

REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

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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, IVIS	: L224, Sacramento, CA 942	232-3420					
SECTION 1 — MAN	UFACTURER'S INFORMAT	rion					
MANUFACTURER'S NAME GOOGLE AUTO LLO		to the feet of the second seco	With the end of the second				
BUSINESS NAME				TELEPHONE NUMBER			
GOOGLE AUTO LLC		ulionia .		STATE ZIP CODE			
-11, III-12, IV-11, IV-		CITY					
SECTION 2 — ACCI	DENT INFORMATION						
DATE OF ACCIDENT	TIME OF ACCIDENT	VEHICLE YEAR	MAKE	MODEL			
04/28/2016	5:35□ AM ☑ PM	2015	GOOGLE	SELF DRIVING CAR			
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER		;	STATE VEHICLE IS REGISTERED IN			
ADDRESS/LOCATION OF ACCIDE	NT	CITY	COUNTY	STATE ZIP CODE .			
NITA AVENUE & SA	N ANTONIO ROAD	PALO ALTO	SANTA CLARA	CA 94306			
Vehicle	pped in Traffic the Accid	in Pedestrian dent: Bicyclist DRIVER LICENSE NUM	Other	NUMBER OF VEHICLES INVOLVED , STATE DATE OF BIRTH			
INSURANCE COMPANY NAME OF	R SURETY COMPANY AT TIME OF ACCIDENT	POLICY NUMBER					
COMPANY NAIC NUMBER		POLICY PERIOD					
OCHIPATI IVIIO ITOMOLIT		FROM					
SECTION 3 — OTHE	ER PARTY'S INFORMATIO						
VEHIÇLE YEAR	MODEL						
2015	TOYOTA PRIUS	2007 Trans 4 1					
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN					
			Other	NUMBER OF VEHICLES INVOLVED 2			
DRIVER'S FULL NAME (FIRST, MIL		dent: Bicyclist DRIVER LICENSE NUN		STATE DATE OF BIRTH			
NSURANCE COMPANY NAME OF	SURETY COMPANY AT TIME OF ACCIDENT	T POLICY NUMBER	POLICY NUMBER				
COMPANY NAIC NUMBER	- Contract	POLICY PERIOD	POLICY PERIOD				
			FBOMTO				
		I LOM					

Additional information attached.

SECTION 4 — INJURY/DEATH, PRO	PERTY DAMAGE			: : : : : : : : : : : : : : : : : : :	
NAME (FIRST, MIDDLE, LAST)					
ADDRESS	CITY			STATE	ZIP CODE
CHECK ALL THAT APPLY Injure	d Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
NAME (FIRST, MIDDLE, LAST)					
ADDRESS	CITY			STATE	ZIP CODE
CHECK ALL THAT APPLY Injure	d Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
PROPERTY DAMAGE					
PROPERTY OWNER'S NAME				TELEPHO /	NE NUMBER
STREET ADDRESS	CITY			STATE	ZIP CODE
WITNESS NAME				TELEPHO!	NE NUMBER
STREET ADDRESS	CITY			STATE	ZIP CODE
WITNESS NAME				TELEPHO!	NE NUMBER
STREET ADDRESS	CITY			STATE	ZIP CODE
☐ Additional information attached.					
SECTION 5 — ACCIDENT DETAILS	DESCRIPTION				
☑ Autonomous Mode ☐ Conventi					. D.I. Ali
A Google prototype model autonomous ve was involved in an accident. The Google A San Antonio Road, began to gradually adv Road. When the Google AV stopped in or approximately 9 mph from behind the Goo	AV came to a stop at the ance forward in order t der to yield to traffic ap	e intersection o o get a better v proaching fron	f San Antonio Road, lew of traffic approa n the left on San Ant	then, prior to ma ching from the le	king a right turn on ft on San Antonio
There were no injuries reported by either p	party at the scene. Both	vehicles sustai	ined minor damage.		
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Additional information attached.					
SECTION 6 — CERTIFICATION					
I certify (or declare) under penalty correct.	of perjury under the	e laws of the	State of Californ	nia that the for	egoing is true and
I further certify that I am the authoriz		f the progran	n for the above na	amed employer.	
PROGRAM DIRECTOR/AUTHORIZED REPRESENTATIVE PRIN CHRIS URMSON	NTED NAME AND TITLE			TELEPHO!	NE NUMBER
SIGNATURE X				DATE SIGN	2/2016