

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, 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

BOX 932342, IVIO. L224, Od	iciamento, CA 342	202-0420				
SECTION 1 — MANUFACTUR	RER'S INFORMA	TION	2006-70			
MANUFACTURER'S NAME	AVT NUMBER					
Google Auto LLC				V_11/13		
BUSINESS NAME	TELEPHONE NUMBER					
Google			STATE ZIP CODE			
STREET ADDRESS CITY		CITY	ΠΥ			
SECTION 2 — ACCIDENT IN	FORMATION					
DATE OF ACCIDENT TIME OF	ACCIDENT	VEHICLE YEAR	MAKE	MODEL		
08/20/2015 9:39	6 ☑ AM ☐ PM	0	Lexus	RX450h		
LICENSE PLATE NUMBER VEHICLE	INEXITIEICATION AND INSECT			STATE VEHICLE IS REGISTERED IN		
<u></u>		UIY	COUNTY	STATE ZIP CODE		
Shoreline Blva and rugh School	Wan	Mountain View	Santa Clara	CA 94040		
				NUMBER OF VEHICLES INVOLVED		
Vehicle Moving	Involved			2		
was: ☐ Stopped in Tr	and the Acci	dent: Bicyclist	Other	STATE DATE OF BIRTH		
INSURANCE COMPANY NAME OR SURETY COM	MPANY AT TIME OF ACCIDEN					
COMPANY NAIC NUMBER		POLICY PERIOD	*			
		FROM		· · · · · · · · · · · · · · · · · · ·		
SECTION 3 — OTHER PARTY	Y'S INFORMATIC	N				
VEHICLE YEAR MODEL	Sandaran da Sanzara gasaran da S	AND CORDUNATION MADE AND REPORT TO SEE	ASSERTED INVESTIGATION CONTRACTOR CONTRACTOR			
2013 Tesla l	Model S					
LICENSE PLATE NUMBER VEHICLE			STATE VEHICLE IS REGISTERED IN			
Moving involved in		ıın 🗆 Pedestrian		NUMBER OF VEHICLES INVOLVED		
was: Stopped in Traffic the Accid				2		
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)		DRIVER LICENSE NU		STATE DATE OF BIRTH		
INSURANCE COMPANY NAME OR SURETY COM	MPANY AT TIME OF ACCIDEN	(Γ ,				
			SERVICE STATE OF THE PERSON NAMED IN	ou with the wide of the contract		
COMPANY NAIC NUMBER		POLICY PERIOD				
		FROM	T	0		

SECTION SHOWS AND A SECTION OF THE PROPERTY OF THE SECTION OF THE	ACTORIGINA SCRIMING SANDON	PAGE STATE OF THE	20. 20.00.000 O . 10.000	The Manager of the	CONTRACTOR	
SECTION 4 — INJURY/DEATH, PROPE	RTY DAMAGE		energy of The transfer of the action of the	and the second		4-124-17-4
NAME (FIRST MIDDLE, LAST)		a de la companya del companya de la companya del companya de la co			Mocket in	recording and the
ADDRESS	CITY	THE PERSON NAMED IN	(, 5	STA	ATE ZIP	CODE
e transcription of the second control of the	ent de plu to per	A CONTRACTOR	Strand to be a	Continue the	Commence of the	
CHECK ALL THAT APPLY Injured	☐ Deceased	☐ Driver ☐	Passenger	☐ Bicyc	list 🗌	Property
NAME (FIRST, MIDDLE, LAST)		11 14 Vyer 1 - 17 .	1			
ADDRESS	CITY	the real section of the section of t		STA	ATE ZIP	CODE
- 1		A STATE OF THE STA				0001
CHECK ALL THAT APPLY Injured	☐ Deceased	☐ Driver ☐	Passenger	☐ Bicycl	list 🗆	Property
PROPERTY DAMAGE		5 (5)				
PROPERTY OWNER'S NAME				TE!	EPHONE NUM	IRED.
		the second of		()	IDEN
STREET ADDRESS	CITY	1		STA	TE ZIP	CODE
WITNESS NAME	*** * * * * * *			TEL	EPHONE NUM	BER
STREET ADDRESS	CITY		· Ar Stand	()	
STREET AUDRESS	City .		,	STA	-	SODE SOURCE
WITNESS NAME				TEL	EPHONE NUM	
STREET ADDRESS	CITY			STA'	/	50 : 80DE !
						20 (
☐ Additional information attached.		1. 1. 1. 1. 1. 1. 1.		45 TE	2	I .
SECTION 5 — ACCIDENT DETAILS - DE	SCRIPTION					
☐ Autonomous Mode ☐ Conventiona	I Mode				<u> </u>	j
A Google Lexus autonomous vehicle ("Google Mountain View in lane two (the second of three Shoreline Blvd. and High School way, a pedes westbound. The Google AV slowed to yield as disengaged the autonomous technology and to same direction as, the Google AV was already lanes from lane one into lane two and approach impact, and braking to stop for the crosswalk. The Google AV test driver reported minor bac released by medical staff. The Google AV cobumper. The other vehicle sustained moderate not report any injuries at the scene.	te lanes) was involved in the second of the version	yed in an accident. As the northbound lane crosswalk, and out of chicle. A vehicle in lang the right of way to struck the Google AV was travelling approximate to a local hospital report any injuries. T	s the Google AV so of Shoreline E an abundance one three to the interpretarion. The Google A smately 10 mph by Google emplified Google AV so	V approache Blvd. in the configuration the mmediate rial A vehicle in V was trave at the time covees, where sustained mi	d the intercrosswalk to the Google Aght of, and a the procedling 5 mp of impact.	section of traveling AV test driver I traveling in the ess of changing that the time of evaluated and ge to its rear left
☐ Additional information attached. SECTION 6 — CERTIFICATION	and the second					and a second
I certify (or declare) under penalty of p correct.						g is true and
I further certify that I am the authorized		f the program for t	he above nan			
PROGRAM DIRECTOR/AUTHORIZED REPRESENTATIVE PRINTED Christopher Urmson	NAME AND TITLE			(PHONE NUMB	nar.
BIGNATURE				DATE	SIGNED	205