

ROAD SERVICE

KNIGHTS COLLISION EXPERTS KNIGHTS COLLISION EXPERTS



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

166

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

DMV # 7116398

TIME OF CALL 6:30	DATE IN 6-26-25	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY HWY3	P.O. / CASE #	OFFICER NAME
NAME Asset Protection					PHONE #		
ADDRESS 5502 Burmham Drive					STATE TX		
CITY Corporate Christy					ZIP 78413		
YEAR 2012	MAKE/MODEL FORD	COLOR WHT	ODOMETER	DRIVER A P			
MARKER PLATE # 6DM5213 MD		STATE MD	VIN #	REGISTERED OWNER A P			
LOCATION OF VEHICLE GCP E/B Little Neck Pkwy							
TOWED TO 111 Marcus Ave							
INSPECTED BY INSURANCE CO.		APPRaiser NAME		DATE		PHONE #	
RELEASED BY		DATE		PHONE #			
REASON FOR TOW		TYPE OF TOW		PERSONAL'S TAKEN BY		DATE	
<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 checked="" 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"/> SLING/HOIST <input type="checkbox"/> FLAT BED/RAMP <input checked="" type="checkbox"/> WHEEL LIFT		<input type="checkbox"/> STATE POLICE <input checked="" type="checkbox"/> LOCAL POLICE <input type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER	
SPECIAL EQUIPMENT USED		OTHER SERVICES		VEHICLE STORAGE TIME		INDICATE DAMAGED AREA(S) ON VEHICLE:	
<input type="checkbox"/> WINCH <input type="checkbox"/> DOLLIES <input type="checkbox"/> RAMP <input type="checkbox"/> SNATCH BLOCKS		<input type="checkbox"/> SWEEP <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS		FROM _____ TO _____ DAYS @ \$ _____ KEYS LEFT Y N RADIO Y N			
METHOD OF PAYMENT		CREDIT CARD		MILEAGE		TOWING CHARGE	
<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK DRIVER'S LIC. # 01941C <input type="checkbox"/> CREDIT CARD		DATE 6-26-25 EXP. DATE		FINISH START TOTAL		250 - MILEAGE LABOR EXTRA PERSON SPECIAL EQUIPMENT STORAGE	
APPROVED SIGNATURE		DATE		LABOR TIME		SUBTOTAL	
		6-26-25		FINISH START TOTAL		250 - TAX	
DRIVER SIGNATURE		DATE		EXTRA PERSON		TOTAL	
		6-26-25		DRIVER # TRUCK #		272 20	

K 14465

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 K14465