possible, payable to: "MCCS".



MARK E. CONDRA

DISTRIBUTION: A



# ARRIVE ALIVE

**No Crime Committed!  
Judgment Exercised!**

In case of an emergency, present this card and your valid military I.D. to a listed participating transportation service (reverse side) for a safe ride back to the Air Station, 16<sup>th</sup> Street Housing, or local residence.

**Local Participating Transportation Service's**  
Bill to: MCAS Yuma, Arrive Alive Program

Yuma City Cab  
AAA Taxi  
Yellow Taxi  
Call 783-4444 for 24hr service



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D.R.#	AUTHORITY	DATE:	DRIVER:	ATTENDANT:	VEHICLE #:
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**Great Southwestern  
Transit Inc.**

dba

**YUMA**  
**782-0111**  
**CITY CAB**  
*and Limousine Service*

"The Clean WHITE CAB Company"  
Low Rates, Van Charters, Courteous, Uniformed Drivers  
Radio Dispatched and Air Conditioned

1350 S. 3rd Ave. • Yuma, AZ 85364  
M.L. Rose, Manager

**CUSTOMER INFORMATION:**

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: M F  
LAST FIRST MI

ADDRESS: \_\_\_\_\_  
STREET APT. # CITY STATE ZIP

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_  
ADDRESS CITY STATE ZIP TELEPHONE

<b>SERVICE FROM:</b>	<b>SERVICE TO:</b>
----------------------	--------------------

**REASON FOR TRANSPORT / DX:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BILLING INFORMATION:**

PRIVATE INSURANCE:	POLICY NO:	
INDUSTRIAL INSURANCE CARRIER:	POLICY NO:	
PLAN:	P.I.D.#	AUTHORIZATION NO:

**RESPONSIBLE PARTY: (ACTUAL BILLING TO)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ATTENTION: \_\_\_\_\_

S/VAN  W/C VAN  OTHER, SPECIFY \_\_\_\_\_

S/V BASE CHG	CONTRACT	REGULAR
W/C BASE CHG	CONTRACT	REGULAR
OTHER: BASE CHG	CONTRACT	REGULAR

**MILEAGE CHARGE:**

ENDING MILES \_\_\_\_\_

STARTING MILES \_\_\_\_\_

TOTAL X \$ \_\_\_\_\_ per mile

**WAITING TIME CHARGE:**

TIME ENDED: \_\_\_\_\_

TIME STARTED: \_\_\_\_\_

RATE X TOTAL TIME \_\_\_\_\_

**OXYGEN SERVICES/SUPPLIES**

\_\_\_\_\_

**TOTAL BILLING**

AMOUNT PAID \_\_\_\_\_

BALANCE \_\_\_\_\_

I understand I am financially responsible for my transportation service. It is customary to pay in full upon completion of service. By signing, I agree to make arrangements for payment with the Business Office within 5 days and to pay 2% per month late charges and any legal collection fees involved in the collection of this debt.

I authorize payment directly to the company of the benefits payable to me. I authorize any holder of medical or other information about me to release to the appropriate agencies and offices any information needed for this and related claims, and request payment of insurance benefits directly to the company. I permit a copy of this authorization to be used in place of the original.

\_\_\_\_\_  
Signature of Responsible Person

PAID CASH  PAID CHECK  PAID CREDIT CARD

CARD # \_\_\_\_\_ EXP \_\_\_\_\_  VISA  M/C

PREPARED/RECEIVED BY: \_\_\_\_\_ EMP. NO. \_\_\_\_\_

22672

**ENCL: (2)**