ADS trial - serious incident report



This form must be completed when notifying the Department of Transport and Planning of any serious incidents as required as a condition of the Automated Driving System (ADS) permit. Please complete all relevant fields below. If not applicable, please enter **N/A**. If details are unknown please enter **unknown**.

You must specify the nature of the incident and identify all parties and vehicles involved. Any damage to property or injury to persons as a result of the incident, must be recorded and photos included where available.

For an incident that does not result in property damage or injury to persons, you must explain the nature of the incident, what impact it has on the performance of the automated driving system, and provide information regarding any corrective action that has been undertaken following the incident to prevent a reoccurrence.

Please print within the space provided. If you need to include additional information, please specify this in the relevant section and provide as an attachment. This form and any attachments must be submitted to the Department of Transport and Planning at **cavtesting@transport.vic.gov.au** within 24 hours of becoming aware of a serious incident.

Further information regarding serious incidents and your obligations can be found in the Victorian Guidelines for Trials of Automated Vehicles (Guidelines). Additional copies of this form can be found on the Department of Transport and Planning website.

Type of serious incident (involving an automated vehicle)

Tick all that apply.

- Accident
- Traffic light offence (refer to Part 6 of the Road Safety Road Rules 2017)
- Give way offence (refer to Part 7 of the Road Safety Road Rules 2017)
- Railway or tramway level crossing offence (refer to Part 10 of the Road Safety Road Rules 2017)
- Tampering with, unauthorised access to, modification of, or impairment of the automated driving system Automated vehicle stolen or carjacked

Failure of the automated driving system that would impair

the reliability, security or operation of the automated driving system

Speeding offence

ADS permit information

ADS permit holder name	ADS permit reference	
ADS permit holder address		
Phone number	Email	

Automated vehicle information

Make	Model			Year							
Registration number/Unregistered Vehicle Permit (UVP) number			Registration/L	/P jurisdiction							
Vehicle Identification Number (VIN)/Chassis Number											
Vehicle supervisor details											
Name of vehicle supervisor at time of incident											
Driver licence number Jurisdiction/Country of issue											
Details of incident Please provide details about the incident.											
Date of incident D D M M	Y Y Y Y	Time of incident									
Driving mode (automated/manual) and level of driving automation (if applicable) at time of incident											
Address/location of incident		State	Postcode								
Nearest intersection		Map reference or coordinates									
Traffic direction (North, South, East, West)	1	Light/atmospheric conditions (night time/day time, dusk etc.)									
Weather conditions at time of incident (e.g. raining, sunny, dark, dry, wet etc.)											
Road conditions and surface type (e.g. dry, wet, gravel etc.)											
Number of persons/vehicles involved (include all vehicles, bicycles, trams etc.)											
Property damaged as a result of the incident											
Nature of any injuries to persons											
Police present Ves No Name/badge number of attending			Police incident	report numbe	er						



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Other party details

Please provide details of any other affected party or parties. If required, attach additional pages providing the below information.

Driver name (if known/present)									
Driver licence number		Jurisdiction/Country of issue							
Address		State	Postcode						
Vehicle make	Vehicle model	Registration number State of registration							
Driver name (if known/present)									
Driver licence number		Jurisdiction/Country of issue							
Address		State	Postcode						
Vehicle make	Vehicle model	Registration number State of registration							
Property owner name (if different from the at	pove)								
Present Yes No		Notified of incident by ADS permit holder	Yes No						
Address		State Postcode							
Property owner name (if different from the at	oove)								
Present Yes No		Notified of incident by ADS permit holder	Yes No						
Address		State	Postcode						

Witness details

By signing this form, you acknowledge that you have read and understood the privacy statement, and give permission to be contacted regarding the incident. For further information regarding the Department of Transport and Planning's privacy policy, refer to the privacy statement at the end of this form, or visit **transport.vic.gov.au**

Automated vehicle occupant	Other witness			
Name	Date of birth			Phone number
Address				Signature
Automated vehicle occupant	Other witness			
Name	Date of birth			Phone number
Address				Signature
Automated vehicle occupant	Other witness			
Name	Date of birth			Phone number
Address				Signature

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Fatality



Description of incident

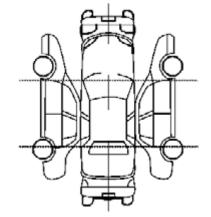
Please describe the circumstances surrounding the incident, including your opinion of the cause, and the level of any damage sustained to vehicles and other property, or injury to persons. Provide photos where available.

Tick all that apply

Injury to persons

Property damage - including damage to telephone poles, fences, street signs, posts, trees, livestock, parked vehicles

Describe the incident in as much detail as possible, including any changes to, or impacts on, the automated driving system. Indicate location of vehicle damage where appropriate.







Vehicle supervisor statement

Give your account of the incident, describing the events in as must detail as possible. Include diagrams if appropriate.





Vehicle supervisor declaration

I certify that the information provided in this form and any attachments is true and correct, and I acknowledge that any information submitted to the Department of Transport and Planning may be used in accordance with the Road Safety Act 1986.

Name of vehicle supervisor (please print)					Signature
Date					
Phone					Email
Witness					Signature of Witness
Date					

ADS permit holder declaration

I certify that the information provided in this form and any attachments is true and correct, and I acknowledge that any information submitted to the Department of Transport and Planning may be used in accordance with the Road Safety Act 1986.

Name of permit holder (please print)					Signature
Company Representative					
Position title					
Date					
Phone					Email
Witness					Signature of Witness
Date					

Privacy statement

Personal information the Department of Transport and Planning collects from you may be used by the Department of Transport and Planning as permitted by the Road Safety Act 1986 and the Marine Safety Act 2010. The Department of Transport and Planning may disclose personal information it collects from you to various organisations and persons as permitted by law, particularly by the Road Safety Act 1986. This includes disclosing the information to contractors and agents of the Department of Transport and Planning, law enforcement agencies and other road or traffic authorities, the Transport Accident Commission, vehicle manufacturers (for safety recalls), road safety researchers, courts and other organisations or people authorised to use the personal information.

You are required to provide this personal information. Failure to provide the information may result in this form not being processed, or records not being properly maintained. For further information about our use of your personal information and your right of access to it, see the Department of Transport and Planning brochure Protecting Your Privacy.