

OL 316 (NEW 10/2013) WWW

REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

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AVT NUMBER			
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NAME:			-
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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 bodly 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.

Box 932342, MS: L224, Sacramento, CA 9	4232-3420				
SECTION I MANUFACTURER'S INFORM.	ATION ####				
MANUFACTUREF'S NAME	AVT NUMBER				
GOOGLE AUTO LLC)	1 4 4		
BUSINESS NAME	TELEPHONE NUMBER				
GOOGLE AUTO LLC	CITY		STATE ZIP CODE		
BINGEL ANDALOG	Diri ,		ALL II IN MALE AND A PARTY OF THE PARTY OF T		
SECTION 2 - ACCIDENT INFORMATION "					
DATE OF ACCIDENT TIME OF ACCIDENT	VEHICLE YEAR	MAKE	MODEL		
04/07/2016 ☑ AM ☐ P	M 2012	LEXUS	RX450H		
LICENSE PLATE NUMBER VEHICLE IDENTIFICATION NUMBE	R		STATE VEHICLE IS REGISTERED IN		
ADDRESS/LOCATION OF ACCIDENT	cny	COUNTY	STATE ZIP GODE		
BRYANT ST. AT OREGON EXPY.	PALO ALTO	SANTA CLARA	CA 94301		
Vehicle Moving Involve			NUMBER OF VEHICLES INVOLVED 1 STATE DATE OF BIRTH		
Was: Stopped in Traffic the Acceptivers Full NAME (FIRST, MIDDLE, LAST)	cident: Bicyclist DRIVER LICENSE NU	Other			
DHIYER 3 POLL IMANIE (FIRST, MIDDLE, DAST)	Oniven Hoense m	ī.	Journal of Dittill		
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCID	ENT POLICY NUMBER	And the second s	· · · · · · · · · · · · · · · · · · ·		
	POLICY PERIOD				
COMPANY NAIC NUMBER	FROM.	TO .			
	CONTRACTOR AND CONTRACTOR (CONTRACTOR)	OU ALBOUTE THE SECTION OF THE SECTION			
SECTION 3 - OTHER PARTY'S INFORMAT	ION				
VEHICLE YEAR MODEL					
1999 LEXUS LS400					
LICENSE PLATE NUMBER VEHICLE IDENTIFICATION NUMBER	R		STATE VEHICLE IS REGISTERED IN		
Vehicle Moving Involve	ed in Pedestrian	1	NUMBER OF VEHICLES INVOLVED		
	cident: Bicyclist	Other	1		
DRIVER'S FULL NAME (PIRST, MIDDLE, LAST)	DRIVER LICENSE N	MBER	STATE DATE OF BIRTH		
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCID	POLICY NUMBER				
COMPANY NAIC NUMBER	POLICY PERIOD		Comment Marine and Allertine a		
- Company		TO			
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SECTION 4 — INJURY/DEATH	I; PROPER	RTY DAMAGE				-war old Security
AODRESS		CITY	· ·		STATE	ZIP CODE
	Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
NAME (FIRST, MIDDLE, LAST)						
ADDRESS		GITY			STATE	ZIP CÓDE
	Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Blcyclist	☐ Property
PROPERTY DAMAGE						
PROPERTY OWNER'S NAME					TELEPHO	NE NUMBER
STREET ADDRESS		CITY			STATE	ZIP CODE
WITNESS NAME					TELEPHO	NE NÚMBER
STREET ADDRESS		CITY			STATE	ZIP CODE
WITNESS NAME				and the same of th	TELEPHO	NE NÚMBER
STREET ADDRESS	Mint mana - Ta	CITY			STATE	ZIP CODE
☐ Additional Information atta	ched.	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
A GOOGLE LEXUS MODEL AU IN PALO ALTO IN AUTONOMO OREGON EXPY. A VEHICLE A' GOOGLE AV. THE OTHER VEH THERE WERE NO INJURIES RE AND THE OTHER VEHICLE'S L	OUS MODE L'TEMPTIN LICLE'S LE L'PORTED A	AND WAS STOP G TO PASS ON T FT SIDE-VIEW M AT THE SCENE B	PED BEHIND HE RIGHT SH IRROR GRAZ Y EITHER PA	TRAFFIC AT THE IOULDER VERY S ED THE PASSENC RTY, THE GOOGL	RED LIGHT IN LIGHTLY CONT BER SIDE OF OU	TERSECTION OF PACTED THE JR VEHICLE.
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Additional information atta			A STEELES			an in the said
SECTION 6 — CERTIFICATION I certify (or declare) under proceed. I further certify that I am the a	enalty of p					
PROGRAM DIRECTOR/AUTHORIZED REPRESENT			The program	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TELEPH	ONE NUMBER
SIGNATURE ANS			The I described to some the	The sound of the second of the	DATE SH	9/14/2016
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