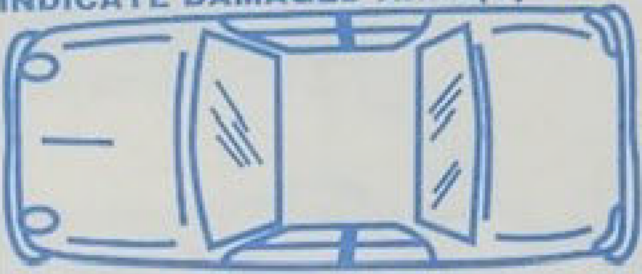




SOLO'S TOWING
 134 Lakeview Dr
 Carriere, MS 39426
 (601) 798-6191

ROAD SERVICE

TIME OF CALL A.M.	DATE IN 10/18/13	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O./CASE #	OFFICER NAME
NAME					PHONE #		
ADDRESS					CITY		
STATE					ZIP		
YEAR 17	MAKE/MODEL Chevy Volt		COLOR Red		ODOMETER	DRIVER	
MARKER PLATE #		STATE	VIN #		REGISTERED OWNER		
LOCATION OF VEHICLE USDA							
TOWED TO Pine Belt Chevrolet - Hattiesburg, MS							
INSPECTED BY INSURANCE CO.			APPRAISER NAME		DATE	DRIVER	
RELEASED BY			DATE	PHONE #			
PERSONAL'S TAKEN BY			DATE	PHONE#			
REASON FOR TOW			TYPE OF TOW			VEHICLE STORAGE TIME	
<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"/> SLING/HOIST <input checked="" type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/> _____ TOWED PER ORDER OF <input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input checked="" type="checkbox"/> OWNER OF A CAR <input type="checkbox"/> DEALER			FROM _____ TO _____ DAYS @ \$ _____ INDICATE DAMAGED AREA(S) ON VEHICLE:  KEYS LEFT Y N RADIO Y N	
SPECIAL EQUIPMENT USED			OTHER SERVICES			MILEAGE	
<input type="checkbox"/> WINCH <input type="checkbox"/> FLARES <input type="checkbox"/> DOLLIES <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> RAMPS <input type="checkbox"/> SNATCH BLOCKS			<input type="checkbox"/> SWEEP <input type="checkbox"/> FIRST AID <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS			FINISH _____ START _____ TOTAL _____	
METHOD OF PAYMENT			LABOR TIME			TOWING CHARGE	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVER'S LIC. # _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EXP. DATE _____ CREDIT CARD # _____			FINISH _____ START _____ TOTAL _____			157.50	
AUTHORIZED SIGNATURE			DATE			MILEAGE	
X			10/18			LABOR	
DATE			DRIVER #		TRUCK #		
						EXTRA PERSON	
						FINISH _____	
						START _____	
						TOTAL _____	
						SUBTOTAL	
						TAX	
						TOTAL	
						157.50	

INFORMATION REDACTED PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

This service is provided by faulty tires, bumper brackets, other unknown defective vehicle conditions, or other factors beyond its control. To the fullest extent allowed by law, this company assumes no responsibility for loss or damage by theft, fire or any other cause beyond its control, to any vehicle placed with it for storage or repair. To the fullest extent allowed by law, the undersigned agrees to release and hold this company harmless from any claims or damages resulting from towing or services rendered, with the exception of those caused by the driver's negligence.

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THANK YOU

PRODUCT 876