

ROAD SERVICE



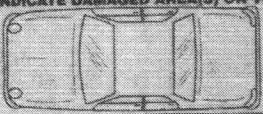
KNIGHTS COLLISION EXPERTS

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

KNIGHTS COLLISION EXPERTS

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

DMV # 7116398

TIME OF CALL 337	DATE IN 6.21.05	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME
NAME Charlie Rosselli					PHONE 516 640-6542		
ADDRESS 1428 Bellmore ave							
CITY W. Bellmore					STATE N.Y.	ZIP	
YEAR 2008	MAKE/MODEL Chevy Impala	COLOR Grey	ODOMETER	DRIVER KAY			
MARKER PLATE # UTF4113	STATE NY	VIN #	REGISTERED OWNER				
LOCATION OF VEHICLE LIE EB exit 32							
TOWED TO 260-01 Horace 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 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 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"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input checked="" type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER		FROM _____ TO _____ DAYS @ \$ _____ INDICATE DAMAGED AREA(S) ON VEHICLE:  KEYS LEFT Y N RADIO Y N		
METHOD OF PAYMENT			OTHER SERVICES		MILEAGE		
<input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DRIVER'S LIC. # _____ <input type="checkbox"/> CREDIT CARD # _____ AUTHORIZED SIGNATURE: <i>Charles D. Rossi</i> DATE: _____ DRIVER'S SIGNATURE: _____ DATE: _____			<input type="checkbox"/> SWEEP <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS		FINISH _____ START _____ TOTAL _____ LABOR TIME FINISH _____ START _____ TOTAL _____ EXTRA PERSON FINISH _____ START _____ TOTAL _____		
TOWING CHARGE MILEAGE LABOR EXTRA PERSON SPECIAL EQUIPMENT STORAGE SUBTOTAL TAX TOTAL 136.00			THANK YOU!				

K 14285

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.

Vehicle Photo for Invoice K14285