

REPORT-OF-TRAFFIC ACCIDENT-INVOLVING— AN AUTONOMOUS VEHICLE

DMV USE ONLY	A
NAME 10	
Google	

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

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MANUFACTURER'S NAME	IANUI ACTUILLI S	IIII OHIMATIC			AVT NUMBER	
Google Auto LLC	AVINOMBEN					
BUSINESS NAME					TELEPHONE NUMBER	
Google					()	
STREET ADDRESS CITY			Y			
SECTION 2 — A	CCIDENT INFORM	ATION				
DATE OF ACCIDENT	TIME OF ACCIDENT	r VEH	HCLEYEAR	MAKE	MODEL	
07/01/2015	5:16	AM ☑ PM 20	12	Lexus	RX450H	
ICENSE PLATE NUMBER VEHICLE IDENTIFICATION NUMBER					STATE VEHICLE IS REGISTER	
DDRESS/LOCATION OF ACCIDENT CITY			Y	COUNTY	STATE ZIP CODE	
Grant Rd.	71777		ountain View			
Vehicle was: □ Moving Involved in the Accident:			☐ Pedestrian :: ☐ Bicyclist ☐ Other		NUMBER OF VEHICLES INVO	
was.	Stopped III Harric	tije 7,00idel	111 = 210,01101	_ Othor	Taxing Taxing and an	
DRIVER'S FULL NAME (FIR	IST, MIDDLE, LAST)	ine Abbido.	DRIVER LICENSE NUM	BER	STATE DATE OF BIRTS	
DRIVER'S FULL NAME (FIR	IST, MIDDLE, LAST)		POLICY NUMBER	BER	STATE DATE OF BIRTI	
DRIVER'S FULL NAME (FIR	IST, MIDDLE, LAST)		POLICY NUMBER	BER	STATE DATE OF BIRTI	
DRIVER'S FULL NAME (FIR	IST, MIDDLE, LAST)		POLICY NUMBER POLICY PERIOD			
DRIVER'S FULL NAME (FIR	IST, MIDDLE, LAST)	TIME OF ACCIDENT	POLICY NUMBER	BER T		
DRIVER'S FULL NAME (FIRE INSURANCE COMPANY NA COMPANY NAIC NUMBER SECTION 3 — O VEHICLE YEAR	ME OR SURETY COMPANY AT THER PARTY'S IN	FORMATION	POLICY NUMBER POLICY PERIOD			
DRIVER'S FULL NAME (FIRE INSURANCE COMPANY NA COMPANY NAIC NUMBER SECTION 3 — CO VEHICLE YEAR 2010	THER PARTY'S IN MODEL Nissan Altima	FORMATION	POLICY NUMBER POLICY PERIOD		0	
DRIVER'S FULL NAME (FIR	ME OR SURETY COMPANY AT THER PARTY'S IN	FORMATION	POLICY NUMBER POLICY PERIOD			
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Additional information attached.

SECTION 4 — INJURY/DE/	ATH, PROPE	RTY DAMAGE				A STATE OF THE STA
NAME (FIRST, MIDDLE, LAST)		LANCES TO VIEW OF LANCES		N 8 N 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Same of the same of the same of the same	
ADDRESS		CITY			STATE	ZIP CODE
CHECK ALL THAT APPLY	☐ Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
NAME (FIRST, MIDDLE, LAST)						3-
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
☐ Additional information a	attached.					
SECTION 5 — ACCIDENT I	ol and some and	ESCRIPTION				
A Google Lexus model autonor intersection of Phyllis Ave. and vehicle behind the Google AV traffic on the other side of the indirectly in front of the Google A About 1 second later, the vehicle collision. At the time of the inciby other team members to a loc vehicle reported minor neck an significant damage to its front of the collision.	Martens Ave. were all traveli ntersection, the AV and the Go le approaching ident, the drive al hospital, who back pain. T	"Google AV") was in autonomous moding at a steady speed first vehicle deceled ogle AV also deceled from the rear structer, co-driver, and reare they were evaluated.	de. The two veld of ~15 mph. Verated and came erated and came k the Google A passenger of lated by medical	vicles in front of the While approaching a to a stop, keeping ce to a stop with adeq V at ~17mph and did the Google AV repoll staff and cleared to	Google AV, the Ogreen light interse lear of the interse uate and similar s d not appear to deorted some whipla o return to work. I	doogle AV, and the ection with stopped ction. The vehicle topping distances. celerate prior to the sh. They were driven the driver of the other
☐ Additional information a	attached.					
SECTION 6 — CERTIFICAT	ION					
I certify (or declare) undecorrect.	r penalty of	perjury under th	e laws of th	e State of Califor	nia that the fo	regoing is true and
I further certify that I am th			of the program	n for the above n	amed employer	
PROGRAM DIRECTOR/AUTHORIZED REPRE	SENTATIVE PRINTED	1 / 11 /	ving Car		(NE NUMBER
X Z		1			DATE SIG	, 7, 2015