



Highly Automated Vehicle Accident Reporting Guidelines

Please refer to the Highly Automated Vehicle (HAV) Self-Certification Guidelines (Publication 950) and 75 Pa.C.S. § 8505 (b) for requirements surrounding accident reporting requirements for HAVs. The below guidelines provide reporting instructions and procedures. Accident reporting procedures are required to be followed for accidents resulting in Bodily Injury, serious Bodily Injury, death, or damage to property.

Initial Report

Within 6 hours of the accident, certificate holders will provide, to the extent possible:

- Name of Certificate Holder
- General location of the accident
- Approximate date and time of the accident
- To the extent known, the severity of the accident
- Tester Point-of-Contact during the investigation
- Confirmation of whether ADS was engaged

Follow-Up Report

Within 24 hours of the accident, certificate holders will provide, to the extent possible:

- Confirmation that the vehicle was operating in its designated ODD
- Description of vehicle damage
- Communication records leading up to the accident (if applicable)
- Confirmation of severity of the accident
- Description of the Accident

Contact Information

Department of Transportation's Statewide Traffic Management Center:

- 717-346-4400
- RA-PDSTMC@pa.gov

Pennsylvania Turnpike Commission's Traffic Operations Center:

- 866-332-5889
- dutyofficer@paturndpike.com

On the pages that follow email templates for accident reports are provided as examples.

Initial Accident Report Email Templates

Subject: Initial Accident Report – [Certificate Holder Name]

To: Department of Transportation’s Statewide Traffic Management Center <RA-PDSTMC@pa.gov>, Pennsylvania Turnpike Commission’s Traffic Operations Center dutyofficer@paturnpike.com

Cc: [Relevant Stakeholders]

Dear [Recipient’s Name],

This email serves as the initial accident report for the Automated Driving System (ADS) operated by [Certificate Holder Name]. Below are the details of the incident:

General Information:

- **Certificate Holder Name:** [Certificate Holder Name]
- **General Location of the Accident:** [Location]
- **Approximate Date and Time of the Accident:** [Date and Time]
- **Severity of the Accident:** [Severity]
- **Tester Point-of-Contact during the Investigation:** [Name, Contact Information]
- **ADS Engagement Confirmation:** [Was ADS Engaged? Yes/No]

Please do not hesitate to contact us if further information is required at this stage.

Thank you,

[Your Name]
[Your Position]
[Your Contact Information]

Follow-Up Accident Report Email Template

Subject: Follow-Up Accident Report – [Certificate Holder Name]

To: Department of Transportation’s Statewide Traffic Management Center <RA-PDSTMC@pa.gov>, Pennsylvania Turnpike Commission’s Traffic Operations Center dutyofficer@paturndpike.com

Cc: [Relevant Stakeholders]

Dear [Recipient’s Name],

Following our initial accident report, please find the additional details of the incident involving the Automated Driving System (ADS) operated by [Certificate Holder Name]:

Detailed Information:

- **Confirmation of ODD Operation:** The vehicle was operating within its designated Operational Design Domain (ODD), if ADS was engaged. [Yes/No/ADS not engaged]
- **Description of Vehicle Damage:** [Detailed Description]
- **Communication Records:** [Attach or Describe Relevant Communication Records Leading Up to the Accident]
- **Confirmation of Severity:**
- **Description of the Accident:** [Detailed Description]

We will continue to provide updates as more information becomes available. Should you need further details or clarification, please feel free to reach out to us.

Thank you,

[Your Name]

[Your Position]

[Your Contact Information]