

**UPDATED EXHIBIT INDEX**

- Exhibit A – Petition for Reconsideration
- Exhibit B – Verification
- Exhibit C – Financial/Bank Documentation
- Exhibit D – Owner Disclosure & Rehabilitation Statement
- Exhibit E – Hiring & Retention Policy
- Exhibit F – Federal Court Documents
- Exhibit G – Probation Officer Letter
- Exhibit H – CPR / First Aid / AED Certifications
- Exhibit I – Character Reference – Stephon Malloy
- Exhibit J – Character Reference – Rita Armstrong Campos
- Exhibit K – Additional Supporting Documents

**COVER LETTER**

June 15, 2026

Secretary  
Pennsylvania Public Utility Commission  
Re: KindRide Medical Transport LLC, Docket No. A-2026-3062228

Enclosed please find the Petition for Reconsideration and supporting exhibits addressing the concerns identified by the Commission. KindRide Medical Transport LLC respectfully requests reconsideration of the denial and issuance of the requested authority.

Don Lyles  
Owner

## **PETITION FOR RECONSIDERATION**

1. KindRide Medical Transport LLC requests reconsideration of the denial issued under Docket No. A-2026-3062228.
2. Attached are written hiring and retention policies addressing driver qualifications, background checks, training, and retention standards.
3. Attached are owner disclosure materials, rehabilitation information, and court records addressing the Commission's concerns regarding disclosure.
4. Attached are business banking documents and financial records demonstrating the company's financial fitness and readiness to operate.
5. Petitioner respectfully submits that the additional information cures the deficiencies identified in the denial letter.

WHEREFORE, Petitioner requests reconsideration and approval of the application.

---

Don Lyles

**COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

**PETITION OF DONALD LYLES ON BEHALF OF KINDRIDE MEDICAL TRANSPORT LLC**

Docket No. A-2026-3062228

1. My name is Donald Lyles. I am the Owner and authorized representative of KindRide Medical Transport LLC.
2. I respectfully submit this Petition requesting that the Pennsylvania Public Utility Commission grant the operating authority sought by KindRide Medical Transport LLC.
3. KindRide Medical Transport LLC was established to provide safe, reliable, and professional non-emergency medical transportation services.
4. The company is financially and operationally prepared to provide safe transportation services in compliance with Commission regulations.
5. Attached are supporting documents demonstrating the company's fitness and readiness to operate.
6. For the reasons stated above, I respectfully request that the Commission grant the authority requested.

**VERIFICATION**

I, Donald Lyles, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. §4904.

Applicant is not now engaged in intrastate transportation of property or passengers for compensation in this Commonwealth except as authorized by the Pennsylvania Public Utility Commission certificate or permit, and will not engage in the transportation for which approval is herein sought unless and until authorized by the Commission.

---

Don Lyles (Signature)

Donald Lyles  
Owner, KindRide Medical Transport LLC  
Date: June 15, 2026

## Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Don Lyles

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(Print Name)

*Don Lyles*

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(Signature)

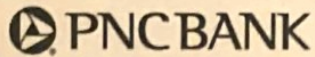
06/15/2026

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(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

I, Don Lyles, certify that the information contained in this application is true and correct to the best of my knowledge and belief. I understand that false statements are subject to penalties under applicable laws.



05/28/2026

KINDRIDE MEDICAL TRANSPORT LLC  
209 JACOB DR  
PITTSBURGH, PA 15235-1723

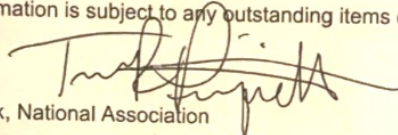
Dear TO WHOM IT MAY CONCERN

In response to your request that PNC Bank, National Association provide written verification concerning your Business Checking account(s), we are providing the following information:

<u>Account No.</u>	<u>Routing No.</u>	<u>Date Opened</u>	<u>Balance as of date of this letter</u>
1083515396	043000096	04/15/2026	\$10,085.05

This information is subject to any outstanding items or charges.

Sincerely,

  
PNC Bank, National Association

TESSA PIMPINELLA  
BRANCH MANAGER  
412-242-6525

CUSTOMER AUTHORIZATION/ ACKNOWLEDGEMENT

I/we hereby acknowledge that I/we have requested and authorized PNC Bank, National Association to provide this written verification concerning my/our Business Checking account(s).

Dated this 28<sup>th</sup> day of May, 2026.

Customer Signature: Don Lyles

Customer Signature: \_\_\_\_\_

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA

JUDGMENT INCLUDING SENTENCE  
UNDER THE SENTENCING REFORM ACT

v.

DONALD LYLES

Case Number 2:13cr00149-001

Gary B. Zimmerman, Esquire  
Defendant's Attorney

THE DEFENDANT:

X pleaded guilty to Counts 1 and 2.

Accordingly, the court has adjudicated that the defendant is guilty of the following offenses:

Title and Section	Nature of Offense	Date Offense Concluded	Count Numbers
21 USC §§ 841(a)(1) and 841(b)(1)(B)(i)	Possession with Intent to Distribute 100 Grams or More of a Mixture and Substance Containing a Detectable Amount of Heroin, a Schedule I Controlled Substance	4/25/2013	1 and 2

The defendant is sentenced as provided in pages 2 through 4 of this Judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

X It is ordered that the defendant shall pay to the United States a special assessment of \$200, which shall be due immediately.

It is further ordered that the defendant shall notify the United States Attorney for this district within 30 days of any change of residence or mailing address until all fines, restitution, costs, and special assessments imposed by this Judgment are fully paid.

07408068

Defendant's USM No.

December 3, 2013

Date of Imposition of Sentence



Signature of Judicial Officer  
DAVID STEWART CERCONE  
U.S. District Judge

12/9/2013

Date

Defendant: DONALD LYLES  
Case Number: 2:13cr00149-001

Judgment--Page 2 of 4

**IMPRISONMENT**

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a term of 120 months at each of Counts 1 and 2, said terms to run concurrent.

X The defendant is remanded to the custody of the United States Marshal.

X The Court makes the following recommendations to the Bureau of Prisons:

1. The court recommends that the defendant be designated to FCI Morgantown, FCI Loretto, FCI Jesup, or other Bureau of Prisons facility located in close proximity to Western Pennsylvania for family considerations.
2. The court recommends that the defendant be permitted to participate in any drug treatment plan available to him during his period of incarceration, including the Bureau of Prisons' 500-Hour Intensive Drug Treatment Program.

**RETURN**

I have executed this Judgment as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Defendant delivered on \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_,

with a certified copy of this Judgment.

\_\_\_\_\_  
United States Marshal

By \_\_\_\_\_  
Deputy Marshal

Defendant: DONALD LYLES  
Case Number: 2:13cr00149-001

Judgment--Page 3 of 4

### SUPERVISED RELEASE

Upon release from imprisonment, the defendant shall be on supervised release for a term of eight (8) years at each of Counts 1 and 2, said terms to run concurrent.

While on supervised release, the defendant shall not commit another federal, state or local crime and shall not illegally possess a controlled substance. The defendant shall comply with the standard conditions that have been adopted by this court (set forth on the following page). If this judgment imposes a restitution obligation, it shall be a condition of supervised release that the defendant pay any such restitution that remains unpaid at the commencement of the term of supervised release. The defendant shall comply with the following additional conditions:

- The defendant shall report in person to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons.
- The defendant shall not possess a firearm, ammunition, destructive device, or any other dangerous weapon.
- The defendant shall cooperate in the collection of DNA as directed by the probation office.
- Additional conditions:
  1. The defendant shall not illegally possess a controlled substance.
  2. The defendant shall participate in a program of testing, and if necessary, treatment for substance abuse as directed by the probation officer, until such time as the defendant is released from the program by the probation officer. The defendant shall be required to contribute to the costs of services for any such treatment in an amount determined probation officer but not to exceed the actual cost. The defendant shall submit to one drug urinalysis within 15 days after being placed on supervision and at least two periodic tests thereafter.
  3. The defendant shall submit his person, property, house, residence, vehicle, papers, business or place of employment to a search conducted by a United States Probation/Pretrial Services Officer at a reasonable time and in a reasonable manner based upon reasonable suspicion of contraband or evidence of a violation of a condition of supervision. Failure to submit to a search may be grounds for revocation. The defendant shall inform any other residents that the premises may be subject to a search pursuant to this condition.

For offenses committed on or after September 13, 1994:

- The defendant shall refrain from any unlawful use of a controlled substance. The defendant shall submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as directed by the probation officer.
- The above drug testing condition is suspended based on the court's determination that the defendant poses a low risk of future substance abuse.

Defendant: DONALD LYLES  
Case Number: 2:13cr00149-001

Judgment--Page 4 of 4

STANDARD CONDITIONS OF SUPERVISION

While the defendant is on probation or supervised release pursuant to this Judgment:

- 1) The defendant shall not commit another federal, state or local crime;
- 2) The defendant shall not leave the judicial district without the permission of the court or probation officer;
- 3) The defendant shall report to the probation officer as directed by the court or probation officer and shall submit a truthful and complete written report within the first five days of each month;
- 4) The defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;
- 5) The defendant shall support his or her dependents and meet other family responsibilities;
- 6) The defendant shall work regularly at a lawful occupation unless excused by the probation officer for schooling, training, or other acceptable reasons;
- 7) The defendant shall notify the probation officer within seventy-two hours of any change in residence or employment;
- 8) The defendant shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any narcotic or other controlled substance, or any paraphernalia related to such substances, except as prescribed by a physician;
- 9) The defendant shall not frequent places where controlled substances are illegally sold used, distributed, or administered;
- 10) The defendant shall not associate with any persons engaged in criminal activity, and shall not associate with any person convicted of a felony unless granted permission to do so by the probation officer;
- 11) The defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view by the probation officer;
- 12) The defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
- 13) The defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court;
- 14) As directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history of characteristics, and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.

