



# CDMX

CIUDAD DE MÉXICO

Motorcyclist						
Other						

Reference Number: \_\_\_\_\_

### VIII. MEDICAL CARE

Identity	Diagnostic	Priority of Attention			Identity	Transfer required		Medical Unit
		1-High	2-Medium	3-Low		Yes	No	

### IX. EMERGENCY UNITS

Vehicle	License Plate	Person in Charge
Ambulance		
Sectoral Patrol Car		
Traffic Area Patrol Car		
Firefighters		
Civil Protection		
<i>M.P de remisión</i>		
Others		

### X. DESCRIPTIVE SKETCH

Indicate final position of the vehicles.

Indicate position of the signs.

Description

**COMPLETED BY:**

Name:

Badge:

Level:

Area:

Traffic Zone:

Official Unity: