

## REPORT OF TRAFFIC COLLISION INVOLVING AN AUTONOMOUS VEHICLE

DMV USE ONLY											
AVT NUMBER	<table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										
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 1<sup>st</sup> Avenue, MS D405, Sacramento, CA 95818

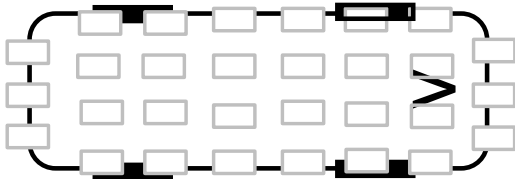
### SECTION 1 — MANUFACTURER'S INFORMATION

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 <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

<b>Vehicle was:</b>	<input type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	<b>Involved in the Accident:</b>	<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 _____		

<p style="text-align: center;"><b>Describe Vehicle Damage</b></p> <p style="text-align: center;"> <input type="checkbox"/> UNK    <input type="checkbox"/> NONE    <input type="checkbox"/> MINOR  <input type="checkbox"/> MOD    <input type="checkbox"/> MAJOR                 </p>	<p style="text-align: center;"><b>Shade in Damaged Area</b></p> 
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### SECTION 3 — OTHER PARTY'S INFORMATION/VEHICLE 2

VEHICLE YEAR	MODEL		
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN	
<b>Vehicle was:</b> <input type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	<b>Involved in the Accident:</b> <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 _____		

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			
	<b>LIGHTING</b>			H. SLOWING/STOPPING			B. VISION OBSCUREMENT <input type="checkbox"/>
	A. DAYLIGHT			I. PASSING OTHER VEHICLE			C. INATTENTION* <input type="checkbox"/>
	B. DUSK – DAWN			J. CHANGING LANES			D. STOP & GO TRAFFIC <input type="checkbox"/>
	C. DARK –STREET LIGHTS			K. PARKING MANUEVER			E. ENTERING/LEAVING RAMP <input type="checkbox"/>
	D. DARK – NO STREET LIGHTS			L. ENTERING TRAFFIC			F. PREVIOUS COLLISION <input type="checkbox"/>
	E. DARK –STREET LIGHTS NOT FUNCTIONING*			M. OTHER UNSAFE TURNING			G. UNFAMILIAR WITH ROAD <input type="checkbox"/>
	<b>ROADWAY SURFACE</b>			N. XING INTO OPPOSING LANE			H. DEFECTIVE WEH EQUIP  CITED <input type="checkbox"/> YES <input type="checkbox"/> NO
	A. DRY			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"/>
	<b>ROADWAY CONDITIONS</b> ( MARK 1 TO 2 ITEMS)			<b>TYPE OF COLLISION</b>			
	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

DATE SIGNED

**X**