



## REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

DMV USE ONLY
AVT NUMBER
<div style="border: 1px solid black; padding: 2px; display: inline-block;">             Google Auto LLC           </div>

**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 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

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### SECTION 1 — MANUFACTURER'S INFORMATION

MANUFACTURER'S NAME Google Auto LLC		AVT NUMBER
BUSINESS NAME Google		TELEPHONE NUMBER
STREET ADDRESS	CITY	STATE ZIP CODE

### SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT 07/15/2016	TIME OF ACCIDENT 3:26 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR 2015	MAKE GOOGLE	MODEL SELF DRIVING CAR
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER		STATE VEHICLE IS REGISTERED IN	
ADDRESS/LOCATION OF ACCIDENT Cuesta Dr. & Springer Rd.		CITY Los Altos	COUNTY Santa Clara	STATE ZIP CODE CA 94024
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)		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 Mitsubishi
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
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 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 autonomous vehicle ("Google AV") operating in autonomous travelling westbound on Cuesta Dr. in Los Altos, CA was involved in an accident. The Google AV was stopped at the stop sign at the intersection of Cuesta Dr. and Spinger Rd. when a vehicle approaching from behind in the same lane collided with the Google AV. The other vehicle was traveling at approximately 7 mph when it struck the Google AV. The Google AV sustained minor damage to its rear hatch and rear sensor. Google was unable to determine whether or not the other vehicle sustained any damage. There were no injuries reported at the scene. The driver of the vehicle left the scene without exchanging information. Police were notified of the incident.

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

7/25/16