

REPORT OF TRAFFIC COLLISION INVOLVING AN AUTONOMOUS VEHICLE

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NAME					
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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

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SECTION 1 — MAN	UFACTURER'S INFORMATI	ON					
MANUFACTURER'S NAME		Constitution of the second of the		AVT NUMBER			
UATC, LLC							
BUSINESS NAME				TELEPHONE NUMBER			
				()			
STREET ADDRESS	CITY			STATE ZIP CODE			
SECTION 2 — ACC	DENT INFORMATION/VEHI	CLE 1					
DATE OF ACCIDENT		CLE YEAR	MAKE	MODEL			
05/11/2017	10:50 🗸 AM 🗌 PM 201	7	Volvo	XC90			
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER						
ADDRESS/LOCATION OF ACCIDE	NT CITY		COUNTY	STATE ZIP CODE			
Wisconsin Street southb	ound near Coral Rd. San	Francisco	San Franci	isco CA 94107			
Vehicle ☐ Moving Involved in was: ☐ Stopped in Traffic the Accident:			strian list □ Other	NUMBER OF VEHICLES INVOLVED 2			
DRIVER'S FULL NAME (FIRST, MI	DDLE, LAST)		ENSE NUMBER	STATE DATE OF BIRTH			
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT			POLICY NUMBER				
COMPANY NAIC NUMBER			RIOD				
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Describe Vehicle Damage			Shade in Damaged Area				
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Toyota Tacoma	SECTION 3 — OTH	ER PARTY'S INFORMATION/	VEHICLE 2			
Vehicle	VEHICLE YEAR 2008	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I			des production of a section of a	
Was: Stonged in Traffic the Accident: Bicyclist Other 2	LICENSE PLATE NUMBER		5		STATE VEHI	CLE IS REGISTERED IN
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WEATHER (MARK 1 to 2 ITEMS)	VEH 1	VEH 2	MOVEMENT PRECEDING COLLISION	VEH 1	VEH 2	OTHER ASSOCIATED FACTOR(
A. CLEAR	1	✓	A. STOPPED	· 1		A. CVC SECTIONS VIOLATED	
B. CLOUDY			B. PROCEEDING STRAIGHT		1	CIT	
C. RAINING			C. RAN OFF ROAD				
D. SNOWING			D. MAKING RIGHT TURN			- U :	
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	K – NO STREET		H. DEFECTIVE WEH EQUIP				
E. DARK -STREET LIGHTS NOT FUNCTIONING*			M. OTHER UNSAFE TURNING			CIT	
ROADWAY SURFACE			N. XING INTO OPPOSING LANE] = 5'	
A. DRY	✓	1	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			2	
C. OBSTRUCTION ON ROADWAY*			C. REAR END	✓			
D. CONSTRUCTION – REPAIR ZONE			D. BROADSIDE			× 2	
E. REDUCED ROADWAY WIDTH			E. HIT OBJECT				
F. FLOODED*			F. OVERTURNED				
G. OTHER*			G. VEHICLE/PEDESTRIAN				
H. NO UNUSUAL CONDITIONS	✓	✓	H. OTHER*				
CTION 6 — CERTIFICATION of the contract of the		of perju	ry under the laws of the State	of Ca	liforni	a that the foregoing is true	
			ministrator of the program for	the abo	ove na	The state of the s	
oram director/authorized representative printed name and title Id Hamblet, Manager				TELEPHONE NUMBER			
TURE .					DATE SIGNED 06/07/2018		