

ROAD SERVICE

KNIGHTS COLLISION EXPERTS



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

KNIGHTS COLLISION EXPERTS

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

DMV # 7116398

TIME OF CALL A.M. P.M.	DATE IN 6/2/05	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME																																		
NAME James Marshall			PHONE # 347-7686898																																						
ADDRESS 41 Christain St			STATE NY			ZIP 11208																																			
YEAR	MAKE/MODEL	COLOR	ODOMETER	DRIVER	KAY																																				
2004 Chevy Suburban Gold			REGISTERED OWNER																																						
MARKER PLATE # LHG6972V NY																																									
LOCATION OF VEHICLE GCP EB exit 17 TOWED TO 79-40 Hollis hills Terrace Queens																																									
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"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/> _____	PERSONAL'S TAKEN BY		DATE	PHONE #																																				
VEHICLE STORAGE TIME FROM _____ TO _____ DAYS @ \$ _____																																									
INDICATE DAMAGED AREA(S) ON VEHICLE: 																																									
KEYS LEFT Y N RADIO Y N																																									
<table border="1"> <tr> <td>MILEAGE</td> <td>TOWING CHARGE</td> </tr> <tr> <td>FINISH _____</td> <td></td> </tr> <tr> <td>START _____</td> <td></td> </tr> <tr> <td>TOTAL _____</td> <td></td> </tr> <tr> <td colspan="2">LABOR</td> </tr> <tr> <td>FINISH _____</td> <td></td> </tr> <tr> <td>START _____</td> <td></td> </tr> <tr> <td>TOTAL _____</td> <td></td> </tr> <tr> <td colspan="2">EXTRA PERSON</td> </tr> <tr> <td>FINISH _____</td> <td></td> </tr> <tr> <td>START _____</td> <td></td> </tr> <tr> <td>TOTAL _____</td> <td></td> </tr> <tr> <td colspan="2">SPECIAL EQUIPMENT</td> </tr> <tr> <td colspan="2">STORAGE</td> </tr> <tr> <td colspan="2">SUBTOTAL</td> </tr> <tr> <td colspan="2">TAX</td> </tr> <tr> <td colspan="2">TOTAL 136.00</td> </tr> </table>								MILEAGE	TOWING CHARGE	FINISH _____		START _____		TOTAL _____		LABOR		FINISH _____		START _____		TOTAL _____		EXTRA PERSON		FINISH _____		START _____		TOTAL _____		SPECIAL EQUIPMENT		STORAGE		SUBTOTAL		TAX		TOTAL 136.00	
MILEAGE	TOWING CHARGE																																								
FINISH _____																																									
START _____																																									
TOTAL _____																																									
LABOR																																									
FINISH _____																																									
START _____																																									
TOTAL _____																																									
EXTRA PERSON																																									
FINISH _____																																									
START _____																																									
TOTAL _____																																									
SPECIAL EQUIPMENT																																									
STORAGE																																									
SUBTOTAL																																									
TAX																																									
TOTAL 136.00																																									
<p>METHOD OF PAYMENT <input type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVER'S LIC. # _____ <input checked="" type="checkbox"/> CREDIT CARD # EXP. DATE _____</p>																																									
CREDIT CARD #																																									
AUTHORIZED SIGNATURE X James Marshall 6-2-05 <small>I agree to hold this company harmless for any damages due to towing or services rendered</small>																																									
DRIVER'S SIGNATURE		DATE	DRIVER #	TRUCK #																																					

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!

K 14064