

REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

	1
<u> </u>	1
	ماه

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.

SECTION 1 - MAN	UFACTURER'S INFORMA	TION		
MANUFACTURER'S NAME				AVT NUMBER
Google Auto LLC	أعاث المساعدة والمواوي	**************************************		
BUSINESS NAME		, , , , , , , , , , , , , , , , , , ,	* * · · · · · · · · · · · · · · · · · ·	TELEPHONE NUMBER
Google Auto LLC			ii d	
STREET ADDRESS	allenderen, men gelen i men en e	OITY .		STATE ZIP CODE
	IDENT:INFORMATION			7
DATE OF ACCIDENT	TIME OF ACCIDENT	VEHICLE YEAR	MAKE	MODEL
08/08/2016	☐ AM ☑ PM	2015	GOOGLE	SELF DRIVING CAR
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	to the target of	1.1	STATE VEHICLE IS REGISTERED IN
ADDRESS/LOCATION OF ACCID	ENT -	CITY	COUNTY	STATE ZIP CODE
Rengstorff Ave and C	The William William Co.	Mountain View	Santa Clara	CA 94043
	The same and control to the same of the sa	in		NUMBER OF VEHICLES INVOLVED
	opped in Traffic the Acci		☐ Other	1
DRIVER'S FULL NAME (FIRST, M	IDDLE LAST)	DRIVER LICENSE N		STATE DATE OF BIRTH
	,			CA E
INSURANCE COMPANY NAME O	OR SURETY COMPANY AT TIME OF ACCIDEN	T POLICY NUMBER		
				₩ m
COMPANY NAIC NUMBER		POLICY PERIOR		(7)
	*	FROM		TO
and the second s	ED-DADTVIC INCODINATIO	N ^{ara} and San Lands	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Transfer De State
SECTION 3 - OTH	en fan mountunidanu			
EXPLORATION TARGET				to Carlotte
VEHICLE YEAR	MODEL			<u> </u>
VEHIOLEYEAR 2005	MODEL 325i			
VEHIOLEYEAR 2005	MODEL			STATE VEHICLE IS REGISTERED IN
VEHICLEYEAR 2005 LICENSE PLATE NUMBER	MODEL 3251 VEHICLE IDENTIFICATION NUMBER			STATE VEHICLE IS REGISTERED IN
VEHICLE YEAR 2005 LICENSE PLATE NUMBER Vehicle Mo was: Sto	MODEL 325i VEHICLE IDENTIFICATION NUMBER oving Involved opped in Traffic the Accid	in ☐ Pedestrlar dent: ☐ Bicyclist	☐ Other	
VEHICLE YEAR 2005 LICENSE PLATE NUMBER Vehicle Mo was: Sto	MODEL 325i VEHICLE IDENTIFICATION NUMBER oving Involved opped in Traffic the Accid	in □ Pedestriar	☐ Other	STATE VEHICLE IS REGISTERED IN
VEHICLE YEAR 2005 LICENSE PLATE NUMBER Vehicle	MODEL 325i VEHICLE IDENTIFICATION NUMBER oving Involved the Acciditate, LAST)	in ☐ Pedestriar dent: ☐ Bicyclist □ DRIVER LICENSE N	☐ Other	STATE VEHICLE IS REGISTERED IN NUMBER OF VEHICLES INVOLVED 1
VEHICLE YEAR 2005 LICENSE PLATE NUMBER Vehicle	MODEL 325i VEHICLE IDENTIFICATION NUMBER oving Involved opped in Traffic the Accid	in ☐ Pedestriar dent: ☐ Bicyclist □ DRIVER LICENSE N	☐ Other	STATE VEHICLE IS REGISTERED IN NUMBER OF VEHICLES INVOLVED 1
Vehicle Mowas: Sto	MODEL 325i VEHICLE IDENTIFICATION NUMBER oving Involved the Acciditate, LAST)	in ☐ Pedestriar dent: ☐ Bicyclist □ DRIVER LICENSE N	☐ Other	STATE VEHICLE IS REGISTERED IN NUMBER OF VEHICLES INVOLVED 1
VEHICLE YEAR 2005 LICENSE PLATE NUMBER Vehicle	MODEL 325i VEHICLE IDENTIFICATION NUMBER oving Involved the Acciditate, LAST)	in Pedestriar dent: Bicyclist DRIVER LICENSEN T POLICY MUMBER	Other	STATE VEHICLE IS REGISTERED IN NUMBER OF VEHICLES INVOLVED 1

SECTION 4 — INJURY/DEATH, PROPE	RTY DAMAGE		
NAME (FIRST, MIDDLE, LAST)		esta in a transitar est for Adam	v. v.
DDRESS	CITY	111.14	STATE ZIP CODE
t Northby at the confidence of the payon when a fig.	<u> Tarker en troden i di escapano</u>	eren i grang en a vi	and at the facilities were the regarded.
HECK ALL THAT APPLY 🔲 Injured	☐ Deceased ☐ Driver	☐ Passenger	☐ Bicyclist ☐ Property
ME (FIRST, MIDDLE, LAST)	er engligergiten izet ere	THE WAS THE WAS	
DRESS	CITY	<u>an en en en en en en en en</u> An eur en	STATE ZIP CODE
HECK ALL THAT APPLY Injured	☐ Deceased ☐ Driver	☐ Passenger	☐ Bicyclist ☐ Property
OPERTY DAMAGE			<u>era de propieta en la facilitación de la facilitac</u>
OPERTY OWNER'S NAME	en e		TELEPHONE NUMBER
REET ADDRESS	СПТ		STATE ZIP CODE
TNESS NAME			TELEPHONE NUMBER
REET ADDRESS	CITY		STATE ZIP CODE
INESS NAME		t i water we a	TELEPHONE NUMBER
REET ADDRESS	CITY	a, i tari	STATE ZIP CODE
Additional information attached.	The second se	era ferioù e ekk	The second of th
CTION 5 ACCIDENT DETAILS DE Autonomous Mode Conventiona	The state of the s		1,000
Google prototype autonomous vehicle (Goo A was involved in a minor accident. The Go engstorff Ave. to complete their crossing bef Illided with the rear bumper of the Google A bogle AV sustained minor damage to its rear by injuries at the scene.	ongle AV was stopped at the intersector it could turn right onto Rengston. V. The other vehicle was traveling a	tion of Rengstorff Av ff Ave. Another vehi at approximately 4 M	e, waiting for pedestrians on cle approaching from behind PH at the time of the collision. Th
and the second of the second o			es desirable en la constitución
ပ္ခဲ့တာ			
		1	
G 7			
3			
Additional information attached.		t a cr	
CTION 6 CERTIFICATION			
ertify (or declare) under penalty of p	periury under the laws of the S	State of California	that the foregoing is true ar
rrect.		(12 TO 22 OF THE ST	
ırther certify that I am the authorized	Administrator of the program f	or the above name	ed employer.
GRAM DIRECTOR/AUTHORIZED REPRESENTATIVE PRINTED			TELEPHONE NUMBER
JOHN KRAFCIK, MAN	٧١٩٧٤ ١٠٠		DATE SIGNED
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			OL 916 (NEW 10/2013) WV