



# ANNUAL REPORT OF AUTONOMOUS VEHICLE DISENGAGEMENT

**Instructions: Print as many pages as needed. Submit completed report to: Department of Motor Vehicles, Autonomous Vehicle Program, P.O. BOX 932342, MS L224, Sacramento, CA 94232-3420**

## SECTION 1 — MANUFACTURER INFORMATION

NAME OF MANUFACTURER	AVT NUMBER			
BUSINESS MAILING ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (    )

## SECTION 2 — DISENGAGEMENT EVENT DETAIL Use one row for each disengagement event.

DATE	VIN NUMBER	DISENGAGEMENT INITIATED BY (AV System, Test Driver, Remote Operator, or Passenger)	DISENGAGEMENT LOCATION (Interstate, Freeway, Highway, Rural Road, Street, or Parking Facility)	DESCRIPTION OF FACTS CAUSING DISENGAGEMENT *
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO		
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO		
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO		
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO		
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO		
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO		
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO		
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO		
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO		

**\* Additional information regarding the causes of the disengagement may be submitted as an attachment. If an attachment is provided, indicate the specific attachment number for the disengagement event.**

**SECTION 3 — DISENGAGEMENT AND AV MILES SUMMARY PER VEHICLE**

VIN Number	Annual Total of Disengagements	Total Number of Miles Tested in Autonomous Mode (December _____ to November _____)												ANNUAL TOTAL
		December	January	February	March	April	May	June	July	August	September	October	November	

**SECTION 4 — ACKNOWLEDGMENT**

PRINTED NAME OF AUTHORIZED REPRESENTATIVE				TITLE			
SIGNATURE <b>X</b>				DATE SIGNED			
STREET ADDRESS			CITY		STATE		ZIP CODE
EMAIL ADDRESS				FAX NUMBER ( )		TELEPHONE NUMBER ( )	