

REPORT OF TRAFFIC COLLISION INVOLVING AN AUTONOMOUS VEHICLE

DMV USE ONLY						
AVT NUMBER	?					
NAME						

Instructions: Please print within the spaces and boxes on this form. If you need to provide additional information on a separate piece of paper(s) or you include a copy of any law enforcement agency report, please check the box to indicate "Additional Information Attached."

- · Write unk (for unknown) or none in any space or box when you do not have the information on the other party involved.
- Give insurance information that is complete and which correctly and *fully* identifies the **company** that issued the insurance policy or surety bond, or whether there is a certificate of self-insurance.
- Place the National Association of Insurance Commissioners (NAIC) number for your Insurance or Surety Company in the boxes provided. The NAIC number should be located on the proof of insurance provided by you company or you can contact your insurer for that information.
- Identify any person involved in the accident (driver, passenger, bicyclist, pedestrian, etc) that you saw was injured or complained of bodily injury or know to be deceased.
- Record in the PROPERTY DAMAGE line any damage to telephone poles, fences, street signs, guard post, trees, livestock, dogs, buildings, parked vehicles, etc., including a description of the damage.
- Once you have completed this report, please mail to: Department of Motor Vehicles, Autonomous Vehicles Branch, 2415 1st Avenue, MS D405, Sacramento, CA 95818

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SECTION 1 — MANUI	FACTURER'S INFORMATIO	N				
MANUFACTURER'S NAME					AVT NUMBE	≣R
BUSINESS NAME					TELEPHON	E NUMBER
STREET ADDRESS	CITY				STATE	ZIP CODE
STREET ADDRESS	CITY				SIAIE	ZIP CODE
SECTION 2 — ACCID	ENT INFORMATION/VEHIC	LE 1				
DATE OF ACCIDENT TIME OF ACCIDENT VEHIC		_E YEAR		MAKE	MODEL	
	□ AM □ PM					
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER				STATE VEH	ICLE IS REGISTERED IN
ADDRESS/LOCATION OF ACCIDENT	T CITY			COUNTY	STATE	ZIP CODE
	Inches de la constitución de la				NUMBER O	F VEHICLES INVOLVED
Vehicle ☐ Movin ☐ Stoppe	g Involved in ed in Traffic the Accident:		strian dist	Other	NOMBER 0	VERNOLES INVOLVED
DRIVER'S FULL NAME (FIRST, MIDE	DLE, LAST)		CENSE NUMBE		STATE	DATE OF BIRTH
INSURANCE COMPANY NAME OR S	SURETY COMPANY AT TIME OF ACCIDENT	POLICY NU	MBER			
COMPANY NAIC NUMBER		POLICY PERIOD				
		FROM .			TO	
Desci	ribe Vehicle Damage			Shade in [Damaged Are	a
UNK	□ NONE □ MINOR					



SECTION 3 — OTHER	R PARTY'S INFOR	RMATION/V	EHICLE	2				
VEHICLE YEAR	MODEL							
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION	NUMBER					STATE VEHI	CLE IS REGISTERED IN
Vehicle	ed in Traffic the	olved in Accident:	☐ Pedes		Other		NUMBER OF	VEHICLES INVOLVED
DRIVER'S FULL NAME (FIRST, MID	DLE, LAST)		DRIVER LICE	NSE NUMBER			STATE	DATE OF BIRTH
INSURANCE COMPANY NAME OR	SURETY COMPANY AT TIME	OF ACCIDENT	POLICY NUM	BER				
COMPANY NAIC NUMBER			POLICY PERI	OD		TO _		
☐ Additional informa	tion attached.		FKOW _			10 _		
SECTION 4 — INJUR	Y/DEATH, PROPE	RTY DAMA	AGE					
NAME (FIRST, MIDDLE, LAST)								
ADDRESS		CITY					STATE	ZIP CODE
CHECK ALL THAT A	PPLY Injured	☐ Decea	sed	Driver	☐ Passenger		Bicyclist	☐ Property
NAME (FIRST, MIDDLE, LAST)								
ADDRESS		CITY					STATE	ZIP CODE
CHECK ALL THAT AI	PPLY Injured	☐ Decea	sed	Driver	☐ Passenger		Bicyclist	☐ Property
PROPERTY DAMAGE								
PROPERTY OWNER'S NAME	,						TELEPHONE	NUMBER
STREET ADDRESS		CITY					STATE	ZIP CODE
WITNESS NAME							TELEPHONE	NUMBER
STREET ADDRESS		CITY					STATE	ZIP CODE
WITNESS NAME							TELEPHONE	NUMBER
STREET ADDRESS		CITY					STATE	ZIP CODE
☐ Additional informa	tion attached.							
SECTION 5 — ACCID	ENT DETAILS - D	ESCRIPTIO	ON					
☐ Autonomous Mode	☐ Conventional	Mode						
☐ Additional informa	tion attached.							

