

ROAD SERVICE



KNIGHTS COLLISION EXPERTS
1924 Broadway
Brooklyn, NY 11207
(718) 963-4440

KNIGHTS COLLISION EXPERTS
459 Sharrots Road
Staten Island, NY 10309
(718) 569-5957

DMV # 7116398

TIME OF CALL A.M. P.M.	DATE IN 6-25	DATE OUT 6-25	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY Hwy 4 Tow	P.O. / CASE #	OFFICER NAME
NAME TEAM SYSTEMS			PHONE 718 786 4640				
ADDRESS					STATE	ZIP	
CITY			COLOR RED	ODOMETER	DRIVER		
YEAR 2016	MAKE/MODEL Nissan	STATE NY	VIN # GK701811	REGISTERED OWNER 259			
MARKER PLATE # X205064C		LOCATION OF VEHICLE LICK BOE 3184 / 404R					
TOWED TO			DATE	PHONE #			
INSPECTED BY INSURANCE CO.			APPRAISER NAME		DATE		
RELEASED BY			DATE	PHONE #	PERSONAL'S TAKEN BY		
REASON FOR TOW			TYPE OF TOW		VEHICLE STORAGE TIME		
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> ABANDONED <input type="checkbox"/> NO START <input type="checkbox"/> FLAT TIRE <input type="checkbox"/> LOCK OUT <input type="checkbox"/> TOW ZONE <input type="checkbox"/> STOLEN <input type="checkbox"/> SNOW REMOVAL			<input checked="" type="checkbox"/> BREAK DOWN <input type="checkbox"/> UNREGISTERED <input type="checkbox"/> OUT OF GAS <input type="checkbox"/> FIRE LANE <input type="checkbox"/> NO TRESPASS <input type="checkbox"/> ARREST <input type="checkbox"/> IMPOUNDED		<input type="checkbox"/> SLING/HOIST <input checked="" type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT		
SPECIAL EQUIPMENT USED			TOWED PER ORDER OF		INDICATE DAMAGED AREA(S) ON VEHICLE		
<input checked="" type="checkbox"/> WINCH <input type="checkbox"/> DOLLIES <input type="checkbox"/> RAMPS <input type="checkbox"/> SNATCH BLOCKS			<input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input checked="" type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER		FROM _____ TO _____ DAYS @ \$ _____ KEYS LEFT Y N RADIO Y N		
METHOD OF PAYMENT			OTHER SERVICES		MILEAGE		
<input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD # _____ DATE _____			<input type="checkbox"/> SWEEP <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS		FINISH _____ START _____ TOTAL _____ TOWING CHARGE 160.00 MILEAGE _____ LABOR _____ EXTRA PERSON _____ SPECIAL EQUIPMENT _____ STORAGE _____		
AUTHORIZED SIGNATURE			DATE		EXTRA PERSON		
DRIVER'S SIGNATURE			DATE		FINISH _____ START _____ TOTAL _____		
DRIVER'S NAME			DATE		SUBTOTAL		
DRIVER'S PHONE			DATE		TAX 14.00		
DRIVER'S LICENSE #			DATE		TOTAL 174.00		

K14102

We cannot be responsible for damages caused by faulty tires, bumper brackets, etc.
This company assumes no responsibility for loss or damage to theft, fire or any other
cause beyond our control, to any vehicle placed with them for storage or repair.

THANK YOU!