

# Vehicle Photo for Invoice K14070

## 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 12:16 PM	DATE IN 6-6-85	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME
NAME Tomy Comas			PHONE # 516-395-2665				
ADDRESS							
CITY				STATE		ZIP	
YEAR 2009	MAKE/MODEL BMW 328i		COLOR white	ODOMETER		DRIVER KAY	
MARKER PLATE # WB6128	STATE NY		REGISTERED OWNER				
LOCATION OF VEHICLE GCP WB before Jackie							
TOWED TO 1937 Flushing Ave Ridge xxxl							
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"/> ABANDONED <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"/> SLING/HOIST <input checked="" type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/> TOWED PER ORDER OF <input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input checked="" type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER		<input type="checkbox"/> SLING/HOIST <input checked="" type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/> TOWED PER ORDER OF <input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input checked="" type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER		VEHICLE STORAGE TIME FROM TO DAYS @ \$ INDICATE DAMAGED AREA(S) ON VEHICLE: KEYS LEFT Y N RADIO Y N	
SPECIAL EQUIPMENT USED		OTHER SERVICES		MILEAGE		TOWING CHARGE	
<input checked="" type="checkbox"/> WINCH <input type="checkbox"/> FLARES <input type="checkbox"/> DOLLIES <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> RAMPS <input type="checkbox"/> SNATCH BLOCKS		<input type="checkbox"/> SWEEP <input type="checkbox"/> FIRST AID <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS		FINISH START TOTAL		MILEAGE LABOR EXTRA PERSON SPECIAL EQUIPMENT STORAGE	
METHOD OF PAYMENT		LABOR TIME		EXTRA PERSON		SUBTOTAL	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVER'S LIC. # <input type="checkbox"/> CREDIT CARD #		FINISH START TOTAL		FINISH START TOTAL		TAX TOTAL	
AUTHORIZED SIGNATURE X [Signature]		DATE		DRIVER #		TRUCK #	
DRIVER'S SIGNATURE		DATE		TOTAL		136.00	

K14070

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!