	Poli	ice Use Only		Commonwea	lth o	of Massa	achu	setts	\$		RMV	V Docun	nent Number		
	Date of Crash 05/03/2021	Time of Crash 10:02	City/To	Motor		icle Cra	sh	Number Vehicles	Injure	d Lati	ed Limi		State Police Local Police MBTA Police	NA NA	
		24HR	SECTION:		LOCAT	Report	>	2	0 NO		gitude_		Other:		
		ATINIEN	SECTION.		LOCA	HON			NO	1 AI	11/11	LINSE	JION.	2	
1	WES		INGTON ST	D 1 (2)							o.r				
1	Route# Direction Name of Roadway/Street At SOUTH CENTRE					Route# Direction Address # Name of Roadway/Street Feet							Street	2	
													Exit Number	-	
	Route# Direction Name of Intersecting Roadway/Street Also at Intersection with					Feet NSEW of									
2 1						Route# Intersecting Roadway/Street Feet N S E W of									
1	Route# Direction Name of Intersecting Roadway/Street					Landmark									
3	X Vehicle 1	#Occupants	•									7			
	_														
	License#	18 1	Reg # 8MY638 Reg Type PAN Reg State MA												
4	Sex M Lic. Class D Lic. Restrictions 1 CDL Endorsment COLUMN GARSTKA MATTHEW A					Veh Year 2018 Veh Make TOYOTA Veh Config. 2									
⁴ 3	Operator GARSTKA Last MATTHEW A A Address 55 OXFORD AVE Middle					Owner(Same as operator) Last First Middle									
	City BELMONT State MA Zip 02478 Insurance Company ARBELLA Vehicle Travel Direction: NXEW Responding to Emergency? N					Address									
						CityStateZip Vahiala Action Prior to Crash 21 Damaged Area Code: (Circle Up to Three)									
5						vehicle Action Filor to Clash 1 1 22 22 22 2 3 4									
1]			onding to Emergency?		Sequence 1	23				$\overline{\Box}$	\overline{A}	10 Undercarr	riage	
	`	ssued)		2. Ch Sec		Harmful Event	1 1	24	24	—	9		5 11 Totaled		
⁶ 1		Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 1 24 24 Violation 3: ChSec Violation 4: ChSec Underride/Override 25 Towed N 6									6				
	Please fill out for operator and all occupants involved					inde/Override [26 27 eat Safety		29 30 bag Ejec) 31 t Trap	32 Injury Tra	33 nsp.	11	
		ame (Last First Middle) Address Operator See Above				Age/DOB Sex Pos. System Status Such Code Code Status Code Med						de Medical Facili	ity 1		
	Орегатог			See Hoove				99	4 9	9 0	0	10 1		_	
3	Please Select (of the Followi	IX Vehicle	2 <u>1</u> #Occupant	s Non-Motorist A Typ	pe 1	Action 1	Loca	tion	16 Con	dition	17	Hi	t/Run Mop	ed	
	License#		St MA		Reg # 2BAC40				Reg Type PAN			Reg	_		
		Sex M Lic. Class D 18 18 Lic. Restrictions 19 CDL					Veh Year 2014 Veh Make LEXUS Veh Config. 20								
8 1	Operator RUBINOV MICHAEL Last First Middle					Owner (Same as operator) Last First Middle									
	Address 335 PARKER ST				Address										
	City NEWTON State MA Zip 02459					City State Zip									
	Insurance Company PROGRESSIVE					Vehicle Action Prior to Crash Damaged Area Code: (Circle Up to Three)									
	Vehicle Travel	Direction: N	Event Sequence 22 22 22 22 2 4												
	Citation # (If I	ssued)	Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled									lage			
	Violation 1: ChSec Violation 2: ChSec Driver Contributing Code 19 24 3 24									$\sqrt{1}$	7 6				
			ec Violation	Underride/Override Towed N											
	Pl Name (Last Fi		operator and all	occupants involved Address		Age/DOB		26 27 eat Safety Pos. System	28 Airbag Air n Status S	29 30 bag Ejec witch Co) 31 t Trap de Code	Injury [Fra	nsp. ode Medical Faci	lity	
	Operator/	Non-Motorist		See Above			-	99	4 9	9 0	0	10 1			
								+						$\overline{}$	

