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2016 MAY 24 AM 8:37

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 Nissan North America INC		AVT NUMBER
BUSINESS NAME Nissan North America INC		TELEPHONE NUMBER
STREET ADDRESS	CITY	STATE ZIP CODE

SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT 05/10/2016	TIME OF ACCIDENT <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR 2010	MAKE NISSAN	MODEL LEAF
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER		STATE VEHICLE IS REGISTERED IN	
ADDRESS/LOCATION OF ACCIDENT 101 HWY SOUTH BOUND		CITY SUNNYVALE	COUNTY SANTA CLARA	STATE ZIP CODE CA 94089
Vehicle was: <input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic	Involvement 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 2010	MODEL CHEVROLET COBALT			
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN		
Vehicle was: <input checked="" type="checkbox"/> Moving <input checked="" type="checkbox"/> Stopped in Traffic	Involvement 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)

NONE

ADDRESS
NONE

CITY

STATE

ZIP CODE

CHECK ALL THAT APPLY Injured Deceased Driver Passenger Bicyclist Property

NAME (FIRST, MIDDLE, LAST)

NONE

ADDRESS

NONE

CITY

STATE

ZIP CODE

CHECK ALL THAT APPLY Injured Deceased Driver Passenger Bicyclist Property

PROPERTY DAMAGE

NONE

PROPERTY OWNER'S NAME

NONE

TELEPHONE NUMBER

()

STREET ADDRESS

NONE

CITY

STATE

ZIP CODE

WITNESS NAME

NONE

TELEPHONE NUMBER

()

STREET ADDRESS

NONE

CITY

STATE

ZIP CODE

WITNESS NAME

NONE

TELEPHONE NUMBER

()

STREET ADDRESS

NONE

CITY

STATE

ZIP CODE

Additional information attached.

SECTION 5 — ACCIDENT DETAILS - DESCRIPTION

Autonomous Mode Conventional Mode

The AV (subject vehicle) Driver was on Highway 101 S between NASA Ames Research Center and Exit 237 to Sunnyvale, at approximately 3:00 pm on Tuesday May 10, 2016. The AV functions of the subject vehicle were not engaged at the time (conventional mode). The subject vehicle had one passenger in the back seat. There was heavy traffic traveling at 20-40mph. The car traveling directly ahead of the subject vehicle stopped suddenly. The subject vehicle impacted the stopped vehicle at low speed. Both drivers pulled over to the shoulder of the road. No injuries were reported by either vehicle occupant in this minor crash. No airbags deployed in the crash. Except for minor scuff marks on the leading vehicle's rear bumper, no other body damage was observed. After exchange of information, both vehicles were driven away from the scene. The police were not called. No other vehicles were involved.

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

Maarten Sierhuis

TELEPHONE NUMBER

SIGNATURE

X

DATE SIGNED

5/17/16