

# 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 3:19 P.M.	DATE IN 6.5.85	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME
NAME Jose Rios					PHONE # 516 6559506		
ADDRESS 2 Thimble Ln.							
CITY Long Island							
YEAR 2005	MAKE/MODEL Scion FRS	COLOR Grey	ODOMETER	STATE N.Y.	ZIP 11801	DRIVER RAY	
MARKER PLATE # KRW 8158 NY		STATE N.Y.	WIN #	REGISTERED OWNER			
LOCATION OF VEHICLE CIP WB exit 9P							
TOWED TO 93-01 Astoria Blvd East Elmhurst							
INSPECTED BY INSURANCE CO.		APPRAISER NAME		DATE		PHONE #	
RELEASED BY		DATE		PHONE #			
<b>REASON FOR TOW</b>		<b>TYPE OF TOW</b>		<b>PERSONAL'S TAKEN BY</b> DATE PHONE #			
<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/HAMP <input type="checkbox"/> WHEEL LIFT			
<b>SPECIAL EQUIPMENT USED</b>		<b>TOWED PER ORDER OF</b>		<b>VEHICLE STORAGE TIME</b> FROM TO DAYS @ \$			
<input checked="" type="checkbox"/> WINCH <input type="checkbox"/> DOLLIES <input type="checkbox"/> RAMPS <input type="checkbox"/> SNATCH BLOCKS		<input type="checkbox"/> FLARES <input type="checkbox"/> SCOTCH BLOCKS		<input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input checked="" type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER			
<b>METHOD OF PAYMENT</b>		<b>OTHER SERVICES</b>		<b>INDICATE DAMAGED AREA(S) ON VEHICLE:</b>			
<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		<input type="checkbox"/> FIRST AID <input type="checkbox"/> SWEET			
<input checked="" type="checkbox"/> DRIVER'S LIC. # <input type="checkbox"/> EXP. DATE		<input type="checkbox"/> DATE		<input type="checkbox"/> KEYS LEFT Y N <input type="checkbox"/> RADIO Y N			
<input checked="" type="checkbox"/> AUTHORIZED SIGNATURE <input type="checkbox"/> DATE		<input type="checkbox"/> DATE		<input type="checkbox"/> MILEAGE <input type="checkbox"/> TOWING CHARGE <input type="checkbox"/> MILEAGE <input type="checkbox"/> LABOR <input type="checkbox"/> EXTRA PERSON <input type="checkbox"/> SPECIAL EQUIPMENT <input type="checkbox"/> STORAGE <input type="checkbox"/> SUBTOTAL <input type="checkbox"/> TAX <input type="checkbox"/> TOTAL			
<input checked="" type="checkbox"/> DRIVER'S SIGNATURE <input type="checkbox"/> DATE		<input type="checkbox"/> DRIVER # <input type="checkbox"/> TRUCK #		<input type="checkbox"/> TOTAL 136.00			

K 14069

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!