



Autonomous Vehicles Collision Report

Report annually any collisions or moving violations your autonomous vehicle encountered while testing on public roads.

Contact Information

Company name	Company address (<i>Address, City, State, ZIP code</i>)	
Contact name	Email	10-digit phone number

Collisions

Report collisions your autonomous vehicle encountered while testing on public roads. Answer yes or no if the ADS (Autonomous Driving System) was operating the vehicle at the time of the collision. If yes, include a copy of the collision report from Washington State Patrol.

ADS	AVN	Make	Model	Collision report number	Date
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				
Yes	No				

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Date and place (city or county) signed

TYPE or PRINT name

X

Signature

RCW 46.92.010

Autonomous Vehicles Moving Violation Report

Contact Information

Company name	Company address (<i>Address, City, State, ZIP code</i>)	
Contact name	Email	10-digit phone number

Moving Violations

Report moving violations your autonomous vehicle encountered while testing on public roads. Answer yes or no if the ADS (*Autonomous Driving System*) was operating the vehicle at the time of the of the moving violation.

ADS	AVN	Make	Model	Citation number	Date	County
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					
Yes	No					

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