

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				STATE	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	STATE VEHICLE IS REGISTERED IN		
ADDRESS/LOCATION OF ACCIDENT	CITY			COUNTY	STATE	ZIP CODE
	I and the second transition				NUMBERO	F VEHICLES INVOLVED
Vehicle was: □ Moving Involved in the Accident: □ Pedestrem the Accident: □ Stopped in Traffic the Accident: □ Bicyclist				Other	Nomberto	T VEHIOLES HAVOLVED
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			POLICY PERIOD			
		FROM .			TO	
Desci	ribe Vehicle Damage			Shade in	Damaged Are	a
☐ UNK ☐ NONE ☐ MINOR ☐ MOD ☐ MAJOR						



SECTION 3 — OTHER	PARTY'S INFOR	MATION/V	EHICLE 2				
VEHICLE YEAR	MODEL						
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION	NUMBER			STATE VEHI	CLE IS REGISTERED IN	
Vehicle	ng Involved in ☐ Pedestrian ed in Traffic the Accident: ☐ Bicyclist ☐ Other				NUMBER OF	NUMBER OF VEHICLES INVOLVED	
DRIVER'S FULL NAME (FIRST, MIDDL	LE, 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 TO					то		
☐ Additional informati	on attached.		FROM		10		
SECTION 4 — INJURY	/DEATH, PROPE	RTY DAMA	AGE				
NAME (FIRST, MIDDLE, LAST)							
ADDRESS		CITY			STATE	ZIP CODE	
CHECK ALL THAT AP	PLY Injured	☐ Decea	ased Driver	☐ Passenger	☐ Bicyclist	☐ Property	
NAME (FIRST, MIDDLE, LAST)							
ADDRESS		CITY			STATE	ZIP CODE	
CHECK ALL THAT AP	PLY Injured	☐ Decea	ased 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 informati	on attached.						
SECTION 5 — ACCIDE	NT DETAILS - D	ESCRIPTION	ON				
☐ Autonomous Mode	☐ Conventional	Mode					
☐ Additional informati	on 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			L. ENTERING TRAFFIC			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			E. HIT OBJECT			
	F. FLOODED*			F. OVERTURNED			
	G. OTHER*			G. VEHICLE/PEDESTRIAN			
	H. NO UNUSUAL CONDITIONS			H. OTHER*			
SE(CTION & CERTIFICATIO	DN .					
	CTION 6 — CERTIFICATIO						
		enalty o	of perjui	ry under the laws of the State	of Cal	lifornia	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							
(()	
SIGN	SIGNATURE DATE SIGNED						