

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

N					
		AVT NUMBE	ER		
		TELEBHON	E NUMPED		
		()	L NOWIDEN		
		STATE	ZIP CODE		
_E 1					
YEAR	MAKE	MODEL			
LICENSE PLATE NUMBER VEHICLE IDENTIFICATION NUMBER			ICLE IS REGISTERED IN		
	COUNTY	STATE	ZIP CODE		
		NUMBER O	F VEHICLES INVOLVED		
venicle involved in Pedestran					
		STATE	DATE OF BIRTH		
POLICY NUM	OLICY NUMBER				
POLICY PER	RIOD	,			
FROM _	Т	0			
	Shade in D	amaged Are	a		
	POLICY PER	LE 1 YEAR MAKE COUNTY Pedestrian Bicyclist Other DRIVER LICENSE NUMBER POLICY NUMBER POLICY PERIOD FROM T	TELEPHON () STATE LE 1 YEAR MAKE MODEL STATE VEH COUNTY STATE Pedestrian Bicyclist Other DRIVER LICENSE NUMBER POLICY PERIOD		

SECTION 3 — OTHER PARTY'S INFORMATION/VEHICLE 2								
VEHICLE YEAR	MODEL							
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION N	IUMBER			STATE VEHIC	CLE IS REGISTERED IN		
Vehicle	g Involved in					NUMBER OF VEHICLES INVOLVED		
DRIVER'S FULL NAME (FIRST, MIDD	DLE, LAST)		DRIVER LICENSE NUMBER	र	STATE	DATE OF BIRTH		
INSURANCE COMPANY NAME OR SI	INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT POLICY NUMBER							
COMPANY NAIC NUMBER			POLICY PERIOD FROM		то			
☐ Additional informa	tion attached.		THOW		10			
SECTION 4 — INJUR	Y/DEATH, PROPE	RTY DAMA	AGE					
NAME (FIRST, MIDDLE, LAST)								
ADDRESS		CITY			STATE	ZIP CODE		
CHECK ALL THAT A	PPLY Injured	☐ Decea	ased \square Driver	☐ Passenger	☐ Bicyclist	☐ Property		
NAME (FIRST, MIDDLE, LAST)								
ADDRESS		CITY			STATE	ZIP CODE		
CHECK ALL THAT A	PPLY Injured	☐ Decea	ased \square Driver	☐ Passenger	☐ Bicyclist	☐ Property		
PROPERTY DAMAGE								
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 informa	tion attached.							
SECTION 5 — ACCIDENT DETAILS - DESCRIPTION								
☐ Autonomous Mode	☐ Conventional	Mode						
☐ Additional informa	tion attached.							

	ITEMS MARKED BE	ELOW F	OLLOWE	D BY AN ASTERISK (*) SHOULD E	BE EXP	LAINED	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		
	C. RAINING			C. RAN OFF ROAD			∐ YES □ NO		
	D. SNOWING			D. MAKING RIGHT TURN					
	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			L. ENTERING TRAFFIC			H. DEFECTIVE WEH EQUIP		
	E. DARK –STREET LIGHTS NOT FUNCTIONING*			M. OTHER UNSAFE TURNING			CITED YES		
	ROADWAY SURFACE			N. XING INTO OPPOSING LANE					
	A. DRY			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					
	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*					
SE	CTION 6 — CERTIFICATION	ON							
	rtify (or declare) under pe rect.	enalty c	of perju	ry under the laws of the State	of Ca	lifornia	that the foregoing is true and		
I fu	rther certify that I am the a	authoriz	zed Adn	ninistrator of the program for	the abo	ve nar	ned employer.		
PROGRAM DIRECTOR/AUTHORIZED REPRESENTATIVE PRINTED NAME AND TITLE							TELEPHONE NUMBER		
SIGNATURE							DATE SIGNED		
X	X								