

ROAD SERVICE

KNIGHTS COLLISION EXPERTS



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

KNIGHTS COLLISION EXPERTS

459 Sharrotts Road
Staten Island, NY 10309
(718) 569-5957

DMV # 7116398

#000201

TIME OF CALL <i>1046 PM</i>	DATE IN <i>6.29.05</i>	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME	
NAME <i>Louis</i>				PHONE <i>329 364 9759</i>				
ADDRESS <i>93-24 Owens blvd</i>				STATE <i>NY</i> ZIP <i>11374</i>				
CITY <i>Brooklyn</i>	YEAR <i>2000</i>	VEHICLE MODEL <i>BMW M3</i>	DRIVER'S LICENSE # <i>Black</i>	DRIVER <i>KAY</i>				
MARKER PLATE # <i>M1108913 PA</i>	STATE <i>PA</i>	VIN #	REGISTERED OWNER					
LOCATION OF VEHICLE <i>UE EB exit 21</i>								
TOWED TO <i>108th st/horace harding exp.</i>								
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 checked="" type="checkbox"/> ACCIDENT	<input type="checkbox"/> BREAK DOWN	<input type="checkbox"/> SLING/HOIST	<input type="checkbox"/> FLAT BED/RAMP					
<input type="checkbox"/> ABANDONED	<input type="checkbox"/> UNREGISTERED	<input type="checkbox"/> WHEEL LIFT	<input type="checkbox"/>					
<input type="checkbox"/> NO START	<input type="checkbox"/> OUT OF GAS	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> FLAT TIRE	<input type="checkbox"/> FIRE LANE	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> LOCK OUT	<input type="checkbox"/> NO TRESPASS	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> TOW ZONE	<input type="checkbox"/> ARREST	<input type="checkbox"/> STATE POLICE	<input type="checkbox"/> LOCAL POLICE					
<input type="checkbox"/> STOLEN	<input type="checkbox"/> IMPOUNDED	<input type="checkbox"/> OWNER OF CAR	<input type="checkbox"/> DEALER					
<input type="checkbox"/> SNOW REMOVAL	<input type="checkbox"/>	<input type="checkbox"/> FLARES	<input type="checkbox"/> SCOTCH BLOCKS	OTHER SERVICES				
SPECIAL EQUIPMENT USED		<input type="checkbox"/> WINCH	<input type="checkbox"/> DOLLIES	<input type="checkbox"/> RAMPS	<input type="checkbox"/> SNATCH BLOCKS	<input type="checkbox"/> SWEEP	<input type="checkbox"/> FIRST AID	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> REMOVE AXLE	<input type="checkbox"/> SECURE LOOSE PARTS	
METHOD OF PAYMENT		<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DRIVER'S LIC. # <i>EXPIRED</i>						
		<input checked="" type="checkbox"/> CREDIT CARD # <i>XXXX XXXX XXXX XXXX</i> EXP. DATE <i>08/05</i>						
AUTHORIZED SIGNATURE <i>[Signature]</i>		DATE						
DRIVER'S SIGNATURE <i>[Signature]</i>		DATE	DRIVER #	TRUCK #	TOTAL <i>136.00</i>			
I agree to hold the company harmless for damages due to my carelessness or negligence.								

K14487

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!

Vehicle Photo for Invoice K14487