

☐ Additional information attached.

OL 316 (NEW 10/2013), WWW.

## REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

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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, blcyclist, 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

BOX 932342, MS: L2	224, Sacramento, CA 94232-	3420					
SECTION 1 — MANUE,	ACTURER'S INFORMATIO	V					
				AVT NUMBER			
Waymo Auto LLC							
Waymo Auto LLC				TELEPHONE NUMBER			
STREET ADDRESS	CITY	·					
STREET ADDRESS	CHY	•		STATE ZIP CODE			
SECTION 2 — ACCIDE	NT INFORMATION	er energies auto-su est					
DATE OF ACCIDENT		CLEYEAR	MAKE	MODEL			
08/26/2017	08:3¶ □ AM □ PM 201	7	Chrysler .	Pacifica			
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER			STATE VEHICLE IS REGISTERED IN			
·				į.			
ADDRESS/LOCATION OF ACCIDENT	CITY		COUNTY	STATE ZIP CODE			
Alma Street and El Verano	Avenue Pale	Alto	Santa Clara	CA 94306			
Vehicle ☑ Moving was: ☐ Stoppe	Involved in d in Traffic the Acciden	☐ Pedestrian t: ☐ Bicyclist ☑	Other Vehicle	NUMBER OF VEHICLES INVOLVED 2			
DRIVER'S FULL NAME (FIRST, MIDDLE,	LASTI	DRIVER LICENSE NUMBER		STATE DATE OF BIRTH			
•	•						
INSURIANCE COMPANY NAME OR SUF	RETY COMPANY AT TIME OF ACCIDENT	POLICY NUMBER					
COMPANY NAIC NUMBER		POLICY PERIOD					
•		FROM		)			
	PARTY'S INFORMATION						
	MODEL.						
	Odyssey						
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER			STATE VEHICLE IS REGISTERED IN			
Vehicle  Moving	Involved in d in Traffic the Accident	☐ Pedestrian :: ☐ Bicyclist ☑	Other Vehicle	NUMBER OF VEHICLES INVOLVED 2			
DRIVER'S FULL NAME (FIRST, MIDDLE,		DRIVER LICENSE NUMBER		STATE DATE OF BIRTH			
	ASSET AND ASSET IN LANGUAGE AND A COLUMN	- Indiana in the second					
NSURANCE COMPANY NAME OR SUR	ETY COMPANY AT TIME OF ACCIDENT	POLICY NUMBER	POLICY NUMBER				
	·		·				
COMPANY NAIC NUMBER	•	POLICY PERIOD		· · · · · · · · · · · · · · · · · · ·			
		FROM	T(	)			

SECTION 4 — INJURY/DEATH	, PROPERTY DAMAG	E			
NAME (FIRST, MIDDLE, LAST)					
ADDRESS	спу	***************************************		STATE	ZIP CODE
CHECK ALL THAT APPLY	Injured 🗆 Deceas	sed Driver	☐ Passenger	☐ Bicyclist	☐ Property
NAME (FIRST, MIDDLE, LAST)					-
ADDRESS	СПУ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		STATE	ZIP CODE
CHECK ALL THAT APPLY	Injured 🗌 Deceas	sed 🗆 Driver	☐ Passenger	☐ Bloyclist	☐ Property
PROPERTY DAMAGE				whom where one have	
PROPERTY OWNERS NAME			LEGAL CONTROL	TELEPHOI	IE NUMBER
STREET ADDRESS	СПҮ		<del>/ W/ /</del>	STATE	ZIP CODE
WITNESS NAME				TELEPHO	JE NUMBER
STREET ADDRESS	СПУ			STATE	ZIP CODE
WITNESS NAME				TELEPHO!	NE NUMBER
STREET ADDRESS	СПУ			STATE	ZIP CODE
			The state of the s		***************************************
☐ Additional information atta	ched.	Se villignamissä sija serva laidivustussi sa sar	ang, tervisa sila dell'archivente		and the second s
SECTION 5 — ACCIDENT DET	AILS - DESCRIPTION		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Autonomous Mode El Co A Waymo autonomous vehicle ("W minor collision. The Waymo AV w driver of the Waymo AV then diser scraped the front left bumper of a ve the other vehicle was travelling at a bumper. The other vehicle experien	as in autonomous mode v gaged and began to chan an proceeding in the adja pproximately 26 mph at t	when a vehicle ahea ge lanes to the right cent right lane. The the time of the collis	d of it swerved right to avoid the object. Waymo AV was tra- tion, The Waymo AV	to avoid an object The Waymo AV's veiling at approxin Vexperienced min	in the road. The rear bumper then nately 21 mph while or damage to its rear
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☐ Additional information atta	ched.				
SECTION 6 — CERTIFICATION			a de Eustaniano manda de Esta		
l certify (or declare) under pe correct.	nalty of perjury unde	er the laws of the	e State of Californ	nia that the for	egoing is true and
I further certify that I am the at	ıthorized Administrat	or of the progran	n for the above na	amed employer.	
PHOGRAM DIRECTOR/AUTHORIZED REPRESENTA	TIVE PRINTED NAME AND TITLE	MANNAER			IE NUMBER
SIGNATURE	,			DATE SIG	SIT