**These conditions are in addition to any other conditions imposed by this Judgment.**

Upon finding of a violation of probation or supervised release, I understand that the Court may (1) revoke supervision, (2) extend the term of supervision, and/or (3) modify the conditions of supervision.

All of the conditions listed in this order have been read to me. I fully understand the conditions and have been provided a copy of them.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
U.S. Probation Officer/Designated Witness

\_\_\_\_\_  
(Date)



**COMMONWEALTH OF PENNSYLVANIA**

PENNSYLVANIA PUBLIC UTILITY COMMISSION

COMMONWEALTH KEYSTONE BUILDING

400 NORTH STREET

HARRISBURG, PENNSYLVANIA 17120

<http://www.puc.pa.gov>

May 5, 2026

Docket No. A-2026-3062228

**KINDRIDE MEDICAL TRANSPORT LLC  
209 JACOB DR  
PITTSBURGH PA 15235**

**RE: Application of Kindride Medical Transport LLC, 209 Jacob Dr., Pittsburgh, Allegheny County, PA 15235. 412-927-9906**

To Whom It May Concern:

On May 5, 2026, the application of KINDRIDE MEDICAL TRANSPORT LLC, was accepted by the Commission; however, multiple issues must be addressed before publication to the Pennsylvania Bulletin may proceed. Please review page three of this correspondence for additional information and respond appropriately.

Please forward the information to the Secretary of the Commission **within ten (10) working days** from the date of this letter. **Currently, the only acceptable means of filing your response is through the Commission's e-file system. Information is available at the following link to efile: <https://www.puc.state.pa.us/>**

**Your answers should be verified per 52 Pa Code § 1.36.** Accordingly, you must provide the following statement with your responses:

I, Don Lyles, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Please submit your response to the address cited in this letter's header. Faxes, emails, and other forms of filing are unacceptable.

Sincerely,

A handwritten signature in black ink that reads 'Matthew L. Homsher'.

Matthew L. Homsher, Secretary

Enclosure

cc: Josh Kwiatkowski

Docket No. A-2026-3062228  
KINDRIDE MEDICAL TRANSPORT LLC  
Data Request

1. Before your application can be processed further, you are required to provide an acceptable description of the proposed service area. Your request should be limited to a scope which can be supported by your present resources and financial position. As your business grows, additional territories and rights may be applied for. Applicants who request service areas beyond the scope of their resources risk the outright denial of their application, or possible Commission dictated revisions to their original request.

Descriptions of territory which include language such as, “and surrounding counties” are insufficiently specific. Your proposed service area must be fully bound, and easily discernible. This may be achieved by the use of municipal boundaries, roads, railroads, or natural boundaries such as rivers and streams, etc.

**YOU SHOULD ONLY SPECIFY AREAS FROM WHICH YOU WISH TO ORIGINATE SERVICE.**

Example:

- a. Between points in Pennsylvania
  - b. between points in the counties of X, Y, and Z.
  - c. from points in the counties of X, Y, and Z, to points in Pennsylvania, and return.
  - d. from points in the counties of X, Y, and Z, to points in the counties of A, B, and C, and return
2. In response to Question #5: **when asked to provide a plan you are expected to provide a PLAN which is fully responsive to each portion of the question** *and* to ensure that the plan satisfies the requirements of 52 Pa Code. You may hire a third party to execute the actual check, but you, as the applicant, are expected to establish a policy which complies with the governing laws and regulations. You are also expected to provide this Commission with written evidence of said plan/policies.
    - a. In reference to Question #5
      - i. You are specifically advised to review the requirements of the following chapters of 52 Pa Code **and to submit EVIDENCE of compliant plan for drivers which completely addresses the following:**

- § 29.503. Driver Age
  - § 29.504. Driver history (schedule and record retention)
  - § 29.505. Criminal history (schedule and record retention)
3. Is the cited vehicle registered to KINDRIDE MEDICAL TRANSPORT LLC? PennDOT will require proper registration to issue the requisite commercial license plate.
  4. Provide a detailed explanation as to why your vehicle valuation is listed at \$30,000 when KBB.COM (Kelley Blue Book) provides a valuation of **\$7,875 - \$8,675** based upon your VIN, location, and with the benefit of having a condition rating of “VERY GOOD.”
  5. Please provide information on your insurance policy, or policy quotes. Include the provider’s name, policy limits, and annual costs. Do/will you pay your premiums in monthly installments, or do/will you pay the entire premium in advance?
  6. Please provide a full disclosure of your federal conviction – to include the dates of incarceration, crimes incarcerated for, and an explanation of when federal custody/supervision ended. Please also include a copy of your current driver’s License.
  7. Please review the below criteria and submit a revised compliant Statement of Financial Position (**utilizing the previously provided form**) **and provide evidence to support the statement (required):**
    - a. The statement presented must be **DATED** and comprised of information which is less than 6 months old.
    - b. The submission **MUST** be comprised of information which is **accurate as of the date provided.**
    - c. **The information is to be exact and should not include estimates or approximations when accurate numbers are available.** Property and vehicle valuations may be approximations; however, if the valuation is higher than typical Kelly Blue Book (or similar) valuations, you should provide an explanation as to why (e.g. vehicle with an installed wheelchair lift, etc). Bank accounts and loan balances should be exact amounts (rounded to the nearest dollar).
    - d. **ALL relevant assets and debts** are to be included (**vehicle loan balances/vehicle asset value, lease expenses, etc.**).
    - e. **The information provided is also to be strictly limited to assets and debts HELD BY THE APPLICANT (KINDRIDE MEDICAL TRANSPORT LLC). Any property and accounts listed MUST be registered or titled to**

**the applicant. Bank accounts must be in the name of KINDRIDE MEDICAL TRANSPORT LLC. Vehicles must be registered to KINDRIDE MEDICAL TRANSPORT LLC. Property must be titled to KINDRIDE MEDICAL TRANSPORT LLC. Relevant Vehicle and facility leases should also be properly shown and allocated. If these items are not in the name of KINDRIDE MEDICAL TRANSPORT LLC, they should NOT be included on the balance sheet.**

If you have not fully funded and equipped the business, now is the time to do so (before re-submitting your updates). Applicants lacking suitable finances, resources, and equipment will be denied authority.

**Finally, in order to fully assist the Commission in verifying your financial fitness**, please provide supporting documentation for the statement of financial position (balance sheet). Acceptable means of support include current copies of bank statements (account numbers may be redacted), and/or notarized/official statements of account balances/ownership provided by bank officers (with current contact information). Also include any and all claimed vehicles or land/buildings must also include proof of ownership/registration - vehicle registrations, property titles, purchase agreements, leases, etc.

**You are encouraged to enlist professional financial assistance if you experience difficulty in constructing your statement of financial position. Be advised that failing to provide an acceptable financial statement is sufficient grounds for the denial of your application, as is failure to provide the requested supporting documentation.**

Advertisement

My Car's Value - Disposer

## 2013 Dodge Grand Caravan Passenger R/T Minivan



4D 3.7 ★ (427 Ratings) Write a Review

VIN: 2C4RDGEG5DR650254

### Values

## Your Offers and Values



Trade or Sell to Dealer



Sell It Myself Privately



Sell to Kelley Blue Book



Save This Car



Share This Value

Easiest

Ready to sell? Kelly Buys Your Car makes it easy with expert guidance and convenient at-home pickup.

With Kelley Blue Book®...

## These Options are One Step Away!

Get an Offer to Trade or Sell  
to a Dealer

Get an Offer to Sell to  
Kelley Blue Book



**Continue**

You are not obligated to accept either the Instant Cash Offer or the Kelley Buys Your Car Offer. Offers are good for seven (7) days, additional inspections required. You will still receive your Trade-In Value and Private Seller Exchange Suggested Listing Price Range, so you can compare and choose the option that's best for you.

## Private Party And Trade-In Ranges

The Private Party Range gives you an estimate if you decide to sell your car directly to another person instead of trading it in. The Trade-In Range gives you an idea of what you can expect to get for your car this week at a dealership.

Private Party     Trade-In

Private Party Range  
**\$7,875 - \$8,675**  
Private Party Value  
**\$8,275**



**i** Important info & Definitions

Based on Very Good Condition  
Valid for ZIP Code 15235 through 05/05/2026

Don't overpay for car insurance.  
[Get a policy built just for you.](#)



**INSURANCE QUOTE**

This Quote describes the coverage terms and conditions being offered. Please review carefully as the terms and conditions may differ from those requested. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient for your client's coverage needs.

This quote is comprised of this cover letter and the accompanying attachments

Date Quoted: 05/06/26 Unless otherwise specified, this quote will expire in thirty days.

