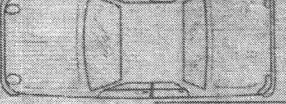


KNIGHTS COLLISION EXPERTS		KNIGHTS COLLISION EXPERTS	
1924 Broadway Brooklyn, NY 11207 (718) 963-4440		459 Sharotts Road Staten Island, NY 10309 (718) 569-5957	
DMV # 7116398			
TIME OF CALL <i>7:00 A.M.</i>	DATE <i>7/10/08</i>	TIME OUT A.M. P.M.	TIME START A.M. P.M.
TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME
NAME		PHONE #	
ADDRESS			
CITY		STATE	ZIP
YEAR <i>05</i>	MAKE MODEL <i>Mazda 6</i>	COLOR	ODOMETER <i>125,000</i>
MARKER PLATE # <i>JNL 59064</i>	STATE <i>NY</i>	VIN #	DRIVER <i>Reg</i> REGISTERED OWNER
LOCATION OF VEHICLE <i>East 11th St</i>			
TOWED TO <i>East 11th St</i>			
INSPECTED BY INSURANCE CO.	APPRaiser NAME	DATE	PHONE #
RELEASED BY	DATE	PHONE #	
REASON FOR TOW		TYPE OF TOW	PERSONAL'S TAKEN BY
<input 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"/> SLING/HOIST <input type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/> <input type="checkbox"/> TOWED PER ORDER OF <input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER	DATE PHONE #
		VEHICLE STORAGE TIME FROM _____ TO _____ DAYS @ \$ _____	
		INDICATE DAMAGED AREA(S) ON VEHICLE:	
		 KEYS LEFT Y N RADIO Y N	
		MILEAGE	TOWING CHARGE <i>125.00</i>
		FINISH _____	MILEAGE
		START _____	LABOR
		TOTAL _____	
		LABOR TIME	EXTRA PERSON
		FINISH _____	SPECIAL EQUIPMENT
		START _____	STORAGE
		TOTAL _____	
		EXTRA PERSON	
		FINISH _____	
		START _____	SUBTOTAL
		TOTAL _____	TAX <i>11.96</i>
		DRIVER #	TRUCK #
METHOD OF PAYMENT		TOTAL <i>136.96</i>	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVER'S LIC. # _____ <input checked="" type="checkbox"/> CREDIT CARD  CREDIT CARD # <input type="text"/>		EXP. DATE	
AUTHORIZED SIGNATURE 		DATE	
DRIVER'S SIGNATURE		DATE	

I agree to hold this company harmless for any damages due to holding or services rendered.

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!

K13388

Vehicle Photo for Invoice K13388