

## REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

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NAME		National Control				

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

auto, Cost Charles about Nothing and Property Comments	CONTRACTOR	Village day of	haline as burn hardware Shalada a	Assessed to Date .		to the Section Section From Section	on SAAD Sales and a second	
SECTION 1 - MANUE	ACTURER'S INFORMA	TION						
JANUFACTURER'S NAME		(*************************************	nienos il neroma serienos de defectos in	everance e	manna sandara sandara sandara	an established	AVT NUMBE	R
GOOGLE AUTO LLC								
IUSINESS NAME					······································		TELEPHON	ENUMBER
GOOGLE AUTO LLC								
STREET ADDRESS	unit that a substant and the substant an	CITY					STATE	ZIF OODE
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		SHERWING SOL	201203541222231555155155	Serve Control	n anguyanan maganaga	in a desired with the se	##1 m 130 M	Wilderson State of Commission Commission
SECTION 2 - ACCIDE	NT INFORMATION							
DATE OF ACCIDENT	TIME OF ACCIDENT	VEHICLE	YEAR	MAKE		and the second	MODEL.	
5/30/2015	12:00 □ AM ☑ PM	2011		LEXU	US		RX4501	I
JOENGE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER			<del></del>			STATE VEH	IOLE IS REGISTERED IN
ODRESS/LOCATION OF ACCIDENT		CITY			COUNTY		STATE	ZIF CODE
720 SHORELINE BLVD		MOU	NTAIN VIEW		SANTA CLA	RA	CA	94041
/ehicle	n Involved	lin	☐ Pedestrian	·····			NUMBER O	F VEHICLES INVOLVED
	ed in Traffic <b>the Acci</b>	dent:	Bloyelist	🗀 Othe	er		2	
PRIVERS FULL NAME (FIRST, MIDDLE	t, LAST)		DRIVER LICENSE NUME				STATE	DATE OF BIRTH
VSURANCE COMPANY NAME OR SU	HETY COMPANY AT TIME OF ACCIDE	77	POLICY NUMBER			<del></del>	T	
					•			
IOMPANY NAIC NUMBER			POLICY PERIOD					*
	•		FROM			. то 🎩	y 2 - 0.	
SECTION 3 OTHER	PARTY'S INFORMATIO	ŠŇ		100				
EHICLEYEAR	MODEL	Bergamen		ninethili f		Marka Santa	ipanenga	
2003	FORD EXPEDITION		•					
ICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER		manufacture of the test of the				ISTATE VEH	ICLE IS REGISTERED (N
	E so " Pas congili	<b>P</b> ·						
/ehicle	g Involved	d in	Pedestrian				NUMBER (	OF VEHICLES INVOLVED
vas: 🔲 Stoppe	ed in Traffic the Acc	ident:	☐ Bicyclist	☐ Othe	er		2	
INVER'S FULL NAME (FIRET, MIDDL)			DRIVER LICENSE NUM	BER			STATE	DATE OF BIRTH
	FRETY COMPANY AT TIME OF ACCIDE	NT	POLICY NUMBER	i		THE PART OF THE PARTY	***************************************	
								,
OMPANY NAIC NUMBER	100 to		POLICY PERIOD		,			
			FROM L	1.		, to 🕰		
Additional Informat	ion attached.		-		AND	/	,	77 <u>1</u> - 47 - 48 - 44 - 44 - 44 - 44 - 44 - 44

SECTION 4— INJURYDEAT	H, PROPER	TY DAMAGE				
NAME (FIRST, MIDDLE, LAST)	Can	Section Proced in Association Section		and the second s		
Nodress .		ÓITY	•		STATE	ZIP CODE
CHECK ALL THAT APPLY	] Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
NAME (FIRST, MIDDLE, LAST)		19				
ADDRESS .		CITY	, wy ; et a		STATE	ZIP GODE
CHECK ALL THAT APPLY	☐ Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
PROPERTY DAMAGE		MITCH A MANAGEMENT PROPERTY OF THE PARTY OF				
PROPERTY OWNER'S NAME			WHA - 1/12 1.4		TELEPHON	IÉ NUMBER
STREET ADDRESS		CITY	<del></del>	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	STATE	ZIP CODE
MITNESS NAME				······································	TELEPHO	NE NUMBER
STREET ADDRESS	- Marian - M	CITY			( STATE	ZIP CODE
WITNESS NAME					TELEPHOI	NE NUMBER
THEET ADDRESS		CITY			STATE	ZIP CODE
Additional Information at	tached.			If I is abbitated as a second		
SECTION 5 — ACCIDENT D	ETAILS - DI	ESCRIPTION ==		Trivia es		There is a decrease.
☑ Autonomous Mode ☐ (	Conventions	al Mode				
A Google Lexus model autonom autonomous mode and was stopp Expedition approaching from bel Expedition at the time of impact	oed behind tra hind collided	affic at a red light at	t the intersectio	n of Shoreline Boule	eyard and El Cami	no Real. A Ford
There were no injuries reported a was no visible damage to the For	it the scene b	y either party. The	Google AV su	stained minor damag	ge to its rear senso	r and bumper. There
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						<del>į</del> .
•						
☐ Additional information at	itached.				•	
SECTION 6 CERTIFICATE	ON		er de la company			
' certify (or declare) under	penalty of	perjury under ti	e laws of th	s State of Califor	nia that the fo	regoing is true and
' further certify that I am the	autnorized	d Administrator c	of the progra	m for the above n	amed employe	r.
PROGRAM DIRECTOR/AUTHORIZED REPRES						ONE NUMBER
CHRIS URMSON				THE PARTY   COLUMN 1 TO SERVICE AND ADDRESS OF THE PARTY	DATE SIG	ENED
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