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| Dando cumplimiento a lo dispuesto en la Ley 599 de 2000, artículos 111, 120 y otros... y al Decreto N° 3390 de 2007, el cual establece en el artículo N° 4 que para el proceso de reclamaciones “Las personas naturales o jurídicas que consideren tener derecho a las prestaciones amparadas, deberán acreditar la ocurrencia del suceso y su cuantía, para lo cual podrán utilizar cualquiera de los medios probatorios señalados en la Ley” como la certificación expedida por la autoridad de tránsito competente y por los motivos anteriores **el suscrito funcionario** de la Secretaria de Movilidad de Fusagasugá Grupo Operativo de agente de Tránsito y Transporte, pone en conocimiento los hechos del Incidente de Tránsito ocurrido así:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **1.** | **FECHA** |  |  |  |  |  |  |  |  |  | HORA OCURRENCIA |  |  | **:** |  |  |  |  |  | |  |  |  | D | D |  | M | M |  | A | A |  | H | H |  | M | M |  | AM | PM | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | **2.** | **LUGAR** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **3.** | **CLASE** |  | CHOQUE | | | |  |  |  |  | CAIDA DE OCUPANTE |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | ATROPELLO | | | |  |  |  |  | INCENDIO |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | VOLCAMIENTO | | | |  |  |  |  | OTRO |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | (OTRO) CUAL: | | | |  | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | | | | | | |   **VEHÍCULOS INVOLUCRADOS**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **VEHÍCULO Nº 1** | | | | | | | | | | **CLASE DE VEHICULO** | **PLACA** |  | | | | | | | | **MARCA** | **MODELO** |  | | | | | | | | **SERVICIO** | **SOAT** | SI | | |  | NO |  |  | | **CONDUCTOR** | **IDENTIFICACIÓN:** | | | | | | | | | **DIRECCIÓN** | | | | | | | | | | **TELEFONO** |  | | | | | | | | | **VEHÍCULO Nº 2** | | | | | | | | | | **CLASE DE VEHICULO** | **PLACA** | |  | | | | | | | **MARCA** | **MODELO** | |  | | | | | | | **SERVICIO** | **SOAT** | | SI | |  | NO |  |  | | **CONDUCTOR** | **IDENTIFICACIÓN:** | | | | | | | | | **DIRECCIÓN** | | | | | | | | | | **TELEFONO** |  | | | | | | | | | **VEHÍCULO Nº 3** | | | | | | | | | | **CLASE DE VEHICULO** | **PLACA** | |  | | | | | | | **MARCA** | **MODELO** | |  | | | | | | | **SERVICIO** | **SOAT** | | SI | |  | NO |  |  | | **CONDUCTOR** | | | | **IDENTIFICACIÓN:** | | | | | | **DIRECCIÓN** | | | | | | | | | | **TELEFONO** |  | | | | | | | | | **VEHÍCULO Nº 4** | | | | | | | | | | **CLASE DE VEHICULO** | **PLACA** | |  | | | | | | | **MARCA** | **MODELO** | |  | | | | | | | **SERVICIO** | **SOAT** | | SI | |  | NO |  |  | | **CONDUCTOR** | **IDENTIFICACIÓN:** | | | | | | | | | **DIRECCIÓN** | | | | | | | | | | **TELEFONO** |  | | | | | | | |   **VICTIMAS**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **NOMBRE** | **IDENTIFICACIÓN** | **DE** | **EDAD** | **PLACA DEL VEHICULO EN EL QUE SE MOVILIZABA** | |  |  |  |  |  | | **DIRECCIÓN** |  | | **TELEFONO** |  | |  |  |  |  |  | | **DIRECCIÓN** |  | | **TELEFONO** |  | |  |  |  |  |  | | **DIRECCIÓN** |  | | **TELEFONO** |  | |  |  |  |  |  | | **DIRECCIÓN** |  | | **TELEFONO** |  | |  |  |  |  |  | | **DIRECCIÓN** |  | | **TELEFONO** |  |   DESCRIPCIÓN BREVE DEL ACCIDENTE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Lo anterior se expide con el fin de ser presentado ante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ para el respectivo cobro ante la compañía de seguros obligatorios correspondiente.  Atentamente,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FIRMA Y POSTFIRMA DEL AGENTE DE TRANSITO  Teléfono: (601) 872 61 62  Correo electrónico: atencionalciudadano@fusagasuga-cundinamarca.gov.co  Lunes a viernes de 8:00 am a 4:00 pm (Jornada continua)  Dirección: Calle 3 bis No. 27-00 Pueblito Fusagasugueño, Fusagasugá – Cundinamarca  Código Postal: 252211 |