

Vehicle Photo for Invoice K14100

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. P.M.	DATE IN 10-9-25	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY HUTTON	P.O. / CASE #	OFFICER NAME
NAME Bulkiner Sign		ADDRESS 21-03 44th AVE		CITY		STATE	ZIP
YEAR 2002	MAKE/MODEL Ford TRANSIT	COLOR RED	ODOMETER	DRIVER 11420	REGISTERED OWNER		
MARKER PLATE # 8206608C	STATE NY	VIN # N1545911					
LOCATION OF VEHICLE LICX EXT 21 44th AVE / 21st ST LIC							
TOWED TO							
INSPECTED BY INSURANCE CO.				APPRAISER NAME DATE PHONE #			
RELEASED BY				DATE PHONE #			
REASON FOR TOW <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				TYPE OF TOW <input type="checkbox"/> SLING/HOIST <input checked="" type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/> _____ TOWED PER ORDER OF <input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input checked="" type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER			
SPECIAL EQUIPMENT USED <input checked="" 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				OTHER SERVICES <input type="checkbox"/> SWEEP <input type="checkbox"/> FIRST AID <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS			
METHOD OF PAYMENT <input type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVER'S LIC # <input type="checkbox"/> CREDIT CARD # EXP. DATE				PERSONAL'S TAKEN BY DATE PHONE # VEHICLE STORAGE TIME FROM TO DAYS @ \$ INDICATE DAMAGED AREA(S) ON VEHICLE: KEYS LEFT Y N RADIO Y N			
AUTHORIZED SIGNATURE DRIVER'S SIGNATURE DATE				MILEAGE FINISH START TOTAL LABOR TIME FINISH START TOTAL EXTRA PERSON FINISH START TOTAL			
EXTRA PERSON FINISH START TOTAL				TOWING CHARGE 175.00 LABOR EXTRA PERSON SPECIAL EQUIPMENT STORAGE SUBTOTAL TAX 15.63 TOTAL 190.63			

K 14100

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!