

ROAD SERVICE

KNIGHTS COLLISION EXPERTS

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

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

DMV # 7116398

TIME OF CALL 2:28 P.M.	DATE IN 6-22-25	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME
NAME Anthony Saieva					PHONE #		
ADDRESS 145 Nassau Street							
CITY New York					STATE NY	ZIP 10038	
YEAR 2020	MAKE/MODEL Mercedes C300	COLOR BLK	ODOMETER	DRIVER KAY			
MARKER PLATE # L3MPC08		STATE NY	VIN #	REGISTERED OWNER			
LOCATION OF VEHICLE LIE WB exit 19							
TOWED TO Maurice / Maurice Harding Exp.							
INSPECTED BY INSURANCE CO.		APPRAISER NAME		DATE	PHONE #		
RELEASED BY		DATE	PHONE #				
REASON FOR TOW			TYPE OF TOW		PERSONAL'S TAKEN BY		
<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		
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"/> FLARES <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/>		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"/> CREDIT CARD			<input type="checkbox"/> SWEEP <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS		Y N RADIO Y N		
DRIVER'S LIC. #			DATE		MILEAGE		
EXP. DATE			DATE		TOWING CHARGE		
AUTHORIZED SIGNATURE			DATE		MILEAGE		
DRIVER'S SIGNATURE			DATE		LABOR		
DATE			DATE		EXTRA PERSON		
DATE			DATE		SPECIAL EQUIPMENT		
DATE			DATE		STORAGE		
DATE			DATE		SUBTOTAL		
DATE			DATE		TAX		
DATE			DATE		TOTAL		

K 14290

We cannot be responsible for damage 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 K14290