

Vehicle Photo for Invoice K14129

ROAD SERVICE

KNIGHTS COLLISION EXPERTS **KNIGHTS COLLISION EXPERTS**



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

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

DMV # 7116398

TIME OF CALL 5:25	DATE IN 6-15-25	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME
NAME Alicia Gamble					PHONE #		
ADDRESS 201 2.54th street				STATE NY NY		ZIP 10010	
CITY	YEAR	MAKER/MODEL 2020 Honda Civic EX	COLOR BLACK	ODOMETER	DRIVER		
MARKER PLATE #		STATE NY	VIN #	REGISTERED OWNER			
LOCATION OF VEHICLE 418 WB / 58th st Greenpoint / 418							
INSPECTED BY INSURANCE CO.		APPRaiser NAME		DATE	PHONE #		
RELEASED BY		DATE	PHONE #				
REASON FOR TOW		TYPE OF TOW <input checked="" type="checkbox"/> SLING/HOIST <input type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/>		PERSONAL'S TAKEN BY		DATE	PHONE #
<input checked="" type="checkbox"/> ACCIDENT <input 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"/> LOOK 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"/>		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		VEHICLE STORAGE TIME FROM _____ TO _____		DAYS @ \$	
INDICATE DAMAGED AREA(S) ON VEHICLE: 							
KEYS LEFT Y N		RADIO Y N					
MILEAGE		TOWING CHARGE					
FINISH		MILEAGE					
START		LABOR					
TOTAL		EXTRA PERSON					
LABOR TIME		SPECIAL EQUIPMENT					
FINISH		STORAGE					
START		SUBTOTAL					
TOTAL		TAX					
EXTRA PERSON		TOTAL					
FINISH							
START							
TOTAL							
METHOD OF PAYMENT <input type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVER'S LIC. # _____ <input type="checkbox"/> CREDIT CARD # _____ EXP. DATE _____							
AUTHORIZED SIGNATURE X		DATE					
DRIVER'S SIGNATURE		DATE		DRIVER #	TRUCK #	TOTAL 130	

K 14129

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 rental.

THANK YOU!