



## REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

<b>DMV USE ONLY</b>
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

### SECTION 1 — MANUFACTURER'S INFORMATION

MANUFACTURER'S NAME UATC LLC		AVT NUMBER
BUSINESS NAME UATC LLC		TELEPHONE NUMBER
STREET ADDRESS	CITY	STATE ZIP CODE

### SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT Aug. 16, 2017	TIME OF ACCIDENT 2:55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR 2017	MAKE Volvo	MODEL XC 90
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER		STATE VEHICLE IS REGISTERED IN	
ADDRESS/LOCATION OF ACCIDENT Geary Blvd. & 3rd Ave.,	CITY San Francisco	COUNTY San Francisco	STATE CA	ZIP CODE 94118
Vehicle was: <input type="checkbox"/> Moving <input checked="" type="checkbox"/> Stopped in Traffic	Involvement in the Accident: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other	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 _____			

### SECTION 3 — OTHER PARTY'S INFORMATION

VEHICLE YEAR 2017	MODEL Toyota Tacoma	
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN
Vehicle was: <input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	Involvement in the Accident: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other	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 _____	

Additional information attached.



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

NAME (FIRST, MIDDLE, LAST)

ADDRESS CITY STATE ZIP CODE

CHECK ALL THAT APPLY  Injured  Deceased  Driver  Passenger  Bicyclist  Property

NAME (FIRST, MIDDLE, LAST)

ADDRESS CITY STATE ZIP CODE

CHECK ALL THAT APPLY  Injured  Deceased  Driver  Passenger  Bicyclist  Property

PROPERTY DAMAGE

Minor damage to Volvo rear hatch and bumper.

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

An Uber Volvo XC 90 registered under the DMV testing program ("Uber SDV") was eastbound on Geary Blvd preparing to make a right turn onto 3rd Ave. The vehicle operator disengaged the combined advanced driver assist systems on the vehicle to wait for pedestrians before making a right turn onto 3rd Ave. While the Uber SDV was stopped, a Toyota Tacoma impacted the rear of the Uber SDV. The collision caused minor damage to the vehicle's rear hatch and bumper and scuffed the Tacoma's bumper. No injuries were reported onsite. Police were not called. The Uber SDV co-pilot later reported wrist discomfort.

Additional information attached.

**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

Francois Chadwick, Manager

TELEPHONE NUMBER

( )

SIGNATURE

X 

DATE SIGNED

August 25, 2017