

REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTOMONS, VEHICLE

	SEONLY	
AVT NUMBER		
		1 .
G009/4		1 .
1-005 4	14	
0 - 1		

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, bulldings, parked vehicles, etc., including a description of the damage.
- Once you have completed this report, please mall to: Department of Motor Vehicles, Occupational Licensing Branch, P.O. Box 932342, MS; L224, Sacramento, CA 94232-3420

DUX 932342, IVIS	5. LZZ4, Sauramento, CA 94232-34	420		
	IUFACTURER'S INFORMATION	2000 C		
MANUFACTURER'S NAME				AVT NUMBER
GOOGLE AUTO LLC	3 - · · · , ·			
BUSINESS NAME				TELEPHONE AND MORE
GOOGLE	T			
STREET ADDRESS	СПҮ			STATE ZIP CODE
		N TO T		
		e a		AND THE RESERVE OF THE PERSON
SECTION 2 ACC	IDENT INFORMATION			等等的。 第四次 第二次 第二次 第二次 第二次 第二次 第二次 第二次 第二次 第二次 第二
DATE OF ACCIDENT	TIME OF ACCIDENT VEHICL	EYEAR MAKE	Late the Tay I at	MODEL
08/16/2016	☐ AM ☑ PM 2015	GOOGLE	- 1	SELF-DRIVING CAR
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	the state of the s		STATE VEHICLE IS REGISTERED IN
	* Of any object of the state of		12 3	Territoria de la companya del companya de la companya de la companya del companya de la companya
ADDRESS/LOCATION OF ACCIDI	ENT CITY	COUNTY	4. * x x * **	STATE ZIP CODE
Amortical and an analysis				JANE ZII GODE
	Taxabaal ba			NUMBER OF VEHICLES INVOLVED
Vehicle	ving Involved in		1	The second of th
was: 🗹 Sto	pped in Traffic the Accident:	Bicyclist Other DRIVER LICENSE NUMBER		2.
DRIVER'S FULL NAME (FIRST, MI	DOLE, LASI)	DRIVER LICENSE NOMBER		STATE DATE OF BIRTH
INDUDANCE COMPANY NAME O	R SURETY COMPANY AT TIME OF ACCIDENT	POLICY NUMBER		
INSURANCE OCIMITANT NAME O	A SURET I COMPANY AT TIME OF ACCIDENT	POLICI NOMBER		S m
2015110/1/10 1111575	and the second s	POLICY PER'OD		and at
COMPANY NAIC NUMBER			made lost	u m
		FROM	_ TC	C
SECTION 3 — OTH	ER PARTY'S INFORMATION	AND THE RESERVE OF THE PARTY OF	75.0	
VEHICLE YEAR	WODEL CONT			Φ :
2009	VOLKSWAGON			- June
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER			STATE VEHICLE IS REGISTERED IN

Vehicle Mo	ving Involved in	☐ Pedestrian		NUMBER OF VEHICLES INVOLVED
was: Stopped in Traffic the Accident:				2
DRIVER'S FULL NAME (FIRST, MI	DDLE, LAST)	DRIVER LICENSE NUMBER		STATE DATE OF BIRTH
			***	3.4
INSURANCE COMPANY NAME O	R SUBSTY COMPANY AT TIME OF ACCIDENT	POLICY NUMBER		
	. 11- 1		44	Garage Strategies and A.
COMPANY NAIC NI MIDER		POLICY PERIOD	· · · · · · · · · · · · · · · · · · ·	
		FROM	_ TO	
		IFFICIAL	- 10 -	
Additional inform	nation attached.			



SECTION 4 — INJURY/DE,	ATH, PROPE	RTY DAMAGE	And the second	100		130 T
NAME (FIRST, MIDDLE, LAST)	- 1.	, jak tanggaran dan salah s Salah salah sa		1.1% 44.		
ADDRESS	.,	CITY			STATE	ZIP CODE
CHECK ALL THAT APPLY	☐ Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
NAME (FIRST, MIDDLE, LAST)				No all and the second		
ADDRESS	<u> </u>	CITY			STATE	ZIP CODE
CHECK ALL THAT APPLY	☐ Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
PROPERTY DAMAGE		13. 4				
PROPERTY OWNER'S NAME					TELEPHONE	NUMBER
STREET ADDRESS	4	СПҮ			STATE	ZIP GODE
WITNESS NAME					TELEPHONE	NUMBER
STREET ADDRESS		CITY			STATE	ZIP CODE
WITNESS NAME					TELEPHONE	NUMBER
STREET ADDRESS		CITY			. ()	ZIP CODE
A Google Prototype autonomous was involved in an accident. In advanced forward at 6 MPH to detected a vehicle approaching twelfele approaching from behin AV experienced moderate damage.	preparation for gain a better vio southbound on d the Google A tge to its rear b	making a right ture ow of traffic travel Grant Rd, and can V at approximatel umper and hatch.	n onto Grant Reling southbound to a stop to y y 5 MPH collid	 the Google AV ending on Grant Rd. As the left to that vehicle. A ed with the rear burn 	tered the right-turn Google AV move Approximately one of the Google	slip lane and d forward, it second later, a AV, The Google
no injuries reported at the scene	by either party				*	
				and the particular of	4 3"	
* + 4				:	4 M M W	
				,	4.5	
☐ Additional Information a	ttached			D. G. O.		
SECTION 6 — CERTIFICAT		· · · · · · · · · · · · · · · · · · ·			26-7	
l certify (or declare) under correct.		perjury under th	e laws of the	State of Californ	ia that the fore	going is true and
l further certify that I am the	e authorized	Administrator o	f the program	n for the above na	med employer	4
PROGRAM DIRECTORVAUTHORIZED REPHEE JOHN KRAFCIK			1 3		TELEPHONE	NUMBER
SIGNATURE	NIK			190	DATE SIGNEI	2/16
	No C			***************************************		OL 318 (NEW 10/2013) WWW