

REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

donombronius.	DM\	/ USE	ONLY	
AVT NUM	BER			
NAME			~	
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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 - MANUI	ACTURER'S INFORMATION	ON			
MANUFACTURER'S NAME UATC LLC	AVT NUMBER				
BUSINESS NAME				•	
UATC LLC	TELEPHONE NUMBER				
STREET ADDRESS	Cl	***		<u> </u>	
on the control of the	Ci	: T		STATE ZIP CODE	
SECTION 2 — ACCIDI	ENT INFORMATION				
DATE OF ACCIDENT	TIME OF ACCIDENT VE	HICLE YEAR	IMAKE	MODEL	
Aug. 16, 2017		017	Volvo	XC 90	
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER			STATE VEHICLE IS REGISTERED IN	
ADDRESSA OCATION OF ACCIDENT	Average and a second a second and a second a	and the state of t			
addressacocation of accident Geary Blvd. & 3rd Ave.,		ry an Francisco	COUNTY San Francisco	STATE ZIP CODE CA 94118	
_		****	***************************************		
Vehicle ☐ Movin was: ☐ Stopp	ed in Traffic the Accide		Other	NUMBER OF VEHICLES INVOLVED 2	
DRIVER'S FULL NAME (FIRST, MIDDL	E, LASI)	DRIVER LICENSE N	MBER	STATE DATE OF BIRTH	
				ļ* .	
NSURANCE COMPANY NAME OR SU	JRETY COMPANY AT TIME OF ACCIDENT	POLICY NUMBER			
COMPANY NAKO NUMBER	======================================	'	and the second s	Market 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991	
ZOMPANT NAIC NUMBER			POLICY PERIOD		
***************************************		FROM		-	
SECTION 3 — OTHER	PARTY'S INFORMATION			···	
VEHICLE YEAR	[MODEL			*	
2017	Toyota Tacoma				
ICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	and the second s		STATE VEHICLE IS REGISTERED IN	
Vehicle 🖸 Movin	a Involved in	□ Pedestriar		NUMBER OF VEHICLES INVOLVED	
Was: Stopp	ed in Traffic the Accide		Other	2	
PRIVER'S PULL NAME (FIRST, MIDDL	E, LAST)	DHIVER LICENSE N	IMBER	STATE DATE OF BIRTH	
			MANUSTAN WASHINGTON TO THE TAXABLE T		
ASURANCE COMPANY NAME OR SL	PRETY COMPANY AT TIME OF ACCIDENT	POLICY NUMBER		The state of the s	
COMPANY NAIC NUMBER		POLICY PERIOD		And the second s	
	·	FROM		າ ໌	
		[FION		J	

Additional information attached.

SECTION 4 — INJURY/DEATH, PRO	PERTY DAMAGE				
NAME (FIRST MIDDLF, LAST)					······································
ADORESS	ÇITY		The contract of the second	STATE	ZIP CODE
CHECK ALL THAT APPLY 🗹 Injure	d Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
IAME (FIRST MIDDLE, LASI)					
OCAESS	GITY			STATE	ZIP COOE
CHECK ALL THAT APPLY Injure	d Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☑ Property
POPERTY DAMAGE Minor damage to Volvo rear hatch and but	njer.	and the state of t	омення ба эконов ба эконов этом этом бубу фуду ученую то	gar varangar samulikidapidakin remogransi bil rasagrajagajagapiqagaliki	tina 1900 ng Palangan ang Lawar (na palang kalang kalang kalang kalang kalang kalang kalang kalang kalang kalan Tang 1900 ng Palang kalang
ROPERTY OWNER'S NAME		garacitizatinge eksettyratigatigatigatigatigatigatigatigatigatig	ada da da jaman na sana sana sana sana sana sana sa	TELEPHO	NE NUMBER
TREET ADDRESS	CITY	and the major of the second		STATE	ZIP CODE
HITNESS NAME				TELEPHONE NUMBER	
TREET ADDRESS	CILA			STATE	ZIP CODE
VITNESS NAME	landyn rog a 1654 Eddillochdalaid o Ageadigy an aragan angan ag aragan ar ag aragan ar ar ar ar ar ar ar ar ar a	and the state of t	intervention of the state of th	TELEPHO	NE MUVOER
TREET ADMESS	eary		www.managasaray.)(STATE	Z# CODE
(1796) I Provid Block	QIV I			ψ IA1g	Z# GOOL
Additional information attached.		٠			
SECTION 5 — ACCIDENT DETAILS	DESCRIPTION				
DAutonomous Mode El Conventi	onal Mode	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	20°44° a. Care, ab.A	^н төбө түртүү дар 223-196 жылда өрөнө жаны жанында тоогоогоо	\$497-in-Thompson, y pyr NAAA in menenny na opania analy
An Uber Volvo XC 90 regist Blvd preparing to make a rig advanced driver assist system Ave. While the Uber SDV v collision caused minor dama No injuries were reported on discomfort.	tht turn onto 3rd Avens on the vehicle to vas stopped, a Toyoge to the vehicle's r	e. The vehicle wait for pede ta Tacoma im ear hatch and	le operator diseng estrians before ma pacted the rear of I bumper and scuf	aged the combi king a right turn the Uber SDV. fed the Tacoma	ned a onto 3rd The 's bumper,
Additional information attached.				anna da anna d	an na an a
SECTION 6 — CERTIFICATION		and the state of t	MANUSING SECTION AND AND AND AND AND AND AND AND AND AN		This payers are the second of
certify (or declare) under penalty correct.	of perjury under ti	he laws of th	e State of Califor	nia that the fo	regoing is true
further certify that I am the authori		of the progra	m for the above n		
PROGRAM DIRECTOR/AUTHORIZED REPRESENTATIVE PRI Francois Chadwick, Manager	MYED NAME AND TITLE			TELEPHO	HERMUMBER
SKNATURE V		and the second seco	And the state of t	CATE SK	weo gust 25, 2017