

Vehicle Photo for Invoice K14127

ROAD SERVICE

KNIGHTS COLLISION EXPERTS

KNIGHTS COLLISION EXPERTS



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

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

DMV # 7116398

#012105

TIME OF CALL 203 P.M.	DATE IN 6.14.25	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME
NAME Jackson M. Apante					PHONE 929-684-8861		
ADDRESS 575 Central Ave							
CITY Brooklyn					STATE NY	ZIP 11207	
YEAR 1997	MAKE/MODEL Honda Accord	COLOR Green	ODOMETER	DRIVER KAY		REGISTERED OWNER	
MARKER PLATE # MM 16205 PA	STATE PA	VIN #					
LOCATION OF VEHICLE LIE EB / Queens Blvd							
TOWED TO Horace Harding & 98th Street							
INSPECTED BY INSURANCE CO.		APPRAISER NAME		DATE	PHONE #		
RELEASED BY		DATE	PHONE #				
REASON FOR TOW				TYPE OF TOW		PERSONAL'S TAKEN BY	
<input checked="" 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 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"/> FLARES <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS		FROM _____ TO _____ DAYS @ \$ _____ INDICATE DAMAGED AREA(S) ON VEHICLE:	
METHOD OF PAYMENT				MILEAGE		TOWING CHARGE	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD # _____				FINISH _____ START _____ TOTAL _____		MILEAGE _____ LABOR _____ EXTRA PERSON _____ SPECIAL EQUIPMENT _____ STORAGE _____	
AUTHORIZED SIGNATURE				LABOR TIME		SUBTOTAL	
DATE				FINISH _____ START _____ TOTAL _____		TAX	
DRIVER'S SIGNATURE				EXTRA PERSON		TOTAL	
DATE				FINISH _____ START _____ TOTAL _____		136.00	

K14127

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!