



## REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

<b>DMV USE ONLY</b>	
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 <b>GOOGLE AUTO LLC</b>		AVT NUMBER [REDACTED]
BUSINESS NAME <b>GOOGLE AUTO LLC</b>		TELEPHONE NUMBER [REDACTED]
STREET ADDRESS [REDACTED]	CITY [REDACTED]	STATE ZIP CODE [REDACTED]

### SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT <b>5/30/2015</b>	TIME OF ACCIDENT <b>12:00</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR <b>2011</b>	MAKE <b>LEXUS</b>	MODEL <b>RX450H</b>
JOENSE PLATE NUMBER [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]			STATE VEHICLE IS REGISTERED IN [REDACTED]
ADDRESS/LOCATION OF ACCIDENT <b>720 SHORELINE BLVD</b>		CITY <b>MOUNTAIN VIEW</b>	COUNTY <b>SANTA CLARA</b>	STATE ZIP CODE <b>CA 94041</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 <b>2</b>		
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 <b>2003</b>	MODEL <b>FORD EXPEDITION</b>			
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 <b>2</b>		
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

A Google Lexus model autonomous vehicle ("Google AV") was travelling southbound on Shoreline Boulevard in Mountain View in autonomous mode and was stopped behind traffic at a red light at the intersection of Shoreline Boulevard and El Camino Real. A Ford Expedition approaching from behind collided with the rear bumper and sensor of the Google AV. The approximate speed of the Ford Expedition at the time of impact was 1 mph.

There were no injuries reported at the scene by either party. The Google AV sustained minor damage to its rear sensor and bumper. There was no visible damage to the Ford Expedition.

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  6/4/2015