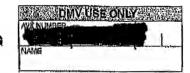


REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE



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 previded 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

SECTION 1 - MANUFACTURER'S INFORMATIO	King the state of	
MANUFACTURER'S NAME		AVT NUMBER
DELPHI AUTOMOTIVE SYSTEMS, LLC	A TO STREET, S	
BUSINESS NAME		TELEPHONE NUMBER
STREET ADDRESS CITY	f	STATE ZIP CODE
	a may have	
SECTION 2.4. ACCIDENT INFORMATION 1.	Programme a subject to the subject of the subject o	
1,000	IICLEYEAR MAKE	MODEL
10/14/2014 7:27 AM P PM 20:	14 AUDI	SQ5
COENSE PLATE NOMBER		SIME AFHICLE IS LEGISTANED IN .
ADDRESS/LOCATION OF ACCIDENT CITY	COUNTY	STATE ZIP CODE
SAN ANTONIO ROAD (600 BLOCK) PA	LO ALTO SANTA CLARA	CA 94303
Vehicle ☐ Moving · Involved In was: ☐ Stopped in Traffic the Accider	☐ Fedestrian nt: ☐ Bicyclist ☐ Other	NUMBER OF VEHIOLES INVOLVED 2
DRIVERS FULL NAME (FIRST, MIDDLE, LAST)	DRIVER LICENSE NUMBER	STATE DATE OF BIRTH
INBURANCE COMPANY NAME OR BUHBTY COMPANY AT TIME OF ADDIDENT	POLICY NUMBER	1
COMPANY NAIO NUMBER	POLICY PERIOD TO	
SECTION 3 — OTHER PARTY SINFORMATION		
VEHICLEYEAR MODEL 2012 HONDA CIVIC		
LICENSE PLATE NUMBER VEHICLE IDENTIFICATION NUMBER		STATE VEHICLE IS REGISTERED IN
Vehicle	nt; Bicyclist Other	NUMBER OF VEHICLES INVOLVED 2
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)	DNIVER ÚCENSE NUMBÉR	STATE DATE OF BETTH
INSURANCE COMPANY NAME OR BURETY COMPANY AT TIME OF ACCIDENT	POLICY NUMBER	
COMPANY NAIO NUMBER	POLICY PERIOD FROMTO	

Additional Information attached.

NAME (FIRST MIDDLE, LAST)			and the second			received and the second second
ODRESS		CITY			STATE	ZIP CODE
HECK ALL THAT APPLY	□ injured	☐ Deceased	□ Driver	☐ Passenger	☐ Bloyclist	☐ Property
ame (finst, Middle, Last)				The state of the s	77 1	1,000
DDRESS		ÓlTÁ	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	A CONTRACTOR STREET, TO SEE THE SECOND STREET, THE	STATE	ZIP CODE
CHECK ALL THAT APPLY	☐ Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☑ Property
noperty damage Andi Vohiole - damaged fender	human Ar/fugal	01	· ·	7,41,-11	The state of the s	TWO TWO
HOPERTY OWNER'S NAME	, butipor iasor	45			TELEPHO	NE NUMBER
THEET ADDRESS		OITY		*************	STATE	ZIP CODE
INDEL HODGES		. 601			SIME	ZIF GODE
ATNESS NAME			**************************************		TELEPHO	NE NUMBER
Treet Address		CITY	the sand various three sand	160/7199	STATE	ZIP CÓDE
ITNESS NAME	R	######################################			TELEPHO	NE NÚMBER
TREET ADDRESS		CITY	NW1.0	** Inte)(STATE) ZIP CODE
, k						
ECTION 5 ACCIDENT	DETAILS∵D Convention					
The Audi, in conventional mod approximately 20 seconds of w The Honda hit the right front o 75-100 yards from impact head	vaiting stationa f Audi and con	ry for traffic to clea tinued to go over a	r, a Honda was nother center is	observed to the left land at 25-30 mph.	coming over the a	elevated center island stop approximately
As reported in the attached Tra making an unsafe turning mov icense.	iffic Collision) cincut in violat	Report, 14-5925, the tion of CVC 22107	e driver of the l and was served	Honda was determine with a notice of price	ed to have caused orlty reexaminatio	the accident by on of his driver's
Attachment: Traffic Collision	Report 14-592	5.5			·	
140						
Additional Information	attached					
Additional Information	distribution of the or					100
certify (or declare) unde	2013年11年11日	perjury under ti	he laws of th	e State of California	rnia that the fo	regoing is true a
further certify that I am to	ha ayeth autor	d Administration	nf the passes	us fau flan mlance :		
further certify that I am to				ni for the above h		ONE NUMBER
ROSEM DIFFERENCE S. W.	nter, Vi	Softwaren	services	Myti		11
V Katheria 1.	5 (1)	tra			DATE SI	T 23,201