

REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

DMV USE ONLY
AVL 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 DELPHI AUTOMOTIVE SYSTEMS, LLC	AVT NUMBER [REDACTED]
BUSINESS NAME	TELEPHONE NUMBER [REDACTED]
STREET ADDRESS [REDACTED]	CITY [REDACTED]
	STATE [REDACTED]
	ZIP CODE [REDACTED]

SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT 10/14/2014	TIME OF ACCIDENT 7:27 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR 2014	MAKE AUDI	MODEL SQ5
LICENSE PLATE NUMBER [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]		STATE VEHICLE IS REGISTERED IN [REDACTED]	
ADDRESS/LOCATION OF ACCIDENT SAN ANTONIO ROAD (600 BLOCK)		CITY PALO ALTO	COUNTY SANTA CLARA	STATE ZIP CODE CA 94303
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) [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 2012	MODEL HONDA CIVIC	VEHICLE YEAR	MAKE	MODEL
LICENSE PLATE NUMBER [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]		STATE VEHICLE IS REGISTERED IN [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	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]		

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 TELEPHONE NUMBER
Katherine S. Winter, VP Software Services, Myfi
SIGNATURE DATE SIGNED
X Katherine S. Winter Oct 23, 2014



REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

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AVT NUMBER	
NAME	

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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 CA	ZIP CODE 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 [REDACTED]	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]	STATE VEHICLE IS REGISTERED IN [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	NUMBER OF VEHICLES INVOLVED 2	
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST) [REDACTED]	DRIVER LICENSE NUMBER [REDACTED]	STATE [REDACTED]	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]		

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 and 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.

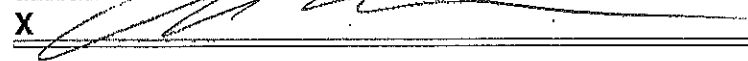
PROGRAM DIRECTOR/AUTHORIZED REPRESENTATIVE PRINTED NAME AND TITLE

Christopher Urmson

TELEPHONE NUMBER

[REDACTED]

SIGNATURE

X 

DATE SIGNED

March 4, 2015



REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

DMV USE ONLY	
AVT NUMBER	
NAME	

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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 [REDACTED]
	ZIP CODE [REDACTED]

SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT 04/07/15	TIME OF ACCIDENT <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	VEHICLE YEAR 2011	MAKE Lexus	MODEL RX450h
LICENSE PLATE NUMBER [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]	STATE VEHICLE IS REGISTERED IN [REDACTED]		
ADDRESS/LOCATION OF ACCIDENT Castro and El Camino		CITY Mountain View	COUNTY Santa Clara	STATE CA
				ZIP CODE 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 [REDACTED]
				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 2011	MODEL BMW 3 Series
LICENSE PLATE NUMBER [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]
STATE VEHICLE IS REGISTERED IN [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
NUMBER OF VEHICLES INVOLVED 2	
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST) [REDACTED]	
DRIVER LICENSE NUMBER [REDACTED]	
STATE [REDACTED]	
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]	

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 above identified Google Lexus autonomous vehicle (Google AV) was involved in an accident in Mountain View when travelling northbound on Castro St. and making a right turn onto El Camino eastbound. The Google AV was operating in Autonomous Mode at the time of the accident.

The Google AV was travelling northbound in the rightmost lane of Castro St. and came to a complete stop for a red light at the intersection of Castro St. and El Camino Real. The Google AV then proceeded to make a right turn on red by creeping forward to obtain a better field of view of cross traffic on El Camino Real approaching from the left. While creeping forward, the Google AV detected a vehicle approaching eastbound on El Camino Real and came to a stop in order to yield to the approaching vehicle. The Google AV was just starting to move (<1 MPH) when the vehicle following immediately behind it, which was also attempting to make a right turn onto El Camino Real, failed to brake sufficiently and struck the Google AV's bumper at approximately 5 MPH.

All occupants of both vehicles involved were uninjured in the collision. The Google AV sustained minimal body damage, and the other vehicle sustained no visible body damage.

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 TELEPHONE NUMBER

SIGNATURE DATE SIGNED

X *Chris Urmson* 4/15/15

CHRIS URMSON, MANAGER, GOOGLE AUTO LLC

Chris Urmson



REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

DMV USE ONLY	
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SECTION 1 — MANUFACTURER'S INFORMATION

MANUFACTURER'S NAME GOOGLE AUTO LLC	AVT NUMBER [REDACTED]
BUSINESS NAME GOOGLE AUTO LLC	TELEPHONE NUMBER [REDACTED]
STREET ADDRESS [REDACTED]	CITY [REDACTED]
	STATE ZIP CODE [REDACTED]

SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT 04/27/2015	TIME OF ACCIDENT 4:27 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR 2015	MAKE LEXUS	MODEL RX450H
LICENSE PLATE NUMBER [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]	STATE VEHICLE IS REGISTERED IN [REDACTED]		
ADDRESS/LOCATION OF ACCIDENT CALIFORNIA STREET & SHORELINE BLVD MOUNTAIN VIEW		CITY MOUNTAIN VIEW	COUNTY SANTA CLARA	STATE ZIP CODE CA 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) [REDACTED]		DRIVER LICENSE NUMBER [REDACTED]	STATE [REDACTED]	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 2000	MODEL TOYOTA CAMRY
LICENSE PLATE NUMBER [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]
STATE VEHICLE IS REGISTERED IN [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
NUMBER OF VEHICLES INVOLVED 2	
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST) [REDACTED]	
DRIVER LICENSE NUMBER [REDACTED]	
STATE [REDACTED]	
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]	

