

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 107	DATE IN 6-28-05	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME
NAME David Palacios					PHONE # 347-569-1515		
ADDRESS 60-28 55th Dr							
CITY Maspeth					STATE NY	ZIP 11378	
YEAR 2008	MAKE/MODEL Crysler Town & Country	COLOR Gold	ODOMETER	DRIVER RAY		REGISTERED OWNER David Palacios	
MARKER PLATE # H27UWG	STATE NJ	VIN #					
LOCATION OF VEHICLE GCP exits							
TOWED TO 24th Ave & 78th St							
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 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		VEHICLE STORAGE TIME	
<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 @ \$ _____ INDICATE DAMAGED AREA(S) ON VEHICLE:  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 # _____				<input type="checkbox"/> SWEEP <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS		FINISH _____ START _____ TOTAL _____	
CREDIT CARD #				EXP. DATE		TOWING CHARGE	
AUTHORIZED SIGNATURE				DATE		MILEAGE	
DRIVER'S SIGNATURE				DATE		LABOR	
						EXTRA PERSON	
						SPECIAL EQUIPMENT	
						STORAGE	
						SUBTOTAL	
						TAX	
						TOTAL 136.00	

K14475

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 K14475