

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

SECTION 1 — MANUFACTURER'S INFORMATION

MANUFACTURER'S NAME May Mobility		AVT NUMBER [REDACTED]
BUSINESS NAME May Mobility		TELEPHONE NUMBER ([REDACTED]) [REDACTED]
STREET ADDRESS [REDACTED]	CITY [REDACTED]	STATE ZIP CODE [REDACTED] [REDACTED]

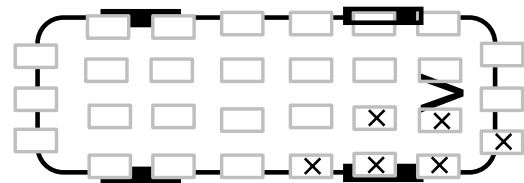
SECTION 2 — ACCIDENT INFORMATION/VEHICLE 1

DATE OF ACCIDENT 01/14/2025	TIME OF ACCIDENT 05:04 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR 2023	MAKE Toyota	MODEL Sienna
LICENSE PLATE NUMBER [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]			STATE VEHICLE IS REGISTERED IN CA
ADDRESS/LOCATION OF ACCIDENT 3113 Pine St	CITY Martinez	COUNTY Contra Costa	STATE CA	ZIP CODE 94553
Vehicle was: <input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic Involved in the Accident: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other _____		NUMBER OF VEHICLES INVOLVED 2		
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST) [REDACTED]		DRIVER LICENSE NUMBER [REDACTED]		STATE [REDACTED]
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT [REDACTED]		POLICY NUMBER [REDACTED]		
COMPANY NAIC NUMBER [REDACTED]		POLICY PERIOD FROM [REDACTED] TO [REDACTED]		

Describe Vehicle Damage

☐ UNK ☐ NONE ☐ MINOR
☐ MOD ☒ MAJOR

Shade in Damaged Area



SECTION 3 — OTHER PARTY'S INFORMATION/VEHICLE 2

VEHICLE YEAR 2012	MODEL Subaru Forester		
LICENSE PLATE NUMBER [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]	STATE VEHICLE IS REGISTERED IN [REDACTED]	
Vehicle was: <input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	Involved in the Accident: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other _____	NUMBER OF VEHICLES INVOLVED 2	
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST) [REDACTED]	DRIVER LICENSE NUMBER [REDACTED]	STATE [REDACTED]	DATE OF BIRTH [REDACTED]
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT [REDACTED]	POLICY NUMBER [REDACTED]		
COMPANY NAIC NUMBER [REDACTED]	POLICY PERIOD FROM _____ TO _____		

☐ Additional information attached.

SECTION 4 — INJURY/DEATH, PROPERTY DAMAGE

NAME (FIRST, MIDDLE, LAST) _____

ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
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CHECK ALL THAT APPLY ☐ Injured ☐ Deceased ☐ Driver ☐ Passenger ☐ Bicyclist ☐ Property

NAME (FIRST, MIDDLE, LAST) _____

ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
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CHECK ALL THAT APPLY ☐ Injured ☐ Deceased ☐ 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 information attached.

SECTION 5 — ACCIDENT DETAILS - DESCRIPTION

☒ Autonomous Mode ☐ Conventional Mode

While traveling northbound on Pine Street in Martinez, a black vehicle pulled out of a driveway facing the road at the last second and collided with the passenger broad side of May's vehicle.
May's vehicle is traveling at approximately 20 MPH in a residential neighborhood when this black vehicle exits a driveway facing the road and May's vehicle. This vehicle did not slow down or stop until entering into the roadway and collided with May's vehicle. May's vehicle operator attempts to swerve to the left but is unable to avoid a collision.

☐ Additional information attached.

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE							
	WEATHER (MARK 1 to 2 ITEMS)	VEH 1	VEH 2	MOVEMENT PRECEDING COLLISION	VEH 1	VEH 2	OTHER ASSOCIATED FACTOR(s) (MARK ALL APPLICABLE)
	A. CLEAR	X	X	A. STOPPED			A. CVC SECTIONS VIOLATED CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	B. CLOUDY			B. PROCEEDING STRAIGHT	X		
	C. RAINING			C. RAN OFF ROAD			
	D. SNOWING			D. MAKING RIGHT TURN			
	E. FOG/VISIBILITY			E. MAKING LEFT TURN		X	
	F. OTHER			F. MAKING U TURN			B. VISION OBSCUREMENT <input type="checkbox"/>
	G. WIND			G. BACKING			C. INATTENTION* <input type="checkbox"/>
	LIGHTING			H. SLOWING/STOPPING			D. STOP & GO TRAFFIC <input type="checkbox"/>
	A. DAYLIGHT	X	X	I. PASSING OTHER VEHICLE			E. ENTERING/LEAVING RAMP <input type="checkbox"/>
	B. DUSK – DAWN			J. CHANGING LANES			F. PREVIOUS COLLISION <input type="checkbox"/>
	C. DARK –STREET LIGHTS			K. PARKING MANUEVER			G. UNFAMILIAR WITH ROAD <input type="checkbox"/>
	D. DARK – NO STREET LIGHTS			L. ENTERING TRAFFIC		X	H. DEFECTIVE WEH EQUIP CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	E. DARK –STREET LIGHTS NOT FUNCTIONING*			M. OTHER UNSAFE TURNING			
	ROADWAY SURFACE			N. XINGINTOOPPOSINGLANE			
	A. DRY	X	X	O. PARKED			I. UNINVOLVED VEHICLE <input type="checkbox"/>
	B. WET			P. MERGING			J. OTHER* <input type="checkbox"/>
	C. SNOWY – ICY			Q. TRAVELING WRONG WAY			K. NONE APPARENT <input type="checkbox"/>
	D. SLIPPERY (MUDDY, OILY, ETC.)			R. OTHER*			L. RUNAWAY VEHICLE <input type="checkbox"/>
	ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)			TYPE OF COLLISION			
	A. HOLES, DEEP RUT*			A. HEAD-ON		X	
	B. LOOSE MATERIAL ON ROADWAY			B. SIDE SWIPE			
	C. OBSTRUCTION ON ROADWAY*			C. REAR END			
	D. CONSTRUCTION – REPAIR ZONE			D. BROADSIDE	X		
	E. REDUCED ROADWAY WIDTH			E. HIT OBJECT			
	F. FLOODED*			F. OVERTURNED			
	G. OTHER*			G. VEHICLE/PEDESTRIAN			
	H. NO UNUSUAL CONDITIONS	X	X	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

Kendra Newsome, Director Operations

SIGNATURE

X

TELEPHONE NUMBER

([REDACTED])

DATE SIGNED

[REDACTED]