

ROAD SERVICE

KNIGHTS COLLISION EXPERTS

KNIGHTS COLLISION EXPERTS



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

459 Sharrott's Road
Staten Island, NY 10309
(718) 569-5957

(718) 963-4440

3) 569-5957

(718) 563-4440

(7-22) *Leucanthemum*

DMV # 7116398

TIME OF CALL 12:54 P.M.	DATE IN 6-21-05	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME
NAME Malvin					PHONE # 774-7167-6399		
ADDRESS 39 McKinley St					STATE	ZIP	
CITY Fuellett	STATE	ZIP					
YEAR 2018	MAKE/MODEL Range River Grey	COLOR Grey	ODOMETER	DRIVER RAY			
MARKER PLATE # 55LVY07 MA		STATE MA	VIN #	REGISTERED OWNER			
LOCATION OF VEHICLE LIE EB exit 19							
TOWED TO 60-50 Woodhaven Blvd Elmhurst							
INSPECTED BY INSURANCE CO.		APPRaiser NAME		DATE	PHONE #		
RELEASED BY		DATE	PHONE #				
REASON FOR TOW		TYPE OF TOW		PERSONAL'S TAKEN BY		DATE	PHONE #
<input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> BREAK DOWN <input type="checkbox"/> ABOARDONED <input type="checkbox"/> UNREGISTERED <input type="checkbox"/> NO START <input type="checkbox"/> OUT OF GAS <input type="checkbox"/> FLAT TIRE <input type="checkbox"/> FIRE LANE <input type="checkbox"/> LOCK OUT <input type="checkbox"/> NO TRESPASS <input type="checkbox"/> TOW ZONE <input type="checkbox"/> ARREST <input type="checkbox"/> STOLEN <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> SNOW REMOVAL <input type="checkbox"/>		<input type="checkbox"/> SLING/HOIST <input checked="" type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/>		VEHICLE STORAGE TIME		DAYS \$.	
				FROM _____ TO _____			
INDICATE DAMAGED AREA(S) ON VEHICLE:							
		KEYS LEFT Y N RADIO Y N					
MILEAGE		TOWING CHARGE					
FINISH		MILEAGE					
START _____		LABOR					
TOTAL _____		EXTRA PERSON					
LABOR TIME		SPECIAL EQUIPMENT					
FINISH		STORAGE					
START _____							
TOTAL _____							
EXTRA PERSON							
FINISH							
START _____							
TOTAL _____							
CREDIT CARD # XXXX XXXX XXXX XXXX		SUBTOTAL					
EXP DATE 06/05		TAX					
AUTHORITIES SIGNATURE X		TOTAL 136.00					
METHOD OF PAYMENT		DATE	DRIVER #		TRUCK #		
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DRIVER'S LIC. # _____ <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> DEBIT <input type="checkbox"/> AUTOMATIC PAYMENT		DATE					
DRIVER'S SIGNATURE		DATE					

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

THANK YOU!

K14284

EXP. DATE

Vehicle Photo for Invoice K14284