

Vehicle Photo for Invoice K14100

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 A.M. P.M.	DATE IN 6-9-15	DATE OUT A.M. P.M.	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY HUNTER	P.O./CASE #	OFFICER NAME
NAME ADDRESS CITY					PHONE #	9295089145	
YEAR 2012	MAKE/MODEL Ford TRANSIT	COLOR WHITE	ODOMETER 11420	DRIVER REGISTERED OWNER			
MARKER PLATE # 81207660XG	STATE WIN # N1545911						
LOCATION OF VEHICLE TOWED TO ICX EXT 2 UWAVE 12187 ICX							
INSPECTED BY INSURANCE CO.	APPRAYER NAME	DATE	PHONE #				
RELEASED BY	DATE	PHONE #					
REASON FOR TOW <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		TYPE OF TOW <input type="checkbox"/> SLING/HOIST <input checked="" type="checkbox"/> ELAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/>		PERSONAL'S TAKEN BY		DATE	PHONE #
		VEHICLE STORAGE TIME FROM _____ TO _____ DAYS @ \$ _____					
SPECIAL EQUIPMENT USED <input checked="" type="checkbox"/> WINCH <input type="checkbox"/> DOLLIES <input type="checkbox"/> RAMPS <input type="checkbox"/> SNATCH BLOCKS		TOWED PER ORDER OF <input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input checked="" type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER		INDICATE DAMAGED AREA(S) ON VEHICLE: 		KEYS LEFT Y N RADIO Y N	
METHOD OF PAYMENT <input type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVER'S LIC. # <input type="checkbox"/> CREDIT CARD # CREDIT CARD #		OTHER SERVICES <input type="checkbox"/> SWEEP <input type="checkbox"/> FIRST AID <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS		MILEAGE FINISH _____ START _____ TOTAL _____		TOWING CHARGE 175.00	
AUTHORIZED SIGNATURE K14100		EXTRA PERSON FINISH _____ START _____ TOTAL _____		LABOR TIME FINISH _____ START _____ TOTAL _____		EXTRA PERSON SPECIAL EQUIPMENT STORAGE	
DRIVER'S SIGNATURE DATE 6-9-15		EXP. DATE 06-15		SUBTOTAL		TAX 5.59	
						TOTAL 190.59	

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!