

Vehicle Photo for Invoice K14115

# ROAD SERVICE

## KNIGHTS COLLISION EXPERTS



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

## KNIGHTS COLLISION EXPERTS

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

DMV # 7116398

TIME OF CALL 850 A.M.	DATE IN 6-8-25	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME
NAME Maria A. Guzman				PHONE # (718) 422-2421			
ADDRESS 4818 River Rd.				STATE NY ZIP 10810			
CITY Penn Yan	YEAR 2002	MAKE MODEL Chevy Traverse Grey	SOLOR Grey	ODOMETER 261 GTP N.Y.	DRIVER KAY	REGISTERED OWNER	
LOCATION OF VEHICLE SIE exit 10							
TOWED TO 700 South Ave Staten Island							
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"/> 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 type="checkbox"/> FLAT BED/RAMP <input checked="" type="checkbox"/> WHEEL LIFT <input type="checkbox"/>					
						VEHICLE STORAGE TIME FROM _____ TO _____ DAYS @ \$ _____	
						INDICATE DAMAGED AREA(S) ON VEHICLE:	
						KEYS LEFT Y N RADIO Y N	
SPECIAL EQUIPMENT USED		TOWED PER ORDER OF		MILEAGE		TOWING CHARGE	
<input checked="" type="checkbox"/> WINCH <input type="checkbox"/> FLARES <input type="checkbox"/> DOLLLIES <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> RAMPS <input type="checkbox"/> <input type="checkbox"/> SNATCH BLOCKS <input type="checkbox"/>		<input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input checked="" type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER		FINISH _____	MILEAGE _____	MILEAGE _____	
				START _____		LABOR	
				TOTAL _____		EXTRA PERSON	
METHOD OF PAYMENT		OTHER SERVICES		LABOR TIME		EXTRA PERSON	
<input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK   DRIVER'S LIC. # _____ <input type="checkbox"/> CREDIT CARD # _____ <input type="checkbox"/> DEBIT CARD # _____ <input type="checkbox"/> ATM CARD # _____ <input type="checkbox"/> MONEY ORDER # _____ <input type="checkbox"/> BANK CARD # _____ <input type="checkbox"/> OTHER # _____ 		<input type="checkbox"/> SWEEP <input type="checkbox"/> FIRST <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS		FINISH _____		SPECIAL EQUIPMENT	
				START _____		STORAGE	
				TOTAL _____		SUBTOTAL	
AUTHORIZED SIGNATURE <i>X</i>		DATE 6/8/25		DRIVER #	TRUCK #	TAX	
DRIVER'S SIGNATURE <i>Maria Guzman</i>		DATE 6/8/25		TOTAL		130.00	

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!

K14115