

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 Google Auto LLC		AVT NUMBER [REDACTED]
BUSINESS NAME Google		TELEPHONE NUMBER [REDACTED]
STREET ADDRESS [REDACTED]	CITY [REDACTED]	STATE ZIP CODE [REDACTED]

SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT 02/26/2015	TIME OF ACCIDENT <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	VEHICLE YEAR 0	MAKE Lexus	MODEL RX450
LICENSE PLATE NUMBER [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]		STATE VEHICLE IS REGISTERED IN [REDACTED]	
ADDRESS/LOCATION OF ACCIDENT El Camino Real and View St.		CITY Mountain View	COUNTY Santa Clara	STATE ZIP CODE CA 94040
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) [REDACTED]		DRIVER LICENSE NUMBER [REDACTED]		STATE DATE OF BIRTH [REDACTED]
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT [REDACTED]		POLICY NUMBER [REDACTED]		
COMPANY NAIC NUMBER [REDACTED]		POLICY PERIOD FROM [REDACTED] TO [REDACTED]		

SECTION 3 — OTHER PARTY'S INFORMATION

VEHICLE YEAR 2015	MODEL AUDI S6
LICENSE PLATE NUMBER [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]
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
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST) [REDACTED]	DRIVER LICENSE NUMBER [REDACTED]
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT [REDACTED]	POLICY NUMBER [REDACTED]
COMPANY NAIC NUMBER [REDACTED]	POLICY PERIOD 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

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 Lexus AV was traveling northbound on El Camino Real in Autonomous Mode when an Audi sedan traveling westbound on View St. failed to come to a stop at the stop-sign at the intersection of El Camino Real and View St. The Audi rolled through the stop-sign and struck the right rear quarter panel and right rear wheel of the Lexus AV. Prior to the collision, the Lexus AV's autonomous technology began applying the brakes in response to its detection of the Audi's speed and trajectory. Just before the collision, the driver of the Lexus AV disengaged Autonomous Mode and took manual control of the vehicle in response to the application of the brakes by the Lexus AV's autonomous technology.

☐ 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

Christopher Urison

TELEPHONE NUMBER

[REDACTED]

SIGNATURE

X

DATE SIGNED

March 4, 2015