

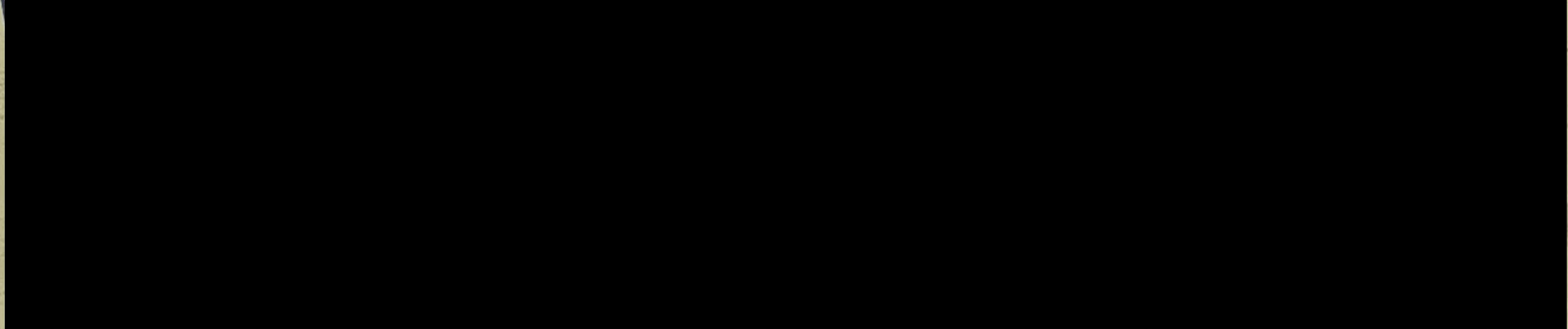


HIGH IMPACT TOWING

2045 Sherman Street
Hammond, IN 46320
219-933-9400

ROAD SERVICE

TIME OF CALL	DATE IN	DATE OUT	TIME START	TIME FINISH	REQUESTED BY	P.O./CASE #	OFFICER NAME
A.M. P.M.	12-27-25		A.M. P.M.	A.M. P.M.			



MARKER PLATE #	STATE	VIN #	REGISTERED OWNER
	IN		

LOCATION OF VEHICLE

TOWED TO

INSPECTED BY INSURANCE CO.	APPRAISER NAME	DATE	DRIVER

RELEASED BY	DATE	PHONE #

REASON FOR TOW

- ☐ ACCIDENT ☐ BREAK DOWN
- ☐ ABANDONED ☐ UNREGISTERED
- ☐ NO START ☐ OUT OF GAS
- ☐ FLAT TIRE ☐ FIRE LANE
- ☐ LOCK OUT ☐ NO TRESPASS
- ☐ TOW ZONE ☐ ARREST
- ☐ STOLEN ☐ IMPOUNDED
- ☐ SNOW REMOVAL ☐

TYPE OF TOW

- ☐ SLING/HOIST
- ☐ FLAT BED/RAMP
- ☐ WHEEL LIFT
- ☐

TOWED PER ORDER OF

- ☐ STATE POLICE
- ☐ LOCAL POLICE
- ☐ OWNER OF A CAR
- ☐ DEALER

OTHER SERVICES

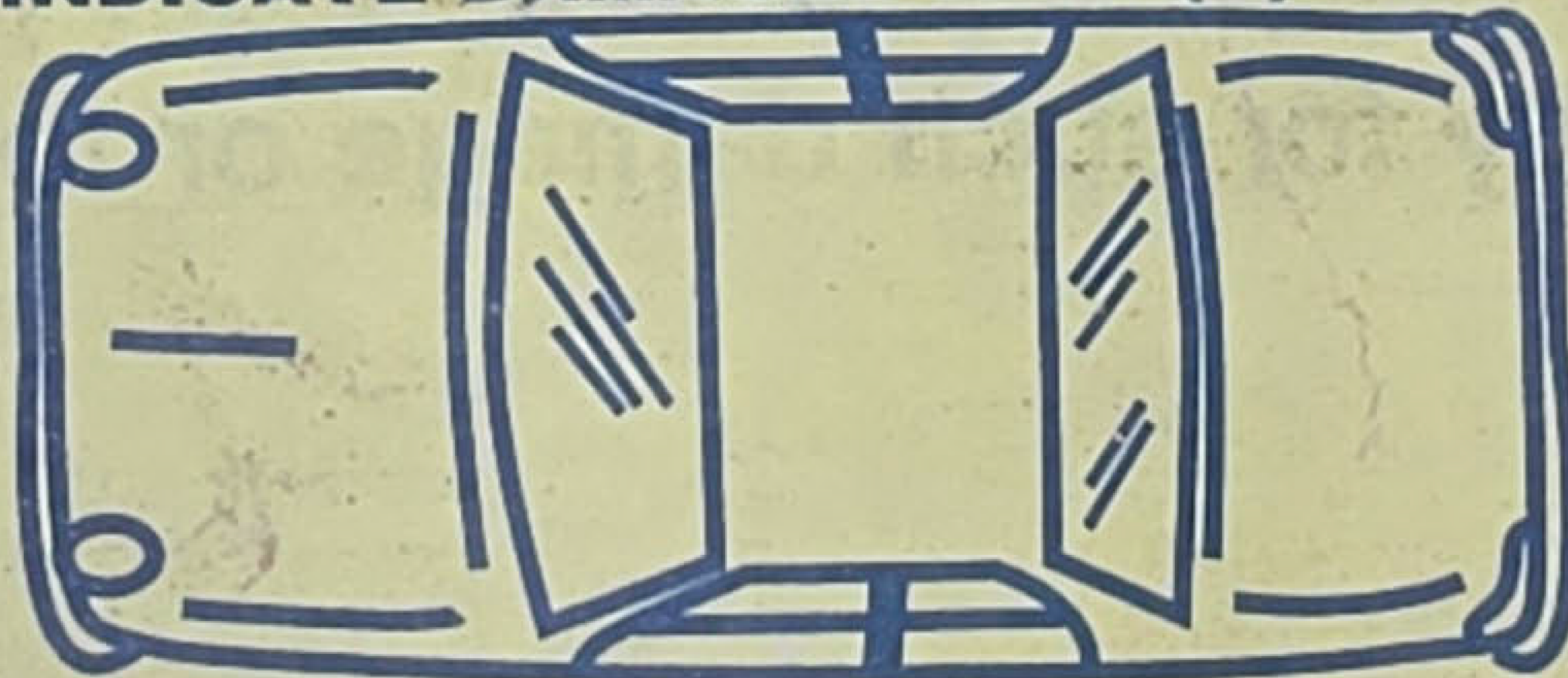
- ☐ SWEEP ☐ FIRST AID
- ☐ REMOVE AXLE
- ☐ SECURE LOOSE PARTS

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

MILEAGE

FINISH _____

START _____

TOTAL _____

TOWING CHARGE

170.00

MILEAGE

LABOR

EXTRA PERSON

SPECIAL EQUIPMENT

STORAGE

LABOR TIME

FINISH _____

START _____

TOTAL _____

EXTRA PERSON

FINISH _____

START _____

TOTAL _____

SUBTOTAL

TAX

TOTAL

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THANK YOU