

ROAD SERVICE

KNIGHTS COLLISION EXPERTS



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

IGHTS COLLISION EXPERTS

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

DMV # 7116398

TIME OF CALL 337 PM	DATE IN 10.21.05	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME
NAME Charlie Roselli					PHONE 576 640-6542		
ADDRESS 1428 Bellmore ave		CITY W. Bellmore		STATE N.Y.		ZIP	
YEAR 2008	MAKE/MODEL Chevy Impala Grey	COLOR Grey	ODOMETER	DRIVER KAY			
MARKER PLATE # LTF47713 NY		STATE VIN #		REGISTERED OWNER			
LOCATION OF VEHICLE LIE EB exit 32							
TOWED TO 260-01 horace harding Exp							
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"/> SLING/HOIST <input checked="" type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/>					
<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"/>							
SPECIAL EQUIPMENT USED		TOWED PER ORDER OF		VEHICLE STORAGE TIME		DAYS @ \$	
<input checked="" type="checkbox"/> WINCH <input type="checkbox"/> DOLLIES <input type="checkbox"/> RAMPS <input type="checkbox"/> SNATCH BLOCKS		<input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input checked="" type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER		FROM _____ TO _____			
<input type="checkbox"/> FLARES <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/>		OTHER SERVICES					
<input type="checkbox"/> SWEEP <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS		<input type="checkbox"/> FIRST AID					
METHOD OF PAYMENT		MILEAGE		TOWING CHARGE			
<input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DRIVER'S LIC. # _____		FINISH		MILEAGE			
<input type="checkbox"/> CREDIT CARD # _____		TOTAL		LABOR			
AUTHORIZED SIGNATURE <i>Frank D. Smith</i>		LABOR TIME		EXTRA PERSON			
DATE _____		FINISH		SPECIAL EQUIPMENT			
START _____		TOTAL		STORAGE			
TOTAL _____		EXTRA PERSON		SUBTOTAL			
DRIVER'S SIGNATURE _____		DATE _____		TAX			
TRUCK # _____		DRIVER # _____		TOTAL		130.00	

Vehicle Photo for Invoice K14285

K14285

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!