

ROAD SERVICE

KNIGHTS COLLISION EXPERTS KNIGHTS COLLISION EXPERTS



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

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

DMV # 7116398

TIME OF CALL 3:30 A.M.	DATE IN 6-26-25	DATE OUT 6-26-25	TIME START A.M.	TIME FINISH P.M.	REQUESTED BY Owner	P.O. / CASE # —	OFFICER NAME —
NAME JOSE DIAZ				PHONE #			
ADDRESS 69-38 230th Street				CITY OAKLAND GDNS			
				STATE NY	ZIP 11364		
YEAR 2009	MAKE/MODEL DODGE	COLOR Silver	ODOMETER —	DRIVER Same			
MARKER PLATE # LHA9074	STATE NY	VIN # —	REGISTERED OWNER Same				
LOCATION OF VEHICLE GCP w/B 94ST							
TOWED TO Z4-ZZ 86ST							
INSPECTED BY INSURANCE CO.	APPRASIER NAME			DATE	PHONE #		
RELEASED BY	DATE	PHONE #					
REASON FOR TOW		TYPE OF TOW		PERSONAL'S TAKEN BY		DATE	PHONE #
<input type="checkbox"/> ACCIDENT <input checked="" 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"/>		<input type="checkbox"/> SLING/HOIST <input checked="" type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/>					
						VEHICLE STORAGE TIME FROM _____ TO _____ DAYS @ \$ _____	
						INDICATE DAMAGED AREA(S) ON VEHICLE:	
						KEYS LEFT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N RADIO <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
SPECIAL EQUIPMENT USED		MILEAGE		TOWING CHARGE		125 —	
<input checked="" type="checkbox"/> WINCH <input type="checkbox"/> FLARES <input type="checkbox"/> DOLLIES <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> RAMPS <input checked="" type="checkbox"/> STRAPS <input type="checkbox"/> SNATCH BLOCKS <input type="checkbox"/>		FINISH		START		—	
		TOTAL		TOTAL		—	
METHOD OF PAYMENT		LABOR TIME		EXTRA PERSON		—	
<input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVER'S LIC. # _____ <input type="checkbox"/> CREDIT CARD # _____ <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> EXP. DATE _____		FINISH		START		—	
		TOTAL		TOTAL		—	
AUTHORIZED SIGNATURE X JOSE DIAZ 6-26-25		EXTRA PERSON		SUBTOTAL		125 —	
I agree to hold this company harmless for any damages due to towing or services rendered		FINISH		TOTAL		TAX 11 10	
DRIVER'S SIGNATURE JOSE DIAZ		DATE 6-26-25		DRIVER # EHA		TOTAL 136 10	

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.

K14484

THANK YOU!