

REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

NON	MBER					
1	and speed	ì	-	-	į	
	! !					

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.

	4232-3420	Vehicles, Occupational Lice	2
SECTION 1 — MANUFACTURER'S INFORM	ATION		250
MANUFACTURER'S NAME	у организация в сертина в поточности на подости на подости до постори и подости на подости на подости на подос -	AVT NUMBE	R
Google Auto LLC			3 8
BUSINESS NAME		TELEPHONE	NUMBER *
Google Auto LLC	CITY	STATE	ZIR CODE 61
SIREET ADDRESS	Citt	SIAIE	ZIF GODE
SECTION 2 — ACCIDENT INFORMATION			
DATE OF ACCIDENT TIME OF ACCIDENT	VEHICLE YEAR MAKE	MODEL	
05/04/2016 9:45 □ AM ☑ F	M 2015 prototy	prototyp	e ·
ICENSE PLATE NUMBER VEHICLE IDENTIFICATION NUMBER	R	STATE VEHIC	CLE IS REGISTERED IN
ADDRESS/LOCATION OF ACCIDENT	CITY	COUNTY STATE	ZIP CODE
Latham St and Chiquita Ave	Mountain View	Santa Clara	
Vehicle ☑ Moving Involve was: ☐ Stopped in Traffic the Ac	ed in Pedestrian Cident: Bicyclist Other	4	VEHICLES INVOLVED
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)	DRIVER LICENSE NUMBER	STATE	DATE OF BIRTH
INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCI	ENT POLICY NUMBER		J.,
NOOTHINGE COMPANY NAME OF CONTENT COMPANY AT TIME OF ACOU	i delo i tombeti		
COMPANY NAIC NUMBER	POLICY PERIOD		
	FROM	TO	
SECTION 3 — OTHER PARTY'S INFORMAT	ION		
VEHICLE YEAR MODEL			
LICENSE PLATE NUMBER VEHICLE IDENTIFICATION NUMBER	H	STATE VEHI	CLE IS REGISTERED IN
Vehicle ☐ Moving Involv	ed in Pedestrian	NUMBER O	F VEHICLES INVOLVED
	cident: Bicyclist Dther		
	DRIVER LICENSE NUMBER	STATE	DATE OF BIRTH
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)	DENT POLICY NUMBER		1
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)	DENT POLICY NUMBER		
Was: Stopped in Traffic the Accordance Sure of	POLICY NUMBER POLICY PERIOD	то	

SECTION 4 IN HIDVIDE	ATU DDODEDTV DAME		(
IAME (FIRST, MIDDLE, LAST)	ATH, PROPERTY DAMAGE				

DDRESS	CITY		:	STATE	ZIP CODE
CHECK ALL THAT APPLY	☐ Injured ☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
AME (FIRST, MIDDLE, LAST)					
DDRESS	CITY			STATE	ZIP CODE
NIEGY ALL THAT ADDLY					
CHECK ALL THAT APPLY ROPERTY DAMAGE	☐ Injured ☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
HOPERTY DAINAGE					
ROPERTY OWNER'S NAME	,			TELEPHO	NE NUMBER
TREET ADDRESS	CITY			STATE	ZIP CODE
/ITNESS NAME				TELEPHO	NE NUMBER
	M. Company Control			()
TREET ADDRESS	CITY			STATE	ZIP CODE
VITNESS NAME	•			TELEPHO	NE NUMBER ~
TREET ADDRESS	CITY			STATE	ZIP CODE
				- 22	
Additional information	attached.				
SECTION 5 — ACCIDENT	DETAILS - DESCRIPTION				
Autonomous Mode	Conventional Mode				And the second of the second s
A Google prototype autonomo	ous vehicle ("Google AV") in man	ual mode proce	eding westbound on	Latham St. in Mo	ountain View struc
median while traveling at 9 m	ph near the intersection of Chiquit Google AV sustained minor damag	a Ave. There w	vere no other vehicles	involved and no	traffic in the vicin
J		,			
					•
		•			
☐ Additional information	attached.				
SECTION 6 — CERTIFICA	ITION				
certify (or declare) und	er penalty of perjury under t	the laws of th	ne State of Califor	nia that the fo	regoing is true
	the authorized Administrator	of the progra	m for the above n	amed emplove	er.
PROGRAM DIRECTOR/AUTHORIZED REPR					ONE NUMBER
SIGNATURE SULF-1	Driving Care			DATE S	GNED
X					113/ 2016