

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

#193438

TIME OF CALL NAME	DATE IN 6/23/25	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O./CASE #	OFFICER NAME																																								
ADDRESS	Omar Lopez 385 Newark Ave																																														
CITY	Elizabeth																																														
YEAR MADE/UP TO	MAKE/MODEL 2008 Dodge Avenger S. Wek	STATE STAN	COLOR WHITE	ODOOMETER YRK92U	ZIP 07008	DRIVER KAY	REGISTERED OWNER																																								
LOCATION OF VEHICLE	SIE ext 4 TOWED TO 1551 Richmond Ave, Staten Island NY																																														
INSPECTED BY INSURANCE CO.	APPRASIER NAME																																														
RELEASED BY	DATE	PHONE #																																													
REASON FOR TOW	<table border="1"> <tr> <td><input type="checkbox"/> ACCIDENT</td> <td><input checked="" type="checkbox"/> BREAK DOWN</td> <td><input type="checkbox"/> PERSONAL'S TAKEN BY</td> <td>DATE</td> <td>PHONE #</td> </tr> <tr> <td><input type="checkbox"/> ABANDONED</td> <td><input type="checkbox"/> UNREGISTERED</td> <td><input type="checkbox"/> SLING/HOIST</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NO START</td> <td><input type="checkbox"/> OUT OF GAS</td> <td><input type="checkbox"/> FLAT BED/RAMP</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> FLAT TIRE</td> <td><input type="checkbox"/> FIRE LANE</td> <td><input type="checkbox"/> WHEEL LIFT</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> LOCK OUT</td> <td><input type="checkbox"/> NO TRESPASS</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> TOW ZONE</td> <td><input type="checkbox"/> ARREST</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> STOLEN</td> <td><input type="checkbox"/> IMPOUNDED</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SNOW REMOVAL</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>							<input type="checkbox"/> ACCIDENT	<input checked="" type="checkbox"/> BREAK DOWN	<input type="checkbox"/> PERSONAL'S TAKEN BY	DATE	PHONE #	<input type="checkbox"/> ABANDONED	<input type="checkbox"/> UNREGISTERED	<input type="checkbox"/> SLING/HOIST			<input type="checkbox"/> NO START	<input type="checkbox"/> OUT OF GAS	<input type="checkbox"/> FLAT BED/RAMP			<input type="checkbox"/> FLAT TIRE	<input type="checkbox"/> FIRE LANE	<input type="checkbox"/> WHEEL LIFT			<input type="checkbox"/> LOCK OUT	<input type="checkbox"/> NO TRESPASS	<input type="checkbox"/>			<input type="checkbox"/> TOW ZONE	<input type="checkbox"/> ARREST	<input type="checkbox"/>			<input type="checkbox"/> STOLEN	<input type="checkbox"/> IMPOUNDED	<input type="checkbox"/>			<input type="checkbox"/> SNOW REMOVAL	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> ACCIDENT	<input checked="" type="checkbox"/> BREAK DOWN	<input type="checkbox"/> PERSONAL'S TAKEN BY	DATE	PHONE #																																											
<input type="checkbox"/> ABANDONED	<input type="checkbox"/> UNREGISTERED	<input type="checkbox"/> SLING/HOIST																																													
<input type="checkbox"/> NO START	<input type="checkbox"/> OUT OF GAS	<input type="checkbox"/> FLAT BED/RAMP																																													
<input type="checkbox"/> FLAT TIRE	<input type="checkbox"/> FIRE LANE	<input type="checkbox"/> WHEEL LIFT																																													
<input type="checkbox"/> LOCK OUT	<input type="checkbox"/> NO TRESPASS	<input type="checkbox"/>																																													
<input type="checkbox"/> TOW ZONE	<input type="checkbox"/> ARREST	<input type="checkbox"/>																																													
<input type="checkbox"/> STOLEN	<input type="checkbox"/> IMPOUNDED	<input type="checkbox"/>																																													
<input type="checkbox"/> SNOW REMOVAL	<input type="checkbox"/>	<input type="checkbox"/>																																													
SPECIAL EQUIPMENT USED	<table border="1"> <tr> <td><input checked="" type="checkbox"/> WINCH</td> <td><input type="checkbox"/> FLARES</td> <td><input type="checkbox"/> PERSONAL'S TAKEN BY</td> <td>DATE</td> <td>PHONE #</td> </tr> <tr> <td><input type="checkbox"/> DOLLIES</td> <td><input type="checkbox"/> SCOTCH BLOCKS</td> <td><input type="checkbox"/> SLING/HOIST</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> RAMPS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> FLAT BED/RAMP</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SNATCH BLOCKS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> WHEEL LIFT</td> <td></td> <td></td> </tr> </table>							<input checked="" type="checkbox"/> WINCH	<input type="checkbox"/> FLARES	<input type="checkbox"/> PERSONAL'S TAKEN BY	DATE	PHONE #	<input type="checkbox"/> DOLLIES	<input type="checkbox"/> SCOTCH BLOCKS	<input type="checkbox"/> SLING/HOIST			<input type="checkbox"/> RAMPS	<input type="checkbox"/>	<input type="checkbox"/> FLAT BED/RAMP			<input type="checkbox"/> SNATCH BLOCKS	<input type="checkbox"/>	<input type="checkbox"/> WHEEL LIFT																						
<input checked="" type="checkbox"/> WINCH	<input type="checkbox"/> FLARES	<input type="checkbox"/> PERSONAL'S TAKEN BY	DATE	PHONE #																																											
<input type="checkbox"/> DOLLIES	<input type="checkbox"/> SCOTCH BLOCKS	<input type="checkbox"/> SLING/HOIST																																													
<input type="checkbox"/> RAMPS	<input type="checkbox"/>	<input type="checkbox"/> FLAT BED/RAMP																																													
<input type="checkbox"/> SNATCH BLOCKS	<input type="checkbox"/>	<input type="checkbox"/> WHEEL LIFT																																													
METHOD OF PAYMENT	<table border="1"> <tr> <td><input type="checkbox"/> CASH</td> <td><input type="checkbox"/> CHECK</td> <td><input type="checkbox"/> DRIVER'S LIC.</td> <td><input type="checkbox"/> PERSONAL'S TAKEN BY</td> <td>DATE</td> <td>PHONE #</td> </tr> <tr> <td><input type="checkbox"/> CREDIT CARD</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> SLING/HOIST</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> FLAT BED/RAMP</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> WHEEL LIFT</td> <td></td> <td></td> </tr> </table>							<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK	<input type="checkbox"/> DRIVER'S LIC.	<input type="checkbox"/> PERSONAL'S TAKEN BY	DATE	PHONE #	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SLING/HOIST			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FLAT BED/RAMP			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WHEEL LIFT																		
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK	<input type="checkbox"/> DRIVER'S LIC.	<input type="checkbox"/> PERSONAL'S TAKEN BY	DATE	PHONE #																																										
<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SLING/HOIST																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FLAT BED/RAMP																																												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WHEEL LIFT																																												
APPROVED SIGNATURE	DATE 6/23/25																																														
DRIVER'S SIGNATURE	DATE	DRIVER #	TRUCK #	TOTAL	136.00	THANK YOU!																																									

K14476

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.

Vehicle Photo for Invoice K14476