

REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

| NUMBER | | | |
|--------|------|----------|--|
| | | | |
| E | | <u>.</u> | |

| 0017 | £ EVES | | | |
|-------|--------|------|--------|------|
| /111/ | APR - | -1 1 | 1時(| 1:59 |
| | 111 11 | 1 6 | 111 11 | - 0. |

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 - MA | NUFACTURER'S INFO | RMATION | | | | | |
|--|------------------------------|--|----------------------------|-------------|-----------|--------------------------------|--|
| MANUFACTURER'S NAME | | | | | AVT NUMBI | ER | |
| Google Auto LLC | ¥ | | | | 1 | *: | |
| BUSINESS NAME | | | | | TELEPHON | IE NUMBER | |
| Google Auto LLC | | | | | | | |
| STREET ADDRESS | | CITY | | | SIALE | , CODE | |
| SECTION 2 - ACC | CIDENT INFORMATION | N | | | | | |
| DATE OF ACCIDENT | TIME OF ACCIDENT | VEHICLE | YEAR | MAKE | MODEL | | |
| 03/26/2017 | 4:50 DAM [| 10 March 2010 Control of Control Contr | | Lexus | 1000 | RX450h | |
| ICENSE PLATE NUMBER | VEHICLE IDENTIFICATION N | | | | | STATE VEHICLE IS REGISTERED IN | |
| ADDRESS/LOCATION OF ACCI | | CITY | | COUNTY | STATE | ZIP CODE | |
| Shoreline Blvd and E | | | tain View | Santa Clara | CA | 94043 | |
| Vehicle ☑ M was: □ St | oving Inv | olved in | Pedestrian |] Other | | OF VEHICLES INVOLVED | |
| DRIVER'S FULL NAME (FIRST, I | MIDDLE, LAST) | | DRIVER LICENSE NUMBE | R | STATE | DATE OF BIRTH | |
| NSURANCE COMPANY NAME | OR SURETY COMPANY AT TIME OF | ACCIDENT | POLICY NUMBER | | 1 | 1 | |
| COMPANY NAIC NUMBER | | | POLICY PERIOD | | | | |
| | | | FROM _ | - | то . | | |
| SECTION 3 - OTH | ER PARTY'S INFORM | ATION | | | | e la harriera da | |
| /EHICLE YEAR | MODEL | | | | | | |
| 2002 | Toyota Camry | | | | | | |
| ICENSE PLATE NUMBER | VEHICLE IDENTIFICATION N | IUMBER | | | STATE VEH | IICLE IS REGISTERED IN | |
| | | | | | | OF VEHICLES INVOLVED | |
| | | olved in | Pedestrian Bicyclist Other | | | 2 | |
| NAS: STUL NAME (FIRST, I | topped in Traffic the | Accident: | |] Other | STATE | DATE OF DIDTU | |
| | VIIDDLE, LAST) | | | in . | CA | DATE OF BIRTH | |
| INSURANCE COMPANY NAME OR SURETY COMPANY AT TIME OF ACCIDENT | | | POLICY NUMBER | | | | |
| NSUMANCE COMPANY NAME | UN SUNETT COMPANY AT TIME OF | ACCIDENT | | | | | |
| COMPANY NAIC NUMBER | | | POLICY PERIOD | | | | |
| | | | FROM | - | ΤΟ | د | |

Additional information attached.

| SECTION 4 - INJURY/DE | ATH, PROPE | RTY DAMAGE | | | | | |
|----------------------------|--------------|------------|----------|-------------|------------------|------------|--|
| NAME (FIRST, MIDDLE, LAST) | | | | | | | |
| ADDRESS | | CITY | | | STATE | ZIP CODE | |
| CHECK ALL THAT APPLY | □ Injured | Deceased | Driver | □ Passenger | Bicyclist | □ Property | |
| NAME (FIRST, MIDDLE, LAST) | | | | | | | |
| ADDRESS | | CITY | | | STATE | ZIP CODE | |
| CHECK ALL THAT APPLY | □ Injured | Deceased | □ Driver | □ Passenger | Bicyclist | □ Property | |
| PROPERTY DAMAGE | | | | | | | |
| PROPERTY OWNER'S NAME | | | | | TELEPHO | | |
| STREET ADDRESS | | CITY | | | STATE | ZIP CODE | |
| WITNESS NAME | | | | | TELEPHONE NUMBER | | |
| STREET ADDRESS | | CITY | | | STATE | ZIP CODE | |
| WITNESS NAME | | | | | TELEPHO | | |
| STREET ADDRESS | | CITY | | | STATE | ZIP CODE | |
| □ Additional information a | attached. | | | | ·····, | | |
| SECTION 5 — ACCIDENT I | DETAILS - DE | ESCRIPTION | | | | | |

Autonomous Mode Conventional Mode

A Waymo Lexus-model autonomous Vehicle ("Waymo AV") was involved in a collision while in autonomous mode in the left turn lane on SB Shoreline near El Camino in Mountain View, CA. The Waymo AV was rear-ended by a Toyota Camry while slowly creeping forward with traffic at the red light. The Waymo AV was travelling around 1 MPH at the time of collision, the Camry was travelling around 7 MPH at moment of collision. The Waymo AV had minor damage to its rear bumper, the Camry had minor damage to its front bumper.

□ Additional information attached.

SECTION 6 — CERTIFICATION

х

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I further certify that I am the authorized Administrator of the program for the above named employer.

| PROGRAM DIRECTOR/AUTHORIZED REPRESENTATIVE PRINTED NAME AND TITLE | TELEPHONE NUMBER |
|---|------------------|
| John Krafcik, CEO | |
| SIGNATURE | Lote SigNED |

04/03/2017

OL 316 (NEW 10/2013) WWW