

ROAD SERVICE

KNIGHTS COLLISION EXPERTS KNIGHTS COLLISION EXPERTS

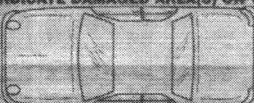



1924 Broadway
Brooklyn, NY 11207
(718) 963-4440

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

512107982492538

DMV # 7116398

TIME OF CALL 9:00 AM	DATE IN 6-7-79	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME
NAME Shane Raymond					PHONE #		
ADDRESS 196--Kempson Ave B Bay.							
CITY H-115000					STATE NY	ZIP 11423	
YEAR 01	MAKE/MODEL Ford	COLOR	ODOMETER	DRIVER			
MARKER PLATE K-1780	STATE NY	VIN #	REGISTERED OWNER				
LOCATION OF VEHICLE GCD ERI 24 KEX Tow							
TOWED TO ALM # 029869							
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 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"/> 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"/> SLING/HOIST <input 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 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			
SPECIAL EQUIPMENT USED		OTHER SERVICES		MILEAGE			
<input 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"/> SWEEP <input type="checkbox"/> FIRST AID <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS		FINISH START TOTAL YOWING CHARGE 125 00 MILEAGE LABOR EXTRA PERSON SPECIAL EQUIPMENT STORAGE			
METHOD OF PAYMENT		CREDIT CARD #		EXTRA PERSON			
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVER'S LIC. # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EXP. DATE		AUTHORIZED SIGNATURE  DATE		FINISH START TOTAL SUBTOTAL 125 00 TAX 11 00 TOTAL 136 00			
DRIVER'S SIGNATURE		DATE	DRIVER #	TRUCK #			

K14311

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 K14311