

DRIVER # / TRUCK #

SCHEDULED PICKUP

TOWING Lockbourne, Ohio	DISPATCH SHEET	
NAME OF CALLER	DIOTAL CIT OFFICE	
ACCOUNT		
ACCOUNT CONTACT NUMBER		
CLAIM # (IF PROGRESSIVE)		
CUSTOMER/OWNER NAME		
CUSTOMER/OWNER NUMBER		
30010MEN OWNER HOMBER	VEHICLE INFORMATION	
YEAR MAKE	MODE	
COLOR BODY	TYPE KEYS? Y	N
VIN #	PLATE #	
VEHICLE DAMAGE (IF ANY)		

COLOR	BODY TYP	PE KEYS? \	′ N	
VIN #		PLATE :	#	
VEHICLE DAM	1AGE (IF ANY)			
VEHICLE LOCA	TION			
PAYOUT?	\$	CALLED?		RELEASED?

VEHICLE DESTINATION

SPECIAL EQUIPMENT/NOTES \$...... Quoted? Paid?

CHARGES & FEES Tow/Hook: (+) Mileage: (+) Payout: (+) Other Fee(s): (+) Fuel Surcharge: (-) Discount: (=) Subtotal:

(+) CC Fee (@3%): (+) Tax (@ 7.5%): (=) Grand Total: