

ROAD SERVICE

KNIGHTS COLLISION EXPERTS



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

KNIGHTS COLLISION EXPERTS

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

DMV # 7116398

TIME IN	DATE IN	DATE OUT	TIME START	TIME FINISH	REQUESTED BY	P.O. / CASE #	OFFICER NAME
7:00 A.M.	6-12-25		A.M.	A.M.	Help	-	-
NAME					PHONE #	718-908-9485	
ADDRESS	421 Saint Agnes bl				STATE	ZIP	
CITY	Franklin Square						
YEAR	MAKE/MODEL	COLOR	ODOMETER	DRIVER			
2024	TOYOTA Sienna Yellow		-	Singh			
MARKER PLATE #	STATE	VIN #	REGISTERED OWNER				
Y208985C	NY						
LOCATION OF VEHICLE	Vanwyck N/B Rockaway Blvd						
TOWED TO	Van Wyck S/B Suc Rd + Linden Blvd						
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		DAYS @ \$	
				FROM	TO		
				INDICATE DAMAGED AREA(S) ON VEHICLE:			
				KEYS LEFT Y N RADIO Y N			
SPECIAL EQUIPMENT USED		MILEAGE		TOWING CHARGE		125 -	
<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"/>		FINISH		MILEAGE			
		START		LABOR			
		TOTAL					
METHOD OF PAYMENT		LABOR TIME		EXTRA PERSON			
<input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DRIVER'S LIC. # _____ <input type="checkbox"/> CREDIT CARD # _____		FINISH		SPECIAL EQUIPMENT			
		START		STORAGE			
		TOTAL					
EXTRA PERSON		START		SUBTOTAL		125 -	
		FINISH					