

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 |
| BUSINESS NAME GOOGLE AUTO LLC | | TELEPHONE NUMBER |
| STREET ADDRESS | CITY | STATE ZIP CODE |

SECTION 2 — ACCIDENT INFORMATION

| | | | | |
|---|---|---|-----------------------|----------------------------------|
| DATE OF ACCIDENT 10/26/2016 | TIME OF ACCIDENT 10:24 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | VEHICLE YEAR 2015 | MAKE GOOGLE | MODEL SELF DRIVING CAR |
| LICENSE PLATE NUMBER | VEHICLE IDENTIFICATION NUMBER | | | STATE VEHICLE IS REGISTERED IN |
| ADDRESS/LOCATION OF ACCIDENT EL CAMINO REAL | CITY MOUNTAIN VIEW | COUNTY SANTA CLARA | STATE CA | ZIP CODE 94043 |
| 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 1 | | |
| 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 | | |

SECTION 3 — OTHER PARTY'S INFORMATION

| | | |
|---|---|---|
| VEHICLE YEAR 2015 | MODEL PRIUS | STATE VEHICLE IS REGISTERED IN CA |
| LICENSE PLATE NUMBER | VEHICLE IDENTIFICATION NUMBER | NUMBER OF VEHICLES INVOLVED 1 |
| 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 | STATE |
| DRIVER'S FULL NAME (FIRST, MIDDLE, LAST) | | DATE OF BIRTH |
| INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT | | POLICY NUMBER |
| COMPANY NAIC NUMBER | | POLICY PERIOD FROM TO |

☐ 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 Google prototype autonomous vehicle ("Google AV") traveling southbound in autonomous mode on Shoreline Boulevard in Mountain View was involved in an accident. The Google AV entered a slip lane in order to turn right onto El Camino Real and came to a stop to yield to westbound traffic on El Camino Real. As the Google AV began to move forward onto El Camino Real, another vehicle immediately behind the Google AV collided with the rear of the Google AV. At the time of the collision, the Google AV was traveling at approximately 3 mph, and the other vehicle was traveling at approximately 6 mph. The Google AV sustained minor damage to its rear hatch. The other vehicle sustained minor damage to its front bumper. There were no injuries reported by either party at the scene.

☐ 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

JOHN KRANER, MANAGER

TELEPHONE NUMBER

SIGNATURE

X

DATE SIGNED