

# Vehicle Photo for Invoice K14114

## 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 8:09 A.M.	DATE IN 6-8-05	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME
NAME ARISE A. A. A. A.					PHONE 718 781 4713		
ADDRESS 223 HARDING BLVD							
CITY JAMAICA					STATE NY	ZIP 11433	
YEAR	MAKE/MODEL	COLOR	DOOMETER	DRIVER KAY			
MARKER PLATE #		STATE	VIN #	REGISTERED OWNER			
LOCATION OF VEHICLE West shore exit 9							
TOWED TO 700 South Ave. Staten Island							
INSPECTED BY INSURANCE CO.		APPRAISER NAME		DATE	PHONE #		
RELEASED BY		DATE	PHONE #				
REASON FOR TOW		TYPE OF TOW		PERSONAL'S TAKEN BY			
<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		VEHICLE STORAGE TIME FROM _____ TO _____ DAYS @ \$ _____ INDICATE DAMAGED AREA(S) ON VEHICLE:  KEYS LEFT Y N RADIO Y N			
SPECIAL EQUIPMENT USED		TOWED PER ORDER OF		MILEAGE			
<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"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input checked="" type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER		FINISH _____ START _____ TOTAL _____ TOWING CHARGE _____ MILEAGE _____ LABOR _____ EXTRA PERSON _____ SPECIAL EQUIPMENT _____ STORAGE _____			
METHOD OF PAYMENT		OTHER SERVICES		EXTRA PERSON			
<input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVER'S LIC. # _____ <input type="checkbox"/> CREDIT CARD # _____ EXP. DATE _____		<input type="checkbox"/> SWEEP <input type="checkbox"/> FIRST AID <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS		FINISH _____ START _____ TOTAL _____ SUBTOTAL _____ TAX _____			
AUTHORIZED SIGNATURE		DATE	DRIVER'S SIGNATURE				
X		6/8/05	DATE				
DRIVER'S SIGNATURE		DATE	DRIVER #	TRUCK #	TOTAL		
					136.00		

K14114

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!