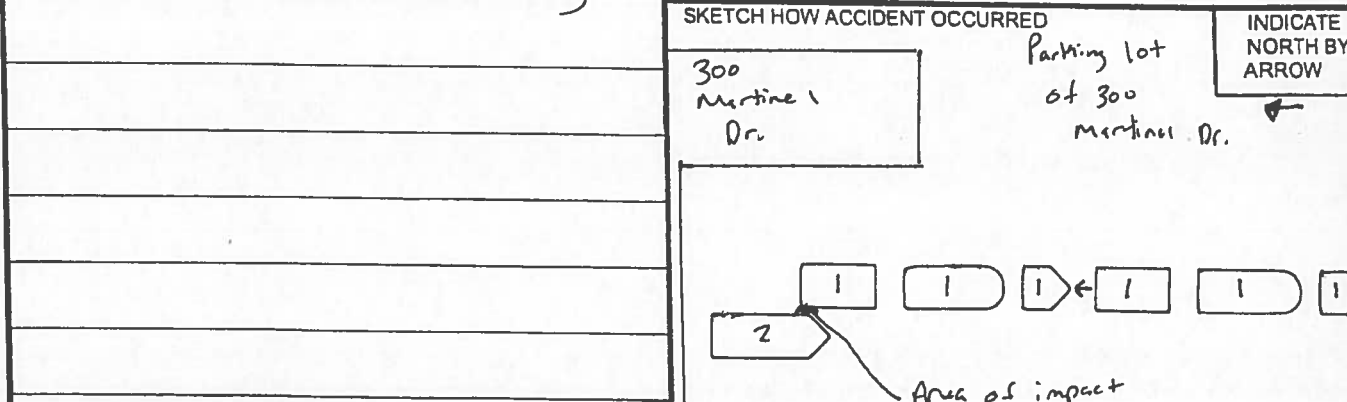


CR NUMBER <b>20-3762</b>	ACCIDENT DATE <b>2/20/20</b>	ACCIDENT TIME <b>1856</b>	DAY OF WEEK <b>Thu</b>	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>300 Martine l Dr, Kent, OH 44240 (SLBEX)</b>			WEATHER <b>Clear</b>	

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
<b>Hajrudin</b>	<b>oric</b>		<b>9/18/69</b>		<b>Unoccupied</b>				
ADDRESS <b>4135 Woodhaven Ave</b>					ADDRESS				
CITY, STATE, ZIP <b>Bowling Green, Ky 42104</b>					CITY, STATE, ZIP <b>Kent, OH 44240</b>				
PHONE NUMBER					PHONE NUMBER <b>(330) 673-3233</b>				
DRIVER'S LICENSE NUMBER <b>014-540-501</b>					DRIVER'S LICENSE NUMBER <b>PJH1127</b>				
STATE <b>KY</b>					STATE <b>OH</b>				
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>SAME AS Driver</b>					VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Elbex Corporation</b>				
ADDRESS					ADDRESS <b>300 Martine l Dr</b>				
CITY, STATE ZIP					CITY, STATE, ZIP <b>Kent, OH 44240</b>				
PHONE NUMBER					PHONE NUMBER <b>(330) 673-3233</b>				
VEHICLE	YEAR	MAKE	MODEL	COLOR	VEHICLE	YEAR	MAKE	MODEL	COLOR
	<b>2016</b>	<b>WASA</b>	<b>VN</b>	<b>White</b>		<b>2017</b>	<b>Hino</b>	<b>7K</b>	<b>White</b>
LICENSE PLATE NUMBER			STATE		LICENSE PLATE NUMBER			STATE	
<b>6638ST</b>			<b>KY</b>		<b>PJH1127</b>			<b>OH</b>	
INSURANCE COMPANY <b>Acord</b>					INSURANCE COMPANY <b>Cincinnati Ins Co.</b>				
PARTS OF VEHICLE DAMAGED	<input type="checkbox"/> FRONT	<input checked="" type="checkbox"/> REAR	<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED	<input checked="" type="checkbox"/> FRONT	<input type="checkbox"/> REAR	<input checked="" type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

DESCRIBE HOW ACCIDENT OCCURRED  
 Unit #2 was stationary and unoccupied in the parking lot of 300 Martine l Dr. Unit #1 was backing into a spot next to Unit #2 when its back right door struck the left mirror of Unit #2. The back door to Unit #1 fell off after striking Unit #2.



OFFICER / SUPERVISOR SIGNATURE  
**M. Smith (331) / Lt. Ennemaser #229**

"Not to Scale"