Tuscano Quote #: GS1349585

From Jamie Willcox

To: Lorraine Toboz  
993012 Panichelle Financial Group LLC dba Panichelle Insurance

Applicant: Kind Ride LLC

Issuing Carrier: Scottsdale Insurance Company  
A.M. Best Rating: A+ XV

Coverage: Commercial General Liability

Policy Term Quoted: 12 months

Minimum Earned Premium: 25.00%

Premium: \$ 1,654.00  
Other Charges: \$ 49.62 Surplus Lines Tax  
\$ 20.00 PA Stamp Fee  
\$ 125.00 Policy Fee

Grand Total: \$ 1,848.62  
Commission:

Billing Terms: Premium will be agency-billed. Once coverage is bound, earned premium will accrue and minimum premiums will apply. Your agency is responsible for collecting and remitting payment to Tuscano; however, the policyholder may pay the premium online at [www.tuscano.com/Pay/Information](http://www.tuscano.com/Pay/Information) using the above noted Tuscano quote#.

If you are using premium finance offered by Tuscano, please return the signed finance contract with your bind request. You are responsible for collecting the down payment and remitting it to Tuscano when due.

The insurer with whom this insurance is to be placed is not admitted to transact business in this Commonwealth and is subject to limited regulation by the department; and in the event of insolvency of the insurer, losses will not be paid by the Pennsylvania Property and Casualty Insurance Guaranty Association

Tuscano Quote# GS1349585

Terms/Conditions/Endorsements and Exclusions: See Attached Company-issued quote

Additional Terms:

**PLEASE BE ADVISED OF THE FOLLOWING:**

- A written request to bind coverage is required
- Completion of the online PA Surplus Lines Affidavit is required if bound

**ITEMS REQUIRED PRIOR TO BINDING:**

- Fully Completed & Signed Application:  
Acord 125/126 & Transportation Supplemental
- No known loss letter:  
Dated from business inception to present
- Completed & Signed Terrorism Disclosure Form
- Also Needed:  
Confirmation of commercial auto coverage in place with limits equal to or greater than Liability limits

Thank you for the opportunity to quote this risk for your client. This quote is based on the insurer's agreement to quote and is issued by Tuscano without any liability whatsoever as an insurer. This quote may be withdrawn by the insurer at any time prior to binding. Coverage cannot be considered bound until confirmed by the W.N. Tuscano Agency, Inc. Please advise in writing when coverage is desired, and we will confirm when bound.

## Commercial Insurance Quote Proposal

**To:** Panichelle Financial Group LLC  
**Contact Name:**  
**Contact Email:**  
**Contact Phone:**

**From:** WN Tuscano Agency (Greensburg, PA)  
**Address:** PO BOX 1027 Greensburg PA 15601-5027  
**Contact Name:**  
**Contact Email:**  
**Contact Phone:**  
**License #:**

**Underwritten By:** SCOTTSDALE INSURANCE COMPANY

**A.M. Best rated A (Excellent), FSC XV**

**Commission:** 10%

**Minimum Earned:** 25%

**Minimum and Advance  
 Premium:** 100%

These terms are valid for 60 days from APRIL 29,2026. Our quote may differ from the terms requested. Please review the quote carefully.

If the policy is cancelled at the insured's request, including non-payment of premium, there will be a minimum earned premium retained by us. If a policy or inspection fee is applicable to this policy, the fees are fully earned. No flat cancellations.

At the close of each audit period, we will compute the earned premium for that period. If the earned premium is greater than the advance premium paid, an audit premium will be due. There will be no returned premium upon Audit if the estimated exposure is less than shown, unless the Minimum and Advance Premium is less than 100%.

<b>Applicant Name:</b>	KIND RIDE LLC
<b>Proposed Policy Period:</b>	04/29/2026 To 04/29/2027
<b>Quote Number:</b>	QT-09478366
<b>Agent Reference Number:</b>	
<b>Renewal of #:</b>	NEW

### Premium Summary

LIABILITY	\$	1,654.00
<b>Sub Total Premium:</b>	\$	<b>1,654.00</b>
<b>Grand Total:</b>	\$	<b>1,654.00</b>

**Terrorism:** Terrorism coverage can be purchased for an additional premium of \$83.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

<p><b>Subject to following terms and conditions:</b></p> <ul style="list-style-type: none"> <li>Completed, signed and dated ACORD application.</li> <li>Completed, signed and dated supplemental application.</li> <li>Confirm Automobile Liability coverage is in place with limits equal to or greater than Liability limits chosen.</li> <li>No known loss letter signed by the insured.</li> <li>Signed TRIA form at time of binding, rejecting or accepting coverage.</li> </ul>
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### Commercial Liability Coverage

	Limits
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal and Advertising Injury	\$1,000,000
Per Occurrence	\$1,000,000
Damage to Premises Rented to You	\$100,000
Medical Payments	\$5,000
Deductible	\$0 BI/PD/PA PER CLAIMANT

### Liability Rating Classifications and Premium

Loc #/ Bldg #	Program / ISO	Class Code	Description	Exposure	Prem / Prod Rate	Prem / Prod Premium
209 JACOBI DR FLD SEURGH PA 15235						
1 / 1	MH	68001	TAXICAB COMPANIES+	1 / PER VEHICLE/EA CH	\$1054.43 (First)	\$1,054

† + PRODUCTS/COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT

### Commercial Liability Additional Coverages

Coverage Description	Form	Limit 1	Limit 2	Deductible	Premium
ERRORS & OMISSIONS COVERAGE PART	GLS (HI) 172s	\$1,000,000	\$2,000,000		\$250
LOADING OR UNLOADING OF PASSENGERS - LIMITED LIABILITY COVERAGE	GLS-724	\$5,000	\$10,000		\$100
SEXUALLY ABUSIVE ACTS - LIMITED LIABILITY COVERAGE	GLS-621	\$100,000	\$300,000		\$250

**Final Liability Premium:**

**\$1,654**

## Forms and Endorsements

### Common Policy

NOTX0178CW 03-16 CLAIM REPORTING INFORMATION

NOTX0423CW 12-20 POLICYHOLDER DISCLOSURE - NOTICE OF TERRORISM INSURANCE COVERAGE

NOTX0650CW 02-26 NOTICE-FRAUD WARNINGS

UTS-COVPG 03-21 COVER PAGE

OPS-D-1-0117 01-21 COMMON POLICY DECLARATIONS

UTS-SP-2 12-95 SCHEDULE OF FORMS AND ENDORSEMENTS

UTS-SP-3 08-96 SCHEDULE OF LOCATIONS

IL 00 17 11-98 COMMON POLICY CONDITIONS

IL 02 46 09-07 PENNSYLVANIA CHANGES-CANCELLATION AND NONRENEWAL

IL 09 10 07-02 PENNSYLVANIA NOTICE

UTS-496 06-19 MINIMUM EARNED CANCELLATION PREMIUM

UTS-9g 06-22 SERVICE OF SUIT CLAUSE

### Commercial Liability

CLS-SD-1L 08-01 COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS

CLS-SP-1L 10-93 COMMERCIAL GENERAL LIABILITY COVERAGE PART EXTENSION OF SUPPLEMENTAL DECLARATIONS

CG 00 01 04-13 COMMERCIAL GENERAL LIABILITY COVERAGE FORM

CG 00 70 01-26 EXCLUSION-WAR

CG 21 06 12-23 EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL MATERIAL OR INFORMATION

CG 21 47 12-07 EMPLOYMENT-RELATED PRACTICES EXCLUSION

CG 21 49 09-99 TOTAL POLLUTION EXCLUSION ENDORSEMENT

CG 21 67 12-04 FUNGI OR BACTERIA EXCLUSION

CG 21 73 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM

CG 24 26 04-13 AMENDMENT OF INSURED CONTRACT DEFINITION

CG 40 12 12-19 EXCLUSION - ALL HAZARDS IN CONNECTION WITH AN ELECTRONIC SMOKING DEVICE, ITS VAPOR, COMPONENT PARTS, EQUIPMENT AND ACCESSORIES

CG 40 15 12-20 CANNABIS EXCLUSION WITH HEMP EXCEPTION

GLS-106s 12-13 TOTAL LIQUOR LIABILITY EXCLUSION

GLS-152s 08-16 AMENDMENT TO OTHER INSURANCE CONDITION

GLS-172s 09-23 ERRORS AND OMISSIONS COVERAGE PART

GLS-289s 11-07 KNOWN INJURY OR DAMAGE EXCLUSION-PERSONAL AND ADVERTISING INJURY

GLS-328s 06-25 INJURY TO EMPLOYEE AND WORKER EXCLUSION

GLS-341s 08-12 HYDRAULIC FRACTURING EXCLUSION

GLS-457s 10-14 AIRCRAFT EXCLUSION

## Forms and Endorsements

~~GLS-47s-10-07 MINIMUM-AND-ADVANCE PREMIUM ENDORSEMENT~~

GLS-537 02-19 CONTROLLED SUBSTANCE EXCLUSION

GLS-570 05-23 CONTRACTORS SPECIAL CONDITIONS

GLS-621 06-22 SEXUALLY ABUSIVE ACTS - LIMITED LIABILITY COVERAGE

GLS-666 06-22 PFC/PFAS EXCLUSION

GLS-690 08-25 EXCLUSION-TOTAL AIRCRAFT, AUTO OR WATERCRAFT WITH LIMITED EXCEPTIONS

GLS-724 11-23 LOADING OR UNLOADING OF PASSENGERS-LIMITED LIABILITY COVERAGE

UTS-303g 01-09 FUNGI OR BACTERIA EXCLUSION

UTS-365s 02-09 AMENDMENT OF NONPAYMENT CANCELLATION CONDITION

UTS-428g 11-12 PREMIUM AUDIT

UTS-611 07-22 EXCLUSION-BIOMETRIC INFORMATION

UTS-632 03-23 EXCLUSION-DESIGNATED CHEMICALS, COMPOUNDS, ENERGY, MATERIAL OR SUBSTANCES

UTS-74g 08-95 PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION

KindRide Medical Transport LLC

Balance Sheet

(As of May 2026)

