

DMV USE ONLY							
AVT NUMBER							
NAME							

REPORT OF TRAFFIC COLLISION INVOLVING AN AUTONOMOUS VEHICLE

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 — MANUFACTURER'S INFORMATION					
MANUFACTURER'S NAME		AVT NUMBER			
BUSINESS NAME		TELEPHONE NUMBER			
STREET ADDRESS	CITY	STATE ZIP CODE			

SECTION 2 — ACCIDENT INFORMATION/VEHICLE 1

DATE OF ACCIDENT	TIME OF ACCIDENT	VEHICLE YEAR	MAKE	MODEL
	🗆 AM 🛛 PM			
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER		STATE VEHICLE IS REGISTERED IN	
ADDRESS/LOCATION OF ACCIDENT		CITY	COUNTY	STATE ZIP CODE

Vehicle was:	☐ Moving ☐ Stopped in Traffic	Involved in the Accident:	PedestriaBicyclist	n □ Other	NUMBER C	NUMBER OF VEHICLES INVOLVED	
DRIVER'S FULL I	NAME (FIRST, MIDDLE, LAST)		DRIVERLICENSE	NUMBER	STATE	DATE OF BIRTH	
INSURANCE CO	MPANY NAME OR SURETY COMPANY A	T TIME OF ACCIDENT	POLICY NUMBER		I		
COMPANY NAIC	NUMBER		POLICY PERIOD		TO		
	Describe Vehicle I)amage		Shade i	n Damaged Are	ea	



SECTION 3 — OTHER	PARTY'S INFOR	RMATION/V	EHICLE 2				
VEHICLE YEAR	MODEL						
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER					STATE VEHICLE IS REGISTERED IN	
Vehicle		olved in Accident:	□ Pedestrian □ Bicyclist □ 0	Other	NUMBER	NUMBER OF VEHICLES INVOLVED	
DRIVER'S FULL NAME (FIRST, MIDD	DLE, LAST)		DRIVER LICENSE NUMBER		STATE	DATE OF BIRTH	
INSURANCE COMPANY NAME OR S	URETY COMPANY AT TIME (OF ACCIDENT	POLICY NUMBER				
COMPANY NAIC NUMBER			POLICY PERIOD		то		
Additional informat	ion attached.						
SECTION 4 - INJURY	//DEATH, PROPE		AGE				
NAME (FIRST, MIDDLE, LAST)							
ADDRESS		CITY			STATE	ZIP CODE	
CHECK ALL THAT AP	PLY 🗌 Injured		ased 🗌 Driver	Passenger	Bicyclis	t 🗌 Property	
NAME (FIRST, MIDDLE, LAST)							
ADDRESS		CITY			STATE	ZIP CODE	
CHECK ALL THAT AP	PLY 🗌 Injured		ased 🗌 Driver	Passenger	Bicyclis	t 🗌 Property	
PROPERTY DAMAGE							
PROPERTY OWNER'S NAME					TELEPHC		
STREET ADDRESS		CITY			STATE	ZIP CODE	
WITNESS NAME					TELEPHC		
STREET ADDRESS		CITY			STATE	ZIP CODE	
WITNESS NAME					TELEPHC		
STREET ADDRESS		CITY			STATE	ZIP CODE	
☐ Additional informat	ion attached.						
SECTION 5 — ACCID	ENT DETAILS - D	ESCRIPTIC	NC				

 \Box Autonomous Mode \Box Conventional Mode

WEATHER (MARK 1 to 2 ITEMS)	VEH 1	VEH 2	MOVEMENT PRECEDING COLLISION	VEH 1	VEH 2	OTHER ASSOCIATED FACTO (MARK ALL APPLICABLE)
A. CLEAR			A. STOPPED			A. CVC SECTIONS VIOLAT
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			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
3. DUSK – DAWN			J. CHANGING LANES			F. PREVIOUS COLLISION
C. DARK-STREET LIGHTS			K. PARKING MANUEVER			G. UNFAMILIAR WITH ROAI
D. DARK – NO STREET LIGHTS			L. ENTERING TRAFFIC			H. DEFECTIVE WEH EQUI
E. DARK-STREET LIGHTS NOT FUNCTIONING*			M. OTHER UNSAFE TURNING			
ROADWAY SURFACE			N.XINGINTO 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*			

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	TELEPHONE NUMBER
	()
SIGNATURE	DATE SIGNED
X	