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DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

## OPPOSITED TO TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

ER	West Washington	444-4-44	(contradiction)
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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

DECTION - WANT	UFACTURER'S INFORMA	PIAN'	A the state of the second seco	and the state of t	Control of the Principle of the Principl		
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ADDITESS/LOCATION OF ACCIDE	NT	chy	COUNTY	STATE	ZIP CODE		
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SECTION 4 — INJURY/DE/	ATH, PROPE	RTY DAMAGE				
NAME (FIRST, MIDDLE, LAST)	***************************************	davina nije iste s jeksket opr <del>ije i v manike, v v ski speciji na p</del>	<del>در الاروبومي</del> ر بالناء حاليات بو ليس دهور ا	Villey, het spenderstenst for the grade grade with the despendent of the server interest	Capacita and Capacity of the September o	and the course of subjects over 1975 was established the subjects over 1975.
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Additional Information a	attached.					
SECTION 6 — CERTIFICAT	1	***************************************		All the state of t	enter de la company de la comp	ng delene umah merin olga ilda san alagan panda an an der un un escen
I certify (or declare) under		perjury under th	e laws of the	State of Californ	nia that the for	egoing is true an
correct. I further certify that I am th	e authorized	Administrator o	f the program	n for the above no	med emnlover	
PROGRAM DIRECTOR/AUTHORIZEO REPREI Kyle Vogt, CEO			en en ger gest se gesternen	en er		NE NUMBER
SIGNATURE X	yaya ay fasta ay isaa dagay dagay bagaa ay fasta ay saa ay sa Ay saa ay sa		and the state of t	ik in meningapan dan pagkarakan penganan penganan penganan penganan penganan penganan penganan penganan pengan Penganan penganan pe	DATE SIGN 01/13/2	
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