

ROAD SERVICE



KNIGHTS COLLISION EXPERTS

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

KNIGHTS COLLISION EXPERTS

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

DMV # 7116398

TIME OF CALL A.M. <u>10:00</u>	DATE IN <u>6-12-25</u>	DATE OUT	TIME START A.M. <u>10:00</u> P.M.	TIME FINISH A.M. <u>10:00</u> P.M.	REQUESTED BY <u>Help</u>	P.O. / CASE #	OFFICER NAME
NAME <u>Rajiv Singh</u>					PHONE # <u>718-908-9485</u>		
ADDRESS <u>421 Saint Agnes pl</u>							
CITY <u>Franklin Square</u>					STATE	ZIP	
YEAR <u>2024</u>	MAKE/MODEL <u>Toyota Sienna</u>	COLOR <u>Yellow</u>	ODOMETER	DRIVER <u>Singh</u>		REGISTERED OWNER	
MARKER PLATE # <u>Y208985C NY</u>	STATE <u>NY</u>	VIN #					
LOCATION OF VEHICLE <u>Van Wyck N/B Rockaway Blvd</u>							
TOWED TO <u>Van Wyck S/B SVC RD + Linden Blvd</u>							
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"/> 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"/>					
SPECIAL EQUIPMENT USED		TOWED PER ORDER OF		VEHICLE STORAGE TIME			
<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 checked="" type="checkbox"/> LOCAL POLICE <input type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER		FROM <u> </u> TO <u> </u> DAYS @ \$ <u> </u>			
METHOD OF PAYMENT		OTHER SERVICES		INDICATE DAMAGED AREA(S) ON VEHICLE:			
<input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVER'S LIC. # <u> </u> <input type="checkbox"/> CREDIT CARD # <u> </u> EXP. DATE <u> </u>		<input type="checkbox"/> SWEEP <input type="checkbox"/> FIRST AID <input type="checkbox"/> REMOVE AXLE <input checked="" type="checkbox"/> SECURE LOOSE PARTS					
AUTHORIZED SIGNATURE		DATE		MILEAGE		TOWING CHARGE	
				FINISH		125 -	
				START		MILEAGE	
				TOTAL		LABOR	
				LABOR TIME		EXTRA PERSON	
				FINISH		SPECIAL EQUIPMENT	
				START		STORAGE	
				TOTAL		SUBTOTAL	
				EXTRA PERSON		125 -	
				FINISH			
				START			