

ROAD SERVICE

KNIGHTS COLLISION EXPERTS

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

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

DMV # 7116398

TIME OF CALL 9:16 P.M.	DATE IN 6.28.05	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							
CITY Brooklyn					STATE NY	ZIP 11233	
YEAR 2000	MAKE/MODEL Nissan Quest	COLOR Green	ODOMETER		DRIVER KAY		
MARKER PLATE # WBM3299 IX		STATE	VIN #		REGISTERED OWNER		
LOCATION OF VEHICLE Whitestone exp. exit 17							
TOWED TO Whitestone exp / 3rd Ave							
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 <input type="checkbox"/>			TYPE OF TOW <input type="checkbox"/> SLING/HOIST <input checked="" type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/>		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		
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 <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		MILEAGE FINISH START TOTAL LABOR TIME FINISH START TOTAL EXTRA PERSON FINISH START TOTAL		
METHOD OF PAYMENT <input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVER'S LIC. # <input type="checkbox"/> CREDIT CARD # EXP. DATE			OTHER SERVICES <input type="checkbox"/> SWEEP <input type="checkbox"/> FIRST AID <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS				
AUTHORIZED SIGNATURE DATE			DRIVER'S SIGNATURE DATE				
DRIVER'S SIGNATURE DATE			DRIVER # TRUCK #		TOTAL 136.00		

K 14486

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!