## REPORT OF TRAFFIC COLLISION INVOLVING AN AUTONOMOUS VEHICLE

| DMV USE ONLY |  |
| :--- | :---: |
| AVT UUMBER |  |
| 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, Autonomous Vehicles Branch, $2415{ }^{\text {stt }}$ Avenue, MS D405, Sacramento, CA 95818


## SECTION 1 - MANUFACTURER'S INFORMATION

| MANUFACTURER'S NAME | AVT NUMBER |
| :--- | :--- |
| Waymo LLC |  |
| BUSINESS NAME | TELEPHONE NUMBER |
| Waymo LLC | CITY |
| STREETADDRESS | STATE |

SECTION 2 - ACCIDENT INFORMATION/VEHICLE 1


| Describe Vehicle Damage | Shade in Damaged Area |
| :---: | :---: |
| $\square$ UNK $\square$ NONE $\triangle$ MINOR | $\square \square \square \square \square \square \square$ |
| $\square$ MOD $\square$ MAJOR | $\square$ |

SECTION 3 - OTHER PARTY'S INFORMATION/VEHICLE 2

| $\begin{aligned} & \hline \text { VEHICLE YEAR } \\ & 2004 \\ & \hline \text { LICENSE PLATE NUMBER } \end{aligned}$ | MODEL |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |
|  | VEHICLE IDENTIFICATION NUMBER |  |  | $\qquad$ |  |
| Vehicle $\boldsymbol{x}$ Moving <br> was: $\square$ Stopped in Traffic <br> DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)  |  | Involved in the Accident: | $\square$ Pedestrian $\square$ Bicyclist $\quad \square$ Other | NUMBER OF VEHICLES INVOLVED 2 |  |
|  |  |  | DRIVER LICENSE NUMBER | STATE | DATE OF BIRTH |
| INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT |  |  | POLICY NUMBER |  |  |
| COMPANY NAIC NUMBER |  |  | POLICY PERIOD <br> FROM | TO |  |

Additional information attached.
SECTION 4 - INJURYIDEATH, PROPERTY DAMAGE
NAME (FIRST, MIDDLE, LAST)

| ADDRESS | CITY |  |  | STATE | ZIP CODE |
| :---: | :---: | :---: | :---: | :---: | :---: |
| CHECK ALL THAT APPLY $\square$ Injured | $\square$ Deceased | $\square$ Driver | $\square$ Passenger | $\square$ Bicyclist | $\square$ Property |
| NAME (FIRST, MIDDLE, LAST) |  |  |  |  |  |
| ADDRESS | CITY |  |  | STATE | ZIP CODE |
| CHECK ALL THAT APPLY $\square$ Injured | $\square$ Deceased | $\square$ Driver | $\square$ Passenger | $\square$ Bicyclist | $\square$ Property |
| PROPERTY DAMAGE |  |  |  |  |  |
| PROPERTY OWNER'S NAME |  |  |  | $\begin{aligned} & \text { TELEPHONE NUMBER } \\ & \left(\begin{array}{c} \mathrm{o} \\ \hline \end{array}\right. \end{aligned}$ |  |
| STREET ADDRESS | CITY |  |  | STATE ZIP CODE |  |
| WITNESS NAME |  |  |  | $\begin{aligned} & \text { TELEPHONE NUMBER } \\ & \left(\begin{array}{l} \text { ) } \end{array}\right. \end{aligned}$ |  |
| STREET ADDRESS | CITY |  |  | STATE ZIP CODE |  |
| WITNESS NAME |  |  |  | $\begin{aligned} & \text { TELEPHONE NUMBER } \\ & \left(\begin{array}{l} \text { ) } \end{array}\right. \end{aligned}$ |  |
| STREET ADDRESS | CITY |  |  | STATE ZIP CODE |  |

## Additional information attached.

## SECTION 5 - ACCIDENT DETAILS - DESCRIPTION

区 Autonomous Mode
$\square$ Conventional Mode
On April 18, 2022 at 8:14 AM PST a Waymo Autonomous Vehicle ("Waymo AV") operating in San Francisco, California was in a collision involving a passenger vehicle on Bryant Street and 5th Street.

