

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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		AVT NUME	BER
		TELEPHO	NE NUMBER
		STATE	ZIP CODE
.E 1			
VEHICLE YEAR MAKE			
		STATE VE	HICLE IS REGISTERED IN
	COUNTY	STATE	ZIP CODE
		NUMBER	OF VEHICLES INVOLVED
		STATE	DATE OF BIRTH
POLICY NUMBER			
POLICY PERIOD			
FROM			
	Shade	in Damaged Ar	ea
	E 1 YEAR ☐ Pedestria ☐ Bicyclist ☐ DRIVER LICENSE POLICY NUMBER	E 1 YEAR MAKE COUNTY Pedestrian Bicyclist Other DRIVER LICENSE NUMBER POLICY NUMBER POLICY PERIOD FROM	TELEPHO (STATE E 1 YEAR MAKE MODEL STATE VE COUNTY STATE Pedestrian Bicyclist Other DRIVER LICENSE NUMBER POLICY NUMBER POLICY PERIOD



SECTION 3 — OTHER	R PARTY'S INFOR	RMATION/V	EHICLE 2					
VEHICLE YEAR	MODEL							
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER					STATE VEHICLE IS REGISTERED IN		
Vehicle	ng Involved in Pedestrian ped in Traffic the Accident: Bicyclist Other				NUMBER OF VEHICLES INVOLVED			
DRIVER'S FULL NAME (FIRST, MID	DLE, LAST)		DRIVER LICENSE N	UMBER		STATE	DATE OF BIRTH	
INSURANCE COMPANY NAME OR	SURETY COMPANY AT TIME	OF ACCIDENT	POLICY NUMBER		l		<u>I</u>	
COMPANY NAIC NUMBER					TO _			
☐ Additional informa	tion attached.		FROM		10 _			
SECTION 4 — INJUR	Y/DEATH, PROPE	RTY DAMA	\GE					
NAME (FIRST, MIDDLE, LAST)								
ADDRESS		CITY				STATE	ZIP CODE	
CHECK ALL THAT A	PPLY Injured	☐ Decea	sed 🗆 Dr	ver 🗌 Pas	ssenger 🗆 E	Bicyclist	☐ Property	
NAME (FIRST, MIDDLE, LAST)								
ADDRESS		CITY				STATE	ZIP CODE	
CHECK ALL THAT AI	PPLY Injured	☐ Decea	sed 🗌 Dr	ver	ssenger \square E	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.							

WEATHER (MARK 1 to 2 ITEMS)	VEH 1	VEH 2	MOVEMENT PRECEDING COLLISION	VEH 1	VEH 2	OTHER ASSOCIATED FACTOR (MARK ALL APPLICABLE)	(s)
A. CLEAR	•	<u> </u>	A. STOPPED			A. CVC SECTIONS VIOLATE	 D
B. CLOUDY			B. PROCEEDING STRAIGHT			сіт	
C. RAINING			C. RAN OFF ROAD				E:
D. SNOWING			D. MAKING RIGHT TURN				1/1/
E. FOG/VISIBILITY			E. MAKING LEFT TURN				
F. OTHER			F. MAKING U TURN			B. VISION OBSCUREMENT	Ī
G. WIND			G. BACKING			C. INATTENTION*	Ē
LIGHTING			H. SLOWING/STOPPING			D. STOP & GO TRAFFIC	Ε
A. DAYLIGHT			I. PASSING OTHER VEHICLE			E. ENTERING/LEAVING RAMP	_ Г
B. DUSK – DAWN			J. CHANGING LANES			F. PREVIOUS COLLISION	Ē
C. DARK-STREET LIGHTS			K. PARKING MANUEVER			G. UNFAMILIAR WITH ROAD	Г
D. DARK – NO STREET LIGHTS			L. ENTERING TRAFFIC			H. DEFECTIVE WEH EQUIP	
E. DARK – STREET LIGHTS NOT FUNCTIONING*			M. OTHER UNSAFE TURNING			†	Έ
ROADWAY SURFACE			N.XINGINTO OPPOSING LANE				N
A. DRY			O. PARKED			I. UNINVOLVED VEHICLE	Ē
B. WET			P. MERGING			J. OTHER*	Ī
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*				
ECTION 6 — CERTIFICATION							
certify (or declare) under pe orrect.	enalty o	of perju	ry under the laws of the State	of Ca	lifornia	that the foregoing is true	31
further certify that I am the a	authoriz	ed Adn	ministrator of the program for a	the abo	ve nar	ned employer.	
ROGRAM DIRECTOR/AUTHORIZED REPRESE	NTATIVE PI	RINTED NAI	ME AND TITLE			TELEPHONE NUMBER	_
GNATURE						[()	