

## REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

DMV USE ONLY									
AVT NU	MBER								
		1							
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

Box 932342, MS: L224, Sacram	iento, CA 94232-34	20				
SECTION 1 — MANUFACTURER'	SINFORMATION					
MANUFACTURER'S NAME GOOGLE AUTO LLC				AVT NUMB	ER	
BUSINESS NAME GOOGLE AUTO LLC				TELEPHON	NE NUMBER	
STREET ADDRESS	CITY	(3)		STATE	ZIP CODE	
SECTION 2 — ACCIDENT INFORI	MATION					
DATE OF ACCIDENT  12/11/2016  LICENSE PLATE NUMBER  TIME OF ACCIDE  11:36  VEHICLE IDENTIF		YEAR	MAKE LEXUS	MODEL RX 450	IICLE IS REGISTERED IN	
LICENSE PLAIE NOWIDER	TICATION NOWIBER			STATE VET	IIOLE IS REGISTERED IN	
ADDRESS/LOCATION OF ACCIDENT EL CAMINO REAL AND RENGSTO	RFF MOU	NTAIN VIEW	COUNTY SANTA CLARA	STATE CA	ZIP CODE 94040	
Vehicle       ✓ Moving       Involved in         was:       ☐ Stopped in Traffic       the Accident:         DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)		☐ Pedestrian ☐ Other		2	NUMBER OF VEHICLES INVOLVED 2	
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)		DRIVER LICENSE NUMBE	ER	STATE	DATE OF BIRTH	
INSURANCE COMPANY NAME OR SURETY COMPANY A	T TIME OF ACCIDENT	POLICY NUMBER				
COMPANY NAIC NUMBER		POLICY PERIOD FROM	TO	<u> </u>		
SECTION 3 — OTHER PARTY'S I	NFORMATION					
VEHICLE YEAR 1997 TOYOTA C	COROLLA					
LICENSE PLATE NUMBER VEHICLE IDENTI	FICATION NUMBER			STATE VE	HICLE IS REGISTERED IN	
hicle ☑ Moving Involved in s: ☐ Stopped in Traffic the Accident:		☐ Pedestrian ☐ Bicyclist [	☐ Other	NUMBER 0	NUMBER OF VEHICLES INVOLVED 2	
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)		DRIVER LICENSE NUMB	ER	STATE	DATE OF BIRTH	
INSURANCE COMPANY NAME OR SURETY COMPANY A	TTIME OF ACCIDENT	POLICY NUMBER		i	- L	
COMPANY NAIC NUMBER		POLICY PERIOD FROM	TO			



☐ Additional information attached.

SECTION 4 — INJURY/DEATH, PROPE  NAME (FIRST, MIDDLE, LAST)					
ADDRESS	CITY		11.26	STATE	ZIP CODE
CHECK ALL THAT APPLY	☐ 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	The Property of the Party of th	Ligation	% %		
PROPERTY OWNER'S NAME				TELEPHOI	NE NUMBER
STREET ADDRESS	CITY			STATE	ZIP CODE
WITNESS NAME				TELEPHO!	NE NUMBER
STREET ADDRESS	CITY	925		STATE	ZIP CODE
WITNESS NAME				TELEPHO	NE NUMBER
STREET ADDRESS	CITY	0		STATE	ZIP CODE
A Google Lexus autonomous vehicle ("Google Normalist of the Coogle AV minside left turn lane also turning left onto El Google AV. The Google AV test driver immorbrought it to a stop at the side of El Camino F damage to its front bumper. The Google AV mph at the time of the collision. There were many the contract of the collision.	ade a left turn onto Camino Real crossed diately disengaged Real. The Google A was traveling appro	El Camino Read into the outsion the autonomout sustained dar ximately 20 mp	Il from the outside le le left turn lane and o s technology, took n nage to its driver-sid sh and the other vehi	If turn lane, anoth collided with the denanual control of the doors. The other	er vehicle in the river's side of the he vehicle and r vehicle sustained
			** **		
	3				
☐ Additional information attached.					
SECTION 6 — CERTIFICATION					
I certify (or declare) under penalty of correct.	perjury under t	he laws of th	e State of Califor	rnia that the fo	regoing is true a
I further certify that I am the authorize	d Administrator	of the progra	m for the above n		
PROGRAM DIRECTOR/AUTHORIZED REPRESENTATIVE PRINTE JOHN KRAFCIK, CEO	ED NAME AND TITLE			TELEPHO	ONE NUMBER
SIGNATURE				DATE SIG	SNED