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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:

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| **1.** | **FECHA** |  |  |  |  |  |  |  |  |  | HORA OCURRENCIA |  |  | **:** |  |  |  |  |  |
|  |  |  | D | D |  | M | M |  | A | A |  | H | H |  | M | M |  | AM | PM |
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| **2.** | **LUGAR** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **3.** | **CLASE** |  | CHOQUE |  |  |  |  | CAIDA DE OCUPANTE |  |  |  |  |  |  |  |  |
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|  |  |  | ATROPELLO |  |  |  |  | INCENDIO |  |  |  |  |  |  |  |  |
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|  |  |  | VOLCAMIENTO |  |  |  |  | OTRO |  |  |  |  |  |  |  |  |
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|  |  |  | (OTRO) CUAL: |  |
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**VEHÍCULOS INVOLUCRADOS**

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| **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**

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| **NOMBRE** | **IDENTIFICACIÓN** | **DE** | **EDAD** | **PLACA DEL VEHICULO EN EL QUE SE MOVILIZABA** |
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| **DIRECCIÓN** |  | **TELEFONO** |  |
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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 TRANSITOTeléfono: (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 |