

## REPORT OF TRAFFIC COLLISION INVOLVING AN AUTONOMOUS VEHICLE

DMV USE ONLY							
AVT NUMBER							
AME							

# 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 1<sup>st</sup> Avenue, MS D405, Sacramento, CA 95818

SECTION 1 — MANUFACTURER'S INFORMATION						
MANUFACTURER'S NAME		AVT NUMBER				
BUSINESS NAME		TELEPHONE NUMBER				
STREET ADDRESS	CITY	STATE ZIP CODE				

#### SECTION 2 — ACCIDENT INFORMATION/VEHICLE 1

DATE OF ACCIDENT	TIME OF ACCIDENT	VEHICLE YEAR	MAKE	MODEL
	🗆 AM 🛛 PM			
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	3		STATE VEHICLE IS REGISTERED IN
ADDRESS/LOCATION OF ACCIDENT		CITY	COUNTY	STATE ZIP CODE

Vehicle was:	<ul> <li>Moving</li> <li>Stopped in Traffic</li> </ul>	Involved in the Accident:	Pedest     Bicyclis			NUMBER	OF VEHICLES INVOLVED
DRIVER'S FULL	NAME (FIRST, MIDDLE, LAST)		DRIVER LICE			STATE	DATE OF BIRTH
INSURANCE CON	IPANY NAME OR SURETY COMPANY AT	TIME OF ACCIDENT	POLICY NUME	BER		1	
COMPANY NAIC	NUMBER		POLICY PERIO	DD			
			FROM		TO _		
	Describe Vehicle Da	amage			Shade in Dama	ged Ar	ea
		MINOR AJOR					



SECTION 3	— OTHER	PARTY'S IN	FORM	IATION/V	EHIC	LE 2					
VEHICLE YEAR		MODEL									
LICENSE PLATE N	CENSE PLATE NUMBER VEHICLE IDENTIFICATION NUMBER STATE VEHICLE IS REGISTERED IN							ICLE IS REGISTERED IN			
Vehicle was:	☐ Moving	d in Traffic <b>the Accident:</b>							NUMBER OF VEHICLES INVOLVED		
DRIVER'S FULL NA	ME (FIRST, MIDDL	.E, LAST)				LICENSE NUMBER	2			STATE	DATE OF BIRTH
INSURANCE COMP	PANY NAME OR SU	IRETY COMPANY A	T TIME OF	ACCIDENT	POLICY	NUMBER				<u> </u>	J
COMPANY NAIC N	JMBER					PERIOD			то		
Addition	al informati	on attached			FROM	И			_ TO _		
SECTION 4	— INJURY	/DEATH, PR	ROPER		GE						
NAME (FIRST, MID											
ADDRESS				CITY						STATE	ZIP CODE
CHECK AL		PLY 🗌 Inju	ired	Decea	sed	Driver		Passenger		Bicyclist	Property
NAME (FIRST, MID	DLE, LAST)										
ADDRESS				CITY						STATE	ZIP CODE
CHECK AL		PLY 🗌 Inju	ired	Decea	sed	Driver		Passenger		Bicyclist	Property
PROPERTY DAMA	GE										
PROPERTY OWNE	R'S NAME									TELEPHONE	ENUMBER
STREET ADDRESS	;			CITY						STATE	ZIP CODE
WITNESS NAME										TELEPHONE	ENUMBER
STREET ADDRESS	;			CITY						STATE	ZIP CODE
WITNESS NAME										TELEPHONE	ENUMBER
STREET ADDRESS	;			CITY						STATE	ZIP CODE
Addition	al informati	on attached									
SECTION 5	- ACCIDE	NT DETAIL	S - DE	SCRIPTIC	ON						

 $\Box$  Autonomous Mode  $\Box$  Conventional Mode

WEATHER (MARK 1 to 2 ITEMS)	VEH 1	VEH 2	MOVEMENT PRECEDING COLLISION	VEH 1	VEH 2	OTHER ASSOCIATED FACTO (MARK ALL APPLICABLE)
A. CLEAR			A. STOPPED			A. CVC SECTIONS VIOLAT
B. CLOUDY			B. PROCEEDING STRAIGHT			С
C. RAINING			C. RAN OFF ROAD			
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
3. DUSK – DAWN			J. CHANGING LANES			F. PREVIOUS COLLISION
C. DARK-STREET LIGHTS			K. PARKING MANUEVER			G. UNFAMILIAR WITH ROAI
D. DARK – NO STREET LIGHTS			L. ENTERING TRAFFIC			H. DEFECTIVE WEH EQUIF
E. DARK-STREET LIGHTS NOT FUNCTIONING*			M. OTHER UNSAFE TURNING			
ROADWAY SURFACE			N.XINGINTOOPPOSINGLANE			
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			
3. 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*			

## SECTION 6 — CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

## I further certify that I am the authorized Administrator of the program for the above named employer.

PROGRAM DIRECTOR/AUTHORIZED REPRESENTATIVE PRINTED NAME AND TITLE	TELEPHONE NUMBER
	( )
SIGNATURE	DATE SIGNED
X	