

**REPORT OF TRAFFIC ACCIDENT INVOLVING
 AN AUTONOMOUS VEHICLE**

NAME
 Google

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		TELEPHONE NUMBER ()
STREET ADDRESS	CITY	STATE ZIP CODE

SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT 07/01/2015	TIME OF ACCIDENT 5:10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR 2012	MAKE Lexus	MODEL RX450H
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN		
ADDRESS/LOCATION OF ACCIDENT Grant Rd.	CITY Mountain View	COUNTY Santa Clara	STATE CA	ZIP CODE 94043
Vehicle was: <input type="checkbox"/> Moving <input checked="" 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)		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 2010	MODEL Nissan Altima XL			
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN		
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)		DRIVER LICENSE NUMBER	STATE	DATE OF BIRTH
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 Lexus model autonomous vehicle ("Google AV") was traveling northbound on Grant Rd. in Mountain View approaching the intersection of Phyllis Ave. and Martens Ave. in autonomous mode. The two vehicles in front of the Google AV, the Google AV, and the vehicle behind the Google AV were all traveling at a steady speed of ~15 mph. While approaching a green light intersection with stopped traffic on the other side of the intersection, the first vehicle decelerated and came to a stop, keeping clear of the intersection. The vehicle directly in front of the Google AV and the Google AV also decelerated and came to a stop with adequate and similar stopping distances. About 1 second later, the vehicle approaching from the rear struck the Google AV at ~17mph and did not appear to decelerate prior to the collision. At the time of the incident, the driver, co-driver, and rear passenger of the Google AV reported some whiplash. They were driven by other team members to a local hospital, where they were evaluated by medical staff and cleared to return to work. The driver of the other vehicle reported minor neck and back pain. The Google AV sustained minor damage to its rear bumper. The other vehicle sustained significant damage to its front end.

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: Chris Umson, Director Self-Driving Cars
SIGNATURE: [Signature] X
TELEPHONE NUMBER: ()
DATE SIGNED: July 7, 2015