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ACCIDENT/INCIDENT REPORT - CLIENT RELEASE FORM

DATE: _____

TO: The Police Department of: _____

RE: Accident/Incident on: _____ day or _____, 20____

Name of Accident Victim: _____

Records Department:

The undersigned individual is an accident victim for an accident/incident that occurred on the above date. They hereby acknowledge retaining the law firm of GROSS & TELISMAN to represent him/her for an injury for the above-mentioned accident.

This letter will server as the authorization to allow GROSS & TELISMAN’S employee and/or investigator, _____ to obtain the above-mentioned accident report from your office.

Thank you for your assistance

Client Signature

Print Name of Client

Sworn to and subscribed by me this _____ day of _____, 20____

Notary Public – State of Florida