

# ROAD SERVICE

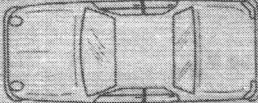
KNIGHTS COLLISION EXPERTS KNIGHTS COLLISION EXPERTS



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

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

DMV # 7116398

TIME OF CALL 6:27 P.M.	DATE IN 6-27-25	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME
NAME Kevin Sulaiman					PHONE #		
ADDRESS 3234 55th Street					STATE / ZIP NY / 11377		
CITY Woodside	YEAR 2000	MAKE / MODEL BMW M3	COLOR Grey	ODOMETER	DRIVER KAY	REGISTERED OWNER	
MARKER PLATE # T960677N					STATE / VIN #		
LOCATION OF VEHICLE GCP EB exit 12							
TOWED TO Queens & 75th Ave							
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 checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> ABANDONED <input type="checkbox"/> NO START <input type="checkbox"/> FLAT TIRE <input type="checkbox"/> LOCK OUT <input type="checkbox"/> TOW ZONE <input type="checkbox"/> STOLEN <input type="checkbox"/> SNOW REMOVAL			<input type="checkbox"/> BREAK DOWN <input type="checkbox"/> UNREGISTERED <input type="checkbox"/> OUT OF GAS <input type="checkbox"/> FIRE LANE <input type="checkbox"/> NO TRESPASS <input type="checkbox"/> ARREST <input type="checkbox"/> IMPOUNDED <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 checked="" type="checkbox"/> WINCH <input type="checkbox"/> DOLLIES <input type="checkbox"/> RAMPS <input type="checkbox"/> SNATCH BLOCKS			<input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input checked="" type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER		FROM _____ TO _____ DAYS @ \$ _____ INDICATE DAMAGED AREA(S) ON VEHICLE: 		
METHOD OF PAYMENT			OTHER SERVICES		KEYS LEFT		
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DRIVER'S LIC. # _____ <input type="checkbox"/> CREDIT CARD # _____ <input checked="" type="checkbox"/> AUTHORIZED SIGNATURE _____ DATE _____			<input type="checkbox"/> SWEEP <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS		Y N RADIO Y N		
DRIVER'S SIGNATURE			DATE		MILEAGE		
					FINISH		
					START		
					TOTAL		
					LABOR TIME		
					FINISH		
					START		
					TOTAL		
					EXTRA PERSON		
					FINISH		
					START		
					TOTAL		
					TOWING CHARGE		
					MILEAGE		
					LABOR		
					EXTRA PERSON		
					SPECIAL EQUIPMENT		
					STORAGE		
					SUBTOTAL		
					TAX		
					TOTAL		

K14483

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!

Vehicle Photo for Invoice K14483