

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 916 A.M.	DATE IN 6.28.25	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME	
NAME Charles Baker				PHONE # 3472498915				
ADDRESS 1764 Pacific Street				STATE NY ZIP 11233				
CITY Brooklyn	YEAR 2000	MAKE/MODEL Nissan Quest Green	COLOR Green	ODOMETER	DRIVER KAY	REGISTERED OWNER		
MARKER PLATE # WBM3299	STATE TX	VIN #						
LOCATION OF VEHICLE Whitestone exp. exit 17								
TOWED TO whitestone exp / 3rd Ave								
INSPECTED BY INSURANCE CO.	APPRASIER NAME		DATE	PHONE #				
RELEASED BY	DATE	PHONE #						
REASON FOR TOW		TYPE OF TOW		PERSONAL'S TAKEN BY				
<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"/>		<input type="checkbox"/> SLING/HOIST <input checked="" type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/>		<input type="checkbox"/> DATE <input type="checkbox"/> PHONE #				
				VEHICLE STORAGE TIME FROM _____ TO _____ DAYS @ \$ _____				
				INDICATE DAMAGED AREA(S) ON VEHICLE: 				
				KEYS LEFT Y N RADIO Y N				
				MILEAGE		TOWING CHARGE		
		FINISH _____		MILEAGE				
		START _____		LABOR				
		TOTAL _____		EXTRA PERSON				
				SPECIAL EQUIPMENT				
				STORAGE				
				SUBTOTAL				
				TAX				
METHOD OF PAYMENT							TOTAL 136.00	
<input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DRIVER'S LIC. # _____ <input type="checkbox"/> CREDIT CARD #		EXP. DATE _____						
CREDIT CARD #								
AUTHORIZED SIGNATURE X Charles Baker		DATE						
I agree to hold this company harmless for any damages due to towing or charges rendered								
DRIVER'S SIGNATURE K 14486		DATE		DRIVER #	TRUCK #			

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!