ASSETS

Current Assets

Cash in PNC Business Account: \$10,085.05

Total Current Assets: \$10,085.05

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Tangible Assets

Wheelchair Accessible 2013 Dodge Grand Caravan

(ADA equipped with commercial wheelchair lift, L-track wheelchair securement system, keeper-style restraints, over-center belt tie-downs, and occupant restraint equipment designed for safe wheelchair passenger transportation): \$29,995.00

NEMT Equipment

(wheelchair securement system, safety gear, first aid supplies, fire extinguisher): \$2,500.00

Office Equipment

(computer, phone, printer, administrative tools): \$1,200.00

Total Tangible Assets: \$33,695.00

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TOTAL ASSETS: \$43,780.05

---

LIABILITIES

Current Liabilities

Commercial General Liability Insurance

(12-Month Policy Premium): \$1,848.62

Commercial Auto Liability and Physical Damage Insurance

(12-Month Policy Premium): \$12,093.00

Estimated Short-Term Operating Expenses

(fuel, maintenance, start-up costs): \$1,200.00

Total Current Liabilities: \$15,141.62

---

Long-Term Liabilities

Vehicle Loan: \$0.00

(Vehicle owned free and clear)

---

TOTAL LIABILITIES: \$15,141.62

---

OWNER'S EQUITY

Total Assets: \$43,780.05

Minus Total Liabilities: \$15,141.62

Owner's Equity: \$28,638.43

I certify that the above information is true and correct to the best of my knowledge and reflects the current financial position of KindRide Medical Transport LLC.

Respectfully submitted,

---

Don Lyles

Owner

KindRide Medical Transport LLC

**INSURANCE QUOTE**

This Quote describes the coverage terms and conditions being offered. Please review carefully as the terms and conditions may differ from those requested. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient for your client's coverage needs.

This quote is comprised of this cover letter and the accompanying attachments

Date Quoted: 05/07/26

Unless otherwise specified, this quote will expire in thirty days.

Tuscano Quote #: AU262370

From Dana Crouse

To: Lorraine Toboz  
993012 Panichelle Financial Group LLC dba Panichelle Insurance

Applicant: Kind Ride LLC

Issuing Carrier: National Liability & Fire Ins  
A.M. Best Rating: A++ XV

Coverage: Auto Liability & Physical Damage

Policy Term Quoted: 12 months

Premium: \$ 12,093.00

Grand Total: \$ 12,093.00

Commission:

Billing Terms:

Premium will be agency-billed. Once coverage is bound, earned premium will accrue and minimum premiums will apply. Your agency is responsible for collecting and remitting payment to Tuscano; however, the policyholder may pay the premium online at [www.tuscano.com/Pay/Information](http://www.tuscano.com/Pay/Information) using the above noted Tuscano quote#.

If you are using premium finance offered by Tuscano, please return the signed finance contract with your bind request. You are responsible for collecting the down payment and remitting it to Tuscano when due.

Tuscano Quote# AU262370

Terms/Conditions/Endorsements and Exclusions: See Attached Company-issued quote

Additional Terms:

**PLEASE BE ADVISED OF THE FOLLOWING:**

- A written request to bind coverage is required
- Quote is based on clean MVR; premium is subject to change if any accidents or driving violations
- All drivers must be reported prior to driving; confirm insured is aware of this stipulation.
- Subject to no undisclosed losses

**ITEMS REQUIRED WITHIN THE NUMBER OF DAYS SPECIFIED:**

- Completed & Signed Apps or Supplements attached to the quote - within 7 days

\*Please refer to cover memo.\*

Thank you for the opportunity to quote this risk for your client. This quote is based on the insurer's agreement to quote and is issued by Tuscano without any liability whatsoever as an insurer. This quote may be withdrawn by the insurer at any time prior to binding. Coverage cannot be considered bound until confirmed by the W.N. Tuscano Agency, Inc. Please advise in writing when coverage is desired, and we will confirm when bound.

# Account Summary For Kind Ride LLC

Quote #: 18034142  
 Status: Pending  
 Policy Type: AP

<u>Symbol</u>	<u>Coverage</u>	<u>Limit (\$)</u>	<u>Premium (\$)</u>
7	Liability	1,000,000 CSL	7,746
7	UM - BI - NonStacked	1,000,000 CSL	595
7	UIM - BI - NonStacked	1,000,000 CSL	1,123
	FPB Basic		511
7	FPB Additional		662
7	Physical Damage	See Specific Unit	1,456
	Total Ins Value	40,000	
<b>Total</b>			<b>\$12,093.00</b>

Revision: 73PA2025R01

Vehicle Information

NICO-Rate Version: 8.8.1.383

<u>Unit</u>	<u>Liability</u>	<u>UM</u>	<u>UIM</u>	<u>FPB Basic</u>	<u>FPB Addl</u>	<u>Phys Dam</u>	<u>Cargo/ In-Tow</u>	<u>All/Lessor</u>	<u>Unit Sub Total</u>
1 2014 DODGE GRAND CARAVAN (50254) Comp/Coll \$40,000 Radius: Up to 25 Miles	7,746	595	1,123	511	662	1,456	N/A	N/A	12,093
	<b>Deductible: 500/500</b>								



Quote #: 18034142

### FIRST PARTY BENEFITS NOTICE

The options that you requested for Pennsylvania First Party Benefits are reproduced below. These options determined your policy premium, but your policy may be changed by contacting the party listed below. Changing these indications may result in changes to your premium. The State of Pennsylvania requires you to purchase a minimum of \$5,000 for the Medical Expense Benefit. All of the other options listed below (including a higher limit of Medical Expenses) are choices you may make. The premium associated with each option is also listed.

If you are satisfied with your level of First Party Benefits this notice may be disregarded.

#### FIRST PARTY BENEFITS

- A. MEDICAL EXPENSE BENEFIT** *Coverage to reimburse you for reasonable and necessary medical treatment and services incurred.*
- B. INCOME LOSS BENEFIT** *Coverage to replace a portion of lost income and reimburse you for expenses in securing replacement services.*
- C. ACCIDENTAL DEATH BENEFIT** *A death benefit paid in the event of the death of an insured person due to a covered auto accident.*
- D. FUNERAL BENEFIT** *Coverage to pay for direct funeral, burial and other related expenses incurred as a result of the death of an insured person due to a covered accident.*

BENEFIT LEVEL OPTIONS: (Coverage is comprised of a selection from each one of A, B, C, and D or one selection from E. Coverage is also comprised of a selection from F.)

- A. MEDICAL EXPENSES:** ( indicates the option you selected)
- \$5,000 per person, per accident (Minimum) \$ 511 Premium
  - \$10,000 per person, per accident \$ 764 Premium
  - \$25,000 per person, per accident \$ 984 Premium
  - \$50,000 per person, per accident \$ 1,753 Premium
  - \$100,000 per person, per accident (Maximum) \$ 1,932 Premium

- B. INCOME LOSS:** ( indicates the option you selected, if any)
- None - Rejected per month / per accident, per person (Minimum)
  - \$1,000 / \$5,000 per month / per accident, per person \$ 97 Premium
  - \$1,000 / \$10,000 per month / per accident, per person \$ 179 Premium
  - \$1,000 / \$15,000 per month / per accident, per person \$ 194 Premium
  - \$1,500 / \$25,000 per month / per accident, per person \$ 243 Premium
  - \$2,500 / \$50,000 per month / per accident, per person (Maximum) \$ 323 Premium

**C. ACCIDENTAL DEATH:** ( indicates the option you selected, if any)

- None - Rejected per person, per accident (Minimum)
- \$5,000 per person, per accident \$ 6 Premium
- \$10,000 per person, per accident \$ 8 Premium
- \$25,000 per person, per accident (Maximum) \$ 15 Premium

**D. FUNERAL EXPENSE:** ( indicates the option you selected, if any)

- None - Rejected per person, per accident (Minimum)
- \$1,500 per person, per accident \$ 3 Premium
- \$2,500 per person, per accident (Maximum) \$ 4 Premium

**OR**

**E. COMBINATION BENEFITS:** Single Limit for all coverages, with specific benefit limits as shown

( indicates the option you selected, if any)

- \$50,000 (\$2,500 Funeral and \$10,000 Accidental Death Benefits) \$ 2,683 Premium
- \$100,000 (\$2,500 Funeral and \$10,000 Accidental Death Benefits) \$ 2,862 Premium
- \$177,500 (\$2,500 Funeral and \$25,000 Accidental Death Benefits) \$ 3,219 Premium

**AND**

**F. EXTRAORDINARY MEDICAL BENEFIT (EMB):** ( indicates the option you selected, if any)

In accordance with Pennsylvania Law your First Party Benefits coverage may be extended to provide an extraordinary medical benefit (EMB) which will pay the medical and rehabilitation costs for you and your family members residing in your household which are more than \$100,000 for each person injured as the result of an automobile accident, up to a lifetime benefit limits of \$1,000,000 for each person. Since you are only required to carry \$5,000 medical expense coverage under your First Party Benefits and EMB coverage only pays expenses that exceed \$100,000, you may have a gap in coverage between your requested First Party Benefits and EMB coverage. We recommend you consider this when you make your medical expense selections.

