

4011

LA CA 90004

CALIFORNIA IDENTIFICATION CARD



LN SNELL
FN DAVID LEE
4017 CLINTON ST APT 5
LOS ANGELES, CA 90004

DOB 06/27/1984

SEX M HAIR BLK EYES BRN
HGT 5-07" WGT 168 lb

ISS 06/20/2016

DD 06/20/2016508C2/CCFD21

EXP 06/27/2021

ID D4875017

David Snell

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: SNELL DAVID A
Last First MI
Phone: _____
Home: _____ Cell: 323-382-3112
Home Email Address: SNELL.DAVID427@GMAIL
Address: 4017 CLINTON ST # LA CA 90004
Street City State Zip Code

Primary Emergency Contact Name: ALCARRAZ WENDY
Last First
Relationship: SPOUSE
Phone: _____
Home: _____ Cell: 387-7091 Work: _____
Cell: 323-3870

Secondary Emergency Contact Name: RODRIGUEZ OSMAN
Last First
Relationship: IN LAW
Phone: _____
Home: _____ Cell: 213-247-6958 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: David Snell Date: 5-15-18