ANNUAL REPORT OF
AUTONOMOUS VEHICLE DISENGAGEMENT

STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

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 ☐ YES ☐ NO	DRIVER PRESENT ☐ YES ☐ NO		
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER ☐ YES ☐ NO	DRIVER PRESENT ☐ YES ☐ NO		
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER ☐ YES ☐ NO	DRIVER PRESENT ☐ YES ☐ NO		
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER ☐ YES ☐ NO	DRIVER PRESENT ☐ YES ☐ NO		
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER ☐ YES ☐ NO	DRIVER PRESENT ☐ YES ☐ NO		
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER ☐ YES ☐ NO	DRIVER PRESENT ☐ YES ☐ NO		
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER ☐ YES ☐ NO	DRIVER PRESENT ☐ YES ☐ NO		
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER ☐ YES ☐ NO	DRIVER PRESENT ☐ YES ☐ 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.

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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 _____)												
		December	January	February	March	April	May	June	July	August	September	October	November	ANNUAL TOTAL

SECTION 4 — ACKNOWLEDGMENT

PRINTED NAME OF AUTHORIZED REPRESENTATIVE

TITLE

SIGNATURE
X *Grant Mahler*

DATE SIGNED

STREET ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

FAX NUMBER
( )

TELEPHONE NUMBER
( )

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