

Vehicle Photo for Invoice K14129

ROAD SERVICE

KNIGHTS COLLISION EXPERTS

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

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

DMV # 7116398

TIME OF CALL 5:25 P.M.	DATE IN 6-5-25	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME
NAME Alicia Gamble					PHONE #		
ADDRESS 201 E. 24th Street							
CITY NY NY					STATE	ZIP 10010	
YEAR 2002	MAKE/MODEL Honda Civic	COLOR BLK	ODOMETER		DRIVER		
MARKER PLATE #	STATE	VIN #	REGISTERED OWNER				
LOCATION OF VEHICLE LIE WB / 58th St							
TOWED TO Greenpoint / LIE							
INSPECTED BY INSURANCE CO.		APPRAISER NAME		DATE		PHONE #	
RELEASED BY		DATE		PHONE #			
REASON FOR TOW		TYPE OF TOW		PERSONAL'S TAKEN BY		DATE / PHONE #	
<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		<input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input checked="" type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER	
SPECIAL EQUIPMENT USED		OTHER SERVICES		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		FROM _____ TO _____ DAYS @ \$ _____ INDICATE DAMAGED AREA(S) ON VEHICLE:			
METHOD OF PAYMENT		CREDIT CARD #		KEYS LEFT			
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DRIVER'S LIC. # _____ <input type="checkbox"/> EXP. DATE _____		<input type="checkbox"/> SWEEP <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS		Y N RADIO Y N			
AUTHORIZED SIGNATURE		DATE		MILEAGE			
DRIVER'S SIGNATURE		DATE		FINISH			
				START			
				TOTAL			
				LABOR TIME			
				FINISH			
				START			
				TOTAL			
				EXTRA PERSON			
				FINISH			
				START			
				TOTAL			
				TOWING CHARGE			
				MILEAGE			
				LABOR			
				EXTRA PERSON			
				SPECIAL EQUIPMENT			
				STORAGE			
				SUBTOTAL			
				TAX			
				TOTAL 136.00			

K 14129

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!