

## REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

|                          |                    |
|--------------------------|--------------------|
| <b>DMV USE ONLY</b>      |                    |
| AVT NUMBER<br>[REDACTED] | NAME<br>[REDACTED] |

**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<br><b>DELPHI AUTOMOTIVE SYSTEMS, LLC</b> |                    | AVT NUMBER<br>[REDACTED]       |
| BUSINESS NAME  |                    | TELEPHONE NUMBER<br>[REDACTED] |
| STREET ADDRESS<br>[REDACTED]                                 | CITY<br>[REDACTED] | STATE ZIP CODE<br>[REDACTED]   |

### SECTION 2 — ACCIDENT INFORMATION

|  |  |  |   |                                   |
|--|--|--|---|-----------------------------------|
| DATE OF ACCIDENT<br><b>10/14/2014</b>  | TIME OF ACCIDENT<br><b>7:27</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | VEHICLE YEAR<br><b>2014</b>                    | MAKE<br><b>AUDI</b>                         | MODEL<br><b>SQ5</b>               |
| LICENSE PLATE NUMBER<br>[REDACTED]   | VEHICLE IDENTIFICATION NUMBER<br>[REDACTED]  |  | STATE VEHICLE IS REGISTERED IN<br><b>CA</b> |                                   |
| ADDRESS/LOCATION OF ACCIDENT<br><b>SAN ANTONIO ROAD (600 BLOCK)</b>  |  | CITY<br><b>PALO ALTO</b>                       | COUNTY<br><b>SANTA CLARA</b>                | STATE ZIP CODE<br><b>CA 94303</b> |
| <b>Vehicle was:</b> <input type="checkbox"/> Moving <input checked="" type="checkbox"/> Stopped in Traffic<br><b>Involved In the Accident:</b> <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other |  | NUMBER OF VEHICLES INVOLVED<br><b>2</b>        |   |                                   |
| DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)<br>[REDACTED]   |  | DRIVER LICENSE NUMBER<br>[REDACTED]            |   | STATE DATE OF BIRTH<br>[REDACTED] |
| INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT<br>[REDACTED]   |  | POLICY NUMBER<br>[REDACTED]                    |   |                                   |
| COMPANY NAIC NUMBER<br>[REDACTED]  |  | POLICY PERIOD<br>FROM [REDACTED] TO [REDACTED] |   |                                   |

### SECTION 3 — OTHER PARTY'S INFORMATION

|  |   |
|--|---|
| VEHICLE YEAR<br><b>2012</b>  | MODEL<br><b>HONDA CIVIC</b>                 |
| LICENSE PLATE NUMBER<br>[REDACTED]   | VEHICLE IDENTIFICATION NUMBER<br>[REDACTED] |
| STATE VEHICLE IS REGISTERED IN<br><b>CA</b>  |   |
| NUMBER OF VEHICLES INVOLVED<br><b>2</b>  |   |
| <b>Vehicle was:</b> <input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic<br><b>Involved In the Accident:</b> <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other |   |
| DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)<br>[REDACTED]   |   |
| DRIVER LICENSE NUMBER<br>[REDACTED]  |   |
| STATE DATE OF BIRTH<br>[REDACTED]  |   |
| INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT<br>[REDACTED]   |   |
| POLICY NUMBER<br>[REDACTED]  |   |
| COMPANY NAIC NUMBER<br>[REDACTED]  |   |
| POLICY PERIOD<br>FROM [REDACTED] TO [REDACTED]   |   |

☐ 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

Audi Vehicle - damaged fender, bumper/fascia;

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

The Audi, in conventional mode, transitioned from Byron to San Antonio E/B and waited in the merge pocket for traffic to clear. After approximately 20 seconds of waiting stationary for traffic to clear, a Honda was observed to the left coming over the elevated center island. The Honda hit the right front of Audi and continued to go over another center island at 25-30 mph. Honda came to a stop approximately 75-100 yards from impact heading W/B in the E/B lane. Audi vehicle damage includes right fender, front bumper/fascia.

As reported in the attached Traffic Collision Report, 14-5925, the driver of the Honda was determined to have caused the accident by making an unsafe turning movement in violation of CVC 22107 and was served with a notice of priority reexamination of his driver's license.

Attachment: Traffic Collision Report 14-5925

☒ 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

Katherine S. Winter, VP Software Services, Myfi

TELEPHONE NUMBER

[REDACTED]

SIGNATURE

x Katherine S. Winter

DATE SIGNED

Oct 23, 2014