

# ROAD SERVICE

KNIGHTS COLLISION EXPERTS      KNIGHTS COLLISION EXPERTS  
 1924 Broadway      459 Sharrott Road  
 Brooklyn, NY 11207      Staten Island, NY 10309  
 (718) 963-4440      287      (718) 569-5957



DMV # 7116398

TIME OF CALL 9450 PM	DATE IN 6-30-25	DATE OUT 6-30-25	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY HWY3	P.O. / CASE # —	OFFICER NAME —	
NAME Bruce-Lee Pasteur				PHONE #				
ADDRESS 164 Sylvester ST Westbury				STATE NY	ZIP 11590			
YEAR 2007	MAKER/MODEL Hyundai	COLOR Silver	ODOMETER —	DRIVER Same				
MARKER PLATE # LPF2136		STATE NY	VIN #	REGISTERED OWNER Same				
LOCATION OF VEHICLE EIE w/b Clearview								
TOWED TO 84-1Z 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"/>		<input type="checkbox"/> SLING/HOIST <input checked="" type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/>						
						VEHICLE STORAGE TIME FROM      TO      DAYS & C.		
						INDICATE DAMAGED AREA(S) ON VEHICLE: <i>Lost Wheel</i>		
						KEYS LEFT Y N RADIO Y N		
				MILEAGE		TOWING CHARGE 125 -		
		FINISH		MILEAGE		—		
		START		LABOR		—		
		TOTAL		EXTRA PERSON		—		
		LABOR TIME		SPECIAL EQUIPMENT		50 -		
		FINISH		STORAGE		—		
		START		SUBTOTAL		175 -		
		TOTAL		TAX		15 53		
		EXTRA PERSON		TOTAL		190 53		
METHOD OF PAYMENT		<i>57825Z</i>						
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK - DRIVER'S LIC. # <input checked="" type="checkbox"/> CREDIT CARD <input type="checkbox"/> EXP. DATE								
CREDIT CARD								
AUTHORIZED SIGNATURE <i>Bruce Lee Pasteur</i>		DATE 6-30-25						
ON SITE SIGNATURE <i>BT</i>		DATE 6-30-25						
DRIVER # EHA-162		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 14466

Vehicle Photo for Invoice K14486