STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

REPORT OF TRAFFIC COLLISION INVOLVING
AN AUTONOMOUS VEHICLE

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

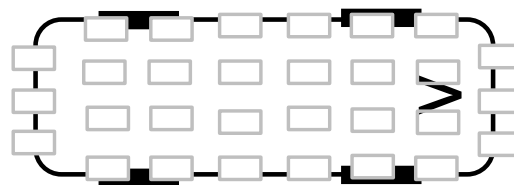STATE   ZIP CODE

SECTION 2 — ACCIDENT INFORMATION/VEHICLE 1

DATE OF ACCIDENT	TIME OF ACCIDENT ☐ AM ☐ 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: ☐ Moving ☐ Stopped in Traffic

Involved in the Accident: ☐ Pedestrian ☐ Bicyclist ☐ 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

OL 316 (REV. 7/2020) **WWW**

SECTION 3 — OTHER PARTY'S INFORMATION/VEHICLE 2

VEHICLE YEAR

MODEL

LICENSE PLATE NUMBER

VEHICLE IDENTIFICATION NUMBER

STATE VEHICLE IS REGISTERED IN

Vehicle was:
☐ Moving
☐ Stopped in Traffic

Involved in the Accident:
☐ Pedestrian
☐ Bicyclist ☐ 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 _____

☐ **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
B. CLOUDY			B. PROCEEDING STRAIGHT			CITED ☐ YES ☐ NO
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 ☐
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			CITED ☐ YES ☐ NO
ROADWAY SURFACE			N. XING INTO OPPOSING LANE			
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*			

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