Police Use Only

Commonwealth of Massachusetts
Motor Vehicle Crash Police Report

RMV Document Number

Date of Crash	Time of Crash	City/Town	Number Vehicles	Number Injured
10/26/2025	2115 (24HR)	Auburn	1	0

Speed Limit ____ Latitude ____ Longitude ____

State Police ☐ Local Police ☒ MBTA Police ☐ Campus Police ☐ Other: ____

LOCATION

AT INTERSECTION:

Route# | Direction | Name of Roadway/Street

At

Route# | Direction | Name of Intersecting Roadway/Street

Also at Intersection with

Route# | Direction | Name of Intersecting Roadway/Street

NOT AT INTERSECTION:

Route# | Direction | 17 Address # | WASHINGTON ST Name of Roadway/Street

____ Feet [N S E W] of — — — • — Mile Marker or ____ Exit Number

____ Feet [N S E W] of Route# ____ Intersecting Roadway/Street

____ Feet [N S E W] of Landmark

1 10 | 1 11

Please Select One of the Following: ☒ Vehicle 1 **1** #Occupants ☐ Hit/Run ☐ Moped

Crash Report ID# 25-358-AC

License # S46907415 St MA DOB/Age 07/14/1969

Sex M Lic. Class B (19) (19) Lic. Restrictions K (20) CDL ____ Endorsement

Operator BANFILL, KEITH ANDREW (Last First Middle)

Address 12 SHERWOOD DR

City OXFORD State MA Zip 01540-2438

Insurance Company PILGRIM INSURANCE COMPANY

Vehicle Travel Direction: N S E ☒W Responding to Emergency? 2

Citation # (If Issued) ____

Viol. 1: Ch/Sec/Sub ____ Viol. 2: Ch/Sec/Sub ____

Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____

Reg # T71129 Reg Type CO Reg State MA

Veh Year 2001 Veh Make Truck Veh Config. 13 (21)

Owner WHITE, ALEXANDER BERTRAM JR (Last First Middle)

Address 204 MAIN ST APT 1

City MILLBURY State MA Zip 01527-2028

Vehicle Action Prior to Crash 10 (22)

Event Sequence 23 (23) (23) (23) (23)

Most Harmful Event 23 (24)

Driver Contributing Code 19 (25) (25)

Driver Distracted by 0 (26) (26)

Damaged Area Code: 5 (27) (27) (27)

Test Status: 1 (28)

Type of Test: (29)

BAC Test Result: (30)

Susp. Alcohol: 2 (31) Susp. Drug: 2 (32)

Towed from scene? 2 (33)

7 12 | 2 13

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	☒	☒	1	1	4	0	0	10	1	

Please Select One of the Following: ☐ Vehicle 2 ____ #Occupants ☐ Hit/Run ☐ Moped ☐ Vulnerable User Complete the Vulnerable User section.

License # ____ St ____ DOB/Age ____

Sex ____ Lic. Class (19) (19) Lic. Restrictions (20) CDL ____ Endorsement

Operator ____ (Last First Middle)

Address ____

City ____ State ____ Zip ____

Insurance Company ____

Vehicle Travel Direction: N S E W Responding to Emergency? ____

Citation # (If Issued) ____

Viol. 1: Ch/Sec/Sub ____ Viol. 2: Ch/Sec/Sub ____

Viol. 3: Ch/Sec/Sub ____ Viol. 4: Ch/Sec/Sub ____

Reg # ____ Reg Type ____ Reg State ____

Veh Year ____ Veh Make ____ Veh Config. (21)

Owner ____ (Last First Middle)

Address ____

City ____ State ____ Zip ____

Vehicle Action Prior to Crash (22)

Event Sequence (23) (23) (23) (23)

Most Harmful Event (24)

Driver Contributing Code (25) (25)

Driver Distracted by (26) (26)

Damaged Area Code: (27) (27) (27)

Test Status: (28)

Type of Test: (29)

BAC Test Result: (30)

Susp. Alcohol: (31) Susp. Drug: (32)

Towed from scene? (33)

9 2 | 1 14

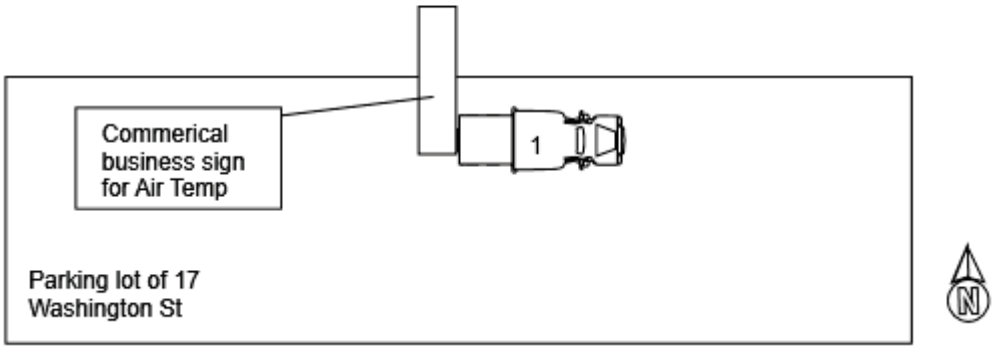
Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Occupants	See Above	☒	☒	1							

→ = Direction | 1 = Vehicle 1 | 2 = Vehicle 2 | = Pedestrian | = Bicycle

Crash Diagram:

ie: → 1 → 2 → →



If Crash Did Not Occur on a Public Way:

- ❒ Off-Street Parking Lot
- ❒ Garage
- ❒ Mall/Shopping Center
- ❒ Other Private Way

Indicate North Arrow

Crash Narrative:

Vehicle 1 is a street sweeper. V1 was sweeping the parking lot of 17 Washington St due to ongoing construction. V1 was backing up across the parking of 17 Washington st, when it collided with the commericial sign for 17 Washington St. The sign was disconnected from power and not illuminated.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement
LJUNGGREN DAVID JAMES	416 OXFORD ST N AUBURN MA 01501-1635	[redacted]	

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
AIR TEMP SERVICES	17 WASHINGTON ST AUBURN MA 01501	508-361-9070		BUSINESS SIGN

Truck and Bus Information:

Registration # T71129 (From Vehicle Section)

Carrier Name Alex B White Sweeping — Bus Use [42] 0

Address 204 MAIN ST — City MILLBURY — St MA — Zip 01527

US DOT #: 3321318 — State Number — Issuing State — MC/MX/ICC #:

Interstate [43] 4 — Cargo Body Type Code [44] 97 — GVWR/GCWR [45] 2

Trailer Reg #: — Reg Type — Reg State — Reg Year — Trailer Length [46]

Hazmat Information:

Placard [47] 3 — Material 1 digit # [48] — Material Name — Material 4 digit # — Release code [49] 3

Patrolman Matthew Rodwill		84MR	Auburn Police Department		10/26/2025
Police Officer Name (Please Print)	Signature	ID/Badge #	Department	Precinct/Barracks	Date