

## REPORT OF TRAFFLO ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

	DMV USE ONLY				
AVT NUM	BER				
NAME					

2017 APR -7 AH !1:59

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.

SECTION 1 — MAN	UFACTURER'S INFO	RMATION	3 S W 3 S S S S S S S S S S S S S S S S	
MANUFACTURER'S NAME				AVT NUMBER
Google Auto LLC				
BUSINESS NAME				TELEPHONE NUMBER
Google Auto LLC				
STREET ADDRESS		CITY		SIAIE , CODE
SECTION 2 — ACC	DENT INFORMATION	r		
DATE OF ACCIDENT VEHICL		VEHICLE YEAR	MAKE	MODEL.
03/26/2017	4:50 DAM 0	PM 2012	Lexus	RX450h
LICENSE PLATE NUMBER VEHICLE IDENTIFICATION NUMBER				STATE VEHICLE IS REGISTERED IN
ADDRESS/LOCATION OF ACCIDE	ENT	CITY	COUNTY	STATE ZIP CODE
Shoreline Blvd and El	Camino Real	Mountain View	Santa Clara	CA 94043
Vehicle ✓ Moving Involved in was: ☐ Stopped in Traffic the Accident:		olved in Pedest	trian	NUMBER OF VEHICLES INVOLVED
was: Sto	oned in Traffic the			2
was: Sto DRIVER'S FULL NAME (FIRST, MI	poed in Traffic the	Accident: Bicyclis	st   Other	STATE DATE OF BIRTH
DRIVER'S FULL NAME (FIRST, MI	poed in Traffic the	Accident: Bicyclis	st Other	
DRIVER'S FULL NAME (FIRST, MI	pped in Traffic the	Accident: Bicyclis DRIVER LICEN  CCIDENT POLICY NUMB	st Other	
DRIVER'S FULL NAME (FIRST, MI	pped in Traffic the	Accident: Bicyclis DRIVER LICEN  CCIDENT POLICY NUMB  POLICY PERIC	st Other	STATE DATE OF BIRTH
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DRIVER'S FULL NAME (FIRST, MI INSURANCE COMPANY NAME O COMPANY NAIC NUMBER	pped in Traffic the	Accident: Bicyclis DRIVER LICEN  CCIDENT POLICY NUMB  POLICY PERIC FROM	st Other	STATE DATE OF BIRTH
DRIVER'S FULL NAME (FIRST, MI INSURANCE COMPANY NAME O COMPANY NAIC NUMBER SECTION 3 — OTHI	pped in Traffic the DDLE, LAST)  R SURETY COMPANY AT TIME OF A	Accident: Bicyclis DRIVER LICEN  CCIDENT POLICY NUMB  POLICY PERIC FROM	st Other	STATE DATE OF BIRTH
DRIVER'S FULL NAME (FIRST, MI  NSURANCE COMPANY NAME O  COMPANY NAIC NUMBER  SECTION 3 — OTHI  VEHICLE YEAR	pped in Traffic the DDLE, LAST)  R SURETY COMPANY AT TIME OF A  ER PARTY'S INFORM  MODEL	Accident: Bicyclis DRIVER LICEN  CCIDENT POLICY NUMB  POLICY PERIC FROM	st Other	STATE DATE OF BIRTH
DRIVER'S FULL NAME (FIRST, MI  NSURANCE COMPANY NAME O  COMPANY NAIC NUMBER  SECTION 3 — OTHI  VEHICLE YEAR  2002	pped in Traffic the DDLE, LAST)  R SURETY COMPANY AT TIME OF A  ER PARTY'S INFORM  MODEL  Toyota Camry	Accident: Bicyclis DRIVER LICEN  CCCIDENT POLICY NUMB  POLICY PERIC FROM	st Other	TO .
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NAME (FIRST, MIDDLE, LAST)	PROPERTY DAMAGE				
ADDRESS	CITY			STATE	ZIP CODE
CHECK ALL THAT APPLY   In	njured   Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
NAME (FIRST, MIDDLE, LAST)					
ADDRESS	CITY			STATE	ZIP CODE
CHECK ALL THAT APPLY   In	njured   Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
PROPERTY DAMAGE					
PROPERTY OWNER'S NAME				TELEPHON	NE NUMBER
STREET ADDRESS	CITY			STATE	ZIP CODE
WITNESS NAME	_			TELEPHON	NE NUMBER
STREET ADDRESS	CITY			STATE	ZIP CODE
WITNESS NAME				TELEPHON	NE NUMBER
STREET ADDRESS	CITY			STATE	ZIP CODE
with traffic at the red light. The Wayn at moment of collision. The Waymo					vly creeping forward
			he Camry had minor	r damage to its fro	elling around 7 MPH
☐ Additional information attach	ed.		he Camry had minor	damage to its fro	elling around 7 MPH
□ Additional information attach SECTION 6 — CERTIFICATION	ıed.		he Camry had minor	r damage to its fro	elling around 7 MPH
SECTION 6 — CERTIFICATION  I certify (or declare) under pena		e laws of the			velling around 7 MPH
SECTION 6 — CERTIFICATION  I certify (or declare) under penal correct.  I further certify that I am the auti	alty of perjury under th horized Administrator o		e State of Califor	nia that the for	relling around 7 MPH and bumper.
SECTION 6 — CERTIFICATION  I certify (or declare) under penacorrect.	alty of perjury under th horized Administrator o		e State of Califor	nia that the for	relling around 7 MPH and bumper.  Tegoing is true and the number.

OL 316 (NEW 10/2013) WWW