



# SAN JOSE POLICE DEPARTMENT

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## TRAINING BULLETIN

**TO: ALL DEPARTMENT PERSONNEL**

**FROM:** Anthony Mata  
Chief of Police

**SUBJECT: AUTONOMOUS VEHICLE  
COLLISION DOCUMENTATION**

**DATE:** November 15, 2022

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Bulletin #2022-037

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With the increased use of autonomous vehicles on the roadway the Department recognizes the need for additional training on how to properly document a collision involving an autonomous vehicle. This training bulletin is intended to educate Department members of the multiple levels of automation and ensure proper documentation of autonomous vehicles involved in collisions.

### **Department of Transportation (DOT) and Society of Automotive Engineers (SAE) Autonomous Classifications**

The DOT and SAE have agreed upon the following six classifications to determine the level of automation being used to operate a vehicle. The first three levels (SAE Level 0 – SAE Level 2) are generally monitored by humans while the vehicle is operating various driver assisting functions to operate the vehicle. The additional three levels (SAE Level 3 – SAE Level 5) are fully automated systems which are used to operate a vehicle without human operation.

Refer to the SAE levels below for additional information:

#### **Human Monitored Driving Environment Classifications**

- **SAE Level 0**: A vehicle operated manually by a driver. The vehicle does not have driving automation.
- **SAE Level 1**: A vehicle operating with driver assistance functions, but the functions operate separately and not in conjunction with one another. The vehicle has systems that allow the vehicle and driver to share control of the vehicle. (Example: Cruise Control and Lane Assist cannot function together).
- **SAE Level 2**: A vehicle with a combination of driver assistance functions that operate in conjunction with one another and the driver is expected to take control of the vehicle if needed, with or without warning. The driver is supervising the automation systems as they operate. (Example: A Tesla operating with a driver in the seat in “Autopilot” mode or with a combination of Adaptive Cruise Control and Lane Keep Assist).

### Automated Systems Monitored Driving Environment Classifications

- SAE Level 3: A vehicle equipped with a self-driving system which operates within a predefined geographical area under limited environmental conditions and requires a human operator present to override or intervene. As of February 26, 2020, the Department of Motor Vehicles (DMV) has issued 64 Autonomous Vehicle Testing Permits. The majority of these permitted vehicles are currently operating in the Bay Area.
- SAE Level 4: A vehicle equipped with a self-driving system which operates within a predefined geographical area under limited environmental conditions but does not require a human operator present to override or intervene.
- SAE Level 5: A vehicle equipped with a self-driving system which does not have any geographic or environmental limitations and does not require a human operator. This vehicle and technology are theoretical and do not exist yet.

For additional information regarding different SAE classification levels refer to the [SAE Website](#).<sup>1</sup>

### **California Highway Patrol (CHP) Definitions**

Autonomous vehicles involved in a collision requiring a collision report must be documented on a CHP 555 form. The Department is in the process of updating the most current CHP 555 form to AFR/RMS database. The CHP currently defines the following:

Autonomous Vehicle: Any vehicle equipped with autonomous technology which has been integrated into that vehicle. An autonomous vehicle does not include a vehicle which is equipped with one or more crash avoidance systems, including but not limited to, electronic blind spot assistance, automated emergency braking systems, park assist, adaptive cruise control, lane keep assist, lane departure warning, traffic jam and queuing assist, or other similar systems which enhance safety or provide driver assistance, but are not capable, collectively or singularly, of driving the vehicle without active control or monitoring of a human operator.

Operator: In an autonomous vehicle only, this is the person who is seated on the driver's seat, or, if there is no person in the driver's seat, causes the autonomous technology to engage.

Driver: A driver is a person who is in actual physical control of a vehicle. For an out-of-control vehicle, the driver is the occupant who was in control until control was lost. A driver includes an operator who takes actual physical control of the dynamic driving task of an autonomous vehicle (which must be equipped with a steering wheel, a brake, and an accelerator) prior to the crash.

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<sup>1</sup> <https://www.sae.org/blog/sae-j3016-update>

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**CHP 555 Forms and Proper Documentation**

Officers will determine if an autonomous vehicle was being operated in autonomous mode or driven at the time of the collision. Once the autonomy level is determined, the officer will appropriately document the driver or operator in the Involved Party section on page 1 of the updated CHP 555 form (see below).

