



## REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

DMV USE ONLY	
AVT NUMBER	[REDACTED]
NAME	Google

**Instructions:** Please print within the spaces and boxes on this form. If you need to provide additional information on a separate place 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 932342, 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]      [REDACTED]

### SECTION 2 - ACCIDENT INFORMATION

DATE OF ACCIDENT 06/04/2015	TIME OF ACCIDENT 8:54 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	VEHICLE YEAR 2012	MAKE LEXUS	MODEL RX450H
LICENSE PLATE NUMBER [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]	STATE VEHICLE IS REGISTERED IN [REDACTED]		
ADDRESS/LOCATION OF ACCIDENT CALIFORNIA AVE AND RENGSTORFF AVE		CITY MOUNTAIN VIEW	COUNTY SANTA CLARA	STATE      ZIP CODE CA      94040
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      DATE OF BIRTH [REDACTED]      [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 2008	MODEL HONDA ACCORD
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      DATE OF BIRTH [REDACTED]      [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 westbound on California St. in Mountain View in autonomous mode and was stopped behind traffic at a red light at the intersection of California St. and Rengstorff Ave. A vehicle approaching from behind collided with the rear bumper of the Google AV. The Google AV was stopped for approximately 17 seconds prior to the collision. The approximate speed of the other vehicle at the time of impact was <1 mph.

There were no injuries reported at the scene by either party. The Google AV sustained no damage and there was no visible damage to the other vehicle.

Additional information attached.

**SECTION 6 - CERTIFICATION**

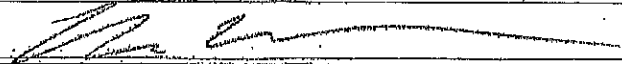
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I further certify that I am the authorized Administrator of the program for the above named employer.

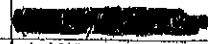
PROGRAM DIRECTOR/AUTHORIZED REPRESENTATIVE PRINTED NAME AND TITLE

CHRIS URMSON

SIGNATURE

X 

TELEPHONE NUMBER



DATE SIGNED

June 9, 2015