	ITEMS MARKED BEL	OW FO	LLOWE	BY AN ASTERISK (*) SHOULD	BE EXF	PLAINE	D IN THE NARRATIVE	
	WEATHER (MARK 1 to 2 ITEMS)	VEH 1	VEH 2	MOVEMENT PRECEDING COLLISION	VEH 1	VEH 2	OTHER ASSOCIATED FACTOR (MARK ALL APPLICABLE)	R(s)
	A. CLEAR			A. STOPPED			A. CVC SECTIONS VIOLATE	ED
	B. CLOUDY			B. PROCEEDING STRAIGHT			_	TED
	C. RAINING			C. RAN OFF ROAD				YES NO
	D. SNOWING			D. MAKING RIGHT TURN			_	
	E. FOG/VISIBILITY			E. MAKING LEFT TURN				
	F. OTHER			F. MAKING U TURN			B. VISION OBSCUREMENT	
	G. WIND			G. BACKING			C. INATTENTION*	
	LIGHTING			H. SLOWING/STOPPING			D. STOP & GO TRAFFIC	
	A. DAYLIGHT			I. PASSING OTHER VEHICLE			E. ENTERING/LEAVING RAMP	
	B. DUSK – DAWN			J. CHANGING LANES			F. PREVIOUS COLLISION	
	C. DARK-STREET LIGHTS			K. PARKING MANUEVER			G. UNFAMILIAR WITH ROAD	
	D. DARK – NO STREET LIGHTS			L. ENTERING TRAFFIC			H. DEFECTIVE WEH EQUIP	
	E. DARK-STREET LIGHTS NOT FUNCTIONING*			M. OTHER UNSAFE TURNING			i ci⊤	TE! YE:
	ROADWAY SURFACE			N.XINGINTOOPPOSINGLANE				N
	A. DRY			O. PARKED			I. UNINVOLVED VEHICLE	
	B. WET			P. MERGING			J. OTHER*	
	C. SNOWY – ICY			Q. TRAVELING WRONG WAY			K. NONE APPARENT	
	D. SLIPPERY (MUDDY, OILY, ETC.)			R. OTHER*			L. RUNAWAY VEHICLE	
	ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)			TYPE OF COLLISION				
	A. HOLES, DEEP RUT*			A. HEAD-ON				
	B. LOOSE MATERIAL ON ROADWAY			B. SIDE SWIPE				
	C. OBSTRUCTION ON ROADWAY*			C. REAR END				
	D. CONSTRUCTION – REPAIR ZONE			D. BROADSIDE				
	E. REDUCED ROADWAY WIDTH			E. HIT OBJECT				
	F. FLOODED*			F. OVERTURNED				
	G. OTHER*			G. VEHICLE/PEDESTRIAN				
	H. NO UNUSUAL CONDITIONS			H. OTHER*				
E	CTION 6 — CERTIFICATIO	ON						
		enalty c	of perjui	ry under the laws of the State	of Ca	lifornia	that the foregoing is true	ar
	rect. rther certify that I am the a	uthori:	od Adn	ninistrator of the program for t	tha she	wa ner	ned employer	
	GRAM DIRECTOR/AUTHORIZED REPRESE				iie auc	ve IIali	TELEPHONE NUMBER	
	S S S NEOL		LD NAN				()	
IGN	ATURE						DATE SIGNED	