

Vehicle Photo for Invoice K14119

# ROAD SERVICE



KNIGHTS COLLISION EXPERTS

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

KNIGHTS COLLISION EXPERTS

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

DMV # 7116398

TIME OF CALL <b>8:55</b>	DATE IN <b>6-11-05</b>	DATE OUT	TIME START A.M. <b>6:00</b>	TIME FINISH P.M.	REQUESTED BY	P.O./CASE #	OFFICER NAME
NAME <b>Sail Akayyer</b>				PHONE #			
ADDRESS <b>65-44 162 ND Street, Fresh Meadows</b>							
CITY <b>U365</b>				STATE	ZIP		
YEAR <b>2005</b>	MAKE/MODEL <b>Dodge Ram Van white</b>	COLOR <b>white</b>	ODOMETER	DRIVER <b>KAY</b>			
MARKER PLATE # <b>JH011371 DY</b>				STATE/VIN #	REGISTERED OWNER		
LOCATION OF VEHICLE <b>GCP EB exit 10W 67th Rd &amp; GCP Service</b>							
INSPECTED BY INSURANCE CO.		APPRAYER NAME	DATE		PHONE #		
RELEASED BY			DATE		PHONE #		
<b>REASON FOR TOW</b> <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"/>				<b>TYPE OF TOW</b> <input type="checkbox"/> SLING/HOIST <input checked="" type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/> <b>PERSONAL'S TAKEN BY</b> <input type="checkbox"/> DATE <input type="checkbox"/> PHONE #			
				<b>VEHICLE STORAGE TIME</b> FROM _____ TO _____ DAYS @ \$ _____			
<b>INDICATE DAMAGED AREA(S) ON VEHICLE:</b> 							
<b>SPECIAL EQUIPMENT USED</b> <input checked="" type="checkbox"/> WINCH <input type="checkbox"/> FLARES <input type="checkbox"/> DOLLIES <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> RAMPS <input type="checkbox"/> <input type="checkbox"/> SNATCH BLOCKS <input type="checkbox"/>				<b>MILEAGE</b> FINISH _____ START _____ TOTAL _____			
<b>METHOD OF PAYMENT</b> <input type="checkbox"/> CASH <input type="checkbox"/> CHECK   DRIVER'S LIC. # _____ <input type="checkbox"/> CREDIT CARD # _____ EXPIRATION DATE _____				<b>TOWING CHARGE</b> MILEAGE _____ LABOR _____			
<b>AUTHORIZED SIGNATURE</b> <b>X S. Akayyer</b> <small>Signer certifies to pay settlement for any damages done to vehicle or services rendered</small>				<b>LABOR TIME</b> FINISH _____ START _____ TOTAL _____			
<b>DRIVER'S SIGNATURE</b> <b>K14119</b>				<b>EXTRA PERSON</b> FINISH _____ START _____ TOTAL _____			
				<b>STORAGE</b> SUBTOTAL _____ TAX _____			
				<b>DRIVER #</b> <b>TRUCK #</b> <b>TOTAL</b> <b>130.00</b>			

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!