

REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

AVT NUMBER	ONL		
1	1	i	i
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

DUX 332	1042, MO. L	LACT, Odcialie	110, CA 34232-34	-20			
SECTION:1	— MANUI	ACTURER'S I	NFORMATION				
MANUFACTURER'S	S NAME					AVT NUMB	ER
GOOGLE A	UTO LLC						
BUSINESS NAME						TELEPHON	E NUMBER
GOOGLE A	UTOLLC					()	
STREET ADDRESS			СПҮ	, , , , , , , , , , , , , , , , , , ,	The state of the s	STATE	ZIP CODE
SECTION 2	— ACCID	ENT INFORMA	TION				
		TIME OF ACCIDENT	IVEHICLE		Lusier .	MODEL	
DATE OF ACCIDEN	1			YEAH	MAKE LEXUS	RX 450	TT
12/11/2017 LICENSE PLATE N		VEHICLE IDENTIFICA	M □ PM 2012		LEAUS		ICLE IS REGISTERED IN
JCENSE PLAIE N	UMBER	VEHICLE IDENTIFICA	ITON NUMBER			SIAIEVER	IICLE IS REGISTERED IN
ADDRESS/LOCATIO	ON OF ACCIDENT	1	CITY		COUNTY	STATE	ZIP CODE
		D RENGSTORF		NTAIN VIEW	SANTA CLARA	CA	94040
Vehicle	A 144 BA 24 CHAIN 1941		Involved in	☐ Pedestrian	SHITTERIU	777	OF VEHICLES INVOLVED
was:	✓ Movin	ed in Traffic	the Accident:	☐ Bicyclist	Other	2	
DRIVER'S FULL NA	ME (FIRST, MIDD	LE LAST)	the Accident.	DRIVER LICENSE NUME		STATE	DATE OF BIRTH
						1	1
INSURANCE COMP	PANY NAME OR S	URETY COMPANY AT TI	ME OF ACCIDENT	POLICY NUMBER			
				1			
COMPANY NAIC N	UMBER			POLICY PERIOD			
				FROM	TO		
SECTION 3	B — OTHER	R PARTY'S INF	ORMATION				
VEHICLE YEAR		MODEL				***************************************	
1997		TOYOTA CO	ROLLA				
LICENSE PLATE N	UMBER	VEHICLE IDENTIFICA	ATION NUMBER			STATE VE	HICLE IS REGISTERED IN
						ĺ	>
Vehicle	☑ Movi	ng	Involved in .	☐ Pedestrian			OF VEHICLES INVOLVED
was:	☐ Stop	ped in Traffic	the Accident:		Other -	_ 2	
DRIVER'S FULL NA	AME (FIRST, MIDD	LE, LAST)		DRIVER LICENSE NUM	BER	STATE	DATE OF BIRTH
			and the second second second	1		CA	02/18/1937
INSURANCE COM	PANY NAME OR S	SURETY COMPANY AT T	IME OF ACCIDENT	POLICY NUMBER			0
COMPANY NAIC N	IUMBER			POLICY PERIOD	•		
				FROM			
			And the second second	I HOW	10		

Additional information attached.



NAME (FIRST, MIDDLE, LAST)		RTY DAMAGE				
						•
ADDRESS		спу			STATE	ZIP CODE
CHECK ALL THAT APPLY	□ Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
NAME (FIRST, MIDDLE, LAST)						
ADDRESS		CITY			STATE	ZIP CODE
CHECK ALL THAT APPLY	☐ Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
PROPERTY DAMAGE						
PROPERTY OWNER'S NAME					TELEPHO!	NE NUMBER
STREET ADDRESS		CITY			STATE	ZIP CODE
WITNESS NAME					TELEPHO	NE NUMBER
STREET ADDRESS		CITY			STATE	ZIP CODE
WITNESS NAME					TELEPHO!	NE NUMBER
STREET ADDRESS		CITY			STATE	ZIP CODE
		*				and the second s
Additional information a						
SECTION 5 — ACCIDENT D	DETAILS - D	ESCRIPTION				
A Google Lexus autonomous verification in an accident. As the considered left turn lane also turning Google AV. The Google AV test brought it to a stop at the side of damage to its front bumper. The	Google AV m left onto El C st driver imme f El Camino R e Google AV v	e AV") traveling so ade a left turn onto amino Real crossed diately disengaged eal. The Google A' vas traveling appro	El Camino Rea I into the outsid the autonomou V sustained dan	I from the outside le le left turn lane and c s technology, took m nage to its driver-sid	off turn lane, anoth collided with the d nanual control of the doors. The other	er vehicle in the river's side of the he vehicle and
mph at the time of the collision.	20000	o injuries reported a	at the scene by	either party.	cie was traveling a	
mph at the time of the collision.		o injuries reported a	at the scene by	either party.	cie was traveling a	
mph at the time of the collision.		o injuries reported a	at the scene by	either party.	cie was traveling a	
mph at the time of the collision.		o injuries reported a	at the scene by	either party.	cie was traveling a	
mph at the time of the collision.		o injuries reported a	at the scene by	either party.	cie was traveling a	
mph at the time of the collision.		o injuries reported a	at the scene by	either party.	cie was traveling a	
		o injuries reported a	at the scene by	either party.	cie was traveling a	
	attached.	o injuries reported a	at the scene by	either party.	cie was traveling a	
l certify (or declare) under	attached.					approximately 15
☐ Additional information a SECTION 6 — CERTIFICAT I certify (or declare) under correct. I further certify that I am th	attached. TON r penalty of re authorized	perjury under tl	he laws of th	e State of Califor	rnia that the fo	approximately 15
☐ Additional information a SECTION 6 — CERTIFICAT I certify (or declare) under correct.	attached. TON r penalty of re authorized	perjury under tl	he laws of th	e State of Califor	rnia that the fo	approximately 15