The Waymo AV was stopped at a red light facing northeast on Bryant Street in autonomous mode. While the light was still red, a passenger vehicle that had been stopped behind the Waymo AV began to move forward and made contact with the rear of the Waymo AV. At the time of the impact, the Waymo AV's Level 4 ADS was engaged in autonomous mode, and a test driver was present (in the driver's seating position). The Waymo AV sustained minor damage.

Additional information attached.

| ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| WEATHER (MARK 1 to 2 ITEMS) | VEH | $\underset{2}{\mathrm{VEH}}$ | MOVEMENT PRECEDING COLLISION | $\overline{\mathrm{VEH}}$ | $\underset{2}{\mathrm{VEH}}$ | OTHER ASSOCIATED FACTOR(s) (MARK ALL APPLICABLE) |
| A. CLEAR | $\times$ | X | A. STOPPED | X |  | A. CVC SECTIons violated |
| B. CLOUDY |  |  | B. PROCEEDING STRAIGHT |  | X | ITED |
| C. RAINING |  |  | C. RAN OFF ROAD |  |  |  |
| D. SNOWING |  |  | D. MAKING RIGHT TURN |  |  |  |
| E. FOG/VISIBILITY |  |  | E. MAKING LEFT TURN |  |  |  |
| F. OTHER |  |  | F. MAKING U TURN |  |  | B. VISION OBSCUREMENT $\square$ |
| G. WIND |  |  | G. BACKING |  |  | C. INATTENTION* $\quad \square$ |
| LIGHTING |  |  | H. SLOWING/STOPPING |  |  | D. STOP \& GO TRAFFIC $\quad \square$ |
| A. DAYLIGHT | X | X | I. PASSING OTHER VEHICLE |  |  | E. ENTERING/LEAVING RAMP $\square$ |
| B. DUSK - DAWN |  |  | J. CHANGING LANES |  |  | F. PREVIOUS COLLISION $\quad \square$ |
| C. DARK-STREET LIGHTS |  |  | K. PARKING MANUEVER |  |  | G. UNFAMILIAR WITH ROAD $\square$ |
| D. DARK - NO STREET LIGHTS |  |  | L. ENTERING TRAFFIC |  |  | H. DEFECTIVE WEH EQUIP |
| E. DARK-STREET LIGHTS NOT FUNCTIONING* |  |  | M. OTHER UNSAFE TURNING |  |  | $\begin{gathered} \text { CITED } \\ \square \mathrm{YES} \end{gathered}$ |
| ROADWAY SURFACE |  |  | N. XINGINTOOPPOSINGLANE |  |  | NO |
| A. DRY | X | X | O. PARKED |  |  | I. UNINVOLVED VEHICLE $\quad \square$ |
| B. WET |  |  | P. MERGING |  |  | J. OTHER** $\square$ |
| C. SNOWY - ICY |  |  | Q. TRAVELING WRONG WAY |  |  | K. NONE APPARENT $\quad \square$ |
| D. SLIPPERY (MUDDY, OILY, ETC.) |  |  | R. OTHER* |  |  | L. RUNAWAY VEHICLE $\quad \square$ |
| ROADWAY CONDITIONS ( MARK 1 TO 2 ITEMS) |  |  | TYPE OF COLLISION |  |  |  |
| A. HOLES, DEEP RUT* |  |  | A. HEAD-ON |  |  |  |
| B. LOOSE MATERIAL ON ROADWAY |  |  | B. SIDE SWIPE |  |  |  |
| $\begin{aligned} & \text { C. OBSTRUCTION ON } \\ & \text { ROADWAY* } \end{aligned}$ |  |  | C. REAR END |  | X |  |
| D. CONSTRUCTION REPAIR ZONE |  |  | D. BROADSIDE |  |  |  |
| E. REDUCED ROADWAY WIDTH |  |  | E. HIT OBJECT |  |  |  |
| F. FLOODED* |  |  | F. OVERTURNED |  |  |  |
| G. OTHER* |  |  | G. VEHICLE/PEDESTRIAN |  |  |  |
| H. NO UNUSUAL CONDITIONS | X | X | H. OTHER* |  |  |  |

## 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 | TELEPHONE NUMBER |
| :--- | :--- |
| Karen Isgrigg, Program Manager () <br> SIGNATURE DATE SIGNED <br> $\mathbf{X}$ $04 / 26 / 2022$ |  |

