

## REPORT OF TRAFFIC ACCIDENT INVOLVING AN AUTONOMOUS VEHICLE

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WT NUM	BER	4.1146	Assert State		F 4 1
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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	S: L224, Sacramento, CA	94232-34	120	(i)		areaning Branon,		
SECTION 1 - MAN	IUFACTURER'S INFOR	RMATION						
MANUFACTURER'S NAME								
Google Auto LLC						AVT NUMBER		
BUSINESS NAME .						144.00		
Google						TELEPHONE NUMBER		
STREET ADDRESS	- 12	CITY				1( )		
		0.11		5 p k		STATE ZIP CODE		
SECTION 2 — ACC	IDENT INFORMATION			Total				
DATE OF ACCIDENT	TIME OF ACCIDENT	VEHICLE	YEAR	IMAKE		MODEL		
08/20/2015	9:36 DAM [	□ PM 0 Lexus				RX450h		
LICENSE PLATE NUMBER		VEHICLE IDENTIFICATION AUTHORS						
6	E10 1				10	STATE VEHICLE IS REGISTERED IN		
722 E	π	UIT	= En 1/20	COUNTY		STATE ZIP CODE		
Shoreline Blvd and ru	gh School Way	Mount	tain View	Santa Clara		CA 94040		
Vehicle Mo	ving Invol	ved in	☐ Pedestrian			NUMBER OF VEHICLES INVOLVED		
was: Sto	pped in Traffic the A	Accident:		Other	5 32	2		
DRIVER'S FULL NAME (FIRST, MIL	DDLE, LAST)		DRIVER LICENSE NUMBE	ER .		STATE DATE OF BIRTH		
ad ACA 6						15,112,51,511111		
INSURANCE COMPANY NAME OF	R SURETY COMPANY AT TIME OF ACC	CIDENT						
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COMPANY NAIC NUMBER	97 A		POLICY PERIOD		EG Williams			
y 4a * a	T 9 91		FROM		_ TO .'_			
	WALL TO ADD TO COMPANY OF THE	AND THE RESERVE AND THE RELEASE	10:12/14/04/14/14/16/14/16/16/16/16/16/16/16/16/16/16/16/16/16/	DOTGO DE DANS DE LA COMPANSA DE LA C	10	ALLEGE CONTRACTOR OF THE PARTY		
SECTION 3 — OTHE	R PARTY'S INFORMA	TION						
VEHICLE YEAR	MODEL	Terrander State St		And the second confession of	An Herry May W	AN THE RESERVE OF THE PARTY OF		
2013	Tesla Model S							
LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	RFR				STATE VEHICLE IS REGISTERED IN		
	•							
11-					11 15 8	F		
was:		vea in [	Pedestrian _			NUMBER OF VEHICLES INVOLVED		
Was: ☐ Stopped in Traffic the Accider DRIVER'S FULL NAME (FIRST, MIDDLE, LAST)  The Accident of the Accident			nt: Bicyclist Dother			2 1		
DRIVERS FOLE NAME (FIRST, MIL	DULE, LAST)		DRIVER LICENSE NUMBE	R	19	STATE DATE OF BIRTH		
NO. IS A SECOND						1. Inc. 100		
NSUHANCE COMPANY NAME OR	SURETY COMPANY AT TIME OF ACC	DENT.	-					
				and the early early				
COMPANY NAIC NUMBER			POLICY PERIOD			*		
		li li	FROM		_ TO			
Additional inform		L			_ 10			



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SECTION 4 — INJURY/DEATH, PROPE	RTY DAMAGE		han to an an a state of the second	of an explosion with the sequence to	
NAME (FIRST, MIDDLE, LAST)	- yeharafilakini	de de la companya de	The state of the s	fact, a group, to track a Mile of the of	
ADDRESS	CITY		YL 1. 2	STATE	ZIP CODE
e North Charles Williams Charles Colors	into de alla 15 anni	ak caren kwa rajalere	1820 10 11	Continue the S	or of the second of
CHECK ALL THAT APPLY   Injured	☐ Deceased	Driver	☐ Passenger	☐ Bicyclist	☐ Property
NAME (FIRST, MIDDLE, LAST)	A 4				
ADDRESS	CITY	* * *	TOTAL ON THE PROPERTY OF THE P	STATE	ZIP CODE
CHECK ALL THAT APPLY   Injured	☐ Deceased	☐ Driver	☐ Passenger	☐ Bicyclist	☐ Property
PROPERTY DAMAGE		14.5			
PROPERTY OWNER'S NAME				TELEPHO	NE NUMBER
				(	)
STREET ADDRESS	CITY		3	STATE	ZIP CODE
WITNESS NAME			1 -	TELEPHO	NE NUMBER
STREET ADDRESS	CITY		*** * * * ****************************	STATE	ZIF CODE
WITNESS NAME					ᆳ
WIINESS NAME				TELEPHO	NE NUMBER :
STREET ADDRESS	CITY			STATE	ZIF CODE !
☐ Additional information attached.					A
Proprieta de la companya de la comp			NATURO SANSSASSASS		
SECTION 5 — ACCIDENT DETAILS - DE	SCRIPTION				íš
☐ Autonomous Mode	Il Mode		590		S-J 100 10
A Google Lexus autonomous vehicle ("Google Mountain View in lane two (the second of thre Shoreline Blvd. and High School way, a pedes westbound. The Google AV slowed to yield as disengaged the autonomous technology and to same direction as, the Google AV was already lanes from lane one into lane two and approach impact, and braking to stop for the crosswalk. The Google AV test driver reported minor bac released by medical staff. The Google AV cobumper. The other vehicle sustained moderate not report any injuries at the scene.	tee lanes) was involved a constraint began to cross it approached the cook control of the vertical and yielding from the rear so the other vehicle were a constraint and was taken test driver did not rear so the control of the contr	red in an accident. It is the northbound lacrosswalk, and out whicle. A vehicle in any the right of way truck the Google for a travelling appropriate to a local hospital poor any injuries.	As the Google A nes of Shoreline I of an abundance of lane three to the it to the pedestrian. AV. The Google A oximately 10 mph all by Google emp. The Google AV	V approached the Blvd. in the cross of caution the Go mmediate right of A vehicle in the V was travelling at the time of implements, where he sustained minor	e intersection of walk traveling logle AV test driver of, and traveling in the process of changing 5 mph at the time of spact.  was evaluated and damage to its rear less walk traveling in the time of the second s
☐ Additional information attached.  SECTION 6 — CERTIFICATION				1.000	
			-11 0-11		Control Contro
certify (or declare) under penalty of porrect.	erjury under the	e laws of the St	ate of Californi	a that the fore	egoing is true and
further certify that I am the authorized		the program fo	r the above nar	ned employer.	
PROGRAM DIRECTOR/AUTHORIZED REPRESENTATIVE PRINTED I Christopher Urmson	NAME AND TITLE			TELEPHON	E NUMBER
IIGNATURE ,	10		3	DATESIGN	つく コッモ