



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 your 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 982342, MS: L224, Sacramento, CA 94232-3420

SECTION 1 — MANUFACTURER'S INFORMATION

MANUFACTURER'S NAME GOOGLE AUTO LLC	AVT NUMBER [REDACTED]
BUSINESS NAME GOOGLE AUTO LLC	TELEPHONE NUMBER [REDACTED]
STREET ADDRESS [REDACTED]	CITY [REDACTED]
	STATE ZIP CODE [REDACTED]

SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT 04/27/2015	TIME OF ACCIDENT 4:27 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR 2015	MAKE LEXUS	MODEL RX450H
LICENSE PLATE NUMBER [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]	STATE VEHICLE IS REGISTERED IN [REDACTED]		
ADDRESS/LOCATION OF ACCIDENT CALIFORNIA STREET & SHORELINE BLVD		CITY MOUNTAIN VIEW	COUNTY SANTA CLARA	STATE ZIP CODE CA 94043
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 [REDACTED]	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 2000	MODEL TOYOTA CAMRY
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 [REDACTED]	
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

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

Lexus RX450H (the "AV") in autonomous mode heading southbound on California St. in Mountain View, was stopped for a red light in the right lane (lane 2) at the intersection of California St. and Shoreline Blvd. A Toyota Camry immediately behind the AV attempted to pass the AV on its right in the bike lane, in order to make a right turn onto Shoreline Blvd. While passing the AV, the Toyota's driver's side mirror brushed one of the AV's sensors located on the passenger's side of the AV. Neither vehicle was damaged.

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

Chris Umson, Director Self-Driving Cars

SIGNATURE

X

TELEPHONE NUMBER

[REDACTED]

DATE SIGNED

May 4, 2015