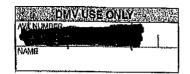


REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE



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 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

SECTION:1 — MANUFACTURER'S INFORMATION		
MANUFACTURER'S NAME		AVT NUMBER
DELPHI AUTOMOTIVE SYSTEMS, LLC		
BUSINESS NAME		TELEPHONE NUMBER
		1
STREET ADDRESS CITY	The state of the s	STATE ZIP CODE
	· (m · ()) · · · · · ·	
SECTION:2 # ADGIDENT INFORMATION I		
DATE OF ACCIDENT TIME OF ACCIDENT VEHICLE	EYEAR MAKE	MODEL
10/14/2014 7:27 AM PM 2014	AUDI	805
LICENSE PLATE NUMBER VEHICLE IDENTIFICATION NUMBER	V1115 VIVIEW	STATE VEHICLE IS REGISTERED IN
ADDRESS/LOCATION OF ACCIDENT CITY	COUNTY	STATE 2IP CODE
SAN ANTONIO ROAD (600 BLOCK) PALO	O ALTO SANTA CLAR	A CA 94303
Vehicle ☐ Moving Involved In	☐ Pedestrian	NUMBER OF VEHICLES INVOLVED
was: Stopped in Traffic the Accident:		2
DRIVERS FULL NAME (FIRST, MIDDLE, LAST)	DRIVER LICENSE NUMBER	STATE DATE OF BIRTH
Control of the Contro		
INBUHANCE COMPANY NAME OR BUHISTY COMPANY AT TIME OF ACCIDENT	POLICY NUMBER .	
GOMPANY NAIO NUMBER	POLICY PERIOD	
	FROM	TO COMPANY
SECTION 8 - TOTHER PARTY SINFORMATION		
VEHICLEYEAR MODEL		
2012 HONDA CIVIC		
LICENSE PLATE NUMBER VEHICLE IDENTIFICATION NUMBER		STATE VEHICLE IS REGISTERED IN
Vehicle ☑ Moving Involved in	☐ Pedestrian	NUMBER OF VEHICLES INVOLVED
was: Stopped in Traffic the Accident;	Bicyclist D Other	2
DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)	DRIVER LICENSE NUMBER	STATE DATE OF DETTH
INSURANCE COMPANY NAME OR BURETY DOMPANY AT TIME OF ACCIDENT	POLIOY NUMBER	
COMPANY NAIC NUMBER	POLICY PERIOD	
	FROM	то
Additional Information attached.		(ONE)

SEGTION 4/INJURY/DEATH PRO NAME (FIRST MIDDLE, LAST)	PERTY DAMAGE				
ADDRESS	CITY	<u>, </u>	, , , , , , , , , , , , , , , , , , ,	STATE	ZIP CODE
CHECK ALL THAT APPLY Injure	ed 🗌 Deceased	☐ Driver	☐ Passenger	☐ Bloyclist	☐ Property
name (first, middle, last)		· · · · · · · · · · · · · · · · · · ·	**************************************	TT 14	**************************************
ADDRESS	QITY		**************************************	STATE	ZIP CODE
CHECK ALL THAT APPLY [] Injur	ed \square Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☑ Property
поренту рамаче Audi Vehiole - damaged fender, bumper/	fugola:		······		May
PROPERTY CHINERS NAME	Principles of Allery			TELEPHO	NE NUMBER
TREET ADDRESS	. OTY	· · · · · · · · · · · · · · · · · · ·		STATE	ZIP CODE
				Jinie	Air GODE
EBENTIN				TELEPHO	NE NUMBER V
STREET ADDRESS	CITY	Tity - years and a second	He of the second	STATE	ZIP CODE
MITNESS NAME	Strategy Dates Dates - Marie - Mar	· //		TELEPHO	NE NÚMBER
TREET AUDRESS	Ofry	nwist	N-1-4	STATE	ZIP CODE
Additional information attached					
SECTION 5 ACCIDENT DETAILS					
☐ Autonomous Mode ☑ Conven	tlonal Mode	3.5.00 (d. 55 to 60 to 15 to 50 to 15 to 1			ACCUMANTAL MANAGEMENT
The Audi, in conventional mode, transitic approximately 20 seconds of waiting stat The Honda hit the right front of Audi and 75-100 yards from impact heading W/B I	ionary for traffic to clea I continued to go over a	r, a Honda was nother center is	observed to the left : land at 25-30 mph. 1	coming over the a	elevated center island stop approximately
As reported in the attached Traffic Collis making an unsafe turning movement in v license.	ion Report, 14-5925, the iolation of CVC 22107	e driver of the l and was served	Honda was determine with a notice of price	ed to have caused orlly reexamination	the accident by on of his driver's
Attachment: Traffic Collision Report 14	-5925			•	
Additional information attached	l <u>.</u>				
SECTION 61—TCENTIFICATION		a de la companya de l			
l certify (or declare) under penalty correct.	of perjury under the	re laws of th	e State of Califor	nia that the fo	regoing is true an
further certify that I am the author	rized Administrator o	of the progra	m for the above n	amed emplove	r.
program digeotoriantichizad hepresentative p Kaynorine V. Wintar,	RINTED NAME AND TITLE	Gritinian	M. B		ONE NUMBER
SIGNATURE LA WINTER	Vr Corraga re	JET VICES	, 111471	DAI'H SIO	aned .
Y MUTALULA I SOLLA	11570			1/1/-	たんしき ごりほ