

OL 316 (NEW 10/2013) WWW

REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

	DI	Nι	JSE	ONL	Y		
AVT NUM	IBER		1				77
	1		1		1 .	1	
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 vour 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 comple Box 932342, MS: L224 	eted this report, pleas , Sacramento, CA 94	e mail to: I 232-3420	Department o	of Motor Vehicles,	Occupatio	nal Licer	nsing Branch, P.O.
SECTION I — MANUFAC	TURER'S INFORMA	TION				100	
MANUFACTURER'S NAME						AVT NUMBER	3
Google Auto LLC						1	
BUSINESS NAME					 	TELEPHONE	NUMBER
Google Auto LLC						i	
STREET ADDRESS		CITY		· · · · · · · · · · · · · · · · · · ·	* 4 · K · * · · · · · · · · · · · · · · · ·	STATE	ZIP CODE
SECTION 2 — ACCIDENT	INFORMATION						
DATE OF ACCIDENT' TIM	IE OF ACCIDENT	VEHICLE YEAF	l	MAKE		MODEL	
	50 DAM □PM	2012		Lexus		RX450h	
	HICLE IDENTIFICATION NUMBER					STATE VEHIC	CLE IS REGISTERED IN
				· ·			
. DDRESS/LOCATION OF ACCIDENT		CITY		COUNTY	· · · · · · · · · · · · · · · · · · ·	STATE	ZIP CODE
Phyllis and El Camino		Mountain	View	Santa Clara		CA	94040
Vehicle ✓ Moving was: ☐ Stopped i	Involved	lin □ ident: □	Pedestrian Bicyclist	Other		NUMBER OF	VEHICLES INVOLVED
DRIVER'S FILL MAME (CIPST, MIDDLE, LAS	S7)		VER LICENSE NUMB			STATE	DATE OF BIRTH
		•			,		•
INSURANCE COMPANY NAME OR SURET	Y COMPANY AT TIME OF ACCIDE	NT POL	ICY NUMBER	,			
COMPANY NAIC NUMBER		POL	ICY PERIOD			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		FR	OM	VIII AND THE TAXABLE TO THE TAXABLE	TO .	· · · · · · · · · · · · · · · · · · ·	00
SECTION 3 — OTHER PA	RTY'S INFORMATIO						And the second
VEHICLE YEAR MO	DDEL	5,76,74,66,41,000,000,000,000,000,000		20021 1000 04 1 100 04 10 10 10 10 10 10 10 10 10 10 10 10 10	Mary Lander of Mary 19 4 (1997)	G. T. L. C. Str. Str. Str. Str. Str. Str.	a c
2004 M	fercedes Sprinter 25004	X2					
LICENSE PLATE YUMBER VEI	HICLE IDENTIFICATION NUMBER					STATE VEHI	CLE E REGISTERED IN
Vehicle Moving	Involved	d in 🔲	Pedestrian	· · · · · · · · · · · · · · · · · · ·			- AEHICLES INVOLVED
was: Stopped i				Other		2	(D)
DRIVER'S FULL NAME (FIRST, MIDDLE, LAS	ST)	DRI	AEB INCENS VIOWB	ER		STATE	DATE OF BIRTH
INSURANCE COMPANY NAME OR SURET	Y COMPANY AT TIME OF ACCIDE	NT POL	ICY NUMBER				1
				*			Lynn Sand
COMPANY NAIC NUMBER		POL	ICY PERIOD	A STATE OF THE PROPERTY OF THE			***************************************
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☐ Additional information	i attached.			****		Z. Haribi	WÎ HING WEW LITHE HING WÎN MÎN ARD

SECTION 4 — INJURY/DE	ATH, PROPE	RTY DAMAGE				
ADDRESS		CITY			STATE	ZIP CODE
CHECK ALL THAT APPLY	 ☑ Injured	 Deceased	✓ Driver	☐ Passenger	☐ Bicyclist	
NAME (FIRST, MIDDLE, LAST)			E DIVO	Li i dosongei		
ADDRESS		СПУ			STATE	ZIP CODE
CHECK ALL THAT APPLY	☐ Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
PROPERTY DAMAGE					The second secon	
PROPERTY OWNER'S NAME				1	TELEPHON	NUMBER
STREET ADDRESS		CITY			STATE	ZIP CODE
WITNESS NAME					TELEPHON	NUMBER
STREET ADDRESS	·····	CITY			STATE	ZIP CODE
WITNESS NAME		.,,			TELEPHON	ENUMBER
STREET ADDRESS		CITY	The state of the s		STATE	ZIP CODE
	attached.		-			
SECTION 5 — ACCIDENT I	DETAILS - DE	SCRIPTION				
☐ Autonomous Mode	Conventiona	l Mode		facilities projective transportation projective		
A Google Lexus-model autono involved in an accident. As the detected another vehicle traveli AV's brakes in anticipation tha autonomous technology and to collided with the right side of the sustained substantial damage to were no injuries reported at the was evaluated by medical staff	e Google AV pring westbound of the other vehicle manual continue Google AV and its front and rescene by either	oceeded through a on El Camino Real cle would run throu ol of the Google A at 30 mph. At the tiear passenger doors	green light at t approaching th igh the red ligh V. Immediate me of collision . The other ver	ne El Camino Real in e intersection at 30 n t. The Google AV to ly thereafter, the othe , the Google AV was icle sustained signifi	tersection, its auto nph and began to a est driver then dise or vehicle ran throu traveling at 22 m cant damage to its	nomous technology pply the Google ngaged the ngh the red light and oh. The Google AV front end. There
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eli en al company de la co						
☐ Additional information a	attached.					
SECTION 6 — CERTIFICAT	ion :	april 19				es in the second
l certify (or declare) under correct.	r penalty of p	perjury under th	e laws of the	State of Californ	nia that the fore	going is true and
I further certify that I am th			f the program	n for the above na		
PROGRAM DIRECTOR/AUTHORIZED REPRE John Krafcik, CEO	SENTATIVE PRINTED	NAME AND TITLE			TELEPHON	ENUMBER
SIGNATURE X	W.	4.2		(*************************************	Di 1 OIGN	ED .