

# 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



512-07982492538

DMV # 7116398

TIME OF CALL <i>9:00 AM</i>	DATE IN <i>6-19</i>	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	PIO / CASE #	OFFICER NAME
NAME <i>Shane Raymond</i>				PHONE #			
ADDRESS <i>196-3, Astor Ave B Bay</i>							
CITY <i>Holliswood</i>	STATE <i>NY</i>	ZIP <i>11423</i>					
YEAR <i>01</i>	MAKE/MODEL <i>Toyota</i>	COLOR	ODOMETER	DRIVER			
MARKER PLATE # <i>KXU-1800</i>		STATE <i>NY</i>	VIN #	REGISTERED OWNER			
LOCATION OF VEHICLE <i>GCD ER124</i>							
TOWED TO <i>F&amp;L Tow</i>		<i>Phone # 029869</i>					
INSPECTED BY INSURANCE CO.	APPRAYER 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 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"/>					
SPECIAL EQUIPMENT USED		TOWED PER ORDER OF		VEHICLE STORAGE TIME		DAYS @ \$	
<input type="checkbox"/> WINCH <input type="checkbox"/> FLARES <input type="checkbox"/> DOLLIES <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> RAMPS <input type="checkbox"/> <input type="checkbox"/> SNATCH BLOCKS <input type="checkbox"/>		<input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER		FROM _____ TO _____			
METHOD OF PAYMENT		OTHER SERVICES		INDICATE DAMAGED AREA(S) ON VEHICLE:		KEYS LEFT Y N RADIO Y N	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK - DRIVER'S LIC. # <input type="checkbox"/> CREDIT CARD # <i>XXXX-XXXX-XXXX-XXXX</i> EXP. DATE <i>06/04</i>		<input type="checkbox"/> SWEEP <input type="checkbox"/> FIRST AID <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS					
AUTHORIZED SIGNATURE <i>Shane Raymond</i>		DATE		MILEAGE	TOWING CHARGE	<i>123 00</i>	
CREDIT CARD #				FINISH	MILEAGE		
DRIVER'S SIGNATURE		DATE		START	LABOR		
				TOTAL	EXTRA PERSON		
				FINISH	SPECIAL EQUIPMENT		
				START	STORAGE		
				TOTAL			
				FINISH	SUBTOTAL	<i>123 00</i>	
				START	TAX	<i>11 04</i>	
				TOTAL	<b>TOTAL</b>	<i>130 04</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.

THANK YOU!

Vehicle Photo for Invoice K14311

K14311