

ROAD SERVICE

KNIGHTS COLLISION EXPERTS KNIGHTS COLLISION EXPERTS



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

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

DMV # 7116398

TIME OF CALL 12:00 AM	DATE IN 6-24-25	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY Citywide	P.O. / CASE #	OFFICER NAME
NAME MAGGIES					PHONE #		
ADDRESS 3300 NORTHERN Blvd							
CITY LIC					STATE NY	ZIP 11101	
YEAR 2019	MAKE/MODEL FORD BUS	COLOR WHT	ODOMETER	DRIVER			
MARKER PLATE # BB1658	STATE NY	VIN # 1FDEE3F65KDC10489	REGISTERED OWNER Maggies				
LOCATION OF VEHICLE GCP w/B Exit 9P							
TOWED TO 135-08 Northern Blvd							
INSPECTED BY INSURANCE CO. APPRAISER NAME DATE PHONE # Between Prince St + Main ST							
RELEASED BY		DATE		PHONE #			
REASON FOR TOW				TYPE OF TOW			
<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 type="checkbox"/> FLAT BED/RAMP <input checked="" type="checkbox"/> WHEEL LIFT			
SPECIAL EQUIPMENT USED				TOWED PER ORDER OF			
<input type="checkbox"/> WINCH <input type="checkbox"/> FLARES <input type="checkbox"/> DOLLIES <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> RAMPS <input checked="" type="checkbox"/> STRAPS <input type="checkbox"/> SNATCH BLOCKS				<input type="checkbox"/> STATE POLICE <input checked="" type="checkbox"/> LOCAL POLICE <input type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER			
METHOD OF PAYMENT				OTHER SERVICES			
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVER'S LIC. # 214240 <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			
AUTHORIZED SIGNATURE X [Signature] DATE 6-24-25				MILEAGE			
DRIVER SIGNATURE [Signature] DATE 6-24-25				FINISH			
				START			
				TOTAL			
				LABOR TIME			
				FINISH			
				START			
				TOTAL			
				EXTRA PERSON			
				FINISH			
				START			
				TOTAL			
				TOWING CHARGE			
				FROM TO DAYS @ \$			
				INDICATE DAMAGED AREA(S) ON VEHICLE:			
				Bus # 5477 KEYS LEFT Y N RADIO Y N			
				MILEAGE			
				FINISH			
				START			
				TOTAL			
				LABOR			
				EXTRA PERSON			
				SPECIAL EQUIPMENT			
				STORAGE			
				SUBTOTAL			
				TAX			
				TOTAL			

K14455

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 K14455