

ROAD SERVICE

KNIGHTS COLLISION EXPERTS



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

KNIGHTS COLLISION EXPERTS

459 Sharrott's Road
Staten Island, NY 10309
(718) 569-5957

DMV # 7116398

TIME OF CALL <i>1043 p.m.</i>	DATE IN <i>6-28-25</i>	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME	
NAME <i>RAMON NAZARIO SANCHEZ</i>				PHONE # <i>347 983 0559</i>				
ADDRESS <i>412 43rd Street</i>				STATE <i>NY</i> ZIP <i>11751</i>				
CITY <i>Cindenhurst</i>								
YEAR <i>2005</i>	MAKE/MODEL <i>Ford mustang white</i>	COLOR <i>white</i>	ODOMETER <i>100000</i>	DRIVER <i>KAY</i>	REGISTERED OWNER			
MARKER PLATE # <i>FUDR 15971 TX</i>				STATE <i>TX</i>	VIN #			
LOCATION OF VEHICLE <i>Gop WB exit 23 2nd st & Union turnpike Queens ny</i>								
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"/>		<input type="checkbox"/> SLING/HOIST <input checked="" type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/>						
		TOWED PER ORDER OF	VEHICLE STORAGE TIME		FROM _____	TO _____	DAYS @ \$ _____	
		<input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input checked="" type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER	INDICATE DAMAGED AREA(S) ON VEHICLE:		 KEYS LEFT <input type="checkbox"/> Y <input type="checkbox"/> N RADIO <input type="checkbox"/> Y <input type="checkbox"/> N			
			MILEAGE	TOWING CHARGE				
			FINISH					
			START					
			TOTAL					
				LABOR				
					EXTRA PERSON			
					SPECIAL EQUIPMENT			
					STORAGE			
					SUBTOTAL			
					TAX			
					TOTAL	<i>136.90</i>		
METHOD OF PAYMENT <input type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVER'S LIC. # _____ <input checked="" type="checkbox"/> CREDIT CARD # _____ EXPIRATION DATE _____ <small>I agree to hold this company harmless for any damages due to handling or advancing vehicles.</small>								
AUTHORIZED SIGNATURE <i>X</i>		DATE						
DRIVER'S SIGNATURE		DATE	DRIVER #	TRUCK #	THANK YOU!			

We cannot be responsible for damages caused by faulty tires, bumper brackets, etc.
This company assumes no responsibility for loss or damage by fire, fire or any other
cause beyond our control, to any vehicle placed with them for storage or repair.

K 14485

Vehicle Photo for Invoice K14485