

**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, Occupational Licensing Branch, P.O. Box 932342, MS: L224, Sacramento, CA 94232-3420

**SECTION 1 — MANUFACTURER'S INFORMATION**

MANUFACTURER'S NAME Apple Inc.	AVT NUMBER
BUSINESS NAME Apple Inc.	TELEPHONE NUMBER ( )
STREET ADDRESS	CITY STATE ZIP CODE

**SECTION 2 — ACCIDENT INFORMATION/VEHICLE 1**

DATE OF ACCIDENT 08/24/2018	TIME OF ACCIDENT 2:58 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR 2016	MAKE Lexus	MODEL RX 450h
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN California		
ADDRESS/LOCATION OF ACCIDENT Kifer Road and Lawrence Expressway	CITY Sunnyvale	COUNTY Santa Clara	STATE CA	ZIP CODE 94086
Vehicle was: <input checked="" 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 2		
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><b>Describe Vehicle Damage</b></p> <p><input type="checkbox"/> UNK    <input type="checkbox"/> NONE    <input type="checkbox"/> MINOR  <input checked="" type="checkbox"/> MOD    <input type="checkbox"/> MAJOR</p>	<p><b>Shade in Damaged Area</b></p>
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**SECTION 3 — OTHER PARTY'S INFORMATION/VEHICLE 2**

VEHICLE YEAR 2016	MODEL Nissan Leaf		
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN	
<b>Vehicle was:</b> <input checked="" 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 2	
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

On August 24th at 2:58 PM, an Apple test vehicle in autonomous mode was rear-ended while preparing to merge onto Lawrence Expressway South from Kifer Road. The Apple test vehicle was traveling less than 1 mph waiting for a safe gap to complete the merge when a 2016 Nissan Leaf contacted the Apple test vehicle at approximately 15 mph. Both vehicles sustained damage and no injuries were reported by either party.

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 checked="" 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"/>	
<b>LIGHTING</b>			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	
<b>ROADWAY SURFACE</b>			N. XING INTO OPPOSING LANE				
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 (MARK 1 TO 2 ITEMS)</b>			<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

Steve Kenner

TELEPHONE NUMBER

( )

SIGNATURE

X

DATE SIGNED  
08/29/2018