

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 Aurora Innovation, Inc.	AVT NUMBER
BUSINESS NAME Aurora Innovation, Inc.	TELEPHONE NUMBER ()
STREET ADDRESS	CITY STATE ZIP CODE

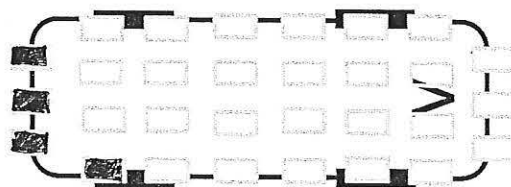
SECTION 2 — ACCIDENT INFORMATION/VEHICLE 1

DATE OF ACCIDENT 06/20/2018	TIME OF ACCIDENT 01:49 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR 2017	MAKE Lincoln	MODEL MKZ
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER			STATE VEHICLE IS REGISTERED IN
ADDRESS/LOCATION OF ACCIDENT Pagemill Road after 280 exit ramp	CITY Palo Alto	COUNTY Santa Clara	STATE CA	ZIP CODE 94306
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 <u>N/A</u>			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

☒ **LINK** ☐ **NONE** ☒ **MINOR**
☐ **MOD** ☐ **MAJOR**

Shade in Damaged Area



SECTION 3 — OTHER PARTY'S INFORMATION/VEHICLE 2

VEHICLE YEAR 1997	MODEL Lexus ES			
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN CA		
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 checked="" type="checkbox"/> Other N/A	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 _____		

☐ Additional information attached.**SECTION 4 — INJURY/DEATH, PROPERTY DAMAGE**

NAME (FIRST, MIDDLE, LAST) N/A			
ADDRESS	CITY	STATE	ZIP CODE

CHECK ALL THAT APPLY ☐ Injured ☐ Deceased ☐ Driver ☐ Passenger ☐ Bicyclist ☐ Property

NAME (FIRST, MIDDLE, LAST) N/A			
ADDRESS	CITY	STATE	ZIP CODE

CHECK ALL THAT APPLY ☐ Injured ☐ Deceased ☐ Driver ☐ Passenger ☐ Bicyclist ☐ Property

PROPERTY DAMAGE N/A	
PROPERTY OWNER'S NAME	TELEPHONE NUMBER ()

STREET ADDRESS	CITY	STATE	ZIP CODE
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WITNESS NAME	TELEPHONE NUMBER ()
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STREET ADDRESS	CITY	STATE	ZIP CODE
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WITNESS NAME	TELEPHONE NUMBER ()
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STREET ADDRESS	CITY	STATE	ZIP CODE
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☐ Additional information attached.**SECTION 5 — ACCIDENT DETAILS - DESCRIPTION**☐ Autonomous Mode ☒ Conventional Mode

An Aurora test vehicle was being manually driven (conventional mode) for data collection in Palo Alto near Pagemill Rd and the 280 off-ramp at around 1:50pm on Wednesday 06/20/2018. As the driver of the Aurora test vehicle approached the end of the off-ramp, he witnessed ahead of him a squirrel enter and then stop itself in the middle of the ramp. The driver proceeded to begin a slow and steady deceleration of the Aurora test vehicle to avoid maiming the animal. A silver Lexus traveling behind the Aurora test vehicle then rear ended the test vehicle. There were no injuries and the parties exchanged information. Though the police were not called, a CHP officer was already in the vicinity addressing an abandoned vehicle. The officer consulted with the parties but ultimately concluded no further action was needed.

☐ 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	
B. CLOUDY			B. PROCEEDING STRAIGHT		*	CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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			CITED <input type="checkbox"/> YES <input checked="" 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 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

SIGNATURE

X

TELEPHONE NUMBER

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DATE SIGNED

June 26, 2018