

REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

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listructions: Please print within the spaces and boxes on this form. If you need to provide additional information on a sparate piece of paper(s) or you include a copy of any law enforcement agency report, please check the box to indicate "Idditional 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.

Section 1 — Man	UFACTURER'S INFORMAT	ION		Series Control	
MAIUFAOTURER'S NAME				AVT NUMB	ER
Google Auto LLC					
BUSINESS NAME		1	The second secon	TELEPHON	IE NUMBER
Google Auto LLC					
STREET ADDRESS		CITY		STATE	ZIP CODE
SECTION 2-ACCI	DENT INFORMATION				
DATE OF ACCIDENT	TIME OF ACCIDENT	VEHICLE YEAR	MAKE	MODEL	
09/02/2016	10:41 DAM DPM	2015	Google	Self-Dr	iving Car
ICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER				ICLE IS REGISTERED IN
DDRESS/LOCATION OF ACCIDE	NT	ÚПY	COUNTY	STATE	ZIP CODE
Phyllis and Grant		Mountain View	Santa Clara	CA	94040
(-)	I and the second	in Delete		NUMBER C	F VEHICLES INVOLVED
	ving Involved			_	
vas: 🗹 Sto	pped in Traffic the Accid	dent: D Bicyclist	☐ Other	2	
	pped in Traffic the Accid		Other	2 STATE	DATE OF BIRTH
Vas: Sto PRIVER'S FULL NAME (FIRST, MILE	pped in Traffic the Accid	dent: Bicyclist DRIVER LICENSE NUM	Other		DATE OF BIRTH
Vas: Sto PRIVER'S FULL NAME (FIRST, MILE	pped in Traffic the Accid	dent: Bicyclist DRIVER LICENSE NUM	Other		DATE OF BIRTH
VAS: Sto RIVER'S FULL NAME (FIRST, MIL ISURANCE COMPANY MALE	pped in Traffic the Accid	dent: Bicyclist DRIVER LICENSE NUM	Other		DATE OF BIRTH
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VAS: Sto RIVER'S FULL NAME (FIRST, MIL ISURANCE COMPANY NAME OF OMPANY NAIC NUMBER	pped in Traffic the Accident the Accident Company at time of accident	DRIVER LICENSE NUM POLICY NUMBER POLICY PERIOD FROM	Other	STATE	DATE OF BIRTH
VAS: Sto RIVER'S FULL NAME (FIRST, MILL SUBANCE COMPANY NAIC NUMBER SECTION 3 — OTHE	pped in Traffic the Accident th	DRIVER LICENSE NUM POLICY NUMBER POLICY PERIOD FROM	Other	STATE	DATE OF BIRTH
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VAS: Sto RIVER'S FULL NAME (FIRST, MILL SUBANCE COMPANY NAME OF OMPANY NAME NUMBER SECTION 3—OTHE SHIGLE YEAR 2011	pped in Traffic the Accident object, LAST) ER PARTY'S INFORMATIO MODEL Ford Taurus	DRIVER LICENSE NUM POLICY NUMBER POLICY PERIOD FROM	Other	TO	
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SECTION 4 — INJURY/DE/	ATH, PROPE	RTY DAMAGE	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
ADDRESS		спү			STATE.	ZIP CODE
CHECK ALL THAT APPLY	□ Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
NAME (FIRST, MIDDLE, LAST)	analysis any manakany kaominina dia kaony ny taony any any any anakana ao ao ao ao amin'ny faritr'i Anta-de-La					
ADDRESS		CITY			STATE	ZIP CODE
CHECK ALL THAT APPLY	☐ Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
PROPERTY DAMAGE						
PROPERTY OWNERS NAME			and the second second second second		TELEPHO!	NE NUMBER
STREET ADDRESS	efet to an investment the region of the second seco	CITY	,,,,,		STATE	ZIP CODE
WITNESS NAME		**************************************			TELEPHO!	NE NUMBER
STREET ADDRESS	***************************************	CITY		<u> </u>	STATE	ZIP CODE
WITNESS NAME		,			TELEPHO /	NE NUMBER
STREET ADDRESS		CITY	•		STATE	ZIP CODE
☐ Additional information	attached.	(MM period contains to the fugues after motor by door group, any account party.)				
SECTION 5 — ACCIDENT		ESCRIPTION			ere ere	
	Conventiona		300			
A Google prototype autonomous involved in an accident. In preproceed to gain a better view of vehicle (traveling southbound of vehicle approaching from behing Google AV experienced moder There were no injuries reported	paration for mal f traffic travelir on Grant Rd.) a nd the Google A rate damage to	king a right turn onling southbound on Gond came to a stop in AV collided with the trear bumper and	o Grant Rd., the rant Rd. As the order to yield a rear bumper of	e Google AV entere Google AV moved to the oncoming veh of the Google AV at	d the right-turn sl forward, it detect nicle. Approximat an approximate s	ip lane and advanced ed an oncoming ely one second later, a peed of 15 mph. The
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☐ Additional information a						
SECTION 6 — CERTIFICAT	The state of	noviver under th	o lowe of the	01-1		and the same and
I certify (or declare) under correct.	penalty of p	penjury under ui	e laws or the	State of Camori	nia that the foi	egoing is true and
I further certify that I am th	e authorized	Administrator o	f the progran	n for the above na	wall the state of the second	NE NUMBER
John Krafcik, Manager		TAME THE				
X SIGNATURE	*				DATE SIG	10/10
						OL 316 (NEW 10/2013) WWW