

# ROAD SERVICE



KNIGHTS COLLISION EXPERTS

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

KNIGHTS COLLISION EXPERTS

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

DMV # 7116398

#193438

TIME OF CALL A.M. 6:23:25	DATE IN	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME
NAME Omar Lopez			PHONE # 862 343 0432				
ADDRESS 585 Newark Ave							
CITY Elizabeth							
YEAR 2008	MAKE/MODEL Dodge Avenger S.W.	COLOR Kf	ODOMETER	DRIVER KAY	ZIP 07008		
MARKER PLATE YRR9211			STATE NJ	VIN #	REGISTERED OWNER		
LOCATION OF VEHICLE SIE exit 4							
TOWED TO 1551 Richmond Ave Staten Island NY							
INSPECTED BY INSURANCE CO.		APPRAISER NAME		DATE		PHONE #	
RELEASED BY		DATE		PHONE #			
REASON FOR TOW		TYPE OF TOW		PERSONAL'S TAKEN BY		DATE	
<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		<input type="checkbox"/> DATE <input type="checkbox"/> PHONE #	
<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"/> TOWED PER ORDER OF <input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input checked="" type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER		<input type="checkbox"/> SWEEP <input type="checkbox"/> FIRST AID <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS	
METHOD OF PAYMENT		DRIVER'S LIC. #		EXP. DATE			
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD #							
AUTHORIZED SIGNATURE		DATE		DRIVER #		TRUCK #	
		6/23/25					
DRIVER'S SIGNATURE		DATE		DRIVER #		TRUCK #	
VEHICLE STORAGE TIME		FROM		TO		DAYS & S	
INDICATE DAMAGED AREA(S) ON VEHICLE:				KEYS LEFT		Y N	
				RADIO		Y N	
MILEAGE		FINISH		TOWING CHARGE			
START				MILEAGE			
TOTAL				LABOR			
LABOR TIME		FINISH		EXTRA PERSON			
START				SPECIAL EQUIPMENT			
TOTAL				STORAGE			
EXTRA PERSON		FINISH		SUBTOTAL			
START				TAX			
TOTAL				TOTAL		136.00	

K14476

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 K14476