



## REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

DMV USE ONLY	
AVT NUMBER	
NAME <i>Google</i>	

**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
BUSINESS NAME <b>Google Auto LLC</b>		TELEPHONE NUMBER
STREET ADDRESS	CITY	STATE ZIP CODE

### SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT <b>08/08/2016</b>	TIME OF ACCIDENT <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR <b>2015</b>	MAKE <b>GOOGLE</b>	MODEL <b>SELF DRIVING CAR</b>
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN		
ADDRESS/LOCATION OF ACCIDENT <b>Rengstorff Ave and California St</b>	CITY <b>Mountain View</b>	COUNTY <b>Santa Clara</b>	STATE <b>CA</b>	ZIP CODE <b>94043</b>
<b>Vehicle was:</b> <input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	<b>Involved in the Accident:</b> <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other	NUMBER OF VEHICLES INVOLVED <b>1</b>		
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)		DRIVER LICENSE NUMBER	STATE <b>CA</b>	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 <b>2005</b>	MODEL <b>325i</b>	STATE VEHICLE IS REGISTERED IN		
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER			
<b>Vehicle was:</b> <input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	<b>Involved in the Accident:</b> <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other	NUMBER OF VEHICLES INVOLVED <b>1</b>		
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 manual mode traveling eastbound on California Rd. in Mountain View, CA was involved in a minor accident. The Google AV was stopped at the intersection of Rengstorff Ave, waiting for pedestrians on Rengstorff Ave. to complete their crossing before it could turn right onto Rengstorff Ave. Another vehicle approaching from behind collided with the rear bumper of the Google AV. The other vehicle was traveling at approximately 4 MPH at the time of the collision. The Google AV sustained minor damage to its rear hatch and bumper. There was no visible damage to the other vehicle. Neither party reported any injuries at the scene.

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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

JOHN KRAFCH, MANAGER

SIGNATURE

DATE SIGNED

X 

8/17/16