

CR NUMBER 22-14777	ACCIDENT DATE 9-2-2022	ACCIDENT TIME	DAY OF WEEK Friday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1337 S Water St Kent OH				WEATHER Clear
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Logan Christopher 8-9-73	DRIVER LAST FIRST MIDDLE DOB Moss, Benjamin 04-10-1979			
ADDRESS 556 1/2 Sandy Lake RD	ADDRESS 319 Fruit Ave			
CITY, STATE, ZIP PHONE NUMBER Kent OH 44240	CITY, STATE, ZIP PHONE NUMBER Farrell, PA 16212			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE PA			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE S.A.A	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Austintown Dairy Inc			
ADDRESS -	ADDRESS 780 BEV RD			
CITY, STATE ZIP PHONE NUMBER -	CITY, STATE, ZIP PHONE NUMBER Youngstown OH 44513			
VEHICLE YEAR MAKE MODEL COLOR 2005 Jeep Liberty Silver	VEHICLE YEAR MAKE MODEL COLOR 2016 PTCRB White			
LICENSE PLATE NUMBER STATE JBN8832 OH	LICENSE PLATE NUMBER STATE PW22617 OH			
INSURANCE COMPANY State Farm DS1-0935-806-35	INSURANCE COMPANY Erce Ins Co Q-09-72-40015			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
<p>Unit 1 was parked at the gas pumps facing North. Unit 2 pulled into the gas station from S Water st. The driver of Unit 1 stated the Unit 2 struck the front of his vehicle while in the lot. Unit 2 denied hitting Unit 1. Both Units had fresh damage consistent with an accident.</p>				
OFFICER/SUPERVISOR SIGNATURE #260 Lt. Shuck #228				SKETCH HOW ACCIDENT OCCURRED
INDICATE NORTH BY ARROW				