- I purchased no EMB coverage.
- I purchased EMB coverage at the following limit:
  - \$100,000
  - \$300,000
  - \$500,000
  - \$1,000,000

**If you desire to change your coverage please contact:**

W. N. Tuscano Agency, Inc.  
950 Highland Ave

# Driver Information for Kind Ride LLC

NICO-Rate for Pennsylvania  
National Liability & Fire Insurance Company

Quote #: 18034142

Revision: 73PA2025R01

<u>Driver</u>	<u>Date of Birth</u>
1 Don Lyles	3/12/1974

Kind Ride LLC

Quote #: 18034142

## Schedule of Forms & Endorsements

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CA 0001 (03/2010) Business Auto Coverage Form  
CA 0180 (03/2021) Pennsylvania Changes  
CA 2018 (12/1993) Professional Services Not Covered  
CA 2192 (06/2012) Pennsylvania Uninsured Motorists Coverage - Nonstacked  
CA 2193 (06/2012) Pennsylvania Underinsured Motorists Coverage - Nonstacked  
CA 2237 (03/2006) Pennsylvania Basic First Party Benefits  
CA 2238 (03/1995) Pennsylvania Added and Combination First Party Benefits Endorsement  
CA 2402 (12/1993) Public Transportation Autos  
IL 0120 (05/2011) Pennsylvania Changes - Defense Costs  
IL 0910 (12/2003) Pennsylvania Notice  
M 4095b (10/2008) Pennsylvania Fraud Notice  
M 4572 (12/1994) Schedule of Forms and Endorsements at Policy Inception  
M 4803 (02/1998) Abuse or Molestation Exclusion  
M 4959a (03/2002) Schedule of Covered Autos  
M 5178b (09/2009) Pennsylvania Changes - Cancellation and Nonrenewal  
M 5479 (04/2010) Towing and Storing Costs  
M 5605 (02/2011) Business Auto Coverage Declarations  
M 5749 (01/2013) Underinsured Motorists Coverage Amendatory Endorsement  
M 5872 (09/2020) Changes to Common Policy Conditions - Cancellation  
M 5910 (05/2020) Stated Amount Insurance  
M 5952 (03/2019) Punitive Damage Exclusion  
M 5978 (05/2020) Communicable Disease Exclusion  
M 5986 (10/2020) Commercial Policy Jacket  
M 6018 (04/2023) Exclusion - PFAS (Perfluoroalkyl and Polyfluoroalkyl Substances)  
R 1413e (08/1998) Pennsylvania Financial Responsibility Identification Card

KindRide Medical Transport LLC  
209 Jacob Drive  
Pittsburgh, PA 15235

Date: May 15, 2026

Pennsylvania Public Utility Commission  
Bureau of Technical Utility Services

RE: Compliance Statement – 52 Pa. Code § 29.505 Criminal History Requirements

To Whom It May Concern:

I understand the requirements under 52 Pa. Code § 29.505 regarding criminal history reviews and background checks for drivers operating under Pennsylvania Public Utility Commission authority.

I respectfully provide the following information for disclosure and review purposes as the owner and proposed driver for KindRide Medical Transport LLC.

I was incarcerated beginning April 25, 2013, and released on May 14, 2020. During that time, I was housed at the following federal facilities:

- FCI Loretto, PA 15940 (2014–2015)
- FPC Montgomery, Maxwell Air Force Base, Montgomery, AL 36112 (2015–2019)
- FPC Duluth, MN 55811 (2019–2020)

Following my release, I completed residency requirements at:

Renewal Center  
339 Boulevard of the Allies  
Pittsburgh, PA 15222  
May 2020 – August 2020

I am currently under supervision with the United States Probation Office located at 700 Grant Street, Pittsburgh, PA 15219. My supervising Probation Officer is Tucker Pritts, and I am presently pending early termination of probation.

Since my release, I have remained compliant with all supervision requirements and have focused on rebuilding my life through lawful employment, business development, and community responsibility.

I, Don Lyles, have extensive professional driving and transportation experience, including holding a Class A Commercial Driver's License (CDL) with Hazmat and Double/Triple Trailer

endorsements. I have worked in multiple transportation and coordination roles, including freight delivery for New Penn in both local and over-the-road operations, beverage delivery for Coca-Cola, and container transportation for PackRat. I also have experience transporting equipment for film production sets, including operating support vehicles and water trucks.

In addition, I have personal experience assisting family members who use wheelchairs and elderly individuals attending medical appointments, which has provided me with familiarity in passenger care and mobility assistance. This combined experience has given me strong practical knowledge of safe vehicle operation, passenger care, trip planning, communication, and service responsibilities relevant to non-emergency medical transportation services.

I understand the importance of public safety and trust in the transportation industry and respectfully request consideration of my rehabilitation, compliance history, employment background, and commitment to operating responsibly under Pennsylvania Public Utility Commission regulations.

I am committed to operating KindRide Medical Transport LLC in a safe, professional, and fully compliant manner while providing dependable and compassionate transportation services to the community.

Respectfully submitted,

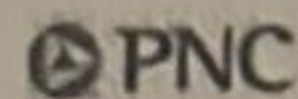
*Don Lyles*

---

Don Lyles

Owner, KindRide Medical Transport LLC

Account Number: [REDACTED]



Post Date	Effective Date	Amount	Balance	DCN	Stm	Type	Description
05/12/2026	05/12/2026	\$7,000.00	\$10,085.05	C		Deposit	[REDACTED]
05/12/2026	05/12/2026	\$3,000.00	\$3,085.05	C		Deposit	[REDACTED]

April 25<sup>th</sup> 2013 - incarcerated

May 14<sup>th</sup> 2020 - released

FPC Duluth

4464 Ralston Dr.

Duluth, MN 55811

2019 - 2020

FCI Loretto

772 St. Joseph St,

Loretto Pa 15940

2014 - 2015

Renewal Center

339 Blvd of the Allies

PGH Pa 15222

2020 May - 2020 Aug

FPC Montgomery

Maxwell Airforce Base

Montgomery Al 36112

2015 - 2019

US Probation

700 Grant St

PGH Pa 15219

Pending early termination

2020 - 2028

Tucker Pritts

412-660-3496  
5/13/2026

**Pennsylvania** COMMERCIAL DRIVER'S LICENSE  
 NOT FOR REAL ID PURPOSES

SEX: M HT: 5'10" WT: 200 EYES: BRN HAIR: BRN  
 DON LEON ASB MARTIN JOHN  
 EXP: 03/13/2026  
 CLASS: A  
 CDL

*Don Asb*

EXPIRES: 03/13/2026

Study Permit? Yes  
 none within 10 days.  
 Visit us at www.dmv.pa.gov  
 or call us at 717-422-2000.  
 TTY users - please dial  
 717-422-2000.

CLASS: A-Combo = \$2,000 / Fee = \$200  
 Fee = \$200



Because Life is a Moving Experience®



2013 & Up Chrysler  
Foldout Wheelchair  
Accessible Vehicle  
Private Use

*Operator's  
Manual*

37971

2013 **DODGE**  
**GRAND CARAVAN R/T**

THIS VEHICLE IS MANUFACTURED TO MEET SPECIFIC UNITED STATES REQUIREMENTS. THIS VEHICLE IS NOT MANUFACTURED FOR SALE OR REGISTRATION OUTSIDE OF THE UNITED STATES.

MANUFACTURER'S SUGGESTED RETAIL PRICE OF THIS MODEL INCLUDING DEALER PREPARATION

**Base Price: \$29,995**

**DODGE GRAND CARAVAN R/T**

**Exterior Color:** Maximum Steel Metallic Clear Coat Exterior Paint

**Interior Color:** Black Interior Color

**Interior:** Leather-Trimmed Bucket Seats

**Engine:** 3.6-Liter V6 24-Valve VVT Engine

**Transmission:** 6-Speed Automatic Transmission

**STANDARD EQUIPMENT** (UNLESS REPLACED BY OPTIONAL EQUIPMENT)  
FUNCTIONAL/SAFETY FEATURES

- Advanced Multistage Front Airbags
- Supplemental Side-Curtain Airbags in All Rows
- Driver Inflatable Knee-Bolster Airbag
- Supplemental Front Seat-Mounted Side Airbags
- Child Seat Anchor System-LATCH Ready
- Active Head Restraints
- ParkView™ Rear Back-Up Camera
- Anti-Lock 4-Wheel Disc Brakes
- Electronic Stability Control
- Keyless Entry with Immobilizer
- Power Door Locks
- Trailer Sway Damping
- Speed Control
- Selectable Fuel Economizer
- Electronic Vehicle Information Center
- Left Power Sliding Door
- Right Power Sliding Door
- 20-Gallon Fuel Tank

INTERIOR FEATURES

- Second-Row Buckets with Fold-in-Floor Seats
- 2nd/3rd-Row Stow 'n Go® w/3rd-Row Tailgate Seats
- Power Front Driver and Passenger Seats
- Power Front One-Touch, Second-Row Windows
- Second-Row Power Windows
- Power Quarter Vented Windows
- Air Conditioning with 3-Zone Automatic Temp Control
- Rear Air Conditioning with Heater
- Super Console
- Uconnect® 430 CD/DVD/MP3/HDD
- 9 Amplified Speakers with Subwoofer
- 6.5-Inch Touch Screen Display
- SiriusXM Satellite Radio w/ 1-Yr Radio Subscription
- For More Information, Call 888-539-7474
- 40 GB Hard Drive with 28 GB Available
- Steering Wheel Mounted Audio Controls
- Overhead Console
- Audio Jack Input for Mobile Devices
- 12-Volt DC Front and Rear Power Outlets
- 12-Volt Auxiliary Power Outlet
- Headlamps with Turn-Off Time Delay
- Rearview Day / Night Mirror
- Portable Rechargeable Trouble Light
- Easy Clean Floor Mats

