

Jennifer L. Hall

Subject: FW: Karen Ortiz PR#: 17-110504
Attachments: 20170724131606517.pdf; 20170724131007923.pdf

From: Liz Fuentes
Sent: Monday, July 24, 2017 1:25 PM
To: Linda Andal <landal@anaheim.net>
Subject: Karen Ortiz PR#: 17-110504

Good Afternoon, Please see attached. Thank you.

Lizbeth Escalante

Legal Assistant to
LAW OFFICES OF
SASHA TYMKOWICZ
A Professional Corporation

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Law Offices of
SASHA TYMKOWICZ
A Professional Law Corporation

OF COUNSEL:
FRED ASCARI
AISSA WAYNE
DOUGLAS BORTHWICK

July 24, 2017

VIA E-MAIL
landal@anaheim.net

Records Division
ANAHEIM POLICE DEPARTMENT
425 S. Harbor Blvd.
Anaheim, CA 92805

Re: **Our Client:** Karen Ortiz
DOA: 07/20/17
Report#: 17-110504

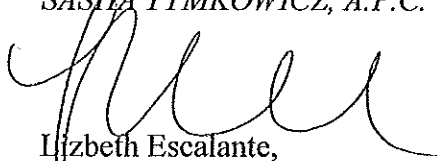
Dear Records Division:

The purpose of this letter is to request any and all reports pertinent to the incident named above.

Attached please find the authorization form signed and dated by our client. Please contact our office once report is available for pick up.

We appreciate your anticipated assistance and cooperation in this matter. If you have any questions, please contact our office as soon as possible.

Sincerely,
LAW OFFICES OF
SASHA TYMKOWICZ, A.P.C.



Lizbeth Escalante,
Legal Assistant to Sasha Tymkowicz, Esq.

liz@oclegal.org

Law Offices of
SASHA TYMKOWICZ
A Professional Law Corporation

OF COUNSEL:
FRED ASCARI
AISSA WAYNE
DOUGLAS BORTHWICK

CONSENT TO RELEASE INFORMATION

ALL PRIOR INFORMATION RELEASE AUTHORIZATION (IF ANY) ARE CANCELLED

TO: Alhambra Police Department
RE: Karen Ortiz
DOB: _____ SS#: n/a
Ref#: 17-110504 DOI: 7/20/17

To all Health Care providers, Hospitals, Physicians, Psychiatric professional, etc. To be authorized and requested to permit the **LAW OFFICES OF SASHA TYMKOWICZ, A.P.C.**, or their duly authorized agent or representative, to review and to make copies or photographs of any and all medical reports, psychiatric and/or drug alcohol reports, x-rays, charts, records, billing information and other data in your possession or control relative to my injuries, physical condition, treatment and/or care.

You are also authorized to discuss with them my injuries, physical condition, treatment and care and to furnish them with a written report regarding same. A photo static copy of this authorization shall be as valid as the original for one year from the date herein. I am aware of my right to receive a copy of this authorization. This authorization may be used in connection with any purpose authorized by law.

To all Government Agencies: You are authorized and requested to permit the **LAW OFFICES OF SASHA TYMKOWICZ, A.P.C.** or their duly authorized agent or representative, to review and make copies of photographs of an all police reports/or incident reports.

To any employer or educational facility: You are authorized and requested to furnish the **LAW OFFICES OF SASHA TYMKOWICZ, A.P.C.** or their duly authorized representative, with any and all information which they request regarding my employment or education, and to permit them to inspect and/or copy my personnel payroll, medical, psychiatric, drug alcohol and/or educational records.

Karen Ortiz
(Signature of Client or Client's Legal Representative)

Date: 07/21/17

Karen Ortiz
Printed Name

Notice: "failure to make such records available, during business hours, within five (5) days of the representation of the written authorization, may subject the person or entity having custody or control of the records to liability for all reasonable expenses including attorney's fees, incurred in any proceeding to enforce the provision of this section". California Evidence Code, section 1158