



## 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 Google Auto LLC	AVT NUMBER
BUSINESS NAME Google Auto LLC	TELEPHONE NUMBER
STREET ADDRESS	CITY
	STATE      ZIP CODE

### SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT 09/02/2016	TIME OF ACCIDENT 10:41 <input checked="" type="checkbox"/> AM <input 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 Phyllis and Grant	CITY Mountain View	COUNTY Santa Clara	STATE CA	ZIP CODE 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)		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 2011	MODEL Ford Taurus	VEHICLE YEAR	MAKE	MODEL
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 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 _____		

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") travelling southeast on Phyllis Ave. in Mountain View in autonomous mode was involved in an accident. In preparation for making a right turn onto Grant Rd., the Google AV entered the right-turn slip lane and advanced forward to gain a better view of traffic traveling southbound on Grant Rd. As the Google AV moved forward, it detected an oncoming vehicle (traveling southbound on Grant Rd.) and came to a stop in order to yield to the oncoming vehicle. Approximately one second later, a vehicle approaching from behind the Google AV collided with the rear bumper of the Google AV at an approximate speed of 15 mph. The Google AV experienced moderate damage to its rear bumper and hatch. The other vehicle experienced minor damage to its front bumper. There were no injuries reported at the scene by either party.

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 Krafcik, Manager

SIGNATURE

X

DATE SIGNED

9/6/16