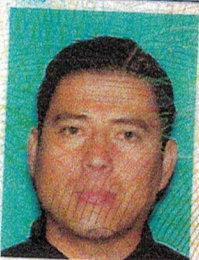


**CALIFORNIA** DRIVER LICENSE

DL **Y2388151**

FEDERAL LIMITS APPLY CLASS: C  
END NONE




EXP **11/12/2019**

LN **LIMA MEJIA**  
FN **JIMY CHARLY**  
11151 WYANDOTTE ST  
SUN VALLEY, CA 91352

DOB **11/12/1983**

RSTR NONE



11121983

SEX M HAIR BRN EYES BRN  
HGT 5'-08" WGT 180 lb

DD 10/05/2017 68227/AAFD/19 ISS 10/05/2017

# Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency.

Please be sure to sign and date this form

Name: Lima Jimmy  
Last First MI

Phone: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: (818) 8240844

Home Email Address: Jimmy.lima232@gmail.com

Address: 23450 Newhall CA SPC 125 Newhall CA 91321  
Street City State Zip Code

Primary Emergency Contact Name: Roca Iran  
Last First

Relationship: Wife

Phone: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: (818) 297 3929 Work: \_\_\_\_\_

Secondary Emergency Contact Name: Roca Rody  
Last First

Relationship: brother in law

Phone: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: (818) 272 9193 Work: \_\_\_\_\_

Preferred Local Hospital: \_\_\_\_\_

Insurance Information:

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Comments (include any special medical or personal information you would want an emergency care provider to know -- or special contact information:

Signature: Jimmy Lima Date: 02/05/18