**OPTIONAL EQUIPMENT**

**Customer Preferred Package 29N**

- Security Group
- Power Liftgate
- Remote Start System
- Security Alarm
- Driver Convenience Group
- Heated Front Seats
- Heated Second-Row Seats
- Heated Steering Wheel
- Second and Third-Row Manual Window Shades
- Safety Sphere Group
- Blind Spot and Cross Path Detection
- ParkSense® Rear Park Assist System
- Rain Sensitive Windshield Wipers
- Automatic Headlamps
- Uconnect® 730N SAT/CD/DVD/MP3/HDD/NAV
- 40 GB Hard Drive with 20 GB Available
- GPS Navigation
- Uconnect® Voice Command with Bluetooth®
- Bluetooth® Streaming Audio
- SiriusXM RealTime Traffic/1-Yr Traffic Service
- Auto-Dimming Rearview Mirror w/ Microphone
- Remote USB Port
- SiriusXM Travel Link/1Yr Travel Link Subscription
- Load Leveling and Height Control
- Flex Fuel Vehicle

**DESTINATION CHARGE**

\$995

**TOTAL PRICE: \* \$34,010**

**WARRANTY COVERAGE**

5-year or 100,000-mile Powertrain Limited Warranty.  
3-year or 36,000-mile Basic Limited Warranty.  
Roadside assistance; certain restrictions apply.  
Ask Dealer for a copy of the limited warranties or see your owner's manual for details.

**5 YEAR / 100,000 MILE  
POWERTRAIN WARRANTY**

Assembly Point/Port of Entry: WINDSOR, ONTARIO, CANADA

VIN: 2C4-RDGEG5DR-650254

L4-VON: 7828

1203

SHIP TO: 16323 15  
THE BRAUN CORPORATION  
631 WEST 11TH STREET  
WINAMAC IN 46996-

SOLD TO: 88 99907  
CHRYSLER CORPORATION  
FIRST STAGE PAPER  
DETROIT MI 48231-

THIS LABEL IS ADDED TO THIS VEHICLE TO COMPLY WITH FEDERAL LAW. THE LABEL CANNOT BE REMOVED OR ALTERED PRIOR TO DELIVERY TO THE ULTIMATE PURCHASER.  
\* STATE AND/OR LOCAL TAXES IF ANY, LICENSE AND TITLE FEES AND DEALER SUPPLIED AND INSTALLED OPTIONS AND ACCESSORIES ARE NOT INCLUDED IN THIS PRICE. DISCOUNT, IF ANY, IS BASED ON PRICE OF OPTIONS IF PURCHASED SEPARATELY.







Light blue paper posted on the driver's side window.

BraunAbility

18







KindRide Medical Transport LLC  
209 Jacob Drive  
Pittsburgh, PA 15235

Date: May 15, 2026

Pennsylvania Public Utility Commission  
Bureau of Technical Utility Services

RE: Submission of Supporting Documentation

To Whom It May Concern:

In response to the Commission's request for additional supporting documentation, I respectfully submit the attached materials in support of my application for operating authority for KindRide Medical Transport LLC.

Attached for the Commission's review are the following:

- Proof of funds and current business banking information showing a balance of \$10,085.05 maintained in the KindRide Medical Transport LLC business account with PNC Bank.
- Comparable market listings for wheelchair-accessible vans with lifts to support the stated estimated value of approximately \$30,000 for the company vehicle.
- Insurance quotes related to the proposed paratransit operation.
- Proof that the vehicle is titled and registered in the name of KindRide Medical Transport LLC.
- Photographs of the company's 2013 wheelchair-accessible van, including the wheelchair lift and accessibility equipment.

The business banking relationship is maintained through PNC Bank, and the Branch Manager is Tessa Pimpinella.

The submitted documentation is intended to further demonstrate the company's financial responsibility, operational readiness, and commitment to compliance with Pennsylvania Public Utility Commission requirements.

Thank you for your time and consideration. Should additional information or documentation be required, I will promptly cooperate with the Commission.

Respectfully submitted,

---

Don Lyles  
Owner  
KindRide Medical Transport LLC

Date: May 15, 2026

Pennsylvania Public Utility Commission  
Bureau of Technical Utility Services

RE: Revised Proposed Service Area Description

To Whom It May Concern:

In response to the Commission's request for a more specific proposed service area description, I respectfully submit the following revised service area request for KindRide Medical Transport LLC.

KindRide Medical Transport LLC proposes to originate non-emergency medical transportation service from points within Allegheny County and Westmoreland County, Pennsylvania, to points within the Commonwealth of Pennsylvania, and return.

This request reflects the company's current operational resources and financial position, including one wheelchair-accessible vehicle and owner-operated service.

Respectfully submitted,

---

Don Lyles

Owner

KindRide Medical Transport LLC

Date 5/11/76

# USED VEHICLE ORDER

Purchaser DAN LYLES KNOX REGIONAL Phone 412-927-9906  
Address 209 JACOB DR City PAH State PA Zip 15235

ENTER MY ORDER FOR ONE  CAR  TRUCK OR \_\_\_\_\_ AS FOLLOWS:

YEAR	MAKE	MODEL	BODY	LIC. H.P.
<u>75</u>	<u>DODGE</u>	<u>RAMA (RAM)</u>	<u>AMBI-CAR VAN</u>	
ODOMETER	VIN	MOTOR NO.		STOCK NO.
<u>20510</u>	<u>2C4RDG</u>	<u>EG5DRE50254</u>		<u>BLAC</u>

CAR SALES PRICE	\$ <u>9500</u>	TOTAL PURCHASE PRICE	\$
DELIVERY & HANDLING		DEPOSIT	
TAX	<u>663</u>	USED CAR ALLOWANCE \$	
FILING		LESS LIEN \$	
LIC. PLATES	<u>300</u>	HELD BY	
		EQUITY	
		CASH ON DELIVERY	
		TOTAL PAYMENT	\$
		The information you see in the window form for this vehicle is part of this contract. Information on the window form overrides any contrary provisions to the contract of sale.	
TOTAL PURCHASE PRICE	\$ <u>10423</u>		

TRADE IN RECORD Contract to be paid in \_\_\_\_\_ payments of \$ \_\_\_\_\_ each, 1st payment due \_\_\_\_\_

YEAR	MAKE	MODEL	BODY	COLOR	LIC. H.P.
ODOMETER	VIN	TITLE NO.		STOCK NO.	
	MOTOR NO.				

**SOLD AS IS.** I hereby make this purchase knowingly without any guarantee, expressed or implied, by this dealer or his agent.  
Customer's Signature [Signature]

**SOLD WITH WARRANTY.** We the dealer warranty this vehicle for \_\_\_\_\_ after delivery on a \_\_\_\_\_ retail basis of parts and labor used. (Owner pays \_\_\_\_\_ and dealer pays \_\_\_\_\_ of total retail cost of parts and labor used). All repairs must be made in our service shop or shops authorized by dealer named. We do not warranty tires, battery, glass, clock, heater or radio.  
Dealer's Signature \_\_\_\_\_

I have read the face and back of this order, and I approve all figures, terms and conditions in this purchase contract. I am 18 years of age or older and ACKNOWLEDGE RECEIPT OF A COMPLETE COPY OF THIS ORDER ON THE DATE SHOWN ABOVE. The figures in this order are predicated upon actual cost of insurance and the correct amount of the lien due to the traded-in motor vehicle. All transactions are subject to finance company or bank approval. Regardless of the mileage appearing on the speedometer the seller makes no warranty or representation as to the extent of the motor vehicle has been used or driven.

I agree to accept delivery \_\_\_\_\_ S.S. No. \_\_\_\_\_  
Buyer's Signature \_\_\_\_\_ Phone \_\_\_\_\_  
Address 209 JACOB DR PAH PA 15235

**THIS ORDER IS NOT VALID UNLESS SIGNED AND ACCEPTED BY DEALER.**

Salesman \_\_\_\_\_ Accepted by \_\_\_\_\_ DEALER'S SIGNATURE \_\_\_\_\_

MV-4ST (1-19)



pennsylvania DEPARTMENT OF TRANSPORTATION www.dmv.pa.gov

VEHICLE SALES AND USE TAX RETURN/ APPLICATION FOR REGISTRATION Attach PA Title - Type or Print - Make check payable to Commonwealth of PA Bureau of Motor Vehicles + P.O. Box 68593 + Harrisburg, PA 17106-8593

No. H9812380

Main form body with sections A (Vehicle Purchased), B (Seller), C (1st Assignment), D (2nd Assignment), E (Vehicle Traded), F (Application for Registration), G (Additional Title Information), and H (Certification). Includes fields for PA Title Number, Make of Vehicle, Model Year, Purchase Price, and various fees.

MESSANGER NO.

