



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 GOOGLE AUTO LLC	AVT NUMBER
BUSINESS NAME GOOGLE AUTO LLC	TELEPHONE NUMBER ()
STREET ADDRESS	CITY STATE ZIP CODE

SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT 04/19/2017	TIME OF ACCIDENT 6:59 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR 2012	MAKE LEXUS	MODEL RX450H
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER		STATE VEHICLE IS REGISTERED IN	
ADDRESS/LOCATION OF ACCIDENT MIDDLEFIELD RD. AT OREGON EXPWY.		CITY PALO ALTO	COUNTY SANTA CLARA	STATE ZIP CODE CA 94301
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 1		
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)		DRIVER LICENSE NUMBER	STATE	DATE OF BIRTH
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT		POLICY NUMBER		
COMPANY NAIC NUMBER		POLICY PERIOD FROM _____ TO _____		

SECTION 3 — OTHER PARTY'S INFORMATION

VEHICLE YEAR	MODEL NONE	VEHICLE YEAR	MAKE	MODEL
LICENSE PLATE NUMBER NONE	VEHICLE IDENTIFICATION NUMBER NONE		STATE VEHICLE IS REGISTERED IN NONE	
Vehicle was: <input 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 0		
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST) NONE		DRIVER LICENSE NUMBER NONE	STATE	DATE OF BIRTH
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT NONE		POLICY NUMBER NONE		
COMPANY NAIC NUMBER NONE		POLICY PERIOD FROM _____ TO _____		

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

A WAYMO LEXUS-MODEL AUTONOMOUS VEHICLE ("WAYMO AV") MADE CONTACT WITH A CURB WHILE IN MANUAL MODE ON MIDDLEFIELD ROAD AT OREGON EXPRESSWAY IN PALO ALTO, CA. THE WAYMO AV WAS TRAVELING EASTBOUND IN AUTONOMOUS MODE IN THE RIGHTMOST LANE OF MIDDLEFIELD ROAD. AS THE VEHICLE CROSSED OREGON EXPRESSWAY, THE WAYMO AV AUTONOMOUS SYSTEM DETECTED THE VEHICLE IN THE LEFT ADJACENT LANE BEGIN TO DRIFT TO THE RIGHT, TOWARD THE WAYMO AV. THE WAYMO AV NUDGED TO THE RIGHTMOST SIDE OF ITS LANE. AS THE LEFT ADJACENT VEHICLE CONTINUED TO DRIFT TOWARDS THE WAYMO AV, THE WAYMO AV TEST DRIVER TOOK MANUAL CONTROL. THE WAYMO AV'S FRONT PASSENGER-SIDE TIRE THEN MADE CONTACT WITH THE RIGHT CURB, CAUSING IT TO DEFLATE. THE OTHER VEHICLE THEN STRAIGHTENED ITS TRAJECTORY IN ITS LANE AND CONTINUED ON. THERE WERE NO INJURIES REPORTED.

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

JOHN KRAFCHENKO, MANAGER

TELEPHONE NUMBER

()

SIGNATURE

X

DATE SIGNED

04/29/2017