

ROAD SERVICE

KNIGHTS COLLISION EXPERTS

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

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

DMV # 7116398

TIME OF CALL 8:39 A.M.	DATE IN 6-29-25	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME
NAME Ruwan C Kodithuwakk			PHONE # 9292467277				
ADDRESS 1829 Flatbush Ave							
CITY Brooklyn			STATE NY		ZIP 11210		
YEAR 2005	MAKE/MODEL Kia Sedona	COLOR Red	ODOMETER	DRIVER RAY		REGISTERED OWNER	
MARKER PLATE ANX 5418 BY		STATE VIN #					
LOCATION OF VEHICLE SIE EB exit Victory Blvd							
TOWED TO wheeler Ave / Gannon Aves							
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"/> SLING/MOIST <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 CAR <input type="checkbox"/> DEALER				VEHICLE STORAGE TIME FROM TO DAYS @ \$			
SPECIAL EQUIPMENT USED <input checked="" type="checkbox"/> WINCH <input type="checkbox"/> FLARES <input type="checkbox"/> DOLLIES <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> RAMPS <input type="checkbox"/> <input type="checkbox"/> SNATCH BLOCKS				INDICATE DAMAGED AREA(S) ON VEHICLE: KEYS LEFT Y N RADIO Y N			
METHOD OF PAYMENT <input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVER'S LIC. #				MILEAGE FINISH START TOTAL			
CREDIT CARD #				TOWING CHARGE			
AUTHORISED SIGNATURE x [Signature]				MILEAGE			
DATE				LABOR			
DRIVER'S SIGNATURE				EXTRA PERSON			
DATE				SPECIAL EQUIPMENT			
				STORAGE			
				SUBTOTAL			
				TAX			
				TOTAL 14807			

K14571

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!
150

Vehicle Photo for Invoice K14571