

# **ROAD SERVICE**

**KNIGHTS COLLISION EXPERTS**

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

**KNIGHTS COLLISION EXPERTS**

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

DMV # 7116398

#083702

TIME OF CALL 209 P.M.	DATE IN 10/20/05	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O./CASE #	OFFICER NAME
NAME 146 clermont A.V ADDRESS Vicente Suazo					PHONE # 516 325 6169		
CITY					STATE	ZIP	
YEAR 2007	MAKE/MODEL toyota tundra Blue	COLOR	ODOMETER		DRIVER RAY		
MARKER PLATE KMB 7877 NY		STATE NY	VIN #	REGISTERED OWNER			
LOCATION OF VEHICLE UE EB exit 30							
TOWED TO 231 st & harsc harding Exp		APPRaiser NAME		DATE	PHONE #		
INSPECTED BY INSURANCE CO.							
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"/>					
		TOWED PER ORDER OF		VEHICLE STORAGE TIME			
		<input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER		FROM _____ TO _____		DAYS @ \$ _____	
SPECIAL EQUIPMENT USED		OTHER SERVICES		INDICATE DAMAGED AREA(S) ON VEHICLE:		KEYS LEFT	
<input checked="" 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"/>		<input type="checkbox"/> SWEEP <input type="checkbox"/> FIRST AID <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS				<input type="checkbox"/> Y <input type="checkbox"/> N  <input type="checkbox"/> RADIO <input type="checkbox"/> N	
METHOD OF PAYMENT		MILEAGE		TOWING CHARGE			
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK - DRIVER'S LIC. # _____ <input checked="" type="checkbox"/> CREDIT CARD # _____ <input type="checkbox"/> DEBIT CARD # _____ <input type="checkbox"/> ATM CARD # _____ <input type="checkbox"/> EXP. DATE _____		FINISH _____		MILEAGE _____			
		START _____		LABOR			
		TOTAL _____		EXTRA PERSON			
		FINISH _____		SPECIAL EQUIPMENT			
		START _____		STORAGE			
		TOTAL _____		SUBTOTAL			
		FINISH _____		TAX			
		START _____		TOTAL			
		TOTAL _____		TOTAL			
AUTHORIZED SIGNATURE  <b>X Vicente Suazo</b>		DATE		DRIVER #	TRUCK #		
DRIVER'S SIGNATURE		DATE					

**Vehicle Photo for Invoice K14280**

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 altered with, than, for pleasure or racing.