

ROAD SERVICE

KNIGHTS COLLISION EXPERTS KNIGHTS COLLISION EXPERTS



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

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

DMV # 7116398

TIME OF CALL <i>6/07 P.M.</i>	DATE IN <i>6/20/25</i>	DATE OUT <i>6/20/25</i>	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O./CASE #	OFFICER NAME
NAME <i>Kevin Joseph</i>				PHONE # <i>(917) 386-7639</i>			
ADDRESS <i>265 Livonia Ave Brooklyn</i>				STATE <i>NY</i>	ZIP <i>11212</i>		
YEAR <i>2013</i>	MAKE/MODEL <i>Chev 7 Avalanche</i>	COLOR <i>Silver</i>	ODOMETER	DRIVER <i>KAY</i>			
MARKER PLATE # <i>1GK44109KX</i>		STATE <i>NY</i>	VIN #	REGISTERED OWNER			
LOCATION OF VEHICLE <i>GCP WB ext 11 TOWED TO 93-01 Astoria Blvd East Elmhurst NY</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 type="checkbox"/> ACCIDENT <input type="checkbox"/> BREAK DOWN <input type="checkbox"/> ABANDONED <input type="checkbox"/> UNREGISTERED <input type="checkbox"/> NO START <input type="checkbox"/> OUT OF GAS <input checked="" 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 type="checkbox"/> WHEEL LIFT <input type="checkbox"/>	VEHICLE STORAGE TIME		FROM _____ TO _____ DAYS @ \$ _____		
		TOWED PER ORDER OF	INDICATE DAMAGED AREA(S) ON VEHICLE:		KEYS LEFT Y N RADIO Y N		
		<input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input checked="" type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER					
SPECIAL EQUIPMENT USED		OTHER SERVICES	MILEAGE		TOWING CHARGE		
<input checked="" type="checkbox"/> WINCH <input type="checkbox"/> FLARES <input type="checkbox"/> DOLLYES <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> RAMPS <input type="checkbox"/> <input type="checkbox"/> SNATCH BLOCKS <input type="checkbox"/>		<input type="checkbox"/> SWEEP <input type="checkbox"/> FIRST AID <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS	FINISH	START	MILEAGE		
			TOTAL		LABOR		
METHOD OF PAYMENT			LABOR TIME		EXTRA PERSON		
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK - DRIVER'S LIC. # <input type="checkbox"/> CREDIT CARD # <input type="checkbox"/> CREDIT CARD # <input type="checkbox"/> CREDIT CARD #		EXP. DATE	FINISH	START	SPECIAL EQUIPMENT		
AUTHORIZED SIGNATURE		DATE	TOTAL		STORAGE		
<i>X</i>		<i>6/20/25</i>					
DRIVER'S SIGNATURE		DATE	DRIVER #	TRUCK #	SUBTOTAL		
<i>K. Joseph</i>		<i>6/20/25</i>					
					TAX		
					TOTAL <i>136.80</i>		

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.

K 14281

THANK YOU!

Vehicle Photo for Invoice K14281