ALL OTHERS MUST OBTAIN TEMPORARY REGISTRATION (VALID FOR 90 DAYS)



TEXT US  
952-592-3208



CALL US  
800-956-6668

[Home](#) [Inventory](#) [Vehicle Information](#) [Services](#) [Financing](#) [Resources](#) [About Us](#) [Contact](#)



USED 2014  
**DODGE GR CARAVAN SXT**  
**\$27,995**

\*ADDITIONAL INCENTIVES MAY APPLY

[VIEW DETAILS](#)



USED 2014  
**TOYOTA SIENNA LE**  
**\$34,995**

\*ADDITIONAL INCENTIVES MAY APPLY

[VIEW DETAILS](#)



USED 2013  
**CHRYSLER T&C TOURINGL**  
**\$33,995**

\*ADDITIONAL INCENTIVES MAY APPLY

[VIEW DETAILS](#)



Your Life. Your Ride

**800-956-6668**

6591 Highway 13 W  
Savage, MN 55378



### Shopping Tools

- [How it Works](#)
- [Payment Calculator](#)
- [Conversion Options](#)

### Inventory

- [New Inventory](#)
- [Used Inventory](#)
- [Minivans Inventory](#)
- [Full-Size Inventory](#)
- [Side-Entry Inventory](#)
- [Rear-Entry Inventory](#)
- [Special Offers](#)

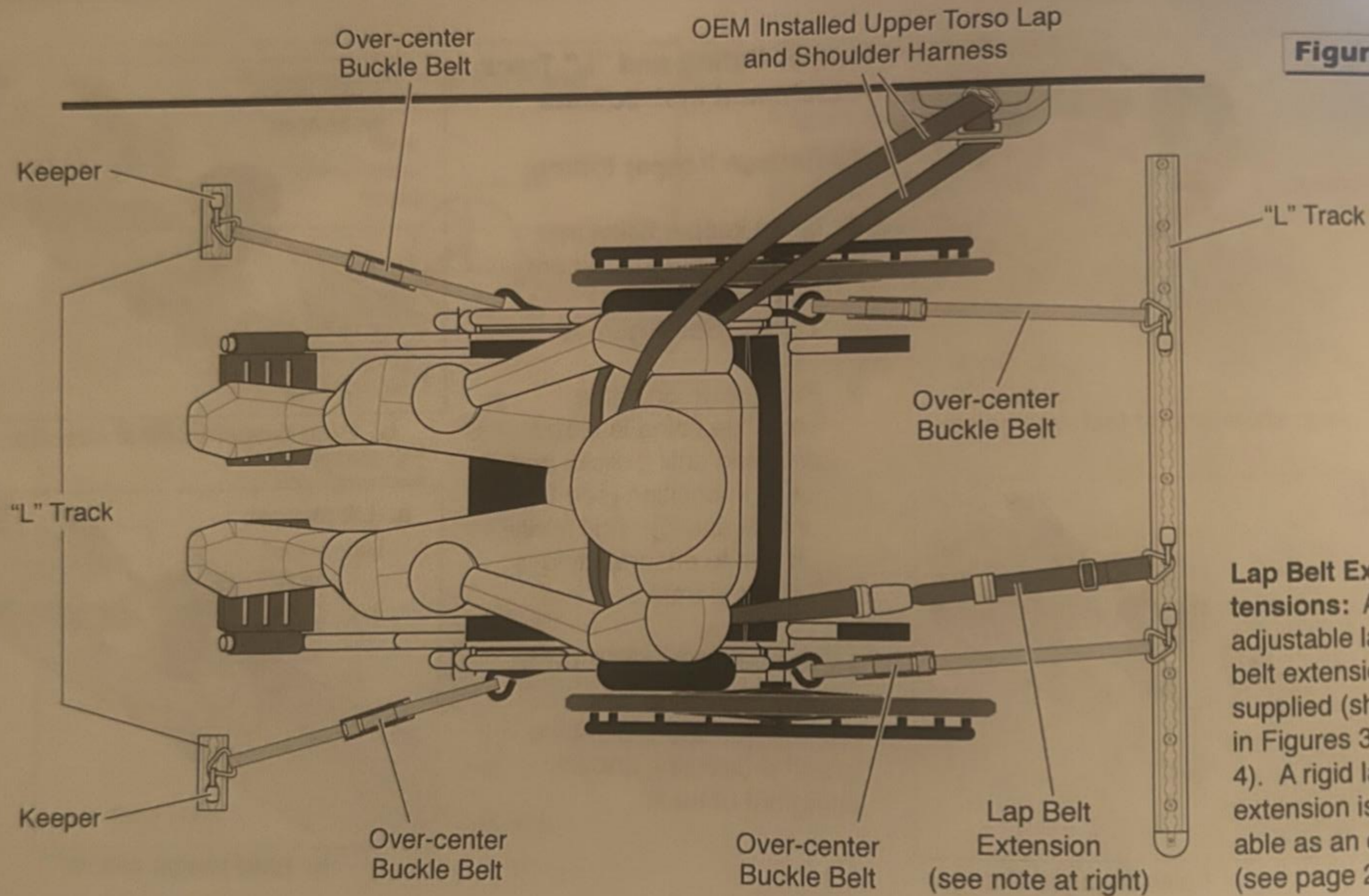
### Financing

- [Financing Options](#)
- [Financing Application](#)
- [Extended Service Contract](#)

### Resources

- [Reviews](#)
- [Blog](#)
- [Sitemap](#)

# WHEELCHAIR AND OCCUPANT RESTRAINT



**Figure 3**

**Lap Belt Extensions:** An adjustable lap belt extension is supplied (shown in Figures 3 and 4). A rigid lap belt extension is available as an option (see page 26).

**KindRide Medical Transport LLC**

209 Jacob Drive  
Pittsburgh, PA 15235

May 27, 2026

Pennsylvania Public Utility Commission  
Bureau of Technical Utility Services

**RE: Driver Qualification Compliance Plan and Disclosure Statement  
52 Pa. Code §§ 29.503, 29.504, and 29.505  
Docket No. A-2026-3062228**

To Whom It May Concern:

In response to the Commission's concerns regarding compliance with 52 Pa. Code §§ 29.503, 29.504, and 29.505, as well as questions regarding my federal supervision status and suitability to operate KindRide Medical Transport LLC, I respectfully submit the following policies, procedures, and disclosures for review and consideration.

I understand the seriousness of operating under Pennsylvania Public Utility Commission authority and the responsibility associated with transporting members of the public, including elderly and mobility-limited passengers. I respectfully provide the following information in the interest of full transparency and disclosure.

I, Don Lyles, am the sole owner and proposed driver for KindRide Medical Transport LLC. In the past, I was convicted in Federal Court of a narcotics-related felony offense. The incarceration was related solely to narcotics offenses and did not involve weapons, violence, passenger transportation, abuse of vulnerable individuals, or unsafe vehicle operation. I served the sentence imposed by the Court and have complied with all conditions and requirements associated with my sentence and supervision.

I was incarcerated beginning April 25, 2013, and released on May 14, 2020. During that time, I was housed at the following federal facilities:

- FCI Loretto, Pennsylvania (2014–2015)
- FPC Montgomery, Maxwell Air Force Base, Montgomery, Alabama (2015–2019)
- FPC Duluth, Minnesota (2019–2020)

Following my release, I completed residency requirements at the Renewal Center located at 339 Boulevard of the Allies, Pittsburgh, Pennsylvania 15222, from May 2020 through August 2020.

I am currently under supervision with the United States Probation Office located at 700 Grant Street, Pittsburgh, Pennsylvania 15219. My supervising Probation Officer is Tucker Pritts, and I am presently pending consideration for early termination of supervision.

Since my release, I have remained fully compliant with all supervision requirements and have focused on lawful employment, rehabilitation, business development, family responsibilities, and community reintegration.

I have extensive professional driving and transportation experience, including holding a valid Class A Commercial Driver's License (CDL) with Hazmat and Double/Triple Trailer endorsements. My employment background includes freight transportation for New Penn, beverage delivery for Coca-Cola, container transportation for PackRat, and transportation support work for film production operations, including water truck and equipment transport operations.

In addition, I have personal experience assisting elderly individuals and family members who utilize wheelchairs and require mobility assistance for medical appointments and daily transportation needs. These experiences have provided practical familiarity with passenger safety, communication, scheduling, wheelchair securement procedures, and customer care relevant to non-emergency medical transportation services.

**DRIVER AGE POLICY – § 29.503**

KindRide Medical Transport LLC will only permit drivers who are twenty-one (21) years of age or older to operate company vehicles in authorized service. Prior to operating any vehicle, all drivers will be required to provide a valid driver's license and proof of eligibility to operate the applicable vehicle class. Copies of all driver qualification records will be maintained in company files.

**DRIVER HISTORY POLICY – § 29.504**

Prior to permitting any driver to operate in authorized service, KindRide Medical Transport LLC will obtain and review the driver's history from the Pennsylvania Department of Transportation and any other relevant sources as required by Commission regulations. Driver history reviews will include the three (3) years immediately preceding the date of review. Driver history checks will be conducted annually thereafter, and all records will be retained for a minimum period of two (2) years and made available to Commission staff upon request.

**CRIMINAL HISTORY POLICY – § 29.505**

KindRide Medical Transport LLC will conduct criminal background reviews for all drivers prior to operation in authorized service. Criminal history records and related compliance documentation will be securely maintained in accordance with Pennsylvania Public Utility Commission regulations and applicable record retention requirements.

I fully understand the importance of public trust, passenger safety, honesty, and regulatory compliance in the transportation industry. I respectfully request that the Commission consider my rehabilitation, compliance history, transportation background, work ethic, and commitment to operating responsibly and professionally under Pennsylvania Public Utility Commission regulations.

I remain committed to operating KindRide Medical Transport LLC in a safe, lawful, dependable, and fully compliant manner while providing compassionate transportation services to the community.

