



## 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<br><b>GOOGLE AUTO LLC</b> |      | AVT NUMBER       |
| BUSINESS NAME<br><b>GOOGLE AUTO LLC</b>       |      | TELEPHONE NUMBER |
| STREET ADDRESS                                | CITY | STATE ZIP CODE   |

### SECTION 2 — ACCIDENT INFORMATION

|   |   |                                |                       |                                  |
|---|---|--------------------------------|-----------------------|----------------------------------|
| DATE OF ACCIDENT<br><b>04/28/2016</b>   | TIME OF ACCIDENT<br><b>5:35</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM                              | VEHICLE YEAR<br><b>2015</b>    | MAKE<br><b>GOOGLE</b> | MODEL<br><b>SELF DRIVING CAR</b> |
| LICENSE PLATE NUMBER  | VEHICLE IDENTIFICATION NUMBER   | STATE VEHICLE IS REGISTERED IN |                       |                                  |
| ADDRESS/LOCATION OF ACCIDENT<br><b>NITA AVENUE &amp; SAN ANTONIO ROAD</b>                           | CITY<br><b>PALO ALTO</b>  | COUNTY<br><b>SANTA CLARA</b>   | STATE<br><b>CA</b>    | ZIP CODE<br><b>94306</b>         |
| 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    |                       |                                  |
| 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<br>FROM _____ TO _____  |                                |                       |                                  |

### SECTION 3 — OTHER PARTY'S INFORMATION

|   |   |
|---|---|
| VEHICLE YEAR<br><b>2015</b>   | MODEL<br><b>TOYOTA PRIUS</b>  |
| LICENSE PLATE NUMBER  | VEHICLE IDENTIFICATION NUMBER   |
| STATE VEHICLE IS REGISTERED IN  |   |
| 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 |
| DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)  | DRIVER LICENSE NUMBER   |
| INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT  | POLICY NUMBER   |
| COMPANY NAIC NUMBER   | POLICY PERIOD<br>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 Google prototype model autonomous vehicle ("Google AV") proceeding westbound in autonomous mode on Nita Avenue in Palo Alto was involved in an accident. The Google AV came to a stop at the intersection of San Antonio Road, then, prior to making a right turn on San Antonio Road, began to gradually advance forward in order to get a better view of traffic approaching from the left on San Antonio Road. When the Google AV stopped in order to yield to traffic approaching from the left on San Antonio Road, a vehicle approaching at approximately 9 mph from behind the Google AV collided with the rear bumper of the Google AV.

There were no injuries reported by either party at the scene. Both vehicles sustained minor 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 CHRIS URMSON (

SIGNATURE DATE SIGNED X [Signature] 5/2/2016