

ROAD SERVICE

KNIGHTS COLLISION EXPERTS

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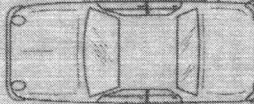


1924 Broadway
Brooklyn, NY 11207
(718) 963-4440

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

DMV # 7116398

644564

TIME OF CALL 2:59 P.M.	DATE IN 6-28-25	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME
NAME Frances Testini					PHONE # 551/331/8032		
ADDRESS 1 Flagship street # 407							
CITY Bayonne					STATE NJ	ZIP 07002	
YEAR 2004	MAKE Kia	MODEL EV6	COLOR blue	ODOMETER	DRIVER KAY		
MARKER PLATE 1B9W14	STATE NJ	VIN # KNDC34LA4R51803056	REGISTERED OWNER				
LOCATION OF VEHICLE 11E WB. exit 30							
TOWED TO 58-20 Francis Lewis Blvd byside							
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"/> ABANDONED <input type="checkbox"/> NO START <input checked="" type="checkbox"/> FLAT TIRE <input type="checkbox"/> LOCK OUT <input type="checkbox"/> TOW ZONE <input type="checkbox"/> STOLEN <input type="checkbox"/> SNOW REMOVAL			<input checked="" 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"/>		<input type="checkbox"/> SLING/HOIST <input checked="" type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/>		
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 <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS		FROM _____ TO _____ DAYS @ \$ _____ INDICATE DAMAGED AREA(S) ON VEHICLE: 		
METHOD OF PAYMENT			TOWED PER ORDER OF		KEYS LEFT		
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> DRIVER'S LIC. # _____ <input type="checkbox"/> CREDIT CARD # _____ <input type="checkbox"/> EXP. DATE _____			<input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input checked="" type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER		Y N Y N		
AUTHORIZED SIGNATURE			DATE		MILEAGE		
<input checked="" type="checkbox"/>					FINISH _____ START _____ TOTAL _____		
DRIVER'S SIGNATURE			DATE		TOWING CHARGE		
					MILEAGE _____ LABOR _____ EXTRA PERSON _____ SPECIAL EQUIPMENT _____ STORAGE _____		
DRIVER #			TRUCK #		EXTRA PERSON		
					FINISH _____ START _____ TOTAL _____		
SUBTOTAL			TAX		TOTAL		
					136.00		

Vehicle Photo for Invoice K14484

K14484

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!