

## REPORT OF TRAFFIC COLLISION INVOLVING AN AUTONOMOUS VEHICLE

DMV USE ONLY							
TVA	NUMB	ER					
NAM	E						

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, Autonomous Vehicles Branch, 2415 1st Avenue, MS D405, Sacramento, CA 95818

SECTION 1 — MANU	FACTURER'S INFORM	IATION						
MANUFACTURER'S NAME					AVT NUMBI	ER		
BUSINESS NAME					TELEPHON	IE NUMBER		
STREET ADDRESS		CITY			STATE	STATE ZIP CODE		
SECTION 2 — ACCIE	ENT INFORMATION/V	EHICLE 1						
DATE OF ACCIDENT	TIME OF ACCIDENT VEHICLE YEAR MAKE				MODEL	MODEL		
LICENSE PLATE NUMBER VEHICLE IDENTIFICATION NUMBER					STATE VEH	STATE VEHICLE IS REGISTERED IN		
ADDRESS/LOCATION OF ACCIDE	NT	CITY		COUNTY	STATE	ZIP CODE		
Vehicle	ng Involved bed in Traffic the Acci		 estrian clist □ C	Other	NUMBER O	F VEHICLES INVOLVED		
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)			RIVER LICENSE NUMBER			DATE OF BIRTH		
INSURANCE COMPANY NAME OR	SURETY COMPANY AT TIME OF ACCI	IDENT POLICY NU	MBER					
COMPANY NAIC NUMBER			POLICY PERIOD					
		FROM .						
Desc	cribe Vehicle Damage			Shade in	Damaged Are	ea		
□ unk	□ NONE □ MIN MOD □ MAJOR	OR						
Desc		FROM		Shade in	Damaged Are	ea P		



SECTION 3 — OTHER	R PARTY'S INFOR	RMATION/V	EHICLE 2					
VEHICLE YEAR	MODEL							
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER					STATE VEHICLE IS REGISTERED IN		
Vehicle	ed in Traffic the	olved in Accident:	☐ Pedestrian ☐ Bicyclist	☐ Other	NUMBER C	NUMBER OF VEHICLES INVOLVED		
DRIVER'S FULL NAME (FIRST, MID	DLE, LAST)		DRIVER LICENSE NUM	IBER	STATE	DATE OF BIRTH		
INSURANCE COMPANY NAME OR	SURETY COMPANY AT TIME	OF ACCIDENT	POLICY NUMBER		I			
COMPANY NAIC NUMBER			POLICY PERIOD TO					
☐ Additional informa	tion attached.		FROM		TO			
SECTION 4 — INJUR	Y/DEATH, PROPE	RTY DAMA	.GE					
NAME (FIRST, MIDDLE, LAST)								
ADDRESS		CITY			STATE	ZIP CODE		
CHECK ALL THAT A	PPLY   Injured	☐ Decea	sed   Drive	er 🗌 Passenge	er 🗌 Bicyclist	☐ Property		
NAME (FIRST, MIDDLE, LAST)								
ADDRESS		CITY			STATE	ZIP CODE		
CHECK ALL THAT AI	PPLY   Injured	☐ Decea	sed   Drive	er 🗌 Passenge	er 🗌 Bicyclist	☐ Property		
PROPERTY DAMAGE								
PROPERTY OWNER'S NAME	,				TELEPHON	NE NUMBER		
STREET ADDRESS		CITY			STATE	ZIP CODE		
WITNESS NAME					TELEPHON	NE NUMBER		
STREET ADDRESS		CITY			STATE	ZIP CODE		
WITNESS NAME					TELEPHON	NE NUMBER		
STREET ADDRESS		CITY			STATE	ZIP CODE		
☐ Additional informa	tion attached.							
SECTION 5 — ACCID	ENT DETAILS - D	ESCRIPTIO	DN .					
☐ Autonomous Mode	☐ Conventional	Mode						
☐ Additional informa	tion attached.							

WEATHER (MARK 1 to 2 ITEMS)	VEH 1	VEH 2	ED BY AN ASTERISK (*) SHOULD E  MOVEMENT PRECEDING  COLLISION		VEH 2	OTHER ASSOCIATED FACTOR(s) (MARK ALL APPLICABLE)		
A. CLEAR	•	<u> </u>	A. STOPPED	1	_	A. CVC SECTIONS VIOLATE	 :D	
B. CLOUDY			B. PROCEEDING STRAIGHT			CI		
C. RAINING			C. RAN OFF ROAD				YE:	
D. SNOWING			D. MAKING RIGHT TURN				INV	
E. FOG/VISIBILITY			E. MAKING LEFT TURN					
F. OTHER			F. MAKING U TURN			B. VISION OBSCUREMENT		
G. WIND			G. BACKING			C. INATTENTION*	Γ	
LIGHTING			H. SLOWING/STOPPING			D. STOP & GO TRAFFIC	E	
A. DAYLIGHT			I. PASSING OTHER VEHICLE			E. ENTERING/LEAVING RAMP		
B. DUSK – DAWN			J. CHANGING LANES			F. PREVIOUS COLLISION	Ī	
C. DARK-STREET LIGHTS			K. PARKING MANUEVER			G. UNFAMILIAR WITH ROAD	Ī	
D. DARK – NO STREET LIGHTS			L. ENTERING TRAFFIC			H. DEFECTIVE WEH EQUIP		
E. DARK – STREET LIGHTS NOT FUNCTIONING*			M. OTHER UNSAFE TURNING			cı.	TE YE	
ROADWAY SURFACE			N.XINGINTOOPPOSINGLANE				N	
A. DRY			O. PARKED			I. UNINVOLVED VEHICLE	Е	
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	Г	
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*					
CONDITIONS							_	
ECTION 6 — CERTIFICATION	N							
certify (or declare) under pe orrect.	enalty o	of perju	ry under the laws of the State	of Ca	lifornia	that the foregoing is true	ar	
	uthoriz	ed Adn	ninistrator of the program for t	the abo	ove nar	ned emplover.		
ROGRAM DIRECTOR/AUTHORIZED REPRESE			· ·			TELEPHONE NUMBER		
						1/		