

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 107 P.M.	DATE IN 6.28.05	DATE OUT	TIME START A.M. 6:00	TIME FINISH P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME	
NAME David Palacios						PHONE # 347-569-1515		
ADDRESS 60-28 55th Dr					STATE NY	ZIP 11378		
CITY Maspeth					DRIVER KAY			
YEAR 2008	MAKE/MODEL Crysler Town & Country Gold	COLOR Gold	ODOMETER		REGISTERED OWNER	David Palacios		
MARKER PLATE # H27UWG	STATE NJ	VIN #						
LOCATION OF VEHICLE GCP exits 24th Ave & 78st								
TOWED TO								
INSPECTED BY INSURANCE CO.	APPRaiser NAME	DATE	PHONE #					
RELEASED BY	DATE	PHONE #						
REASON FOR TOW	PERSONAL'S TAKEN BY DATE PHONE #							
<input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> BREAK DOWN	<input type="checkbox"/> SLING/HOIST							
<input type="checkbox"/> ABANDONED <input type="checkbox"/> UNREGISTERED	<input type="checkbox"/> FLAT BED/RAMP							
<input type="checkbox"/> NO START <input type="checkbox"/> OUT OF GAS	<input type="checkbox"/> WHEEL LIFT							
<input type="checkbox"/> FLAT TIRE <input type="checkbox"/> FIRE LANE	<input type="checkbox"/>							
<input type="checkbox"/> LOCK OUT <input type="checkbox"/> NO TRESPASS	<input type="checkbox"/>							
<input type="checkbox"/> TOW ZONE <input type="checkbox"/> ARREST	<input type="checkbox"/>							
<input type="checkbox"/> STOLEN <input type="checkbox"/> IMPOUNDED	<input type="checkbox"/>							
<input type="checkbox"/> SNOW REMOVAL	<input type="checkbox"/>							
SPECIAL EQUIPMENT USED	VEHICLE STORAGE TIME FROM _____ TO _____ DAYS @ \$							
<input checked="" type="checkbox"/> WINCH <input type="checkbox"/> FLARES	INDICATE DAMAGED AREA(S) ON VEHICLE:							
<input type="checkbox"/> DOLLIES <input type="checkbox"/> SCOTCH BLOCKS								
<input type="checkbox"/> RAMPS <input type="checkbox"/>	KEYS LEFT							
<input type="checkbox"/> SNATCH BLOCKS <input type="checkbox"/>	Y N							
METHOD OF PAYMENT	RADIO Y N							
<input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DRIVER'S LIC. # _____								
<input type="checkbox"/> CREDIT CARD # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EXP. DATE _____								
AUTHORIZED SIGNATURE X	DATE							
DRIVER'S SIGNATURE	DATE	DRIVER #	TRUCK #	TOWING CHARGE				
MILEAGE		FINISH	MILEAGE					
START			LABOR					
TOTAL								
LABOR TIME		FINISH	EXTRA PERSON					
START			SPECIAL EQUIPMENT					
TOTAL			STORAGE					
EXTRA PERSON		FINISH						
START			SUBTOTAL					
TOTAL			TAX					
			TOTAL 136.00					

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!

K14475

Vehicle Photo for Invoice K14475