

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	AVT NUMBER		
BUSINESS NAME	TELEPHONE NUMBER ()		
STREET ADDRESS	CITY	STATE	ZIP CODE

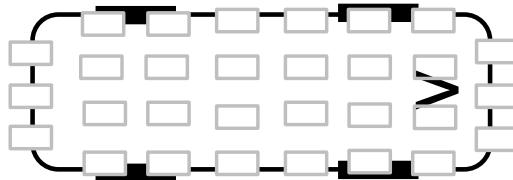
SECTION 2 — ACCIDENT INFORMATION/VEHICLE 1

DATE OF ACCIDENT	TIME OF ACCIDENT <input type="checkbox"/> AM <input type="checkbox"/> PM	VEHICLE YEAR	MAKE	MODEL
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER			STATE VEHICLE IS REGISTERED IN
ADDRESS/LOCATION OF ACCIDENT	CITY		COUNTY	STATE ZIP CODE
Vehicle was: <input 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		
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)	DRIVER LICENSE NUMBER		STATE	DATE OF BIRTH
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT	POLICY NUMBER			
COMPANY NAIC NUMBER	POLICY PERIOD FROM _____ TO _____			

Describe Vehicle Damage

UNK NONE MINOR
 MOD MAJOR

Shade in Damaged Area



SECTION 3—OTHER PARTY'S INFORMATION/VEHICLE 2

VEHICLE YEAR	MODEL		
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER		STATE VEHICLE IS REGISTERED IN
Vehicle was:	<input 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
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)	DRIVER LICENSE NUMBER		STATE DATE OF BIRTH
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT	POLICY NUMBER		
COMPANY NAIC NUMBER	POLICY PERIOD FROM _____ TO _____		

Additional information attached.

SECTION 4—INJURY/DEATH, PROPERTY DAMAGE

NAME (FIRST, MIDDLE, LAST)

ADDRESS CITY STATE ZIP CODE

CHECK ALL THAT APPLY Injured Deceased Driver Passenger Bicyclist Property

NAME (FIRST, MIDDLE, LAST)

ADDRESS CITY STATE ZIP CODE

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

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			A. STOPPED			A. CVC SECTIONS VIOLATED CITED <input type="checkbox"/> YES <input type="checkbox"/> NO
B. CLOUDY			B. PROCEEDING STRAIGHT			
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			
G. WIND			G. BACKING			B. VISION OBSCUREMENT <input type="checkbox"/>
LIGHTING			H. SLOWING/STOPPING			C. INATTENTION* <input type="checkbox"/>
A. DAYLIGHT			I. PASSING OTHER VEHICLE			D. STOP & GO TRAFFIC <input type="checkbox"/>
B. DUSK – DAWN			J. CHANGING LANES			E. ENTERING/LEAVING RAMP <input type="checkbox"/>
C. DARK – STREET LIGHTS			K. PARKING MANUEVER			F. PREVIOUS COLLISION <input type="checkbox"/>
D. DARK – NO STREET LIGHTS			L. ENTERING TRAFFIC			G. UNFAMILIAR WITH ROAD <input type="checkbox"/>
E. DARK – STREET LIGHTS NOT FUNCTIONING*			M. OTHER UNSAFE TURNING			H. DEFECTIVE WEH EQUIP CITED <input type="checkbox"/> YES <input type="checkbox"/> NO
ROADWAY SURFACE			N. XING INTO OPPOSING LANE			
A. DRY			O. PARKED			
B. WET			P. MERGING			
C. SNOWY – ICY			Q. TRAVELING WRONG WAY			J. OTHER* <input type="checkbox"/>
D. SLIPPERY (MUDDY, OILY, ETC.)			R. OTHER*			K. NONE APPARENT <input type="checkbox"/>
ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)			TYPE OF COLLISION			L. RUNAWAY VEHICLE <input type="checkbox"/>
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*			

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 X	DATE SIGNED