

AUTONOMOUS VEHICLE TRIALLING ON PUBLIC ROADS

INTERIM REPORT

By:

Accountable Manager full name	:	
Name of Company/Institution	:	
Company registration number (if applicable)	:	
Company/institution address	:	
Telephone number	:	
Mobile number	:	
E-mail address	:	
Trial start date	:	
Expected trial finish date	:	
Signature	:
Date	:	

<p>Aim of the trial</p>	<p><i>[The aim expresses the main intention of the AV trial.]</i></p>
<p>Objective(s) of the trial</p>	<p><i>[Objectives describe concisely what the AV trial is trying to achieve.]</i></p>
<p>Expected outcome(s)</p>	<p><i>[Expected outcomes/findings from the AV trial.]</i></p>
<p>Interim status summary</p>	<p><i>[A summary to explain the current progress of the AV trial.]</i></p>

<p>Incident / accident <i>(if applicable)</i></p>	<p><i>[To update and report latest minor and major incidents/accidents that happen.]</i></p>
<p>Suggestion / recommendations</p>	<p><i>[Recommendations/suggestions to the authorities and stakeholders.]</i></p>