



# SELARZ LAW CORP.

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May 24, 2020

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*SENT VIA [ ]*

Los Angeles Police Department  
Records and Identification Division  
P.O. Box 30158  
Los Angeles, CA 90030

California Highway Patrol  
Records and Identification Division  
777 W. Washington Blvd.  
Los Angeles, CA 90015

Tel: (213) 486-8100  
Fax: (213) 486-8125

Tel: (213) 744-2331

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

## REQUEST FOR TRAFFIC COLLISION REPORT

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Dear Sir/Madam:

Please be advised that our firm has been retained by [Client's Name] to represent him 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 \$[ ] 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.