

## 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, Autonomous Vehicles Branch, 2415 1<sup>st</sup> Avenue, MS D405, Sacramento, CA 95818

### SECTION 1 — MANUFACTURER'S INFORMATION

MANUFACTURER'S NAME Tensor Auto Inc.	AVT NUMBER
BUSINESS NAME Tensor	TELEPHONE NUMBER ( )
STREET ADDRESS	CITY STATE ZIP CODE

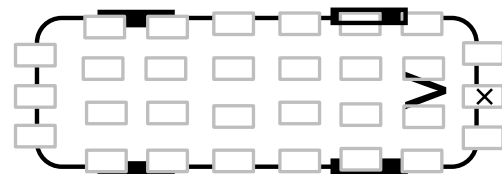
### SECTION 2 — ACCIDENT INFORMATION/VEHICLE 1

DATE OF ACCIDENT 11/18/2025	TIME OF ACCIDENT 10:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	VEHICLE YEAR 2020	MAKE Chrysler	MODEL Pacifica
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER			STATE VEHICLE IS REGISTERED IN CA
ADDRESS/LOCATION OF ACCIDENT 2701 Orchard Pkwy	CITY San Jose	COUNTY Santa Clara	STATE CA	ZIP CODE 95134
<b>Vehicle was:</b> <input type="checkbox"/> Moving <input checked="" type="checkbox"/> Stopped in Traffic	<b>Involved in the Accident:</b> <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input checked="" type="checkbox"/> Other <u>Trailer Truck</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

☐ UNK ☐ NONE ☒ MINOR  
☐ MOD ☐ MAJOR

#### Shade in Damaged Area



### SECTION 3 — OTHER PARTY'S INFORMATION/VEHICLE 2

VEHICLE YEAR	MODEL		
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN <b>Illinois</b>	
<b>Vehicle was:</b>	<input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	<b>Involved in the Accident:</b>	<input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input checked="" type="checkbox"/> Other <u>Vehicle</u>
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)		DRIVER LICENSE NUMBER	NUMBER OF VEHICLES INVOLVED <b>2</b>
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT		STATE	DATE OF BIRTH
COMPANY NAIC NUMBER		POLICY NUMBER	
		POLICY PERIOD FROM _____ TO _____	

☐ Additional information attached.

### SECTION 4 — INJURY/DEATH, PROPERTY DAMAGE

NAME (FIRST, MIDDLE, LAST)			
ADDRESS	CITY	STATE	ZIP CODE
<b>CHECK ALL THAT APPLY</b> <input type="checkbox"/> Injured <input type="checkbox"/> Deceased <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input checked="" type="checkbox"/> Property			
NAME (FIRST, MIDDLE, LAST)			
ADDRESS	CITY	STATE	ZIP CODE
<b>CHECK ALL THAT APPLY</b> <input type="checkbox"/> Injured <input type="checkbox"/> Deceased <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Property			
PROPERTY DAMAGE The front of the autonomous vehicle is lightly scratched.			
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 information attached.

### SECTION 5 — ACCIDENT DETAILS - DESCRIPTION

☐ Autonomous Mode ☒ Conventional Mode

On Nov 18, 2025, at 10:15 AM, the AV was being driven manually on Orchard Pkwy, and was stopped, waiting in traffic. There was a truck in front of the AV and another vehicle behind the AV. The truck in front started backing up, and its rear rack made contact with the front blind spot sensor pod of the AV. The AV driver honked, but did not have time or space to back up.

☐ Additional information attached.

Print

Clear Form

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	X	X	A. STOPPED	X		A. CVC SECTIONS VIOLATED CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	B. CLOUDY			B. PROCEEDING STRAIGHT			
	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		X	B. VISION OBSCUREMENT <input type="checkbox"/>
	<b>LIGHTING</b>			H. SLOWING/STOPPING			C. INATTENTION* <input type="checkbox"/>
	A. DAYLIGHT	X	X	I. PASSING OTHER VEHICLE			D. STOP & GO TRAFFIC <input checked="" 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			H. DEFECTIVE WEH EQUIP CITED <input type="checkbox"/> YES <input type="checkbox"/> NO
	<b>ROADWAY SURFACE</b>			N. XINGINTOOPOSINGLANE			
	A. DRY	X	X	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"/>
	<b>ROADWAY CONDITIONS</b> ( MARK 1 TO 2 ITEMS)			<b>TYPE OF COLLISION</b>			
	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*		X	G. VEHICLE/PEDESTRIAN			
	H. NO UNUSUAL CONDITIONS	X	X	H. OTHER*	X	X	

## 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

Jewel Li, Chief Operating Officer

SIGNATURE

**X**

TELEPHONE NUMBER

( )

DATE SIGNED