



# 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 <small>(AV System, Test Driver, Remote Operator, or Passenger)</small>	DISENGAGEMENT LOCATION <small>(Interstate, Freeway, Highway, Rural Road, Street, or Parking Facility)</small>	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		

**\* 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.**

