

REPORT OF TRAFFIC COLLISION 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 Waymo LLC		AVT NUMBER
BUSINESS NAME Waymo LLC		TELEPHONE NUMBER ()
STREET ADDRESS	CITY	STATE ZIP CODE

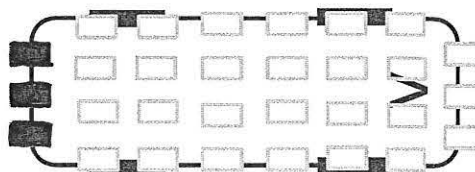
SECTION 2 — ACCIDENT INFORMATION/VEHICLE 1

DATE OF ACCIDENT 04/06/2018	TIME OF ACCIDENT 12:17 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR 2017	MAKE Chrysler	MODEL Pacifica
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER			STATE VEHICLE IS REGISTERED IN
ADDRESS/LOCATION OF ACCIDENT Grant Road and Covington Road		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)		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 _____		

Describe Vehicle Damage

☐ UNK ☐ NONE ☒ MINOR
☐ MOD ☐ MAJOR

Shade in Damaged Area



SECTION 3 — OTHER PARTY'S INFORMATION/VEHICLE 2

VEHICLE YEAR 0	MODEL Mercedes ML 350		
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER unknown	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) Unknown - driver left scene - reported to the Police		DRIVER LICENSE NUMBER unk	STATE 00
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT unk		POLICY NUMBER unk	DATE OF BIRTH UNK
COMPANY NAIC NUMBER unk		POLICY PERIOD FROM UNK TO UNK	

☐ 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 Waymo autonomous vehicle ("Waymo AV") in autonomous mode was rear-ended while stopped at a red light at the intersection of north Grant Rd and Covington Rd in Mountain View, CA. The Waymo AV was stopped for approximately 9 seconds when a vehicle approaching from behind made contact with the rear bumper of the AV at approximately 3 mph. There were no injuries reported at the scene by either party. The police were notified that the driver of the other vehicle left the scene without exchanging vehicle and insurance information.

☐ Additional information attached.

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE							
	WEATHER (MARK 1 to 2 ITEMS)	VEH 1	VEH 2	MOVEMENT PRECEDING COLLISION	VEH 1	VEH 2	OTHER ASSOCIATED FACTOR(s) (MARK ALL APPLICABLE)
	A. CLEAR	✓	✓	A. STOPPED	✓		A. CVC SECTIONS VIOLATED CITED <input type="checkbox"/> YES <input type="checkbox"/> NO
	B. CLOUDY			B. PROCEEDING STRAIGHT		✓	
	C. RAINING			C. RAN OFF ROAD			
	D. SNOWING			D. MAKING RIGHT TURN			
	E. FOG/VISIBILITY			E. MAKING LEFT TURN			
	F. OTHER			F. MAKING U TURN			
	G. WIND			G. BACKING			B. VISION OBSCUREMENT <input type="checkbox"/>
	LIGHTING			H. SLOWING/STOPPING			C. INATTENTION* <input type="checkbox"/>
	A. DAYLIGHT	✓	✓	I. PASSING OTHER VEHICLE			D. STOP & GO TRAFFIC <input type="checkbox"/>
	B. DUSK – DAWN			J. CHANGING LANES			E. ENTERING/LEAVING RAMP <input type="checkbox"/>
	C. DARK –STREET LIGHTS			K. PARKING MANUEVER			F. PREVIOUS COLLISION <input type="checkbox"/>
	D. DARK – NO STREET LIGHTS			L. ENTERING TRAFFIC			G. UNFAMILIAR WITH ROAD <input type="checkbox"/>
	E. DARK –STREET LIGHTS NOT FUNCTIONING*			M. OTHER UNSAFE TURNING			H. DEFECTIVE WEH EQUIP CITED <input type="checkbox"/> YES <input type="checkbox"/> NO
	ROADWAY SURFACE			N. XING INTO OPPOSING LANE			
	A. DRY	✓	✓	O. PARKED			I. UNINVOLVED VEHICLE <input type="checkbox"/>
	B. WET			P. MERGING			J. OTHER* <input type="checkbox"/>
	C. SNOWY – ICY			Q. TRAVELING WRONG WAY			K. NONE APPARENT <input type="checkbox"/>
	D. SLIPPERY (MUDDY, OILY, ETC.)			R. OTHER*			L. RUNAWAY VEHICLE <input type="checkbox"/>
	ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)			TYPE OF COLLISION			
	A. HOLES, DEEP RUT*			A. HEAD-ON			
	B. LOOSE MATERIAL ON ROADWAY			B. SIDE SWIPE			
	C. OBSTRUCTION ON ROADWAY*			C. REAR END	✓		
	D. CONSTRUCTION – REPAIR ZONE			D. BROADSIDE			
	E. REDUCED ROADWAY WIDTH			E. HIT OBJECT			
	F. FLOODED*			F. OVERTURNED			
	G. OTHER*			G. VEHICLE/PEDESTRIAN			
	H. NO UNUSUAL CONDITIONS	✓	✓	H. OTHER*			

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

MATTHEW SALWASSER, Program Manager

SIGNATURE

X

TELEPHONE NUMBER

()

DATE SIGNED

4/12/18