

ROAD SERVICE

KNIGHTS COLLISION EXPERTS

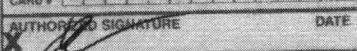
1924 Broadway
Brooklyn, NY 11207
(718) 963-4440

KNIGHTS COLLISION EXPERTS

459 Sharrott's Road
Staten Island, NY 10309
(718) 569-5957



DMV # 7116398

TIME OF CALL	DATE IN	DATE OUT	TIME START	TIME FINISH	REQUESTED BY	P.O. / CASE #	OFFICER NAME
1157 A.M.	6-20-25		A.M. P.M.	A.M. P.M.		PHONE #	6464078420
NAME	Bryan Mission						
ADDRESS	104-72 112 St				STATE	ZIP	
CITY	Queens						
YEAR	MAKEMODEL	COLOR		ODOMETER	DRIVER	RAY	
2016	Nissan Maxima Silver					REGISTERED OWNER	
MARKER PLATE #	STATE	VIN #					
LUV16993	NY						
LOCATION OF VEHICLE	LIE EB / 48th Street 54th & 48th St						
TOWED TO							
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 checked="" type="checkbox"/> BREAK DOWN		<input type="checkbox"/> SLINGHOIST				
<input type="checkbox"/> ABANDONED	<input type="checkbox"/> UNREGISTERED		<input checked="" type="checkbox"/> FLAT BED/RAMP				
<input type="checkbox"/> NO START	<input type="checkbox"/> OUT OF GAS		<input type="checkbox"/> WHEEL LIFT				
<input type="checkbox"/> FLAT TIRE	<input type="checkbox"/> FIRE LANE		<input type="checkbox"/>				
<input type="checkbox"/> LOCK OUT	<input type="checkbox"/> NO TRESPASS		<input type="checkbox"/>				
<input type="checkbox"/> TOW ZONE	<input type="checkbox"/> ARREST		<input type="checkbox"/>				
<input type="checkbox"/> STOLEN	<input type="checkbox"/> IMPOUNDED		<input type="checkbox"/>				
<input type="checkbox"/> SNOW REMOVAL	<input type="checkbox"/>		<input type="checkbox"/>				
SPECIAL EQUIPMENT USED	TOWED PER ORDER OF		VEHICLE STORAGE TIME				
<input checked="" type="checkbox"/> WINCH	<input type="checkbox"/> FLARES		FROM _____ TO _____		DAYS @ \$ _____		
<input type="checkbox"/> DOLLIES	<input type="checkbox"/> SCOTCH BLOCKS						
<input type="checkbox"/> RAMPS	<input type="checkbox"/>						
<input type="checkbox"/> SNATCH BLOCKS	<input type="checkbox"/>						
OTHER SERVICES			INDICATE DAMAGED AREA(S) ON VEHICLE:				
<input type="checkbox"/> SWEEP	<input type="checkbox"/> FIRST AID				KEYS LEFT Y N		
<input type="checkbox"/> REMOVE AXLE	<input type="checkbox"/>				RADIO Y N		
<input type="checkbox"/> SECURE LOOSE PARTS	<input type="checkbox"/>						
METHOD OF PAYMENT							
<input checked="" type="checkbox"/> CASH	<input type="checkbox"/> CHECK <input type="checkbox"/> DRIVER'S LIC. # _____						
<input type="checkbox"/> CREDIT CARD # 	EXP. DATE _____						
AUTHORIZED SIGNATURE 	DATE _____						
I agree to hold this authority harmless for any damages due to towing or removal of my vehicle.							
DRIVER'S SIGNATURE	DATE _____						
DRIVER #	TRUCK #						
TOTAL 136.00							

Vehicle Photo for Invoice K14283

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. In any vehicle equipped with them for storage or repair.

THANK YOU!!