

OL 316 (NEW 10/2013) WWW

REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

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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

Box 932342, MS: L	224, Sacramento, CA 94232-34	120				
MANUFACTURER'S NAME	ACTURER'S INFORMATION				AVT NUMBER	
GOOGLE AUTO LLC		~~~	***************************************		1	
BUSINESS NAME					TELEPHONE	KII II IN I'M
GOOGLE				······································	1	,
STREET ADDRESS	CITY				STATE	ZIP CODE
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SECTION 2 - ACCIDE			17.00 p. 18.00 p. 18.			Hart Care
DATE OF ACCIDENT		YEAR	MAKE	1.50	MODEL	
08/16/2016	☐ AM ☑ PM 2015		GOOGLE	2.10		RIVING CAR
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER			1,	STATE VEHIC	LE IS REGISTERED IN
	for the state of t					
ADDRESS/LOCATION OF ACCIDENT	CONTRACTOR OF THE CONTRACTOR O	etres in the second	COUNTY		STATE	ZIP GODE
	Section 1. Section 1.		to the second			
Vehicle	a involved in	☐ Pedestrian	Barrier Committee		1	VEHICLES INVOLVED
	ed in Traffic the Accident:	☐ Bicyclist ☐	Other		2	and the second of the second
DRIVER'S FULL NAME (FIRST, MIDDLE	E, LAST)	DRIVER LICENSE NUMBE	R		STATE	DATE OF BIRTH
					###D	1
INSURANCE COMPANY NAME OR SU	RETY COMPANY AT TIME OF ACCIDENT	POLICY NUMBER			(A)	
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COMPANY NAIC NUMBER		POLICY PERIOD				m
		FROM		TC		Ö
				La Francia		(Birtha i
SECTION 3 - OTHER	PARTY'S INFORMATION		Grand Table Control of the Control o		i	Contraction
VEHICLE YEAR	MODEL		earestopping fets of supplements of the supplements	PERSONAL PROPERTY.	ď)
2009	VOLKSWAGON				¥4	
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER				STATE VEHIC	CE IS RECISTERED IN
				6 - 6	1	ere i ye in a c
Vehicle Moving	lnvolved in	Pedestrian			NUMBER OF	VEHICLES INVOLVED
was: Stoppe			Other		2	
DRIVER'S FULL NAME (FIRST, MIDDLE		DRIVER LICENSE NUMBER	R .		STATE	DATE OF BIRTH
		!				1.4
INSURANCE COMPANY NAME OR SIL	BETY COMPANY AT TIME OF ACCIDENT	POLICY NUMBER			<u> </u>	
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COMPANY NAIC NI IMPER		POLICY PERIOD		·······		
		FROM		. TO		
	a and a second s	TI IOW		. 10		
Additional informati	ion attached.			-	, ,	

SECTION 4 — INJURY/DEA NAME (FIRST, MIDDLE, LAST)	ATH, PROPE	RTY DAMAGE		#5.02.50 F 1	and the second s	
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DDRESS		CITY		and the second of the second o	STATE	ZIP CODE
CHECK ALL THAT APPLY	☐ Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
IAME (FIRST MIDDLE, LAST)			•	A section of the section	1,7 8 1,	
DDRESS		CITY			STATE	ZIP CODE
CHECK ALL THAT APPLY	☐ Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
ROPERTY DAMAGE						
PROPERTY OWNER'S NAME					TELEPHO!	NE NUMBER
TREET ADDRESS		СПҮ			STATE	ZIP CODE
VITNESS NAME					TELEPHO!	JE NUMBER
TREET ADDRESS	•:"	CITY	· · · · · · · · · · · · · · · · · · ·		STATE	ZIP CODE
VITNESS NAME					TELEPHON	IE NUMBER
TREET ADDRESS	444.1	CITY			STAVE	ZIP CODE
Additional information a	ttached.	San		en e		
Autonomous Mode Google Prototype autonomous As involved in an accident. In p dvanced forward at 6 MPH to g etected a vehicle approaching s ehicle approaching from behind V experienced moderate dama o injuries reported at the scene	s vehicle ("Goo preparation for gain a better vice couthbound on d the Google A ge to its rear bu	ogle AV") travelling making a right turn ow of traffic travellin Grant Rd, and came V at approximately umper and hatch. Th	onto Grant R ag southboun to a stop to y 5 MPH collid	d., the Google AV en d on Grant Rd. As the ield to that yehicle. A led with the rear burn	tered the right-ture. Google AV mov approximately one per of the Google	n slip lane and ed forward, it e second later, a AV. The Google
o injuries reported at the scene	by either party	•				
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Additional information at	ttached.					4 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -
ECTION 6 — CERTIFICATI	ON	100 (4.4) 100 (4.4)		1. ENCAS (44.		1177 1276 1276 1276 1276 1276 1276
certify (or declare) under orrect.	penalty of p	erjury under the	laws of the	State of Californ	ia that the fore	egoing is true and
further certify that I am the			the progran	n for the above na		
ROGRAM DIRECTOR/AUTHORIZED REPRESI OHN KRAFCIK	ENTATIVE PRINTED I	NAME AND TITLE			TELEPHON	e number
IGNATURE (RIX				DATE SIGN	ed 22/16
	WO					OL 316 (NEW 10/2013) WWW

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