

ROAD SERVICE

KNIGHTS COLLISION EXPERTS

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1924 Broadway

459 Sharrotts Road

Brooklyn, NY 11207

Staten Island, NY 10309

(718) 963-4440

(718) 569-5957



DMV # 7116398

TIME OF CALL 6/20/2001	DATE IN 6-27-25	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O./CASE #	OFFICER NAME
NAME KEVIN Sulaiman				PHONE #			
ADDRESS 32 34 55th Street Woodsdale				STATE NY	ZIP 11377		
YEAR 2000	MANUFACTURE BMW m3	DOLOR Grey	ODOMETER	DRIVER KAY			
MARKER PLATE # 19100677 NY		STATE VIN #	REGISTERED OWNER				
LOCATION OF VEHICLE GCP EB exit 12 Queens & 75th Ave							
TOWED TO							
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 checked="" 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 checked="" type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/>					
SPECIAL EQUIPMENT USED		TOWED PER ORDER OF	VEHICLE STORAGE TIME		DAYS @ \$		
<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"/>		<input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER	FROM _____ TO _____				
METHOD OF PAYMENT		OTHER SERVICES	INDICATE DAMAGED AREA(S) ON VEHICLE:		KEYS LEFT		
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVER'S LIC. # <input type="checkbox"/> CREDIT CARD # <input checked="" type="checkbox"/> DEBIT <input type="checkbox"/> EXP. DATE _____		<input type="checkbox"/> SWEEP <input type="checkbox"/> FIRST AID <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS			Y N		
AUTHORIZED SIGNATURE <i>[Signature]</i>		DATE	MILEAGE		RADIO		
DRIVER'S SIGNATURE <i>[Signature]</i>		DATE	FINISH	START	Y N		
			MILEAGE				
			TOTAL		L A B O R		
			FINISH	START	E X T R A P E R S O N		
			TOTAL		S P E C I A L E Q U I P M E N T		
			FINISH	START	S T O R A G E		
			TOTAL				
			FINISH	START	S U B T O T A L		
			TOTAL		T A X		
					TOTAL <i>136.00</i>		

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.

K14483

THANK YOU!

Vehicle Photo for Invoice K14483