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**TRAFFIC CRASH REPORT**  
CHP 555 Page 1 (Rev. 3-20) OPI 060

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SPECIAL CONDITIONS		NUMBER INJURED	HT & RN FELLOW	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER	
		NUMBER KILLED	HT & RN INVESTIGATOR	COUNTY	REPORTING DISTRICT	BEAT	DAY OF WEEK
							TOW AWAY
							<input type="checkbox"/> YES <input type="checkbox"/> NO
LOCATION	CRASH OCCURRED ON				MO. DAY YEAR	TIME (24HR)	NCIC #
	MILEPOST INFORMATION				GPS COORDINATES		OFFICER ID
	FEET/MILES OF				LATITUDE	LONGITUDE	PHOTOGRAPHS BY: <input type="checkbox"/> NONE
	<input type="checkbox"/> AT INTERSECTION WITH				STATE HWY REL		
<input type="checkbox"/> OR FEET/MILES OF				<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>PARTY 1</b>	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR
DRIVER	NAME (FIRST, MIDDLE, LAST)						LICENSE NUMBER
	OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER						STATE
PEDESTRIAN	STREET ADDRESS						OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER
	CITY/STATE/ZIP						DISPOSITION OF VEHICLE ON ORDERS OF <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
PARKED VEHICLE	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTH DATE	RACE
	Mo.	Day	Year	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
BACKSEAT	HOME PHONE			BUSINESS PHONE			
	INSURANCE CARRIER			POLICY NUMBER			
OPERATOR	VEHICLE IDENTIFICATION NUMBER						VEHICLE TYPE
	DIR OF TRAVEL ON STREET OR HIGHWAY						DESCRIBE VEHICLE DAMAGE
	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT		SHADE IN DAMAGED AREA	
	CA	DOT	CAL-T		TC/P/SC	MCMX	
	VEH. YEAR						MAKE/MODEL/COLOR
	LICENSE NUMBER						STATE
<b>PARTY 2</b>	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR
DRIVER	NAME (FIRST, MIDDLE, LAST)						LICENSE NUMBER
	OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER						STATE
PEDESTRIAN	STREET ADDRESS						OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER
	CITY/STATE/ZIP						DISPOSITION OF VEHICLE ON ORDERS OF <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
PARKED VEHICLE	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTH DATE	RACE
	Mo.	Day	Year	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
BACKSEAT	HOME PHONE			BUSINESS PHONE			
	INSURANCE CARRIER			POLICY NUMBER			
OPERATOR	VEHICLE IDENTIFICATION NUMBER						VEHICLE TYPE
	DIR OF TRAVEL ON STREET OR HIGHWAY						DESCRIBE VEHICLE DAMAGE
	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT		SHADE IN DAMAGED AREA	
	CA	DOT	CAL-T		TC/P/SC	MCMX	
	VEH. YEAR						MAKE/MODEL/COLOR
	LICENSE NUMBER						STATE
<b>PARTY 3</b>	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE/MODEL/COLOR
DRIVER	NAME (FIRST, MIDDLE, LAST)						LICENSE NUMBER
	OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER						STATE
PEDESTRIAN	STREET ADDRESS						OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER
	CITY/STATE/ZIP						DISPOSITION OF VEHICLE ON ORDERS OF <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
PARKED VEHICLE	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTH DATE	RACE
	Mo.	Day	Year	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE			
BACKSEAT	HOME PHONE			BUSINESS PHONE			
	INSURANCE CARRIER			POLICY NUMBER			
OPERATOR	VEHICLE IDENTIFICATION NUMBER						VEHICLE TYPE
	DIR OF TRAVEL ON STREET OR HIGHWAY						DESCRIBE VEHICLE DAMAGE
	LANE	THRU LANES	TOTAL LANES	SPEED LIMIT		SHADE IN DAMAGED AREA	
	CA	DOT	CAL-T		TC/P/SC	MCMX	
	VEH. YEAR						MAKE/MODEL/COLOR
	LICENSE NUMBER						STATE
PREPARED BY NAME				DISPATCH NOTIFIED		REVIEWER'S NAME	
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		DATE REVIEWED	

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Once the level of autonomy is determined, an officer will mark the Vehicle Automation Level and Automation Engaged box on page 2 of the updated CHP 555 form (see below).

STATE OF CALIFORNIA  
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**TRAFFIC CRASH CODING**  
 CHP 555 Page 2 (Rev. 3-20) OPI 060

