



SELARZ LAW CORP.

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May 23, 2018

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SENT VIA [REDACTED]

Los Angeles Police Department
Records and Identification Division
P.O. Box 30158
Los Angeles, CA 90030
Tel: (213) 486-8100
Fax: (213) 486-8125

California Highway Patrol
Records and Identification Division
777 W. Washington Blvd.
Los Angeles, CA 90015
Tel: (213) 744-2331

Re: Our Client/Victim : [REDACTED]
Date of Incident : [REDACTED]
Time of Incident : [REDACTED]
NCIC Number : [REDACTED]
Officer's I.D. No. : [REDACTED]

REQUEST FOR TRAFFIC COLLISION REPORT

Dear Sir/Madam:

Please be advised that our firm has been retained by [Client's Name] to represent [him/her] in securing any rights or remedies that he may be entitled to relating to a personal injury accident on or about the above-referenced date.

In order to properly evaluate the damages our client may have sustained, we must obtain copies of the police report from the incident. We have enclosed an Authorization Form and a check for \$[REDACTED] made out to the "[CHP or LAPD]," to help you comply with our request.

Thank you for your anticipated courtesy and cooperation in this matter.

Very truly yours,
SELARZ LAW CORP.

Daniel E. Selarz, Esq.