



REPORT OF TRAFFIC COLLISION 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 Waymo LLC	AVT NUMBER
BUSINESS NAME Waymo LLC	TELEPHONE NUMBER ()
STREET ADDRESS	CITY STATE ZIP CODE

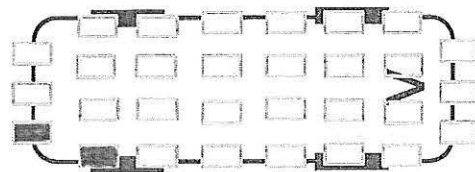
SECTION 2 — ACCIDENT INFORMATION/VEHICLE 1

DATE OF ACCIDENT 10/19/2018	TIME OF ACCIDENT 7:16 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	VEHICLE YEAR 2017	MAKE Chrysler	MODEL Pacifica
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	STATE VEHICLE IS REGISTERED IN CA		
ADDRESS/LOCATION OF ACCIDENT El Camino Real at Calderon Ave.	CITY Mountain View	COUNTY Santa Clara	STATE CA	ZIP CODE 94041
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	
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT	POLICY NUMBER			
COMPANY NAIC NUMBER	POLICY PERIOD FROM _____ TO _____			

Describe Vehicle Damage

UNK NONE MINOR
 MOD MAJOR

Shade in Damaged Area



SECTION 3 — OTHER PARTY'S INFORMATION/VEHICLE 2

VEHICLE YEAR 2007	MODEL Honda Rebel		
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER UNK	STATE VEHICLE IS REGISTERED IN CA	
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 CA	DATE OF BIRTH
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT	POLICY NUMBER		
COMPANY NAIC NUMBER UNK	POLICY PERIOD FROM UNK TO UNK		

 Additional information attached.**SECTION 4 — INJURY/DEATH, PROPERTY DAMAGE**

NAME (FIRST, MIDDLE, LAST)			
ADDRESS	CITY	STATE	ZIP CODE
CHECK ALL THAT APPLY <input checked="" type="checkbox"/> Injured <input type="checkbox"/> Deceased <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Property			
NAME (FIRST, MIDDLE, LAST)			
ADDRESS	CITY	STATE	ZIP CODE
CHECK ALL THAT APPLY <input type="checkbox"/> Injured <input type="checkbox"/> Deceased <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> 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 Waymo Autonomous Vehicle ("Waymo AV") was traveling at approximately 21 MPH westbound in Lane 2 of El Camino Real in Mountain View in self-driving mode. A passenger vehicle in Lane 1, to the left of the Waymo AV, began to change lanes into Lane 2 to avoid a box truck blocking two lanes of traffic. Waymo's test driver took manual control of the AV out of an abundance of caution, disengaged from self-driving mode, and began changing lanes into Lane 3. A motorcycle, traveling at approximately 28 MPH behind the Waymo AV, had just entered Lane 3 to overtake the Waymo AV on its right. The Waymo AV and motorcycle collided at the Waymo AV's right rear corner. The motorcyclist reported injuries and was transported to the hospital for treatment. The Waymo AV sustained minor damage to the rear bumper.

 Additional information attached.

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE							
WEATHER (MARK 1 to 2 ITEMS)	VEH 1	VEH 2	MOVEMENT PRECEDING COLLISION	VEH 1	VEH 2	OTHER ASSOCIATED FACTOR(S) (MARK ALL APPLICABLE)	
A. CLEAR	✓	✓	A. STOPPED			A. CVC SECTIONS VIOLATED CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
B. CLOUDY			B. PROCEEDING STRAIGHT		✓		
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				
G. WIND			G. BACKING			B. VISION OBSCUREMENT	<input type="checkbox"/>
LIGHTING			H. SLOWING/STOPPING			C. INATTENTION*	<input type="checkbox"/>
A. DAYLIGHT	✓	✓	I. PASSING OTHER VEHICLE			D. STOP & GO TRAFFIC	<input type="checkbox"/>
B. DUSK – DAWN			J. CHANGING LANES	✓		E. ENTERING/LEAVING RAMP	<input type="checkbox"/>
C. DARK –STREET LIGHTS			K. PARKING MANUEVER			F. PREVIOUS COLLISION	<input type="checkbox"/>
D. DARK – NO STREET LIGHTS			L. ENTERING TRAFFIC			G. UNFAMILIAR WITH ROAD	<input type="checkbox"/>
E. DARK –STREET LIGHTS NOT FUNCTIONING*			M. OTHER UNSAFE TURNING			H. DEFECTIVE WEH EQUIP CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	
ROADWAY SURFACE			N. XING INTO OPPOSING LANE			I. UNINVOLVED VEHICLE	<input type="checkbox"/>
A. DRY	✓	✓	O. PARKED			J. OTHER*	<input type="checkbox"/>
B. WET			P. MERGING			K. NONE APPARENT	<input type="checkbox"/>
C. SNOWY – ICY			Q. TRAVELING WRONG WAY			L. RUNAWAY VEHICLE	<input type="checkbox"/>
D. SLIPPERY (MUDDY, OILY, ETC.)			R. OTHER*				
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	✓			
C. OBSTRUCTION ON ROADWAY*			C. REAR END				
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	✓	✓	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 Matthew Salwasser, Program Manager	TELEPHONE NUMBER ()
SIGNATURE X	DATE SIGNED 11/1/2018