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DATE OF CRASH (MO, DAY YEAR)		TIME (2400)	NCIC #	OFFICER ID	NUMBER		
PROPERTY DAMAGE		OWNER'S NAME		OWNER'S ADDRESS			
PERSON NOTIFIED		<input type="checkbox"/> SAME AS OWNER	TELEPHONE NUMBER	METHOD OF NOTIFICATION (MARK ALL THAT APPLY) <input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> DISPATCH <input type="checkbox"/> CHP 422			
LOG / INCIDENT NUMBER							
DESCRIPTION OF DAMAGE							
<b>SEATING POSITION</b>  1 TO 9 - STANDARD SEATING POSITION 10 - REAR OCC. TRK, VAN, STATION WAGON, ETC.* 11 - POSITION UNKNOWN* 0 - OTHER*		<b>SAFETY EQUIPMENT</b> <b>OCCUPANTS</b> A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP / SHOULDER HARNESS USED H - LAP / SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED P - NOT REQUIRED <b>CHILD RESTRAINT</b> Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE <b>MC / BICYCLE - HELMET</b> DRIVER PASSENGER V - NO X - NO W - YES Y - YES		<b>AIR BAG</b> B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED <b>EJECTED FROM VEHICLE</b> 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN		<b>INATTENTION CODES</b> A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER	
ITEMS MARKED BELOW FOLLOWED BY AN A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, OR OTHER LETTER.							
<b>PRIMARY CRASH FACTOR LIST NUMBER (#) OF PARTY AT FAULT</b> A CVC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO B OTHER IMPROPER DRIVING* C OTHER THAN DRIVER* D UNKNOWN*		<b>TRAFFIC CONTROL DEVICES</b> A CONTROLS FUNCTIONING B CONTROLS NOT FUNCTIONING* C CONTROLS OBSCURED D NO CONTROLS PRESENT / FACTOR*		<b>VEHICLE AUTOMATION LEVEL</b> A SAE LEVEL - 0 B SAE LEVEL - 1 C SAE LEVEL - 2 D SAE LEVEL - 3 E SAE LEVEL - 4 F SAE LEVEL - 5 G UNKNOWN*		<b>MOVEMENT PRECEDING CRASH</b> A STOPPED B PROCEEDING STRAIGHT C RAN OFF ROAD D MAKING RIGHT TURN E MAKING LEFT TURN F MAKING U TURN G BACKING H SLOWING / STOPPING I PASSING OTHER VEHICLE J CHANGING LANES K PARKING MANEUVER L ENTERING TRAFFIC M OTHER UNSAFE TURNING N XING INTO OPPOSING LANE O PARKED P MERGING Q TRAVELING WRONG WAY R OTHER* S LANE SPLITTING	
<b>WEATHER (MARK 1 TO 2 ITEMS)</b> A CLEAR B CLOUDY C RAINING D SNOWING E FOG / VISIBILITY FT. F OTHER* G WIND		<b>TYPE OF CRASH</b> A HEAD - ON B SIDE SWIPE C REAR END D BROADSIDE E HIT OBJECT F OVERTURNED G VEHICLE / PEDESTRIAN H OTHER*		<b>VEHICLE AUTOMATION ENGAGED</b> A NO AUTOMATION B DRIVER ASSISTANCE C PARTIAL AUTOMATION D CONDITIONAL AUTOMATION E HIGH AUTOMATION F FULL AUTOMATION G UNKNOWN*		<b>MOTOR VEHICLE INVOLVED WITH (MARK 1 TO 2 ITEMS)</b> A NONCOLLISION B PEDESTRIAN C OTHER MOTOR VEHICLE D MOTOR VEHICLE ON OTHER ROADWAY E PARKED MOTOR VEHICLE F TRAIN	
<b>LIGHTING</b> A DAYLIGHT B DUSK - DAWN C DARK - STREET LIGHTS D DARK - NO STREET LIGHTS		<b>OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)</b> A CVC SECTION VIOLATION: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO		1 2 3		1 2 3	

CHP 555 - Vehicle Automation Level and Vehicle Automation Engaged (added)

If the operator is injured during the collision, an officer should also list the operator on page three of the updated CHP 555 form and check the Operator box. (See below)

STATE OF CALIFORNIA  
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**INJURED / WITNESS / PASSENGERS**  
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DATE OF CRASH (MO, DAY YEAR)		TIME (2400)	NCIC #	OFFICER ID	NUMBER											
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)		INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED	
				FATAL INJURY	SUSPECTED SERIOUS INJURY	SUSPECTED MINOR INJURY	POSSIBLE INJURY	DRIVER	PASS.	PED.	BICYCLIST	OTHER	OPER.			
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME / D.O.B. / ADDRESS																
(INJURED ONLY) TRANSPORTED BY:				EMS RUN NUMBER				TAKEN TO:				TELEPHONE				
DESCRIBE INJURIES																
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																

CHP 555 – Injured /Witness / Passengers – Operator (added)

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**CHP 555 Traffic Crash Report**

The Department plans to update the current CHP 555 forms in the AFR/RMS database soon. Until the AFR/RMS database is updated, officers should document any autonomous vehicles involved in a collision on a printed hard copy of the updated CHP 555 form obtained from Central Supply. The CHP555 form must be submitted to OSSD, who will scan and upload the form to the AFR/RMS database for report completion.

For proper documentation of autonomous vehicles involved in collisions, add an Additional Information section in the Narrative of the report and identify the person who engaged the autonomous vehicle technology as the operator. Some autonomous vehicles are deployed by third party subjects at an off-site deployment facility. If an autonomous vehicle is operating in autonomous mode without a driver in the vehicle, the third-party subject who deployed the vehicle from the deployment facility will be considered the operator of the vehicle.



Anthony Mata  
Chief of Police

AM:SD:JP