Respectfully submitted,

Don Lyles  
Owner  
KindRide Medical Transport LLC

## **OWNER DISCLOSURE AND REHABILITATION STATEMENT**

I, Don Lyles, Sole Member of KindRide Medical Transport LLC, respectfully submit this statement in support of my Petition for Reconsideration regarding Docket No. A-2026-3062228. I acknowledge that I have a prior federal conviction and remain under federal supervision. I take full responsibility for my past actions and have worked diligently to move forward in a positive and productive manner. My criminal history does not include offenses involving violence, passenger safety, transportation services, theft from customers, or fraud against the public. I respectfully request that the Commission consider my rehabilitation and commitment to public safety.

---

Don Lyles

## **KINDRIDE MEDICAL TRANSPORT LLC HIRING AND RETENTION POLICY**

Drivers must possess a valid driver's license, maintain an acceptable driving record, pass criminal background checks, complete safety training, comply with company policies, and conduct vehicle inspections. Violations may result in termination. KindRide is committed to safe, efficient, and professional transportation services.

---

Don Lyles  
Owner

## **EXHIBIT A - OWNER DISCLOSURE AND REHABILITATION STATEMENT**

I, Don Lyles, Sole Member of KindRide Medical Transport LLC, submit this statement in support of my Petition for Reconsideration under Docket No. A-2026-3062228.

I acknowledge my prior federal conviction and accept full responsibility for my past conduct. Since that time, I have worked diligently to rehabilitate myself, comply with all court-ordered conditions, and become a productive member of my community.

My goal in establishing KindRide Medical Transport LLC is to provide safe, dependable, and professional non-emergency medical transportation services. My criminal history does not involve violence against passengers, transportation-related misconduct, theft from customers, or fraud against the public. I am committed to operating this company safely and in full compliance with all Pennsylvania Public Utility Commission regulations.

Any omission in my original application was not intended to mislead the Commission. I respectfully request that the Commission consider my rehabilitation, compliance history, financial readiness, and commitment to public safety.

---

Don Lyles

## **EXHIBIT B - HIRING AND RETENTION POLICY**

### **Driver Qualifications**

Drivers must possess a valid driver's license, maintain an acceptable driving record, satisfy criminal background requirements, and demonstrate the ability to safely assist passengers.

### **Background Checks**

All drivers are subject to criminal history screening and review before providing transportation services.

### **Driver Record Monitoring**

Motor vehicle records will be reviewed periodically. Drivers must immediately report citations, suspensions, arrests, or events affecting their driving privileges.

### **Training**

Drivers shall receive training in vehicle safety, passenger assistance, emergency procedures, customer service, and regulatory compliance.

### **Retention Standards**

Drivers must maintain a valid license, safe driving record, compliance with company policies, and professional conduct toward passengers.

### **Disciplinary Action**

Unsafe conduct, dishonesty, policy violations, or actions endangering passengers may result in discipline or termination.

---

Don Lyles  
Owner, KindRide Medical Transport LLC

## **EXHIBIT J – CHARACTER REFERENCE LETTER**

June 15, 2026

To Whom It May Concern:

I am writing this character reference on behalf of Don Lyles, who is currently employed with Pack Rat. I have had the opportunity to know and observe Mr. Lyles both professionally and personally, and I can confidently state that he is a dependable, hardworking, and trustworthy individual.

Throughout the time I have known Mr. Lyles, he has consistently demonstrated professionalism, integrity, and a strong work ethic. In the moving and storage industry, reliability and responsibility are essential qualities, and Mr. Lyles handles these responsibilities with care and dedication. He treats customers, coworkers, and company property with respect and maintains a positive attitude even in challenging situations.

In addition to being a committed employee, Mr. Lyles is a person of good character who shows kindness and consideration toward others. He is known for being punctual, honest, and willing to help wherever needed. These qualities make him a valuable asset to both the company and the community.

I fully support Don Lyles and believe he will continue to represent strong moral character and professionalism in any opportunity presented.

If you need any additional information, please feel free to contact me.

Sincerely,

**Stephon Malloy**  
Regional Manager

**UNITED STATES DISTRICT COURT**  
**WESTERN DISTRICT OF PENNSYLVANIA**  
**Probation & Pretrial Services Office**  
700 Grant Street • Suite 3330 • Pittsburgh, PA 15219

**Sara A. Romig**  
Chief U.S. Probation Officer

**Tara Kessler**  
Deputy Chief U.S. Probation Officer



**Cristina Figueroa**  
Assistant Deputy Chief U.S. Probation Officer

**Chris L. Davis**  
Assistant Deputy Chief U.S. Probation Officer

June 4, 2026

Donald Lyles  
209 Jacob Drive  
Pittsburgh, Pennsylvania 15235

RE: Pennsylvania Public Utility  
Commission Application

Dear Mr. Lyles,

On December 3, 2013, you were sentenced in the Western District of Pennsylvania to a 120-month term of imprisonment, followed by an 8-year term of supervised release, subsequent to your guilty plea to two counts of Possession With Intent to Distribute 100 Grams or More of a Mixture and Substance Containing a Detectable Amount of Heroin, a Schedule I Controlled Substance. On January 6, 2021, you were released from imprisonment and your 8-year term of supervised release commenced. Your anticipated expiration date is set for January 5, 2029.

At this time, you are in compliance with the terms and conditions set forth in your Judgment Order at sentencing, and there are no known documented violations since your release from imprisonment. You are not restricted from operating a commercial/regulated vehicle and this employment does not violate the terms of your federal supervision.

If additional information is needed, I can be contacted at (412) 660-3496 or by email at [Tucker\\_Pritts@pawp.uscourts.gov](mailto:Tucker_Pritts@pawp.uscourts.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Tucker Pritts".

Tucker Pritts  
2026.06.04  
16:55:34 -04'00'

---

Tucker Pritts  
*United States Probation Officer*



**American Red Cross**  
Training Services

## **Certificate of Completion**

Don Lyles

has successfully completed requirements for

**Adult First Aid/CPR/AED**

Date Completed: 5/16/2026

Valid Until: 5/16/2028

Conducted by: American Red Cross



To verify certificate, scan code or visit [redcross.org/digitalcertificate](https://redcross.org/digitalcertificate) and enter ID.

Learn and be inspired at [LifesavingAwards.org](https://LifesavingAwards.org)



02AFQ2I

**Certificate of Completion**



**American Red Cross**  
Training Services

**Don Lyles**

has completed the requirements for

**Adult First Aid/CPR/AED**

conducted by

**American Red Cross**

Date Completed: 5/16/2026

Valid Until: 5/16/2028

Certificate ID: 02AFQ2I



## **EXHIBIT – CHARACTER REFERENCE LETTER**

June 15, 2026

RE: Character Reference for Don Lyles

To Whom It May Concern:

I am honored to write this character reference on behalf of Don Lyles. I have had the privilege of knowing Mr. Lyles through our church community for the past seventeen years, where he has faithfully served as an usher and mentor.

In this role, Mr. Lyles consistently demonstrates kindness, patience, professionalism, and a genuine servant's heart. He warmly welcomes members and visitors, assists wherever needed, and helps create an atmosphere of respect, dignity, and comfort within the church. His dependability and positive attitude have made him a valued and trusted member of our congregation.

Beyond serving as an usher, Mr. Lyles is known for his strong moral character, integrity, and compassion for others. He treats people with dignity and respect and carries himself with humility and grace. His actions reflect the values of faith, responsibility, and community service.

Throughout the years I have known him, Mr. Lyles has demonstrated a sincere commitment to personal growth, accountability, and helping others. He is a person who can be relied upon and trusted to fulfill his responsibilities with honesty and professionalism.

I confidently recommend Don Lyles as a person of excellent character and good standing. I believe he will continue to be an asset to his community and conduct himself with integrity in all professional endeavors.

If additional information is needed, please feel free to contact me.

Sincerely,

**Rita Armstrong Campos**  
Director of Community Affairs  
Boots on the Ground Ministry  
678-650-0613

## **EXHIBIT L – BUSINESS PLAN**

### **KindRide Medical Transport LLC**

**Mission:** To provide safe, reliable, professional, and compassionate non-emergency medical transportation services to residents of Allegheny County and surrounding communities.

**Services:** Transportation to medical appointments, dialysis treatments, rehabilitation services, hospital discharges, outpatient procedures, and other healthcare-related destinations.

**Operations:** KindRide Medical Transport LLC will operate with a focus on punctuality, customer service, safety, and regulatory compliance. Vehicles will be maintained according to manufacturer recommendations and applicable regulations.

**Customers:** Elderly individuals, persons with disabilities, individuals requiring transportation to medical appointments, and healthcare facilities needing dependable transportation solutions.

**Objective:** To provide safe, efficient, and reasonable transportation services while maintaining compliance with Pennsylvania Public Utility Commission requirements.

## **EXHIBIT M – SAFETY & COMPLIANCE STATEMENT**

KindRide Medical Transport LLC is committed to the highest standards of passenger safety and regulatory compliance.

- Drivers must maintain valid licenses and acceptable driving records.
- Criminal background screening will be conducted before employment.
- Drivers will receive safety and passenger-assistance training.
- Vehicles will undergo routine inspections and maintenance.
- Pre-trip and post-trip inspections will be completed and documented.
- Emergency procedures will be reviewed regularly.
- The owner maintains current American Red Cross Adult First Aid/CPR/AED certification.
- The company will comply with all applicable Pennsylvania Public Utility Commission regulations.

KindRide Medical Transport LLC is dedicated to providing safe, efficient, and reliable transportation services to the public.