

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 UATC, LLC	AVT NUMBER
BUSINESS NAME	TELEPHONE NUMBER ()
STREET ADDRESS	CITY
	STATE ZIP CODE

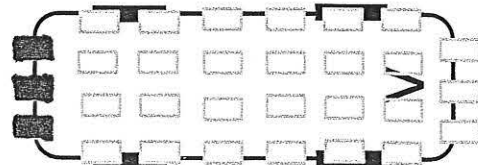
SECTION 2 — ACCIDENT INFORMATION/VEHICLE 1

DATE OF ACCIDENT 05/17/2017	TIME OF ACCIDENT 12:55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR 2017	MAKE Volvo	MODEL XC90
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER			STATE-VEHICLE IS REGISTERED IN
ADDRESS/LOCATION OF ACCIDENT Noe St & 22nd Street	CITY San Francisco	COUNTY San Francisco	STATE CA	ZIP CODE 94114
Vehicle was: <input type="checkbox"/> Moving <input checked="" 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 _____		

Describe Vehicle Damage

☐ UNK ☐ NONE ☒ MINOR
☒ MOD ☐ MAJOR

Shade in Damaged Area



SECTION 3 — OTHER PARTY'S INFORMATION/VEHICLE 2

VEHICLE YEAR 2014	MODEL Toyota Rav4 EV		
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN	
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 CA	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) Unknown			
ADDRESS	CITY	STATE	ZIP CODE
CHECK ALL THAT APPLY <input type="checkbox"/> Injured <input type="checkbox"/> Deceased <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Property			
NAME (FIRST, MIDDLE, LAST)			
ADDRESS	CITY	STATE	ZIP CODE
CHECK ALL THAT APPLY <input type="checkbox"/> Injured <input type="checkbox"/> Deceased <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Property			
PROPERTY DAMAGE None			
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

An Uber Volvo XC 90 registered under the DMV testing program ("Vehicle 1") approached and came to a complete stop at a stop sign heading north on Noe Street at 22nd Street in San Francisco. After Vehicle 1 made a complete stop, Vehicle 2 was on approach from behind Vehicle 1 and rear-ended the stationary Vehicle 1 before Vehicle 1 was able to proceed through the intersection.

☐ 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 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"/>
	LIGHTING			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
	ROADWAY SURFACE			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 checked="" type="checkbox"/>
	D. SLIPPERY (MUDDY, OILY, ETC.)			R. OTHER*			L. RUNAWAY VEHICLE <input type="checkbox"/>
	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*			

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

Todd Hamblet, Manager

TELEPHONE NUMBER

()

SIGNATURE

X

DATE SIGNED

06/07/2018