

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

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SECTION 1 — MANUI	FACTURER'S INFORMATIO	N				
MANUFACTURER'S NAME					AVT NUMBE	≣R
BUSINESS NAME					TELEPHON	E NUMBER
STREET ADDRESS	CITY				STATE	ZIP CODE
STREET ADDRESS	CITY				SIAIE	ZIP CODE
SECTION 2 — ACCID	ENT INFORMATION/VEHIC	LE 1				
DATE OF ACCIDENT	TIME OF ACCIDENT VEHIC	LE YEAR		MAKE	MODEL	
	□ AM □ PM					
LICENSE PLATE NUMBER VEHICLE IDENTIFICATION NUMBER					STATE VEH	ICLE IS REGISTERED IN
ADDRESS/LOCATION OF ACCIDENT	T CITY			COUNTY	STATE	ZIP CODE
	Inches Inches II to				NUMBER O	F VEHICLES INVOLVED
Vehicle ☐ Movin ☐ Stoppe	g Involved in ed in Traffic the Accident:	strian dist	Other	NOMBER 0	VERNOLES INVOLVED	
DRIVER'S FULL NAME (FIRST, MIDE	DLE, LAST)		CENSE NUMBE		STATE	DATE OF BIRTH
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT POLICY NUMBER						
COMPANY NAIC NUMBER			RIOD			
		FROM .			TO	
Desci	ribe Vehicle Damage			Shade in [Damaged Are	a
UNK NONE MINOR MOD MAJOR						



SECTION 3 — OTHER PARTY'S INFORMATION/VEHICLE 2								
VEHICLE YEAR	MODEL							
LICENSE PLATE NUMBER	MBER VEHICLE IDENTIFICATION NUMBER						STATE VEHICLE IS REGISTERED IN	
Vehicle	g Involved in Pedestrian ed in Traffic the Accident: Bicyclist Other					NUMBER OF VEHICLES INVOLVED		
DRIVER'S FULL NAME (FIRST, MIDI	DLE, LAST)		DRIVER LICENSE	NUMBER			STATE	DATE OF BIRTH
INSURANCE COMPANY NAME OR S	SURETY COMPANY AT TIME	OF ACCIDENT	POLICY NUMBER					
COMPANY NAIC NUMBER			POLICY PERIOD FROM			TO _		
☐ Additional information	tion attached.		FROW			10 _		
SECTION 4 — INJUR	Y/DEATH, PROPE	RTY DAMA	AGE					
NAME (FIRST, MIDDLE, LAST)								
ADDRESS		CITY					STATE	ZIP CODE
CHECK ALL THAT A	PPLY Injured	☐ Decea	sed 🗆 D	river	☐ Passenger	E	Bicyclist	☐ Property
NAME (FIRST, MIDDLE, LAST)								
ADDRESS		CITY					STATE	ZIP CODE
CHECK ALL THAT AI	PPLY Injured	☐ Decea	sed 🗆 D	river [☐ 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 informa	tion attached.							
SECTION 5 — ACCID	ENT DETAILS - D	ESCRIPTIO	ON					
☐ Autonomous Mode	☐ Conventional	Mode						
☐ Additional informa	tion 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		
	C. RAINING			C. RAN OFF ROAD			∐ YES □ NO		
	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			H. DEFECTIVE WEH EQUIP					
	E. DARK-STREET LIGHTS NOT FUNCTIONING*			M. OTHER UNSAFE TURNING			CITED YES		
	ROADWAY SURFACE			N.XINGINTOOPPOSINGLANE			□ NO		
	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	Y E. HIT OBJECT							
	F. FLOODED*			F. OVERTURNED					
	G. OTHER*			G. VEHICLE/PEDESTRIAN					
	H. NO UNUSUAL CONDITIONS			H. OTHER*					
SE	CTION 6 — CERTIFICATIO	ON							
		enalty o	of perjui	ry under the laws of the State	of Ca	lifornia	that the foregoing is true and		
	rect. rthor cortify that I am tho a	uithor:-	rod Adm	ninistrator of the program for	the she)VO 22-	nod omployer		
	REAL DIRECTOR/AUTHORIZED REPRESE			ninistrator of the program for the AND TITLE	uie abc	ve nar	TELEPHONE NUMBER		
	S S S NOTIONIZED NEI NEGE		LD NAN				()		
SIGN/	ATURE						DATE SIGNED		