



REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

DMV USE ONLY	
AVL NUMBER [REDACTED]	
NAME [REDACTED]	

Instructions: Please print within the spaces and boxes on this form. If you need to provide additional information on a separate piece of paper(s) or you include a copy of any law enforcement agency report, please check the box to indicate "Additional Information Attached."

- Write unk (for unknown) or none in any space or box when you do not have the information on the other party involved.
- Give insurance information that is complete and which correctly and fully identifies the company that issued the insurance policy or surety bond, or whether there is a certificate of self-insurance.
- Place the National Association of Insurance Commissioners (NAIC) number for your Insurance or Surety Company in the boxes provided. The NAIC number should be located on the proof of insurance provided by you company or you can contact your insurer for that information.
- Identify any person involved in the accident (driver, passenger, bicyclist, pedestrian, etc) that you saw was injured or complained of bodily injury or know to be deceased.
- Record in the PROPERTY DAMAGE line any damage to telephone poles, fences, street signs, guard post, trees, livestock, dogs, buildings, parked vehicles, etc., including a description of the damage.
- Once you have completed this report, please mail to: Department of Motor Vehicles, Occupational Licensing Branch, P.O. Box 932342, MS: L224, Sacramento, CA 94232-3420

SECTION 1 -- MANUFACTURER'S INFORMATION

MANUFACTURER'S NAME DELPHI AUTOMOTIVE SYSTEMS, LLC		AVL NUMBER [REDACTED]
BUSINESS NAME		TELEPHONE NUMBER [REDACTED]
STREET ADDRESS [REDACTED]	CITY [REDACTED]	STATE ZIP CODE [REDACTED]

SECTION 2 -- ACCIDENT INFORMATION

DATE OF ACCIDENT 10/14/2014	TIME OF ACCIDENT 7:27 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR 2014	MAKE AUDI	MODEL SQ5
LICENSE PLATE NUMBER [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]		STATE VEHICLE IS REGISTERED IN [REDACTED]	
ADDRESS/LOCATION OF ACCIDENT SAN ANTONIO ROAD (600 BLOCK)		CITY PALO ALTO	COUNTY SANTA CLARA	STATE ZIP CODE CA 94303
Vehicle was: <input type="checkbox"/> Moving <input checked="" type="checkbox"/> Stopped in Traffic		Involved In the Accident: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other		NUMBER OF VEHICLES INVOLVED 2
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST) [REDACTED]		DRIVER LICENSE NUMBER [REDACTED]		STATE DATE OF BIRTH [REDACTED]
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT [REDACTED]		POLICY NUMBER [REDACTED]		
COMPANY NAIC NUMBER [REDACTED]		POLICY PERIOD FROM [REDACTED] TO [REDACTED]		

SECTION 3 -- OTHER PARTY'S INFORMATION

VEHICLE YEAR 2012	MODEL HONDA CIVIC
LICENSE PLATE NUMBER [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]
STATE VEHICLE IS REGISTERED IN [REDACTED]	
Vehicle was: <input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	
Involved In the Accident: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other	
NUMBER OF VEHICLES INVOLVED 2	
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST) [REDACTED]	
DRIVER LICENSE NUMBER [REDACTED]	
STATE DATE OF BIRTH [REDACTED]	
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT [REDACTED]	
POLICY NUMBER [REDACTED]	
COMPANY NAIC NUMBER [REDACTED]	
POLICY PERIOD FROM [REDACTED] TO [REDACTED]	

Additional Information attached.



SECTION 4 - INJURY/DEATH, PROPERTY DAMAGE

NAME (FIRST, MIDDLE, LAST)

ADDRESS CITY STATE ZIP CODE

CHECK ALL THAT APPLY Injured Deceased Driver Passenger Bicyclist Property

NAME (FIRST, MIDDLE, LAST)

ADDRESS CITY STATE ZIP CODE

CHECK ALL THAT APPLY Injured Deceased Driver Passenger Bicyclist Property

PROPERTY DAMAGE

Audi Vehicle - damaged fender, bumper/fascia;

PROPERTY OWNER'S NAME

TELEPHONE NUMBER

()

STREET ADDRESS CITY STATE ZIP CODE

WITNESS NAME

TELEPHONE NUMBER

()

STREET ADDRESS CITY STATE ZIP CODE

WITNESS NAME

TELEPHONE NUMBER

()

STREET ADDRESS CITY STATE ZIP CODE

Additional information attached.

SECTION 5 - ACCIDENT DETAILS, DESCRIPTION

Autonomous Mode Conventional Mode

The Audi, in conventional mode, transitioned from Byron to San Antonio E/B and waited in the merge pocket for traffic to clear. After approximately 20 seconds of waiting stationary for traffic to clear, a Honda was observed to the left coming over the elevated center island. The Honda hit the right front of Audi and continued to go over another center island at 25-30 mph. Honda came to a stop approximately 75-100 yards from impact heading W/B in the E/B lane. Audi vehicle damage includes right fender, front bumper/fascia.

As reported in the attached Traffic Collision Report, 14-5925, the driver of the Honda was determined to have caused the accident by making an unsafe turning movement in violation of CVC 22107 and was served with a notice of priority reexamination of his driver's license.

Attachment: Traffic Collision Report 14-5925

Additional information attached.

SECTION 6 - CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I further certify that I am the authorized Administrator of the program for the above named employer.

PROGRAM DIRECTOR/AUTHORIZED REPRESENTATIVE PRINTED NAME AND TITLE

Katherine S. Winter, VP Software Services, Myfi

TELEPHONE NUMBER

[REDACTED]

SIGNATURE

x Katherine S. Winter

DATE SIGNED

Oct 23, 2014