



REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

DMV USE ONLY
AVT NUMBER
NAME

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		AVT NUMBER	
Google Auto LLC		[REDACTED]	
BUSINESS NAME		TELEPHONE NUMBER	
Google		[REDACTED]	
STREET ADDRESS	CITY	STATE	ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

SECTION 2 — ACCIDENT INFORMATION				
DATE OF ACCIDENT	TIME OF ACCIDENT	VEHICLE YEAR	MAKE	MODEL
04/07/15	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	2011	Lexus	RX450h
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER		STATE VEHICLE IS REGISTERED IN	
[REDACTED]	[REDACTED]		[REDACTED]	
ADDRESS/LOCATION OF ACCIDENT	CITY	COUNTY	STATE	ZIP CODE
Castro and El Camino	Mountain View	Santa Clara	CA	94040
Vehicle was:	<input checked="" type="checkbox"/> Moving	Involved in the Accident:	<input type="checkbox"/> Pedestrian	NUMBER OF VEHICLES INVOLVED
	<input type="checkbox"/> Stopped In Traffic		<input type="checkbox"/> Bicyclist	2
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)		DRIVER LICENSE NUMBER	STATE	DATE OF BIRTH
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT		POLICY NUMBER		
[REDACTED]		[REDACTED]		
COMPANY NAIC NUMBER	POLICY PERIOD			
[REDACTED]	FROM [REDACTED] TO [REDACTED]			

SECTION 3 — OTHER PARTY'S INFORMATION				
VEHICLE YEAR	MODEL			
2011	BMW 3 Series			
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER		STATE VEHICLE IS REGISTERED IN	
[REDACTED]	[REDACTED]		[REDACTED]	
Vehicle was:	<input checked="" type="checkbox"/> Moving	Involved in the Accident:	<input type="checkbox"/> Pedestrian	NUMBER OF VEHICLES INVOLVED
	<input type="checkbox"/> Stopped In Traffic		<input type="checkbox"/> Bicyclist	2
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)		DRIVER LICENSE NUMBER	STATE	DATE OF BIRTH
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT		POLICY NUMBER		
[REDACTED]		[REDACTED]		
COMPANY NAIC NUMBER	POLICY PERIOD			
[REDACTED]	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

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 above identified Google Lexus autonomous vehicle (Google AV) was involved in an accident in Mountain View when travelling northbound on Castro St. and making a right turn onto El Camino eastbound. The Google AV was operating in Autonomous Mode at the time of the accident.

The Google AV was travelling northbound in the rightmost lane of Castro St. and came to a complete stop for a red light at the intersection of Castro St. and El Camino Real. The Google AV then proceeded to make a right turn on red by creeping forward to obtain a better field of view of cross traffic on El Camino Real approaching from the left. While creeping forward, the Google AV detected a vehicle approaching eastbound on El Camino Real and came to a stop in order to yield to the approaching vehicle. The Google AV was just starting to move (<1 MPH) when the vehicle following immediately behind it, which was also attempting to make a right turn onto El Camino Real, failed to brake sufficiently and struck the Google AV's bumper at approximately 5 MPH.

All occupants of both vehicles involved were uninjured in the collision. The Google AV sustained minimal body damage, and the other vehicle sustained no visible body damage.

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 TELEPHONE NUMBER

SIGNATURE DATE SIGNED

X *Chris Urmsom* 4/15/15