

ROAD SERVICE

KNIGHTS COLLISION EXPERTS



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

KNIGHTS COLLISION EXPERTS

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

DMV # 7116398

TIME OF CALL NAME	DATE IN 839-6-24-25	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O. / CASE #	OFFICER NAME
ADDRESS	Ruwan C Kodithuwakku 9292467277						
CITY	1829 Flatbush Ave Brooklyn NY 11210						
YEAR	MAKER/MODEL	COLOR	ODOMETER	DRIVER			
MARKER PLATE	STATE	VIN #		KAY	REGISTERED OWNER		
HDX 5418 BY							
LOCATION OF VEHICLE	SIE EB exit Victory Blvd 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"/> SLING/HOIST		<input type="checkbox"/> FLAT BED/RAMP			<input type="checkbox"/> VEHICLE STORAGE TIME	
<input type="checkbox"/> ABANDONED <input type="checkbox"/> UNREGISTERED	<input type="checkbox"/> FLAT BED/RAMP		<input type="checkbox"/> WHEEL LIFT			FROM _____ TO _____ DAYS @ \$ _____	
<input type="checkbox"/> NO START <input type="checkbox"/> OUT OF GAS	<input type="checkbox"/> FIRE LANE		<input type="checkbox"/>			<input type="checkbox"/> INDICATE DAMAGED AREA(S) ON VEHICLE:	
<input type="checkbox"/> FLAT TIRE <input type="checkbox"/> FIRE LANE	<input type="checkbox"/> NO TRESPASS		<input type="checkbox"/> OWNER OF CAR			<input type="checkbox"/> KEYS LEFT Y N	
<input type="checkbox"/> LOCK OUT <input type="checkbox"/> NO TRESPASS	<input type="checkbox"/> ARREST		<input type="checkbox"/> DEALER			<input type="checkbox"/> RADIO Y N	
<input type="checkbox"/> TOW ZONE <input type="checkbox"/> ARREST	<input type="checkbox"/> IMPOUNDED		<input type="checkbox"/> OTHER SERVICES			<input type="checkbox"/> MILEAGE	
<input type="checkbox"/> STOLEN <input type="checkbox"/> IMPOUNDED	<input type="checkbox"/> FLARES		<input type="checkbox"/> SWEEP <input type="checkbox"/> FIRST <input type="checkbox"/> REMOVE AXLE			<input type="checkbox"/> FINISH	
<input type="checkbox"/> SNOW REMOVAL <input type="checkbox"/>	<input type="checkbox"/> SCOTCH BLOCKS		<input type="checkbox"/> SECURE LOOSE PARTS			<input type="checkbox"/> START	
<input type="checkbox"/> SPECIAL EQUIPMENT USED							
<input checked="" type="checkbox"/> WINCH <input type="checkbox"/> DOLLIES <input type="checkbox"/> RAMPS <input type="checkbox"/> SNATCH BLOCKS							
<input type="checkbox"/> CREDIT CARD # _____ EXP. DATE _____							
METHOD OF PAYMENT							
<input checked="" type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVER'S LIC. # _____							
CREDIT CARD # _____ EXP. DATE _____							
AUTHORIZED SIGNATURE _____ DATE _____							
DRIVER'S SIGNATURE _____ DATE _____							
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

K14571