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

Lexus RX450H (the "AV") in autonomous mode heading southbound on California St. in Mountain View, was stopped for a red light in the right lane (lane 2) at the intersection of California St. and Shoreline Blvd. A Toyota Camry immediately behind the AV attempted to pass the AV on its right in the bike lane, in order to make a right turn onto Shoreline Blvd. While passing the AV, the Toyota's driver's side mirror brushed one of the AV's sensors located on the passenger's side of the AV. Neither vehicle was damaged.

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 TELEPHONE NUMBER
Chris Damson Director Self-Driving Cars
SIGNATURE DATE SIGNED
X [Signature] May 4, 2015



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SECTION 1 — MANUFACTURER'S INFORMATION

MANUFACTURER'S NAME GOOGLE AUTO LLC	AVT NUMBER [REDACTED]
BUSINESS NAME GOOGLE AUTO LLC	TELEPHONE NUMBER [REDACTED]
STREET ADDRESS [REDACTED]	CITY [REDACTED]
	STATE ZIP CODE [REDACTED]

SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT 5/30/2015	TIME OF ACCIDENT 12:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	VEHICLE YEAR 2011	MAKE LEXUS	MODEL RX450H
LICENSE PLATE NUMBER [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]	STATE VEHICLE IS REGISTERED IN [REDACTED]		
ADDRESS/LOCATION OF ACCIDENT 720 SHORELINE BLVD		CITY MOUNTAIN VIEW	COUNTY SANTA CLARA	STATE ZIP CODE CA 94041
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) [REDACTED]		DRIVER LICENSE NUMBER [REDACTED]	STATE [REDACTED]	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 2003	MODEL FORD EXPEDITION			
LICENSE PLATE NUMBER [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]	STATE VEHICLE IS REGISTERED IN [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 _____		NUMBER OF VEHICLES INVOLVED 2
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST) [REDACTED]		DRIVER LICENSE NUMBER [REDACTED]	STATE [REDACTED]	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]		

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 travelling southbound on Shoreline Boulevard in Mountain View in autonomous mode and was stopped behind traffic at a red light at the intersection of Shoreline Boulevard and El Camino Real. A Ford Expedition approaching from behind collided with the rear bumper and sensor of the Google AV. The approximate speed of the Ford Expedition at the time of impact was 1 mph.


There were no injuries reported at the scene by either party. The Google AV sustained minor damage to its rear sensor and bumper. There was no visible damage to the Ford Expedition.

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 TELEPHONE NUMBER
CHRIS URMSON
SIGNATURE DATE SIGNED
X  6/4/2015

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

DMV USE ONLY	
AVT NUMBER	[REDACTED]
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 [REDACTED]
BUSINESS NAME GOOGLE AUTO LLC	TELEPHONE NUMBER [REDACTED]
STREET ADDRESS [REDACTED]	CITY [REDACTED]
	STATE [REDACTED]
	ZIP CODE [REDACTED]

SECTION 2 — ACCIDENT INFORMATION

DATE OF ACCIDENT 06/04/2015	TIME OF ACCIDENT 8:54 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	VEHICLE YEAR 2012	MAKE LEXUS	MODEL RX450H
LICENSE PLATE NUMBER [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]	STATE VEHICLE IS REGISTERED IN [REDACTED]		
ADDRESS/LOCATION OF ACCIDENT CALIFORNIA AVE AND RENGSTORFF AVE		CITY MOUNTAIN VIEW	COUNTY SANTA CLARA	STATE CA
				ZIP CODE 94040
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) [REDACTED]		DRIVER LICENSE NUMBER [REDACTED]	STATE [REDACTED]	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 2008	MODEL HONDA ACCORD
LICENSE PLATE NUMBER [REDACTED]	VEHICLE IDENTIFICATION NUMBER [REDACTED]
STATE VEHICLE IS REGISTERED IN [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
NUMBER OF VEHICLES INVOLVED 2	
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST) [REDACTED]	
DRIVER LICENSE NUMBER [REDACTED]	
STATE [REDACTED]	
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]	

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 travelling westbound on California St. in Mountain View in autonomous mode and was stopped behind traffic at a red light at the intersection of California St. and Rengstorff Ave. A vehicle approaching from behind collided with the rear bumper of the Google AV. The Google AV was stopped for approximately 17 seconds prior to the collision. The approximate speed of the other vehicle at the time of impact was <1 mph.

There were no injuries reported at the scene by either party. The Google AV sustained no damage and there was no visible damage to the other vehicle.

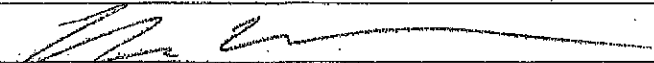
Additional information attached.

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 TELEPHONE NUMBER
CHRIS URMSON

SIGNATURE DATE SIGNED
X  June 8, 2015