

**DMV CALIFORNIA DMV**  
IDENTIFICATION CARD  
EXPIRES 12-24-16 **B4176611**

 

SAMUEL ANTONIO MARTINEZ  
8633 BORING CROSS ST  
LOS ANGELES CA 90044

SEX:M HAIR:BLK EYES:BRN  
HT:5-07 WT:155 DOB:12-24-85

*Samuel Antonio Martinez*

08/08/2011 235 RB FD/16

# 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: Martinez Samuel A  
Last First MI

Phone: (213) 750-1933 Cell: (323) 495-3982  
Home:

Home Email Address: \_\_\_\_\_

Address: 8633 Baringcross St. Los Angeles C.A. 90028  
Street City State Zip Code

Primary Emergency Contact Name: Hernández Fredy  
Last First

Relationship: Hermano

Phone: (213) 750-1933 Cell: (323) 396-6682 Work: \_\_\_\_\_  
Home:

Secondary Emergency Contact Name: Osorio Sinia  
Last First

Relationship: Esposa

Phone: (909) 920-9406 Cell: (909) 233-1190 Work: \_\_\_\_\_  
Home:

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: [Signature] Date: 10/29/2017