DRAFT Crash Response Form (v2.6)

A Crash Response Form or similar letter shall be prepared within 10 business days following the submission of a Crash Report and as required by the Crash Protocol. The information submitted in response to this Form shall be a public record and will be made publicly available.

1. Name of Organization: ______________________________________

2. Date of Crash: ______________

3. Crash involved an injury to a vulnerable road user, or result in a fatality: ______________

4. Provide a narrative of the crash, and summary of the driving data collected by the vehicle, including but not limited to a timeline of the AV's speed, brake activation, system state, and test driver interventions

5. In general terms and without disclosing any confidential information, please describe any changes the Organization has implemented or is in the process of implementing in response to the crash, or an explanation of why changes were not implemented:
   a. to the autonomous test vehicle’s hardware systems
   b. to the autonomous test vehicle’s software systems
   c. to the Organization’s Training and Operations Protocol, and other detail sections of the Application to Test Autonomous Vehicles as necessary

6. Signature of Organization Representative: ________________________________

7. Name of Organization Representative: ________________________________

8. Title of Organization Representative: ________________________________

9. Date: ______________