

ROAD SERVICE

KNIGHTS COLLISION EXPERTS KNIGHTS COLLISION EXPERTS



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

287

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

DMV # 7116398

TIME OF CALL 9:45 PM	DATE IN 6-30-25	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY HWY 3	P.O. / CASE #	OFFICER NAME
NAME Bruce-Lee Pasteur					PHONE #		
ADDRESS 164 Sylvester ST							
CITY Westbury					STATE NY	ZIP 11590	
YEAR 2007	MAKE/MODEL Honda	COLOR Silver	ODOMETER	DRIVER Same			
MARKER PLATE # LPP2136	STATE NY	VIN #	REGISTERED OWNER Same				
LOCATION OF VEHICLE EIE w/B Clearview							
TOWED TO 84-12 164ST							
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 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"/> SLING/HOIST <input checked="" type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/>		<input type="checkbox"/> STATE POLICE <input checked="" type="checkbox"/> LOCAL POLICE <input type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER		VEHICLE STORAGE TIME FROM TO DAYS @ \$ INDICATE DAMAGED AREA(S) ON VEHICLE: KEYS LEFT Y N RADIO Y N	
SPECIAL EQUIPMENT USED		OTHER SERVICES		MILEAGE		TOWING CHARGE	
<input type="checkbox"/> WINCH <input type="checkbox"/> FLARES <input type="checkbox"/> DOLLIES <input type="checkbox"/> SPOTCH BLOCKS <input type="checkbox"/> RAMPS <input type="checkbox"/> <input type="checkbox"/> SNATCH BLOCKS		<input type="checkbox"/> SWEEP <input type="checkbox"/> FIRST AID <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS		FINISH START TOTAL		125 - MILEAGE LABOR EXTRA PERSON SPECIAL EQUIPMENT STORAGE	
METHOD OF PAYMENT		DRIVER'S LIC. #		LABOR TIME		EXTRA PERSON	
<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> DRIVER'S LIC. #		57825Z		FINISH START TOTAL		SUBTOTAL TAX TOTAL	
CREDIT CARD		EXP. DATE		DRIVER #		TRUCK #	
AUTHORIZED SIGNATURE		DATE		EHA		162	
OWNER'S SIGNATURE		DATE		6-30-25			

K14486

We cannot be responsible for damages caused by faulty lines, 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!

Vehicle Photo for Invoice K14486